2020 Special Committee on Kansas Mental Health Modernization and Reform: Status of Recommendations					
Status	**Recommendation Title**	**Recommendation**	**Action Lead Agency (Key Collaborators)**	**Lead Agency Response**	**Key Collaborator Response**
Workforce Recommendations					
Completed	1.1 Clinical Supervision Hours	Where applicable, reduce the number of clinical supervisions hours required of master's-level behavioral health clinicians to obtain clinical licensure from 4,000 to 3,000, similar to the reduction in clinical hours of social workers.	BSRB (Legislature, KDADS)	**BSRB**: The Board requested introduction of HB 2208 during the 2021 Legislative Session, which was enacted by the Legislature. HB 2208 lowered the number of clinical supervision hours required for a clinical level license, from 4,000 hours to 3,000 hours, for the professions of Master's Level Psychology, Professional Counseling, Marriage and Family Therapy, and Addiction Counseling. This action brought the number of supervision hours in line with the reduction in supervision hours for the social work profession in 2019. Normally, for licensees accruing supervision hours, a training plan amendment would have been necessary to use the new standard, but to expedite the process, the Board waived the requirement of updates to training plans and has allowed licensees to use the requirement immediately upon enactment of the bill. A letter on HB 2208 was sent to all licensees under the BSRB and a message was posted to the front page of the BSRB website to provide notice of the changes in the bill.	
In Progress	1.2 Access to Psychiatry Services	Require a study to be conducted by KDHE with an educational institution[s], to explore strategies to increase the number of psychiatrists, child and adolescent psychiatrists, and psychiatric nurses.	KDHE (Educational Institution)	**KDHE**: KDHE is exploring whether such a study can be funded within existing appropriations and implemented through existing Division of Public Health contracts.	

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Workforce Recommendations (Continued)					
In Progress	1.3 Provider MAT Training	Increase capacity and access to MAT in Kansas through provider training on MAT.	KDADS (KDHE, KDOC)	**KDADS**: MAT training and expansion is a continuing effort. So far, KDADS has been successful in creating opportunities for training and has added MAT services to the available services for SUD providers covering the uninsured and for Medicaid, expansion of take home options under COVID-19, and is currently working on expanding workforce options and mobile options for MAT, as well as policy requiring MAT options in PRTF for SUD patients. Ease of implementation score is 5.	**KDOC**: KDOC has implemented MAT in facilities beginning September 2021, in a partnership with the RADACs and our medical provider, Centurion. Training has been rolled out for staff on the MAT programs. The RADACs work with community providers for post-release follow up. **KDHE**: KDHE and KDADS worked with KDOC on a technical assistance project sponsored by the National Governors Association on MAT for the justice-involved population.
In Progress	1.4 Workforce Investment Plan	The State of Kansas should make a long-term investment plan for the behavioral health system workforce by increasing funding for training, recruitment, retention, and support to effectively attract and retain high-quality staff. Specific steps include: develop a career ladder for clinicians, such as through the development of an associate's-level practitioner role; and take action to increase workforce diversity, including diversity related to race/ethnicity and LGBTQ identity, and the ability to work with those with limited English proficiency.	KDADS (KDHE, BSRB, Legislature, providers, clinics, educational institutions)	**KDADS**: KDADS is planning to use ARPA funding for workforce investments in the short term, however the long-term investment plan still needs to be discussed with the legislature and stakeholders to determine the level of investment needed and available. Ease of implementation score is 1.	**BSRB**: Funding for the BSRB is from receipt of license fees for mental health practitioners and the agency receives no funding from the State General Fund. Expenditures for the agency are limited to the agency's two programs: licensing of practitioners and investigation and discipline of those individuals. The Board is primarily charged as a public protection agency, however the Board understands that part of protecting the public is ensuring there is an adequate number of practitioners to provide services. The BSRB oversees seven disciplines of practitioners, and most disciplines have a tiered level of licensure (such as a bachelor level social work license, a master's level social work license, and a clinical level social work license). The BSRB previously licensed social workers at an associate level, and still continues to renew licenses for eight such licensees, however the agency has not licensed individuals at an associate level during the last 20 years. Concerning the topic of workforce diversity, the Board and the seven advisory committees for the Board, have been discussing whether to change continuing education hours to require hours in diversity, equity, and inclusion. The Board will be discussing the Special Committee's recommendations in more detail at the Board'sAnnual Planning Meeting on Monday, September 27, 2021.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Workforce Recommendations (Continued)					
In Progress	1.5 Family Engagement Practices	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.	KDADS (KDHE, Legislature)	**KDADS**: KDADS issued a Family Engagement RFP for FY 22 but was unable to make an award due to a significant variance in the bidder's cost to implement and the available funding. KDADS applied this past spring for a Federal Systems of Care grant to fund additional family engagement, but was not awarded the grant. KDADS is working on SPAs for family engagement with KDHE for Medicaid recipients. Ease of implementation score 5.	
Funding and Accessibility Recommendations					
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.

