

A glowing lightbulb with a human brain inside, surrounded by a network of lines and dots, symbolizing ideas and health.

Kansas Department of Health and Environment



Behavioral Health Initiatives

2020 Special Committee on Mental Health Modernization and Reform

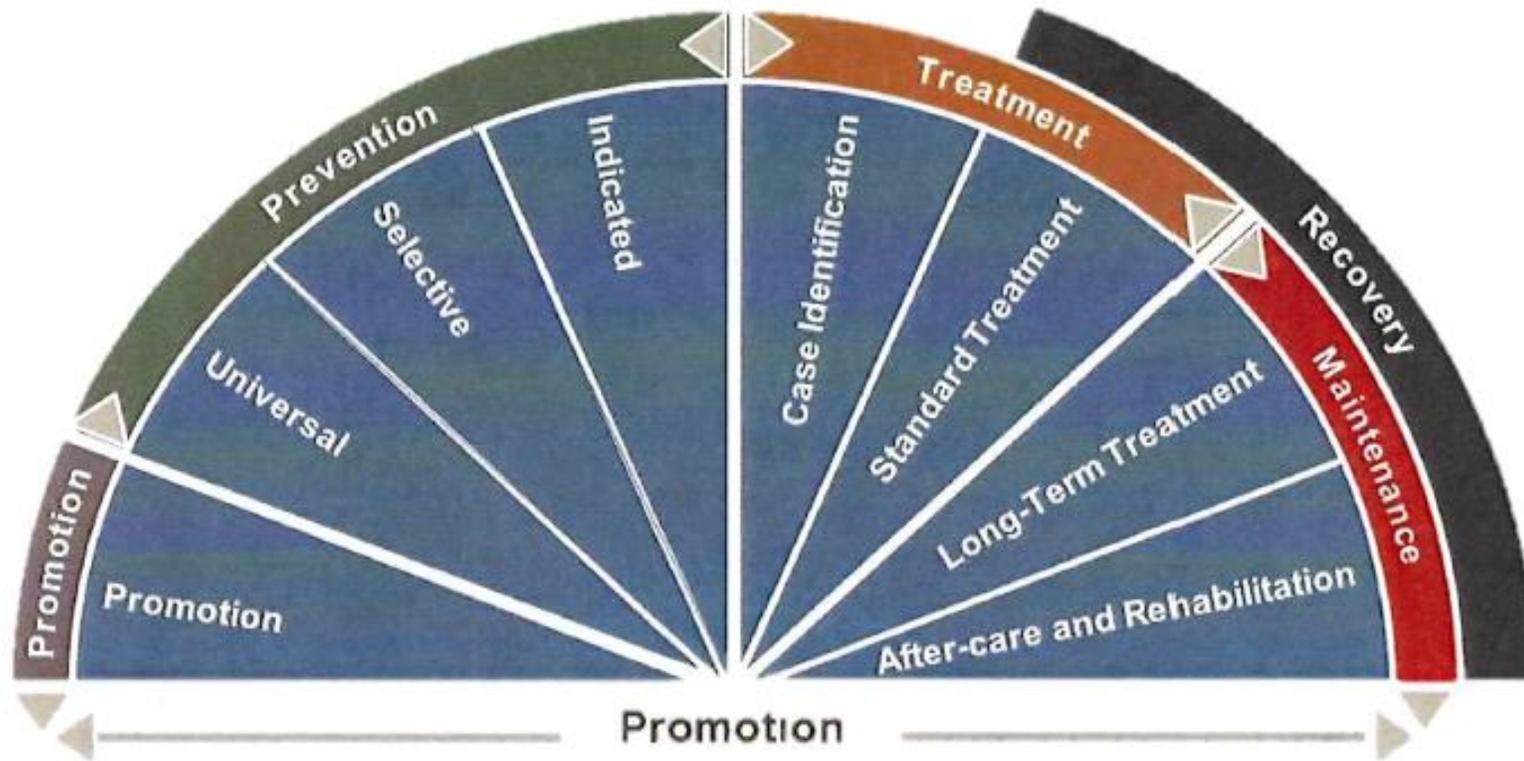
Kelsee Torrez | August 27, 2020

Objectives



- KDHE's role within the behavioral health continuum of care
- Data-driven, collaborative approach to whole-person care
- Data, initiatives and workforce development efforts across the continuum
 - Promotion
 - Prevention
 - Treatment case identification
 - Standard treatment

Continuum of Care



KDHE's Role

- Promotion
- Prevention
- Case Identification
- First-Line Treatment

- Data Collection
- Collaborations
- Workforce Development

Data Collection

- Behavioral Risk Factor Surveillance System
- ESSENCE
- Kansas Trauma Program
- Kansas Violent Death Reporting System
- Maternal Mortality Review Committee
- State Unintentional Drug Overdose Reporting System
- Vital Statistics Analysis Section
- Pregnancy Risk Assessment Monitoring System
- External Partner Data



Collaboration



- Serve and Support Advisory Committees, Coalitions, Workgroups, & Development of State Plans including:
 - Governor's Behavioral Health Services Planning Council's Children's Subcommittee
 - Governor's Challenge of Service Members, Veterans, & Families on Suicide Prevention
 - Kansas Substance Use Disorder (SUD) Task Force
 - Kansas School Mental Health Advisory Council
 - State of Kansas Suicide Prevention State Plan Workgroup
 - State of Kansas Child Maltreatment Prevention Plan by Kansas Power of the Positive (KPoP) Coalition
 - Youth Suicide Prevention Interagency Workgroup

