

**Governor’s Behavioral Health Services Planning Council
Kansas Citizen’s Committee on Alcohol and Other Drug Abuse (KCC)
Annual Report, 2018**

Presented to:

Wes Cole, Chairperson, Governor’s Behavioral Health Services Planning Council
Tim Keck, Secretary, Kansas Department of Aging and Disability Services
Sam Brownback, Governor

Purpose: K.S.A. 75-5381 reads, "It shall be the duty of the Kansas Citizens' Committee on Alcohol and Other Drug Abuse to confer, advise, and consult with the Secretary of the Kansas Department for Aging and Disability Services Behavioral Health or their designee with respect to the powers, duties, and functions imposed upon the Secretary under K.S.A's 65-4006, 75-4007, and 75-5375." The purpose of this Committee is to be an advisory council for Substance Use Treatment, Prevention, Problem Gambling services, and Recovery Oriented Systems of Care in Kansas.

Vision: Kansas is a community where people are free from the adverse effects of substance use disorders, mental illness, and other behavioral health disorders.

Mission: To empower healthy change in people's lives through quality services that address the treatment, prevention and recovery from substance use disorders, problem gambling, mental illness, and other behavioral health disorders.

Current Membership:

Member	Representing
Krista Machado, Chair Elect	Prevention
Mollie Thompson	Prevention
Dana Schwartz	Prevention
Daniel Warren	Treatment
Shane Hudson, Past Chair	Treatment
Sara Jackson	Treatment
Jennifer Foster	Citizens
Al Dorsey	Citizens
Nancy Jo Kepple, Recorder	Citizens
Christopher Lund	Citizens
Toni Ragland	Citizens
Lane Mangels	Law Enforcement
Fan Xiain	Public Health
Victor Fitz	GBHSPC Liaison
Kayla Waters, Chair	Higher Education
Bill Persinger	Mental Health
Maren Turner	Aging
Tina Abney	Child Protective Services
Peggy Cecil	Discretionary
Diana Marsh	KDADS/KCC Support Staff

As an advisory council on addiction prevention and treatment in Kansas, we urge you to recognize the benefits, both humanitarian and pragmatic, of effective statewide addiction counseling services:

- Effective prevention and treatment saves lives, and allows for improved quality of lives for individuals, families, and communities.
- Effective prevention and treatment is financially responsible in that it offsets higher costs associated with associated family trauma, policing, incarceration, lost productivity, morbidity, and mortality.
- Effective prevention and treatment services the public safety of Kansans, by reducing rates of assaults, accidents, abuse, crime, and suicide.

As in previous years, the most critical needs of the Addiction Counseling field relate to funding, service accessibility and integration, workforce crisis, and prevention.

Increased funding is necessary to support effective addiction services. Kansas has well-established prevention, treatment, and professional training programs. With recent improvements in professionalization and program monitoring, the field of addiction counseling in Kansas is adopting more effective, evidence-supported practices that effectively reduce the harm and costs of addiction. These programs need financial support to fully implement their effective practices. We recommend:

- **Facilitate Pursuit of Grant Funding:** There are various opportunities to procure national funds to address substance use disorders; for example the national spotlight on opioid use problems is generating grant opportunities, and other opioid use problems. We recommend creating a new state-level grant-support position to work directly with agencies to help *secure and maintain* these opioid-related funds as well as other addictions prevention and treatment grants. At present, agencies are not in a position to fully take advantage of national grant opportunities. The workforce crisis means that they are already struggling to keep up with the standard workload. Furthermore, many agencies simply won't have staff with the skillset necessary to pursue and monitor large grants. A state-level coordinator could provide the grant-specific expertise, allowing agency directors and staff to focus on their own professional strengths in service provision. This coordinator should be charged with promoting collaboration across agencies and professions in to develop initiatives that align with various federal funding opportunities.
- We are pleased that a portion of the Problem Gambling and Other Addictions Fund is being devoted to treatment. We recommend that the state continues to incrementally increase the proportion of this money that is applied to treatment over the next several years until the full fund is being applied as intended.

Improved Access and Service Integration will reduce the cost and strain associated with waiting until problems are more severe (or more severely impact medical health, legal status, and family wellness) before beginning treatment:

- Currently, Addictions Counseling agencies are not allowed to provide mental health treatment for clients with co-occurring disorders *even when* they have the professional capacity to do so (e.g. professional staff with the appropriate license to treat co-occurring issues). This results in wasteful, redundant, piecemeal services for clients. We recommend allowing Addiction

Counseling agencies to become approved providers **for co-occurring issues** providing they have the appropriate resources to do so. This expansion of services should *only* apply to addiction counseling clients with co-occurring issues, not to general mental health clientele.

- Support Medicaid expansion for substance use disorder and mental health services, and ensure that existing and future health plans include coverage for behavioral health services.
- Support a global payment model that would allow providers to determine appropriate care and use the full contingent of trained addiction services providers for each patient within per-member-per-month funds
- Support telehealth initiatives to improve access for all Kansans to quality services. Building this infrastructure now will pay off as the population ages and faces physical limitations in accessing standard treatment.
- Update Senate Bill 123 practices to include current evidence based practices into existing programs.
- Continue the Institution for Mental Disease (IMD) exclusion waiver for residential Substance Use Disorder treatment facilities in Kansas. This waiver allows for more than 16 treatment beds for Medicaid patients aged 21-64. Many residential Substance Use Disorder treatment facilities in Kansas currently have more than 16 beds and are often at capacity.
- Adopt coding practices that allow for the integration of CMHC, Primary Care, and Behavioral Health services to reduce the waste and gaps in service.

The **Workforce Crisis** in Kansas and across the nation, insufficient staffing is resulting in poorer services, increased professional burnout, and administrative strain. Kansas agencies are using effective approaches to prevention and treatment, but doing so requires adequately trained staff with manageable workloads:

- Support initiatives that provide tuition reimbursement for addictions counselors equal to that provided to other behavioral health professionals.
- As recommended above, support better funding for agencies so that they may provide compensation and benefits sufficient to encourage prospective professionals to seek training and licensure.

Prevention is ultimately the most humanitarian and practical approach to addiction problems.

- Work to publicize the availability of prevention tools that may be used by community groups, schools, and families at www.kansaspreventioncollaborative.org.
- Barrier: Even when agency staff are available for procuring grants, they do not have access to the data that national funding agencies require on grant applications. Two specific policies make Kansas uniquely deficient in this regard.
 - Recommendation: Address the following policies so that agencies may make better, data-based decisions and compete for national resources:
 - Reverse the Active Consent policy that currently requires active parent consent on the Kansas Communities that Care Student Survey. At this point the sample of student responses is so skewed that the data are not able to be used for meaningful decision making.

- Review the KDADS policy that does not allow Beacon Health Options to give county specific data to providers. 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.

In **conclusion**, we appreciate your commitment to Kansas and we hope you find this report useful.