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August 26, 2020

**To:** Special Committee on Kansas Mental Health Modernization and Reform

**From:** Marisa Bayless, Research Analyst

**Re:** Crosswalk of Recommendations Concerning Kansas Mental Health

The following committees, task forces, and working groups provided recommendations and further study considerations concerning mental health topics in Kansas. The attached crosswalk outlines the recommendations from:

- Child Welfare System Task Force: House Sub. for SB 126 (2017) directed the Secretary for Children and Families to establish a Child Welfare System Task Force to study the child welfare system. The Task Force voted to establish three working groups to study topics assigned by House Sub. for SB 126. The Task Force and working groups met in 2017 and in 2018. The Task Force concluded by submitting the Report of the Child Welfare System Task Force to the 2019 Kansas Legislature (*Note:* Statutory *a*uthorization for this task force expired on June 30, 2018.);

- Governor's Behavioral Health Services Planning Council (Council) [On-going]: The Council fulfills the federal government mandate that each state have a mental health services planning and advisory council. The Council is divided into nine subcommittees, made up of members of the Council and various stakeholders. The Council and its subcommittees are involved in planning, implementing, monitoring, evaluating, and advising state government regarding Kansas mental health services. The Council and subcommittees meet year-round. The subcommittees are:

  - Children's Subcommittee (CS);
  - Evidence-Based Practices Subcommittee (EBPS);
  - Housing and Homelessness Subcommittee (HAHS);
  - Justice Involved Youth and Adult Subcommittee (JIYAS);
  - Kansas Citizen's Committee on Alcohol and Other Drug Abuse (CAODA);
  - Prevention Subcommittee (PS);
  - Rural and Frontier Subcommittee (RFS);
  - Suicide Prevention Workgroup (SPW) (*Note:* The Suicide Prevention Workroup became a workgroup of the Prevention Subcommittee in 2017);

- Service Members, Veterans, and Families Subcommittee (SMVF); and
- Vocational Subcommittee (VOS).

- Governor's Substance Use Disorders Task Force: Executive Order 18-09 established the Substance Use Disorders Task Force which was tasked with gathering information regarding substance use disorder within Kansas, evaluating and investigating existing resources, and providing recommendations to the governor. The Task Force issued a report in 2018 with recommendations and met monthly from April to August in 2018;

- Mental Health Task Force: Senate Sub. for HB 2002 (2017) contained a budget proviso directing the Kansas Department for Aging and Disability Services (KDADS) to establish an 11-member task force to review the mental health systems in Kansas. The Task Force issued a 2018 report with recommendations. During the 2018 Legislative Session, a proviso in House Sub. for SB 109 directed KDADS to continue the Task Force for a second year. The Task Force issued a 2019 report with updates on the recommendations and further action steps needed for completion. The Task Force met in 2017 and 2018; and

- Crossover Youth Working Group (Working Group): House Sub. for SB 25 (2019 appropriations bill) contained a budget proviso requiring the Kansas Department for Children and Families (DCF) convene two working groups to study the impact of 2016 SB 367 on "crossover youth," defined as youth at risk of being placed in foster care due in whole or in part to conduct that has resulted or could result in juvenile offender allegations, and youth placed in foster care engaging in conduct that has resulted or could result in juvenile offender allegations. The Working Group released a Working Group Report, an Interim Report, and a Final Report. The Working Group operated throughout 2019 and the Kansas Health Institute (KHI) provided process facilitation, research support, and report preparation under the direction of the Working Group. The Working Group Final Report did not provide recommendations, but it provided analysis of and study results on different issues listed in the proviso and future study considerations for the Legislature and stakeholders.

**Legend**

Below is a list of common abbreviations and acronyms used in Kansas mental health reports and mental health discussions.

