

Special Committee on Mental Health Modernization *Finance & Sustainability Working Group*

Thursday, October 1, 2020

8:30-10:00 a.m.

Meeting Notes

Meeting materials: <https://www.khi.org/pages/finance-sustainability-working-group-oct.-1-2020>

Agenda:

- 8:30AM Introduction
- 8:50AM Review Former Recommendations
- 9:00AM Score Workforce Recommendations on Rubric
- 9:35AM Review Identified Barriers on Workforce
- 9:55AM Administrative Updates
- 10:00AM Adjourn

Meeting Commitments:

- Come ready to discuss and compromise
- Keep remarks succinct and on topic
- Don't hesitate to ask clarifying questions
- Start and end on time

Attendees

Working group members: Larry Alley, Barbara Ballard, Charley Bartlett, Andy Brown, Will Carpenter, Sarah Fertig, Coni Fries, Greg Hennen, Don Jordan, Megan Lynn, and Will Warnes.

Supplemental expert: Krista Postai

Staff: Carlie Houchen, KHI; Sydney McClendon, KHI; Peter Barstad; KHI; Scott Abbot, Office of the Reviser of Statutes; David Fye, KLRD; and Matthew Moore, KLRD.

Decisions on Recommendations

Removed the following recommendations from the list:

- ***Child Welfare System Task Force: Tier Three Recommendation: Front-End Staffing.*** *The Department for Children and Families (DCF) should employ highly skilled and experienced front-end child welfare staff.*

Scored the following recommendations:

- ***Child Welfare System Task Force: Tier One Recommendation: Workforce.*** *The State of Kansas should **plan for long-term investment** in the ~~child welfare~~ **mental health** system workforce by increasing funding for, **promotion, training**, recruitment, retention, and support to effectively attract and retain high-quality staff. **Include measures for success.***
 - Difficulty in recruiting. Recruit from where? Options discussed including, growing and training a workforce in addition to working to recruit and retain current professionals.
 - Need to also focus on promoting this field as a career option among youth.
 - Ease of implementation: 1
 - Potential for high impact: 9

- **Governor's Behavioral Health Services Planning Council Subcommittees: CAODA Recommendation.** Recommend the number of clinical supervision hours required of addiction counselors *and behavioral health counselors* to obtain clinical licensure be reduced from 4,000 to 3,000 similar to the reduction in clinical hours of social workers.
 - Legislative action and regulatory changes – need to keep it narrow or make it more inclusive.
 - Invite someone from BSRB to weigh in on this topic.
 - Ease of implementation: 8
 - Potential for high impact: 8
- **Mental Health Task Force: Recommendation 5.3 State Loan Repayment Program (2019).** Require a report on increasing the number of psychiatrists and psychiatric nurses. *KDHE manages program and should conduct study or work with education institution to conduct study.*
 - Yes, contributes to modernization.
 - KDHE should conduct study.
 - Look at adding a psychiatric nursing program. Work with education institutions. High cost barrier. Don't overlook educational institutions in the study.
 - Did not score but will send out Qualtrics survey.

Will combine the following recommendations into one:

- **Governor's Behavioral Health Services Planning Council Subcommittees: CAODA Counseling Recommendations.** Support initiatives that provide tuition reimbursement for addiction counselors equal to those provided to other behavioral health professionals. Support better funding for agencies so the agencies may provide compensation and benefits sufficient to encourage prospective professionals to seek training and licensure
- **Governor's Behavioral Health Services Planning Council Subcommittees: Children's Subcommittee (CS) Recommendation.** Provide adequate workforce compensation and reimbursement rates for time spent planning and implementing family engagement practices. Such support should be based on local needs, priorities, and goals determined at the program and school levels, in partnership with families.
- **Governor's Substance Use Disorders Task Force: TR19 Workforce Development.** Implement workforce development programs to increase capacity of addiction professions.
- Recommendations:
 - Establish tuition reimbursement for (rural and) frontier areas
 - Master's level candidates and addiction counselors
 - Should include minimum time working in the frontier area
 - Maybe look at a pilot program for areas that are hard to serve
 - Look at what is being done through the ROZ program
 - Also consider use of telehealth (e.g., allowing telehealth to count towards service requirements). Consider allowing service to include telehealth? - Will discuss further during telehealth discussion.

New recommendations based on identified barriers:

- **Workforce diversity**
 - Recommendation: Conduct a study to assess gaps and barriers related to a developing a diverse workforce in Kansas, with a focus on race/ethnicity, LGBTQ and the ability to work with those with limited English proficiency.

- Recommendation: Consider opportunities to promote the behavioral health workforce among those 12-18 years of age.
- ***Trouble recruiting – insufficient pay barrier***
 - Unless we can increase pay we will continue to lose people to neighboring states
 - Examine CCBHC reimbursement as compared to FQHC
 - Consider other models such as the monthly per-member per-month.
 - Amount is also an issue under PMPM Medicaid reimbursement to support access to psychiatry
 - Will discuss in next meeting on funding and accessibility.

Follow up items

- Complete Qualtrics survey to provide input on the recommendations which were not discussed in the meeting. Survey results will be reviewed in upcoming meeting.
- Need information from BSRB to provide feedback related to *Governor's Behavioral Health Services Planning Council Subcommittees: CAODA Recommendation.*