

Governor's Behavioral Health Services Planning Council
Kansas Citizen's Committee on Alcohol and Other Drug Abuse (KCC)
Annual Report, August 2020

Presented to:

Wes Cole, Chairperson, Governor's Behavioral Health Services Planning Council
 Laura Howard, Secretary, Kansas Department of Aging and Disability Services
 Laura Kelly, 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:

Member	Representing
Krista Machado, Past Chair	Prevention
Mollie Thompson	Prevention
Dana Schwartz	Prevention
Daniel Warren, Chair Elect	Treatment
Shane Hudson	Treatment
Sara Jackson	Treatment
Brad Sloan	Citizens
Al Dorsey	Citizens
Nancy Jo Kepple, Chair	Citizens
Christopher Lund	Citizens
Toni Ragland	Citizens
Ishaku Maikori	Citizens
Peggy Cecile	Citizens
Josh Klamm	Law Enforcement
Victor Fitz	GBHSPC Liaison
Kayla Waters	Higher Education
Ethan Bickelhaupt	Mental Health
Maren Turner	Aging
Tina Abney	Child Protective Services
Becky Woodward, Recorder	Discretionary
Diana Marsh	KDADS/KCC Support Staff

Executive Summary

The Kansas Citizen's Committee on Alcohol and Other Drug Abuse (KCC) would like to recognize that the State of Kansas is navigating unique and extraordinary circumstances that will require creative problem-solving to keep the citizens of this State safe, to keep initiatives and services adequately funded, and to address the racial and gender inequities that are persist within our institutions. While we recognize these challenges, we urge you all to keep in mind that effective statewide addiction services are needed more than ever to support individuals who are at a higher risk for misuse of substances and/or relapse of prior recovery efforts during these challenging times. As an advisory council on addiction prevention and treatment in Kansas, we ask that you continue to keep in mind the benefits, both humanitarian and pragmatic, of effective statewide addiction services:

- Effective prevention and treatment saves lives, and allows for improved quality of lives for individuals, families, and communities;
- Effective prevention and treatment is financially responsible in that it offsets higher costs associated with associated family trauma, policing, incarceration, lost productivity, morbidity, and mortality;
- Effective prevention and treatment services the public safety of Kansans, by reducing rates of assaults, accidents, abuse, crime, and suicide.

The 2020 Annual Report is organized to provide a detailed summary of the issues facing our State specific to addiction-related needs and associated recommendations. As in previous years, the most critical needs of the addiction field relate to **funding** (pp. 4-5), **service accessibility and integration** (p. 6-7), **workforce crisis** (p. 7-8), and **prevention** (pp. 8-9).

Among these issues, we would like to highlight the **top 5 priority areas** that have come to our attention during the 2019-2020 Fiscal Year:

- 1) **Lessons Learned from Covid-19:** Giving patients *options* to attend services in person or telehealth from home on a permanent basis would truly meet patients where they are at, improve access, improve engagement, and lead to better health outcomes. (pp. 3-4)
- 2) **Increase Block Grant Reimbursement Rates.** We ask for the State to bring value into the block grant system by updating the rates to meet current provider needs. (pp. 4-5)
- 3) Make a plan to **allocate potential Opioid Settlement funds to address prevention and treatment needs** of Kansas citizens. (p. 5)
- 4) **Increase access to medication assisted treatment (MAT).** To increase access to quality care, Kansas has a need to increase the number of MAT providers in Kansas. (p. 7)
- 5) Develop a **statewide multi-disciplinary Marijuana Advisory Committee.** (p. 8)

Goals for Upcoming Year

In the spirit of increased data development and use to promote evidence-informed services, the subcommittee would like to get **more input from the providers and consumers** about the priorities and foci of the subcommittee/reports, so we are looking at an anonymous online survey option. We also are dedicated to **identifying modifiable factors contributing to existing racial/ethnic and economic disparities** in access to and quality of substance use prevention and treatment services.

In **conclusion**, we appreciate your commitment to Kansas and we hope you find this report useful.

Detailed Report

The current social, economic, and environmental climate of the State poses new challenges for the upcoming year. We have chosen to highlight lessons learned from Covid-19 that have implications for addiction prevention and treatment services moving forward. As in previous years, the most critical needs of the addiction field remain focused on funding, service accessibility and integration, workforce crisis, and prevention. The following is a detailed report of our recommendations.

Lessons Learned from Covid-19

People are dynamic and have to manage dynamic life circumstances. Patients accessing addiction health care services are no different. Having *flexible options* to access services is necessary, and it has never been as apparent as it is in the context of COVID-19. Telehealth is another useful “tool in the toolbox”. Providers need as many quality tools as possible to provide accessible, quality services.

