

Governor’s Behavioral Health Services Planning Council Prevention Subcommittee 2022 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. In February 2022, the Prevention Subcommittee Charter was amended to retain two-year members on Officer positions but remove the six-year membership term limit for members wishing to continue to serve. The Subcommittee also decided to make Kansas Prevention Contractors non-voting members to retain historical perspectives while allowing for more diverse members to join, given the cap of 25 voting members. Three new members joined in FY 2022.

Name	Organizations
Stephanie Rhinehart – Liaison	Kansas Department for Aging & Disability Services
Callie Dyer – Chair	Finney County Community Health Coalition, dba LiveWell Finney County
Aonya Barnett - Vice Chair	Partners for Wichita
Holly Bowyer - Co-Secretary	The Center for Counseling & Consultation
Liz Hamor – Co-Secretary	Center for Daring
Carolina Benitez	Kansas Department for Children and Families
Bailey Blair	Sedgwick County Suicide Prevention Coalition
Vicki Broz	Compass Behavioral Health
Jan Chandler	Safe Streets Wichita
Lisa Chaney	Learning Tree Institute at Greenbush
Chad Childs	Wichita State University Community Engagement Institute
Shereen Ellis	Aetna Better Health of Kansas
Monica Kurz	Kansas Suicide Prevention HQ
Chrissy Mayer	DCCCA
Mary McBride	Parent
Jerry Shultz	University of Kansas Center for Community Health and Development
Brenda Soto	Kansas Department for Children and Families
Marissa Woodmansee	20 th Judicial District Juvenile Services

SFY22 FOCUS:

Collaboration and Coordination

In FY 2022, 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 going on in the state 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 advocate for support for mental illness. The Prevention Subcommittee is made up of members who were also active members of the Governor's Behavioral Health Services Planning Council (GBHSPC) Rural and Frontier Subcommittee, Service Members, Veterans, and Families Subcommittee, Evidence-Based Strategies Subcommittee, and the Kansas Suicide Prevention Coalition. This diversity and crossover encourages collaboration and coordination.

The Subcommittee used several strategies to increase awareness and collaboration. The first making members aware of the new initiatives offered through Kansas Department for Aging and Disability Services (KDADS) via the State block grant COVID-19 and the American Rescue Plan Act (ARPA) funding. The Subcommittee hosted Melissa Bogart Starkey, KDADS Housing Employment and SOAR Benefits Program Manager who spoke about planning for the new *Transitional Youth Seminars* which are web-based informational series for youth between the ages of 16-18 years old transitioning into adulthood. She asked the Subcommittee to provide ideas, feedback, and input for program/seminar development. We also learned about the initiative to increase the number of schools implementing the *Good Behavior Game and PAX training* with parents from a presentation by Mental Health America of the Heartland.

Additional collaboration included an update from KDADS *Youth Leaders in Kansas or YLinK* regarding their Youth Voice inaugural and Elana Ivanov, KDADS *Nursing Facilities for Mental Health (NFMH) Settlement* Administrator talked about NFMH goals and also had a desire to work with the Subcommittee. Grit Digital Health presented *Man Therapy* campaign to reduce stigma, increase help-seeking behavior, and decrease suicide ideation in men.

Starting in January 2022 the Prevention Subcommittee held a six-month series designed to increase understanding of how the *Kansas Prevention Collaborative* is organized and how contractors, together with KDADS and other partners focus prevention efforts for the state and communities. During regular monthly meetings, each KPC contractor talked about KPC and expanded initiatives and strategies within their organizations.

