

## MINUTES

### 2021 SPECIAL COMMITTEE ON KANSAS MENTAL HEALTH MODERNIZATION AND REFORM

December 15, 2021  
Room 112-N—Statehouse

#### Members Present

Representative Brenda Landwehr, Chairperson  
Senator Carolyn McGinn, Vice-chairperson  
Senator Larry Alley  
Senator Renee Erickson  
Senator Michael Fagg  
Senator Tom Hawk  
Representative Tory Arnberger  
Representative Barbara Ballard  
Representative Will Carpenter  
Representative Megan Lynn  
Representative Cindy Neighbor  
Representative Adam Smith  
Representative Susan Ruiz, appointed substitute member to the Committee

#### Members Absent

Representative Rui Xu

#### Staff Present

Iraida Orr, Kansas Legislative Research Department  
Connor Stangler, Kansas Legislative Research Department  
Matthew Moore, Kansas Legislative Research Department  
Melissa Renick, Kansas Legislative Research Department  
Eileen Ma, Office of Revisor of Statutes  
Jenna Moyer, Office of Revisor of Statutes  
Sky Westerlund, Committee Assistant

#### Conferees

Kari Bruffett, Vice President for Policy, Kansas Health Institute  
Dr. Will Warnes, Medical Director of Behavioral Health, Sunflower Health Plan (virtual)  
Shane Hudson, Chief Executive Officer, CKF Addiction Treatment (virtual)  
Charles Bartlett, Director of Adult Services, Kansas Department for Aging and Disability Services (virtual)  
Kyle Kessler, Executive Director, Association of Community Mental Health Centers of Kansas (virtual)  
Honorable Robert J. Wonnell, Johnson County District Court Judge

Hina Shah, Senior Analyst, Kansas Health Institute  
Sunee Mickle, Vice President of Government and Community Relations, Blue Cross Blue Shield of Kansas  
Shawna Wright, Ph.D., Associate Director, University of Kansas Center for Telemedicine and Telehealth (virtual)  
Jennifer Findley, Vice President for Education and Special Projects, Kansas Hospital Association (virtual)  
Sandra Berg, Ph.D., Executive Director, United Behavioral Health (virtual)

## **Others Attending**

See [Attached List](#)

## **WEDNESDAY, DECEMBER 15 ALL DAY SESSION**

### **Opening Remarks by Chairperson**

The Chairperson called the Committee to order at 9:06 a.m. and gave brief remarks.

### **Follow-up Information from November 17, 2021, Meeting**

Iraida Orr, Principal Research Analyst, Kansas Legislative Research Department (KLRD), reviewed the follow-up information from the November meeting.

- KLRD memorandum on follow-up information from David Jordan, a representative of the Governor's Commission on Racial Equity and Justice ([Attachment 1](#));
- KLRD survey of interstate compacts concerning licensure of counselors and marriage and family therapists ([Attachment 2](#));
- National Conference of State Legislatures follow-up information on interstate licensure compacts ([Attachment 3](#));
- KLRD spreadsheet on behavioral health professions wage comparison--Kansas and neighboring states ([Attachment 4](#));
- Secondary education waivers/vouchers for foster care youth (Department for Children and Families) ([Attachment 5](#));
- Integrated Care Team (ICT-1) financial impact report (Jeffrey Easter, Sedgwick County Sheriff) ([Attachment 6](#));

- Map of certified community behavioral health clinics (CCBHCs) in Oklahoma ([Attachment 7](#));
- Map of CCBHCs in Missouri ([Attachment 8](#));
- KLRD memorandum on follow-up fiscal information ([Attachment 9](#));
- HB 2281 (2021) Crisis System Service funding and Delivery Model (Kansas Department for Aging and Disabilities Services [KDADS]) ([Attachment 10](#));
- History of KDADS mental health expenditures/estimates ([Attachment 11](#)); and
- Office of Revisor of Statutes memorandum on youth suicide prevention statutory provisions ([Attachment 12](#)).

