

Mental Health Modernization and Reform
System Capacity and Transformation Working Group
Friday, November 6, 2020
12:30PM – 2:00PM

Meeting Notes

Meeting Materials: <https://www.khi.org/pages/system-capacity-transformation-working-group-nov.-6-2020>

Agenda:

- 12:30PM Introductions
- 12:40PM Review Priorities for Data Systems
- 1:25PM Wrap-up Discussion on Interactions with Legal System & Law Enforcement
- 1:40PM Wrap-Up Discussion on System Transformation
- 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.

Staff: Carlie Houchen, KHI; Sydney McClendon, KHI; Peter Barstad, KHI; Jenna Moyer, Office of Revisor of Statutes; Robin Crumpton, KLAS; Iraida Orr, KLRD; and Marisa Bayless, KLRD.

Review Priority Data Systems Recommendations

Recommendations for Immediate Action (change should be completed in the next two years):

- ***New recommendation: State Hospital EHR:*** *The new state hospital electronic health record (EHR) system should be interoperable with other data systems in the state. Interoperability should include the ability to automate the current process to reinstate Medicaid benefits following discharge.*
 - Ease of implementation: 9
 - Potential for high impact: 9
 - Combined Score: 18
- ***SUDTF Prev5 and Prev 6. Data and Survey Opt-Out.*** *Collect, analyze, use, and disseminate surveillance data to inform prevention. 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).*
 - Ease of implementation: 8
 - Potential for high impact: 9
 - Combined Score: 17

- **CWSTF & CYWG Tier Two Recommendation: Information Sharing.** Utilize Medicaid funds to incentivize participation in health information exchanges (e.g., LACIE/KHIN). Explore health information exchanges as information source on demographic characteristics, such as primary language and geography for crossover youth and other high priority population.
 - Ease of implementation: 8
 - Potential for high impact: 9
 - Combined Score: 17
- **SUDTF TR4. Needs Assessment.** Conduct a statewide needs assessment to identify gaps in funding, access to SUD treatment providers and identify specific policies to effectively utilize and integrate existing SUD treatment resources
 - Ease of implementation: 7
 - Potential for high impact: 7
 - Combined Score: 14

Recommendations of Strategic Importance (work should start now, but will take years to be implemented):

- **GBHSPC 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.
 - Ease of implementation: 6
 - Potential for high impact: 8
 - Combined Score: 14

Recommendations moved to Appendix:

- **CYWG Child Welfare Placements:** ~~The working group proposes future efforts to study strategies for engaging relatives to care for crossover youth, collecting data on outcomes for youth placed in group residential homes, and understanding whether youth who might have been detained prior to SB 367 are now being placed in the child welfare system.~~
 - Notes: Was not scored

Wrap up Interaction with Legal System and Law Enforcement Discussion

Removed the following recommendations from the list:

- **LE2. Benefits Reinstatement.** Develop reinstatement policies or procedures to increase the ability of offenders to access Medicaid benefits upon release, such as suspending benefits rather than termination upon incarceration.
 - Combined with another recommendation.
- **Recommendation: Law Enforcement Agency Administrative Survey:** The analysis for numbers and nature of alleged offender behaviors of crossover youth taken into custody by law enforcement pursuant to KSA 38-2330(d)(1) and amendments there to could not be conducted. If data are consistently and reliably collected in the future, topics of interest may include relationship between crime classification and age of youth, additional law enforcement outcomes beyond arrests stemming from juvenile law enforcement contact, and geographic distribution of particular offense, including anecdotal "hot spots" for juvenile law enforcement calls.
- **Recommendation: Law Enforcement Agency Administrative Survey:** A future study consideration stated the survey that the Working Group administered did not assess individual behaviors by law enforcement officers responding to juvenile incidents. In addition, potential future topics to study include age at first arrest, number of arrests

while in the custody of the state, and differences in criminal charges in arrest records compared to final criminal charges stated in adjudication.

Scored the following recommendations:

- **Recommendation: Recommendation 1.5 Suspension of Medicaid (2019).** Implement policies that allow for the suspension of Medicaid benefits when persons enter an institution rather than terminating their coverage entirely, to improve transition planning and access to care.
 - Ease of implementation: 8
 - Potential for high impact: 8
- **Recommendation: LE3. Diversion Sobriety and Treatment.** Expand pre-charge and post-charge diversion sobriety and treatment options for first time, non-violent simple drug possession charges.
 - Ease of implementation: 5
 - Potential for high impact: 6
- **Recommendation: LE4. Naloxone.** Promote Naloxone education and use for first responders and pursue all available funding.
 - Ease of implementation: 6
 - Potential for high impact: 6
 - Notes: Move to appendix
- **LE5. Law Enforcement Referrals.** Increase utilization and development of evidence-based SID referral as well as treatment and recovery services among persons with law enforcement contact (this includes securing funding to increase access to services for the population).
 - Ease of implementation: 5
 - Potential for high impact: 6
- **Recommendation: LE6. Good Samaritan.** Enact a 911 Good Samaritan Law. This law must be crafted to avoid unintentionally allowing persons to avoid persecution for serious felony charges, especially when their actions directly involved providing illicit substance to the ill individual.
 - Ease of implementation: 6
 - Potential for high impact: 4
 - Notes: Reference existing, similar law, related to protecting underage individuals who might be experiencing alcohol poisoning.
- **Recommendation: Demographics:** Future efforts should **include behavioral health** ~~in focus on~~ operationalizing a 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.
 - Ease of implementation: 7
 - Potential for high impact: 6
- **New Recommendation: JRC Recommendations:** Implement recommendations developed by the Criminal Justice Reform Commission (CJRC) related to specialty courts (e.g., drug courts) and develop a process for regular reporting on implementation status and outcomes. (New recommendation)
 - Ease of implementation: 5
 - Potential for high impact: 8

Wrap up System Transformation Discussion

Scored the following recommendations:

- **TR6. Service Integration.** ~~Adopt~~ *Align reimbursement strategies, including adoption of new coding practices to facilitate or support that allow for the integration of services across the continuum of care domains (e.g., primary care, SUD, and mental health) to provide more integrative services to clients with co-occurring conditions.*
 - Ease of implementation: 7
 - Potential for high impact: 9
- **TR8. Payment Reform.** *Support substance use disorder payment reform targeted to improve population health.*
 - Ease of implementation: ~~8~~6
 - Potential for high impact: 8
- **TR14. Kansas Placement Criteria Program (KCPC).** *Implement modern technology and data collection to meet needs as KCPC is gone.* ~~Replace KCPC with modern technology and data collection mentors consistent with current and future electronic health records to prevent major systematic failure.~~
 - Ease of implementation: 7
 - Potential for high impact: 8