

**Governor’s Behavioral Health Services Planning Council  
 Kansas Citizen’s Committee on Alcohol and Other Drug Abuse (KCC)  
 Annual Report, 2017**

Presented to:

Wes Cole, Chairperson, Governor’s Behavioral Health Services Planning Council  
 Tim Keck, Secretary, Kansas Department of Aging and Disability Services  
 Sam Brownback, 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:**

<b>Member</b>	<b>Representing</b>
Al Dorsey	Citizens
Pastor Dave Fulton, Past Chair	Citizens
Shane Hudson, Chair	Treatment
Christopher Lund	Citizens
Krista Machado, Recorder	Prevention
Det. Lane Mangels	Law Enforcement
Bill Persinger	Mental Health
Toni Ragland	Citizens
Mollie Thompson	Prevention
Kayla Waters, Chair Elect	Higher Education
Victor Fitz	Treatment
Jennifer Foster	Citizens
Kimberly Reynolds	KDADS/Staff Liaison
Diana Marsh	KDADS/KCC Support Staff

## **Introduction**

In the 2016 report “Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health” it was stated that in 2015 over 27 million people in the United States reported current use of illicit drugs or misuse of prescription drugs, and over 66 million people (nearly a quarter of the adult and adolescent population) reported binge drinking in the past month. Alcohol and drug misuse and related disorders are major public health challenges that are taking an enormous toll on individuals, families, and society. It is estimated that the yearly economic impact of substance misuse and use disorders is \$249 billion for alcohol misuse and alcohol use disorders and \$193 billion for illicit drug use and drug use disorders.

Additionally, the opioid crisis led to nearly 30,000 people dying due to an overdose on heroin or prescription opioids in 2014. Roughly 20,000 people died as a result of an unintentional overdose of alcohol, cocaine, or non-opioid prescription drugs in 2014 (Facing Addiction in America, 2016).

As the effects of the opioid crisis are beginning to present themselves in Kansas, now is as important a time as ever before to focus on how we can help Kansans survive addiction and flourish in recovery.

As an advisory council on addiction prevention and treatment in Kansas, we are basing our recommendations on three foundational premises. First, effective services save lives and promote autonomy and higher quality of life for individuals, families, and communities in Kansas. Second, prevention and treatment of addictions is financially responsible. For example, data from the collaboration between Central Kansas Foundation and Stormont Vail Healthcare shows that of 658 patients placed in SUD treatment services from 4/1/15-3/31/17 there was a 58% decrease in ED visits and/or admissions following their treatment placements. Third, effective addiction prevention and treatment services are essential to public safety for the citizens of Kansas, reducing rates of assault, accidents, abuse, crime, and suicide (Boles & Miotto, 2003; Drug Abuse Warning Network, 2011).

## **Specific Recommendations and Action Steps**

The state officials reading this report are in the best position to recognize opportunities to support addiction prevention and treatment. We ask that you adopt as your own this vision of a safe and healthy Kansas, supported through effective, integrative, cost-saving addiction prevention and treatment services. In addition, we offer the following information and recommendations.

### **Funding**

The first step to supporting any of the recommendations in this report is to promote adequate funding for the field of addiction counseling. Approximately 70% of addiction services are currently funded by the SUD Block Grant. Unless additional streams of funding are secured, implementing the recommendations below will pull resources from other valuable programs. We make the following recommendations for improving resources in the field of addiction counseling:

- Ensure that the Problem Gambling and Other Addictions Grant Fund is used in accordance with bylaws and statutes. The state made the decision to use some of the state casino revenues to enhance funding for addiction services. State statute allows for this money to be used to fund ‘other addictions’. Research has shown that most problem gamblers have a co-occurring disorder and so it makes sense to look at this issue from a broad perspective. Gambling is a behavior addiction, and like substance addiction, involves the brain’s reward pathway which often leads to co-occurrence with other addictions.
- Reinstate the 4% Medicaid cuts that were enacted in July 2016. These cuts have negatively affected providers who continue to do their best to provide increasing levels of quality services with less money to do so. Ultimately, providers must turn to options such as reducing programs and/or staff in an environment where cost of service delivery is rising annually and rates have not increased since 2011 for Block Grant or Medicaid.
- Support Medicaid expansion to insure Kansans for substance use disorder and mental health services, who would otherwise utilize block grant funding and often face wait lists for services
- Support a global payment model that would allow providers to define the appropriate care for each patient while managing per member per month funds and tracking quality outcomes. Fee-for-service models negatively affect providing individualized care plans to consumers due to restrictions on covered services. Meanwhile, providers have staff and resources that could greatly benefit the consumer if there were more flexibility created by global payments.
- Ensure that behavioral health services (substance use disorder and mental health services) are covered by existing and future health plans. If patients are not able to access the necessary service to treat their substance use disorder or mental illness, unnecessary cost and strain will be put on other health systems that cannot appropriately treat the illness.
- Create a new state-level grant-writing position. Agencies are currently too under-resourced to devote efforts toward pursuing various grants that are available only at the agency-specific level. A dedicated SUD Grant Writer could work with agencies to do as much of the grant identification, writing, monitoring, and wrap-up as possible, leaving agency directors and staff to focus on their strengths in service provision.