### **Review of Working Group Report Recommendation Process; Overview of Working Group Report**

Kari Bruffett, Kansas Health Institute (KHI), reviewed the working group recommendation process. She discussed how this year's report, *Strategic Framework for Modernizing the Kansas Behavioral Health System: 2021 High Priority Update*, is organized. She noted this year's report should be read in concert with last year's report. Ms. Bruffett stated the report offers new recommendations and revised recommendations that are either identified as having an immediate impact (to be accomplished within a two-year time frame) or as being of strategic importance (needing more than two years to achieve). Ten new recommendations were made and revisions were made to 20 recommendations from last year. Ms. Bruffett explained the decision-making process of the three working groups.

Ms. Bruffett responded to questions from Committee members.

The Co-chairs of each of the three working groups joined the Committee virtually and in person. They reviewed each of their group's high-priority new and revised recommendations and the rationale for each recommendation. The recommendations formed the basis of recommendations for the Committee members to consider for inclusion in the Committee report ([Attachment 13](#)).

### **Review of Services and Workforce Working Group Report Recommendations**

Dr. Will Warnes (Sunflower Health Plan), Shane Hudson (CKF Addiction Treatment), and Charles Bartlett (KDADS) discussed the recommendations from the working group on Services and Workforce.

The topics of the new and revised recommendations from the Services and Workforce Working Group included a request for an audit by the Legislative Division of Post Audit on behavioral health professionals who received student loan repayments, a long-term investment plan for the behavioral health workforce that prioritizes high school internships, and a fund for

health worker retention and recruitment; support for the Kansas Suicide Prevention Plan, including KDADS hiring a suicide prevention coordinator; investment in foster home recruitment and services for youth in psychiatric residential treatment facilities (PRTFs); community-based liaisons for justice-involved youth; trauma-informed care; promotion of isolation as a public health issue; normalization of behavioral health as health; an increase in state funds for behavioral health prevention; the funding of a statewide psychiatric access program with specialty teams; and the extension of Medicaid postpartum coverage from 2 months to 12 months.

The conferees responded to questions about the working group's recommendations:

- Dr. Warnes noted the access to psychiatry services also involved access to social workers, psychologists, and the behavioral health workforce;
- Mr. Bartlett stated there was not a set number of persons needed in the behavioral health workforce. He noted there were long wait lists at community mental health centers (CMHCs) and substance use disorder (SUD) programs in Kansas, but the workforce shortage is a national crisis; and
- Andrew Brown, Commissioner of Behavioral Health Services, KDADS, responded to a question regarding the recommendation for the creation of a suicide prevention coordinator and whether there was a duplication of services between the KDADS suicide prevention program and the program in the Office of the Attorney General. He noted there is no duplication. KDADS has been part of an inter-agency group on suicide prevention that also includes the Kansas Department of Health and Environment (KDHE), the Kansas Department of Corrections, the Office of the Attorney General, and the State Department of Education. The Office of the Attorney General addresses suicide prevention in youth, but the majority of the suicides in Kansas are within the 35- to 50-year-old age group. KDADS has a federal role in suicide coordination. When working with the National Federal Suicide Prevention Center, KDADS wants to streamline the process so one agency tracks the information and reports to the Legislature. All agencies have a role, but KDADS would help coordinate.

## **Review of System Capacity and Transformation Working Group Report Recommendations**

Kyle Kessler, Association of Community Mental Health Centers of Kansas, joined the Committee virtually. The Honorable Robert J. Wonnell, Johnson County District Court, joined the Committee in person. These Co-chairs reviewed each of the recommendations from the System Capacity and Transformation Working Group.

