

# Report of the Special Committee on Mental Health to the 2024 Kansas Legislature

**CHAIRPERSON:** Senator Beverly Gossage

**VICE-CHAIRPERSON:** Representative Brenda Landwehr

**OTHER MEMBERS:** Senators Molly Baumgardner, Cindy Holscher, Carolyn McGinn, and Mark Steffen; and Representatives Barbara Ballard, Doug Blex, Will Carpenter, Les Mason, and Silas Miller

## STUDY TOPIC

The Committee is directed to review the following programs and topics:

- The K-12 Mental Health Intervention Team Program;
- Certified community behavioral health clinics;
- 988 and suicide prevention programs;
- Behavioral health workforce; and
- The potential for Wichita to serve as a location for behavioral health excellence as a result of ongoing efforts, including the new South Central Mental Health facility, and the potential for creation of mental health hubs across the state.



# Special Committee on Mental Health

## REPORT

### Conclusions and Recommendations

The Special Committee on Mental Health recommends the following additions and changes to agency reports to the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight (Bethell Committee):

- The Kansas Department of Health and Environment (KDHE) report to the Bethell Committee on the resources available to physicians who provide prenatal, perinatal, and postpartum medical care regarding mental health services and, in particular, depression.
- The Department for Children and Families (DCF) report to the Bethell Committee on the process to connect foster children to the Mental Health Intervention Teams (MHIT) in buildings in which foster children are enrolled, and to report the plan by DCF to ensure communication between the MHIT building liaisons and foster care contractors is maintained.
- The Kansas State Department of Education (KSDE) expand its data reporting to the Bethell Committee to include the number of buildings in a school district that have entered into a MHIT grant; the number of buildings in a school district that have additional retained mental health services to the MHIT grant; and, for buildings in the MHIT grant, the average length of stay for a student in the program; the number of students per building and grade level served by the program; and any additional data that may be provided on the program.
- KSDE expand its data reporting to the Bethell Committee to include the following data points: the number of schools that have a mental health program separate from the MHIT program; the total amount spent on mental health per district; what the mental health dollars are being spent on or for in the district; the number of students, by age group, that are participating in the mental health programs; and the issues being served by the mental health programs;
- The Kansas Department for Aging and Disability Services (KDADS) report to the Bethell Committee regarding what actions are being taken to increase the workforce and what means or methods are being undertaken to retain the workforce; and
- KDADS report to the Bethell Committee regarding data collected on announced versus unannounced site visits to psychiatric residential treatment facilities, the frequency of when both types of visits occur, and the data found in each type of visit as well as the differences found in each type of visit.

The Committee recommends KDADS continue to monitor and report to the 2024 Legislature regarding Recommendation 8.7, Competency Evaluation and Restoration, of the [2021 Special Committee on Kansas Mental Health Modernization and Reform](#), including what other states are doing.

The Committee expresses its support for the Community Support Waiver and asked that support is provided to KDHE and KDADS to expedite the approval process in any way.

***Proposed Legislation:*** None.

## **BACKGROUND**

The Special Committee on Mental Health (Committee) was created by the Legislative Coordinating Council (LCC) and granted three meeting days. The LCC directed the Committee to study the following topics:

- The K-12 Mental Health Intervention Team (MHIT) Program;
- Certified community behavioral health clinics (CCBHCs);
- 988 and suicide prevention programs;
- Behavioral health workforce; and
- The potential for Wichita to serve as a location for behavioral health excellence as a result of ongoing efforts, including the new South Central Mental Health facility, and the potential for creation of mental health hubs across the state.

## **COMMITTEE ACTIVITIES**

The Committee met on August 23 and 24, 2023, to hear information on mental health topics, summarized in this report.

### **Mental Health Intervention Team Program**

The Director of the Safe and Secure Schools Unit at the Kansas State Department of Education (KSDE) provided an overview of the MHIT program. The MHIT program's primary focus is on K-12 students and their families. An MHIT connects the students and their families to community mental health services and resources. The program utilizes liaisons who are placed in school buildings to assist building staff and students, as well as connect students and families to available community resources and services.

