Executive Summary

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This is the second report from the Mental Health Task Force, which was established because the Legislature recognized that the behavioral health system in Kansas is in crisis. "Behavioral health" refers to mental and emotional well-being, as well as actions that affect wellness. Behavioral health problems include substance use disorders and alcohol and drug addiction, in addition to mental illnesses, serious psychological distress, and suicide. Behavioral health systems serve people with behavioral health conditions and support a wide variety of specialized services delivered in a range of care settings.

For behavioral health systems to operate effectively, they need adequate capacity, with an array of services for mental health and substance use disorder treatment, and individuals need to be able to access the appropriate service(s) for their condition(s). Capacity issues or barriers to behavioral health services significantly harm patient, societal and system-level outcomes.[1]

Figures 1A (page ES-iv) and *1B* (page ES-v) provide an illustration of the levels of care and settings that comprise the behavioral health system. Sometimes referred to as the "continuum of care," it spans from prevention and early intervention to outpatient and inpatient treatment options.

Many of the recommendations in this report are intended to address gaps in the existing system in Kansas. The Mental Health Task Force developed a strategic plan for the implementation of recommendations that will improve the behavioral health system in Kansas and align with the state and national goals of more integrated behavioral health care – more seamless care for mental illnesses, substance use disorders and addictions, and primary medical care. The recommendations and key action steps to implement each are summarized in *Figure 2*, page ES-vi.

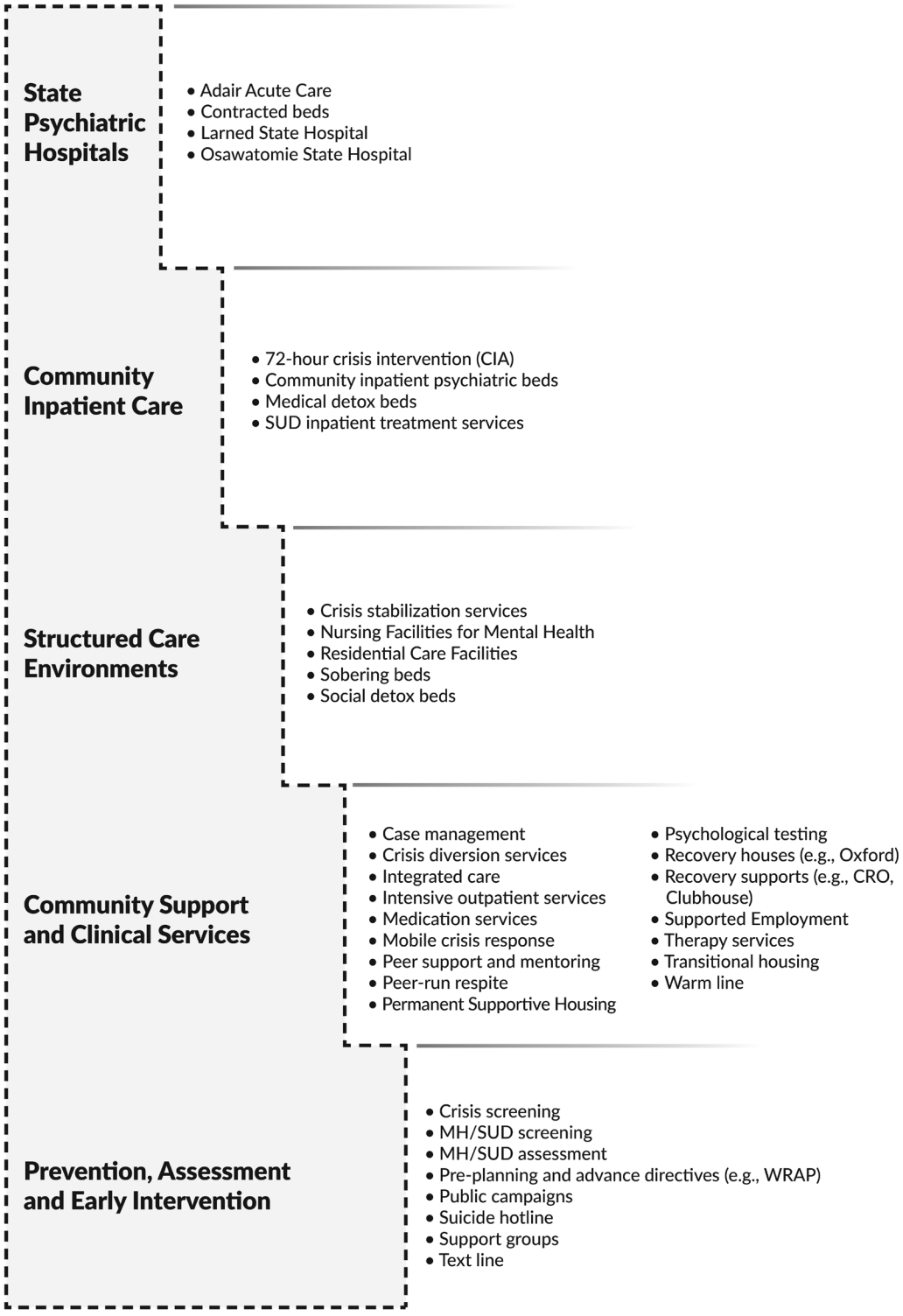
The 2018 Legislature took steps to address some of the recommendations in the January 2018 report of the Task Force, including committing funding to expand housing options through Medicaid and regional crisis stabilization programs, creating a pilot project to add mental health resources in K-12 schools, directing state agencies to create a new care management program to replace the previously halted health homes program, filling a shortfall in addiction treatment funding for the uninsured and setting a schedule to incrementally restore funding for grants to community mental health centers. It is critical that the Legislature maintain those actions as the recommendations in this plan are implemented.