New and revised recommendations presented by the System Capacity and Transformation Working Groups Co-chairpersons and members related to the following topics: expanding the Mental Health Intervention Team (MHIT) programs in K-12 schools; forming a comprehensive plan to address hospital capacity through regional facilities; funding the 988 National Suicide Prevention Lifeline through a fee on telephone subscriber accounts; increasing Medicaid reimbursement rates for behavioral health providers; working with the State Epidemiological Outcomes Workgroup to establish an annual legislative report on state

behavioral health outcomes using existing data and outcomes measures; creating regional specialty courts throughout the state; funding specialty court coordinators; funding mobile competency evaluations; training employees in correctional facilities to recognize those with SUD; ensuring local agency responses in working with crossover youth align with statewide policy team expectations; clarifying the adoption of coding practices to facilitate integration of primary medical and behavioral health care as only one of the strategies to consider; and allowing utilization of Medicaid code 90846 to enable family psychotherapy without the child present.

The conferees, with assistance from Mr. Brown, KDADS, responded to questions as follows:

- Regarding Recommendation 2.3 Reimbursement Rate and Review, Mr. Kessler stated the CCBHC model will help close the reimbursement gap. Raising the reimbursement rates to CCBHCs will affect the state's 1115 waiver budget neutrality because it is an increase in Medicaid provider pay;
- Regarding Recommendation 2.2 Inpatient Capacity by Implementing a Regional Model, a Committee member requested the Secretary of Aging and Disability Services to explore the need for state certified beds in south-central Kansas; and
- Regarding Recommendation 8.7 Competency Evaluations and Restoration and the delay in conducting the evaluations, Mr. Kessler noted the district attorneys have expressed concern on the issues of treatment and due process as individuals wait for the evaluations prior to trial. Localized competency evaluations and restoration by CMHCs can help expedite the process. Mr. Brown, KDADS, noted, beyond the human issue, there are lawsuits in other states relating to the delays in trials pending these evaluations. He said Kansas is vulnerable to such lawsuits.

The Chairperson recommended Judge Wonnell testify in the hearing on 2021 HB 2361 during the 2022 Legislative Session on specialty courts and bring up the recommendation for a specialty court coordinator.

### **Break—Working Lunch**

The Chairperson recessed the Committee to allow the members to retrieve their lunch and continue the meeting through a working lunch. The Committee was reconvened at 12:36 p.m.

### **Review of Telehealth Working Group Report Recommendations**

Hina Shah, KHI, assisted with this working group, and they met five times.

Sunee Mickle, Blue Cross Blue Shield of Kansas, joined the Committee meeting in person. Shawna Wright, University of Kansas, joined the Committee virtually. Ms. Mickle and Dr. Wright served as Co-chairs for the Telehealth Working Group.

Ms. Mickle stated the Telehealth Working Group reviewed the Kansas Telemedicine Act passed in 2018 and heard from a telehealth association.

The following members of the Telehealth Working Group assisted the Co-chairs in reviewing the recommendations:

- Sandra Berg, United Behavioral Health;
- Jennifer Findley, Kansas Hospital Association (KHA); and
- Jason Grundstrom, University of Kansas.

The Co-chairpersons and multiple working group members presented the recommendations from the Telehealth Working Group. The new and revised recommendations addressed the following topics: establishing a special committee on telehealth modernization; developing quality assurance standards for providers and patients; maintaining Medicaid reimbursement codes for telehealth services, as federal Centers for Medicare and Medicaid Services (CMS) rules allow; continuing coverage of telehealth for crisis services; addressing provider confusion over overlapping interstate compacts for telehealth licenses; and using telehealth to maintain service continuity for children and foster children as they move around the state.

