2018 Mental Health Task Force Update

November 14, 2018

TO: Honorable Senator Carolyn McGinn
Representative Troy Waymaster
Senator Anthony Hensley
Members of the Legislative Budget Committee

The Mental Health Proviso Task Force has been working to further define and develop the recommendations of the 2018 Task Force Report and to create a strategic plan to improve our behavioral health continuum of care in Kansas. See proviso language on page

Kansas is right on time:

Yesterday, the following notice appeared in my inbox: Remarks to the National Association of Medicaid Directors by Alex M. Azar II, Secretary of Health and Human Services.

"Today, CMS will be sending a letter to state Medicaid directors laying out how to apply for waivers for flexibility … to treat serious mental illness. … [W]e will strongly emphasize that inpatient treatment is just one part of what needs to be a complete continuum of care, and participating states will be expected to take action to improve community-based mental health care. There are effective methods for treating the seriously mentally ill in the outpatient setting, which have a strong track record of success and which this administration supports. … Both tools are necessary and both are too hard to access today."

He goes on to talk about three priorities: improving the well-being of Americans through promoting community engagement; second, combating addiction and the opioid crisis; and third, improving the availability of treatment for Americans with serious mental illness. He emphasized the need for "rethinking the boundaries of how Medicaid pays for mental health treatment." This is a reference to the need for waivers to the IMD Exclusion – a primary recommendation of this Task Force.

The 10-10-10 dilemma:

"First, about 10 million American adults in a given year experience a serious mental illness, meaning one that seriously impairs one or more major life activities, like holding down a job or maintaining relationships.

Second, they live, on average, lives that are 10 or more years shorter than other Americans', which is a tragic outcome for illnesses that we know how to treat.

Third, by one estimate, 10 times more Americans with serious mental illness are in jail or prison than in inpatient psychiatric treatment. This is a disturbing, systemic failure." (Remarks to the National Association of Medicaid Directors by Alex M. Azar II, Secretary of Health and Human Services.)

These comments from Secretary Azar mirror the assertions of the Kansas Adult Continuum of Care Report and the 2018 Mental Health Task Force Report. Our continuum of care is insufficient to meet the needs of Kansans today.

While the members of the task force are disappointed that the federal government has been slow to move forward with the waiver to the IMD rule for psychiatric inpatient treatment, the waiver for addictions treatment is encouraging. The KanCare waiver application did request a waiver to the IMD exclusion and the agencies have assured us they will continue to pursue waivers beyond addictions treatment. In its letter to Medicaid directors, CMS encouraged states to use Section 1115 demonstrations to improve community-based systems and cover short-term inpatient mental health treatment, which since Medicaid began in 1965 has not been allowed under

the IMD exclusion.

The 2017 Kansas Legislature directed the creation of an 11-member task force to review the mental health system in Kansas through a budget proviso. In 2018, the Legislature adopted another proviso, adding additional important voices to the Task Force and laying out a more specific direction:

The Work of the Task Force

Goals:

- Develop Strategic Plan, using MHTF Report Recommendations issued on January 8, 2018 as the foundation
- Develop recommendations for system capacity
- Estimate impact of each strategy, including financial
- Deliver repot to the Legislature by January 14, 2019

Structure:

- No chair
- Decisions are made by consensus
- Participants are appointed by the Legislature
- Participants attend meetings in person and/or over the phone
- Task Force is facilitated by Kansas Health Institute
- Task Force is supported by KDADS
- State agencies provide information and expertise

Overview:

- At each meeting, participants develop an implementation strategy for the topic listed Table 1, page 8. To support the development of the Strategic Plan, Task Force members identify
    - Information / Research required for each upcoming discussion
    - Remaining questions
    - Potential speakers from relevant agencies/organizations
- Elements of Plan Development
    - Describing vision for each recommendation
    - Identifying activities to implement recommendations
    - Staging individual recommendations and activities
    - Identifying financial resources
    - Creating success metrics

Schedule:

June 19 – Goals and Schedule
Status of current recommendations and initiatives– KDADS
Framework for implementation plan developments

July 12 – System Transformation
Review and provide input regarding proposed KDADS RFP for Regional Hospital Beds
Children's Continuum of Care Report

