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Presentation to the Special Committee on Kansas Mental Health Modernization and Reform on KDADS responses to recommendations from recent task forces and other groups focusing on mental health.

Presented by Andy Brown, Commissioner for Behavioral Health Services

# Reports and Recommendations Referenced

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This presentation will reference actions taken by KDADS to address recommendations from a number of reports including the Legislative Mental Health Task Forces that met over the 2017 and 2018 Legislative interims, the Governor's Substance Use Disorder Task Force, the Governor's Behavioral Health Services Planning Council, the Child Welfare System Task Force, and the Crossover Youth Working Group,

An updated response to the 2019 MHTF report and the KDADS 2019 Strategic Planning document has also been submitted as an attachment for review by the committee as additional documentation.

KDADS also recently submitted a Mental Health in Jails State Action Plan that outlines a plan in response to Legislative Post Audit recommendations in 2018. The plan was developed in collaboration with the Sherriff's Association and the Association of CMHCs over about 6 months in FY20. That report is available to the public on our website at:

[https://www.kdads.ks.gov/docs/default-source/csp/bhs-documents/reports/mental-health-services-in-kansas-jails.pdf?sfvrsn=2b8202ee\\_0](https://www.kdads.ks.gov/docs/default-source/csp/bhs-documents/reports/mental-health-services-in-kansas-jails.pdf?sfvrsn=2b8202ee_0)

# FY21 Budget Enhancements & Appropriations

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Last year KDADS submitted 18 budget enhancements for FY21, totaling \$74.5 million dollars all funds. 15 of those enhancements specifically related to fulfilling recommendations within the 2019 MHTF report and from the Governor's Behavioral Health Services Planning Council.

In FY21, KDADS received appropriations associated with the plan to lift the moratorium at Osawatomie State Hospital and to open a children's acute psychiatric hospital in Hays. Additionally, available lotto vending machine funding will allow the state to support an additional crisis center in Douglas County.

# KDADS Strategic Goals

KDADS 2019 Strategic Planning document (attached to this presentation) focuses on 8 long-term goals for KDADS during the Governor Kelly's administration summarized below:

1. **Modernize** the continuum of care.
2. Revitalize **self-direction and self determination**.
3. Improve consumer-driven **decision-making**.
4. Increase meaningful and community-integrated **employment**.
5. Implement comprehensive community-based **housing**.
6. Improve **workforce** development.
7. Movement towards **data**-informed continuous quality improvement.
8. Adopt the Strategic **Prevention** Framework.

50 related short-term goals for 2020-2022 have also been described within the document, many of these directly connect to recommendations made in recent reports. Significant progress has already been made on a number of these goals.

# Mental Health Task Force Report

## January 14, 2019

This report has recommendations in the 7 topic areas and includes a cross-walk of the Mental Health Task Force recommendations with the Governor's SUD Task Force recommendations and the Child Welfare System Task Force recommendations in Appendix D of that report. The report also provides an update on the implementation status of previous Mental Health Task Force recommendations.

The 7 topic areas are:

1. System Transformation
2. Maximizing Federal Funding and Funding From Other Sources
3. Continuum of Care for Children and Youth
4. Nursing Facilities for Mental Health
5. Workforce
6. Suicide Prevention
7. Learning Across Systems

# System Transformation

## Progress Update

KDADS has made significant progress with in this topic area:

1. KDADS has developed a plan to lift the moratorium at Osawatomie State Hospital (OSH) that will allow the moratorium on voluntary admissions to be ended in 2021.
2. KDADS established a new Hospital Commission and appointed a new Deputy Secretary to oversee the state institutions.
3. KDADS has created a new provider status known as State Institute Alternative which allows regional hospitals to serve Kansans as though they were state hospitals.
4. Regulations for the Crisis Intervention Act are being drafted and should be available to license new Crisis Intervention Centers in 2021 and will include uniform Medical Necessity Criteria.
5. New Crisis Stabilization Units have been established & funded in some areas of the state that may not support licensed Crisis Intervention Centers
6. KDADS has partnered with DCF to support the establishment of a state-wide mobile crisis program for youth.
7. KDADS has completed the Housing First Bridge Pilot project and created Medicaid billing codes known as Operation Community Integration (OIC) to promote Housing First models for SUD and CMHC providers.
8. KDADS has worked to expand its efforts to prioritize and expedite the reactivation of federal benefits including Medicaid for disabled individuals discharging from institutions to promote successful community integration.

