

**Kansas Behavioral Health Center of Excellence
Neutral Testimony to the Senate Ways and Means Committee
KDADs Budget**

February 28, 2025

Chair Billinger and members of the Committee, my name is Matt Byerly, MD. I am a psychiatrist and the Associate Dean for Research and Acting Chair of Psychiatry and Behavioral Sciences at KU School of Medicine-Wichita (KUSM-W). Our Department is a committed member of the Kansas Behavioral Health Center of Excellence (KSBHCoE), and I serve as a member of the governing board.

Funding from the KSBHCoE has been critical to advancing our medical school's ability to contribute to the state's development of professional mental health workforce, specifically the development and fostering of new specialty training fellowship in child and adolescent psychiatry and addition medicine.

INTRODUCTION AND PURPOSE

Through the support of KSBHCoE, the KUSM-W aims to sustainably increase the supply of highly-trained child and adolescent psychiatrists and addiction medicine physicians. A primary mission of KUSM-W is "Training Doctors for Kansas," a key aspect of which is to improve the supply and distribution of specialist mental health clinicians. Based on the career trajectories of previous graduates from the KUSM-W training programs, we predict that most graduates from the new child/adolescent psychiatry and addiction medicine programs will go on to practice in Kansas communities. These two new programs will build and expand interprofessional experiential training that will prepare graduates to provide care in various settings, such as inpatient, outpatient, integrated primary care, and schools. This experiential training will particularly focus on diverse and high need populations, including those in early childhood, and those with severe mental illness and neurodevelopmental disorders, as well as those with substance use disorders. We will equip trainees with competencies and expose them to models of care that will promote access to care. These programs will train graduates as collaborators, educators, and supervisors; by increasing the supply of these expert clinicians, we will improve the quality of the mental healthcare workforce of Kansas.

The central mission of our two KSBHCoE-funded programs is to sustainably increase the supply of highly-trained child and adolescent psychiatrists and addiction medicine physicians. The funding will support the employment expense for 3 child and adolescent fellows per year, recruitment incentives to support the hiring of 2 additional child and adolescent psychiatrists, as well as support for the core faculty teaching panel, and staff and program operating expenses required for continued program accreditation. Funding of the addiction medicine program has supported start-up costs of the program, including a successful application to our local graduate education committee and application to the national accreditation organization. Funding will also support up to 2 fellows per year in their addiction medicine training experience, and the efforts of the core faculty teaching panel, and staff and program operating expenses required for continued program accreditation. Once to fruition, we will graduate 3 child and adolescent psychiatrists and 2 addiction medicine physicians per year, for a total of approximately 25 expert mental health physicians trained over the course of five years. These clinicians will be critical to addressing the mental health specialist shortage in Kansas with the ability to impact communities throughout the state by addressing the complex needs of those requiring collaborative care teams, with the ability to reach rural and other underserved populations.

Our department fully supports KSBHCoE's initiative to grow the mental health workforce of Kansas through education and training opportunities and building bridges between academic programs and community-based providers to meet the urgent needs of the community. The investment in our department and other Wichita area mental health professional training programs is strategically designed, in part, to expand the professional workforce needed to staff the new state hospital opening in 2027.

Indeed, the support provided to our department allowed for the creation of a new program in addiction medicine that would not otherwise be possible and dramatically grow and help ensure the sustainability of our fledgling program in child and adolescent psychiatry that is so critically needed.

NEED-Child and Adolescent Psychiatrists

Psychiatric disorders among youth aged 0-21 years are at a record high throughout the United States (US). Kansas is particularly affected by this trend, with higher than average prevalence of mental illness and lower than average rates of access to care.¹ While this trend has been improving in recent years², notable gaps still remain: in Kansas, there is a lack of access to pediatric mental health care services for patients (ranked 44th among all states), and a lack of behavioral health workforce (ranked 37th, with one mental health provider for every 450 residents).¹ The Health Resources and Services Administration (HRSA) recommends that Kansas should have at least 150 child and adolescent psychiatrists to meet its 2024 patient demand- but estimates that it currently has only 60.³ It is clear that Kansas has a growing need for youth mental healthcare, but that this demand is not being met.

Much of Kansas has no ready access to specialty mental health care. Families must often travel many hours to receive care, especially for evaluation and treatment of complex conditions, and for those needing acute or intensive treatment.⁴ While telehealth and other virtual modalities have been moderately successful at increasing access to care for rural populations, they address only the *maldistribution* of care, not the workforce *shortage*. That is, telehealth models can only redistribute care and expertise from resource-rich urban communities to resource-poor rural communities; but in Kansas, the total mental health workforce is insufficient to address the needs of the entire state.

Unfortunately, Kansas has a lack of child and adolescent psychiatrists with specialized training, and those that are available are poorly situated to serve rural and underserved communities. Almost all these specialists are concentrated in the Topeka, Lawrence, and Kansas City urban areas, and are thus unable to address child and adolescent mental health care in rural and frontier areas. The limited supply of child and adolescent psychiatrists are located in only 11 of the state's 105 counties.⁵

NEED-Addictions Medicine Physicians

According to a 2022 survey, 16.7% of Americans have had a substance use disorder in the past year and 10.5% have had an alcohol use disorder in the past year. Studies have shown that only 18% of individuals with opioid use disorder receive evidence-based treatment. Over 81,000 opioid-related deaths were reported in 2023 nationwide. In Sedgwick County alone, there were 243 substance use-related deaths in 2023. An estimated 87,000 or more persons in Sedgwick County have a substance use disorder other than alcohol. At this time, there are approximately 3 physicians who are board-certified in Addiction Medicine practicing in this county. This leaves one addiction-trained provider per 29,000 persons with substance use disorder and none available in rural areas of the state. The result is that many individuals with substance use disorder remain untreated, undertreated, or in some cases inappropriately treated in Kansas.

