

Governor’s Behavioral Health Services Planning Council Prevention Sub-Committee 2019

VISION

To ensure that key representatives and stakeholders are involved in the provision of reflection, feedback, and guidance relating to initiatives within Kansas Behavioral Health Prevention Initiatives to ensure enhanced collaboration, effectiveness, and impact on State and local level prevention and behavioral health outcomes.

MISSION

To provide feedback, guidance, advocacy, and engagement, at the State level, for related behavioral health prevention outcomes and identification of systems changes to address challenges, barriers, issues, and needs at the State, regional, or community level.

MEMBERSHIP

The Prevention Sub-Committee was established to strengthen collaboration and partnership opportunities, ensure alignment of processes and outcomes and increase the effectiveness of state and local efforts to address prevention issues.

NAME	ORGANIZATION
Mende Barnett, Past KDADS Liaison	Kansas Department for Aging and Disability Services
New KDADS Liaison	Kansas Department for Aging and Disability Services
Bailey Blair, Vice-Chair	American Foundation for Suicide Prevention Kansas Chapter
Kori Boyd	Sumner County Community Drug Action Team (SCCDAT)
Vicki Broz	Compass Behavioral Health
Lisa Chaney	Learning Tree Institute at Greenbush
Chad Childs, Chair	WSU Community Engagement Institute
Steve Christenberry	Family Service and Guidance Center
Callie Dyer	Finney County Community Health Coalition, dba LiveWell Finney County
Julie Kramp	The Center for Counseling & Consultation
Monica Kurz	Kansas Suicide Prevention Resource Center
Dantia Maur MacDonald	Morning Star, Inc. CRO and NAMI Kansas
Chrissy Mayer	DCCCA
Desiree Martens	Mirror, Inc.
Stephenie Roberts	South Central Kansas Problem Gambling Task Force
Dianne Wilson	St. Francis Ministries
Marissa Woodmansee, Secretary	20 th Judicial District Juvenile Services
Koleen Garrison	Kansas Consumer Advisory Council

Joel "Steve" Ellingboe	Nisly Brothers, Inc.
Shereen Ellis	Aetna Better Health of Kansas

FY19 FOCUS

In FY19, the Prevention Sub-Committee built on its strong focus on collaboration built in FY18. We believe that it is important to continue to learn about the work of the other sub-committees to make progress on behavioral health challenges in Kansas. Prevention can be woven into all sub-committee areas to reduce the incidence of substance abuse and provide supports for mental illness.

The other primary focus area of the committee was on continued support of their behavioral health prevention strategic plan for the State. There are many entities working on behavioral health prevention in the state. The implementation of a strategic plan will allow for sustainable use of prevention resources. The plan can also be used by Kansas Department for Aging and Disability Services to guide prevention planning at the state and community level, offering tangible calls to action to address behavioral health prevention needs.

As the Suicide Prevention Sub-Committee merged with the Prevention Sub-Committee, suicide prevention remained a priority of this group in FY19. When the Kansas Attorney General’s office appointed the Youth Suicide Prevention Task Force, members of the Prevention Sub-Committee were invited to provide expert testimony at field hearings across the state. Monica Kurz, Lisa Chaney, and Chad Childs provided such testimony in person and offered recommendations to the Task Force. Many of the recommendations made by the Prevention Sub-Committee were incorporated into the Task Force’s final report. As part of the integration work, the Prevention Sub-Committee included relevant and key recommendations from the 2014 Kansas Suicide Prevention Plan in the behavioral health prevention plan.

The Prevention Sub-Committee met at least every three months over the course of the year to coordinate efforts to make connections and facilitate the development of the behavioral health prevention strategic plan. We continued to focus on integration of the Suicide Prevention Sub-Committee into the Prevention Sub-Committee and identified key stakeholders to engage in the Prevention Sub-Committee to maintain this priority.

As the Prevention Sub-Committee came to the end of the state fiscal year, activities involved organizational tasks including updating the charter and identifying new membership and strategies for recruitment.