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|---|---|
| ACA | Affordable Care Act |
| ACEs | Adverse Childhood Experiences |
| AODA | Alcohol and Other Drug Abuse |
| BSRB | Behavioral Sciences Regulatory Board |
| CASA | Court Appointed Special Advocates |
| CBST | Community-Based Service Teams |
| CCBHC | Certified Community Behavioral Health Clinic |

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| CIA | Crisis Intervention Act |
| CMHC | Community Mental Health Center |
| CMS | Centers for Medicare and Medicaid Services |
| DCF | Kansas Department for Children and Families |
| DHCF | Division of Health Care Finance |
| FFPSA | Families First Prevention Services Act |
| FPL | Federal Poverty Level |
| FQHC | Federally Qualified Health Center |
| HCBS | Home and Community Based Services |
| HHS | U.S. Department of Health and Human Services |
| HRSA | Health Resources and Services Administration |
| IMD | Institution for Mental Diseases |
| IPS | Individual Placement and Support |
| KDADS | Kansas Department for Aging and Disability Services |
| KDHE | Kansas Department of Health and Environment |
| KDOC | Kansas Department of Corrections |
| KHA | Kansas Hospital Association |
| KHI | Kansas Health Institute |
| KLRD | Kansas Legislative Research Department |
| KNI | Kansas Neurological Institute |
| KSDE | Kansas Department of Education |
| K-TRACS | Kansas secure database of controlled substance prescriptions |
| LSH | Larned State Hospital |
| MAT | Medication-Assisted Treatment |
| MCO | Managed Care Organization |
| NAS | Neonatal Abstinence Syndrome |
| NFMH | Nursing Facility for Mental Health |
| NSPL | National Suicide Prevention Line |
| OSH | Osawatomie State Hospital |
| PDPM | Patient-Driven Payment Model |
| PIL | Protected Income Level |
| PPE | Personal Protective Equipment |
| PRTF | Psychiatric Residential Treatment Facility |
| PSP | Psychiatric Services Program |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SBIRT | Screening, Brief Intervention and Referral to Treatment |
| SED | Serious Emotional Disturbance |
| SGF | State General Fund |

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| SOAR | SSI/SSDI Outreach, Access, and Recovery program |
| SOC | Systems of Care |
| SPMI | Severe and Persistent Mental Illness |
| SUD | Substance Use Disorder |

| Special Committee on Mental Health Modernization and Reform, August 2020<br>Recent Behavioral Health and Mental Health Committees and Task Forces' Recommendations - KLRD Crosswalk | | | | |
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| **Work Group 1: Finance and Sustainability** | | | | |
| **Topic 1. Workforce** | | | | |
| **Child Welfare System Task Force** | **Governor's Behavioral Health Services Planning Council Subcommittees** | **Governor's Substance Use Disorders Task Force** | **Mental Health Task Force** | **Crossover Youth Working Group** |
| **Tier One Recommendation: Workforce.** The State of Kansas should invest in the child welfare system workforce by increasing funding for recruitment, retention, and support to effectively attract and retain high-quality staff.<br><br>**Tier Three Recommendation: Front-End Staffing.** The Department for Children and Families (DCF) should employ highly skilled and experienced front-end child welfare staff. | **Committee on Alcohol and Other Drug Abuse (CAODA) Counseling Recommendations.** Support initiatives that provide tuition reimbursement for addiction counselors equal to those provided to other behavioral health professionals. Support better funding for agencies so the agencies may provide compensation and benefits sufficient to encourage prospective professionals to seek training and licensure.<br><br>**CAODA Recommendation.** Recommend the number of clinical supervision hours required of addiction counselors to obtain clinical licensure be reduced from 4,000 to 3,000, similar to the reduction in clinical hours of social workers. | **TR19. Workforce Development.** Implement workforce development programs to increase capacity of addiction professions. | **Recommendation 5.1 Workforce Study (2019).** Initiate a comprehensive workforce study statewide to examine challenges experienced by employers in reaching optimal staffing levels to provide services.<br><br>**Recommendation 5.2 Peer Support (2019).** Encourage integration of peer support services and Kansas-certified peer mentoring services (substance use disorder [SUD]) into multiple levels of service, including employment services at community mental health centers (CMHCs), hospitalization, discharge, and transition back to the community.<br><br>**Recommendation 5.3 State Loan Repayment Program (2019).** Require a report on increasing the number of psychiatrists and psychiatric nurses. | No relevant considerations. |
| | **Children's Subcommittee (CS) Recommendation.** 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. | | | |