Collaboration: Maximizing Funding Opportunities



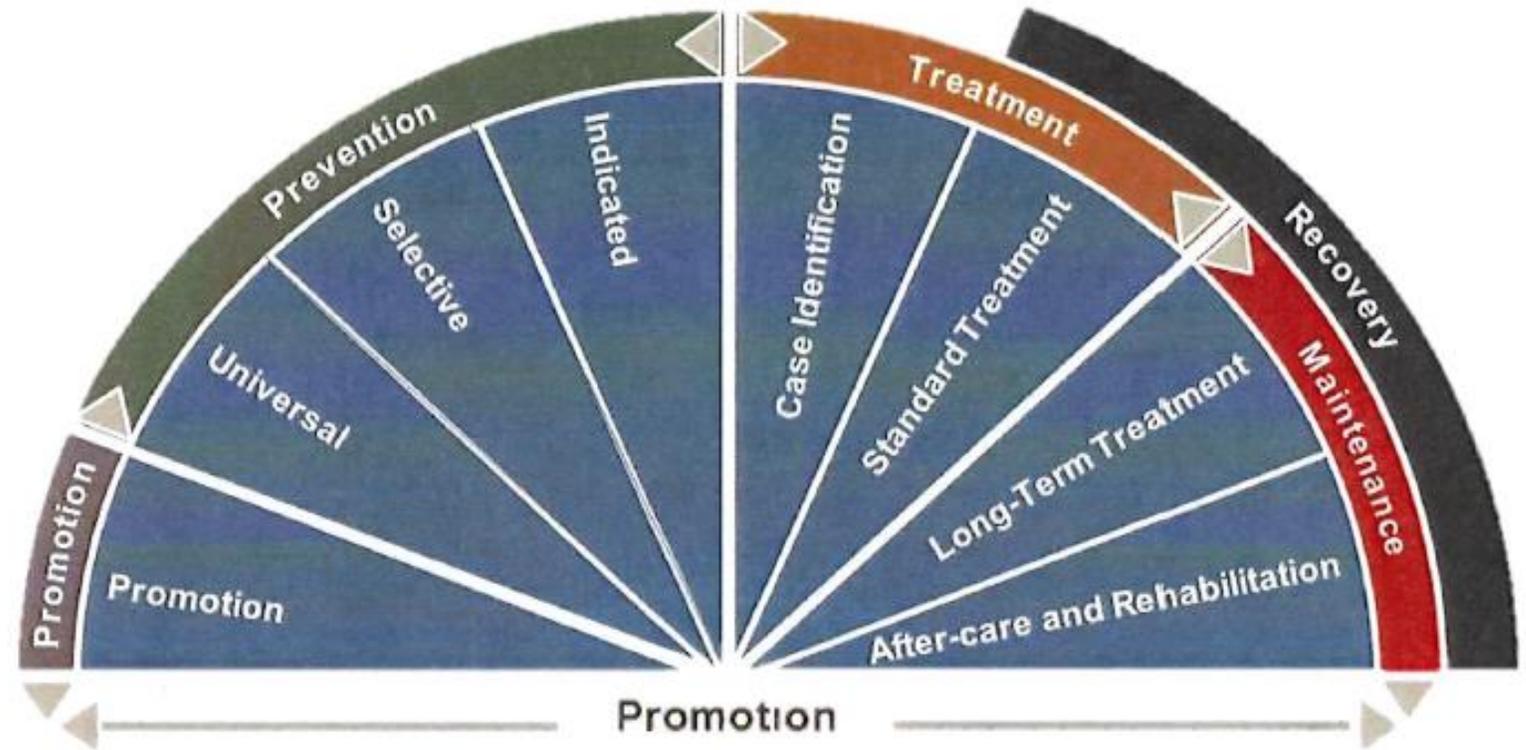
KDHE leverages resources from:

- Federal Agencies
- State Resources
- Not-for-profits
- Private Sector
- Foundations

Continuum of Care

Promotion

- Initiatives



Continuum of Care: Promotion

— Preventing Youth Suicide —
DO YOU KNOW WHAT TO DO?

If I am a community member, I can...

- **Be willing to listen** without judgment.
- **Make resources** for safe storage or disposal of means for suicide available (e.g. trigger locks, prescription take back initiatives).
- **Download the Columbia Suicide Severity Rating Scale** screener tool to know which questions to ask: <http://csars.columbia.edu/wp-content/uploads/Community-Card-2guys.pdf>.
- **Take a training** like Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST) or Question, Persuade, Refer (QPR) to be able to better identify when youth are struggling with thoughts of suicide.
- **Practice good self-care**; share my coping mechanisms with those around me, tell stories of seeking help and gaining recovery.



Help and resources are available!

Organization	Contact Information
National Suicide Prevention Lifeline	1-800-273-8255 https://suicidepreventionlifeline.org/
Crisis Text Line	Text KANSAS to 741741 https://www.crisistextline.org/
Substance Abuse and Mental Health Services Administration (SAMHSA) Suicide Prevention Resources	https://www.samhsa.gov/find-help/suicide-prevention-resources
Suicide Prevention Resource Center	https://www.sprc.org/
Kansas Suicide Prevention Resource Center	http://www.kansasuicideprevention.org/
National Alliance on Mental Illness - Kansas	https://namikansas.org/
Kansas School Safety Hotline	1-877-626-8203 https://www.ksde.org/Agency/Division-of-Learning-Services/Career-Standards-and-Assessment-Services/Content-Area-M-2/School-Counseling/School-Counseling-Resources/Anti-Bullying-Awareness
Kansas Department for Aging and Disability Services (KDADS)	State Suicide Prevention Coordinator 785-296-4528 https://kdads.ks.gov/commissions/behavioral-health *Contact for resource and capacity-building assistance. If you or someone you know is struggling with suicide thoughts, call the National Suicide Prevention Lifeline at 1-800-273-8255.
Kansas Attorney General	Kansas Youth Suicide Prevention Coordinator 785-368-8465 https://ag.ks.gov/public-safety/child-safety
Kansas Prevention Collaborative	http://www.kansaspreventioncollaborative.org/Default
Your local Community Mental Health Center (CMHC)	https://www.kdads.ks.gov/commissions/behavioral-health/consumers-and-families/services-and-programs/community-mental-health-centers

KanQuit!
 1-800-QUIT-NOW (784-8669)
KSquit.org

#BeThe1To

**ASK.
 KEEP THEM SAFE.
 BE THERE.
 HELP THEM CONNECT.
 FOLLOW UP.**

Suicide is the #2 cause of death from age 10-24. You can #BeThe1To help prevent suicide.

National Suicide Prevention Lifeline
 800-273-TALK (8255)

**HOPE STARTS NOW!
 AND SOMETIMES HOPE
 NEEDS HELP.**

CALL 1-800-CHILDREN
 TO CONNECT WITH RESOURCES & SUBSTANCE USE SUPPORT.