Key Points

While the Task Force considers all recommendations in *Figure 2* (page ES-vi) to be priorities, there were a number of action items that emerged as essential to the implementation of the entire plan, including:

- Expanding Medicaid would undergird many of the recommendations by improving access to behavioral health services at all levels of care and allowing investment in workforce and capacity (Recommendation 2.5, page 36);
- Restoring and increasing community outpatient mental health and substance use disorder treatment, primary care, housing, employment and peer programs will improve outcomes for individuals and families (Recommendation 1.5, page 21; Recommendation 2.1, page 26; Recommendation 2.6, page 38; and Recommendation 5.1, page 60);
- Immediately increasing inpatient psychiatric capacity for voluntary and involuntary admissions (36-60 beds within 24 months) and investing in the current state hospitals will end the moratorium on admissions at Osawatomie State Hospital and begin to alleviate pressure on other systems, including hospital emergency departments and jails (Recommendation 1.1, page 5);
- Implementing a comprehensive plan to address needs at all levels and in all settings, including adding inpatient capacity up to a total of 221 new beds over five years, would stabilize the system (Recommendation 1.1, page 5);
- Investing in regional infrastructure, including crisis stabilization centers, crisis intervention centers and alternative models for rural areas, will improve access and potentially reduce demand for long-term inpatient bed capacity (Recommendation 1.2, page 13);
- Ensuring financial support for prevention, assessment, early intervention and integrated care will have long-lasting effects (Recommendation 3.1, page 42; Recommendation 3.4, page 48; and Recommendation 6.1, page 64).

