

Governor’s Behavioral Health Services Planning Council Prevention Subcommittee 2020 Annual Report

VISION:

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

MISSION:

To provide engagement, feedback, guidance, and advocacy 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:

Members must have a stake in behavioral health and represent diversity within the State. Subcommittee members will initially commit to serving one, two-year term, but may serve up to two additional two-year terms if desired. Membership shall not exceed 15 active members.

NAME	ORGANIZATION
Stephanie Rhinehart, KDADS Liaison	Kansas Department for Aging and Disability Services
Bailey Blair	Sedgwick County Suicide Prevention Coalition
Vicki Broz	Compass Behavioral Health
Lisa Chaney, Chair-Elect	Learning Tree Institute at Greenbush
Chad Childs, Chair	WSU Community Engagement Institute
Callie Dyer	Finney County Community Health Coalition, dba LiveWell Finney County
Holly Bowyer	The Center for Counseling & Consultation
Monica Kurz	Kansas Suicide Prevention HQ
Chrissy Mayer	DCCCA
Desiree Martens, Vice-Chairperson-Elect	Mirror, Inc.
Stephenie Roberts	South Central Kansas Problem Gambling Task Force
Marissa Woodmansee, Vice-Chair	20 th Judicial District Juvenile Services
Shereen Ellis, Secretary	Aetna Better Health of Kansas
Sue Cooper	Barton County
Dave Fulton	Partners for Wichita

SFY20 FOCUS: In SFY20, the Prevention Subcommittee has continued to grow in its strong focus on collaboration built since its inception. We believe that it is important to continue to learn about the work of the other Subcommittees to make progress on behavioral health challenges in Kansas. Prevention can be woven into all Subcommittee areas to reduce the incidence of substance abuse and provide supports for mental illness. The Prevention Subcommittee is made up of members who were also active members of Children’s Subcommittee, Rural and Frontier Subcommittee, and the Veterans Subcommittee (Service Members, Veterans, and Family Subcommittee).

The Prevention Subcommittee partnered with the Children’s Subcommittee to plan and facilitate a Legislative Breakfast event in the Kansas State Capitol on January 14, 2020. The two Subcommittees planned this event for several months, learning from the past experience of the Rural and Frontier

Subcommittee. The Prevention Subcommittee invited Governor Laura Kelly to attend and speak. The Governor shared a few words of encouragement and appreciation for the Subcommittees and the Governor's Behavioral Health Services Planning Council (GBHSPC).

The Prevention Subcommittee reviewed their assessment data and used it to guide their work and focus, and to share priorities with the State. The Prevention Subcommittee reviewed data relative to their past year's prioritized behavioral health indicators and continued much of their support for the past year's behavioral health prevention strategic plan for the State. The Prevention Subcommittee also went through a thorough behavioral health data indicator prioritization process and new priorities were selected.

As the Suicide Prevention Subcommittee merged with the Prevention Subcommittee in recent past, suicide prevention remained a priority of this group in FY20. As part of the integration work, the Prevention Subcommittee included relevant and key recommendations from the 2014 Kansas Suicide Prevention Plan in the behavioral health prevention plan and this has remained a focus of each subsequent year's plan and Subcommittee report. In FY20, members of the Prevention Subcommittee attended and presented at the suicide prevention event facilitated by the Kansas Attorney General's Youth Suicide Prevention Coordinator, Keys for Networking, Inc., and KDADS. Suicide continues to be the highest priority on the Prevention Subcommittee's goals and recommendations.

The Prevention Subcommittee met at least every other month over the course of the year, and more as needed, to coordinate efforts to make connections and facilitate the development of the behavioral health prevention strategic plan. The Prevention Subcommittee continued to support development of the Evidence-Based Strategies Workgroup, Legislative Event Workgroup, and State Suicide Prevention Plan Workgroup. These groups with membership and coordination by the Prevention Subcommittee met as often as needed, and at least quarterly throughout FY20.