During COVID-19, outpatient services were often only offered as telehealth services. The **option of telehealth service delivery proved to be a benefit** and the following components must be noted:

- **Access:** Patients who never before had an opportunity to engage in addiction treatment services were able to sign in from home, decreasing the burden of trying to attain a service via traveling a great distance. More providers (counselors and peer mentors) were made available by giving employment opportunities from home vs having to live near a treatment center to offer their services.
- **Attendance:** Attendance rates for outpatient and intensive outpatient services saw an increase with some providers reporting increases of 10% or more. Specific examples such as a mother with a newborn child being able to attend treatment groups whereas that same mother would not have been able to attend an in-person group in the past. Barriers, as noted by patients, that were overcome include cost of travel, time it takes to travel, lack of transportation, lack of child care, lack of time off work, and more patients speaking in group due to being in comfort of own home during the service.
- **Billing Codes:** Service codes for assessment (H0001), admission by person centered case manager (PCCM) (H0006), peer support individual (H0038), peer support group (H0038HQ), outpatient individual (H0004), outpatient group (H0005), and intensive outpatient (H0015) were all allowed as telehealth services. Additionally, staff were allowed to provide the services from home and patients were allowed to access the services from home. Clinical supervision of these services was able to occur at an even greater rate than when offered in person.
- **Opportunities:** Giving patients options to attend services in person or telehealth from home on a permanent basis would truly meet patients where they are at, improve access, improve engagement, and lead to better health outcomes than requiring all patients to attain services in person. Providers would be able to hire more qualified staff if given the option to work from home. The State should support and advocate that all payers allow those billing codes listed above as reimbursed telehealth services with provider and patient being able to connect from home.

That being said, we want to acknowledge that we are **observing variation in system needs by population served and level of care**. At present, we do not have sufficient data to understand how referral sources and service availability are being affected by Covid-19.

For example:

- Due to State closures in Spring 2020, organizations report reduced referrals of clients to needed services from criminal justice sources.
- Residential services have had to close temporarily and/or downsize to accommodate social distancing protocols, likely operating at a deficit.
- Outpatient services may have increased during this time due to telehealth access; however, consumers vary in their access to technology and personal preferences, suggesting a need for multiple modalities.
- Recovery-oriented services, particularly recovery-oriented housing and mutual aid groups, have had to make similar adjustments to minimize isolation occurring for many clients in recovery.

These conditions are likely resulting in **both savings and costs** to addiction services. For example, savings are likely to arise from staff working remotely, increasing availability of professional staff due to telehealth endeavors, and minimizing travel for both consumers and staff. However, other costs are being reported associated with downsizing of some types of services and increased costs for PPE & associated safety precautions. **Along these lines, we encourage the State to:**

- Obtain more data about these potential savings and costs to services;
- Continue to consider ways that services adapting to Covid-19 have the potential to enhance services moving forward; and
- Work closely with institutional settings (inpatient, residential, and supportive housing) that are at higher risk of experiencing virus transmission and have health departments work with organizations to create safety protocols for different treatment contexts.

Funding for Treatment of Substance Use Disorder (SUD) and Problem Gambling

First, we request the State **bring value into the block grant system by updating the rates to meet current provider needs**. As a starting point, we are asking for block grant reimbursement rates to be increased to address the following concerns:

- State Block Grant reimbursement rates are the lowest of all payers and can even place providers in a negative profit margin as soon as the patient enters services. For example, inpatient providers lose money for each block grant-funded client. Due to that loss, inpatient providers limit the amount of block grant clients they can take and that creates long waitlists (e.g., 2-3 months) for grant clients.
- One example is that Medicaid rates for Intermediate Residential treatment in other states can be \$250 or more per day. In Kansas, the Medicaid rate for Intermediate Residential is \$198 per day. The State Block Grant reimburses \$105 per day. The cost to deliver this level of care as calculated by three of the largest Block Grant providers in the State is \$175 per day. Therefore, the agency delivering the service is automatically set up to lose \$70 per day upon patient

admission to Intermediate Residential. As a result, Medicaid funded patients and other funded patients that reimburse at a higher per diem rate are often given preference over State Block Grant funded patients who have been recommended the same level of care. Furthermore, some providers have discussed if it is in their best interest to continue providing Intermediate Residential care to State Block Grant funded patients because of the low reimbursement rate. Increasing State Block Grant rates would ensure equitable access to the appropriate level of care and allow agencies to continue serving this patient population.