# Maximizing Federal Funding

## Progress Update

KDADS has made progress on this topic in the following ways:

1. KDADS has updated Substance Abuse Block Grant rates for the uninsured to match the reimbursement rates for Medicaid/KanCare
2. KDADS has worked with KDHE to implement a health home model for KanCare
3. KDADS supports the expansion of the Excellence in Mental Health Act and works with national groups like National State Mental Health Program Directors to advocate for its expansion in Congress.
4. KDADS worked with KDHE and CMS to secure a Section 1115 demonstration for IMD exclusion, and over the last 18 months has submitted and had approved both its implementation plan and evaluation plan for the SUD IMD exclusion. Work is currently being done on the implementation plan for MH IMD exclusion.
5. KDADS has worked with the Governor's Office to seek legislation expanding Medicaid under the ACA
6. KDADS has sought additional funding for a new housing position at KDADS.
7. KDADS has convened meetings with stakeholders to re-establish an interagency commission on housing to explore future federal funding opportunities.
8. KDADS has convened statewide trainings for providers from national Housing First expert and founder, Sam Tsemberis
9. KDADS has worked to expand housing funding for MH and SUD providers, including seeking federal technical assistance.

# Children's Continuum of Care

## Progress Update

KDADS has done an impressive amount of work in this topic over the last 18 months:

1. KDADS established a division within the Behavioral Health Services commission that is led by a new director that focuses on children and youth.
2. KDADS held a state-wide Children's Behavioral Health Summit in Topeka and a series of meetings in Western Kansas to discuss access to care and the need for services in Kansas communities.
3. KDADS has begun work on creating a parent peer support service for parents of children with Severe Emotional Disturbances.
4. KDADS has sought additional federal funding for the expansion of the Systems of Care grant activities, this funding was not awarded for FFY21
5. KDADS worked with DCF to institute the Family First Prevention Services Act and crisis intervention services.
6. KDADS increased parent support opportunities through pilot projects in the System of Care grant. This has not fully expanded eligibility statewide, but KDADS is exploring options.
7. KDADS has incorporated ACES training into its prevention strategies and works with KDHE on ACES as a public health strategy.
8. KDADS has worked closely with DCF and other state agencies on transition aged youth under a proviso, to closely examine the ways their efforts can be coordinated. KDADS also tried to help pursue the establishment of a Juvenile Crisis Intervention Center last year by issuing a RFP, ultimately that bid was closed without an award being made.

# Children's Continuum of Care – PRTFs Rec. 3.3

## Progress Update

Psychiatric Residential Treatment Facilities (PRTFs) in Kansas have struggled to meet the demand for services among KanCare members for several years. KDADS has been working to address this issue from multiple angles, including consideration of MHTF recommendation 3.3. While KDADS has not implemented all of the recommendations in 3.3 its combined efforts have resulted in a marked reduction in the KanCare MCO waitlist for PRTF admissions of about 50% from FY19.

KDADS has implemented recommendation 3.3.a and created both new draft regulations for PRTFs which are being reviewed by our legal team, and new Medical Necessity Criteria for PRTFs.

KDADS has also established a direct role in reviewing individual members on the MCO waitlist with the MCOs and DCF on a weekly basis to assure that those members are receiving home and community-based services, continue to meet medical necessity, and that additional treatment options have been considered.

KDADS has also worked to expand PRTF capacity in Kansas which was not part of the MHTF recommendations, but has been a priority for some children's advocates in Kansas. KDADS is also currently working with providers to establish PRTF programs for higher acuity children with histories of violence or sexual assaults that are more difficult treat in current PRTFs and remain on the waiting list for longer periods of time as a result.

# Nursing Facilities for Mental Health

## Progress Update

KDADS has made progress in the following areas:

1. KDADS has been approved for an 1115 IMD Exclusion demonstration waiver from CMS. KDADS is currently in the process of submitting an implementation plan and evaluation plan for CMS approval.
2. KDADS has also approved rate exceptions in NFMHs as incentives for additional training and services.
3. KDADS has funded special training for NFMH staff over the last three years through a special grant fund.
4. KDADS has convened meetings with community service providers and NFMH directors to connect residents with additional services. KDADS continues to meet monthly with NFMH directors to explore ways to improve these connections.
5. KDADS prioritizes and expedites NFMH residents to reconnect them with benefits to facilitate more successful community integration. KDADS is also currently working on developing a pilot program that help provide temporary supportive housing while waiting for permanent benefits to be established.
6. KDADS has also worked to update its continued stay process, which is designed to determine if medical necessity criteria continues to be met by NFMH residents.