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Funding and Accessibility Recommendations (Continued)					
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.	
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.

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Funding and Accessibility Recommendations (Continued)					
In Progress	2.4 Suicide Prevention	Allocate resources to prioritized areas of need through data driven decision-making. Assist local suicide prevention efforts and promote local support groups in fund-raising efforts, building capacity, and increasing availability for survivors of suicide loss. Dedicate resources and funding for suicide prevention.	KDADS (Legislature, local efforts)	**KDADS**: KDADS submitted a budget enhancement and supported legislation that would have provided funding for suicide prevention infrastructure for FY 22. The enhancement was not funded and the bill remains in committee. Funding is a barrier to progress. Despite not receiving new additional funding KDADS reallocated resources to create a position within BHS that will be a Full-time State Suicide Prevention Coordinator. Additionally through continued joint efforts, KDADS and State agency partners (KDHE, OAG) successfully completed the launch of the Kansas Suicide Prevention Coalition this month, which will connect and support local efforts. KDADS also invested in suicide prevention training and worked with partners at KDHE on Zero Suicide initiatives. Additionally, the GBHSPC completed and posted the new five-year State suicide prevention plan. KDADS continued its focus on SMVF populations by establishing a Governor'sChallenge Extension program in the Flint Hills Region around Manhattan. Additional State funding is still needed to implement the plan and support local programming. Ease of implementation score is 8.	
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.

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Community Engagement Recommendations					
In Progress	3.1 Crisis Intervention Centers	Utilize State funds to support the expansion of Crisis Intervention Centers, as defined by state statute, around the state.	KDADS (KDHE, Legislature)	**KDADS**: KDADS continues to work with CMHCs to expand crisis services. The CIC regulations have been drafted and currently being prepared for submission by our legal team. KDADS has utilized increases in revenue from the Lottery vending machines to expand current programming and there is a new set aside in the MHBG for crisis services that was added this year. CCBHCs will help provide additional revenue through KanCare for crisis services. KDADS also supported a bill last session that would have expanded funding for crisis services but that bill remains in committee. Additional State funding would expedite the expansion. Ease of Implementation score is 7.	
In Progress	3.2 IPS Community Engagement	Increase engagement of stakeholders, consumers, families, and employers through KDHE or KDADS by requiring agencies implementing the IPS program, an evidence-based supported employment program, to create opportunities for assertive outreach and engagement for consumers and families.	KDHE, KDADS (Legislature)	**KDHE**: KDHE administers the STEPS program, which incorporates IPS principles. Individuals with qualifying behavioral health diagnoses (*i.e.* schizophrenia, PTSD) may qualify for STEPS. STEPS includes the following IPS principles: it aims to get participants into competitive employment; it is open to all eligible individuals who want to work; it tries to find jobs consistent with individual preferences; it works quickly; employment specialists develop relationships with employers; it provides time-unlimited, individualized support for the person and their employer; and benefits counseling is included. **KDADS**: KDADS included IPS in the NFMH pre-litigation settlement practice improvements and is in the process of hiring staff to provide IPS quality assurance and fidelity review. KDADS has established regular meetings with DCF's VocRehab team and an interagency Employment First team. KDADS is reengaging with IPS experts at the national level for technical assistance and plans to include IPS in services offered by CCBHCs. KDADS continues to work with GBHSPC. Ease of implementation score is 5.	**KDADS**: KDADS has participated in KDHE's steering meetings during the implementation of the KanCare STEPS supported employment project.

