

**2021 Special Committee on Kansas Mental Health Modernization and Reform:
Services and Workforce Working Group (WG1) Recommendations**

Topic	Status	Recommendation Title	2020 Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response	Enablers (factors that aid action)	Barriers (Factors that obstruct action)	Revisions to Recommendation?
A: Workforce	Completed	1.1 Clinical Supervision Hours	Where applicable, reduce the number of clinical supervisions hours required of master's-level behavioral health clinicians to obtain clinical licensure from 4,000 to 3,000, similar to the reduction in clinical hours of social workers.	BSRB (Legislature, KDADS)	BSRB: The Board requested introduction of HB 2208 during the 2021 Legislative Session, which was enacted by the Legislature. HB 2208 lowered the number of clinical supervision hours required for a clinical level license, from 4,000 hours to 3,000 hours, for the professions of Master's Level Psychology, Professional Counseling, Marriage and Family Therapy, and Addiction Counseling. This action brought the number of supervision hours in line with the reduction in supervision hours for the social work profession in 2019. Normally, for licensees accruing supervision hours, a training plan amendment would have been necessary to use the new standard, but to expedite the process, the Board waived the requirement of updates to training plans and has allowed licensees to use the requirement immediately upon enactment of the bill. A letter on HB 2208 was sent to all licensees under the BSRB and a message was posted to the front page of the BSRB website to provide notice of the changes in the bill.		Waived update requirement for training plans effective immediately		
A: Workforce	In Progress	1.2 Access to Psychiatry Services	Require a study to be conducted by KDHE with an educational institution[s], to explore strategies to increase the number of psychiatrists, child and adolescent psychiatrists, and psychiatric nurses.	KDHE (Educational Institution)	KDHE: KDHE is exploring whether such a study can be funded within existing appropriations and implemented through existing Division of Public Health contracts. [Update: All available contract hours/appropriations are already booked for this FY.]			Funding	
A: Workforce	In Progress	1.3 Provider MAT Training	Increase capacity and access to MAT in Kansas through provider training on MAT.	KDADS (KDHE, KDOC)	KDADS: MAT training and expansion is a continuing effort. So far, KDADS has been successful in creating opportunities for training and has added MAT services to the available services for SUD providers covering the uninsured and for Medicaid, expansion of take home options under COVID-19, and is currently working on expanding workforce options and mobile options for MAT, as well as policy requiring MAT options in PRTF for SUD patients. Ease of implementation score is 5.	KDOC: KDOC has implemented MAT in facilities beginning September 2021, in a partnership with the RADACs and our medical provider, Centurion. Training has been rolled out for staff on the MAT programs. The RADACs work with community providers for post-release follow up. KDHE: KDHE and KDADS worked with KDOC on a technical assistance project sponsored by the National Governors Association on MAT for the justice-involved population.	Built on ongoing efforts		
A: Workforce	In Progress	1.4 Workforce Investment Plan	The State of Kansas should make a long-term investment plan for the behavioral health system workforce by increasing funding for training, recruitment, retention, and support to effectively attract and retain high-quality staff. Specific steps include: develop a career ladder for clinicians, such as through the development of an associate's-level practitioner role; and take action to increase workforce diversity, including diversity related to race/ethnicity and LGBTQ identity, and the ability to work with those with limited English proficiency.	KDADS (KDHE, BSRB, Legislature, providers, clinics, educational institutions)	KDADS: KDADS is planning to use ARPA funding for workforce investments in the short term, however the long-term investment plan still needs to be discussed with the legislature and stakeholders to determine the level of investment needed and available. Ease of implementation score is 1.	BSRB: Funding for the BSRB is from receipt of license fees for mental health practitioners and the agency receives no funding from the State General Fund. Expenditures for the agency are limited to the agency's two programs: licensing of practitioners and investigation and discipline of those individuals. The Board is primarily charged as a public protection agency, however the Board understands that part of protecting the public is ensuring there is an adequate number of practitioners to provide services. The BSRB oversees seven disciplines of practitioners, and most disciplines have a tiered level of licensure (such as a bachelor level social work license, a master's level social work license, and a clinical level social work license). The BSRB previously licensed social workers at an associate level, and still continues to renew licenses for eight such licensees, however the agency has not licensed individuals at an associate level during the last 20 years. Concerning the topic of workforce diversity, the Board and the seven advisory committees for the Board, have been discussing whether to change continuing education hours to require hours in diversity, equity, and inclusion. The Board will be discussing the Special Committee's recommendations in more detail at the Board's Annual Planning Meeting on Monday, September	Short-term ARPA funding	Long-term funding. Challenging implementation	