In May 2020, Kansas joined the 18-20 state class action suit. We recommend that the **State consider making a plan to allocate potential Opioid Settlement funds to address prevention and treatment needs of Kansas citizens**. The State should consider recommendations put forth by the Legal Action Center (LAC) < <https://www.lac.org/resource/opioid-settlement-recommendations-from-the-addiction-solutions-campaign>> for how this money may best be allocated, including but not limited to:

- Invest in a Consumer Guide to Prevention and Treatment
- Implement public awareness campaign focused on parents that show prevent effective steps they can take to help limit youth access and associated overdose.
- Commission a state-wide review of school-based prevention to assure that schools are properly trained, organized and equipped to deliver evidence-based prevention interventions.
- Mandate education and training in addiction in all state-funded medical, nursing, pharmacy, and behavioral health schools.
- Establish a state Screening and Brief Intervention (SBI) program and educate, train, and incentivize health care professionals to understand correct methods for identifying risk factors and promoting positive behavioral change — particularly in pediatric and school healthcare settings. In addition, ensure fair insurance reimbursement for Screening & Brief Intervention (SBI) and approved addiction medications in states' Medicaid programs and essential health benefits (EHB) benchmark plans.
- Increase the availability of medication-assisted treatment (MAT) for opioid addiction. Currently only 2 of the OTPs in Kansas accept Medicaid or other forms of insurance, and many buprenorphine prescribers do not accept Medicaid or Block Grant. As observed in other states, a looming crisis is present when we consider the lack of MAT access for patients with Medicaid and Block Grant funding paired with growing need for Opioid-related treatment. We encourage the State to use their resources to encourage current MAT providers to accept Medicaid and Block Grant.

Finally, we are pleased to hear that a portion of the **Problem Gambling and Other Addictions Fund (SB 283)** is being devoted to treatment services. We recommend that the State continues to **incrementally increase** the proportion of this money that is applied to treatment over the next several years until the full fund is being applied as legislatively intended. This commitment to using the funds for their intended purpose is essential as returns for the upcoming year will likely be smaller than anticipated due to the current economic climate paired with more demand for services across all sectors.

Improved Access and Service Integration

Improvements in access and service integration can reduce the cost and strain associated with waiting until problems are more severe (or more severely impact medical health, legal status, and family wellness) before beginning treatment. To address the gaps in the continuum of care and among interim services we recommend:

- **Creating Value for Patients:** We recommend the State work with providers and community stakeholder to shift towards a value-based treatment approach, defined by evaluating patient outcomes relative to costs. As a first step, this approach requires the system to collectively decide on what metrics would be used to determine whether patients are getting better and how the system can monitor success of the patients and improve care. As a starting point, the State should consult with the State Quality Committee (SQC) to leverage progress they have made in identifying values-based outcomes and formalizing systems that allow coordination of data from multiple payors.
- **Adopt coding practices that allow for the integration** of CMHC, Primary Care, and Behavioral Health services to reduce the waste and gaps in service. According to SAMHSA, 2 or more Primary Care visits while receiving specialty addiction treatment has been shown to decrease relapse by 50% and those individuals are 3x as likely to achieve remission for over 5 years. It is also important to consider ways to integrate services across geographic boundaries such as between counties.
- Support Medicaid expansion for substance use disorder and mental health services and ensure that existing and future health plans include **coverage for behavioral health services.**
- Building Capacity to Support Families Affected by Substance Misuse:
 - We encourage the State to **continue supporting further development of community infrastructure to meet the needs of substance-using families** in its approach to addressing the mandates of the Family First Prevention Services Act (FFPSA). In addition to promoting the current resources available at <http://www.dcf.ks.gov/services/PPS/Pages/FFPSA.aspx>
 - We also recommend the state consider **allowing Medicaid reimbursement for “Family therapy without the client” (CPT Code 90846)** as allowed for by Blue Cross/Blue Shield and TRICARE. Many evidence-based family therapy approaches ask for support individuals to meet with therapists both with and without the client in order to best meet the needs of the client.
- Older adults are not immune to the growing problem of illicit and prescription drug misuse in the United States. **Organizations serving older adults need more substance-related resources for this high-risk population.** For example, older adults use more prescription drugs than any other age group, have higher rates of pain, anxiety, and sleep disorders and may have trouble managing and remembering to take multiple medications at the right time and with the correct dosage.
 - Community mental health centers should be educated about the need to conduct culturally appropriate outreach and screening to older adults.
 - Efforts to reduce prescription drug abuse must ensure appropriate access for patients with legitimate medical needs among and consider specific access needs for older adults populations.

- Raise awareness of the free Older Adult Medication Safety Training provided statewide by the Kansas Poison Control Center and DCCCA.
- In order to improve patient therapy, we recommend the State consider **allowing BSRB licensed providers to have direct access to KTRACS**, as done by other States (e.g., North Dakota Senate Bill No. 2151). This information can be essential in identifying service-related needs and can inform client evaluations, ongoing treatment protocols and adherence, and discharge planning activities. It would also allow addiction services providers to better identify and coordinate with primary care physicians and make informed decisions about medication-assisted therapies.