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Community Engagement Recommendations (Continued)					
In Progress	3.3 Foster Homes	The State of Kansas should invest in foster home recruitment and retention by increasing funding for supplemental training on behavioral health needs and providing additional financial incentives to support SED youth.	DCF (KDADS)	**DCF**: DCF investments include activities such as Family Crisis Response and Support Mobile Response statewide and creating the Caregiver's Guide to Psychotropic Medications in collaboration with KDADS. In addition, approaches such as TBRI are being implemented by some case management agencies in parts of the state. DCF contract funding supports CAK recruitment and retention contracts who administer a robust menu of web-based and other opportunities for training topics such as Understanding and Managing Aggressive Behaviors, Cognitive Behavioral Interventions, De-escalation Techniques; Nonviolent Crisis Intervention; Safe Crisis Management; Behavior and Crisis Management and more. CAK implemented a new curriculum: CORE TEEN – a 14-hour curriculum designed for families who support older youth from the child welfare system who have moderate to severe emotional and behavioral challenges to and decrease placement disruption. In SFY 21, DCF increased funding for supplemental training on behavioral health needs by $467,145.60 using federal adoption and legal guardianship incentive funds for a new contract with CAK to innovate supports for relative caregivers. This contract continues to develop right-time, on-demand trainings with focus on supporting youth with behavioral health care needs. These "online, on-demand" trainings can be modified to become accessible for foster and adoptive caregivers as well.	

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Community Engagement Recommendations (Continued)					
In Progress	3.4 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 justice-involved adults and youth with SUD and co-occurring conditions.	KDADS (KDOC, CMHCs, Legislature)	**KDADS**: KDADS has included jail liaisons in the CMHC participating agreements and worked with KDOC on re-entry issues through TA opportunities through CSG. The Stepping Up TA Center is operational with block grant funding and both the center and KDADS have been involved in helping the Chief Justice plan a Behavioral Health Summit to further support local communities. Additional State funding would be beneficial. Ease of implementation score is 6.	**KDOC**: KDOC funds a liaison at COMCARE and some part time services at Valeo (Shawnee County), Wyandotte and Johnson County CMHCs. We remain supportive of this model in all CMHCs, however it will require Legislative action to provide funding.
Prevention and Education Recommendations					
In Progress	4.1 988 Suicide Prevention Lifelife 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 commmittee. $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.	
In Progress	4.2 Early Intervention	Increase access to early childhood mental health services by including additional language in the Medicaid state plan to explicitly cover the cost of early childhood mental health screening, assessment, and treatment.	KDHE, KDADS (DCF, MCOs)	**KDHE:** The recommendation to add language to the Medicaid State Plan to expressly cover these services is under review. Implementing this recommendation would likely have a fiscal impact. **KDADS**: KDADS is continuing to research the fiscal impact and feasibility of this recommendation during KanCare 2.0 with regards to budget neutrality. KDADS may ultimately consider a reccomendation to try and achieve this as part of KanCare 3.0 Ease of implementation score is 3.	**DCF**: DCF is part of the statewide early childhood director's group and collaborates on projects in early care including home visiting programs and pre-school development. DCF's budget supports through TANF, Family First and State funds grant dollars to evidenced based parent skill building programs Healthy Families America and Parents as Teachers. We will continue to support KDHE in any state plan adjustments to cover services or supports for early childhood age groups.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Prevention and Education Recommendations (Continued)					
Completed	4.3 Centralized Authority	Centralize coordination of behavioral health - including substance use disorder and mental health - policy and provider coordination in a cabinet-level position.	Office of the Governor (KDADS, KDHE, KSDE)	**Office of the Governor**: KDADS Secretary Laura Howard has been designated the centralized authority.	**KSDE**: KSDE agrees that policy development and implementation would benefit with a centralized coordinator. **KDADS**: Completed - Secretary Laura Howard has been designated as the centralized authority
In Progress	4.4 Behavioral Health Prevention	Increase state funds for behavioral health prevention efforts (***e.g.,*** SUD, prevention, suicide prevention).	KDADS (KDHE, Legislature, providers)	**KDADS**: KDADS supported legislation to this effect last session; that legislation remains in committee. KDADS was successful in applying for additional federal grant funds to support prescription misuse, but has not received any additional state funding at this time. KDADS did reallocate agency funding to fill the State Suicide Prevention Coordinator position. KDADS did review its state plan for the SABG to consider reallocatiing treatment dollars to prevention. Ease of implementation score is 5.	**KSDE**: Funded headcount for PRTF, JDC, and Flint Hills Job Corp declined in 2020-21 from 491.4 to 450.6. COVID-19 was a likely factor in the decline.
Treatment and Recovery Recommendations					
In Progress	5.1 Psychiatric Residential Treatment Facilities	Monitor ongoing work to improve care delivery and expand capacity at PRTFs to meet the needs of youth for whom a PRTF is medically appropriate, such as through reductions in the PRTF waitlist and a focus on reintegration and discharge planning, including with schools.	KDADS (KSDE, KDHE, CMHCs, MCOs)	**KDADS**: KDADS continues to monitor progress on PRTF waitlists weekly. Currently, Kansas has more licensed PRTF beds that are unstaffed due to workforce issues than it has children on the waitlists. $1 million was added to the KDADS budget to support the piloting of the NRI study recommendations at EmberHope. EmberHope has completed its licensing requirements and its grant award is being finalized. They will begin serving children in October. Ease of implementation score is 7.	
Completed	5.2 Service Array	Explore options to expand the behavioral health service array, including the expansion of MAT in block grant services. Make the expanded service array available to individuals across the state, such as KanCare enrollees, those with private insurance and the uninsured.	KDADS (KDHE, DCF, providers, private insurers)	**KDADS**: KDADS has explored options and did expand MAT in Block Grant services. Ease of implementation score is 5.	**DCF**: DCF does not manage for expansion any MAT programs specifically; however, it collaborates with KDHE and KDADS around common programs and goals.