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A: Workforce	In Progress	1.5 Family Engagement Practices	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.	KDADS (KDHE, Legislature)	KDADS: KDADS issued a Family Engagement RFP for FY 22 but was unable to make an award due to a significant variance in the bidder's cost to implement and the available funding. KDADS applied this past spring for a Federal Systems of Care grant to fund additional family engagement, but was not awarded the grant. KDADS is working on SPAs for family engagement with KDHE for Medicaid recipients. Ease of implementation score 5.			High variation between implementation costs and available funding	
B: Community Engagement	In Progress	3.1 Crisis Intervention Centers	Utilize State funds to support the expansion of Crisis Intervention Centers, as defined by state statute, around the state.	KDADS (KDHE, Legislature)	KDADS: KDADS continues to work with CMHCs to expand crisis services. The CIC regulations have been drafted and currently being prepared for submission by our legal team. KDADS has utilized increases in revenue from the Lottery vending machines to expand current programming and there is a new set aside in the MHBG for crisis services that was added this year. CCBHCs will help provide additional revenue through KanCare for crisis services. KDADS also supported a bill last session that would have expanded funding for crisis services but that bill remains in committee. Additional State funding would expedite the expansion. Ease of Implementation score is 7.		Multiple funding sources	Additional funding needed to expand crisis services	
B: Community Engagement	In Progress	3.2 IPS Community Engagement	Increase engagement of stakeholders, consumers, families, and employers through KDHE or KDADS by requiring agencies implementing the IPS program, an evidence-based supported employment program, to create opportunities for assertive outreach and engagement for consumers and families.	KDHE, KDADS (Legislature)	KDHE: KDHE administers the STEPS program, which incorporates IPS principles. Individuals with qualifying behavioral health diagnoses (i.e. schizophrenia, PTSD) may qualify for STEPS. STEPS includes the following IPS principles: it aims to get participants into competitive employment; it is open to all eligible individuals who want to work; it tries to find jobs consistent with individual preferences; it works quickly; employment specialists develop relationships with employers; it provides time-unlimited, individualized support for the person and their employer; and benefits counseling is included. KDADS: KDADS included IPS in the NFMH pre-litigation settlement practice improvements and is in the process of hiring staff to provide IPS quality assurance and fidelity review. KDADS has established regular meetings with DCF's VocRehab team and an interagency Employment First team. KDADS is reengaging with IPS experts at the national level for technical assistance and plans to include IPS in services offered by CCBHCs. KDADS continues to work with GBHSPC. Ease of implementation score is 5.	KDADS: KDADS has participated in KDHE's steering meetings during the implementation of the KanCare STEPS supported employment project.	Collaboration, available technical assistance		

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B: Community Engagement	In Progress	3.3 Foster Homes	The State of Kansas should invest in foster home recruitment and retention by increasing funding for supplemental training on behavioral health needs and providing additional financial incentives to support SED youth.	DCF (KDADS)	DCF: DCF investments include activities such as Family Crisis Response and Support Mobile Response statewide and creating the Caregiver's Guide to Psychotropic Medications in collaboration with KDADS. In addition, approaches such as TBRI are being implemented by some case management agencies in parts of the state. DCF contract funding supports CAK recruitment and retention contracts who administer a robust menu of web-based and other opportunities for training topics such as Understanding and Managing Aggressive Behaviors, Cognitive Behavioral Interventions, De-escalation Techniques; Nonviolent Crisis Intervention; Safe Crisis Management; Behavior and Crisis Management and more. CAK implemented a new curriculum: CORE TEEN – a 14-hour curriculum designed for families who support older youth from the child welfare system who have moderate to severe emotional and behavioral challenges to support wellbeing and decrease placement disruption. In SFY 21, DCF increased funding for supplemental training on behavioral health needs by \$467,145.60 using federal adoption and legal guardianship incentive funds for a new contract with CAK to innovate supports for relative caregivers. This contract continues to develop right-time, on-demand trainings with focus on supporting youth with behavioral health care needs. These "online, on-demand" trainings can be modified to become accessible for foster and adoptive caregivers as well.		Funding, adaptable training model		
