

Governor's Behavioral Health Services Planning Council Prevention Sub-Committee 2018

VISION

To ensure that key representatives and stakeholders are involved in the provision of reflection, feedback, and guidance relating to initiatives within Kansas Behavioral Health Prevention Initiatives to ensure enhanced collaboration, effectiveness, and impact on state and local level prevention and behavioral health outcomes.

MISSION

To provide feedback, guidance, advocacy, and engagement at the state level for related behavioral health prevention outcomes and identification of systems changes to address challenges, barriers, issues, and needs at the State, regional, or community level.

MEMBERSHIP

The Prevention Sub-Committee was established to strengthen collaboration and partnership opportunities, ensure alignment of processes and outcomes and increase the effectiveness of state and local efforts to address prevention issues.

NAME	ORGANIZATION
Mende Barnett	Kansas Department for Aging and Disability Services
Bailey Blair, LMSW	American Foundation for Suicide Prevention – Kansas Chapter Board Member
Teresa Briggs	GBHSPC Prevention Liaison
Lisa Chaney	Learning Tree Institute at Greenbush
Chad Childs	WSU Community Engagement Institute
Steve Christenberry	Family Service and Guidance Center
Diane Garvey	Live Well Finney County
Kim Hefley	Sumner County Community Drug Action Team
Monica Kurz	Kansas Suicide Prevention Resource Center
Chrissy Mayer, Chair	DCCCA
Etienna Mertel	South Central Problem Gambling Task Force

Joanna Mitchell	Prairie Band Pottawatomoni Nation
Marissa Woodmansee	20 th Judicial District Juvenile Services

FY18 FOCUS

The Prevention Sub-Committee had a strong focus on collaboration during FY18. The Sub-Committee believes that it is important to learn about the work of the other committees to make progress on behavioral health challenges in Kansas. Prevention can be woven into all sub-committee areas to reduce the incidence of substance abuse and provide supports for mental illness.

The other primary focus area of the committee was on continued development of the behavioral health prevention strategic plan. There are many entities working on behavioral health prevention in the state. The development of a strategic plan will allow for sustainable use of prevention resources in challenging times. The plan also will guide prevention planning at the state and community level, offering tangible calls to action to address behavioral health prevention needs.

GOALS

The Prevention Sub-Committee focused on refining our charter to clearly define roles and secure active participation and engagement in the work. The Sub-Committee continued to focus on our data collection and research goals and development of the statewide behavioral health prevention strategic plan. The committee identified four goal areas for FY18 –

Data collection and research

- 1) By June 30, 2018, the Prevention Sub-Committee will continue to identify and catalog behavioral health prevention efforts (funded and unfunded) that are occurring across the state.
- 2) By June 30, 2018, the Prevention Sub-Committee will identify the top five behavioral health prevention data priority areas as indicated by available state data resources.

Develop framework for statewide prevention plan

- 1) By June 30, 2018, the Prevention Sub-Committee will develop content for all identified sections of the statewide plan template.

Develop a list of priorities/recommendations to present to the GBHSPC

- 1) By May 30, 2018, the Prevention Sub-Committee will identify the top five prevention efforts that the committee would like to see continued or enhanced.
- 2) By May 30, 2018, the Prevention Sub-Committee will identify the top five behavioral health prevention needs as indicated by data and identify strategies for addressing the needs.

Develop opportunities for coordination with other GBHSPC sub-committees

- 1) By June 30, 2018, the Prevention Sub-Committee will gain greater understanding of the work of the other committees and identify at least one opportunity for collaboration with each sub-committee.

PROGRESS

The Prevention Sub-Committee met monthly over the course of the year to coordinate efforts to make connections and facilitate the development of the behavioral health prevention strategic plan. We focused on integration of the suicide Prevention Sub-Committee into the Prevention Sub-Committee and identified key stakeholders to engage in the Prevention Sub-Committee to maintain this priority.

As part of the integration work, the Prevention Sub-Committee reviewed the 2014 Kansas Suicide Prevention Plan to highlight key recommendations that are applicable for inclusion in the behavioral health prevention plan.

During this year, the Prevention Sub-Committee also received an overview of the block grant from KDADS staff which outlined the grant cycle and highlighted the importance of providing feedback on the block grant. At the inaugural FY18 meeting, the committee received a presentation from the University of Kansas Center for Community Health and Development and Greenbush to review data points for proposed block grant priorities. The four priority areas (reduce underage drinking in Kansas, reduce low perception of harm from marijuana use among youth in Kansas, reduce methamphetamine use among young adults, and behavioral health prevention and promotion) aligned well with the direction that the committee was moving toward. The committee was supportive of the identified priorities for the block grant application and will provide feedback as applications are renewed.

The Prevention Sub-Committee's work focused heavily on the development of the behavioral health prevention plan. We identified several key areas for alignment with the block grant requirements including –

- Prioritize needs assessment data for SABG funding
- Timelines
- Roles and Responsibilities
- Process Indicators
- Outcome Indicators
- Cultural Competence Component
- Sustainability Component

Additionally, we completed a data prioritization exercise utilizing data from the *2017 Kansas Behavioral and Mental Health Profile* to identify key components for the strategic plan. Data were categorized by –

- Health Disparities – differences in the incidence, prevalence, mortality and burden of diseases and other adverse health conditions existing among specific populations
- Data Gaps – missing or incomplete pieces of data
- National Average Disparity – data points that Kansas for which significantly higher than the national average
- Significant Magnitude – data points impacting a large portion of the population
- Significant Trend – data points showed an upward trend

The Sub-Committee selected five priority areas. Each of these priorities was outlined in the strategic plan with appropriate data justification –

- Depression and Suicide
- Marijuana (specifically youth)
- Prescription Drug Misuse
- Alcohol (specifically youth)
- Problem Gambling

This data prioritization helped guide the formation of the strategic plan which continues to be refined to accurately portray the prevention landscape of Kansas and provide the direction needed to make positive changes at the state and community levels. The committee has had initial discussions about how to disseminate the document and will identify a final communication plan.