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Treatment and Recovery Recommendations (Continued)					
In Progress	5.3 Frontline Capacity	Increase capacity of frontline healthcare providers (*e.g.,* pediatricians, family physicians, and OB-GYNs) to identify and provide services to those with behavioral health needs.	KDHE (Private insurers, providers, KDADS)	**KDHE:** KDHE's ARPA Section 9817 spending plan includes funding to commission a training to help improve service access and quality for HCBS individuals. This would include those with a behavioral health diagnosis. The spending plan is currently pending CMS approval.	
In Progress	5.4 Housing	Expand and advance the Supported Housing program and the SOAR program, including additional training regarding youth benefits	KDADS (Homelessness Subcommittee of Governor's Behavioral Health Services Planning Council, ACMHC, Association of Addiction Professionals, KDHE)	**KDADS**: KDADS was successful in receiving a requested budget enhancement to expand Supported Housing and hire a Housing First position. The funds granted have been awarded to Douglas County as seed money in FY 22 to launch their Housing First team and KDADS continues to look at how ARPA funds can be used to further expand Supported Housing. Kansas is also now one of the leading states in the SOAR program and we continue to look at how we can expand SOAR services to youth, including the creation of a position in BHS to support that effort. Ease of implementation score is 8.	
Special Populations Recommendations					
Completed	6.1 Domestic Violence Survivors	Build awareness of and responsiveness to the behavioral health needs and risks of domestic violence survivors of all ages through data analysis, information sharing, workforce training, and targeted interventions between domestic violence providers, state agencies and community providers serving individuals impacted by domestic violence.	DCF (KDADS, KDHE, community-based organizations, providers)	**DCF**: DCF administers grants for domestic violence services that provide adults who have been victimized by domestic violence and/or sexual abuse with safety planning, mentoring services, healthy relationship training, conflict resolution training, financial literacy training and responsible parenting skills training. The grants are with Catholic Charities, Family Crisis Center, SafeHome, The Willow, and the YWCA. Since January 2021, DCF has had a contract with KCSDV for a two-part virtual training series called Training Strategies and Skills to Address Domestic Violence in Child Welfare. The participants include employees of DCF, the Child Welfare Case Management providers and other partners. Through August 2021, 205 participants have engaged in the series. DCF anticipates approximately 500 child welfare staff and advocates will participate in this learning opportunity in 2022. DCF also has a training and development contract with KCSDV.	

