

## Support Substance Use Disorder Treatment Services

**Position:** Support expansion of substance use disorder (SUD) treatment funding, access to services, and elimination of barriers to integrated health care. SUD treatment is a component of behavioral health but the professional, structural, funding systems that have developed our SUD system require the continued need for SUD treatment to stand on its own and thereby elevate consumer, provider, and funding needs. The SUD treatment field supports the following general public policy concepts:

- Integrating SUD and behavioral health helps to address gaps and barriers to services.
- Immediately develop an assessment replacement for the terminated Kansas Client Placement Criteria assessment system.
- Full funding to accompany treatment needs association with medication assisted treatment.
- Support an annual \$1.0 million increases from the Problem Gambling and Fund to treatment until the full amount of the fund serves addiction treatment needs.
- Encourage legislative and Insurance Commissioner oversight of private insurance parity related to opioid and other medications assisted treatment modalities.
- Restore \$3.0 million to Senate Bill 123 Treatment rather than incarceration program due to reduced funding and increased clients made eligible for treatment.
- Include SUD clients and their providers to utilize supported housing, employment, and other initiatives to provided more integrated community services.

Special attention should focus on the recommendations of the 2018 Governor's Substance Use Disorder Task Force. This expert-driven Task Force's full recommendations can be found here:

[http://www.preventoverdoseks.org/download/GovSUDTaskForceReport\\_FINAL.pdf](http://www.preventoverdoseks.org/download/GovSUDTaskForceReport_FINAL.pdf)

The Task Force recommendations reflect most of these issues as well as other key areas:

- Conduct a statewide needs assessment to identify gaps in funding, access to substance use disorder (SUD) treatment providers and identify specific policies to effectively utilize and integrate existing SUD treatment resources.
- 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.
- Expand access to peer support services and increase Medicaid reimbursement rates for the services.

**The Problem:** KMHC currently has no statement regarding substance use disorder treatment and prevention. According to a DATACORP study and comparative studies in other states, an estimated 200,000 adults and 24,000 adolescents need treatment. The most recent KDADS federal block grant application notes: "using the estimate provided by SAMHSA of the proportion of Kansans who reported "needing but not receiving" SAT during 2009-2014 (168,000 Kansans). According to the 2010 Census, there were 2,125,581 adults living in Kansas. Therefore, approximately 13% of Kansans were in need but not received SAT." Block grant funding of \$23.8 million and Medicaid funding of \$28.6 million for Substance Use Disorder services are inadequate to treat the need.

**Why this matters:** In addition to co-occurring disorders, increased societal and professional awareness recognizes the role of SUD in many areas including child welfare, senior care, education, poverty, homelessness, employment, adult and juvenile criminal behavior, and suicide as well as other issues.

**The bottom line:** While Substance Use Disorder treatment and prevention issues are intellectually and clinically a part of the broader behavioral health field, the recognition and awareness of SUD issues gains attention and support when singled out.

**Drill deeper into this issue on the back of this page:**

The best description of the system can be found in the most recent federal block grant application: [https://www.kdads.ks.gov/docs/default-source/CSP/bhs-documents/Block-Grant/approved-2018-2019-combined-block-grant-application.pdf?sfvrsn=269a06ee\\_0](https://www.kdads.ks.gov/docs/default-source/CSP/bhs-documents/Block-Grant/approved-2018-2019-combined-block-grant-application.pdf?sfvrsn=269a06ee_0)

The best summary of the state of the SUD field in Kansas currently is the full report of the 2018 Governor's Substance Use Disorder Task Force:  
[http://www.preventoverdoseks.org/download/GovSUDTaskForceReport\\_FINAL.pdf](http://www.preventoverdoseks.org/download/GovSUDTaskForceReport_FINAL.pdf)

Here are the action recommendations from the Governor's SUD Task Force 2018:

- TR1. Expand Medication-Assisted Treatment. Expand access and utilization of medication-assisted treatment (MAT). (page 26)
- TR2. Buprenorphine Prescribers. Increase the number of buprenorphine-waivered prescribers practicing in Kansas and incentivize buprenorphine training for providers. (page 27)
- TR3. Prior Authorizations. Remove prior authorization requirements for MAT. (page 28)
- TR4. Needs Assessment. Conduct a statewide needs assessment to identify gaps in funding, access to substance use disorder (SUD) treatment providers and identify specific policies to effectively utilize and integrate existing SUD treatment resources. (page 29)
- TR5. Opioid Addiction Project ECHO. Identify funding for Opioid Addiction Project ECHO telementoring. (page 29)
- 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. (page 30)
- TR7. SBIRT. Increase access to and utilization of Screening, Brief Intervention and Referral to Treatment (SBIRT) across health care provider disciplines by reimbursing appropriately trained and licensed professionals to provide this service across locations. (page 31)
- TR8. Payment Reform. Support substance use disorder payment reform targeted to improve population health. (page 32)
- TR9. Peer Support Reimbursement. Expand access to peer support services and increase Medicaid reimbursement rates for the services. (page 33)
- TR10. Mental Health Parity. Review procedures for mental health parity laws to ensure compliance. (page 34)
- TR11. IMD Waivers. Explore waiver of IMD exclusion for mental health and substance use disorder treatment and support current IMD exclusion waiver for residential services for substance use treatment. (page 35)
- TR12. Treatment Navigator. Develop a statewide treatment navigator. (page 37)
- TR13. KanCare. Recommend a full expansion of Medicaid in order to increase access to healthcare for uninsured, low-income Kansans. Expansion will improve access to needed healthcare services, including substance use disorder treatment, and reduce more costly treatment sought in hospital emergency departments. Data clearly show that states that have expanded Medicaid have improved access to all healthcare services, including SUD treatment; individuals stay in treatment longer; and chronic disease management and outcomes are improved. (page 37)
- TR14. KCPC. Replace Kansas Placement Criteria Program (KCPC) with modern technology and data collection methods consistent with current and future electronic health records to prevent major systemic failure. (page 41)
- TR15. Senate Bill 123. Assure adequate funding for 2003 Senate Bill 123 to allow for appropriate provision of medically necessary treatment services and allow for an expanded list of qualifying offenses. (page 41)