The Prevention Subcommittee worked to advocate for prevention and behavioral health priorities with the State government. These efforts included the group's first legislative event, held in the Capitol early during the legislative session this year. The Subcommittee also drafted letters recommending the Prevention Subcommittee be considered a group of informed citizens with expertise in several potential legislative areas including student surveys, suicide prevention, and marijuana.

The Prevention Subcommittee continued progressing in organizational processes, including updating the charter, establishing a voting process, creating an informational brochure, and identifying new members and strategies for recruitment. The Prevention Subcommittee also discussed ideas for better involving people with lived experience to participate in meetings and potentially membership. The Prevention Subcommittee continued to change location, dates, and times of meetings to include more people. The Prevention Subcommittee members also made personal invitations and requests of people with lived experience to join as members.

PROGRESS on State Fiscal Year 2020 (SFY20) and PREVIOUS YEARS' GOALS: The Prevention Subcommittee continued to focus on Subcommittee organizational formation, keeping the statewide behavioral health prevention strategic plan current, and the following goal areas from previous years –

For efforts related to data collection, research, and develop a list of goals, priorities and recommendations for GBHSPC, the Prevention Subcommittee:

- 1) Continued to identify and update the catalog behavioral health prevention efforts (KDADS-funded and unfunded) occurring across the state.

- 2) Identified the top behavioral health prevention data priority areas as indicated by available state data resources and began to identify strategies for addressing the needs. These recommended and updated data indicators were provided to KDADS and promoted by and through the Kansas Prevention Collaborative
- 3) Continued to use data to guide all strategic decisions. In support of this effort, the Prevention Subcommittee sought best data sources available and investigated gaps in data availability.
- 4) Supported the GBHSPC and all Subcommittees to improve data resource sharing among state agencies and the GBHSPC
- 5) Supported the re-energized State Epidemiological Workgroup (SEOW) with utilization of the guidance of this Workgroup
- 6) Continued to encourage the State to enhance data collection procedures by returning to an informed opt-out parent consent to allow for meaningful data collection and availability of data for decision making

In developing, updating, and promoting statewide behavioral health prevention plan, the Prevention Subcommittee:

- 1) The Prevention Subcommittee finalized the statewide behavioral health prevention plan, composed of background information supporting the annual report, and plan to update this in SFY21
- 2) Encouraged the State to better coordinate efforts and care transitions of behavioral health services by encouraging communities and the State to increase healthcare linkages and identify care transition best practices for mental health, substance abuse, and emergency departments across Kansas. The Subcommittee also recommended utilization of enhanced follow-up with clients during crisis and stepping down in levels of care
- 3) Continued to recommend modifications to the requirements of SBIRT (Screening, Brief Intervention, and Referral to Treatment) providers for Medicaid-eligible clients. Purposes of encouraging the expansion of these requirements have been to prevent suicide and reduce opioid misuse and other substance abuse
- 4) Formed and continued to facilitate meetings of the Kansas Evidence-Based Strategies Workgroup (KEBSW) to promote more use of evidence-based strategies to better integrate promotion, prevention, treatment, and recovery services.
- 5) Recommended the State 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
- 6) Recommended dedicated resources and funding for suicide prevention
- 7) Supported the KPC in serving coalitions without KDADS funding and communities without coalitions by seeking input from these organizations through the KPC
- 8) Supported the KPC by highlighting areas of needed focus and capacity-building for prevention coalitions and task forces (substance abuse, problem gambling, and suicide) prioritized based on data

In developing opportunities for coordination with other GBHSPC Subcommittees, the Prevention Subcommittee:

- 1) Continued to gain greater understanding of the work of the other committees and to work to identify at least one opportunity for collaboration with each Subcommittee. The selected opportunity was to facilitate a legislative luncheon in partnership with the Children's Subcommittee. This occurred on January 14, 2020 and hosted the Governor of Kansas, the Chair of the GBHSPC, and the Chairs of the Children's and Prevention Subcommittees as speakers
- 2) Chairperson met with leaders of the newly formed Evidence-Based Workgroup and established a plan for collaboration

- 3) Encouraged KDADS and the GBHSPC to work collaboratively on similar priorities and to address shared goals and participated in the Subcommittee Chairpersons meeting where progress in this area was experienced through goal-sharing

COORDINATION:

Several members and the Chairperson of the Prevention Subcommittee began meeting with representatives of the Children's Subcommittee in April to plan a legislative event in early 2020 and most of the Prevention Subcommittee members attended.