The addiction medicine program will increase the number of fellowship-trained, board-certified specialists available to treat those with substance use disorders. Currently, physicians who wish to train in Addiction Medicine must leave the state to train in this subspecialty, as there are no addiction medicine fellowship programs in the state. Each of the surrounding states (Colorado, Nebraska, Missouri and Oklahoma) offer fellowship programs in addiction medicine. The University of Kansas School of Medicine in Kansas City offers an addiction psychiatry fellowship program, which is similar, but open only to psychiatrists (not other medical specialties) who wish to specialize in the treatment of substance use disorders (SUDs). Additionally, as mentioned previously, physicians are more likely to stay where they complete their training, leaving South-Central and Western Kansas largely underserved. This positions the KUSM-W program as an ideal location to train physicians who wish to specialize in the treatment of SUDs. The surest way to increase the number of physicians treating addictions in our region is to train them here.

APPROACH- Child and Adolescent Psychiatrists

Our department itself is located in a county formally designated as having a mental health professional workforce shortage and has a catchment area that covers much of the state of Kansas, including many locations with “high need and high demand.” To prepare trainees to care for rural and underserved populations, we:

1. Utilize our regional hospitals and specialty clinics to train students to work with children and adolescents, especially those whose access to mental healthcare is impaired by geographic, cultural, socioeconomic, or other factors. These youth often have complex needs and require treatment by collaborative teams. Many of our services offer telehealth appointments to reduce travel burden for rural families.
2. Systematically develop innovative models of care delivery tailored to meet the needs of rural and underserved families, including linguistic and cultural adaptations, scheduling models that reduce number of appointments and travel, and digital and telehealth technology. Our team collaborates with schools and PCPs throughout the state to expand implementation of these models.
3. Incorporate trainees into outreach and consultative efforts, including HRSA-funded mental healthcare access programs and related initiatives in order for them to gain collaborative and instructional experience and to engage them with Kansas communities.

APPROACH- Addiction Medicine Physicians

A fully-accredited addiction medicine fellowship training program at the KUSM-W will grow the workforce of physicians providing evidence-based treatment to persons with substance use disorders in Wichita and surrounding communities. Specifically, we will strive to receive initial accreditation from ACGME, to recruit and retain qualified faculty and staff, to recruit qualified fellows for the program, to develop sustainable funding sources, and to develop curriculum and rotation schedules.

Addiction Medicine Fellowships provide an entire year of state of the art full-time clinical and didactic education for physicians who have completed residency in any specialty. Addiction medicine fellows will learn to provide comprehensive care for substance use-related disorders, including diagnosis, treatment, and prevention, within a biopsychosocial framework that is developmentally, culturally and trauma informed, and recognizes the impact of substance use on both the individual and the family. They will develop expertise in the utilization of medication assisted approaches to substance use disorders, including the use of medication for opioid use disorders. They will see patients who have substance use disorders during pregnancy and post-partum, babies experiencing neonatal abstinence syndrome, fetal alcohol syndrome and other disorders related to prenatal exposures, and other patients of all ages, many of whom have complex medical and mental health conditions. Congruent with the medical profession’s approach to patient care, physicians will be trained to utilize evidence based, and scientifically driven interventions to optimize health across the lifespan. Our addiction medicine fellowship will provide didactic education and supervised clinical experience in the treatment of patients with addiction, including detoxification, pharmacotherapy for addiction, abstinence-based recovery models, consultation for medical and psychiatric hospital services, and psychosocial approaches to the treatment of patients with addiction and pain.

In summary, the development of the KSBHCoE and bringing together this group of committed behavioral health educators and providers has been key in developing proposals to strengthen and grow our much-needed workforce, and the funding support is necessary to bring these proposals to fruition. We strongly urge you to continue to support these efforts so that we can continue to make progress.

Thank you for the opportunity to testify today, and I will stand for questions at the appropriate time.

References

¹ Reinert, M, Fritze, D., & Nguyen, T. (2023). The State of Mental Health in America 2024. Mental Health America, Alexandria VA. Available [here](#)

² Reinert, M, Fritze, D., & Nguyen, T. (2022). The State of Mental Health in America 2023. Mental Health America, Alexandria VA. Available [here](#).

³ Health Resources and Services Administration (HRSA). Workforce projections. 2024.
<https://data.hrsa.gov/topics/health-workforce/workforce-projections>. Accessed January 13, 2025.

⁴ Kansas Department of Health and Environment (KDHE). Kansas HPSA Map. 2024.
<https://kdhe.maps.arcgis.com/apps/webappviewer/index.html?id=b423eda3bc0047a78384e98d5994d33f>. Accessed January 13, 2025.

⁵ The American Academy of Child and Adolescent Psychiatry. Workforce Maps by State. Practicing Child and Adolescent Psychiatrists (CAPs) per 100,000 Children Age 0-17 by County in Kansas. [Accessed Dec 03, 2024]. Available: [here](#)