| Topic 2. Funding and Accessibility | | | | |
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| **Child Welfare System Task Force** | **Governor's Behavioral Health Services Planning Council Subcommittees** | **Governor's Substance Use Disorders Task Force** | **Mental Health Task Force** | **Crossover Youth Working Group** |
| **Tier One Recommendation:**<br>**Access to Care.** The State of Kansas should require access to high-quality and consistent medical and behavioral health care for Medicaid-eligible high-risk youth through the state Medicaid state plan or other appropriate sources of funding.<br><br>**Tier Two Recommendation:**<br>**Service Setting.** The State of Kansas should prioritize delivering services for children and youth in natural settings, such as, but not limited to, homes, schools, and primary care offices, in the child's community when possible. The needs of the child and family should be the most important factor when determining the settings where services are delivered. | **Suicide Prevention Workgroup (SPW) Recommendation.** Assist local suicide prevention efforts and promote local support groups in fund-raising efforts, building capacity, and increasing availability for survivors of suicide loss.<br><br>**Prevention Subcommittee (PS) Recommendations:** Allocate resources to prioritized areas of need through data-driven decision-making. Increase access and availability of behavioral health services by restoring funding for CMHCs and supporting efforts to recruit students to enter the behavioral health services community. Dedicate resources and funding for suicide prevention.<br><br>**Vocational Subcommittee (VOS) Recommendations.** Actively seek out and provide grants to CMHCs from the State General Fund to offset costs initiating and implementing Individual Placement and Support (IPS) Supported Employment model. | **TR3. Prior Authorizations.** Remove prior authorization requirements for MAT (medication-assisted treatment).<br><br>**TR5. Opioid Addiction Project ECHO.** Identify funding for Opioid Addiction Project ECHO telementoring.<br><br>**TR10. Mental Health Parity**. Review procedures for mental health parity laws to ensure compliance.<br><br>**TR11. IMD Waiver**. Explore waiver of Medicaid Institutions for Mental Diseases (IMD) exclusion for mental health and substance use disorder treatment and support current IMD exclusion waiver for residential services for substance use treatment. | **Recommendation 1.1 Addressing Capacity (2019).** Implement and fund a comprehensive plan to address voluntary and involuntary hospital inpatient capacity needs while providing all levels of care across all settings.<br><br>**Recommendation 1.2 Regional Community Crisis Center Locations (2019).** Develop regional community crisis centers across the state including co-located or integrated SUD services.<br><br>**Recommendation 2.1 Reimbursement Rates (2019).** Facilitate a detailed review of the costs and reimbursement rates for behavioral health services, including mental health and substance use disorder treatment, and update rates accordingly. | No relevant considerations. |