Several members and the Chairperson of the Prevention Subcommittee participated in the GBHSPC Chair Meeting in Topeka on March 6, 2020.

Chad Childs (Chairperson) attended a meeting of the Rural and Frontier Subcommittee and was scheduled to attend a meeting of the Evidence-Based Strategies Subcommittee before this meeting was cancelled due to difficulty scheduling before and during the COVID-19 quarantine.

RECOMMENDATIONS AND NEXT STEPS: The Prevention Subcommittee 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 GBHSPC. We ask our policy makers, state and local leaders, and all those who have a vested interest 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's 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 Subcommittee 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 populations at higher risk the Subcommittee seeks assistance 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 upcoming 2021 Kansas's Behavioral Health Prevention Plan.

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

What follows in this document is our call to action.

SUBCOMMITTEE SFY21 GOALS:

Goal 1	Support improved shared-access to data resources among State agencies and GBHSPC Subcommittees
Objective 1.1	PS will promote KBHID data with all SCs such that 80% of SCs review relevant data by 2022
Objective 1.2	PS will recommend SEOW have access to mental health and substance abuse treatment data from State
Objective 1.3	PS will review New Hampshire Public Use data system and recommend a similar plan in Kansas by 2025

Goal 2	Evaluate awareness and implementation of strategies recommended by EBSW and engage in EBS Subcommittee efforts
Objective 2.1	PS will have at least 1 member attend regular EBS SC meetings
Objective 2.2	PS EBSW will participate in 2-4 shared meetings with the EBS SC by 2021
Objective 2.3	PS EBSW will work with the EBS SC on plan to identify what prevention EBS all other SCs are implementing or recommending by 2022

Goal 3	Better coordinate efforts and care transitions relative to hospitalization, outpatient, recovery, and prevention of future hospitalization
Objective 3.1	PS will support and promote universal suicide screening in 60% of PCP offices by 2025
Objective 3.2	PS will support and promote Zero Suicide strategies to all KPC Coalitions by 2021
Objective 3.3	PS will support and promote universal SBIRT in a statewide grade previous to 9 th grade, by 2025

Goal 4	Allocate resources to prioritized areas of need through data-driven decision making
Objective 4.1	Enact a comprehensive statewide approach to suicide prevention with dedicated funding
Objective 4.2	Improve transparency and accountable oversight of the 2% fund for problem gambling
Objective 4.3	Support and promote SFY21 Prevention Subcommittee Behavioral Health Indicator Priorities: Suicide, Depression, Alcohol, Marijuana, e-cigarettes, Amphetamine/illicit drugs, Family Attachment

Subcommittee Recommendations to the GBHSPC and KDADS: The Prevention Subcommittee recommends the following to the GBHSPC and KDADS Administration for action in Kansas this year.

1. Data-sharing Access (SFY21 Goal #1)

- a. Support and promote a return to the previous opt-out protocol for surveys administered in Kansas schools, such as the Kansas Communities That Care Student Survey
- b. Support improved data-sharing among State Agencies and Subcommittees
- c. Better utilize the State Epidemiological Outcomes Workgroup and prioritize State programmatic action based on data priorities identified by this group

2. Transitions (SFY21 Goal #3)

- a. Select and implement best practices for behavioral health care transitions
- b. Expand approved providers for SBIRT

3. Collaboration

- a. Repeat GBHSPC Subcommittee Chairs' meeting for increased collaboration
- b. Establish a cross-State Department expert panel for Marijuana legislation guidance with content expert and citizen input