The conferees, with assistance from Sarah Fertig, Medicaid Director, KDHE, responded to questions as follows:

- Regarding Recommendation 10.3 Telehealth for Crisis Services, Ms. Fertig noted KDHE is working on a State Plan Amendment to continue telehealth crisis services. Mobile crisis services are different and will keep the same rules on those services;
- Ms. Mickle stated the telehealth originating fee is paid at the originating site where the patient is located. The facility fee is to reimburse the provider at the originating site who is providing the services. The fees paid are based on the carrier. Ms. Fertig noted Medicaid does not pay a facility fee or originating site fee, rather it will reimburse the provider at the rate established for the service. Ms. Findley noted Medicare pays the facility fee at hospitals because a nurse is present to help the patient with the telehealth interaction. Dr. Wright noted a separate fee is not always added with telehealth services, and some insurance providers pay a small fee to originating sites;
- Regarding any additional fees charged for interpreter services involving telehealth, Ms. Findley noted KHA is not aware of any hospital that charges for interpreter services. Medicare requires interpreter services to be provided and that extends to all services; and
- Regarding the type of committee envisioned by Recommendation 10.6 Telemedicine Committee, the Chairperson noted a special committee created by the Legislative Coordinating Council (LCC) would be her preference because it can be changed as needed. The Chairperson requested KLRD staff create a standing letter to the LCC to create committees such as the Special Committee on Mental Health Modernization and Reform.

In response to an earlier question, Connor Stangler, KLRD, noted Secretary Howard asked KDADS to work with KDHE as part of the Autism Task Force. A report is expected in April 2022.

### **Review of Recommendations Proposed by Bethell Joint Committee**

Mr. Stangler responded to the Chairperson's request for a review of the recommendations from the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight (Bethell Joint Committee) that are similar to the interests of the Committee.

Mr. Stangler reviewed the following recommendations from the Bethell Joint Committee:

- Recommend the State submit a State Plan Amendment to add 90846 as a billable Medicaid code that would allow billing for therapy without the patient participating and request a cost estimate from KDHE. Further clarification is necessary because the code is included in the anticipated CCBHC funding;
- Recommend expanding postpartum coverage to 12 months for new mothers enrolled in KanCare and direct KDHE to provide data on the number of women who have used the first 2 months of postpartum services and could benefit from 12 months of service;
- Request the State Medicaid Director to review and report, including producing fiscal notes and historical comparisons, on raising the Specialized Medical Care (T1000) service codes for both the Technology Assisted and Intellectual and Developmental Disability (I/DD) waivers to \$47.00/hour, as well as Medicaid reimbursement rates as percentages of Medicare for various codes, in particular, emergency medical services, pediatric primary care, and certified nurse midwife services and submit the report to the Bethell Joint Committee, Senate Committee on Public Health and Welfare, House Committee on Health and Human Services, the social service budget subcommittee of the Senate Committee on Ways and Means and the House Committee on Social Services Budget;
- Recommend a bill be drafted to codify in statute the flexibility of the temporary nurse aide that was given emergency authorization by Executive Order 20-23;
- Direct KDHE to look into CMS approval for paying family caregivers if they meet the requirements of any other care providers within industry-standard guardrails and authorizing family caregivers with pending background checks to be paid. Direct KLRD to produce a cost estimate on the issue;
- Request the LCC to establish a committee to study the I/DD wait list and long-term needs of the I/DD community, similar to the structure of the 2021 Special Committee on Mental Health Modernization and Reform;
- Recommend the LCC establish a working group to study shortages and credentialing of personal care attendants and look at criteria and training;

- Recommend appropriate legislative committees that deal with perinatal behavioral health monitor current funding source for Kansas Connecting Communities, a collaborative mental health initiative between KDHE and several state and local partners;
- Recommend the Legislature amend statutes to provide refunds to skilled nursing facilities based upon the reduction in the number of licensed beds upon decertification; and
- Recommend KDADS look into amending certified medication aide curriculum to allow certified medication aides to assist residents in self-administration of insulin injections.

### **KDADS Responses Relating to State Hospitals**

Scott Brunner, Deputy Secretary of Hospitals and Facilities, KDADS, was asked to respond to several questions regarding the state hospitals.

