

Governor's Behavioral Health Services Planning Council Prevention Subcommittee 2021 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 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. *The Prevention Subcommittee Charter was amended on 12.03.20 to increase the membership cap from 15 to 20. Thirteen of 15 members were present at the meeting and the vote was unanimous in favor.*

Name	Organization
Stephanie Rhinehart – Liaison	Kansas Department for Aging & Disability Services
Lisa Chaney – Chair	Learning Tree Institute at Greenbush
Callie Dyer – Vice Chair	Finney County Community Health Coalition, dba LiveWell Finney County
Shereen Ellis – Secretary	Aetna Better Health of Kansas
Aonya Barnett	Partners for Wichita
Bailey Blair	Sedgwick County Suicide Prevention Coalition
Holly Bowyer	The Center for Counseling & Consultation
Vicki Broz	Compass Behavioral Health
Jan Chandler	Safe Streets Wichita
Chad Childs	Wichita State University Community Engagement Institute
Sue Cooper	Barton County
Dave Fulton	Partners for Wichita
Liz Hamor	Center of Daring
Monica Kurz	Kansas Suicide Prevention HQ
Chrissy Mayer	DCCCA
Mary McBride	Parent
Stephenie Roberts	South Central Kansas Problem Gambling Task Force
Marissa Woodmansee	20 th Judicial District Juvenile Services

SFY21 FOCUS:

Collaboration and Coordination

In SFY2021, 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 the GBHSPC Rural and Frontier Subcommittee, Service Members, Veterans, and Families Subcommittee, Evidence-Based Strategies Subcommittee, and the Problem Gambling Subcommittee.

In October of 2020 Nancy Jo Kepple, Chair of the Kansas Citizens Committee on Alcohol and Other Drug Abuse (KCC) shared the work of their Subcommittee. The Prevention Subcommittee collaborated with the KCC on goals that aligned related to marijuana legalization and unintended consequences. A shared slide was created and presented at both Subcommittee presentations to KDADS Secretary with a recommendation to establish an expert panel to explore and create awareness around this topic.

In November 2020, The Prevention Subcommittee also hosted a presentation from Shawna Wright, Chair of the Rural and Frontier Subcommittee. The Prevention Subcommittee voted to write a letter of support for the expansion of telehealth options to all Kansans. The increased availability of treatment services virtually could positively impact all seven Behavioral Health Priorities outlined by the Prevention Subcommittee.

Using the **Kansas Behavioral Health Profile**, the Prevention Subcommittee went through a behavioral health data review and **indicator prioritization** process in FY2020. In FY2021, the Subcommittee reviewed updated data for the priority areas and while substance use measures are showing improvement, it was determined they were still priorities of focus. Prevention Subcommittee Behavioral Health Priorities include suicide and depression, underage drinking, youth marijuana use and vaping, amphetamine use (all ages), and Family Attachment. Kansas Communities That Care (KCTC) 2021 Student Survey trend data and hot spot maps for these priority areas are available for counties to view on the Kansas Prevention Collaborative website. [Behavioral Health Indicator Maps - Kansas Prevention Collaborative](#) The maps help Kansans identify geographical areas of strengths and needs related to the indicators. It also provides information necessary to build awareness and capacity and will make it easier to collaborate with other partners to create more comprehensive plans for prevention and behavioral health services across the state.

The Prevention Subcommittee met every month over the course of the year and continued to support the Evidence-Based Strategies Workgroup, Legislative Event/Advocacy Workgroup, and State Suicide Prevention Plan Workgroup. These groups, with membership and coordination by the Prevention Subcommittee, met as often as needed throughout FY2021. The Subcommittee added three new members in FY2021. A new member **Onboarding Workgroup** was created to help new members transition into the Prevention Subcommittee work.

The Evidence-Based Strategies Workgroup (EBSW) revised the Kansas Prevention Collaborative Evidence-based Strategies Matrix in FY2021. The Matrix is tools for prevention stakeholders to use to find appropriate prevention strategies with proven effectiveness. For sustainability, the EBSW requested the Kansas Prevention Collaborative and the Training Project Team assume ownership and maintenance of this resource. The Prevention Subcommittee EBSW will continue to meet annually or bi-annually to

review EBS in Kansas and make recommendations on the Matrix content. There will also be Prevention Subcommittee member representation on the GBHSPC Evidence-Based Strategies Subcommittee.