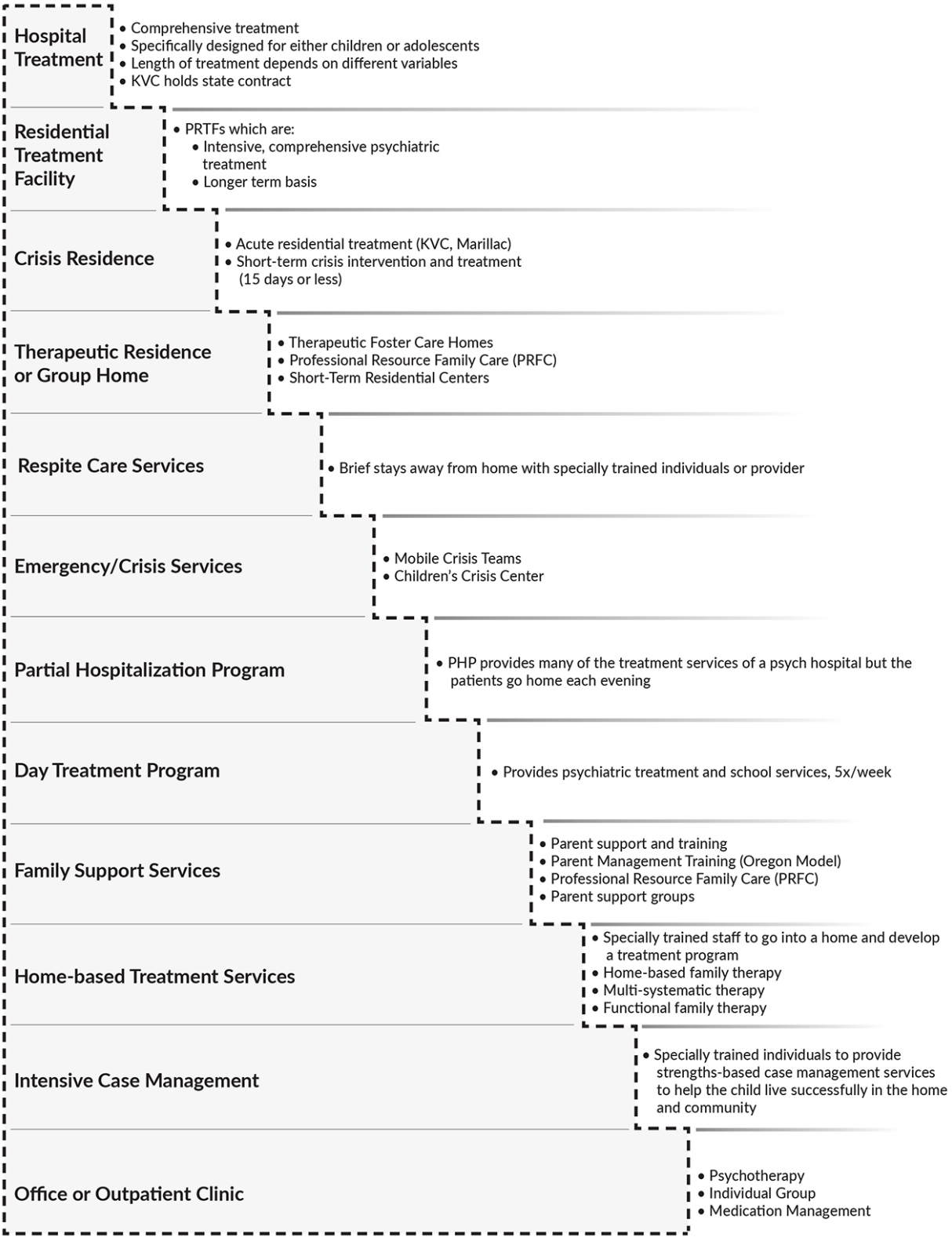
Figure 1A. **Adult Continuum of Behavioral Health Care**



Note: Services may or may not be available in all areas of the state.

Source: Adapted by the Mental Health Task Force from the Adult Continuum of Care Committee Final Report, 2015.

Figure 1B. **Children's Continuum of Behavioral Health Care**



Note: Services may or may not be available in all areas of the state.

Source: Adapted from the Kansas Children's Continuum of Care Committee report, December 2017.

Figure 2 provides an overview of recommendations developed by the Task Force and corresponding action steps to accomplish those recommendations. Some recommendations are marked to indicate action related to the recommendation. In the recommendations, one asterisk (*) indicates the Legislature has taken action related to the recommendation. Two asterisks (**) indicate a state agency has taken action related to the recommendation. Three asterisks (***) indicate action by both the Legislature and an agency.

A table that includes KDADS responses to each recommendation is included in *Appendix B*, page B-1. An implementation timeline for each recommendation and action step is included in *Appendix E*, page E-1. Individual timelines, sorted by topic, are included in the body of the report within the discussion of each topic.