B: Community Engagement	In Progress	3.4 Community-Based Liaison	Fund and improve resources for community-based liaison to facilitate connection to treatment and support services (e.g., community mental health services) upon re-entry as a component of pre-release planning and services for justice-involved adults and youth with SUD and co-occurring conditions.	KDADS (KDOC, CMHCs, Legislature)	KDADS: KDADS has included jail liaisons in the CMHC participating agreements and worked with KDOC on re-entry issues through TA opportunities through CSG. The Stepping Up TA Center is operational with block grant funding and both the center and KDADS have been involved in helping the Chief Justice plan a Behavioral Health Summit to further support local communities. Additional State funding would be beneficial. Ease of implementation score is 6.	KDOC: KDOC funds a liaison at COMCARE and some part time services at Valeo (Shawnee County), Wyandotte and Johnson County CMHCs. We remain supportive of this model in all CMHCs, however it will require Legislative action to provide funding.	Collaboration, technical assistance	Funding	
C: Prevention and Education	Completed	4.3 Centralized Authority	Centralize coordination of behavioral health - including substance use disorder and mental health - policy and provider coordination in a cabinet-level position.	Office of the Governor (KDADS, KDHE, KSDE)	Office of the Governor: KDADS Secretary Laura Howard has been designated the centralized authority.	KSDE: KSDE agrees that policy development and implementation would benefit with a centralized coordinator. KDADS: Completed - Secretary Laura Howard has been designated as the centralized authority			
C: Prevention and Education	In Progress	2.4 Suicide Prevention	Allocate resources to prioritized areas of need through data driven decision-making. Assist local suicide prevention efforts and promote local support groups in fund-raising efforts, building capacity, and increasing availability for survivors of suicide loss. Dedicate resources and funding for suicide prevention.	KDADS (Legislature, local efforts)	KDADS: KDADS submitted a budget enhancement and supported legislation that would have provided funding for suicide prevention infrastructure for FY 22. The enhancement was not funded and the bill remains in committee. Funding is a barrier to progress. Despite not receiving new additional funding KDADS reallocated resources to create a position within BHS that will be a Full-time State Suicide Prevention Coordinator. Additionally through continued joint efforts, KDADS and State agency partners (KDHE, OAG) successfully completed the launch of the Kansas Suicide Prevention Coalition this month, which will connect and support local efforts. KDADS also invested in suicide prevention training and worked with partners at KDHE on Zero Suicide initiatives. Additionally, the GBHSPC completed and posted the new five-year State suicide prevention plan. KDADS continued its focus on SMVF populations by establishing a Governor's Challenge Extension program in the Flint Hills Region around Manhattan. Additional State funding is still needed to implement the plan and support local programming. Ease of implementation score is 8.		Progress within existing funding, Collaboration	Additional funding needed	

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C: Prevention and Education	In Progress	4.2 Early Intervention	Increase access to early childhood mental health services by including additional language in the Medicaid state plan to explicitly cover the cost of early childhood mental health screening, assessment, and treatment.	KDHE, KDADS (DCF, MCOs)	KDHE: The recommendation to add language to the Medicaid State Plan to expressly cover these services is under review. Implementing this recommendation would likely have a fiscal impact. KDADS: KDADS is continuing to research the fiscal impact and feasibility of this recommendation during KanCare 2.0 with regards to budget neutrality. KDADS may ultimately consider a recommendation to try and achieve this as part of KanCare 3.0 Ease of implementation score is 3.	DCF: DCF is part of the statewide early childhood director's group and collaborates on projects in early care including home visiting programs and pre-school development. DCF's budget supports through TANF, Family First and State funds grant dollars to evidenced based parent skill building programs Healthy Families America and Parents as Teachers. We will continue to support KDHE in any state plan adjustments to cover services or supports for early childhood age groups.		Fiscal impact	