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| **Tier Three Recommendation: Maximizing Federal Funding.** The State of Kansas should conduct an audit of potential funding streams by program area to ensure the State is maximizing federal benefits.<br><br>**Tier Three Recommendation: Resources and Accountability.** The State of Kansas and DCF should provide services that are in the best interest of children in their care by supporting a system that is accountable and resourced well enough to provide the needed services. Considerations should include, but not be limited to, the awarding of funds based upon qualifications and not financial factors, improving workforce morale and tenure, and providing technology to improve efficiencies. | **CAODA Recommendation.** Facilitate a pursuit of grant funding. 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 addiction prevention and treatment opportunities. A state-level coordinator could provide the grant-specific expertise.<br><br>**CAODA Recommendation.** Recommend the State continue to incrementally increase the proportion of money in the Problem Gambling and Other Addictions [Grant] Fund that is applied to treatment over the next several years until the full fund is being applied as intended. | **TR13. KanCare.** Recommend a full expansion of Medicaid in order to increase access to healthcare for uninsured, low-income Kansans.<br><br>**TR15. Senate Bill 123.** Assure adequate funding for SB 123 (2003) [provides certified SUD treatment for offenders convicted of drug possession who are nonviolent with no prior convictions] to allow appropriate provision of medically necessary treatment services and allow for an expanded list of qualifying offenses.<br><br>**TR17. Addiction Treatment.** Create additional services for the treatment of addiction as well as any co-occurring mental health diagnoses.<br><br>**TR18. Sober Housing.** Study the efficacy of sober housing and strategies for success from other states including funding mechanisms. | **Recommendation 2.3 Excellence in Mental Health (2019)**. Support expansion of the federal Excellence in Mental Health Act and then pursue participation.<br><br>**Recommendation 2.4 IMD Waiver (2019):** Seek revocation or waiver of the federal IMD exclusion rule to allow federal Medicaid funds for both SUD and psychiatric inpatient treatment.<br><br>**Recommendation 2.5 Medicaid Expansion (2019).** Adopt Medicaid expansion to cover adults under the age of 65 with income up to 138 percent of the federal poverty level (FPL) to pursue solutions for serving the uninsured and underinsured, which will improve access to behavioral health services. | |
| | **CAODA Recommendation.** Allow 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.<br><br>**CAODA Recommendation.** Continue the IMD exclusion waiver for residential SUD treatment facilities in Kansas.<br><br>**CAODA Recommendation.** Adopt coding practices that allow for the integration of CMHC, primary care, and behavioral health services to reduce the waste and gaps in service. | **PE6. K-TRACS Funding**. K-TRACS should be sustainably funded by the State General Fund after any available grant funding is exhausted. | **Recommendation 2.4 Funding for Crisis Stabilization Centers (2018)** [*Note:* Incorporated into Recommendation 1.2 in 2019 report.] If Crisis Stabilization Centers are to be part of the state safety net system, the State must provide ongoing base funding for these services. The structure of Medicaid should be robust enough to sustain these services. Make sure that services are available to the uninsured and underinsured. | |

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| | | | **Recommendation 3.2 Number of Beds (2018).** Develop a plan to add more than 300 additional hospital beds, or create and expand alternatives that would reduce the number of new beds needed. The Kansas Department for Aging and Disability Services (KDADS) should execute a study to determine a Kansas-specific estimate of beds needed, while simultaneously moving forward with implementing other recommendations included in this report to provide a functioning safety net to eliminate the waiting list at Osawatomie State Hospital. [*Note*: Action Step 1.1.a in the 2019 report updated this recommendation: Maintain at least the current number of beds in Osawatomie and Larned and add 36 to 60 additional regional or state hospital beds within 24 months.] | |

| Topic 3. Community Engagement | | | | |
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| **Child Welfare System Task Force** | **Governor's Behavioral Health Services Planning Council Subcommittees** | **Governor's Substance Use Disorders Task Force** | **Mental Health Task Force** | **Crossover Youth Working Group** |
| **Tier Two Recommendation: Reintegration Support.** The State of Kansas should provide consistent, individualized, evidence-based support throughout reintegration for children in need of care and caregivers, including, but not limited to, parents and foster parents.<br><br>**Tier Two Recommendation: Foster Homes.** The State of Kansas should invest in foster home recruitment and retention by increasing funding for supplemental training and providing additional financial incentives that support older youth, high-needs children, and birth families, as well as modifying licensing requirements. | **Service Members, Veterans, and their Families (SMVF) Recommendation.** Increase engagement of stakeholders, consumers, families, and employers through the Kansas Department of Health and Environment (KDHE) or KDADS by requiring agencies implementing IPS to create opportunities for assertive outreach and engagement for consumers and families.<br><br>**Justice Involved Youth and Adult Subcommittee (JIYAS) Recommendations.** Engage community partners using three pilot communities that the workgroup identified, which would involve a coordinated effort between the Kansas Department of Corrections (KDOC), CMHCs, and SUD providers.<br><br>**SPW Recommendations.** Encourage the development of new local coalitions and enrichment of collaborating existing local coalitions each bringing unique perspectives and resources for effective suicide prevention initiatives. Support and increase availability of support groups for survivors of suicide loss. | **Prev4. Community Collaboration.** Increase collaboration with community partners to enhance their capacity to develop and implement local-level prevention efforts for prescription drug, illicit opioid, methamphetamine, and other drug misuse and overdose.<br><br>**TR12. Treatment Navigator**. Develop a statewide treatment navigator.<br><br>**LE1. 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 those [justice-involved individuals] with SUD and co-occurring conditions . | No relevant recommendations. | No relevant considerations. |
| **Tier Three Recommendation: Court Appointed Special Advocates (CASAs)**. The Legislature shall fund CASAs to ensure the availability of CASA volunteers in all jurisdictions, without disrupting the current funding CASAs receive from the State of Kansas. | | | | |