Mr. Brunner responded as follows:

- Regarding the possibility of re-purposing nursing home beds in a closed nursing home as regional hospital beds, Mr. Brunner noted, even if 50 beds were added, there are not enough persons to staff those beds. Traveling nurses receive a higher rate of pay. Critical staffing is not available. Additionally, nursing home buildings are not set up to meet the needs of the state hospital population, requiring remodeling to address secure building, ligature risks, and other safety concerns; and
- The following beds are available: Hays, 14 acute psychiatric hospital beds; KVC in Wichita, 54 youth psychiatric hospital beds; Larned State Hospital, 90 long-term beds but only staffed for 72 and 52 acute beds; and Osawatomie State Hospital, 110 state-certified, long-term beds. State Institution Alternatives are available to serve patients but are not included in the bed count. Larned State Correctional Hospital has a maximum cap of 140 beds and is at 100, but there is a vacant unit for which there is no staff.

### **Recommendations by Special Committee on Working Group Report; Discussion and Special Committee Recommendations for Committee Report to the 2022 Legislature**

The Chairperson stated the Committee would determine, by consensus, which recommendations to include in the Committee report. The Chairperson led the Committee through a review of each of the the working groups' new and revised recommendations in the *Strategic Framework for Modernizing the Kansas Behavioral Health System: 2021 High Priority Update* (Strategic Framework Update). During discussion, the Committee considered the following recommendations in the Strategic Framework Update; amended some recommendations (as indicated below in brackets and italicized); and adopted the Strategic Framework Update, as amended, by Committee consensus.

## **Services and Workforce Working Group Recommendations**

- **Recommendation 1.2 Access to Psychiatry Services** (Workforce Revised Recommendation; Immediate Action): Request a Legislative Division of Post Audit review of the Kansas behavioral health participants in the National Health Service Corps and State Loan Repayment Program for the past ten years; review professions awarded, communities in which those providers were located, number of years they participated in the program, number of years they continued to practice in their position after they exited the program, *[and whether the psychiatrists who participated in the program and remained in Kansas were originally Kansas residents or came to Kansas from other states]*; expand the analysis to the behavioral health professions served in these programs *[and licensed by the Kansas State Board of Nursing, Behavioral Sciences Regulatory Board, and the Kansas State Board of Healing Arts]* (not just psychiatry); review best practices from other states regarding recruitment and retention of licensed behavioral health professional staff to urban, rural, and frontier communities for possible, if successful, implementation in Kansas; review medical school residency training location of psychiatrists and child and adolescent psychiatrists currently practicing in Kansas, as well as current practice locations of residents and fellows who completed residency and fellowship in Kansas within the last ten years; review existing research regarding where fellows practice in relation to where they trained; and look at the University of Kansas program that incentivizes medical students to end up practicing in Kansas to determine whether it is effective. *[If the requested audit by the Legislative Division of Post Audit is not approved, request the legislative budget committees include a proviso in the budget requiring KDHE to do the study with assistance from an educational institution]*.
  
- **Recommendation 1.4 Workforce Investment Plan** (Workforce Revised Recommendation; Strategic Importance): 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:
  - Establishing a *[University in Kansas]* partnership to develop the comprehensive investment plan, including a focus on high school internships, mentorship and free continuing education courses, building on the model in Nebraska on which the Committee heard testimony;
  - Seeding university programs to develop and expand bachelor's and graduate programs in behavioral health;
  - Creating a pool of funds that behavioral health providers could access to support retention and recruitment;
  - Developing a career ladder for clinicians, such as through the development of an associate-level practitioner role; and
  - Taking action to increase workforce diversity, including diversity related to race/ethnicity, LGBTQ+ identity, and the ability to work with those with limited English proficiency.