Figure 2. **Mental Health Task Force Recommendations and Action Steps Grouped by Topic**

Topic 1: System Transformation	
Recommendations	**Action Steps**
Recommendation 1.1. Addressing 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 (page 5).	1.1.a. Maintain at least the current number of beds in Osawatomie and Larned and add 36 to 60 additional regional or state hospital beds within 24 months.
	1.1.b. Within five years, add up to a total of 221 new regional or state hospital beds, including those added in the first 24 months.
	1.1.c. Stabilize staffing at state hospitals by eliminating shrinkage, updating market analyses for wages, and ensuring sufficient FTEs for quality of treatment and the number of licensed beds.
	1.1.d. End the moratorium on admissions to Osawatomie that has been in place since June 2015.
Recommendation 1.2. Regional Community Crisis Center Locations: Develop regional community crisis centers across the state including co-located or integrated Substance Use Disorder (SUD) services (page 13). *	1.2.a. Implement regulations and licensing related to the Crisis Intervention Act (CIA).
	1.2.b. Ensure consistent application of medical necessity criteria for Medicaid-covered crisis services.
	1.2.c. KDADS should issue an RFI for underserved areas where there is not a sufficient population to sustain a Rainbow Services, Inc. (RSI)-type center.
	1.2.d. KDADS should submit a plan each year to expand crisis locations.
	1.2.e. Crisis stabilization centers should be able to address SUD related needs at a defined minimum level.

Figure 2. **Mental Health Task Force Recommendations and Action Steps Grouped by Topic (continued)**

Topic 1: System Transformation	
Recommendations	**Action Steps**
Recommendation 1.3. Warm Hand-Off: Establish a 24-hour uniform hotline and implement a warm hand-off based on the 911 model (page 16).**	1.3.a. Execute contracts.
	1.3.b. Develop a "warm hand-off" model to guide the 24-hour uniform hotline.
	1.3.c. Develop a mobile crisis unit for youth statewide that utilizes evidence-based practices and includes follow-up requirements.
Recommendation 1.4. Comprehensive Housing: Expand an array of housing that would include a range of options from residential care facilities, long-term and transitional supported housing, and independent housing units following evidence-based practices and principles, such as permanent supportive housing and home ownership. Include state contracts and Medicaid funding and ensure that housing serves people with disabilities, mental illness and/or substance use disorders (page 18).***	1.4.a. Implement Housing First Bridge Pilot.
	1.4.b. Add comprehensive Medicaid housing services.
	1.4.c. Provide flexible funds to support housing and ensure the supported housing fund has sufficient resources.
Recommendation 1.5. Suspension of Medicaid: Implement policies that allow for the suspension of Medicaid benefits when persons enter an institution rather than terminating their coverage entirely, to improve transition planning and access to care (page 21).***	1.5.a. Update policies regarding termination of coverage.
	1.5.b. Provide Legislature with report on implementation progress.
Topic 2: Maximizing Federal Funding and Funding from Other Sources	
Recommendation 2.1. Reimbursement Rates: Facilitate a detailed review of the costs and reimbursement rates for behavioral health services, including mental health and substance use disorder treatment, and update rates accordingly (page 26).	2.1.a. Require KDADS and KDHE to establish a system that provides for regular reviews of the cost of services and reimbursement rates.
	2.1.b. Conduct a rate study for the Medicaid fee schedule and Federal Block Grant.
	2.1.c. Update Medicaid fee schedule and the Federal Block Grant based on the study results.
	2.1.d. Pursue value/outcome-based payment.
	2.1.e. Re-evaluate the use of current nursing facility case mix index and consider alternatives that appropriately assign weight for the complexity of behavioral health symptoms.

Figure 2. **Mental Health Task Force Recommendations and Action Steps Grouped by Topic (continued)**