# Workforce

## Progress Update

KDADS has made progress in the following areas:

1. KDADS has met with the federally funded Mental Health Technology Transfer Center to get technical assistance on workforce issues.
2. KDADS is planning to work with KHI to develop a white paper on workforce strategies using stakeholder engagement. This has been delayed in part due to the public health emergency of the COVID-19 pandemic.
3. KDADS has expanded training opportunities for peer support services, both level one and level two trainings are available and supervisor training is now also available online. KDADS is working to finalize updates to online peer training.
4. KDADS has increased reimbursement rates for both SUD and MH peer support services by 10% this year.
5. Additionally KDADS has added performance measures to the KanCare MCO contracts around increasing utilization of peer support. This has resulted in additional incentives being offered by the MCOs to providers for these services.

# Suicide Prevention

## Progress Update

KDADS has made significant efforts with some progress on these recommendations:

1. KDADS led the Kansas team for the Governor's Challenge to Prevent Suicide among Service Members, Veterans, and their families. This federal TA opportunity helped develop a plan that KDADS has been working to implement over the last year.
2. The GBHSPC Prevention Subcommittee has drafted a new 5-year state suicide prevention plan, which is currently being reviewed for input by stakeholders around the state prior to a convening of stakeholders and agencies next month.
3. KDADS has not yet been able to create and fund a full-time state suicide prevention coordinator position, or to establish significant dedicated funding for suicide prevention efforts. KDADS did include both of those items in the FY21 budget enhancements, but they were not ultimately funded.
4. KDADS has partnered with state agencies and stakeholders to establish an interagency workgroup on youth suicide prevention. This collaboration has led to better coordinated efforts across agencies.
5. KDADS has applied for and is participating in the federal Technical Assistance on developing state infrastructure for suicide prevention.

# Child Welfare System Task Force Report

## January 2019

This report has 23 recommendations in 3 tiers and includes a cross-walk of the Mental Health Task Force recommendations in Appendix A of that report.

The final recommendations related to Mental Health are found in:

1. Tier 1; Recommendation 4. Access to Care
2. Tier 2; Recommendation 6. Foster Care Re-entry and Transitional Services
3. Tier 2; Recommendation 11. Safety Net, Early Childhood Programs, and Early Intervention

# Access to Care

## Progress Update

This recommendation is to require high-quality and consistent behavioral health care for Medicaid eligible high risk youth through the Medicaid state plan or other appropriate funding sources.

KDADS currently works with KDHE on offering Serious Emotional Disturbance (SED) waiver services through KanCare. These waivers are currently available and do not require a waitlist. Services for the SED waiver are provided by the CMHCs.

The MCO waitlist for PRTF admissions was of specific concern for the task force and KDADS has taken measures described earlier in this presentation to address the wait list. On 8/17/20 there were 21 foster care youth on the MCO waitlist for PRTF admissions, and KDADS is working to reduce that number further.

# Foster Care Re-entry and Transitional Services

## Progress Update

This recommendation is to provide young adults age 18-21 with the option to seamlessly re-enter the child welfare system, and ensure continuity in behavioral health care for youth who have exited the custody of DCF.

KDADS is not directly involved with re-entry, but is involved in working closely with DCF on transition aged youth to try and increase successful community integration for those youth with behavioral health needs. In that regard, KDADS offers support through Medicaid and through federal block grant funding for those not covered by other insurance. Specifically the Operation Community Integration (OCI) codes added to KanCare last year allow CMHCs and SUD providers to create housing support programs which are available for transition age youth. KDADS has also worked with DCF and CMHCs to help develop a universal jacket that creates a psychiatric history for each youth, which can be used to help establish federal disability claims and expedite connections to benefits.

# Safety Net, Early Childhood Programs, and Early Intervention

## Progress Update

This recommendation is to fully fund and ensure availability and adequate access to early childhood behavioral health services statewide. It also specifically refers to several recommendations from the Mental Health Task Force Report.