The Director stated the MHIT program began with a nine-district pilot program in 2018. The MHIT program and its funding are authorized by proviso in annual appropriations bills. In the 2022-2023 school year, the program served 66 school districts. In the 2023-2024 school year, the program is projected to serve 90 school districts and have 182 liaisons.

The Director provided six annual reports and the 2023-2024 grant award recommendations. The Director also noted a study of the MHIT program has been completed by Wichita State University.

### ***Roundtable Discussion on the MHIT Program***

The Committee held a roundtable discussion on August 23 to hear stakeholder perspectives on various aspects of the MHIT program. Attendees included representatives from GraceMed Health Clinic, Inc.; Community Health Center of Southeast Kansas; Association of Community Mental Health Centers of Kansas, Inc.; KSDE; Horizons Mental Health Center; Salina School District USD 305; Labette Center for Mental Health Services, Inc.; and Pratt School District USD 382.

Roundtable participants agreed that, overall, the MHIT program had made a positive difference in schools where it is in use. They additionally identified the liaison as a "traffic director," not a mental health provider. They stated a key factor for an effective liaison is a love for students. The standardized job description template provided by KSDE helps a school district select liaisons.

Roundtable participants identified several areas of the MHIT program where changes are not needed:

- They agreed the screening application is important for identifying effective providers and contractors; and
- They agreed the memorandum of understanding between a school district

and the provider should continue to be optional so a non-MHIT contractor can also be utilized, noting some schools or districts utilize multiple providers.

Roundtable participants identified several areas of the MHIT program where changes would be beneficial to the program:

- The liaison needs to be able to identify foster care children as they enter or transfer within a school district or transfer to a different building, because there is no such system currently in place;
- The importance of a data-integration system to facilitate and expand the program. It was noted the data must include all mental health providers in the school, not only the MHIT program providers; and
- The need for permanent statutory authority to ensure future funding.

## Health Centers and Clinics

### *Federally Qualified Health Centers*

The Coordinator from the Office of Primary Care and Rural Health in the Kansas Department of Health and Environment provided an overview of the services provided by federally qualified health centers (FQHCs). FQHCs are safety-net medical providers that offer comprehensive collaborative services in an outpatient clinical setting, irrespective of a patient's financial resources. FQHCs include a variety of rural and urban health centers that are funded in a variety of ways utilizing both state and federal appropriations on a three-year cycle as well as grants, fees, and donations. The State General Fund (SGF) appropriation for FY 2024 allocated \$13.3 million to 31 clinics.

The Coordinator stated certain clinics are designated as "Look-Alikes" (LALs). The LAL clinics provide the same services and meet all the program requirements but do not receive any federal funding.

FQHCs are certified and regulated by the federal Health Resources and Services Administration. FQHCs must meet federal eligibility requirements, but the health care directors determine what services are available at the clinic.

FQHC eligibility requirements are the following:

- Must be a domestic public or private nonprofit entity;
- Must provide health services to medically underserved populations, as defined in section 330 of the Public Health Service Act (42 U.S.C. §254b), regardless of ability to pay;
- Must ensure the required primary health care services be available and accessible in the service area via at least one permanent service delivery site that operates for a minimum of 40 hours per week;
- Must propose to serve a defined geographic area that is federally designated, in whole or in part, as a medically underserved area or medically underserved population;
- *New applicants only*: If the area is not currently federally designated, must provide documentation that a request for designation has been submitted and designation must be received prior to award; and
- *LALs only*: Cannot be receiving funding as a Health Center Program federal awardee and cannot be co-located with a Health Center Program federal awardee.

In [Kansas](#), there are 22 clinic systems representing 168 FQHCs and 7 FQHC LALs, which include school-based clinics and administrative sites.

### ***Certified Community Behavioral Health Clinics***

The Assistant Commissioner for Behavioral Health Services in the Kansas Department for Aging and Disability Services (KDADS) provided an overview of the services of CCBHCs. CCBHCs are specially designated clinics that provide a comprehensive range of mental health and substance use services. The Assistant Commissioner noted that a key element of CCBHCs is their integrated coordination to provide a comprehensive array of mental health services.

CCBHCs receive Medicaid reimbursement based on a Prospective Payment System (PPS) in which the rate is determined by dividing the annual allowable costs by the annual daily visits. The PPS rates were initially based on estimated costs. The Assistant Commissioner reported KDADS was evaluating actual cost reports to rebase the PPS rates. These new rates will be used for the next two to three years, and it was noted that PPS rates differ by facility.

