

**Governor’s Behavioral Health Services Planning Council
Kansas Citizen’s Committee on Alcohol and Other Drug Abuse (KCC)
Annual Report, 2019**

Presented to:

Wes Cole, Chairperson, Governor’s Behavioral Health Services Planning Council
Laura Howard, Secretary, Kansas Department of Aging and Disability Services
Laura Kelly, Governor

Purpose: K.S.A. 75-5381 reads, "It shall be the duty of the Kansas Citizens' Committee on Alcohol and Other Drug Abuse to confer, advise, and consult with the Secretary of the Kansas Department for Aging and Disability Services Behavioral Health or their designee with respect to the powers, duties, and functions imposed upon the Secretary under K.S.A's 65-4006, 75-4007, and 75-5375." The purpose of this Committee is to be an advisory council for Substance Use Treatment, Prevention, Problem Gambling services, and Recovery Oriented Systems of Care in Kansas.

Vision: Kansas is a community where people are free from the adverse effects of substance use disorders, mental illness, and other behavioral health disorders.

Mission: To empower healthy change in people's lives through quality services that address the treatment, prevention and recovery from substance use disorders, problem gambling, mental illness, and other behavioral health disorders.

Current Membership:

Member	Representing
Krista Machado, Chair	Prevention
Mollie Thompson, Recorder	Prevention
Dana Schwartz	Prevention
Daniel Warren	Treatment
Shane Hudson	Treatment
Sara Jackson	Treatment
Brad Sloan	Citizens
Al Dorsey	Citizens
Nancy Jo Kepple, Chair Elect	Citizens
Christopher Lund	Citizens
Toni Ragland	Citizens
Ishaku Maikori	Citizens
Peggy Cecile	Citizens
Josh Klamm	Law Enforcement
Victor Fitz	GBHSPC Liaison
Kayla Waters, Past Chair	Higher Education
Ethan Bickelhaupt	Mental Health
Maren Turner	Aging
Tina Abney	Child Protective Services
Diana Marsh	KDADS/KCC Support Staff

Executive Summary

As an advisory council on addiction prevention and treatment in Kansas, we urge you to recognize the benefits, both humanitarian and pragmatic, of effective statewide addiction services:

- Effective prevention and treatment saves lives, and allows for improved quality of lives for individuals, families, and communities.
- Effective prevention and treatment is financially responsible in that it offsets higher costs associated with associated family trauma, policing, incarceration, lost productivity, morbidity, and mortality.
- Effective prevention and treatment services the public safety of Kansans, by reducing rates of assaults, accidents, abuse, crime, and suicide.

As in previous years, the most critical needs of the addiction field relate to funding, service accessibility and integration, workforce crisis, and prevention. The following recommendations are included within this report.

Increased Funding

- Facilitate the pursuit of grant funding
- Continue allocating and incrementally increasing a portion of Problem Gambling and Other Addictions Fund to treatment

Improved Access and Service Integration

- Allow addictions providers to address co-occurring mental health issues with clients
- Ensure coverage for behavioral health services
- Support a value-based payment model
- Support telehealth initiatives
- Update Senate Bill 123 practices
- Continue IMD exclusion waiver
- Adopt coding practices that allow for care integration across disciplines
- Leverage recovery resources to address gaps in the continuum of care

Workforce Crisis

- Support adequate compensation and benefits for addiction professionals
- Reduce clinical supervision hours required for Addictions Counselors

Prevention

- Raise awareness of available prevention resources the Kansas Prevention Collaborative
- Address policies that interfere with the access and use of county level data
- Develop a statewide multi-disciplinary Marijuana Advisory Committee
- Continue to reduce shame and stigma associated with SUD
- Facilitate the identification and treatment of human trafficking victims and promote recovery

Increased funding is necessary to support effective addiction services. Kansas has well-established prevention, treatment, and professional training programs. With recent improvements in professionalization and program monitoring, the field of addiction counseling in Kansas is adopting more effective, evidence-supported practices that reduce the harm and costs of addiction. These programs need financial support to fully implement their effective practices. We recommend:

- **Facilitate Pursuit of Grant Funding:** We recommend creating a new state-level grant-support position to work directly with agencies to help *secure and maintain* addictions prevention and treatment grants. At present, agencies are not in a position to fully take advantage of national grant opportunities. The workforce crisis means that they are already struggling to keep up with the standard workload.
- We are pleased that a portion of the Problem Gambling and Other Addictions Fund is being devoted to treatment. We recommend that the state continues to **incrementally increase** the proportion of this money that is applied to treatment over the next several years until the full fund is being applied as intended.