July 26 – System Transformation
Regionalization
Inpatient Hospital Capacity Bed Study – develop criteria

August 9 – System Transformation – Crisis Stablization Centers
Seth A. Seabury, USC Schaeffer, Leonard D. Schaffer Center for Health Policy and Economics will discuss "The Cost of Mental Illness: Kansas Facts and Figures."
Crisis Centers Data: RSI Hospital Diversion Chart

August 23 – Regionalization Plan Development
IMD Exclusion: Status Update KDHE
Child Welfare System Task Force Update KHI
Crisis Text Line KDADS

September 13 – Maximizing Federal Funding

Draft Systems of Care language for the action steps (recommendations 2.2.) and be ready to provide feedback:

- Develop sustainable funding to continue and expand activities funded by the Systems of Care grant beyond the initial four grantee counties. (KDADS)
- Provide the Legislature with a report on implementation of mental health intervention teams in the districts identified in 2018 Sub. for SB 423. (KSDE)
- Expand the reach of the mental health intervention teams' model by including additional school districts. (Legislature)

New Initiatives for Child Welfare - Sec. Gina Meier-Hummel, DCF

Peer support services KDADS

September 27 – System Transformation and Maximizing Federal Funding

IMD Waiver information

Housing Codes / Housing Grants Initiative

October 11 - Continuum of care for children and youth

Federal Funding and Initiatives - "Preventing Youth Suicide" by Kimberly L. Nelson, LAC, MPA

Continuum of care for children and youth recommendations

Children's Continuum of Care Committee Report (link to report: https://www.kdads.ks.gov/docs/default-source/CSP/bhs-documents/Reports/children's-continuum-of-care-task-force-report-dec-2017.pdf?sfvrsn=661106ee_4)

October 25 – Continuum of care for children and youth

Crosswalk: MHTF's recommendations and Children's Continuum of Care Task Force Report

Approaches to addressing SUD in the 2018 MHTF's report

A draft implementation plan (1 new recommendation (6.3) – Continuum of care for children and youth recommendations

Governor's SUD Task Force report.

(http://www.preventoverdoseks.org/download/GovSUDTaskForceReport_FINAL.pdf)

November 1 – Teleconference to finish children and youth recommendations

November 8 – Nursing Facilities for Mental Health

November 29- Workforce and Strategic Plan

December 6 – Strategic Plan

December 20 – Strategic Plan

Key Strategies Requiring Legislative Attention:

Task Force members are understandably reticent to point to only a few priorities for this committee's attention prior to the release of the full report. Just as the 2015 Adult Continuum of Care Report pointed out deficiencies across the full continuum of care, the Task Force is adamant that I communicate as clearly as possible that one or two policy actions simply cannot close the gaps that exist in our continuum – putting individuals and families in the position of having literally nowhere to turn in moments of crisis. Kansas is not alone in facing this challenge, and if we can build on the gains that have occurred in 2017 and 2018, we should be well positioned to take advantage of opportunities provided by the federal government and to coordinate the multiple fronts of our disability, child welfare, corrections, and Medicaid agencies.

We have worked to crosswalk the recommendations of the Governor's SUD Task Force, Children's Continuum of Care Committee, and the Child Welfare System Task Force along with our Task Force recommendations. We have updated recommendations where the actions of the Legislature or state agencies have made changes. A couple of key actions that may require monitoring by the Legislature include the following:

- Problem Gambling and Addictions Fund – the fund that receives a portion of casino gaming income has been the focus of a Legislative Post Audit and this was the first year some of the funds that have been directed away from treatment were redirected back to fill the shortfall of block grant treatment dollars.

The federal block grant that funds treatment for the uninsured is regularly depleted, so these funds must be used for their designated purpose – to fund treatment and improve access.