C: Prevention and Education	In Progress	4.4 Behavioral Health Prevention	Increase state funds for behavioral health prevention efforts (e.g., SUD, prevention, suicide prevention).	KDADS (KDHE, Legislature, providers)	KDADS: KDADS supported legislation to this effect last session; that legislation remains in committee. KDADS was successful in applying for additional federal grant funds to support prescription misuse, but has not received any additional state funding at this time. KDADS did reallocate agency funding to fill the State Suicide Prevention Coordinator position. KDADS did review its state plan for the SABG to consider reallocating treatment dollars to prevention. Ease of implementation score is 5.	KSDE: Funded headcount for PRTF, JDC, and Flint Hills Job Corp declined in 2020-21 from 491.4 to 450.6. COVID-19 was a likely factor in the decline.	Federal grant funding	Additional state funding	
D: Treatment and Recovery	In Progress	5.1 Psychiatric Residential Treatment Facilities	Monitor ongoing work to improve care delivery and expand capacity at PRTFs to meet the needs of youth for whom a PRTF is medically appropriate, such as through reductions in the PRTF waitlist and a focus on reintegration and discharge planning, including with schools.	KDADS (KSDE, KDHE, CMHCs, MCOs)	KDADS: KDADS continues to monitor progress on PRTF waitlists weekly. Currently, Kansas has more licensed PRTF beds that are unstaffed due to workforce issues than it has children on the waitlists. \$1 million was added to the KDADS budget to support the piloting of the NRI study recommendations at EmberHope. EmberHope has completed its licensing requirements and its grant award is being finalized. They will begin serving children in October. Ease of implementation score is 7.		Additional funding received	Staffing	
D: Treatment and Recovery	Completed	5.2 Service Array	Explore options to expand the behavioral health service array, including the expansion of MAT in block grant services. Make the expanded service array available to individuals across the state, such as KanCare enrollees, those with private insurance and the uninsured.	KDADS (KDHE, DCF, providers, private insurers)	KDADS: KDADS has explored options and did expand MAT in Block Grant services. Ease of implementation score is 5.	DCF: DCF does not manage for expansion any MAT programs specifically; however, it collaborates with KDHE and KDADS around common programs and goals.			
D: Treatment and Recovery	In Progress	5.3 Frontline Capacity	Increase capacity of frontline healthcare providers (e.g., pediatricians, family physicians, and OB-GYNs) to identify and provide services to those with behavioral health needs.	KDHE (Private insurers, providers, KDADS)	KDHE: KDHE's ARPA Section 9817 spending plan includes funding to commission a training to help improve service access and quality for HCBS individuals. This would include those with a behavioral health diagnosis. The spending plan is currently pending CMS approval.		ARPA funding		
D: Treatment and Recovery	In Progress	5.4 Housing	Expand and advance the Supported Housing program and the SOAR program, including additional training regarding youth benefits	KDADS (Homelessness Subcommittee of Governor's Behavioral Health Services Planning Council, ACMHC, Association of Addiction Professionals, KDHE)	KDADS: KDADS was successful in receiving a requested budget enhancement to expand Supported Housing and hire a Housing First position. The funds granted have been awarded to Douglas County as seed money in FY 22 to launch their Housing First team and KDADS continues to look at how ARPA funds can be used to further expand Supported Housing. Kansas is also now one of the leading states in the SOAR program and we continue to look at how we can expand SOAR services to youth, including the creation of a position in BHS to support that effort. Ease of implementation score is 8.		Funding, ease of implementation		

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E: Special Populations	Completed	6.1 Domestic Violence Survivors	Build awareness of and responsiveness to the behavioral health needs and risks of domestic violence survivors of all ages through data analysis, information sharing, workforce training, and targeted interventions between domestic violence providers, state agencies and community providers serving individuals impacted by domestic violence.	DCF (KDADS, KDHE, community-based organizations, providers)	DCF: DCF administers grants for domestic violence services that provide adults who have been victimized by domestic violence and/or sexual abuse with safety planning, mentoring services, healthy relationship training, conflict resolution training, financial literacy training and responsible parenting skills training. The grants are with Catholic Charities, Family Crisis Center, SafeHome, The Willow, and the YWCA. Since January 2021, DCF has had a contract with KCSDV for a two-part virtual training series called Training Strategies and Skills to Address Domestic Violence in Child Welfare. The participants include employees of DCF, the Child Welfare Case Management providers and other partners. Through August 2021, 205 participants have engaged in the series. DCF anticipates approximately 500 child welfare staff and advocates will participate in this learning opportunity in 2022. DCF also has a training and development contract with KCSDV.				