To create awareness of the purpose and work of the Prevention Subcommittee, the **Legislative Event/Advocacy Workgroup**, with help of Wichita State University Community Engagement Institute (on behalf of the Kansas Prevention Collaborative), developed a short video to share with legislators and stakeholders. [GBHSPC Prevention Subcommittee - YouTube](#) The workgroup hosted an hour-long session during Prevention Advocacy week and shared the video and had discussion of our purpose and mission. The Subcommittee was also joined in a regular meeting by a leader from Iowa who shared her expertise about ways to advocate regarding marijuana legislation in Iowa and Nebraska.

Suicide prevention remained a priority of the Prevention Subcommittee in FY2021. In FY2020 a workgroup of the Subcommittee was formed to update the state's suicide prevention plan. The plan was finalized in FY2021 and can be found on the Kansas Prevention Collaborative website [KPC-Suicide-Prevention-Final-3.pdf \(kansaspreventioncollaborative.org\)](#). The plan covers the period of 2021-2025 and will be reviewed annually and updated every five years. One of the first objectives in the plan was to create a statewide suicide prevention coalition. As a result of strengthened collaborations KDADS, KDHE, the Attorney General's Office, and other partners put in place a process to form a Steering Committee. The Committee created a mission and vision, by-laws, and invited members. The new **Kansas Suicide Prevention Coalition** (KSPC) will hold their first official meeting in September. The **State Suicide Prevention Plan Workgroup** will hand off this plan to the KSPC after their first meeting. Several members of the Prevention Subcommittee are on the Steering Committee for this new statewide coalition which will help with the transition.

The Prevention Subcommittee stressed the importance of engaging youth in prevention and ensuring their voice is included in the work of the Subcommittee. This felt particularly important during the pandemic of COVID-19 and the changes that students, schools, and families were experiencing. While the Subcommittee discussed the desire to have youth members, the difficulty of membership due to the meeting format and school schedules led to discussion of inclusion of youth as Subcommittee guests. As a starting point, the Subcommittee added a **Youth Voice** section to our regular meeting agenda. Throughout the year, our guests included students from STAND Harvey County, Kanas Youth Connect, Teen TALC from Dodge City, and a representative from Rise Up Reno. The Subcommittee also learned about opportunities to expand Youth Leadership in Kansas (YLINK) and received an update from the Kansas Youth Community Change Conference (KYC3).

We asked the groups to address three questions:

- 1) What prevention work are you doing?
- 2) What is most concerning right now to you and your friends?
- 3) What can adults do to help ?

While we learned what they were doing in their communities, most of the students said that mental health was their main concern at this time, along with not being able to be with their friends. Adults can help by being supportive and listening without judgement.

Another focus for the Prevention Subcommittee was to ensure that members had **opportunities to learn and had a shared understanding** of the goals, objectives, and programs discussed in the Subcommittee's objectives. In May Leslie Hale from KDHE spoke about Zero Suicide and in June individuals from the Massachusetts Department of Public Health shared information about Screening Brief Intervention and Referral to Treatment (SBIRT) and how it can be used in schools.

The Prevention Subcommittee continued progressing in organizational processes, including **amending the charter** to increase more diverse membership, seeking individuals with lived experience, at-risk

populations, and including student voice for prevention. While COVID required virtual participation, it also allowed easy attendance with no travel restrictions. Three new members were added in FY2021.

PROGRESS on State Fiscal Year 2021 and PREVIOUS YEARS' GOALS:

FY2021 Goal 1: For efforts to improve shared access to data resources among State agencies and GBHSPC Subcommittees, the Prevention Subcommittee:

- 1) Supported the KPC by highlighting areas of needed focus and capacity-building for prevention coalitions and task forces (substance abuse, problem gambling, and suicide) priorities based on data.
- 2) Reviewed progress based on updated Kansas Behavioral Health Profile data for the seven behavioral health prevention priority areas identified by the Prevention Subcommittee. Updated data indicators were provided to KDADS and promoted by and through the Kansas Prevention Collaborative (KPC). Updated trend data for counties participating in the Kansas Communities That Care (KCTC) Student Survey can be found on the KPC website.
- 3) Finalized and disseminated the new Kansas Suicide Prevention Plan 2021-2025 summarizing data from multiple agencies to provide an understanding of suicide in Kansas and to provide a five-year prevention timeline with goals and objectives.
 - a. Incorporated the 2020 Service Members, Veterans, and Families Subcommittee and Kansas Governor's Challenge Combined Action Plan into the overall Kansas Prevention Suicide Plan.
- 4) Supported the State Epidemiological Workgroup (SEOW) with utilization of the guidance of this Workgroup and the promotion of the Kansas Behavioral Health Profile.
- 5) Supported the SEOW access to mental health and substance abuse treatment data to assist in the Kansas Prevention and Mental Health Block Grant planning and applications, and for inclusion in the 2021 Kansas Behavioral Health Profile.
- 6) Formed a small group to review the New Hampshire Public Use data system and determine if a similar plan should be recommended for Kansas.