- Housing – for the first time, the Kansas Legislature has committed funding to expand housing options, through Medicaid and through regional crisis stabilization programs. (The latter was accomplished through existing funds.) Additionally, KDADS has issued a grant pilot project that we expect will provide positive outcomes utilizing evidence based strategies.
- K-12 Mental Health Initiative - In addition to the ongoing Department of Education initiatives, the Legislature funded a pilot project to add mental health resources for K-12 school districts
  $6 million pilot project contracts with community mental health centers for mental health professionals in schools
- Community crisis centers for juveniles - Provide immediate access to kids in crisis for screening, stabilization and referral, similar to the crisis stabilization centers already established for adults in Kansas City, Wichita, and Topeka.
- Medicaid One Care - The 2018 Legislature directed KDHE to create a new Health Homes/care management program – agency is in the planning process. Medicaid participants would be eligible for an opt-in program for whole health care services. Care managers assist individuals with meeting all of their health needs. Health homes/care management programs typically serve people with chronic conditions. Health homes are not a "place", but a service.
- The 2017 and 2018 Legislature set out a schedule to incrementally restore funding for the Mental Health Reform Grants for the community mental health centers.

Medicaid Expansion

Of all the recommendations before you, a strong Medicaid Expansion policy would do more to provide options to families across the state than any other. More than half of those who show up for care at a state hospital, community mental health center, or federally qualified health center are uninsured. The block grant funds that Kansas uses to pay for addictions treatment for the uninsured are regularly depleted. Expansion will improve access to care statewide, and to crisis services specifically. It will ensure that individuals access treatment when symptoms first occur, help to fill identified gaps in the continuum of care: crisis care and substance use disorder treatment, and increase state access to available federal funds. Right now, Kansas bears the full expense of providing much of the treatment to the uninsured – particularly at the state hospitals.

This recommendation is also endorsed by the Governor's SUD Task Force, which states that Expansion will improve access to needed healthcare services, including substance use disorder treatment, and reduce more costly treatment sought in hospital emergency departments. Data clearly show that states that have expanded Medicaid have improved access to all healthcare services, including SUD treatment; individuals stay in treatment longer, and chronic disease management and outcomes are improved.

Medicaid Expansion also helps treatment providers to hire clinical specialists and offer broader service options, which is an extraordinary need for all of our behavioral health providers today.

Regional Crisis Services

Secretary Keck and Commissioner Fout have pursued expanded regional crisis services and recently added contracts for Salina and Manhattan. Kansas already has three non-hospital crisis stabilization centers located in Kansas City, Topeka, and Wichita.

Crisis stabilization is a short-term service that allows a person in distress to receive services over a period of days before transitioning to community-based care. Depending on length of stay, crisis stabilization is an inpatient service, but as it is not necessarily provided in a traditional hospital setting, it can be an alternative to psychiatric hospitalization. Crisis observation, a similar service, can be provided for up to 23 hours, allowing symptoms to

ease before a patient is connected to community-based follow-up services.

A key aspect to providing regional crisis stabilization services is the stable ongoing state investment to create an infrastructure that can be accessed from various areas of the state. The State's interest in this investment is obvious, with the data clearly showing reduced utilization of the state hospitals. Less visible is the benefit to families and communities, when individuals engage in community based treatment or housing options more quickly and avoid disastrous outcomes such as homelessness or imprisonment.

The success of any given crisis center is dependent on more than just stable funding. There must be options to refer individuals to needed addictions treatment, community based support services, and safe food and housing. Ideally, these centers can provide a "warm handoff" with an appropriate level of followup.

Creating crisis stabilization services in less populated areas of the state will require creative partnerships to have the clinical expertise on hand with some flexibility in structure. Some of the areas of our state that need these services may not be able to sustain the rate of utilization or number of insured patients required to fund a facility that looks like RSI in Kansas City.

- The 2018 Legislature established lottery vending machines as a funding source for these services. There will be a need to set aside supplemental funds next session until the state begins to receive income from the vending machines.
- The 2018 Legislature adopted legislation establishing regional crisis services for children and youth – these efforts are under development.
- Crisis Intervention Act – The 2017 Legislature passed the Crisis Intervention Act to establish short-term involuntary treatment options at the community level. These facilities have not yet been created. They require new rules and regulations for facilities and a funding strategy. NOTE: Crisis Intervention Center and Crisis Stabilization Center are not interchangeable terms.