CCBHCs provide nine core services, either directly or through formal partnerships:

- Crisis services;
- Screening, diagnosis, and risk assessment;
- Psychiatric rehabilitation services;
- Outpatient primary care screening and monitoring;
- Targeted case management;
- Peer, family support, and counselor services;
- Community-based mental health care for veterans;
- Person-centered and family-centered treatment planning; and
- Outpatient mental health and substance use services.

CCBHCs are required to use evidence-based practices, including assertive community treatment, supported employment (Individual Placement and Support Model), medication-assisted treatment, and cognitive behavioral therapy.

As a result of the prior Mental Health Task Forces, KDADS completed a state needs assessment. In 2021, enacted Senate Sub. for HB 2208 included a requirement for KDADS to establish a certification process to transition community mental health centers (CMHCs) to CCBHCs and complete the transition to the CCBHC model by state FY 2025.

The Assistant Commissioner shared that the final six CMHCs will be certified as CCBHCs by July 1, 2024. Additionally, Kansas was notified of a CCBHC demonstration grant of \$1.0 million available in July 2024. The Demonstration Grant will enable the State to access technical support and additional federal funds based on the Federal Medical Assistant Percentage used for the Children's Health Insurance Program.

### ***Dually Certified FQHC/CCBHC Facility***

The Commissioner for Behavioral Health, KDADS, clarified that federal guidelines establish the criteria for both FQHCs and CCBHCs. The Commissioner noted that FQHCs have become CCBHCs in other states. An FQHC must meet the federal guidelines to provide CCBHC services. KDADS is the agency that will review whether a FQHC meets the guidelines to provide CCBHC services. The Commissioner reported Kansas has no dually certified facilities. If one were to be established, the dually certified facility would receive the FQHC PPS rate for primary care services and would receive a CCBHC rate for mental health services.

### ***CCBHC Services in School Districts***

The Commissioner clarified that a school district has flexibility to choose the CCBHC providing services in that school district.

### ***Community Care Network***

The Chief Executive Officer of Community Care Network of Kansas provided an overview of the state association of community-based primary

care clinics. The representative noted 32 member clinics provide primary care services to patients regardless of their ability to pay. The representative stated there are three types of member clinics: 19 FQHCs, 2 LALs, and 10 community-based clinics. The representative explained the key features of two provider types that meet federal guidelines:

- The FQHCs are federally funded with a PPS reimbursement for Medicare and Medicaid services, and they offer sliding scale payments for self-pay and insured patients; and
- The LALs meet all the requirements of the FQHCs but they do not receive federal funds.

The representative shared that, of the 174 Kansas FQHCs and LALs, 69 are school sites and provide both primary and mental health care, and 2 are part of MHIT programs in Atchison and Southeast Kansas.

### ***Update on Implementation of CCBHCs***

The Executive Director of the Association of Community Mental Health Centers of Kansas presented on the work of CMHCs in the state. The representative stated the 26 centers provide care for individuals with behavioral health problems in the least-restrictive environment, regardless of the individual's economic level. The representative noted the CMHCs provide mental health services to every county in Kansas. The representative noted the evolving nature of health care and commented on the significant addition of the CCBHC model and school-based mental health programs, such as the MHIT program.

The Director of Johnson County Mental Health Center cited the range of services offered at a CCBHC. The Director highlighted that a CCBHC is reimbursed at one rate regardless of the services received, which is a change from the fee-for-service model by which CMHCs were reimbursed before transitioning to the CCBHC model.

A representative of KDADS highlighted that an additional CMS certification is required when a CMHC is certified as a CCBHC.

### ***Virtual Care***

A representative of Avel eCare Virtual Crisis Care presented information regarding three decades of virtual crisis care through a subscription service. The representative illustrated Avel eCare's approach for crisis care, for school health, for emergency services, and for law enforcement.

