

Special Committee on Mental Health Modernization System Capacity and Transformation Working Group Meeting

October 14, 2021

1-2:30pm

Meeting Notes

Meeting Materials: <https://www.khi.org/pages/2021-MHMR>

Agenda:

1:00pm – KOMA/KORA statement

1:05pm – Working Group Introductions

1:20pm – Review of Meeting commitments

1:25pm – Review of vision and 2020 MHMR Telehealth Recommendations

2:25pm – Administrative updates

2:30pm - 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, UHC; Laura Brake, KDADS; Andrew Brown, KDADS; Rep. Will Carpenter; Denise Cyzman, CCNK; Sandra Dixon, DCCCA; Amy Dean-Campmire, DOC; Sarah Fertig, Medicaid Director; Kyle Kessler, ACMHCK; Spence Koehn, OJA; Brenda Soto, DCF; Jean Clifford, KSBOE

Staff: Kari Bruffett, KHI; Hina Shah, KHI; Samiyah Para-Cremer, KHI

Review of 2020 system capacity and transformation recommendations

- During introductions, members identified the following 2020 recommendations for discussion and revision:
 - **2.2 Addressing Inpatient Capacity** - Implement and fund a comprehensive plan to address voluntary and involuntary hospital inpatient capacity needs while providing all levels of care across all settings.
 - **2.3 Reimbursement Rate Increase and Review** - Implement an immediate increase of 10-15 percent for reimbursement rates for behavioral health services. After increasing reimbursement rates, establish a Working Group to regularly review the reimbursement structures for behavioral health services for both the uninsured and the Medicaid population.
 - **4.1 988 Suicide Prevention Lifeline Funding** - Once the 988 NSPL phone number is implemented, Kansas should collect fees via phone bills to support increasing the in-state answer rate and ensure that callers are connected to in-state resources.
 - **7.3 Information Sharing** - Utilize Medicaid funds to incentivize participation in HIEs (e.g. KHIN or LACIE). Explore health information exchanges as an information source on demographic characteristics, such as primary language and geography for crossover youth and other high priority populations.

- **7.5 Cross-Agency Data** - 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.
- **8.2 Criminal Justice Reform Commission Recommendations** - Implement recommendations developed by the CJRC related to specialty courts (e.g., drug courts) and develop a process for regular reporting on implementation status and outcomes.
- **8.4 Defining Crossover Youth Population** - Future efforts should include behavioral health within an operationalized definition for youth with offender behaviors at risk of entering foster care, as well as including diverted youth in the definition of the broader juvenile offender population.
- **9.1 Regional Model** - Develop a regional model that would supplement the traditional state hospital setting with regionalized facilities accepting both voluntary and involuntary admissions for persons in acute services as well as longer-term/tertiary specialized care. Currently, there is a particular gap in capacity in south central Kansas.
- **9.3 Integration** - Increase integration, linkage, collaboration and identify care transition best practices among mental health, substance abuse, primary care and emergency departments across the state. Adopt coding practices that allow for the integration of services across the continuum of care domains (including, but not limited to, primary care, substance use disorder, and mental health) to provide more integrated services to clients with co-occurring conditions.
- **High-Priority Discussion** - In addition to these recommendations for immediate action and of strategic importance, the 2020 Finance and Sustainability Working Group also puts forward the issue of Medicaid expansion as a high-priority discussion item for the Special Committee. The recommendation discussed by the Working Group related to Medicaid Expansion reads, "Recommend a full expansion of Medicaid in order to increase access to healthcare for uninsured, low-income Kansans."
- Working group members discussed recommendations **2.2 Addressing Inpatient Capacity, 2.3 Reimbursement Rate Increase and Review, 4.1 988 Suicide Prevention Lifeline Funding, 8.2 Criminal Justice Reform Commission Recommendations, 9.3 Integration, and the High-Priority Discussion** during their first meeting. Discussion of other working group member priorities will occur at future meetings.

Key discussion on 2020 system capacity and transformation recommendations

See pages 2-5 for key workgroup discussion around and revisions to the 2020 system capacity and transformation recommendations.

Recommendation 2.2 Addressing Inpatient Capacity. *Implement and fund a comprehensive plan to address voluntary and involuntary hospital inpatient capacity needs while providing all levels of care across all settings.*

Revision:

- **Incorporation into regional model:** Working group members proposed combining recommendation 2.2 Addressing Inpatient Capacity with recommendation 9.1 Regional Model

Context for Revision:

- **Acknowledges regional challenges:** Working group members identified that hospitals operate differently across Kansas's regions, requiring different approaches to addressing inpatient capacity for each region.
- **Regional model to address need:** Working group members identified the top barriers to achieving this recommendation were lack of beds and patient acuity. Support from a regional model could help fill the gap in resources identified by working group members

Additional Discussion:

- **Bed shortage:** Working group members expressed concern that number of beds required is a moving target, particularly during the COVID-19 pandemic. It is a challenge to determine how many beds are needed.
- **Harm to staff:** Working group members expressed concerns that low inpatient capacity is putting staff at risk of harm when serving adults. This is an inpatient capacity and staffing issue.
- **Role of community measures:** Working group members clarified that the problem of beds is for when community measures are not sufficient. They express concerns about measures to help address child mental health, particularly in the context of COVID-19.

