

**2021 Special Committee on Kansas Mental Health Modernization and Reform:
System Capacity and Transformation Working Group (WG2) Recommendations**

Topic	Status	Recommendation Title	2020 Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response	Enablers (factors that aid action)	Barriers (Factors that obstruct action)
A: Funding and Accessibility	In Progress	2.1 Certified Community Behavioral Health Clinic Model	Support expansion of the federal Excellence in Mental Health Act and then pursue participation. If participation in the Excellence in Mental Health Act is not possible, pursue a state plan amendment or change to the 1115 Waiver to allow interested providers to gain access to the CCBHC model.	KDHE (KDADS, Providers)	KDHE: This project is well underway. Since July, KDHE, KDADS, and the CMHCs have been meeting weekly with various consultants to move the project forward. We have an ambitious timeline by which to complete necessary steps.	KDADS: KDADS is working with KDHE to complete the state plan amendment necessary for CCBHCs. Submission is expected to CMS by January. Ease of implementation score is 5.	Weekly meetings between collaborating agencies	
A: Funding and Accessibility	In Progress	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.	KDADS (Legislature)	KDADS: KDADS has worked over the last year to implement a new provider type called State Institutional Alternatives (SIAs) to provide acute inpatient mental health treatment in community hospitals as an alternative to State hospital stays. The provider type allows community hospitals to admit patients in mental health crisis that meet the screening criteria for a State hospital level of care and receive a daily rate for those patients. The first 3 SIA hospitals began accepting patients on August 30 and three additional hospitals will start as SIAs on September 27. Construction for 12 additional certified beds at OSH in the Biddle Building is scheduled to begin in November 2021. The plans for the remodel are under review by Facilities Management in preparation for release to construction companies for bid. The additional licensed bed space needed to temporarily move patients before the Biddle construction starts is completed, except for a delay obtaining doors to complete the space. Ease of implementation score is 4.			Complex implementation
A: Funding and Accessibility	In Progress	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.	Legislature (KDADS, KDHE, CMHCs)	Legislature: The SPARK Task Force added \$12.5 million to supplement existing grants to behavioral health providers for costs incurred while responding the COVID-19 and to support the transition to telemedicine. The funding additionally supports mental health and substance use disorder treatment related to secondary impacts of COVID-19, focusing on uninsured and low-income populations.	KDHE: The CCBHC model, once fully implemented, will increase Medicaid payments to CMHCs by \$40-\$70 million per year.	SPARK funding	
A: Funding and Accessibility	In Progress	2.5 Problem Gambling and Other Addictions Fund	Recommend the State continue to incrementally increase the proportion of money in the PGOAF that is applied to treatment over the next several years until the full funding is being applied as intended.	Legislature (Providers, KDADS)	Legislature: The Legislature added \$250,000, all from the PGOAF, for SUD grants for FY 22.	KDADS: KDADS provided information to KLRD and several committees on PGOAF funds during the Session.	Funding	

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A: Funding and Accessibility		2.6 High-Priority Discussion	<i>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."</i>					
A: Funding and Accessibility	In Progress	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.	KDADS (Crisis centers, CMHCs, Legislature)	KDADS: KDADS supported legislation to this effect last session, that legislation remains in committee. \$3 million in SGF funding was provided to KDADS to provide grants to the 988 call centers. Those grants have been awarded to KSPHQ, ComCare, and Johnson County CMHC. 988 planning is nearing completion and a draft of the implementation plan should be available soon. No federal funding for 988 has been provided. Ease of implementation score is 5.		Implementation plan available soon, grant funding	
B: Data Systems	In Progress	7.1 State Hospital EHR	The new state 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.	KDADS (EHR vendor, KDHE)	KDADS: KDADS and the State hospitals are in the procurement process to purchase an EHR system. We are in the final stages of reviewing proposals and expect to make an award by December 2021. Interoperability is a key expectation in the request for proposals including data sharing among the hospitals and community partners. Ease of Implementation Score 9		Procurement process	
B: Data Systems	In Progress	7.2 Data and Survey Informed Opt-Out	Collect, analyze, use, and disseminate surveillance data to inform prevention. Change legislation regarding public health and behavioral health state surveys, including changing KCTC and YRBS surveys from an opt-in consent to an informed opt-out consent, to allow for meaningful data collection.	Legislature (KDADS, KDHE)	Legislature: 2021 SB 139 and HB 2159, which would permit the administration of certain tests, questionnaires, surveys, and examinations regarding student beliefs and practices on an opt-out basis, are both in committee.	KSDE: KSDE agrees with recommendations from the School Mental Health Advisory Council and the Blue Ribbon Panel on Bullying that making the KCTC and YRBS informed opt-out would be beneficial for data collection.	Agencies and organizational support	
B: Data Systems	In Progress	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.	KDHE (KHIN, Providers)	KDHE: KDHE is studying this recommendation as it pertains to using Medicaid funds to incentivize participation in HIEs.		KanCare 3.0	