- **Recommendation 2.4 Support Kansas Suicide Prevention Plan** (Funding and Accessibility Revised Recommendation; Immediate Action): In support of the 2021-2025 Kansas Suicide Prevention Plan, standardize definitions of data collected related to suicide and making suicide a reportable condition; propose policy to ensure consistent data collection across the state, including for diverse populations (include demographics); leverage the Kansas Suicide Prevention Coalition to enable collaboration among all agencies engaged in suicide prevention; designate KDADS (the single state authority for federal mental health and SUD programs) as lead agency for implementation of the State Suicide Prevention Plan and collaborate with the Youth Suicide Prevention Coordinator in the Office of the Attorney General; add \$1.5 million from the State General Fund to the KDADS budget to implement additional recommendations and strategies from the State Suicide Prevention Plan, including \$250,000 for the Kansas Suicide Prevention Coalition, \$90,000 for a full-time state suicide prevention coordinator (population-wide), and the remainder for providing grant opportunities for local communities and implementing a statewide media campaign, [*and require KDADS look into potential grant funding*]; and require KDADS to submit an annual report on the progress from collaborating state agencies and the coalition as to the status and effectiveness of state suicide prevention policies and interventions, as well as any updates to the State Suicide Prevention Plan, to the Governor's Behavioral Health Services Planning Council and its Prevention Subcommittee.
- **Recommendation 3.3 Foster Homes** (Community Engagement Revised Recommendation; Strategic Importance): This recommendation that the State of Kansas should invest in foster home recruitment and retention was not amended by the Committee.
- **Recommendation 3.4 Community-Based Liaison** (Community Engagement Revised Recommendation; Strategic Importance): This recommendation recommending the expansion of locations where community-based liaisons are available was not amended by the Committee.
- **Recommendation 4.5 Trauma-Informed Care** (Prevention and Education New Recommendation; Immediate Action): This recommendation to convene, under the auspices of the Governor's Behavioral Health Services Planning Council, a workgroup of providers who have implemented trauma-informed practices to make recommendations was not amended by the Committee.
- **Recommendation 4.6 Promote Social Isolation as a Public Health Issue** (Prevention and Education New Recommendation; Strategic Importance): This recommendation relating to the dissemination of information on the importance of social isolation as a public health issue was not amended by the Committee.
- **Recommendation 4.7 Normalize Behavioral Health Discussions** (Prevention and Education New Recommendation; Immediate Action): This recommendation to publicize behavioral health as health and not focus on discussing stigma was not amended by the Committee.

- **Recommendation 4.4 Behavioral Health Prevention** (Prevention and Education Revised Recommendation; Strategic Importance): This recommendation to increase state funds for behavioral health prevention efforts was not amended by the Committee.
- **Recommendation 5.3 Statewide Psychiatric Access Program** (Treatment and Recovery Revised Recommendation; Immediate Action): This recommendation to fully fund a statewide psychiatric access program was not amended by the Committee.
- **Recommendation 6.6 Medicaid Postpartum Coverage** (Special Populations New Recommendation; Immediate Action): This recommendation to extend postpartum coverage to 12 months was not amended by the Committee. The rationale was amended to change a reference to \$10.5 million State General Fund (SGF) to “all funds.” Additionally, a note was added to reflect the Bethell Joint Committee made a similar recommendation.

### ***System Capacity and Transformation Working Group Recommendations***

- **Recommendation 2.6 Expand Mental Health Intervention Team Program** (Funding and Accessibility New Recommendation; Immediate Action): Expand the MHIT grant program to additional school districts. Support continuity and provide a way for students to access services when schools are not open by extending the times of services at schools, utilizing CMHCs, or utilizing other mental health providers. *[Make MHIT grant program permanent in statute and no longer a pilot program and phase in the reduction of the State-paid portion of the MHIT liaison cost. Clarify the MHIT program is not a mandatory program.]*
- **Recommendation 2.2 Addressing Inpatient Capacity by Implementing a Regional Model** (Funding and Accessibility Revised Recommendation merges 2020 Recommendations 2.2 and 9.1; Immediate Action): Implement and fund a comprehensive plan to address voluntary and involuntary hospital inpatient capacity needs while providing all levels of care across all settings, supplementing 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. *[Explore the need for state certified beds in south-central Kansas.]* Ongoing analysis should be conducted to identify the geographic areas of need and gaps in levels of care.
- **Recommendation 2.3 Reimbursement Rate and Review** (Funding and Accessibility Revised Recommendation; Immediate Action): This recommendation to implement an immediate increase of 10-15 percent for all providers of behavioral health services and establish a working group to regularly review the reimbursement structure was not amended by the Committee. The Committee noted the Bethell Joint Committee proposed a recommendation requesting the State Medicaid Director review and report, including cost estimates and historical comparisons, on raising Medicaid reimbursement rates as percentages of Medicare for various codes.