4. Resources (SFY21 Goal #4)

- a. Facilitate or support connection of Prevention Subcommittee and other Subcommittees such as the Evidence-based Strategies Subcommittee **(SFY21 Goal #2)**
- b. Enact a comprehensive statewide approach to suicide prevention with dedicated funding
- c. Improve transparency and accountable oversight of the 2% fund for problem gambling
- d. Support and promote resource dedication to SFY21 Prevention Subcommittee Behavioral Health Indicator Priorities

Prevention Subcommittee Resource Request of the State: The following action items, requiring funding allocation, are recommended to the GBHSPC, the Secretary of KDADS, and the Governor of Kansas.

Action Items

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| <ul style="list-style-type: none">• Employ a centralized epidemiologist to gather, compare, and compile behavioral health needs assessment data gathered by all State Departments |
| <ul style="list-style-type: none">• Select and support State-funded Evidence-based universal prevention or behavioral health promotion strategies for community-focused, statewide implementation for each of the prioritized behavioral health indicators (Suicide, Depression, Alcohol, Marijuana, e-cigarettes, Amphetamine/illicit drugs, Family Attachment) |
| <ul style="list-style-type: none">• Employ a full-time State Suicide Prevention Coordinator to oversee the State Suicide Prevention Infrastructure development |

Prevention Subcommittee Charter Governor's Behavioral Health Services Planning Council

Mission:

To provide engagement, feedback, guidance, and advocacy 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.

Vision:

Key representatives and stakeholders are involved in the process of reflection, feedback, and guidance relating to initiatives within Kansas behavioral health prevention to ensure enhanced collaboration, effectiveness, and impact on State and local level prevention and behavioral health outcomes.

Purpose:

The Prevention Sub-Committee was established in an effort to strengthen collaboration and partnership opportunities, ensure alignment of processes and outcomes, and to increase the effectiveness of State and local efforts to address prevention issues. The Prevention Sub-Committee will serve as the Advisory Council for Kansas behavioral health prevention initiatives.

This group will serve as a broad, representative voice for behavioral health as it relates to prevention of a range of health and behavior issues, including but not limited to, suicide prevention, problem gambling, behavioral health promotion and substance use disorder prevention. The Strategic Prevention Framework (SPF) will be used as a guiding mechanism for the work associated with this charter. The SPF is comprised of five distinct phases: assessment, capacity building, planning, implementation, and evaluation.

The Prevention Sub-Committee's primary goal is to provide feedback and guidance to the Governor's Behavioral Health Services Planning Council related to Kansas Department for Aging and Disability Services (KDADS) prevention initiatives. This workgroup also is responsible for the following key roles and responsibilities:

- Develop a statewide plan to address behavioral health prevention
- Guidance, research and recommendations relating to prevention across the lifespan
- Feedback on Substance Abuse Prevention and Treatment (SAPT) Block Grant prevention initiatives
- Feedback on Kansas behavioral health prevention initiatives including suicide prevention, problem gambling prevention and substance abuse prevention
- Feedback related to strategic initiatives at the State level to infuse prevention efforts across the Institute of Medicine (IOM) continuum of care, integrating lifespan and developmentally-appropriate strategies into current prevention processes and supports.
- Guidance and feedback related to behavioral/mental health promotion and shared risk and protective factors. This could include –

- Adverse Childhood Experiences (ACE's)
- Evidence-based strategies
- Needs identified through assessment
- Outcomes of recent strategies
- Relevant research
- Behavioral health disparities (considering social determinants of health)

Workgroup recommendations and feedback on prevention initiatives should align with the following guiding principles:

1. Data-driven and outcomes-focused
2. Culturally competent, responsive, and inclusive
3. Evidence-based strategies and best practices
4. Sustainable, with a focus on population-level change
5. Consistent with current prevention research and the Strategic Prevention Framework
6. Aligned with State outcome priorities and SAMHSA's strategic directions and priority populations

Sub-Committee Composition:

Members of the workgroup must have a stake in behavioral health and represent diversity within the State. Committee members will initially commit to serving one, two-year term, but may serve up to two additional two-year terms if desired. Membership shall not exceed 15 active members.