State Hospital Regionalization – The State Hospitals Crisis

The Task Force acknowledges and appreciates the intensive work of the current Secretary and superintendents to modernize our state hospitals and to provide quality treatment there and particularly to restore CMS certification for the Adair Acute Treatment Unit at Osawatomie State Hospital. But we continue to have a state hospitals crisis.

Osawatomie State Hospital is still under a moratorium on admissions – the moratorium began June 21 2015. The Task Force recommends taking action as soon as possible to eliminate the waiting list for admissions at Osawatomie State Hospital and to reinstate voluntary admissions.

Bed Study: At this time, the bed study to determine Kansas-specific recommendation for the number of new inpatient beds needed is not complete. We look forward to the results of that analysis in December. January's report included a 300-bed recommendation, based on a target of 39 beds per 100,000 adults. That report also noted that the number of beds to be added could be lower if other systemic changes recommended by the Task Force were adopted. Therefore, the bed study will include a range of beds, but we fully expect it to recommend an increase, even if other systemic changes are implemented. (See bed chart below)

The number of available state hospital beds decreased from more than 1,000 beds in 1990 to 258 staffed beds in 2017 (excluding forensic beds).

An overriding concern for developing the number of needed beds rests on the current lack of access to inpatient care. The study will incorporate data going back to 2013. Reviewing admissions records since 2015 would not yield an accurate needs assessment because the beds have not been available. Anecdotal evidence from law

enforcement officials indicates that some have stopped seeking assistance for certain individuals in their communities who suffer from chronic mental illness and frequently encounter law enforcement. This is just one example of how analyzing data from the past three years could underrepresent the community need – an error that we hope to avoid.

Figure 7. Kansas Adult Psychiatric Hospital Beds (excluding forensic) in Kansas by Population and Facility Type, 2017

Counts	Population 18+: 2015 Population Estimates	2,192,084
	State Psychiatric Hospital Beds	248
	Larned State Hospital	90
	Osawatomie State Hospital	158
	Psychiatric Hospital Beds (Adult) General Hospitals	204
	St. Catherine (Garden City)	10
	Hutchinson	13
	KU Hospital	26
	Salina	15
	Shawnee Mission	42
	Stormont-Vail	38
	Via Christi	60
	Hospital Beds (Adults) Free Standing Psychiatric	96
	Cottonwood Springs	24
	KVC (Adult)	12
	Prairie View	60
Total	Total Adult Psychiatric Hospital Beds	548
Rate	Rate (Total Adult Psychiatric Hospital Beds)	25.0

Rates per 100,000.

Sources:
Population Estimates: U.S. Census Bureau's Vintage 2015 Population Estimates
State Psychiatric Hospital Beds: KDADS (2017)
Psychiatric Hospital Beds (Adult) General Hospitals: KDADS (2017). Directory of Mental Health Resources
Hospital Beds (Adults) Free Standing Psychiatric: KDADS (2017)

It is imperative that Kansas make the investments necessary to support the Kansas-specific estimate of beds needed, while simultaneously moving forward with implementing other recommendations included in this report to provide a functioning safety net and eliminate the waiting list process for Osawatomie State Hospital (OSH).

Comprehensive Approach. While the Task Force appreciates the intention of the current request for proposal (RFP) to create better and safer treatment and work environments for patients and staff at Osawatomie State Hospital, any proposal involving new construction should only be executed as part of a comprehensive financing package addressing a full range of needs in the behavioral health system for mental health and substance abuse disorder treatment, including inpatient and outpatient community-based services, crisis stabilization, housing, and peer programs.

It is not sufficient to create a plan for new state hospital beds in one of the urban areas of the state, for instance Wichita, and not provide the necessary investments for safe CMS certified inpatient beds at Osawatomie and Larned. The investments in the employees, IT, and facilities are long past due and have been in a holding pattern while the agency aggressively pursued the priority of re-certification. There have been many important improvements for quality of care and remodeling, but it is time to end the moratorium. Toward that end, KDADS has worked on two Requests for Proposals. The Proposal to Privatize Osawatomie State Hospital was awarded but set aside last session. A Request for Proposals to contract for regional hospital beds was drafted and awaits action. Members of the Task Force were asked to provide input to this RFP, and there were many questions about how such a contract would interact with the other state hospitals capacity, catchment areas and funding. Legislative approval is required for any major changes to the state mental health hospitals.
This may be one of the most important and expensive initiatives of 2019.

