

Special Committee on Mental Health Modernization
System Capacity & Treatment Working Group
Wednesday, September 30, 2020
12:30-2:00 pm

Meeting Notes

Meeting materials:

<https://www.khi.org/pages/system-capacity-transformation-working-group-sept.-30-2020>

Agenda:

- 12:30PM Introduction
- 12:50PM Review Former Recommendations
- 1:00PM Score Data Systems Recommendations on Rubric
- 1:35PM Review Identified Barriers on Data Systems
- 1:55PM Administrative Updates
- 2:00PM 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: Sandra Berg, Elizabeth Bishop, Andy Brown, Denise Cyzman, Kyle Kessler, Spence Koehn, and Rui Xu.

Supplemental experts: Laura McCrary and Christiane Swartz

Staff: Carlie Houchen, KHI; Sydney McClendon, KHI; Peter Barstad, KHI; Hina Shah, KHI; Jenna Moyer, Office of the Reviser of Statutes; and Marisa Bayless, KLRD.

Decisions on recommendations

Removed the following recommendations from the list:

- ***Child Welfare System Task Force: Tier One Recommendation: Data Infrastructure.***
The State of Kansas should create a single, cross-system, web-based, integrated case management and data reporting system that can be used by DCF and all relevant agencies and stakeholders to efficiently and effectively share information (e.g., education, dental, medical, behavioral)

Scored recommendations:

- ***Child Welfare System Task Force: Tier two Recommendation: Information Sharing.*** *The State of Kansas should establish a multidisciplinary approach and share information (e.g., behavioral health, primary care) across and among stakeholders (e.g., primary providers of services CMHCs, FQHCs, pharmacists) irrespective of state borders, in accordance with federal and state laws. Revised: "Utilize Medicaid funds to provide incentive to providers to participate in health information exchange (LACIE/KHIN) participation" [will also incorporate Demographics recommendation].*

- Defined information to include medical, behavioral health, acute alerts, primary health care,
- Defined stakeholders to include primary providers of services (Mental health centers, FQHCs, PCPs, pharmacists), courts.
- Barriers: organizations/ providers who have not digitalized records. Also a cost barrier.
- Discussed: KHIN and LACIE health information exchanges (HIEs). Education and training is critical due to workforce turnover and it's important to keep participation in front and center for providers. Will not mandate participation in KHIN, but instead would work to incentivize participation.
- Ease of implementation: 8
- Potential for high impact: 9
- **Crossover Youth Working Group: Demographics:** *Potential future topics to study regarding demographic characteristics were to include primary language and geographic distribution amongst crossover youth across Kansas.*
 - Expand prior recommendation to include the demographic characteristics listed in this recommendation.
 - Share statistical data with law enforcement.

The following recommendations will be combined into one:

- **Governor's Behavioral Health Services Planning Council Subcommittees: PS Recommendations.** *Encourage state agencies to develop policies that improve their ability to access and review cross-agency data for making service and program decisions based on a thorough, shared needs assessment. Integrate and utilize the guidance of a state epidemiological workgroup. Enhance data collection procedures—change legislation regarding public behavioral/health youth surveys (e.g., the Kansas Communities That Care (KCTC) Student Survey and the Youth Risk Behavior Surveillance System (YRBSS) from an opt-in consent, to an informed opt-out consent to allow for meaningful data collection and availability of data decision making.*
- **Governor's Behavioral Health Services Planning Council Subcommittees: AODA Recommendations.** *Reverse the active consent policy that currently requires active parent consent on the KCTC. Explore options to report county data about substance use, treatment access, and outcomes to agencies in order to aid in strategizing local and state response to addiction.*
- **Governor's Substance Use Disorders Task Force: Prev5. Data.** *Collect, analyze, use, and disseminate surveillance data to inform prevention efforts and monitor trends in at-risk populations.*
- **Governor's Substance Use Disorders Task Force: Prev6. Survey Opt-Out.** *Change legislation regarding public health and behavioral health state surveys (KCTC and YRBSS from an opt-in consent, to an informed opt-out consent to allow for meaningful data collection)*

New recommendations based on identified barriers:

- EMR at state hospitals is outdated – KDADS in process of sending out an RFP which will also look at replacing KCPC system on SUD side
 - Recommend that a new EMR supports automated Medicaid eligibility reinstatement
 - Recommend that a new EMR interoperates with other systems as appropriate (e.g., Medicaid eligibility system).

- Need to replace KCPC system on SUD side. Included in State Hospital RFP.

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.