Recommendation 2.3 Reimbursement Rate Increase and Review. *Implement an immediate increase of 10-15 percent for reimbursement rates for behavioral health services. After increasing reimbursement rates, establish a Working Group to regularly review the reimbursement structures for behavioral health services for both the uninsured and the Medicaid population.*

Revision:

- **Clarification and expansion of recommendation:** Working group members clarified that this recommendation only applies to Medicaid rates. The working group members determined this should be clarified in the language of the recommendation. Additionally, working group members recommended an expansion of this recommendation to all providers of behavioral health services
- **Reimbursement rates for those who are uninsured:** After expanding this recommendation, working group members discussed the inclusion of language and standards for maintaining reimbursement for the uninsured

Context for Revision:

- **Different reimbursement rates:** Working group members determined that reimbursement rates should be updated and standardized across all providers of behavioral health

Additional Discussion:

- **Periodic review:** Working group members expressed support for periodic review of reimbursement rates to ensure that rates are realistic to current day. Some reimbursement rates in Kansas have remained unchanged for nearly 40 years.
- **Additional funding streams:** SPARK funding was a huge benefit according to working group members; however, this funding stream will not be available in the future. Working group members identified other funding sources exist that could help fund reimbursement for those serving uninsured and underinsured in Kansas.

Recommendation 4.1 988 Suicide Prevention Lifeline Funding. *Once the 988 NSPL phone number is implemented, Kansas should collect fees via phone bills to support increasing the in-state answer rate and ensure that callers are connected to in-state resources.*

Revision:

- **Moved to working group for 2021:** This recommendation was previously under the Services and Workforce working group but was assigned to this working group by the Special Committee to specifically discuss funding mechanisms

Context for Revision:

- **Continue with telecommunications surcharge:** Although telecommunications surcharge was the proposed funding mechanisms last year, the working group clarified that they believe this remains the best funding mechanism for 988.

Additional Discussion:

- None

Recommendation 9.3 Integration. *Increase integration, linkage, collaboration and identify care transition best practices among mental health, substance abuse, primary care and emergency departments across the state. Adopt coding practices that allow for the integration of services across the continuum of care domains (including, but not limited to, primary care, substance use disorder, and mental health) to provide more integrated services to clients with co-occurring conditions.*

Revision:

- **Language:** Working group members revised the recommendation to say:
 - *Increase integration, linkage, collaboration and identify care transition best practices among mental health, substance abuse, primary care and emergency departments across the state. **For example**, adopt coding practices that allow for the integration of services across the continuum of care domains (including, but not limited to, primary care, substance use disorder, and mental health) to provide more integrated services to clients with co-occurring conditions.*

Context for Revision:

- **Clarity:** Language addition proposed to clarify that the strategies noted are only some ways to pursue integration and other strategies could be used.

Additional Discussion:

- **Barrier around information sharing and language:** Working group members explained a lot has been achieved in this area, but information sharing, and translation of different sector languages and practices is a barrier that remains.

Recommendation 8.2 Criminal Justice Reform Commission Recommendations.

Implement recommendations developed by the CJRC related to specialty courts (e.g., drug courts) and develop a process for regular reporting on implementation status and outcomes.

Revision:

- None – Will be discussed at Nov. 1 meeting

Additional Discussion:

- **Specialty courts:** Working group members identified the funding of specialty courts using grants is a barrier that the working group should address
- **Limited mental health providers:** Working group members identified that there are few providers that are available to help within these specialty courts which creates a barrier to access

Recommendation 8.4 Defining Crossover Youth Population. *Future efforts should include behavioral health within an operationalized definition for youth with offender behaviors at risk of entering foster care, as well as including diverted youth in the definition of the broader juvenile offender population.*

Revision:

- None – Will be discussed at Nov. 1 meeting

Additional Discussion:

- **Challenges with Communication between statewide agencies:** Working group members identified a key barrier to serving crossover youth is that statewide agencies do not follow universal standards for definitions and practices. The working group discussed developing these universal standards as an area for further recommendations.

2020 High-Priority Discussion. *In addition to these recommendations for immediate action and of strategic importance, the 2020 Finance and Sustainability Working Group also puts forward the issue of Medicaid expansion as a high-priority discussion item for the Special Committee. The recommendation discussed by the Working Group related to Medicaid Expansion read, "Recommend a full expansion of Medicaid in order to increase access to healthcare for uninsured, low-income Kansans."*

Revision:

- **Add additional context:** Working group members discussed modifying the high-priority discussion language to include context for how expanding Medicaid would open new funding streams and impact ability to achieve other working group recommendations

Context for Revision:

- **Focus on impact:** Working group members discussed focusing on the potential impact of Medicaid expansion

Additional Discussion:

- **High-priority discussion v. recommendation:** Working group members discussed but did not achieve a consensus on whether this discussion would be changed to a recommendation for the 2021 report to the special committee.
 - **Assessing impact:** Working group members also discussed the possibility of recommending the special committee assess the potential effect of the Federal Medical Assistance Percentage incentive for expansion under the American Rescue Plan Act.

Follow up items

Working group members were asked to complete a worksheet by Nov. 3 to draft language around new recommendation topics assigned by the special committee to allow for discussion around the issues during the upcoming meeting (Wednesday, Nov. 10 at 1pm)

Additionally, working group members were advised of the following meetings:

- October 28, Special Committee Meeting
- November 1, Special meeting of Working Group to discuss Legal System and Law Enforcement topics