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Special Populations Recommendations (Continued)					
In Progress	6.2 Parent Peer Support	Increase access to parent peer support for caregivers and families of youth in the behavioral health system, including ensuring appropriate supports for fathers of dependent children.	KDADS (DCF, KDHE)	**KDADS**: KDADS is close to completing this recommendation; grant funding ran out before the project could be fully completed. KDADS is working to try to identify additional funding sources to complete the project. An SPA is being developed along with an accompanied KanCare policy. Funding is the main barrier at this point. Ease of implementation score is 5.	**DCF**: DCF collaborates with KDADS in several workgroups and service coordination areas and will continue to support KDADS in any way we can to increase access to the parent peer support service.
Completed	6.3 Crossover Youth	Continue to develop linkages between the behavioral health system, juvenile justice system and the child welfare system to increase understanding of treatment options available to youth externalizing trauma in the crossover youth population as current treatment options are not meeting the needs of this population. Then, develop specialty services to meet the needs of this population.	DCF (KDADS, KDOC, KDHE)	**DCF**: DCF has a dedicated full-time staff position to coordinate the CYPM and participates on the policy team. Through the FFPSA, the DCF budget includes grants for two Evidenced- based programs in mental health: Functional Family Therapy and Multi Systemic Treatment designed to serve families with older youth. In addition, DCF has two smaller grants for an emerging specialty in in-home Behavior Intervention Services for any child in the custody of the Secretary using Adoption and Legal Guardianship Incentive funds.	
In Progress	6.4 I/DD Waiver Expansion	Fully fund the I/DD waiver and expand I/DD waiver services. Increase reimbursement rates for I/DD services to support workforce expansion.	KDADS (DCF, KDHE)	**KDADS**: To implement the recommendation of the committee, additional investments would be necessary to fund an additional 4,500 individuals that are currently on the waitlist. As part of the 10 percent FMAP bump, we have proposed a study of the waitlist to determine which services and at what level of utilization the individuals waiting require and those findings will help inform the amount of funding needed. Further, appropriations would be needed to expand the services offered on the I/DD waiver. The cost would be dependent on the specific services desired to be added to the waiver and the estimated utilization of the services. Finally, there would be a fiscal note associated with any increase in reimbursement rate for I/DD waiver services.	**DCF**: DCF will continue to support KDADS and the all efforts including waiver services through workgroups and participation in the recent Autism Task Team. **Legislature**: The 2021 Legislature added $5.5 million, including $2.0 million SGF, in FY 2021 and $31.0 million, including $12.4 million SGF, for FY 22 to provide an increase in the provider reimbursement rates for the I/DD waiver. This includes a 5.0 percent increase for the final three months of FY 21 and an additional 2.0 percent for FY 22.

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Special Populations Recommendations (Continued)					
In Progress	6.5 Family Treatment Centers	Increase the number and capacity of designated family SUD treatment centers, as well as outpatient treatment programs across the state.	KDADS (DCF, KDHE)	**KDADS**: While KDADS is supportive of this recommendation and continues to license and designate facilities as they are opened, KDADS has not yet sought additional funding to incenitvize providers to open these types of facilities. Ease of implementation score is 5.	**DCF**: DCF will continue to support KDADS efforts to expand capacity and promote the expansion and access with populations we serve who might have a need for the service.
Data Systems Recommendations					
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	
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.
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.	

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Data Systems Recommendations (Continued)					
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.	
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 management information on crisis code or psychotropic medication utilization. For over 10 years, KDOC-Juvenile Services and DCF have conducted data analysis of cross-agency data to understand overlap between the foster care population and KDOC service use of Juvenile Intake and Assessment, Intensive Supervision and Juvenile Correctional Facility custody. **KDHE**: KDHE intends to pursue legislation to allow the agency to report the state's compliance with the SUPPORT Act beginning in 2022. The SUPPORT Act will require Medicaid precribers to check K-TRACS before prescribing a controlled substance to a Medicaid beneficiary. KDHE would need a statutory change to access K-TRACS data to monitor prescribers' compliance with that requirement.

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Interactions with 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.
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.
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.	

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Interactions with Legal System and Law Enforcement (Continued)					
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.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
System Transformations Recommendations					
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 hosptials starting in September are in Wichita, Newton, and Arkansas City.	
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.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
System Transformations Recommendations (Continued)					
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)	**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. **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.	
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)	**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.	**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.
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)	**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.	**DCF**: DCF would support Medicaid covering that code. **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.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Telehealth Recommendations					
In Progress	10.1 Quality Assurance	Develop standards to ensure high-quality telehealth services are provided, including: - Establishing consistent guidelines and measures for telehealth in collaboration with licensing and regulatory agencies; - Implementing standard provider education and training; - Ensuring patient privacy; - Educating patients on privacy-related issues; - Allowing telehealth supervision hours to be consistently counted toward licensure requirements; and - Allowing services to be provided flexibly when broadband access is limited.	Various (KDHE, KDADS, Providers, BSRB, private insurers, regulatory agencies)		**BSRB**: The Board, and the seven advisory committees under the Board, have had ongoing discussions and recommendations concerning the expansion of telehealth. The Board is working on establishing consistent guidelines for practitioners, in part by working with representatives from multi-state compacts for professions providing telehealth services across state lines. Additionally, the Board is in the process of reviewing and updating existing regulations, including disciplinary guidelines, as these relate to licensees performing more telehealth services. Concerning telehealth supervision hours, the Board of the BSRB requested introduction of HB 2208 during the 2021 Legislative Session, which was enacted by the Legislature. HB 2208 allowed most professions under the BSRB to attain all supervision hours over televideo. For the profession of Licensed Psychology, current regulatory language limits televideo supervision to no more than one out of every four sessions. Staff for the BSRB brought this issue to the Licensed Psychology Advisory Committee and that Committee recommended removing the limitation. The Board recently voted to make that change in regulation, so the agency is submitting regulatory language to allow all supervision by televideo for Licensed Psychologists. Concerning assisting with allowing services to be provided flexibly when broadband access is limited, to assist with supervision of practitioners seeking a clinical level license, the BSRB included language in enacted HB 2208 to allow supervision hours over telephone, under extenuating circumstances as approved by the Board. The Board will be discussing these recommendations in more detail at the Board's Annual Planning Meeting on Monday, September 27, 2021. KDHE: Kansas Medicaid permits the use of telephone or videoconferencing for many telehealth codes.