PROGRESS on PREVIOUS YEARS’ GOALS

The Prevention Sub-Committee continued to focus on Sub-Committee organizational formation, development of the statewide behavioral health prevention strategic plan, and the following goal areas from previous years –

Data collection, research, and develop a list of priorities/recommendations for GBHSPC

- 1) The Prevention Sub-Committee continued to identify and catalog behavioral health prevention efforts (funded and unfunded) occurring across the state. This information is still being gathered.
- 2) The Prevention Sub-Committee identified the top five behavioral health prevention data priority areas as indicated by available state data resources and began to identify strategies for addressing the needs. These recommended data indicators were provided to KDADS and promoted by and through the Kansas Prevention Collaborative.

Develop framework for statewide prevention plan

- 1) The Prevention Sub-Committee finalized content for all identified sections of the statewide behavioral health prevention plan template.

Develop opportunities for coordination with other GBHSPC sub-committees

- 1) The Prevention Sub-Committee continued to gain greater understanding of the work of the other committees and to work to identify at least one opportunity for collaboration with each sub-committee. The selected opportunity was to facilitate a legislative luncheon in partnership with the Children's Sub-Committee.

SFY19 PROGRESS:

1) Goal: Improve Shared Access to Data Resources Among State Agencies and Planning Council Sub-committees – The Prevention Sub-Committee supported the State's improvements in shared access to data resources among state agencies and planning council sub-committees.

- a. The Prevention Sub-Committee encouraged 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.
- b. The Prevention Sub-Committee supported the re-development of the State Epidemiological Workgroup (SEOW) with plans to integrate and utilize the guidance of this Workgroup's work.
- c. The Prevention Sub-Committee continued to encourage the State to enhance data collection procedures by returning to an informed opt-out parent consent to allow for meaningful data collection and availability of data for decision making.

2) Better Coordinate Efforts and Care Transitions of Behavioral Health Services – The Prevention Sub-Committee encouraged the State to better coordinate efforts and care transitions of behavioral health services

- a. The Prevention Sub-Committee encouraged communities and the State to 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. The Sub-Committee recommended utilization of enhanced follow-up with clients during these periods.

- b. The Prevention Sub-Committee recommended publicly and in a meeting with the Secretary of KDADS that KDADS modify the requirements to become approved to provide SBIRT (Screening, Brief Intervention, and Referral to Treatment) services to Medicaid-eligible clients. The Chairperson also encouraged support of expanding these requirements during a presentation to KDHE employees and grantees involved in efforts to reduce opioid misuse.
- c. The Prevention Sub-Committee encouraged KDADS and the Planning Council to work collaboratively on similar priorities and to address shared goals.

3) Form an Evidence-Based Practices Workgroup (EBW) for Behavioral Health Promotion – The Prevention Sub-Committee formed an evidence-based practices workgroup (EBW) for behavioral health promotion

- a. The Prevention Sub-Committee’s created EBW met for the first time on January 7, 2019. This Workgroup decided to expand their focus to include the strategies addressing the following priority needs, considering contextual factors such as ages and developmental stages (i.e., 18-25 year olds), population size, and co-occurring issues.
 - i. Marijuana
 - ii. Opioids
 - iii. Vaping
 - iv. Alcohol
 - v. Methamphetamine
- b. The EBW will promote more use of evidence-based strategies to better integrate promotion, prevention, treatment, and recovery services.
- c. The EBW has accepted the Prevention Sub-Committee’s recommended priority areas for initial EBW focus include marijuana, opioids, and strategies to help 18-25 year olds.

4) Allocate Resources to Prioritized Areas of Need Through Data-driven Decision Making – The Prevention Sub-Committee recommended KDADS allocate resources to prioritized areas of need through data-driven decision making, including in the following strategies.

- a. Increase access and availability of behavioral health services by restoring funding for community mental health centers and supporting efforts to recruit students to enter the behavioral health services community.
- b. Dedicate resources and funding for suicide prevention.
- c. Support the KPC in serving coalitions without KDADS funding and communities without coalitions.
- d. Support the KPC in addressing areas of focus and capacity-building for prevention coalitions and task forces (substance abuse, problem gambling, and suicide) prioritized based on needs assessments.