Leadership roles and individuals within these positions will be established by a nomination process within the group upon establishment of membership. Leaders are accountable for project oversight, management, coordination, and reporting to the chartered workgroup.

The leadership structure of the sub-committee will include a chairperson, vice-chairperson, and secretary. The Chairperson will serve a two-year term and facilitate meetings including agenda development in collaboration with the KDADS liaison, meeting announcements and distribution of minutes. The Chairperson will maintain a membership roster highlighting beginning and ending term dates for members. The Vice-Chairperson will be responsible for facilitating meetings when the Chair is not present. After two years, the Vice-Chairperson has the option to assume the Chairperson role if desired. The Secretary will be responsible for developing a template for meeting minutes, for recording these minutes or identifying a designee to do so, and for sharing the minutes with the Chairperson for distribution and review.

Accountability:

Reporting and completion of chartered roles and objectives is the responsibility of the chartered workgroup leadership team. All members of the group are responsible for timely and active involvement and participation.

Attendance:

Members of the sub-committee must commit to attending at least 75 percent of all meetings either in-person or virtually. Members will sign a letter of commitment or the Charter confirming this commitment. Members can be removed from the sub-committee if attendance requirements are not met. The KDADS liaison and Chairperson will make the final decision to remove members from the roster.

Voting

The Prevention Sub-Committee take a vote among members on decisions related to goals, recommendations, behavioral health indicator priorities, and minutes. The sub-committee will also make decisions for which there is not consensus or zero disagreement by vote. All members' votes will count toward making decisions of the Sub-Committee. Guests and KDADS staff members' votes will not count in decision-making. A majority vote to make a decision will meet 2/3 of sub-committee membership. A quorum is necessary to count a representative vote of the sub-committee, and a quorum is 5 or more members. Voting can be made in person or electronically.

Membership

NAME	ORGANIZATION	CONTACT INFORMATION	TERM
Stephanie Rhinehart	KDADS	503 S. Kansas Avenue Topeka, KS 66603 785.368.7429 Stephanie.Rhinehart@ks.gov	Continuous
Signature:			
Marissa Woodmansee	20 th Judicial District Juvenile Services	1213 Baker Great Bend, KS 67539 620.793.1930 mwoodmansee@bartoncounty.org	Ends June 2022
Signature:			
Vicki Broz	Compass Behavioral Health	506 Avenue L Dodge City, KS 67801 620-385-0138 vbroz@compassbh.org	End June 2022
Signature:			
Lisa Chaney Chairperson	Learning Tree Institute at Greenbush	947 W. 47 Hwy Girard, KS 66743 620.724.6281 lisa.chaney@greenbush.org	Chairship ends June 2022 Membership ends June 2024
Signature:			
Chad Childs	WSU Community Engagement Institute	1845 Fairmount Street Box 201 Wichita, KS 67260-0201	Membership ends June 2022

		chad.childs@wichita.edu	
Signature:			
Callie Dyer	LiveWell Finney County	310 E Walnut, Suite 202 Garden City, KS 67846 Office: 620-784-1181 Cell: 620-640-8063 calliedyer@centura.org	End June 2022
Signature:			
Monica Kurz	Kansas Suicide Prevention Resource Center	211 E. 8 th Street, Ste. C Lawrence, KS 66044 913.624.3098 monica@kansassuicideprevention.org	Ends June 2022
Signature:			
Desiree Martens Vice-Chairperson	Mirror, Inc.	130 East 5 th Street Newton, KS 67114 316-283-6743 dmartens@mirrorinc.org	Vice-Chairship ends June 2022 Membership ends June 2024
Signature:			
Chrissy Mayer	DCCCA, GBHSPC Prevention Liaison	3312 Clinton Parkway Lawrence, KS 66047 785.841.4138 cmayer@dcca.org	Ends June 2022
Signature:			
Stephenie Roberts	South Central Kansas Problem Gambling Task Force	8918 W. 21 st Street North, Suite 200 Box 282 Wichita, KS 67205-1880 sroberts@cycle.info	Ends June 2022
Signature:			
Shereen Ellis Secretary	Aetna Better Health of Kansas	9401 Indian Creek Parkway, Suite 1300 Overland Park, KS 66210 620-820-9485 EllisS3@aetna.com	Ends June 2022
Signature:			
Holly Bowyer	The Center for Counseling & Consultation	5815 Broadway Great Bend, KS 67530 hollyb@thecentergb.org Desk Phone 620-603-6934	End June 2022
Signature:			
Bailey Blair, LMSW	Sedgwick County Suicide Prevention Coalition	316.655.6000 555 N. Woodlawn, Ste. 3105, Wichita, KS 67208 baileyannblair@gmail.com	Ends June 2022
Signature:			