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Telehealth Recommendations (Continued)					
In Progress	10.2 Reimbursement Codes	Maintain reimbursement codes added during the PHE for tele-behavioral health services and consider options to prevent loss of facility fees so that providers are not losing revenue by delivering telehealth services.	KDHE Division of Healthcare Finance (KDADS, MCOs, CMHCs)	**KDHE**: KDHE concurs that telehealth codes added during the pandemic should be maintained, subject to CMS allowing federal match for those codes. Regarding facility fees, KDHE is studying this recommendation. There would be a fiscal impact if this recommendation is implemented, and non-behavioral health providers would likely also seek the same treatment of facility fees for telemedicine services.	**KDADS**: The United States continues to be in the PHE, but KDADS does support maintaining expansion and has advocated at the federal level for that to continue.
Completed	10.3 Telehealth for Crisis Services	Establish coverage of telehealth for crisis services to allow for the use of telehealth with law enforcement and mobile crisis services. Explore virtual co-responder models for law enforcement to aid police departments and other law enforcement agencies as they respond to mental health crisis in rural and frontier communities.	KDHE (KDADS, KDOC, DCF, local law enforcement agencies, providers	**KDHE:** KMAP Bulletin Nos. 20065 and 20086 state that effective with dates of service on or after March 12, 2020, procedure codes H2011 (Crisis Intervention at the Basic Level); H2011 HK (Crisis Intervention at the Intermediate Level); and H2011 HO (Crisis Intervention at the Advanced Level) will be allowed to be reimbursed via telemedicine (both tele-video and telephone). Billing for these two codes is contingent upon KDADS approval of the individual crisis protocol utilized at a specified CMHCs. In addition, the State has submitted an SPA to allow for delivery of mobile crisis services for youth.	**KDOC**: KDOC has no additional content to submit on this item. **DCF**: On October 1, 2021 Beacon Health Options begins operations of a statewide centralized call center for crisis line that is audio using a phone line for the crisis intake and triage services. If mobile response is needed, an in-person response is not feasible, telehealth options are available for use with the mobile response service assessment. **KDADS**: KDADS and KDHE have included this option in their current SPA and policy codes for the mobile crisis code.
In Progress	10.4 Originating and Distant Sites	The following items should be addressed to ensure that individuals receive - and providers offer - telehealth in the most appropriate locations: - Adopt a broad definition of originating site, consistent with the Kansas Telemedicine Act; - Allow staff to provide services from homes or other non-clinical sites, if patient privacy and safety standards can be met; and - Examine issues related to providers practicing, and patients receiving, services across state lines, such as by exploring participation in interstate licensure compacts.	Legislature (KDHE, KDADS, providers)	**Legislature**: The Legislature enacted SB 283, which amends a provision allowing an out-of-state physician to practice telemedicine to treat Kansas patients to replace a requirement that such physician notify the State Board of Healing Arts (Board) and meet certain conditions with a requirement the physician hold a temporary emergency license granted by the Board.	
In Progress	10.5 Child Welfare System and Telehealth	Utilize telehealth to maintain service and provider continuity as children, particularly foster children, move around the state. Consider how the unique needs of parents of children in the child welfare system can be met via telehealth.	KDHE (KDADS, DCF)	**KDHE**: KDHE recognizes the value telehealth provides and has no present plans to roll back flexibilities allowed during the pandemic. However, the Kansas Medicaid program must follow CMS rules governing the allowability of telehealth in order to qualify for federal matching funds for those services.	**DCF**: Technology for remote contacts can be used for interactions, services, and supports between case managers and service providers with children and youth in care. CMHCs and other service providers or supports may use technology based on standards of the service or needs of the family.