Kansas Department of Health
 Parent Helpline

**NATIONAL
 SUICIDE
 PREVENTION
 LIFELINE**
 1-800-273-TALK (8255)
suicidepreventionlifeline.org

CRISIS TEXT LINE |

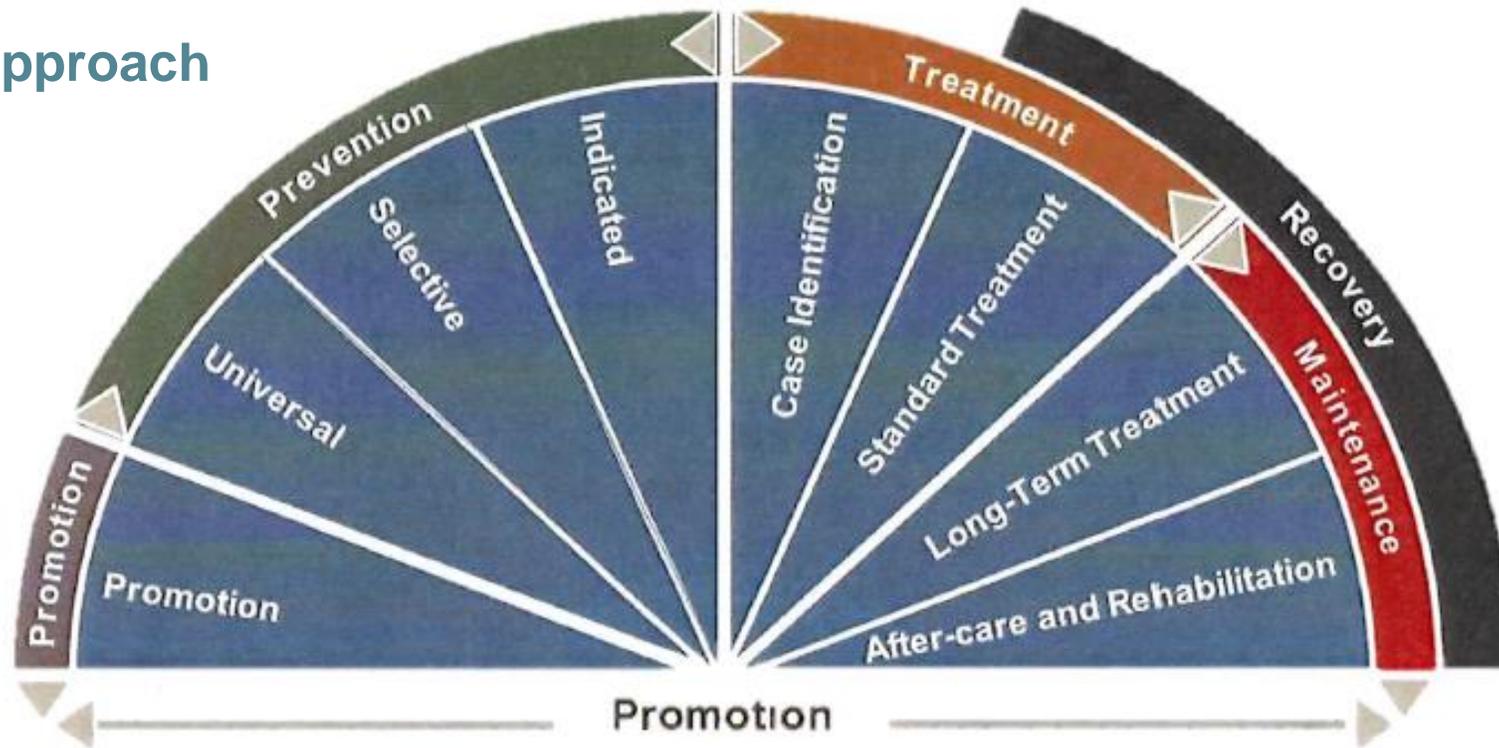
Aligns with the **Mental Health Task Force Rec. 1.3:** Warm hand-off – [promotion of the] establish a 24-hour uniform hotline and implement warm hand-off based on the 911 model.



Continuum of Care

Prevention

- Data-Driven Approach
- Initiatives



Data: Suicide in Kansas

- From 2015-2017, 78% of suicide deaths were male
- Out of every 100,000 Kansas residents, about 32 males and 9 females died of suicide
- More than half (54%) of those who died by suicide had not received any college education

Figure 1. Age-Specific Suicide Rates per 100,000 Kansas Residents, 2015-2017

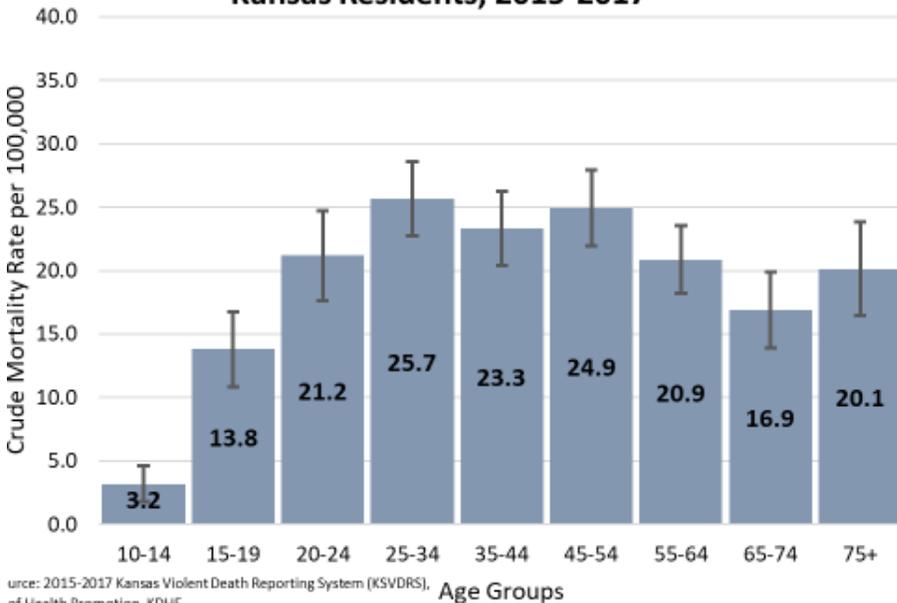
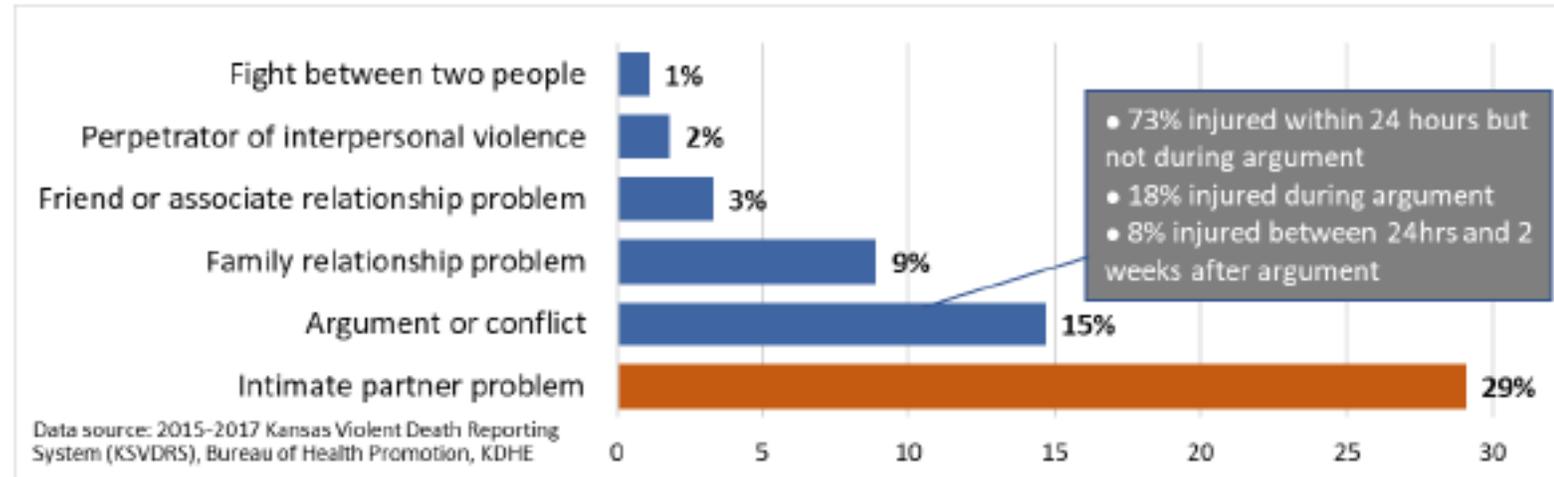