Topic 2: Maximizing Federal Funding and Funding from Other Sources	
Recommendations	**Action Steps**
Recommendation 2.2. Care Management Program (Health Homes): Take steps to ensure that all Kansas youth and adults with a behavioral health diagnosis or chronic physical health condition are eligible to opt in to a health home to have access to activities that help coordinate their care (page 30).***	2.2.a. Select and implement a health home model with an approved state plan amendment (SPA).
	2.2.b. Establish a reimbursement mechanism.
	2.2.c. Measure outcomes on July 1, 2021, and annually after that.
Recommendation 2.3. Excellence in Mental Health: Support expansion of the federal Excellence in Mental Health Act and then pursue participation (page 32).	2.3.a. Ask Kansas congressional delegation to support expansion of the federal Excellence in Mental Health Act.
	2.3.b. Develop an application to participate in the pilot program.
Recommendation 2.4. IMD Waiver: Seek revocation or waiver of the federal Institution for Mental Disease (IMD) exclusion rule to allow federal Medicaid funds for both SUD and psychiatric inpatient treatment (page 34).**	2.4.a. Pursue SUD exemption in order to take full advantage of a new federal opportunity.
	2.4.b. Submit now and revisit no less than annually about the possibility of submission of the IMD exemption for Mental Health.
	2.4.c. Make sure that SUD exemption has been implemented with new KanCare rollout.
	2.4.d. Ensure that IT system and policy changes to not disenroll beneficiaries upon admission to an IMD are implemented.
Recommendation 2.5. Medicaid Expansion: Adopt Medicaid expansion to cover adults under the age of 65 with income up to 138 percent of the federal poverty level (FPL) to pursue solutions for serving the uninsured and underinsured, which will improve access to behavioral health services (page 36).	2.5.a. Legislature should act to repeal statutory limitations and/or pass enabling legislation.
	2.5.b. Implement Medicaid expansion by July 1, 2019.
Recommendation 2.6. Housing: Continue to empower KDADS to convene key agencies and the entities that currently provide housing programs, and to facilitate community collaborations to maximize federal funding opportunities (page 38).	2.6.a. Restore and enhance KDADS staff positions related to housing programs.
	2.6.b. Support KDADS-convened interagency commission to actively pursue federal funding opportunities.
	2.6.c. Interagency commission should convene stakeholders to bring ideas to the table and to pursue additional funding.

Figure 2. **Mental Health Task Force Recommendations and Action Steps Grouped by Topic (continued)**

Topic 3: Continuum of Care for Children and Youth	
Recommendations	**Action Steps**
Recommendation 3.1. Access to Effective Practices and Support: Deliver crisis, clinical and prevention services for children and youth and families in natural settings (e.g., homes, schools, primary care offices) in the community (page 42).***	3.1.a. Provide opportunities for community service organizations to increase behavioral health services in schools (e.g., the integrated primary and behavioral health care model).
	3.1.b. Review and enhance reimbursement for in-home behavioral health services.
	3.1.c. Provide and expand training for in-home services (e.g., Parent Management Training of Oregon).
	3.1.d. Develop sustainable funding to continue and expand activities funded by the Systems of Care Grant beyond the initial four grantee counties.
	3.1.e. Evaluate outcomes of intervention teams and provide the Legislature with a report on implementation of mental health intervention teams in the districts identified in 2018 Substitute for Senate Bill 423.
	3.1.f. Based on the evaluation results, expand the reach of the mental health intervention team model by including additional school districts.
	3.1.g. Fund and institute the Families First Prevention Services Act (FFPSA; 2018) in Kansas and follow the federal guidelines.
	3.1.h. Expand eligibility for parent support services to all parents of children with serious emotional disturbance (SED) or substance use disorders (SUD).
Recommendation 3.2. Intensive Outpatient Services: Expand community-based options such as intensive outpatient services (page 46).	3.2.a. Develop policy for coverage of intensive outpatient services.
Recommendation 3.3. Psychiatric Residential Treatment Facility (PRTF): Re-establish the purpose of PRTFs (page 47).	3.3.a. Establish uniform standards for PRTF evaluation, admission, discharge and length of stay.
	3.3.b. Use community mental health center (CMHC) clinicians and community-based service teams as part of the assessment, utilization review, treatment and discharge planning process.
	3.3.c. Review and assess reimbursement for CMHC participation during the admission process.