While DCF has secured funding for the Family First Prevention Services Act programs and has begun to fully implement those programs for at-risk youth, and KDADS last year was able to increase the CMHC base funding agreements to replace funding lost in the previous decade. Behavioral health services for children is still inadequately funded to ensure services are available statewide.

At the Children's Behavioral Health Summit in Topeka last year, both Parent advocates and CMHCs discussed the continued challenges of accessing and providing these services with KDADS and MCOs, much of which was related to the capacity of the workforce and the ability to pay competitive wages to attract and retain employees.

During the public health emergency of the COVID-19 pandemic, KDADS and KDHE have vastly expanded the role of telemedicine in behavioral health services and believe this is having a positive impact on families of children in accessing behavioral health services. While much work still needs to be done to fully realize the MHTF recommendations on early childhood programs, KDADS believes maintaining this telemedicine expansion will aid in our efforts to provide equal access across the state.

# Crossover Youth Working Group Final Report

## January 2020

This report has been mostly a study and presented key findings rather than clear recommendations in 6 topic areas only one of which specifically focused on mental health, that being Services for Crossover Youth.

The report's top findings include:

1. Crossover youth are not captured in data collection systems
2. Contact with law enforcement is an important entry point
3. Passage of SB 367 has limited the authority of law enforcement to place youth in detention
4. One of the largest barriers to services is placement instability

The report also identified gaps in services. KDADS has not significant time to begin structured planning on how to address all of these findings, however some of the findings are consistent across recommendations from stakeholder groups and other reports.

# Services for Crossover Youth

## Progress Updates

KDADS continues to support the use of evidenced-based programs (EBPs) identified in Proviso Point 8, and has established a EBP Workgroup as part of the Governor's Behavioral Health Services Planning Council that will help review and recommend additional EBPs.

For Proviso Point 12, KDADS continues to work on improving PRTF waiting lists and services, and would highlight recent efforts to create specialty PRTF units for Crossover Youth with violent or sexual assault histories.

For Proviso Point 15, KDADS intends to work with DCF, KDOC, and ACMHCK to further explore the CMHC role in serving crossover youth, and their needs with regard to capacity building. KDADS also continues to encourage use of the SED waiver for crossover youth as there are available waivers and no waitlist. KDADS also continues to evaluate the providers requests for parent-only sessions (child not present) on the waiver to be reimbursed by KanCare. KDADS did attempt to find a contractor for JCIC through an RFP process last year but was not able to make an award. DCF attempted the year prior. Private children's acute care psychiatric hospitals are available in Kansas and do not have waitlists, however they are not evenly distributed around the state. KDADS is working on an RFP to open a new children's hospital in Hays which would add capacity to the western half of the state.

# Substance Use Disorders Task Force Report

## September 2018

This report has 34 high priority recommendations in 5 topic areas and includes a list of additional unprioritized recommendations in Appendix B of that report.

The report has recommendations in the following topic areas:

1. Provider education
2. Prevention
3. Treatment and Recovery
4. Law Enforcement
5. Neonatal Abstinence Syndrome

# Provider Education Progress Updates

KDADS has made the following progress on provider education recommendations:

1. KDADS has offered provider training on opioid use disorder through the State Opioid Response grant and by co-hosting the Kansas Opioid Conference with KDHE annually.
2. KDADS has worked with Board of Pharmacy and KDHE to include K-TRACs objectives in the Health IT plan for the SUD IMD demonstration waiver implementation plan.
3. KDADS also recommends that this committee seek input from Board of Pharmacy about specific K-TRACS objectives and KDHE on their CDC-funded efforts around provider education.

# Prevention

## Progress Updates

KDADS has made the following progress on prevention recommendations:

1. KDADS has a robust prevention effort that promotes safe use, storage, and disposal of prescription medications, this work has been entirely federally funded through grants.
2. KDADS has helped promote and expand safe disposal sites in Kansas.
3. KDADS promotes awareness through public media campaigns and in targeted communities.
4. KDADS supports local prevention coalitions through the Kansas Prevention Collaborative.
5. KDADS collects data using the Communities That Care survey, KDADS has advocated for changes or exemption for this survey from state laws that currently require parents to opt their children into participating in the survey. This data is used for the Kansas Behavioral Health Indicators Dashboard and to provide county specific reports on selected prevention metrics.
6. KDADS has sought additional funding for prevention efforts, currently these programs are entirely federally funded and limited in their reach.
7. KDADS has also begun hosting an annual Kansas Prevention Conference to support local communities in their prevention efforts. KDADS also offers a quarterly PreventionWorks Webinar and offers national SAPST prevention training through a cadre of trainers.