### **Update on Recommendations of the 2020 and 2021 Special Committees on Kansas Mental Health Modernization and Reform**

The Commissioner of Behavioral Health Services, KDADS, provided an overview of the current status of agencies' actions in response to the recommendations of the 2020 and 2021 Special Committees on Kansas Mental Health Modernization and Reform. The Commissioner commented on each of the 56 recommendations, provided a brief report on each recommendation, and provided background information on completed and pending recommendations.

### **988 and General Suicide Prevention**

#### ***988 and Kansas Suicide Prevention Plan***

The Commissioner of Behavioral Health Services, KDADS, provided an update on the National 988 Crisis and Suicide Prevention Lifeline, which is in its second year of implementation. The Commissioner stated Kansas has a network of four 988 Contact Centers to provide coverage throughout the state. The Commissioner outlined the [Kansas Suicide Prevention Plan \(2021–2025\)](#) and stated its four strategic directions are to:

- Promote health;
- Foster clinical and community prevention services;
- Foster treatment and support services; and
- Continue surveillance, research, and evaluation.

### ***Zero Suicide in Health Systems Grant***

A representative of KDHE stated KDHE has received the Zero Suicide in Health Systems grant, which is a five-year, \$700,000-per-year federal grant that targets adults 25 years and older. The representative described the partnerships KDHE has with multiple agencies and organizations to assist them with funding and expanding awareness by written and digital media, including the creation of an [online dashboard](#).

### ***Youth Suicide Prevention***

The Youth Suicide Prevention Coordinator from the Office of the Attorney General presented information on youth suicide prevention efforts, including the creation of the Youth Suicide Prevention Task Force and legislation that established the Coordinator's position. The representative noted 54 percent of youth ages 10–17 communicated their intent of suicide before taking any action, and 71 percent of violent deaths among youth were suicides. The representative outlined the digital app called [“A Friend AsKS.”](#) which is used as a tool to reduce suicides.

### ***Suicide in the Sunflower State***

A representative of Kansas Health Institute reviewed research regarding adult suicide and provided both a national and state perspective regarding suicide rates. The representative stated national trends show a steady increase in suicides with firearms as the means. The representative shared a comparison of the suicide trend in Kansas' youth with other states' trends, and noted firearms are used in a significant percentage of male youth suicides. The representative also provided data on suicide by race, age, sex, area, population density, and state.

### **Maternal and Perinatal Mental Health Issues**

Two representatives of the Kansas Section of the American College of Obstetricians and Gynecologists presented information on perinatal mental health; “perinatal” includes pregnancy through one year following the end of pregnancy. The representatives reported 85 percent of women will experience a pregnancy by age 44, and 20 percent of those women will experience a mood or anxiety disorder, causing deleterious impact on both the mother and the child, as well as a

negative ripple effect on society at an estimated cost of \$14.2 billion annually. The representatives offered recommendations:

- Improve access to care;
- Increase screening;
- Support reimbursement for social services; and
- Expand parental leave.

### **CONCLUSIONS AND RECOMMENDATIONS**

The Committee discussed a variety of issues raised by conferees and agreed to the following recommendations for additions and changes to reports to the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight (Bethell Committee):

- A report from KDHE on the resources available to physicians who provide prenatal, perinatal, and postpartum medical care regarding mental health services and, in particular, depression.
- A report from the Department for Children and Families (DCF) on the process to connect foster children to MHITs in buildings in which foster children are enrolled, and to report the plan by DCF to ensure communication between the MHIT building liaisons and foster care contractors is maintained.
- KSDE expand its data reporting to the Bethell Committee to include the following data points: the number of buildings in a school district that have entered into a MHIT grant; the number of buildings in a school district that have additional retained mental health services to the MHIT grant; and, for buildings in the MHIT grant, the average length of stay for a student in the program; the number of students per building and grade level served by the program; and any additional data that may be provided on the program.



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versus unannounced site visits to Psychiatric Residential Treatment Facilities (PRTFs), the frequency of when both types of visits occur, and the data found in each type of visit as well as the differences found in each type of visit.

The Committee recommends KDADS continue to monitor and report to the 2024 Legislature regarding Recommendation 8.7., Competency Evaluation and Restoration, of the [2021 Special Committee on Mental Health Modernization and Reform](#), including what other states are doing.

The Committee expresses its support for the Community Support Waiver and asks that support is provided to KDHE and KDADS to expedite the approval process in any way.