COORDINATION

As stated above, Monica Kurz, Lisa Chaney, and Chad Childs (Chairperson) each presented at different Task Force field meetings on the activities and recommendations of the Prevention Sub-Committee during public testimony before the Youth Suicide Prevention Task Force. This group has been supported by the Kansas Attorney General's Office and the Tower Foundation. On February 5, 2019, Jennifer Schmidt, Co-Chair of this Task Force, attended a regularly scheduled meeting of the Prevention Sub-Committee and shared information about the Task Force's recommendations to the State.

Several members and the Chairperson of the Prevention Sub-Committee participated in the GBHSPC Chair Meeting in Topeka on February 12.

Several members and the Chairperson of the Prevention Sub-Committee began meeting with representatives of the Children's Sub-Committee in April to plan a legislative lunch event in early 2020.

RECOMMENDATIONS AND NEXT STEPS

The Prevention Sub-Committee will continue on course for the next year with continued focus on developing a sustainable comprehensive statewide behavioral health prevention plan. We will do this with significant focus in these prioritized areas and recommendations to the Council. This document is our call to action. We ask our policy makers, state and local leaders, and all those who have a vested interest in behavioral health promotion and prevention to acknowledge the identified gaps in services and seek to collaboratively improve the well-being of every person and community in Kansas.

The work put into this annual report and our Kansas Behavioral Health Prevention Plan is meant to be a guide for behavioral health prevention efforts in Kansas. There are many moving parts to the prevention infrastructure and the Prevention Sub-Committee continues to identify new partners and leverage resources to make an impact.

We recognize this work cannot be completed by any one entity. It takes the collaborative effort of a multitude of agencies, organizations, and citizens to identify the at-risk populations being sought to protect. We ask for your support in promoting our recommendations for next steps in this report and as described in more detail in the 2019 Kansas Behavioral Health Prevention Plan.

The Prevention Sub-Committee is aware of a wealth of data resources that could be shared in more efficient and effective ways if barriers are removed. The Sub-Committee recommends the sharing of these data be done to develop a shared needs assessment for the Governor's Behavioral Health Services Planning Council. This Sub-Committee also recommends that this assessment be used to prioritize needs and guide capacity-building, planning, implementation, and evaluation of behavioral health services in Kansas.

Sub-Committee FY19 Goals

1. Continue to Support Improved Shared-access to Data Resources Among State Agencies and Planning Council Sub-committees
2. Better Coordinate Efforts and Care Transitions of Behavioral Health Services

3. Elevate Awareness and Implementation of Strategies Recommended by the Kansas Evidence-Based Strategies Workgroup (EBW) and engage in new Evidence-Based Sub-Committee of the GBHSPC
4. Allocate Resources to Prioritized Areas of Need Through Data-driven Decision Making
 - a. Suicide
 - b. Opioid Misuse
 - c. Underage Drinking
 - d. Marijuana Use
 - e. Problem Gambling

Sub-Committee Recommendations to the GBHSPC and KDADS: Consistent and aligned with the recommendations of the Mental Health Task Force Report of 2019 and with each of the Sub-Committee FY19 Goals listed above, the Prevention Sub-Committee recommends the following to the GBHSPC Full Council and KDADS Administration for action in Kansas this year.

1. Data-sharing Access (FY19 Goal #1)
 - a. Support and promote a return to the previous opt-out protocol for surveys administered in Kansas schools, such as the KCTC Student Survey
 - b. Support improved data-sharing among State Agencies and Sub-Committees
 - c. Better utilize the State Epidemiological Outcomes Workgroup and prioritize State programmatic action based on data priorities identified by this group
2. Transitions
 - a. Select and implement best practices for behavioral health care transitions
 - b. Expand approved providers for SBIRT (Screening, Brief Intervention, and Referral to Treatment)
3. Collaboration
 - a. Repeat GBHSPC Sub-Committee Chairs' meeting for increased collaboration
 - b. Establish a cross-State Department expert panel for Marijuana legislation
4. Resources
 - a. Enact a comprehensive statewide approach to suicide prevention with dedicated funding
 - b. Improve transparency and accountable oversight of the 2% fund for problem gambling