FY2021 Goal 2: In elevating awareness and implementation of strategies recommended by EBSW and engage in EBS Subcommittee efforts, the Prevention Subcommittee:

- 1) Continued to facilitate meetings of the EBSW to promote more use of evidence-based strategies to better integrate promotion, prevention, treatment, and recovery services.
- 2) EBSW revised and promoted the Kansas Prevention Collaborative Evidence-Based Strategies Matrix.
- 3) Continued to identify and update the catalog behavioral health prevention efforts (KDADS-funded and unfunded) occurring across the state.
 - a. The EBSW collaborated with the KPC Evaluation Team to develop and administer an online survey of unfunded community coalitions to learn what evidence-based strategies are being implemented in the state. The survey will be administered every six months.
 - b. Utilizing the KPC, a second survey asked if previously funded communities have sustained their strategy implementation and coalitions.
- 4) Included Prevention Subcommittee representation on the larger GBHSPC Evidence-Based Strategies Subcommittee and will work with members to identify the prevention EBS that other Subcommittees are implementing or recommending.

FY2021 Goal 3: In coordinating efforts and care transitions relative to hospitalization, outpatient, recovery, and prevention of future hospitalization, the Prevention Subcommittee:

- 1) 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.
- 2) 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.
- 3) Provided education to Prevention Subcommittee members regarding Screening Brief Intervention and Referral to Treatment (SBIRT) and Zero Suicide framework.
- 4) Met with Pat Stilen, Co-Director, Mid-America Addiction Technology Transfer Center to explore how SBIRT might be provided in schools. Pat connected the Subcommittee with a presentation from Massachusetts Department of Health staff.
- 5) Discussed how the Subcommittee could discuss the promotion of Zero Suicide strategies through the new Statewide Suicide Prevention Coalition.
- 6) Had representation that actively participated in strategic planning with the Zero Suicide Advisory Council.

FY2021 Goal 4: In allocating resources to prioritized areas of need through data-driven decision making, the Prevention Subcommittee:

- 1) Requested funding allocation from the GBHSPC and KDADS Secretary in the 2020 Prevention Subcommittee Annual Report and presentations for the following:
 - a. Centralized epidemiologist.
 - b. State-funded universal prevention strategies.
 - c. Full time state Suicide Prevention Coordinator.
- 2) Supported and promoted the Prevention Subcommittee behavioral health priorities.
 - a. Created a video that highlighted the purpose of the GBHSPC Prevention Subcommittee and shared its seven data priorities (suicide, depression, underage drinking, youth marijuana use and vaping, amphetamine use (all ages), and family attachment).
 - b. Disseminated the highlighted priority areas on the Kansas Prevention Collaborative website. Interactive maps assist prevention planning with the ability to compare county data with the state or with surrounding counties. County trend data, when available, are shown for each county.
- 3) Reviewed annual progress data for the seven priority areas. Youth substance use measures showed a reduction, but suicide and depression increased.
- 4) Requested that a comprehensive statewide approach to suicide prevention with dedicated funding be enacted.

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 policymakers, 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 Behavioral Health Prevention Plan is meant to be a guide for behavioral health prevention efforts in Kansas. The Prevention Subcommittee is in the process of updating the Plan and have made it a goal to ensure annual updates to stay current and connected. We recognize this work cannot be completed by any one entity. It takes the collaborative effort of a multitude of agencies and organizations. We ask for your support in promoting our recommendations for next steps in this report and as described in more detail in the upcoming 2022 Kansas Behavioral Health Prevention Plan.

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 will continue to identify populations at high risk to promote equity and inclusion. We will also continue our focus on Youth Voice by inviting students to our monthly Prevention Subcommittee meetings to share the work being promoted in their community and to identify opportunities for coordination at the state level. To maintain our focus, the Subcommittee has also embedded Youth Voice into the FY2022 objectives.