Figure 7. Percent of Suicide Deaths by Interpersonal Circumstances Among Kansas Residents, 2015-2017

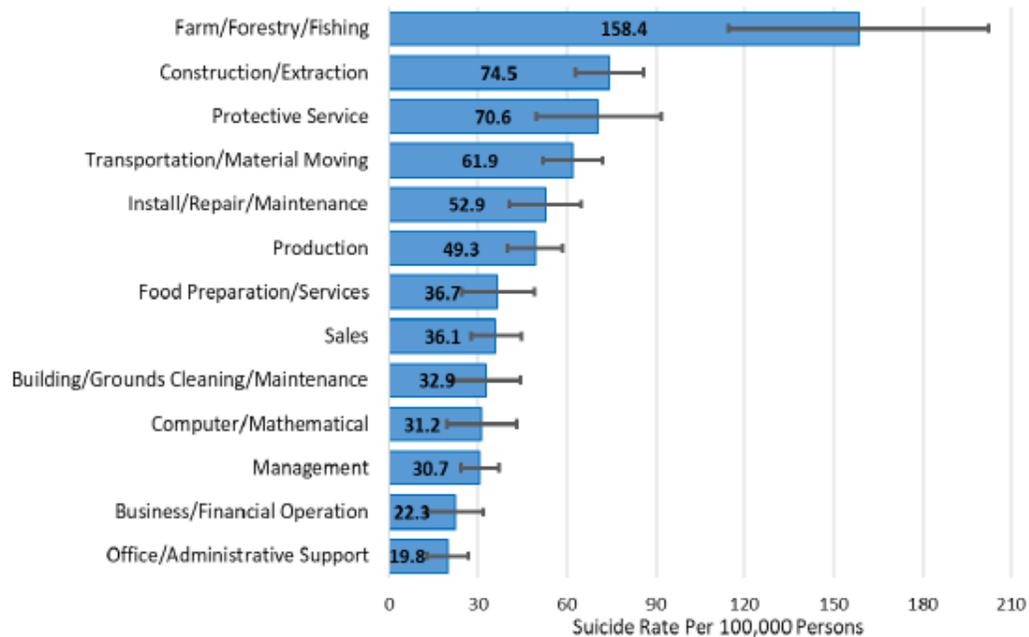


Data source: 2015-2017 Kansas Violent Death Reporting System (KSVDRS), Bureau of Health Promotion, KDHE.

Data: Suicide in Kansas

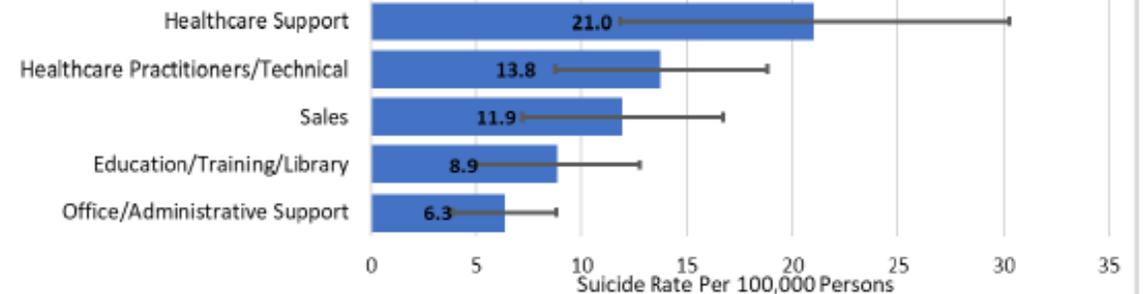
- About 3 out of 10 females who died by suicide did not have a paid job
- Whites had the highest suicide rate of 21.5 per 100,000 among all races and ethnicities
- About 67 per 100,000 Veterans died of suicide, which was 3.4 times the suicide rate of non-veterans (19.9 per 100,000)

Figure 3. Crude Suicide Rates among Males ≥16 Years Old in the Standard Occupational Classification (SOC) Major Group Kansas 2015-2017



Data source: 2015-2017 Kansas Violent Death Reporting System (KSVDRS), Bureau of Health Promotion, KDHE. Population from 2015-2017 American Community Survey (ACS), U.S. Census Bureau

Figure 4. Crude Suicide Rates among Females ≥16 Years Old in the Standard Occupational Classification (SOC) Major Group, Kansas 2015-2017



Data source: 2015-2017 Kansas Violent Death Reporting System (KSVDRS), Bureau of Health Promotion, KDHE. Population from 2015-2017 American Community Survey (ACS), U.S. Census Bureau

Data source: 2015-2017 Kansas Violent Death Reporting System (KSVDRS), Bureau of Health Promotion, KDHE.

Continuum of Care: Prevention



Initiatives

- Kansas Violent Death Reporting System
- Youth Suicide Prevention Interagency Workgroup
- The Role of Public Health in Suicide Prevention
https://www.kdheks.gov/idp/download/Suicide_Prevention_in_Public_Health.pdf
- Implementation of Zero Suicide in Health Systems
- Intimate Partner Violence Prevention

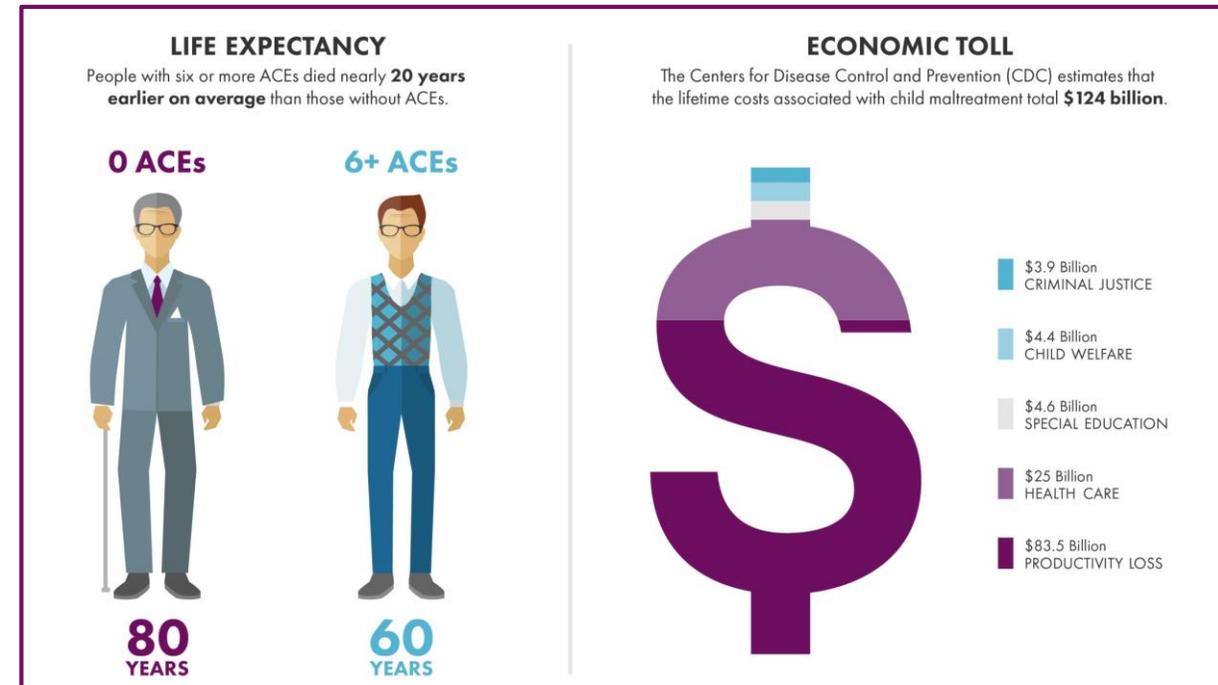
Data: Summary of Kansas ACE Results

When compared to adults with no ACEs, the adults with high ACE scores (3+) have **higher prevalence of:**



Kansas data mirror findings in other states.