Figure 2. **Mental Health Task Force Recommendations and Action Steps Grouped by Topic (continued)**

Topic 3 Continuum of Care for Children and Youth	
Recommendations	**Action Steps**
Recommendation 3.4. Early Intervention: Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment and treatment (e.g., ABC programs) (page 48).	3.4.a. Increase awareness of current educational opportunities on adverse childhood experiences (ACES) and expand these opportunities to additional groups, including but not limited to communities, providers and hospitals, and the need for early detection of adverse events experienced by children. This may require an assessment of where the gaps are.
	3.4.b. Medicaid/CHIP and the State Employee Health Plan should recognize the use and reimbursement of the Diagnostic Classification: Age 0-5 (DC: 0-5) for diagnosis and treatment of children birth through 5 years of age.
	3.4.c. Ensure children and caregivers are screened and assessed (e.g., depression, SED) at regular intervals in early childhood programs. Based on the screening results, make appropriate referrals to community providers.
Recommendation 3.5. Transition Age Youth: Request a formal joint report to Legislature by corrections, education and health and human services agencies on programs, coordinated efforts and any collective recommendations for populations identified in SB 367 (page 51).	3.5.a. Establish a requirement for the report through a proviso or a formal letter of notification (executive order).
	3.5.b. Develop a report on existing programs and data.
Topic 4: Nursing Facilities for Mental Health	
Recommendation 4.1. Licensing Structure: Reform NFMHs to allow for the provision of active treatment and necessary rehabilitative services and crisis services in NFMHs and inclusion within continuum of care (page 54).	4.1.a. Seek revocation or waiver of the federal IMD exclusion rule.
	4.1.b. Review and update reimbursement rates and other payment mechanisms.
	4.1.c. Identify and deliver appropriate training curriculum for staff in NFMHs; make sure that challenges with accessing training are addressed.
	4.1.d. Connect NFMH residents to crisis services, CMHCs and community support services.
Recommendation 4.2. Presumptive Approval of Medicaid: Coordinate with KDHE and determine if a policy could be developed or revised that facilitates presumptive approval upon discharge for anyone leaving an IMD environment, including NFMHs (page 56).	4.2.a. Establish coordination of efforts between KDADS and KDHE to allow presumptive eligibility on discharge from IMD environment.

Figure 2. **Mental Health Task Force Recommendations and Action Steps Grouped by Topic (continued)**

Topic 5: Workforce	
Recommendations	**Action Steps**
Recommendation 5.1. Workforce Study: Initiate a comprehensive workforce study statewide to examine challenges experienced by employers in reaching optimal staffing levels to provide services (page 60).	5.1.a. Conduct statewide behavioral health workforce study to understand the overall shortage in the behavioral health workforce.
Recommendation 5.2. Peer Support: Encourage integration of peer support services (MH) and Kansas certified peer mentoring services (SUD) into multiple levels of service, including employment services at CMHCs, hospitalization, discharge and transition back to the community (page 60).	5.2.a. Expand training opportunities for those interested in providing peer support services (MH) and KS certified peer mentoring services (SUD).
	5.2.b. Enhance incentives to Mental Health and Substance Use Disorder providers that hire and supervise peer support and Kansas certified peer mentoring workers.
	5.2.c. Increase Medicaid reimbursement rates for peer support services.
Recommendation 5.3. State Loan Repayment Program: Require a report on increasing the number of psychiatrists and psychiatric nurses (page 62).	5.3.a. Provide Legislature with a report on the number of behavioral health professionals that have been added through the Kansas State Loan Repayment Program (SLRP).
Topic 6: Suicide Prevention	
Recommendation 6.1. Suicide Prevention: Place a focus on reversing negative suicide trends for youth and adults (page 64).	6.1.a. Create and fund a full-time state suicide prevention coordinator position who would review and recommend approaches to suicide prevention, (e.g., crisis text line, pursuing grant funding for Zero Suicide) and other evidence-based practices.
	6.1.b. Establish state suicide prevention funding to support the implementation of evidence-based strategies, including the National Suicide Prevention Lifeline in Kansas and text line.
Topic 7: Learning Across Systems	
Recommendation 7.1. Learning Across Systems: Create a position/entity to track information about adverse outcomes that occur and identify strategies for addressing them in a timely manner (page 67).	7.1.a. Convene experts and people served by the behavioral health system to identify how the learning system can be created.
	7.1.b. Review approaches used in other states and identify strategies that might work in Kansas.

Notes: One asterisk (*) indicates the Legislature has taken action related to the recommendation. Two asterisks (**) indicate a state agency has taken action related to the recommendation. Three asterisks (***) indicate action by both the Legislature and an agency.

Source: Mental Health Task Force Report to the Kansas Legislature, January 14, 2019.