- **Recommendation 4.1 988 Suicide Prevention Lifeline Funding** (Prevention and Education Revised Recommendation; Immediate Action): This recommendation, once the 988 National Suicide Prevention Lifeline is implemented, to collect fees via telephone bills to support increasing the in-state answer rate and ensure callers are connected to in-state resources and recommend the Legislature consider 2021 HB 2281 during the 2022 Legislative Session was not amended by the Committee.
- **Recommendation 7.6 Outcomes Data** (Data Systems New Recommendation; Strategic Importance): This recommendation to establish an annual legislative report on state behavioral health outcomes using existing data and outcome measures was not amended by the Committee.
- **Recommendation 8.5 Regional Specialty Courts/Venue Transfer** (Interactions with Legal System and Law Enforcement New Recommendation; Strategic Importance): This recommendation to explore the creation of regional specialty courts across Kansas and to consider implications related to venue transfer for access to regional specialty courts was not amended by the Committee. However, the Committee requested a letter be sent on behalf of the Committee to the Judicial Branch requesting it explore funding that may be available to create regional specialty courts.
- **Recommendation 8.6 Specialty Court Coordinators** (Interactions with Legal System and Law Enforcement New Recommendation; Immediate Action): This recommendation to provide funding for judicial districts that meet qualifying criteria to hire specialty court coordinators was not amended by the Committee.
- **Recommendation 8.7 Competency Evaluations and Restoration** (Interactions with Legal System and Law Enforcement New Recommendation; Immediate Action): [*Recommend KDADS look into a pilot program*] for CMHCs to conduct mobile competency evaluation and competency restoration services [*and report to the 2022 Legislature*].
- **Recommendation 8.1 Correctional Employees** (Interactions with Legal System and Law Enforcement Revised Recommendation; Immediate Action): This recommendation to expand training in state correctional facilities, local jails, and detention centers to allow employees to better recognize those with SUD and other mental health needs, and connect the individuals with services was not amended by the Committee.
- **Recommendation 8.3 Law Enforcement Referrals** (Interactions with Legal System and Law Enforcement Revised Recommendation; Immediate Action): This recommendation to increase utilization and development of evidence-based SUD referral, treatment, and recovery services among persons with law enforcement contact was not amended by the Committee.
- **Recommendation 8.4 Defining Crossover Youth Population** (Interactions with Legal System and Law Enforcement Revised Recommendation; Strategic Importance): This recommendation for future efforts to include behavioral health

within an operationalized definition for youth with offender behaviors at risk of entering foster care, including diverted youth in the definition of the broader juvenile offender population, and coordinating with juvenile corrections advisory boards to ensure local implementation aligns with statewide policy team recommendations was not amended by the Committee.

- **Recommendation 9.3 Integration** (System Transformation Revised Recommendation; Immediate Action): This recommendation to increase integration, linkage, and collaboration and identify care transition best practices among mental health, substance abuse, primary care, and emergency departments across the state was not amended by the Committee.
- **Recommendation 9.5 Family Psychotherapy** (System Transformation Revised Recommendation; Strategic Importance): This recommendation to enable the utilization of procedure code 90846 in Medicaid to support youth in foster care by allowing therapists/practitioners to have discussions without the child present was not amended by the Committee. However, the Committee wished to note that the Bethell Joint Committee proposed a recommendation in its report to the 2022 Legislature for the State to submit a State Plan Amendment to add 90846 as a Medicaid billable code and requested a cost estimate from KDHE.