| Work Group 2: Policy and Treatment | | | | |
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| **Topic 4. Prevention and Education** | | | | |
| **Child Welfare System Task Force** | **Governor's Behavioral Health Services Planning Council Subcommittees** | **Governor's Substance Use Disorders Task Force** | **Mental Health Task Force** | **Crossover Youth Working Group** |
| **Tier Two Recommendation: Safety Net, Early Childhood Programs, and Early Intervention.** The State of Kansas should fully fund, strengthen, and expand safety net and early childhood programs through public services (DCF, mental health, substance abuse, and education) and community-based partner programs, and reduce barriers for families needing to access concrete supports. The State of Kansas should ensure availability and adequate access to early childhood behavioral health services statewide. the Task Force recommends consideration of related Mental Health Task Force recommendations 1.2 (Medicaid Expansion Models), 1.3 (Housing), 3.1 (Regional Model), and 6.4 (Early Intervention). | **SPW Recommendations.** Write, distribute, and promote op-eds, and disseminate information about safe messaging covering suicide, and urge the development of effective materials including through local media outlets. Increase number of trainings and workshops to promote and support application of best practices and evidence-based approaches in the field of suicidology among Behavioral Sciences Regulatory Board (BSRB) licensed behavioral health practitioners and community gatekeepers when working to prevent suicides.<br><br>**PS Recommendations.** Form an evidence-based practices workgroup (EBW) for behavioral health promotion. An EBW could promote more use of evidence-based strategies to better integrate promotion, prevention, treatment, and recovery services. Priority areas for initial EBW focus include marijuana, opioids, and strategies to help 18-25 year olds. | **PE 1. Centralized Authority.** Centralize coordination of substance use disorder policy and provider education.<br><br>**PE2. Provider Training**. Provide training and continuing education programs for healthcare professionals. Healthcare programs should include in curricula additional education on opioid prescribing, addictions, MAT, pain management and risk identification.<br><br>**PE3. K-TRACS Education**. Develop and disseminate materials on K-TRACS and U.S. Centers for Disease Control and Prevention (CDC) guidelines to healthcare providers and students. | **Recommendation 2.2 Care Management Program (2019).** Take steps to ensure that all Kansas youth and adults with a behavioral health diagnosis or chronic physical health condition are eligible to opt into a health home to have access to activities that help coordinate care.<br><br>**Recommendation 3.4 Early Intervention (2019)**. Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment, and treatment. | No relevant considerations. |

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| | **CAODA Recommendation.** Work to publicize the availability of prevention tools that may be used by community groups, schools, and families at www.kansaspreventioncollaborative.org.<br><br>**CS Recommendation.** Support, encourage, and provide resources to early childhood programs in implementing and sustaining the Kansas Family Engagement and Partnership Standards for Early Childhood. | **PE 10. Coroner Letters.** Explore the feasibility of and consider a pilot program for coroners or medical examiners sending educational letters to prescribing providers upon their own patient's death from prescription drug or other illicit substance overdose.<br><br>**PE12. Provider MAT Training.** Increase capacity and access to MAT in Kansas through provider training on MAT.<br><br>**Prev1. Promote Safety.** Promote safe use, storage, and disposal of prescription medications, including opioids, to prevent misuse and illicit acquisition and distribution. | | |
| | **Housing and Homelessness Subcommittee (HAHS) Recommendation.** Create a housing specialist certification and ongoing education training curriculum. | **Prev2. Disposal Sites.** Expand medication disposal sites in gap areas to ensure that there is a minimum of one medication disposal site in each Kansas county.<br><br>**Prev3. Awareness.** Develop and disseminate educational materials for both professional and non-professional audiences on the issues of prescription drug, opioid, methamphetamines, and other drugs misuse, abuse, overdose, and mitigation strategies.<br><br>**Prev4. Fund Prevention.** Establish and sustain permanent funding sources for primary, secondary, and tertiary prevention associated with prescription drugs, opioids, alcohol, methamphetamines, and other drug misuse for all ages. | | |