Societal and fiscal impact of ACEs:



Continuum of Care: Prevention

Strategies that Address the Needs of Children & their Families



Home visiting to pregnant women and families with newborns

Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child's home environment, and children's development.



Parenting training programs

These programs work to improve the quality of parent-child relationships and change how parents and children interact with one another.



Intimate partner violence prevention

Teen dating violence can set the stage for problems in future relationships, including intimate partner violence throughout life. Early prevention is needed to help teens develop respectful, non-violent relationship skills that can be carried forward into adult relationships.



Social support for parents

Social support involves guidance, social reinforcement, practical assistance with the tasks of daily living, and social stimulation.



High quality child care

Preschool enrichment is important for long-term development and other outcomes, including violence. Access to high-quality child care is important, too, as it can affect parents' ability to work and to support a family as well as children's exposure to safe, stable and nurturing relationships and environments.



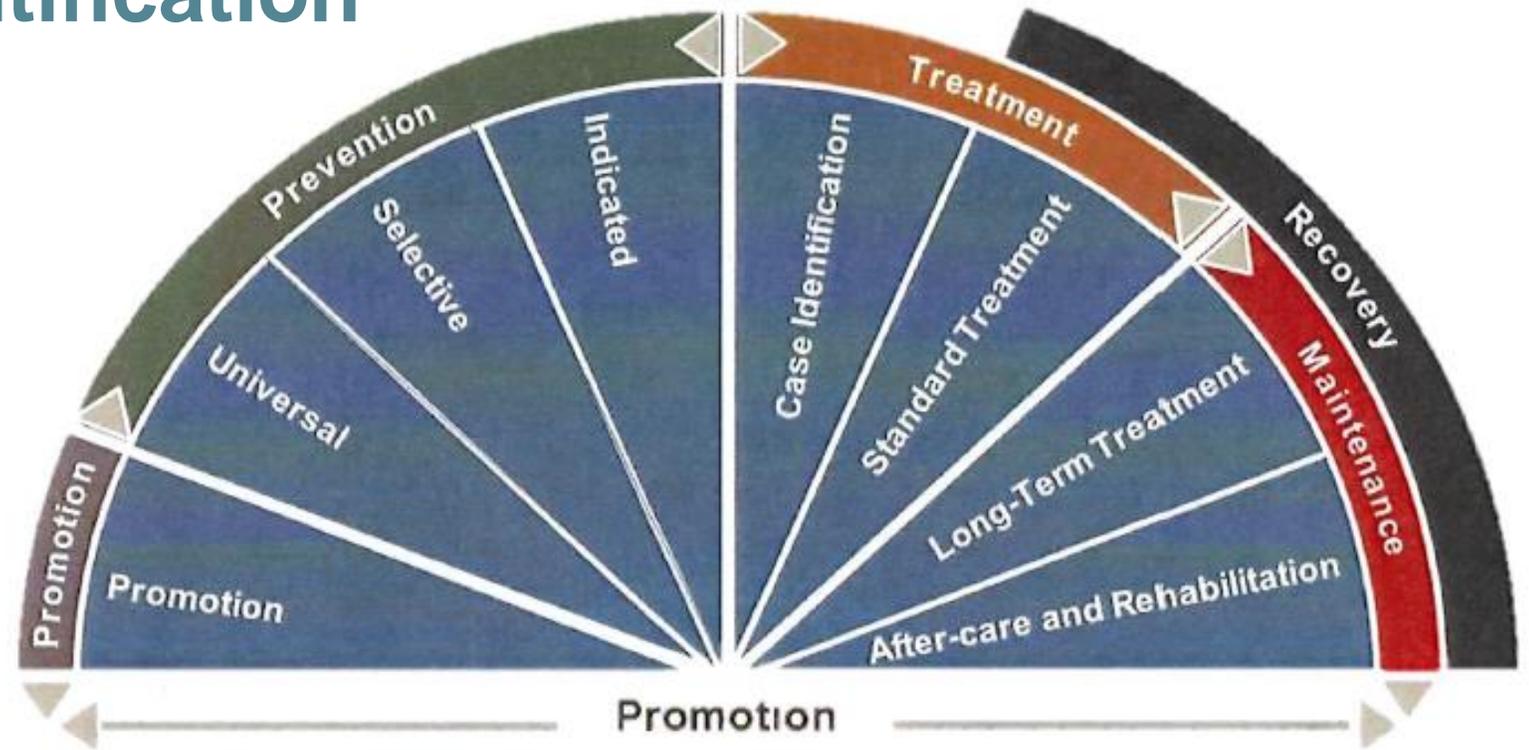
Sufficient income support for lower income families

Living in poverty and low-income conditions can increase the risk for child maltreatment and partner violence. Income supports like cash transfers, tax credits, vouchers for food or housing, subsidies for child care and health insurance, unemployment insurance, or paid leave may provide some relief for parents.

Continuum of Care

Treatment: Case Identification

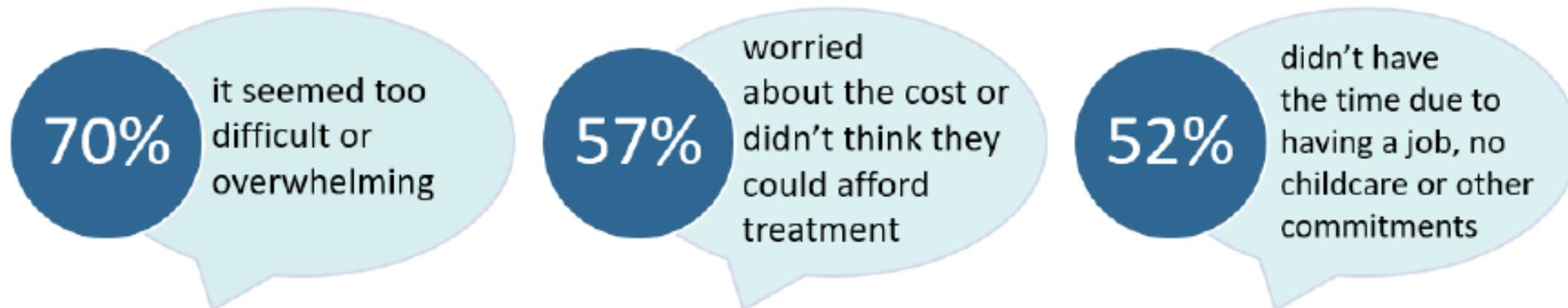
- Data-Driven Approach
- Initiatives
- Workforce Development