# Treatment & Recovery

## Progress Updates

KDADS has made the following progress on treatment and recovery recommendations:

1. KDADS has increased waived prescribers of Buprenorphine through the SOR grant.
2. KDADS has worked to facilitate service integration for SUD services with MH and Primary Care. Currently KDADS is working with KDHE and FQHCs on federal Technical Assistance on this topic.
3. KDADS promotes Screening, Brief Intervention, and Referral to Treatment (SBIRT) through KanCare and SOR grant.
4. KDADS has increased SUD provider payment rates for the uninsured and added money to the program from the SOR grant.
5. KDADS has increased Medicaid reimbursement rates for Peer Support by 10% this year.
6. KDADS has begun implementing the SUD IMD exclusion demonstration.
7. KDADS has replaced the KCPC with a temporary SUD data collection tool known as KSURS and is developing an RFP for a statewide solution that would integrate behavioral health IT systems and replace more of the former functionality of the KCPC on a permanent basis.
8. KDADS has also been seeking increased state funding for SUD treatment and recovery services, to support expansion of supportive housing and employment services for people returning to communities after inpatient treatment.

# Law Enforcement Progress Updates

KDADS has made the following progress on law enforcement recommendations:

1. KDADS has added community-based jail liaison positions to the CMHC agreements to support pre-release services.
2. KDADS has expanded and increased efforts to expediate reconnection to eligible benefits upon release.
3. KDADS has contracted with Council of State Governments to launch a Kansas Stepping Up Initiative TA Center to support local law enforcement and district attorneys in a variety of pre-charge and post charge jail diversion efforts.
4. KDADS has supported Naloxone training and supplies for local law enforcement and first responders.
5. KDADS has also added additional training for smaller law enforcement agencies that do not have the ability to create CIT councils or participate in CIT training at the Kansas Law Enforcement Center.
6. KDADS state action plan for Mental Health in Jails was developed in conjunction with law enforcement associations and includes elements that will also help address SUD services.
7. KDADS has invested in creating opportunities for integrating sobering beds and detox facilities within crisis stabilization unit programs.
8. KDADS is also currently working with KDOC on technical assistance from the Council of State Government's Justice Center on behavioral health services as part of reform efforts.
9. KDADS has also been working with the SMVF TA Center to support crisis intercept mapping and Mayor's Challenges efforts in Topeka.

# Neonatal Abstinence Syndrome (NAS)

## Progress Updates

KDHE has made significant progress on these recommendations. KDADS has provided support to KDHE in their efforts utilizing SOR grant resources to support treatment and recovery services for uninsured pregnant women.

KDADS has a position responsible for filling the role of State Women's Treatment Coordinator with SAMHSA and participates in NAS subcommittee of the Kansas Opioid and Prescription Drug Committee.

# FY21 Strategic Goals for KDADS

## Next Steps for BHS Commission

The attached KDADS 2019 Strategic Planning document provides some insight into this years objectives for the agency, in addition to those short term goals the Behavioral Health Commission will be working towards the following top ten objectives in FY 21:

1. Identifying a vendor and launching the new Hays Children's Psychiatric Hospital project.
2. Recruiting regional hospitals to participate in the State Institute Alternatives project.
3. Completing new & updated regulations for PRTFs, CICs, and PPHs.
4. Continuing to work on lifting the moratorium at OSH.
5. Completing the MH IMD Exclusion implementation and evaluation plans for CMS approval.
6. Further reducing the MCO PRTF admissions waitlist and reducing continued stays in NFMHs.
7. Increasing options for Supported Employment and Supported Housing in the System of Care.
8. Fully implementing the Kansas Stepping Up Initiative TA center.
9. Create and establish a statewide suicide prevention coalition.
10. Hire a Suicide Prevention Coordinator, Housing Coordinator, and Employment Coordinator.