| Topic 5. Treatment and Recovery | | | | |
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| **Child Welfare System Task Force** | **Governor's Behavioral Health Services Planning Council Subcommittees** | **Governor's Substance Use Disorders Task Force** | **Mental Health Task Force** | **Crossover Youth Working Group** |
| **Tier Two Recommendation: Foster Care Re-entry and Transitional Services.** The State of Kansas should provide young adults age 18-21 with the option to seamlessly re-enter the child welfare system, and ensure continuity in medical, behavioral health, and support services for youth who have exited the custody of DCF.<br><br>**Tier Three Recommendation: Immediate Response.** The State of Kansas should provide immediate response 24/7 to hotline calls and dedicated immediate response investigators to be dispatched and warranted. | **HAHS Recommendation.** Expand and advance SSI/SSDI Outreach, Access, and Recovery (SOAR) program, which is a federal program designed to help states and communities increase access to Social Security disability benefits for people who are homeless or at risk of homelessness and have a mental illness or other co-occurring disorders.<br><br>**HAHS Recommendation**. Continue and expand KDADS' Housing First Bridge Program.<br><br>**HAHS Recommendation**. Continue the Supported Housing Program, a program that provides affordable housing linked to services for low-income, homeless, or potential homeless people with severe mental illness. | **TR1. Expand MAT.** Expand Access and utilization of MAT.<br><br>**TR2. Buprenorphine Prescribers.** Increase the number of buprenorphine-waivered prescribers practicing in Kansas and incentivize buprenorphine training for providers. | **Recommendation 1.3 Warm Hand-Off (2019).** Establish a 24-hour uniform hotline and implement a warm hand-off based on the 911 model.<br><br>**Recommendation 3.2 Intensive Outpatient Services (2019).** Expand community-based options such as intensive outpatient services.<br><br>**Recommendation 3.3 Psychiatric Residential Treatment Facility (PRTF) (2019).** Re-establish the purpose of PRTFs.<br><br>**Recommendation 6.3 Quality of Care (2018)**. Managed care organizations (MCOs) contracts should incentivize PRTF readmissions instead of reduced lengths of stay. | **Services for Crossover Youth.** The Working Group's limited scope of review could not speak to the cost per crossover youth and any claims denied for reimbursement for a child's behavior problems. The Working Group further suggests researching the effect of therapeutic environment on care of youth with higher levels of aggression in a PRTF and the impact of such youth on other youth in care settings. |
| | **CS Recommendation.** Increase the availability of flexible treatment options (residential and outpatient) that allow children to stay with and participate in treatment with their parents, which also embrace a holistic and trauma-informed approach to treatment. | | **Recommendation 4.2 Presumptive Approval of Medicaid (2019).** Coordinate with KDHE and determine if a policy could be developed or revised that facilitates presumptive approval upon discharge for anyone leaving an IMD environment, including NFMHs.<br><br>**Recommendation 6.1 Suicide Prevention (2019).** Place a focus on reversing negative suicide trends for youth and adults. | |