Data: Maternal and Child Health

- Depression is the most common complication in the perinatal period affecting 15% of mothers and 10% of fathers.
- Adverse health impacts for the mother, father, and child
- Depression screening and treatment are critical preventative care tools

19% of 2018 mothers reported having depression during pregnancy.
17% of mothers felt that they **needed treatment** or counseling for depression after pregnancy and **did not get it** (KS PRAMS, 2018). Reasons for not getting help include:



Continuum of Care Treatment: Case Identification

- Children & Families Programs recommends universal screening for perinatal mood and anxiety disorders
 - Developed a Perinatal Mental Health Integration Toolkit:
https://www.kdheks.gov/c-f/mental_health_integration.htm
- Pediatrics Supporting Parents (PSP) Workgroup: Drafted a Maternal Depression Impact Paper and Maternal Depression Screening policy
 - Approved by Kansas Medicaid: August 2020
 - Kansas will be joining the 41 other states who allow for screenings to be conducted during a well-child's visit to be billed under the child's Medicaid ID



Aligns with the **Mental Health Task Force Rec. 3.4.C**: Ensure children and caregivers are screened and assessed (e.g., depression) at regular intervals in early childhood programs. Based on the screening results, make appropriate referrals to community providers.

Data: Substance Use Disorders (SUD)



SUD Surveillance:

- Age-adjusted non-fatal all drug overdose emergency department admission per 100,000 population decreased from 135.9 in 2018 to 130.3 in 2019.
- The total morphine milligram equivalents (MME) dispensed to patients per capita decreased from 196 in Q1 2017 to 118 in Q2 2020.
- The prevalence of adults ages 18 to 24 who report using prescription narcotics more frequently or in higher doses than as directed by a doctor in the past year decreased from 4.86% in 2017 to 2.96% in 2018 (BRFSS data).

Continuum of Care Treatment: Case Identification



Aligns with the **Governor's SUD Task Force Rec. TR7**: Increase access to and utilization of SBIRT across health care provider disciplines.

- Increased focus on addressing pregnant and parenting women using substances.
- Hope Starts Now marketing campaign aimed to reach women with an opioid use disorder.
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) Toolkit:
https://www.kdheks.gov/c-f/SBIRT_Toolkit.htm

Treatment: Workforce Development

Provider Training:

- KS SUD Task Force partners implemented provider training and increased the number of KS Buprenorphine waived prescribers by 126 providers to 223 providers since 2018.
- The percentage of KS counties with Medication-assisted Treatment (MAT) prescribers increased from 27% in 2016 to 35% in 2019.
- KDHE's Overdose Data To Action funds (OD2A), implemented 10-session Project ECHO on Navigating Pain Prescribing and SUD in June/July 2020. A total of 307 KS health care providers participated in the series. <http://www.preventoverdoseks.org/>



Treatment: Workforce Development

- **Communities Supporting Perinatal Behavioral Health Community Collaborative** – Partnership between KDHE Bureau of Family Health and five Title V: Maternal and Child Health Programs
- **Kansas Connecting Communities (KCC)**
 - Offers free training and technical assistance opportunities to perinatal providers (e.g., public health programs, OB/GYNs, Pediatricians, Family Physicians, etc.)
 - Established a free provider consultation line that offers support services, such as resources, guidance on screening practices, referrals to treatment providers, and psychiatry consultations



Aligns with the **Governor's SUD Task Force Rec. TR6:** Service Integration – Integration of services across the continuum of care domains; **TR 9: Peer Support** – Expand access to peer support services; and, **Mental Health Task Force Rec. 5.2:** Peer Support - integration of peer support services into multiple levels of service

Treatment: Workforce Development



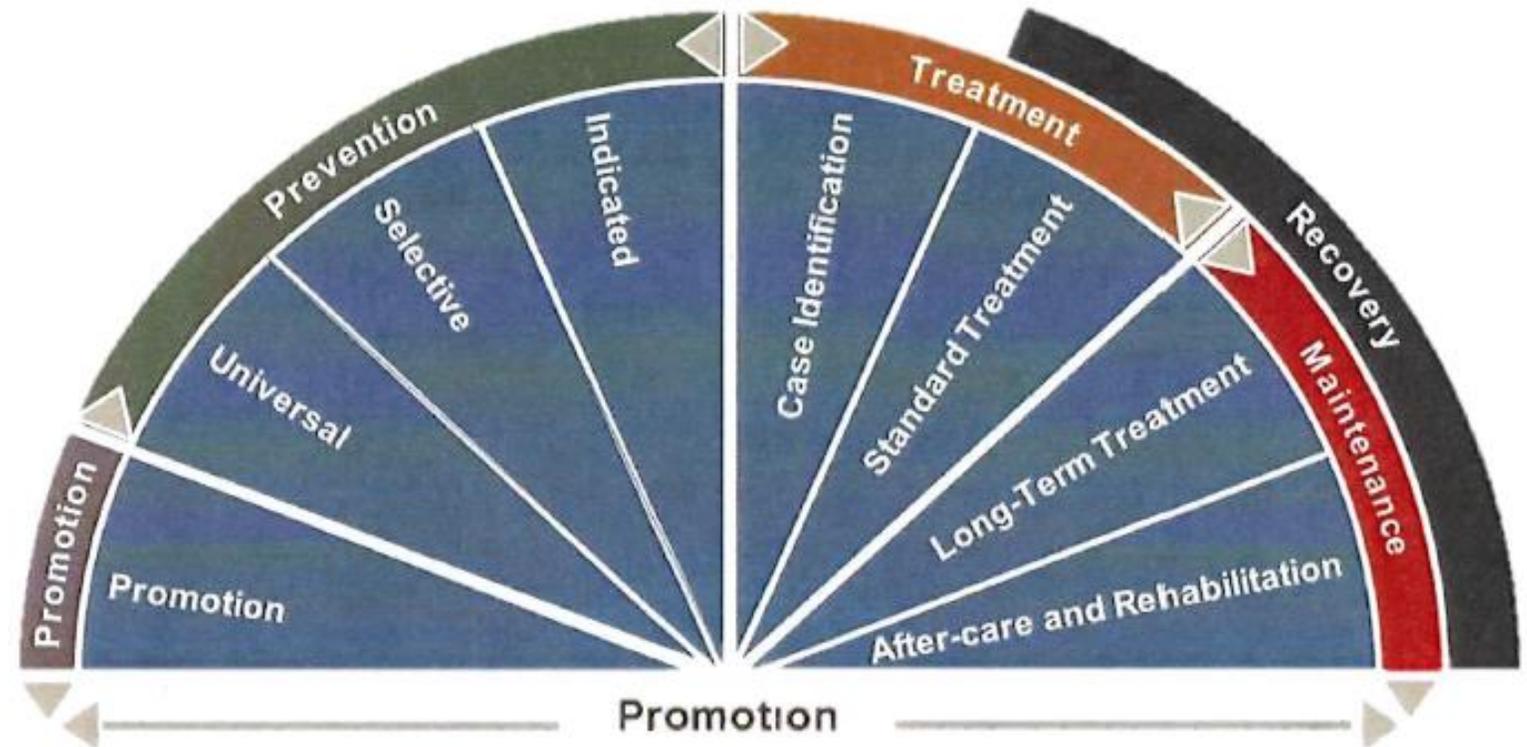
Other Opportunities:

- Governor's Public Health Conference
- Mental Health First Aid
- Supply Resources for Updated FCS Curriculum
- AAP Bright Futures Guidelines
- Ages and Stages Questionnaire, Social-Emotional screenings
- Peer-to-Peer learning

Continuum of Care

Treatment: Standard Treatment

- Data-Driven Approach
- Initiatives
- Workforce Development

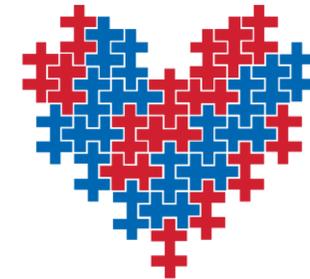


Continuum of Care Treatment: Children's Behavioral Health



KSKidsMAP to Mental Wellness

- 4 Year HRSA Cooperative Agreement (July 2019-June 2023)
- Supports primary care physicians and clinicians in the early identification and treatment of children and adolescents with uncomplicated mental illness
- Established a Pediatric Mental Health Care Team who offers support through:
 - Provider Consultation Line
 - KSKidsMAP TeleECHO Clinic

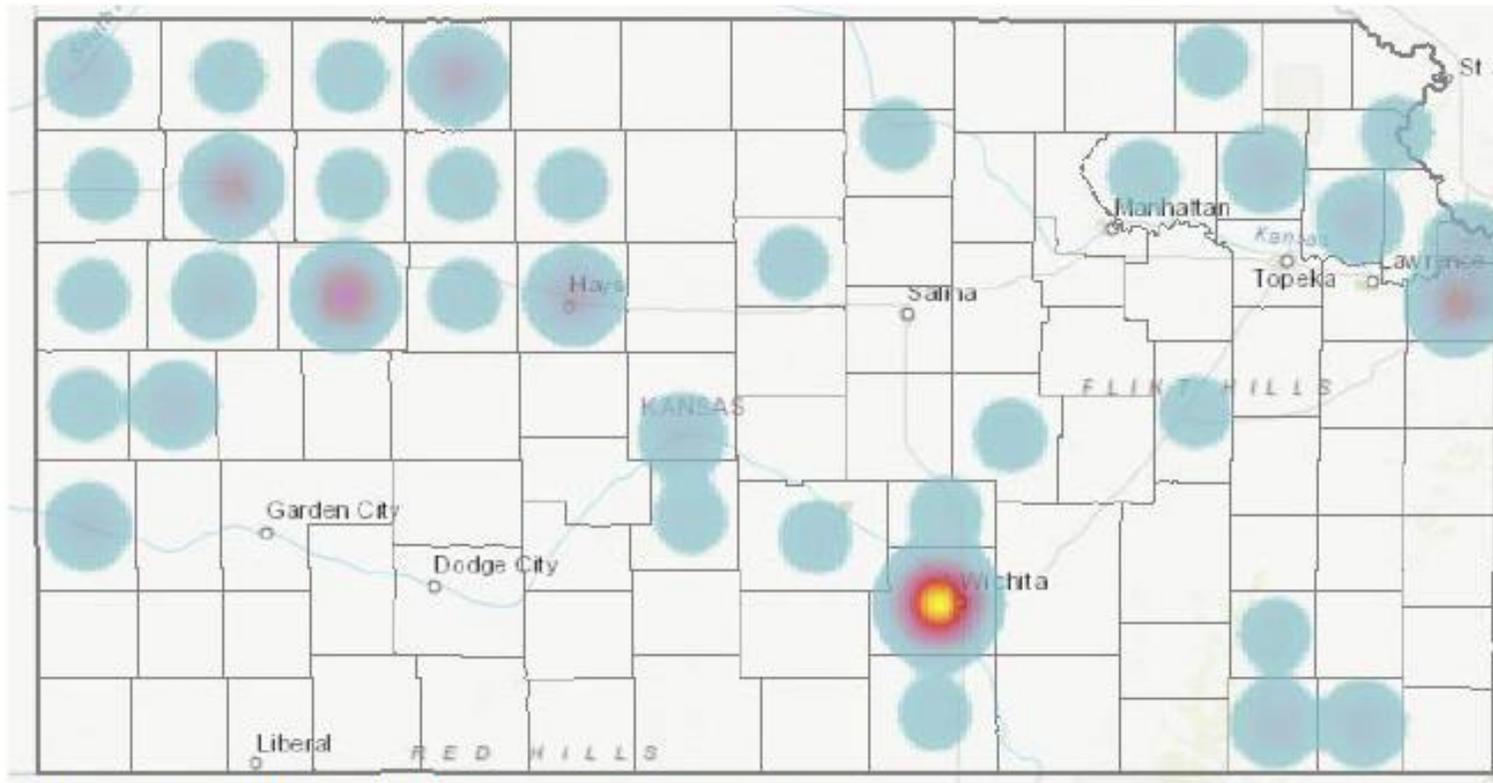


KSKidsMAP
Pediatric Mental Health

Aligns with the **Mental Health Task Force Rec. 3.1**: Access to effective practices and support - deliver crisis, clinical, and presentation services for children and youth and families in natural settings. **Child Welfare System Task Force Rec. C3**: Service setting - prioritize delivering services for children and youth in natural settings.