## **Intervention**

Treatment works. Addictions services promote quality living for Kansans and responsible use of precious resources. But treatment agencies in Kansas currently face several serious challenges that are undermining effective services.

- The **workforce** crisis means that some agencies are forced to terminate effective, cost-saving programs because there aren’t enough qualified professionals to staff them. Current professionals in the field are stretched too thin, creating a risk for poorer quality services and attrition. In some cases, agencies must resort to hiring staff who are technically eligible to perform the work, but have very little specific training in addiction counseling, which is a highly demanding field with specialized treatments and challenges. Under-prepared staff create substantial training demands and attrition problems.

- Integration of Services is necessary to improve outcomes and reduce waste. Services must be integrated across the continuum of care (referral/screening, diagnosis, treatment, and recovery) and across domains of care (primary care, mental health, and addictions). Within the domain of addiction services, integration includes coordinated services for alcohol/drugs, problem gambling, food, pornography, etc. Integration also requires family and community-based approaches. Gaps in services are created when agencies aren't allowed to seek reimbursement for services provided.
- **Immediate and affordable access to care will ultimately reduce both human and financial costs of addictions.** Early intervention is most effective and prevents tertiary losses.

We offer the following specific recommendations for improving the outcomes and cost-effectiveness of addiction treatment services:

- Support workforce development by adequately funding agencies (specific recommendations provided in the previous section of this report).
- Support initiatives that reduce the costs of entering the field (e.g. tuition reimbursement similar to that available in similar fields).
- Support reimbursement for the flexible, responsible, supervised use of the **full contingent of addiction service providers**, including peer mentors, recovery coaches, and person centered case managers. Global payment would be an option that creates the flexibility needed to deliver the right service at the right time, thus reducing gaps in service delivery.
- Support initiatives that allow professionals with specialty training in addiction counseling to provide more integrative services to clients with co-occurring conditions.
- Support the use of standardized outcomes and data points which providers and payers, alike, can consistently and regularly utilize to track the effectiveness of treatment services being provided.

## **Prevention**

Prevention is an effective and financially-responsible approach to addiction in Kansas. Kansas faced a major setback with the dissolution of the Regional Prevention Centers, which led to under-resourced agencies facing increased caseloads of people who would have been protected against developing addiction disorders in years prior. Additionally, with the decision to require parent consent on the Kansas Communities that Care (KCTC) Student Survey, prevention specialists are operating with less complete data. But Kansas Prevention leaders are making innovative use of technological advances to re-expand services. For example, the Kansas Prevention Collaborative has developed a website that makes effective prevention programs accessible to Kansans (discussed below). There is great potential for the future of prevention in Kansas and Kansas has recently been recognized by SAMHSA for its leadership in this area.

We offer the following recommendations for supporting prevention programs in Kansas:

- Work to reverse the Active Consent policy that currently requires active parental consent on the KCTC student survey. (Return the use of passive parental consent.)

- Participation rates in the State of Kansas greatly declined following implementation of active parental consent. In 2014, prior to the requirement of active parental consent, a 70% response rate was collected, which was up from the 2013 rate of 68%. In 2015, after the requirement of active parental consent, a 27% response rate was collected, followed by 38% rate in 2016 and a 41% rate in 2017. Kansas did not collect enough information to report valid, state-wide data in 2015.
- Support funding for general prevention in Kansas, particularly relating to adverse childhood experiences (ACEs).
  - The ACE Study considered the effects of childhood adversity on population health and wellbeing, which arose through a partnership between Kaiser Permanente in San Diego and the Centers of Disease Control and Prevention in Atlanta. The ACE Study confirmed, with scientific evidence, that adversity during development increases the risk of physical, mental, and behavioral problems later in life. The ACE Study and other research using the Study's framework have taught us that ACEs are the leading cause of health and social problems in our nation – *the* most powerful determinant of the public's health ([www.aceinterface.com](http://www.aceinterface.com)).

## **Community Engagement**

Kansas is full of concerned people who want to help but aren't sure how. Here we simply repeat the request we already made earlier in this report: Please use your status and visibility to spread this empowering message across Kansas:

- There are serious problems with substance abuse in our state.
- And, there is reason to believe that we will face growing challenges in the very near future.
- *But*, Kansans are not powerless. Faith-based groups, parents, schools, community leaders, etc. can access and implement effective prevention programs to protect their families and communities. Specific tools are available at [www.kansaspreventioncollaborative.org](http://www.kansaspreventioncollaborative.org). In addition, state-wide assistance and training as well as data collection and evaluation support are available through the Kansas Prevention Collaborative.

## **Conclusion**

We appreciate your commitment to Kansas. We would be delighted to provide any additional assistance or discussion that might be helpful.

## **References**

- U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC: HHS, November 2016
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