| Topic 6. Special Populations | | | | |
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| **Child Welfare System Task Force** | **Governor's Behavioral Health Services Planning Council Subcommittees** | **Governor's Substance Use Disorders Task Force** | **Mental Health Task Force** | **Crossover Youth Working Group** |
| **Tier Two Recommendation:**<br>**Non-Abuse Neglect.** The State of Kansas should provide differential responses for newborns and refer them to evidence-based services.<br><br>**Tier Three Recommendation:**<br>**Serious Injury Review.** The State of Kansas, in accordance with federal and state confidentiality laws, should formalize a Serious Injury Review Team to establish and conduct a review process both internally and externally for an immediate and necessary response when a child dies or suffers serious bodily injury after having previous contacts with DCF Protection and Prevention Services concerning prior abuse and neglect. | **Rural and Frontier Subcommittee (RFS) Recommendation.** Increase funding for crisis beds for the non-insured and underinsured to fill the gap in rural and frontier areas of the state.<br><br>**SMVF Recommendation.** Expand the three-day crisis intervention training across the state for police and first responders concerning veterans in a mental health crisis. | **NAS1. Educate and Intervene. (Neonatal Abstinence Syndrome [NAS]).** Provide education, screening, intervention, and support to substance-using women to reduce the number of infants born substance-exposed, while expanding coverage for family planning services, preconception services, and a variety of contraceptives, including long-acting reversible contraceptives.<br><br>**NAS2. Standardize Care.** Provide education on best practices to reduce stigma and promote standardized care regarding NAS cases, develop a standardized reporting process for NAS cases across the state, and offer universal training and continuing education through the Vermont Oxford Network NAS Universal Training Program to Kansas birthing centers. | **Recommendation 3.1 Access to Effective Practices and Support (2019).** Deliver crisis, clinical, and prevention services for children and youth and families in natural settings (*e.g.,* homes, schools, primary care offices) in the community.<br><br>**Recommendation 3.5 Transition Age Youth (2019).** Request a formal joint report to Legislature by corrections, education, and health and human services agencies on programs, coordinated efforts, and any collective recommendations for populations identified in 2016 SB 367. | **Child Welfare Placements**. The working group suggests exploring what supports/services are lacking and prevent permanency from being achieved regarding placement stability of crossover youth placed in foster care. |
| | | **NAS3. Women and Family Treatment Centers.** Increase the number and capacity of designated women and family treatment centers across the state.<br><br>**NAS4. MAT in Pregnancy.** Increase access to MAT for pregnant women. | | |

| Work Group 3: System Capacity and Transformation | | | | |
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| **Topic 7. Data Systems** | | | | |
| **Child Welfare System Task Force** | **Governor's Behavioral Health Services Planning Council Subcommittees** | **Governor's Substance Use Disorders Task Force** | **Mental Health Task Force** | **Crossover Youth Working Group** |
| **Tier One Recommendation:**<br>**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).<br><br>**Tier Two Recommendation:**<br>**Information Sharing.** The State of Kansas should establish a multi-disciplinary approached and share information across and among stakeholders, irrespective of state borders, in accordance with federal and state laws. | **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.<br><br>**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. | **Prev5. Data.** Collect, analyze, use, and disseminate surveillance data to inform prevention efforts and monitor trends in at-risk populations.<br><br>**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).<br><br>**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. | No relevant recommendations. | **Demographics:** Potential future topics to study regarding demographic characteristics were to include primary language and geographic distribution amongst crossover youth across Kansas.<br><br>**Child Welfare Placements:** Based upon findings by the working group, 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. |

| Topic 8. Interaction with the Legal System and Law Enforcement | | | | |
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| **Child Welfare System Task Force** | **Governor's Behavioral Health Services Planning Council Subcommittees** | **Governor's Substance Use Disorders Task Force** | **Mental Health Task Force** | **Crossover Youth Working Group** |
| **Tier Two Recommendation:**<br>**Code of Care of Children.** The Judicial Council should review the Code for Care of Children (CINC Code), especially with regard to: a) the way DCF's definition of "non abuse neglect" relates to cases under the CINC Code, and b) modifications to meet the child's ongoing best interests for permanency. | **JIYAS Recommendations:** Endorse and focus on the issue of high behavioral health acuity releases from KDOC and any other jail entity. Primary issues include integration of services from incarcerated status to community; focus on high acuity need individuals who may be difficult to house with sexual offenders and offenders with poor impulse control; offenders who have been screened for civil commitment and alternatives commitment; and substance use treatment upon release. | **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.<br><br>**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.<br><br>**LE4. Naloxone.** Promote Naloxone education and use for first responders and pursue all available funding. | **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. | **Demographics:** Future efforts should 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.<br><br>**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. |
| | | **LE5. Law Enforcement Referrals.** Increase utilization and development of evidence-based SUD referral as well as treatment and recovery services among persons with law enforcement contact (this includes securing funding to increase access to services for this population).<br><br>**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. | | **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 thereto 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. |