E: Special Populations	In Progress	6.2 Parent Peer Support	Increase access to parent peer support for caregivers and families of youth in the behavioral health system, including ensuring appropriate supports for fathers of dependent children.	KDADS (DCF, KDHE)	KDADS: KDADS is close to completing this recommendation; grant funding ran out before the project could be fully completed. KDADS is working to try to identify additional funding sources to complete the project. An SPA is being developed along with an accompanied KanCare policy. Funding is the main barrier at this point. Ease of implementation score is 5.	DCF: DCF collaborates with KDADS in several workgroups and service coordination areas and will continue to support KDADS in any way we can to increase access to the parent peer support service.	Initial funding	Funding	
E: Special Populations	Completed	6.3 Crossover Youth	Continue to develop linkages between the behavioral health system, juvenile justice system and the child welfare system to increase understanding of treatment options available to youth externalizing trauma in the crossover youth population as current treatment options are not meeting the needs of this population. Then, develop specialty services to meet the needs of this population.	DCF (KDADS, KDOC, KDHE)	DCF: DCF has a dedicated full-time staff position to coordinate the CYPM and participates on the policy team. Through the FFPSA, the DCF budget includes grants for two Evidenced- based programs in mental health: Functional Family Therapy and Multi Systemic Treatment designed to serve families with older youth. In addition, DCF has two smaller grants for an emerging specialty in in-home Behavior Intervention Services for any child in the custody of the Secretary using Adoption and Legal Guardianship Incentive funds.				
E: Special Populations	In Progress	6.4 I/DD Waiver Expansion	Fully fund the I/DD waiver and expand I/DD waiver services. Increase reimbursement rates for I/DD services to support workforce expansion.	KDADS (DCF, KDHE)	KDADS: To implement the recommendation of the committee, additional investments would be necessary to fund an additional 4,500 individuals that are currently on the waitlist. As part of the 10 percent FMAP bump, we have proposed a study of the waitlist to determine which services and at what level of utilization the individuals waiting require and those findings will help inform the amount of funding needed. Further, appropriations would be needed to expand the services offered on the I/DD waiver. The cost would be dependent on the specific services desired to be added to the waiver and the estimated utilization of the services. Finally, there would be a fiscal note associated with any increase in reimbursement rate for I/DD waiver services.	DCF: DCF will continue to support KDADS and the all efforts including waiver services through workgroups and participation in the recent Autism Task Team. Legislature: The 2021 Legislature added \$5.5 million, including \$2.0 million SGF, in FY 2021 and \$31.0 million, including \$12.4 million SGF, for FY 22 to provide an increase in the provider reimbursement rates for the I/DD waiver. This includes a 5.0 percent increase for the final three months of FY 21 and an additional 2.0 percent for FY 22.	Funding for provider rates	Appropriations for waiting list	
E: Special Populations	In Progress	6.5 Family Treatment Centers	Increase the number and capacity of designated family SUD treatment centers, as well as outpatient treatment programs across the state.	KDADS (DCF, KDHE)	KDADS: While KDADS is supportive of this recommendation and continues to license and designate facilities as they are opened, KDADS has not yet sought additional funding to incentivize providers to open these types of facilities. Ease of implementation score is 5.	DCF: DCF will continue to support KDADS efforts to expand capacity and promote the expansion and access with populations we serve who might have a need for the service.		Funding	
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