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B: Data Systems	In Progress	7.4 Needs Assessment	Conduct a statewide needs assessment to identify gaps in funding, access SUD treatment providers and specific policies to effectively utilize, integrate and expand SUD treatment resources.	KDADS (KDHE)	KDADS: KDADS has been exploring what resources will be needed to conduct a statewide needs assessment specific to SUD services. At this time KDADS has not yet made a funding request for this recommendation. Ease of implementation score is 7.		Ease of implementation	Funding
B: Data Systems	In Progress	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.	KDADS (KDHE, DCF, KDOC, KSDE)	KDADS: KDADS is working with key collaborators on TA projects with federal TA providers that include data sharing policies and MOU development around a variety of subject areas. Continued collaboration is moving towards formalization of these agreements. A primary example being the PDMP (K-TRACS) and agreements between KDADS and Board of Pharmacy to utilize data for reporting purposes. Ease of implementation score is 6.	KDOC: KDOC has no additional content to submit on this item. KSDE: DCF provides a daily file to KSDE listing the children in foster care. KSDE and DCF also collaborate to create the Foster Child Report Card. DCF also assists with background checks on applicants for teaching licenses. KDHE and KSDE have worked closely with weekly Zoom meetings throughout much of the pandemic. KDHE is facilitating grant funds and programming to assist schools with COVID-19 testing to allow more students to stay in school. DCF: DCF has data sharing agreements with KDHE and access to management or ad hoc reports on various service codes or trends. For example, DCF can request	Ease of implementation, Collaboration	
C: Legal System and Law Enforcement	In Progress	8.1 Correctional Employees	Expand training provided in correctional facilities to allow employees to better recognize those with substance use disorders, use a trauma-informed approach to identify other mental health needs, and connect those with needs to available services.	KDADS (KDOC, local law enforcement agencies)	KDADS: KDADS and KDOC worked on a TA project this past year and made some changes to how inmates are screened for SUD upon intake. This helps identify the needs of the inmate and puts them on a path for treatment and recovery upon release. KDADS is continuing to provide CIT and LEO training on behavioral health. This is an ongoing effort to expand training and more expansion is still needed. Ease of implementation score is 8.	KDOC: KDOC has delivered a training to all staff on substance abuse and evidence-based practices, which included contextual data on the prevalence within our population. We have updated this lesson plan with information about what was going on with use in the facilities, and how staff could all help detect and prevent.	Ease of implementation, Collaboration	

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C: Legal System and Law Enforcement	In Progress	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.	Legislature (KDADS, KDOC)	Legislature: 2021 HB 2077 amended law related to the Kansas Criminal Justice Reform Commission by removing statutory study requirements relating to specialty courts, evidence-based programming, specialty correctional facilities, and information management data systems.	KDOC: The KDOC Secretary and other key KDOC staff continue to be regular contributors to the discussions of the CJRC. KDADS: KDADS continues to work with CSG on the Stepping Up Initiative and jail diversion programs like specialty courts and is meeting with the Sentencing Commission and participating in planning of the Chief Justice's behavioral health summit where these ideas and others are being showcased. Ease of implementation score is 5.	Collaboration	
C: Legal System and Law Enforcement	Completed	8.3 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, which could include securing funding to increase access to services for this population.	KDOC (KDADS, providers)	KDOC: In cooperation with the healthcare vendor Centurion, KDOC established an SUD assessment and referral system for residents entering the system effective July 1, 2021. If a resident is determined to suffer from Opioid Use Disorder, that resident is eligible for MAT. Processes are also in place among our Parole Officers who routinely make referrals to the RADACs to connect those under supervision to recovery services, programs and treatment.			