#### ***Telehealth Working Group Recommendations***

- **Recommendation 10.6 Telemedicine Committee** (Telehealth New Recommendation; Strategic Importance): The LCC shall establish a Special Committee on Telemedicine Modernization [*structured in the same manner as the 2021 Special Committee on Kansas Mental Health Modernization and Reform, which includes judiciary ad hoc members. The Committee stresses the need to continue its work on the topic of telemedicine.*]
- **Recommendation 10.1 Telehealth Quality Assurance** (Telehealth Revised Recommendation; Immediate Action): This recommendation to develop quality assurance standards to ensure high-quality telehealth services are provided was not amended by the Committee.
- **Recommendation 10.2 Telehealth Reimbursement Codes** (Telehealth Revised Recommendation; Immediate Action): This recommendation, as CMS rules allow, to maintain Medicaid reimbursement codes added during the public health emergency for telehealth services and to consider options to prevent the loss of facility fees by providers was not amended by the Committee.
- **Recommendation 10.3 Telehealth for Crisis Services** (Telehealth Revised Recommendation; Immediate Action): This recommendation to continue coverage of telehealth for crisis services to allow for the use of telehealth with law enforcement and mobile crisis services was not amended by the Committee. However, the Committee wished to stress that crisis services and mobile crisis services are two different types of services.

- **Recommendation 10.4 Telehealth Originating and Distant Sites** (Telehealth Revised Recommendation; Strategic Importance): This recommendation noting items that should be addressed to ensure individuals receive—and providers offer—telehealth in the most appropriate locations was not amended by the Committee.
- **Recommendation 10.5 Child Welfare System and Telehealth** (Telehealth Revised Recommendation; Strategic Importance): This recommendation to utilize telehealth to maintain service and provider continuity as children, particularly foster children, move around the state and to explore how the needs of parents and children in the child welfare system can be met via telehealth was not amended by the Committee.
- The Committee further recommended the Committee’s final report be distributed to the House Committee on Children and Seniors, Senate Committee on Ways and Means (agency subcommittees), House Committee on Corrections and Juvenile Justice, Senate Committee on Judiciary, Senate Committee on Public Health and Welfare, House Committee on Health and Human Services, House Committee on K-12 Education Budget, and House Committee on Social Services Budget.
- Additionally, the Committee recommended the following documents be included in the Committee’s report to the 2022 Legislature: the crosswalk of behavioral health-related recommendations from other committees, councils, and task forces since the Committee’s previous report to the Legislature; the spreadsheet on the status of the recommendations as reported by lead and supporting agencies; the check list of the recommendations indicating those that have been completed; and the Strategic Framework Update (working groups’ report showing the new and revised recommendations) with edits made by the Committee.

## Adjourn

The following resources were distributed to the Committee members in response to several questions asked earlier in the meeting:

- KDADS Overview of the State Hospital Role in Competency, November 1, 2021 ([Attachment 14](#));
- National Center on Birth Defects and Developmental Disabilities (Children with Autism Spectrum Disorder) December 2, 2021 ([Attachment 15](#));
- Kansas Health Institute, “Demystifying the Rankings” (Handout)([Attachment 16](#));
- Kansas Health Institute, “Demystifying the Rankings” (Slide deck) ([Attachment 17](#)); and

- Kansas Health Institute, “Applied Behavioral Analysis Services in Kansas” ([Attachment 18](#)).

The Chairperson thanked the *ad hoc* members for their expertise, KHI for their work as a team partner, and KHI and KLRD for their contributions to the Committee’s report. The Chairperson also thanked the Committee members for their participation in the working group meetings without compensation.

The Committee was adjourned at 4:34 p.m.

Prepared by Sky Westerlund

Edited by Iraida Orr and Connor Stangler

Approved by the Committee on:

February 14, 2022

(Date)