There is a wealth of data available across the various State Agencies. The Prevention Subcommittee recommends the formalization of a process for sharing these data to assist in providing a comprehensive needs assessment. The SEOW has provided the Kansas Behavioral Health Profile to fill this purpose, providing data from all agencies together to monitor behavioral health, review trends, and assist with identifying at-risk subpopulations. However, there is little awareness, and thus little use of the Profile. Sharing of data and resources is needed to prioritize needs and guide capacity-building, planning, implementation, and evaluation of behavioral health services in Kansas. The Profile includes data gaps, and the Subcommittee will work to fill those gaps to further inform State and community needs.

Some of the Prevention Subcommittee 2022 goals remain the same as the prior year but the objectives have been revised. Other goal statements have been added or revised.

PREVENTION SUBCOMMITTEE SFY 2022 GOALS:

Goal 1	Support improved shared access to data resources among State Agencies and GBHSPC Subcommittees	Completion
Objective 1.1	Create awareness of the Kansas Behavioral Health Profile by asking the Governor’s Behavioral Health Services Planning Council (GBHSPC) to share and promote the Profile at an All-Subcommittee meeting.	2022
Objective 1.2	Support the work of the State Epidemiological Outcomes Workgroup (SEOW) to develop a cross-agency Behavioral Health Data Inventory to provide information on data providers, data characteristics, and data availability to assist users in finding behavioral health data of interest.	2025
Objective 1.3	Recommend the SEOW have access to mental health and substance abuse treatment data for annual inclusion in the Kansas Behavioral Health Profile.	2023
Objective 1.4	Review New Hampshire Public Use data system and recommend a similar plan in Kansas.	2025

Goal 2	Empower state entities to provide synergy for local partners at all points on the continuum of care.	
Objective 2.1	Support expansion of SBIRT utilization to youth populations (grades 6-12) to increase early detection of substance misuse and provide greater opportunity for substance use related education.	2025
Objective 2.2	Connect Kansas youth and adult prevention efforts for better collaboration in communities.	2022
Objective 2.3	Provide leadership and support to regional and local partners by securing and distributing a suicide prevention awareness campaign materials/ toolkit.	2025
Objective 2.4	Work to secure sustainable resources for initiatives that improve access to behavioral healthcare to support an environment that is amenable to prevention such as 988 and Certified Community Behavioral Health Centers (CCBHCs).	2023

Goal 3	Update Kansas Behavioral Health Prevention Plan Annually	
Objective 3.1	Review the Kansas Behavioral Health Prevention Plan and assign members or teams to update sections.	August 2021
Objective 3.2	Include Student Voice section in the Kansas Behavioral Health Prevention Plan to emphasize Kansas youth prevention initiatives (e.g., Kansas Youth Connect, YLINK).	December 2021
Objective 3.3	Review updates and finalize revisions.	February 2022
Objective 3.4	Final proofreading and submission for prevention partner feedback.	March 2022
Objective 3.4	Completion and dissemination of annual Kansas Behavioral Health Prevention Plan.	May 2022

Subcommittee Recommendations and Action Items 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 (SFY 2022 Goal #1)

- a. Support improved data-sharing among State Agencies and Subcommittees.
- b. Better utilize the State Epidemiological Outcomes Workgroup and promote tools like the Kansas Behavioral Health Profile to prioritize State programmatic action based on data priorities identified by this group.
 - We ask that the GBHSPC share and promote the Kansas Behavioral Health Profile at an All-Subcommittee meeting.

2. Transitions (SFY 2022 Goal #2)

- a. Expand approved providers for SBIRT by changing the language to include community health workers and other health education providers.
- b. Consider sustainable resources for initiatives that improve access to behavioral healthcare to support an environment that is amenable to prevention such as 988 and Certified Community Behavioral Health Centers (CCBHCs).

3. Collaboration

- a. Hold quarterly GBHSPC Subcommittee Chairs’ meetings for increased awareness and opportunities for collaboration.

- b. Hold annual All-Subcommittee meetings to identify opportunities for coordination of goal development and alignment.

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

Action Items

- Support broader evidence-based universal prevention strategies for community and statewide implementation around Prevention Subcommittee behavioral health priorities (suicide, depression, youth alcohol, marijuana, vaping, family attachment) at \$500,000.

- Hire and employ a centralized Epidemiologist to gather, compile, and compare behavioral health needs assessment data from all State Departments and Subcommittees and to support and maintain a Behavioral Health Data Source Inventory at a rate of \$80,000 or higher in consideration of fair market rate.

- Continued funding for 988 implementation at FY2021 rate of \$3,000,000 or higher.