The Task Force has more work to do to further define the strategies for expanding the number of inpatient beds for Kansas. Hopefully, by incorporating the other recommendations regarding our Medicaid program and important addictions treatment access issues, Kansas will not have to fund 300 new hospital beds.

More Work to Do

This update may provide more questions than concrete answers, but it is just a snapshot of where we are today. We have spent hours developing recommendations for children and youth and we hope they will gain their share of attention during the 2019 Legislative Session. For example, the crosswalk between the MHTF and Children's Continuum of Care recommendations resulted in this recommendation: Review and restore to at least previous levels and enhance reimbursement for in-home behavioral health services, provide and expand training for in-home services. This is not to say it is the most important recommendation for children and youth, but to illustrate how the Task Force Report is informed by the other stakeholder work.

The members of the Task Force are very appreciative of the time and attention this committee and Kansas legislators have given to our work. The actions of the Legislature have given us hope that by the end of the year, we can report positive changes to you and to families across the state.

Thank you for your kind attention,

Amy A. Campbell, Kansas Mental Health Coalition campbell525@sbcglobal.net 785-969-1617

Attachments:

Members of the Mental Health Task Force

1. Amy Campbell, Kansas Mental Health Coalition
2. Bill Persinger, Valeo Behavioral Health Care
3. Dantia Maur-MacDonald, Person with Lived Experience of Mental Illness with Past Involuntary Hospitalizations at Osawatomie State Hospital and National Alliance of Mental Illness Board Vice President
4. Deborah Frye Stern, VP Clinical Services & General Counsel
5. Denise Cyzman, Executive Director, Kansas Association for the Medically Underserved
6. John Worley, Former Superintendent, Osawatomie State Hospital
7. Jason Miller, Parent
8. Kyle Kessler, Executive Director, Association of Community Mental Health Centers of Kansas, Inc.
9. Les Sperling, CEO Emeritus, Central Kansas Foundation
10. Marilyn Cook, Executive Director, COMCARE of Sedgwick County, Retired
11. Ryan Speier, President, KVC Hospitals
12. Susan Crain Lewis, President/CEO, Mental Health America of the Heartland
13. Wes Cole, Chair, Governor's Behavioral Health Services Planning Council and Interim Superintendent, Osawatomie State Hospital

The January 8 2018 Mental Health Task Force Report: At the request of the 2017 Legislature the Task Force worked to develop a list of priority recommendations. The list of priority recommendations includes 26 recommendations to form a multi-faceted approach that can be used by policymakers to reverse the erosion of our behavioral health continuum of care and see improved outcomes for Kansas families. The report is a compilation of information from 11 reports (150 recommendations), the work of stakeholders who have served on variety of advisory committees, including the subcommittees of the Governors Behavioral Health Services Planning Council. The report is posted at https://www.kdads.ks.gov/docs/default-source/CSP/bhs-documents/governor's-mental-health-task-force/mental-health-task-force-report.pdf?sfvrsn=2. The page numbers refer to pages in the MHTF Report where the recommendations are further described.

Topic 1: Maximizing Federal Funding and Funding From Other Sources.

- **Proviso #5: The maximization of federal and other funding sources for mental health services.**

Recommendation 1.1: IMD Waiver. Seek revocation or waiver of the federal Institution for Mental Disease (IMD) exclusion rule. (page 6)

Recommendation 1.2: Medicaid Expansion Models. Adopt one or more models of Medicaid expansion to pursue solutions for serving the uninsured and underinsured. Such model(s) should improve access to behavioral health services. (page 8)

Recommendation 1.3: Housing. Instruct the Kansas Department for Aging and Disability Services (KDADS) to convene key agencies and the entities that currently provide housing programs, facilitate community collaborations, and prepare for federal funding opportunities. (page 10)

Recommendation 1.4: 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 11)

Recommendation 1.5: Excellence in Mental Health Act. Support expansion of the federal Excellence in Mental Health Act and then pursue participation. (page 12)