Sue Cooper	Barton County	1400 Main St, Rm 107 Great Bend, KS 67530 scooper@bartoncounty.org	Ends June 2022
Signature:			
Dave Fulton	St. Paul's Lutheran Church	925 N. Waco Wichita, KS 67203 pastordave.fulton@gmail.com	Ends June 2022
Signature:			

Collaborating Partners

- Aetna
- The Center for Counseling & Consultation
- Compass Behavioral Health
- DCCCA
- Kansas Department For Aging and Disability Services
- Kansas Suicide Prevention HQ
- The Learning Institute at Greenbush
- LiveWell Finney County
- Mirror, Inc.
- Sedgwick County Suicide Prevention Coalition
- South Central Kansas Problem Gambling Task Force
- St. Paul's Lutheran Church - Wichita
- Wichita State University – Community Engagement Institute
- 20th Judicial District Juvenile Services



Kansas
Behavioral
Health
Indicators
Dashboard



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

Kansas
Prevention
Collaborative
Behavioral
Health
Indicators



2021 Informational Brochure

Sub-Committee Officers

Lisa Chaney, Chair
lisa.chaney@greenbush.org

Des Martens, Vice-Chair
dmartens@mirrorinc.org

Shereen Ellis, Secretary
EllisS3@aetna.com



Kansas
Communities
That Care
Data

<https://www.kdads.ks.gov/commissions/behavioral-health/gbhspc>

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.

Vision

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

State FY 21 Goals

1. Support improved shared-access to data resources among State agencies and GBHSPC Sub-Committees
2. Evaluate awareness and implementation of strategies recommended by EBSW and engage in EBS Sub-Committee efforts
3. Better coordinate efforts and care transitions relative to hospitalization, outpatient, recovery, and prevention of future hospitalization
4. Allocate resources to prioritized areas of need through data-driven decision making

Behavioral Health Data

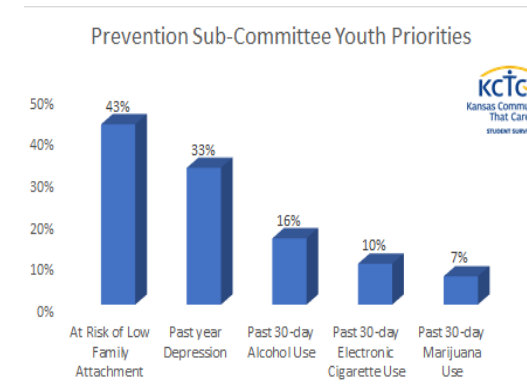


Chart presents priorities for youth behavioral health, only. Does not include meth and illicit drug use or death by suicide rates.

Meeting Dates and Times (FY21)

The Prevention Sub-Committee meets regularly every other month via virtual or in-person gatherings as available and needed. Additional meetings may be called for more urgent tasks as needed, and these meetings are not counted toward member attendance expectations.

The Prevention Sub-Committee members also have opportunities to serve in additional workgroups which meet separately. Example workgroups include the Evidence-based Strategies Workgroup, Legislative Event Workgroup, and the State Suicide Prevention Plan Workgroup.