Improved Access and Service Integration will reduce the cost and strain associated with waiting until problems are more severe (or more severely impact medical health, legal status, and family wellness) before beginning treatment. To address the gaps in the continuum of care and among interim services we recommend:

- Currently, Addictions Counseling agencies are not allowed to provide mental health treatment for clients with co-occurring disorders at the same level as mental health providers, *even when* they have the professional capacity to do so. This can result in wasteful, redundant, piecemeal services for clients. We recommend allowing Addiction Counseling agencies to become approved providers **for co-occurring issues** providing they have the appropriate resources to do so. This expansion of services should *only* apply to addiction counseling clients with co-occurring issues, not to general mental health clientele. It would also be beneficial to explore having common standardized requirements for licensure across specialties that provide the same services.
- Support Medicaid expansion for substance use disorder and mental health services and ensure that existing and future health plans include **coverage for behavioral health services**.
- **Support a value-based payment model** driven by patient outcomes which will allow providers flexibility in meeting individual patient needs while ensuring reimbursement for services provided.
- **Support telehealth initiatives** to improve access for all Kansans to quality services. Building this infrastructure now will pay off as the population ages and faces physical limitations in accessing standard treatment.
- **Update Senate Bill 123 practices** to include current evidence-based practices into existing programs.
- **Continue the Institution for Mental Disease (IMD) exclusion waiver** for residential Substance Use Disorder treatment facilities in Kansas. This waiver allows for more than 16 treatment beds for Medicaid patients aged 21-64. Many residential Substance Use Disorder treatment facilities in Kansas currently have more than 16 beds and are often at capacity.
- **Adopt coding practices that allow for the integration** of CMHC, Primary Care, and Behavioral Health services to reduce the waste and gaps in service. According to SAMHSA,

2 or more Primary Care visits while receiving specialty addiction treatment has been shown to decrease relapse by 50% and those individuals are 3x as likely to achieve remission for over 5 years. It is also important to consider ways to integrate services across geographic boundaries such as between counties.

- **Leverage recovery-related housing, peer mentors, and recovery centers** to address gaps in continuum of care. We recommend supporting evidence-based models such as homeless outreach, shelter plus care, and housing first models.

Workforce Crisis: In Kansas and across the nation insufficient staffing is resulting in poorer services, increased professional burnout, and administrative strain. Kansas agencies are using effective approaches to prevention and treatment, but doing so requires adequately trained staff with manageable workloads. We recommend the following:

- Continue to support initiatives that provide tuition reimbursement for addictions counselors. As recommended above, support better funding for agencies so that they may provide **compensation and benefits** sufficient to encourage prospective professionals to seek training and licensure.
- Allowing SUD providers with licensed personnel to provide **co-occurring mental health** treatment for their SUD clients could also assist with the workforce crisis.
- SB15 reduced the number of clinical supervision hours required of Social Workers to obtain clinical licensure from 4000 to 3000. Likewise, it is recommended that the number of **clinical supervision hours required of Addiction Counselors** to obtain clinical licensure be reduced from 4000 to 3000. Additionally, it is recommended that **billing requirements of insurance companies recognize** the reduced number of clinical supervision hours as appropriate for the clinical staff to perform and be reimbursed for services provided by that staff at the clinical level.

Prevention is ultimately the most humanitarian and practical approach to addiction problems.

- Work to publicize the **availability of prevention tools** that may be used by community groups, schools, and families at www.kansaspreventioncollaborative.org.
- Address the following policies so that agencies may make better, data-based decisions and compete for national resources and funding opportunities:
 - **Reverse the Active Consent policy** that currently requires active parent consent on student surveys such as the Kansas Communities that Care Student Survey.
 - Explore options for **improving access to county data** for purposes of research, program evaluation, and planning.
- **Establish funding for the prevention** of general substance use prevention, general behavioral health prevention, and Adverse Childhoods Experiences. While opioids continue to receive media attention and funding, meth remains a primary SUD issue in Kansas, and our treatment centers are reporting a high rate of meth use in our state. Focusing our efforts on one substance is not the most effective prevention method, rather we should focus on all behavioral health prevention and promotion.
- It is important we plan ahead as a state and ensure we consider potential unintended consequences of any legislation and leverage lessons learned in other states associated with **marijuana policy**. In preparation for any federal legislation changes, we recommend that Kansas develop a **statewide multi-disciplinary Marijuana Advisory Committee** to develop an infrastructure for such change. Many agencies are already having these conversations

internally, it would be ideal to bring them together to collaborate. It should be the responsibility of this committee to recommend appropriate policy, determine where funding should be appropriated, and designate the appropriate body for regulation and enforcement. This committee should pay close attention to ensuring:

- Funding for treatment and prevention of marijuana use
- Policies against advertising to youth or advertising any medical benefits
- Continue to use your status as a public figure to help **reduce shame/stigma associated with SUD** – This condition should be compared to other challenging health conditions, such as diabetes.
- People with substance use disorders are at higher risk for human trafficking victimization and traffickers deliberately induce substance use problems in victims. The majority of human trafficking victims will need SUD treatment in addition to physical and mental health care once they have escaped. We recommend the following strategies to **facilitate the identification of victims and to promote their recovery and reduce the possibility of re-traumatization**:
 - Support Trauma Informed Care initiatives across the state to ensure trauma informed interpersonal violence protocols to avoid re-traumatization.
 - Develop a comprehensive and integrated model of care identifying victims and promoting recovery.
 - Ensure longer term treatment, including peer mentoring, to ensure they are receiving the level of treatment and support they need to be successful.
 - Raise awareness of how to identify human trafficking and what to do if it is suspected.

In **conclusion**, we appreciate your commitment to Kansas and we hope you find this report useful.