Topic 2: Crisis Stabilization

- **Proviso #6: The statewide absence of crisis stabilization centers to provide short-term mental health crisis care of 48 hours or less.**

Recommendation 2.1: Regional Crisis Locations. Develop community crisis locations in regions across the state, including co-located substance use disorder (SUD) services. (page 16)

Recommendation 2.2: Access to Effective Practices and Support. Deliver crisis and prevention services for children and youth in natural settings (e.g., homes, school, and primary care offices) in the community. (page 17)

Recommendation 2.3: 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)

Recommendation 2.4: Funding for Crisis Stabilization Centers. If Crisis Stabilization Centers are to be part of the state safety net system, the state must provide ongoing base funding for these services. The structure of Medicaid should be robust enough to sustain these services. Make sure that services are available to the uninsured and underinsured. (page 20)

Recommendation 2.5: Warm Hand-Off. Establish a 24-hour uniform hotline and implement a warm hand-off based on the 911 model. (page 21)

Topic 3: Inpatient Capacity

- **Proviso #2: The most effective ways to deliver mental health services, including the varied services required for individuals of varying ages.**
- **Proviso #4: A comprehensive strategy for delivery of mental health services.**

Recommendation 3.1: Regional Model. Implement a regional hospitalization model for provision of additional acute care and treatment to meet bed goals and geographic dispersion. (page 25)

Recommendation 3.2: Number of Beds. Develop a plan to add more than 300 additional hospital beds, or create and expand alternatives that would reduce the number of new beds needed. KDADS should execute a study to determine a Kansas-specific estimate of beds needed, while simultaneously moving forward with implementing other recommendations included in this report to provide a functioning safety net and eliminate the waiting list process for Osawatomie State Hospital (OSH). (page 26)

Recommendation 3.3: Implementation of CIA. Develop regulations and funding resources to implement the Crisis Intervention Act (CIA). (page 29)

Recommendation 3.4: Suspension of Medicaid. The state should 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. (page 30)

Topic 4: Privatization of Services

- **Proviso #3: The certification process of Osawatomie State Hospital.**
- **Proviso #7: Options for privatization of mental health services.**

Recommendation 4.1: Comprehensive Approach. While the Task Force appreciates the intention of the current request for proposal (RFP) to create better and safer treatment and work environments for patients and staff at Osawatomie State Hospital, any proposal involving new construction should only be executed as part of a comprehensive financing package addressing a full range of needs in the behavioral health system for mental health and substance abuse disorder treatment, including inpatient and outpatient community-based services, crisis stabilization, housing, and peer programs. (page 33)

Recommendation 4.2: Regional Model. In lieu of a single RFP, the Task Force recommends a regional model that would supplement the traditional state hospital setting with regionalized facilities accepting both voluntary and involuntary admissions for persons in acute psychiatric crisis. The state hospital setting must continue to provide both acute services as well as longer-term/tertiary specialized care. (page 35)

Recommendation 4.3: Vigorous Oversight. Any process that could result in privatized services – including requests for proposals as well as oversight of any resulting privatized facility – should include thorough and ongoing oversight, including an advisory board to include clinicians, accountants, legal counsel, persons with lived experience who are in recovery, persons with lived experience who have been voluntarily and involuntarily hospitalized, family members and guardians of persons with mental illness, Community Mental Health Center staff, law enforcement and community corrections, and advocacy organizations. If a single bidder responds to any RFP, additional oversight may be required. (page 36)

Topic 5: Nursing Facilities for Mental Health (NFMHs)

- **Proviso #2: The most effective ways to deliver mental health services, including the varied services required for individuals of varying ages.**
- **Proviso #4: A comprehensive strategy for delivery of mental health services.**

Recommendation 5.1: Licensing Structure. Update licensing structure to allow for necessary rehabilitative services in NFMHs and inclusion within continuum of care. (page 39)

Recommendation 5.2: Presumptive Approval of Medicaid. Coordinate with the Kansas Department of Health and Environment (KDHE) and determine if a policy could be developed that allows presumptive approval upon discharge for anyone leaving an IMD environment, including NFMHs. (page 40)

Recommendation 5.3: Crisis Services at NFMHs. Develop a process for crisis services to be accessed/provided for individuals in NFMHs to include the creation of additional crisis stabilization units with medical and mental health abilities to help stabilize people up to 14 days. (page 41)

Topic 6: Continuum of Care for Children and Youth (Note: The Children's Continuum of Care Committee was meeting concurrently, and their report was not yet available to the Task Force.)