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| | | **LE7. Correctional Employees.** Provide training in correctional facilities to allow employees to better recognize those with substance use disorders and other mental health needs and connect those with needs available to services. | | |

| Topic 9. System Transformations | | | | |
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| **Child Welfare System Task Force** | **Governor's Behavioral Health Services Planning Council Subcommittees** | **Governor's Substance Use Disorders Task Force** | **Mental Health Task Force** | **Crossover Youth Working Group** |
| **Tier Two Recommendation:**<br>**Analysis of Service Delivery.** The State of Kansas should establish a work group or task force to conduct an analysis to: 1) determine what it costs to adequately fund high-quality child welfare services; 2) by 2021, evaluate the benefits of privatizing child welfare services; and 3) determine the best public/private collaboration to deliver child welfare services. DCF shall determine appropriate outcomes measures and periodic evaluations shall be conducted to ensure contractors are achieving set outcomes and provide opportunities for ongoing collaboration and review. Summary reports should be provided to the Legislature annually. | **PS Recommendations.** Increase healthcare linkages and identify care transition best practices for mental health, substance abuse, and emergency departments across the state. Periods following discharge from these settings are times of particularly high risk for suicide. A model for follow-up with clients during this period should be implemented in Kansas. Modify the KDADS requirements to become approved to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to Medicaid-eligible clients.<br><br>**VOS Recommendation.** The State of Kansas should apply for a demonstration waiver to provide employment supports and other services for individuals with behavioral health issues on Medicaid. | **TR6. Service Integration**. Adopt coding practices that allow for the integration of services across the continuum of care domains (***e.g.,*** primary care, substance use disorder, and mental health) to provide more integrative services to clients with co-occurring conditions.<br><br>**TR7. SBIRT.** Increase access to and utilization of SBIRT across health care provider disciplines by reimbursing appropriately trained and licensed professionals to provide this service across locations.<br><br>**TR8. Payment Reform.** Support substance use disorder payment reform targeted to improve population health.<br><br>**TR14. Kansas Placement Criteria Program (KCPC)**. Replace KCPC with modern technology and data collection mentors consistent with current and future electronic health recodes to prevent major systematic failure. | **Recommendation 1.4 Comprehensive Housing (2019).** Expand an array of housing that would include a range of options from residential care facilities, long-term and transitional supported housing, and independent housing units following evidence-based practices and principles, such as permanent supportive housing and home ownership. Include state contracts and Medicaid funding and ensure that housing serves people with disabilities, mental illness, and/or substance use disorders.<br><br>**Recommendation 4.1 Licensing Structure (2019).** Reform nursing facilities for mental health (NFMHs) to allow for the provision of active treatment and necessary rehabilitative services and crisis services in NFMHs and inclusion within continuum of care. | **Juvenile Intake and Assessment:** The review of Juvenile Intake and Assessment Services was limited in scope to only FY 2019. Data from intake and assessments completed throughout a youth's lifetime should be reviewed. Robust analysis from completed the Kansas Detention Assessment Instrument (KDAI) could be conducted when integrated into the data system. |

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| | **VOS Recommendation**. Kansas needs to formulate a team of coordinators/champions, regional trainers, and MCOs that will support and ensure the facilitation and stability of integrated evidence based practices (*e.g*. IPS Supported Employment).<br><br>**VOS Recommendation.** Build collaborative partnerships and increase integrated training opportunities across the behavioral health systems through the implementation of state and federal supported employment. | | **Recommendation 7.1 Learning Across Systems (2019).** Create a position/entity to track information about adverse outcomes that occur and identify strategies for addressing them in a timely manner.<br><br>**Recommendation 4.2 Regional Model (2018)** [*Note:* Incorporated into Recommendations 1.1 and 1.2 in 2019 report.] In lieu of a single request for proposal, the Task Force recommends 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. | |