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C: Legal System and Law Enforcement	Completed	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.	KDOC, KDADS (DCF)	KDOC: As recommended by the Joint Committee on Corrections and Juvenile Justice Oversight, KDOC has contracted with Georgetown University McCourt School of Public Policy's Center for Juvenile Justice Reform (CJJR) to implement the Cross Over Youth Model through the use of the Evidence Based Fund. There is an established Statewide Policy Team (SPT) that has defined Cross Over Youth for the State of Kansas. Crossover Youth: a young person age 10 or older with any level of concurrent involvement with the child welfare and juvenile justice systems. "Involvement" in the juvenile justice system includes court-ordered community supervision and IIPs. "Involvement" in the child welfare system includes out-of-home placement, an assigned investigation of alleged abuse or neglect with a young person named as the alleged perpetrator, and/or participation in voluntary/preventative services cases that are open for service. The multi-disciplinary collective that became the Kansas State Crossover Youth Practice Model State Policy Team in 2019 continues to hold monthly public meetings under the facilitation of the Statewide Coordinators with the support of CJJR. The team's focus continues to be on intentional interagency collaboration, the facilitation of information sharing, adaptability and accountability, and the active incorporation of youth and family voices in decisions.	DCF: The Kansas Crossover Youth State Policy Team has defined the population with a goal to provide inclusive services to youth and their families with emphasis on prevention and accessibility. DCF has available to any youth at risk of entering foster care evidenced based mental health services of Multisystemic Therapy and Functional Family Treatment for the older youth population. DCF expanded availability of Multisystemic Therapy, Functional Family Treatment and Parent Child Interaction Therapy through Family First Prevention service array.		
D: System Transformation	In Progress	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.	KDADS (Providers, Local Units of Government, Law Enforcement)	KDADS: KDADS has worked over the last year to implement a new provider type called State Institutional Alternatives to provide acute inpatient mental health treatment in community hospitals as an alternative to state hospital stays. The provider type allows community hospitals to admit patients in mental health crisis that meet the screening criteria for a state hospital level of care and receive a daily rate for those patients. The first three SIA hospitals began accepting patients on August 30 and three additional hospitals will start as SIAs on September 27. The three hospitals starting in September are in Wichita, Newton, and Arkansas City.			
D: System Transformation	In Progress	9.2 Long-Term Care Access and Reform	Reform NFMHs to allow for the provision of active treatment and necessary rehabilitative services and crisis services in NFMHs and inclusion within the continuum of care. Increase access to LTC facilities, particularly for individuals with past involvement with the criminal justice system or those with a history of sexual violence.	KDADS (KDHE)	KDADS: KDADS has developed a strategic plan to complete this recommendation as part of the NFMH prelitigation agreement. The plan calls for several practice improvements that will reform both NFMHs and community-based services in terms of how patients are assessed, screened, and provided informed choice regarding their treatment options. The actual length of time this strategic plan will take to complete is eight years but many of the practice improvements will be completed sooner. KDADS has begun reorganizing and hiring staff to work on these practice improvement areas, which also include additional concepts introduced in other MHMR recommendations. Ease of implementation score is 8.	KDHE: KDHE is in full support of the NFMH pre-litigation agreement and will work diligently to ensure the agency's obligations under the agreement are met.	Long-term plan includes practice improvements that can be achieved in short term	

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D: System Transformation	In Progress	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.	KDADS/KDHE (Legislature, CMHCs, FQHCs, other safety net providers)	<p>KDADS: KDADS has been working with KDHE to explore opportunities to integrate care, and review current codes in KanCare. CCBHCs and Mobile Crisis will have a significant impact on this when they are fully implemented. Changes to KanCare in the upcoming KanCare 3.0 will also be a significant factor. Ease of implementation score is 6.</p> <p>KDHE: KDHE and KDADS are in the process of establishing the CCBHC system in Kansas. DCF, KDADS, and KDHE have partnered to help launch mobile crisis response services for youth, which are scheduled to go live in October 2021.</p>		KanCare 3.0	
D: System Transformation	In Progress	9.4 Evidence Based Practices	Kansas should continue and expand support for use of EBP in the state, including for housing and supported employment. Coordinate EBP utilization across systems (e.g., law enforcement, SUD, mental health care) with a goal of implementing programs with fidelity, when possible.	KDADS (DCF)	<p>KDADS: KDADS has established an EBP workgroup as a subcommittee of the GBHSPC. Additionally KDADS has begun developing a quality assurance team that will have EBP fidelity reviewers for selected EBPs, and will work to implement those EBPs across the system. Specifically we will be using federal funding to support ACT, IPS, and Housing First as we implement CCBHCs and the NFMH Prelitigation Agreement. Ease of implementation score is 6.</p>	<p>DCF: DCF expanded the availability of mental health evidence-based prevention programs through Multisystemic Therapy, Functional Family Treatment and Parent Child Interaction Therapy through Family First Prevention grant service array.</p>	Federal funding	
D: System Transformation	In Progress	9.5 Family Psychotherapy	Enable utilization of procedure code 90846 in Medicaid as a tool to support youth in foster care, as well as any child accessing care in a PRTF.	KDHE Division of Healthcare Finance (DCF)	<p>KDHE: KDHE understands the need to add this as a covered code and is actively working on determining (1) the fiscal impact of adding this code to the array of Medicaid-covered services; (2) what SPA language would be necessary to gain CMS approval to cover the code; and (3) how this code would fit into the CCBHC PPS payment model.</p>	<p>DCF: DCF would support Medicaid covering that code.</p> <p>KDADS: KDADS is working with KDHE to complete the state plan amendment necessary for 90846 Submission is expected to CMS by January. Ease of implementation score is 10.</p>	Ease of implementation	
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