- **Proviso #2: The most effective ways to deliver mental health services, including the varied services**

required for individuals of varying ages. • **Proviso #4: A comprehensive strategy for delivery of mental health services.**
Recommendation 6.1: Expand Service Options. Create additional options such as therapeutic foster care and home-based family therapy, among others, in regions across the state. (page 44) **Recommendation 6.2: Intensive Outpatient Services.** Expand community-based options, such as intensive outpatient services. (page 45) **Recommendation 6.3: Quality of Care.** Managed care organization (MCO) contracts should incentivize reduced Psychiatric Residential Treatment Facility (PRTF) readmissions instead of reduced lengths of stay. (page 46) **Recommendation 6.4: 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. Ensure children and caregivers are screened and assessed at regular intervals in early childhood programs. Based on the screening results, work in collaboration with partners to address Adverse Childhood Experiences (ACEs) and sources of toxic stress. (page 47)
Topic 7: Other Recommendations • **Proviso #1: The Kansas mental health delivery system.**
Recommendation 7.1: Workforce: Encourage integration of peer support services into multiple levels of service, including employment services at the CMHC's, hospitalization, discharge, and transition back to the community. (page 49) **Recommendation 7.2: Health Homes:** The state should take steps to ensure that all Kansas adults with mental illness, including those with co-occurring substance use disorders, and children and adolescents with serious emotional disturbance are enrolled in a health home to provide access to activities that help coordinate their care. (page 50)

PROVISO LANGUAGE:

During the fiscal year ending June 30, 2019, in addition to the other purposes for which expenditures may be made by the above agency from moneys appropriated from the state general fund or from any special revenue fund or funds for fiscal year 2019 by chapter 104 of the 2017 Session Laws of Kansas, this or any other appropriation act of the 2018 regular session of the legislature, expenditures shall be made by the above agency from such moneys, not to exceed $50,000, to continue the mental health task force established by section 99(r) of chapter 104 of the 2017 Session Laws of Kansas: ***Provided***, That in addition to the members appointed to the task force pursuant to section 99(r) of chapter 104 of the 2017 Session Laws of Kansas, the task force shall consist of two additional members, one to be appointed by the Kansas hospital association and one to be appointed by the Kansas association for the medically underserved; ***Provided further***, That such task force shall study the following topics: The Kansas mental health delivery system, including a prioritization of, or the creation of, a strategic plan addressing the recommendations of the report filed on January 8, 2018; ascertaining the total number of psychiatric beds needed to most effectively deliver mental health services and the location where such services would be best provided in Kansas, working in conjunction with the entity that facilitated the task forces's activities in fiscal year 2018; and any other matters relating to mental health services as such task force deems appropriate: ***And provided further,*** That such task force shall submit a report on the task force's findings to the senate standing committees on ways and means and public health and welfare and the house of representatives standing committees on appropriations and health and human services on or before January 14, 2019.

To date, 2,585 Individuals would have Gone to Hospitals without RSI

	Year One		Year Two		Year Three		Year Four		Year Five (YTD August)	
	#	%	#	%	#	%	#	%	#	%
KU Medical Center	618	69%	621	77%	405	78%	185	62%	32	44%
State Hospital	125	14%	30	4%	3	1%	6	2%	0	0%
Shawnee Mission Med Center	95	11%	93	12%	60	12%	62	21%	25	35%
Providence Med Ctr	2	0%	29	4%	21	4%	19	6%	8	11%
Olathe Med Center	20	2%	6	1%	7	1%	1	0%	2	3%
Overland Park Regional	13	1%	6	1%	1	0.19%	3	1%	0	0%
Other	19	2%	23	3%	19	4%	23	8%	5	7%
Total	892	100%	808	100%	516	100%	299	100%	72	100%