As the Prevention Sub-Committee came to the end of the state fiscal year, activities included organizational tasks including updating the charter, identifying new membership and strategies for recruitment, and identification of a new chairperson.

COORDINATION

The Prevention Sub-Committee continued our efforts to coordinate with all council sub-committees. At the end of FY17, we conducted an initial meeting with the Kansas Citizens Committee. The Sub-Committee’s collaboration efforts with other sub-committees are outlined below. The Sub-Committee is pleased that we successfully met with all sub-committees to share the progress of our work, learn about their efforts, and identify areas of mutual interest.

Sub-Committee Name	Contact Person	Month	Areas of Shared Interest
Veterans	Ron Jeanneret	August	Data coordination, suicide prevention
Children’s	Erick Vaughn	September	Data coordination, coordination of recommendations
Kansas Citizens Committee	Shane Hudson/Kim Reynolds	October and December	Coordination of prevention and treatment resources

Rural and Frontier	Renee Geyer	January	Support for disparate populations and inclusion of rural Kansas needs in prevention planning
Justice Involved Youth and Adults	Bill Persinger	February	Data sharing and coordination
Housing and Homeless	Doug Wallace	March	Data mapping and options for coordinated training (MHFA)
Vocational	Matthew Angell	May	Data coordination, workforce prevention efforts

A common theme among all committees revolved around data access and availability. It also was indicated that some state-level data is unavailable or incomplete. Data collection and sharing is a tangible piece that all committees can collectively begin to address.

The Prevention Sub-Committee also met with representatives from the Prescription Drug and Opioid Advisory Committee. This committee is developing a plan to address opioid issues including treatment and recovery, provider education, prevention, law enforcement, and neonatal abstinence syndrome. We will coordinate with this committee to avoid a duplication of efforts in our prevention work.

RECOMMENDATIONS AND NEXT STEPS

The Prevention Sub-Committee will continue on course for the next year with continued focus on developing a sustainable comprehensive statewide behavioral health prevention plan. We will do this with significant focus in these prioritized areas and recommendations to the Council. This document is our call to action. We ask our policy makers, state and local leaders, and all those who have a vested interested in behavioral health promotion and prevention to acknowledge the identified gaps in services and seek to collaboratively improve the well-being of every person and community in Kansas.

The work put into this annual report and our Kansas Behavioral Health Prevention Plan is meant to be a guide for behavioral health prevention efforts in Kansas. There are many moving parts to the prevention infrastructure and the Prevention Sub-Committee continues to identify new partners and leverage resources to make an impact.

We recognize this work cannot be completed by any one entity. It takes the collaborative effort of a multitude of agencies, organizations, and citizens to identify the at-risk populations being sought to protect. We ask for your support in promoting our recommendations for next steps in this report and as described in more detail in the 2018 Kansas Behavioral Health Prevention Plan.

The Prevention Sub-Committee is aware of a wealth of data resources that could be shared in more efficient and effective ways if barriers are removed. The Sub-Committee recommends the sharing of these data be done to develop a shared needs assessment for the Governor's Behavioral Health Services Planning Council. This Sub-Committee also recommends that this assessment be used to prioritize needs and guide capacity-building, planning, implementation, and evaluation of behavioral health services in Kansas.

FY18 Recommendations:

1. Improve Shared Access to Data Resources Among State Agencies and Planning Council Sub-committees

- a. Encourage state agencies to develop policies that improve their ability to access and review cross-agency data for making service and program decisions based on a thorough, shared needs assessment.
- b. Integrate and utilize the guidance of a State Epidemiological Workgroup (SEOW).
- c. Enhance data collection procedures: Change legislation regarding public behavioral/health youth state surveys (e.g. the Kansas Communities That Care (KCTC) Student Survey and the Youth Risk Behavior Surveillance System (YRBSS) from an opt-in consent, to an informed opt-out consent to allow for meaningful data collection and availability of data for decision making.

2. Better Coordinate Efforts and Care Transitions of Behavioral Health Services

- a. Increase healthcare linkages and identify care transition best practices for mental health, substance abuse, and emergency departments across the state. Periods following discharge from these settings are times of particularly high risk for suicide. A model for follow-up with clients during this periods should be implemented in Kansas.
- b. Modify the KDADS requirements to become approved to provide SBIRT (Screening, Brief Intervention, and Referral to Treatment) services to Medicaid-eligible clients.
- c. Encourage State Departments, Agencies, the Judicial System, and Planning Council sub-committees to develop policies and practices improving their ability to work collaboratively on similar priorities and to address shared goals.

3. Form an Evidence-Based Practices Workgroup (EBW) for Behavioral Health Promotion

- a. An EBW could promote more use of evidence-based strategies to better integrate promotion, prevention, treatment, and recovery services.
- b. Priority areas for initial EBW focus include marijuana, opioids, and strategies to help 18-25 year olds.

4. Allocate Resources to Prioritized Areas of Need Through Data-driven Decision Making

- a. Increase access and availability of behavioral health services by restoring funding for community mental health centers and supporting efforts to recruit students to enter the behavioral health services community.
- b. Dedicate resources and funding for suicide prevention.
- c. Support the KPC in serving coalitions without KDADS funding and communities without coalitions.
- d. Support the KPC in addressing areas of focus and capacity-building for prevention coalitions and task forces (substance abuse, problem gambling, and suicide) prioritized based on needs assessment data.