Treatment: Workforce Development

KSKidsMAP Enrolled Providers



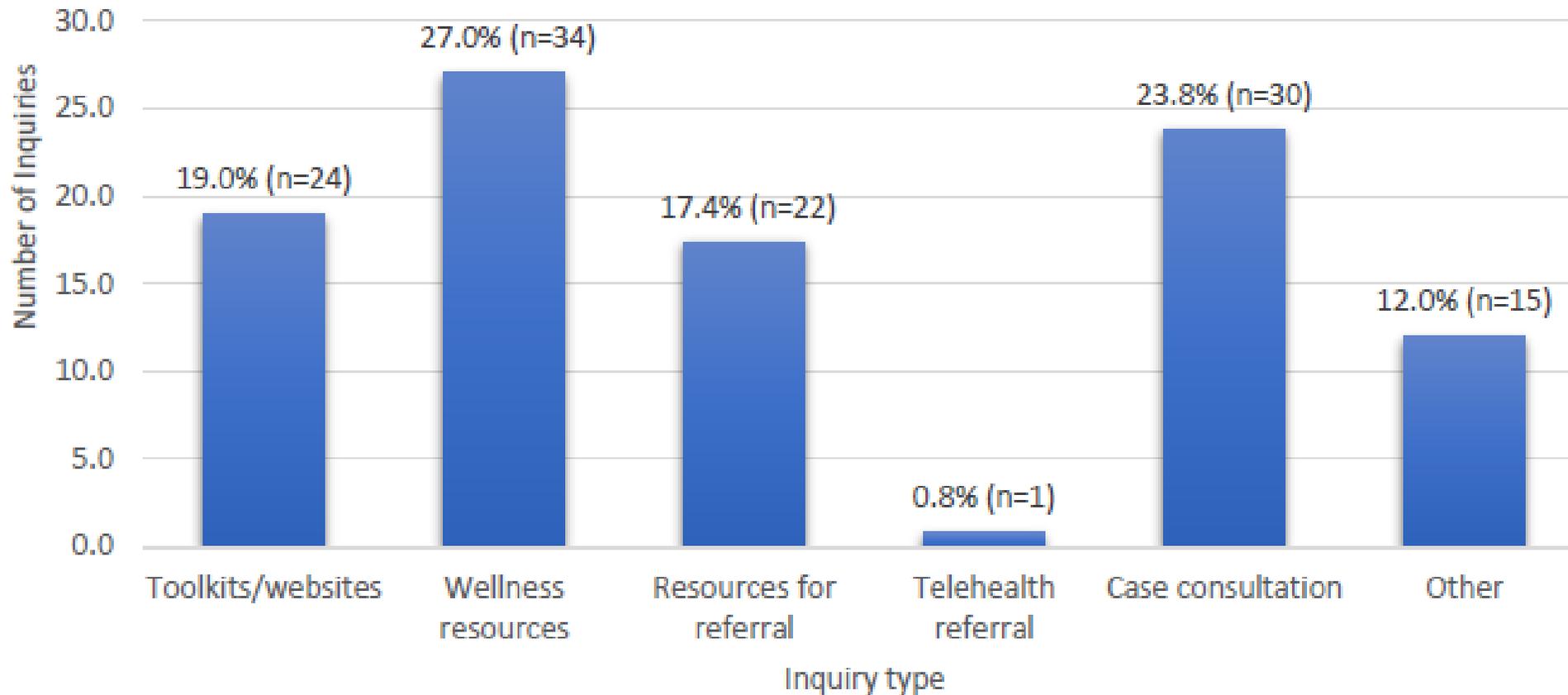
*Note: Large circles denote high numbers in the given area



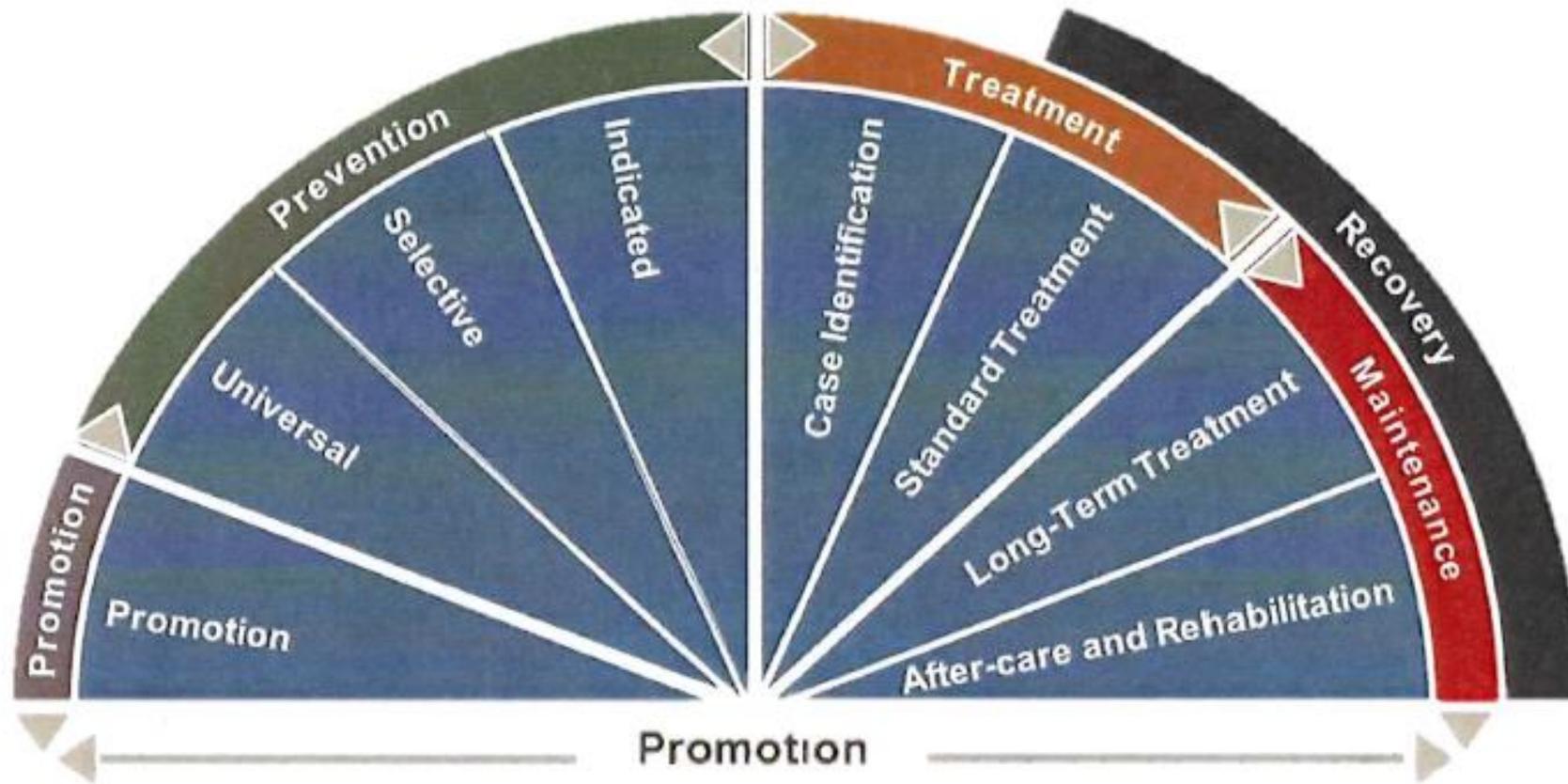
Table 1. KSKidsMAP Network

Physician/clinician Type	N (%)
Physician/clinician	48 (66.7%)
Nurse Practitioner	14 (19.4%)
Physician Assistant	3 (4.2%)
Social Work	3 (4.2%)
Psychologist	2 (2.8%)
Registered Nurse	1 (1.4%)
Other	1 (1.4%)
Total	72 (100.0%)

Treatment: Workforce Development KSKidsMAP Consultation Line



Continuum of Care



Thank You/Questions