Workforce Crisis

In Kansas and across the nation insufficient staffing is resulting in poorer services, increased professional burnout, and administrative strain. Kansas agencies are using effective approaches to prevention and treatment, but doing so requires adequately trained staff with manageable workloads. We recommend the following:

- SB15 reduced the number of clinical supervision hours required of Social Workers to obtain clinical licensure from 4000 to 3000. Likewise, it is recommended that the number of **clinical supervision hours required of Addiction Counselors** to obtain clinical licensure be reduced from 4000 to 3000. Additionally, it is recommended that **billing requirements of insurance companies recognize** the reduced number of clinical supervision hours as appropriate for the clinical staff to perform and be reimbursed for services provided by that staff at the clinical level.
- We are encouraged by the State's support of peer recovery support providers through expanded training and certification. We recommend the State continue to supporting this essential role that privileges lived experience by extending Medicaid coverage for peer support services across all payors.
- Kansas has a need to increase the number of Medication Assisted Treatment providers in Kansas. (Not just for OUD but also for AUD.)
 - Treatment Deserts for individuals diagnosed with Opioid Use Disorder (OUD) persist across Kansas. We recommend the State pursue two possible solutions to increase access to treatment:
 - Promote existing resources and develop trainings to address misperceptions and to promote willingness of providers to take on this role;
 - Stigma surrounding MAT is sometimes most acute in treatment settings. Patients with OUD who are discharged from treatment without ongoing MAT are at high risk for fatal overdose. The State should have mandated that state-certified SUD treatment providers may not exclude patients from treatment because of use of FDA-approved MAT. Based on our experience, this mandate is difficult to enforce, as patients will be told their exclusion or discharge is related to other factors. An additional step would be to mandate that state-certified SUD treatment providers have memoranda of understanding or other official relationship with an MAT provider to whom they can refer their patients (either

locally or via telemedicine). This requirement would be reviewed as part of their ongoing certification.

- Build a larger awareness around need for medical professionals to prescribe these medications. We encourage the State to continue to **support education and training** around this topic, similar to Naloxone Expansion through Training coordinated by DCCCA.

Prevention

Addressing substance use and gambling *before* it becomes a problem is ultimately the most humanitarian and practical approach to addiction problems.

First, tobacco use results in more deaths than all other substances combined, even among people who use other substances. To help prevention initiatives to reduce smoking-related deaths for high-risk populations, the KCC **endorses the Kansas Tobacco Guideline for Behavioral Health Care and encourage organizations to utilize the implementation toolkit to guide strategy implementation.** The pdf can be found at: <https://www.publichealthlawcenter.org/resources/kansas-tobacco-guideline-behavioral-health-care-implementation-toolkit-2018>

Second, it is important we plan ahead as a state and ensure we consider potential unintended consequences of legislation that allow for medical use of low dose THC (SB 28) and leverage lessons learned in other states associated with **marijuana policy**. In preparation for any federal legislation changes, we recommend that Kansas develop a **statewide multi-disciplinary Marijuana Advisory Committee** to develop an infrastructure for such change. Many agencies are already having these conversations internally, it would be ideal to bring them together to collaborate. It should be the responsibility of this committee to recommend appropriate policy, determine where funding should be appropriated, and designate the appropriate body for regulation and enforcement. This committee should pay close attention to ensuring:

- Policies are developed to address proliferation and operation of outlets selling THC products;
- Policies against advertising to youth or advertising any medical benefits;
- Funding for treatment and prevention of marijuana use;
- Promoting best practice strategies to address marijuana-using clients who are pregnant that address harm reduction approaches, temporary abstinence, long-term behavior change, and identification for reasons for use and replacement behaviors;
- GBHSPC subcommittee representatives (especially from Prevention and KCC) should be included in this council.

Finally, people with substance use disorders are at higher risk for human trafficking victimization and traffickers deliberately induce substance use problems in victims. The majority of human trafficking victims will need SUD treatment in addition to physical and mental health care once they have escaped. We recommend the following strategies to **facilitate the identification of victims and to promote their recovery and reduce the possibility of re-traumatization:**

- Support Trauma Informed Care initiatives across the State to ensure trauma informed interpersonal violence protocols to avoid re-traumatization.
- Develop a comprehensive and integrated model of care identifying victims and promoting recovery.
- Ensure longer term treatment, including peer mentoring, to ensure they are receiving the level of treatment and support they need to be successful.
- Raise awareness of how to identify human trafficking and what to do if it is suspected.