January – Wichita State University Community Engagement Institute

February – DCCCA

March – University of Kansas Center for Community Health and Development

April – Greenbush -The Education Service Center

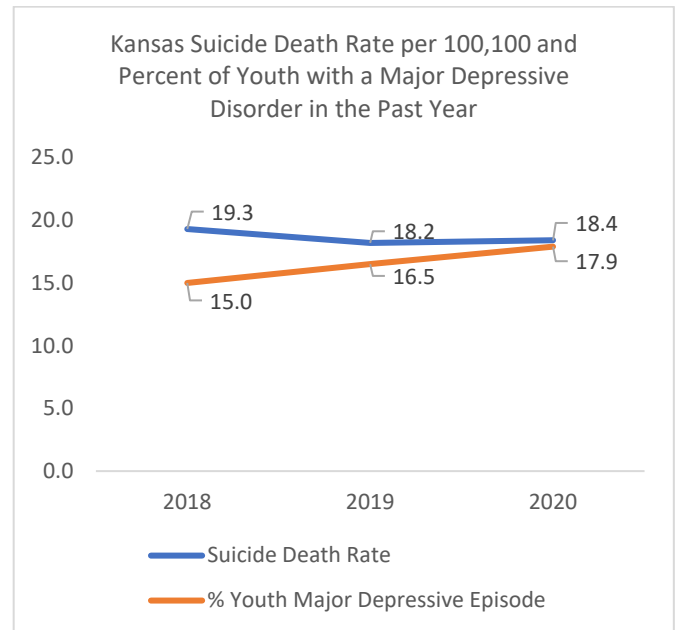
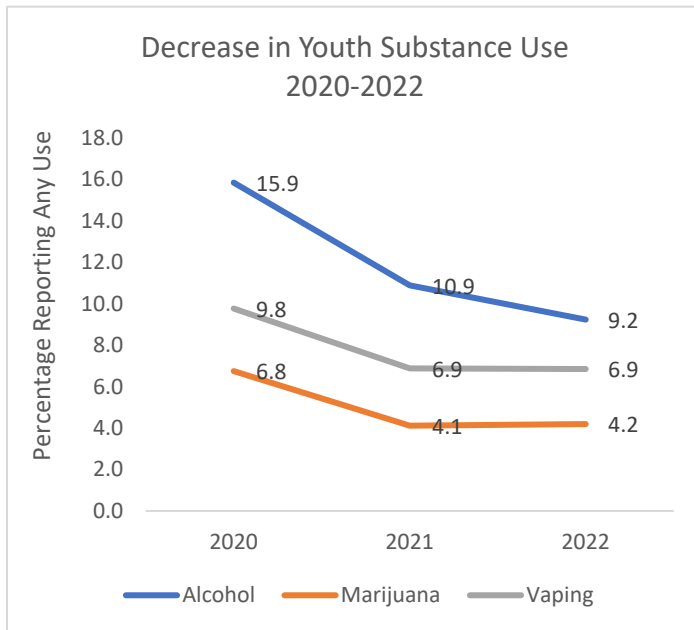
May – Kansas Suicide Prevention Headquarters

June – Kansas Department for Aging and Disability Services

Behavioral Health Priorities

Using the Kansas Behavioral and Mental Health Profile, the Prevention Subcommittee went through a behavioral health data review and indicator prioritization process and came up with seven priorities based on the data in Kansas. These priorities include depression and suicide, underage drinking, youth marijuana use and vaping, and family attachment. Priorities are reviewed each year as new data become available. Based on the Kansas Communities That Care (KCTC) 2022 Student Survey trend data shows youth substance use decreasing as is the percentage of youth at risk due to low family attachment (43%

risk in 2020 and 39.6% at risk in 2022). While these data show encouraging trends, data for youth depression continues to climb suicide death rate remains fairly stable.



Kansas Communities That Care (KCTC) 2022 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 full Prevention Subcommittee met every month over the course of the year and continued to support a number of workgroups. These included the Evidence-Based Strategies Workgroup, Legislative Event/Advocacy Workgroup, an Onboarding Workgroup, and a new Youth Voice Workgroup. These groups, with membership and coordination by the Prevention Subcommittee, met as often as needed throughout FY2022 with summary highlights below. The Prevention Subcommittee also supported the new Kansas Suicide Prevention Coalition that convened in September of 2021 from workgroup that originated with the Subcommittee.

The Prevention Subcommittee *Evidence-Based Strategies Workgroup (EBSW)* met twice during the fiscal year to continue to review and make content recommendations for the Prevention Collaborative Evidence-Based Strategies Matrix. The Matrix is a tool for prevention stakeholders to find appropriate prevention strategies with proven effectiveness. There is also a Prevention Subcommittee member representative on the GBHSPC Evidence-Based Strategies Subcommittee.

The *Legislative Event/Advocacy Workgroup* helped the Subcommittee track a number of behavioral health prevention bills including those related to 988, Tobacco 21, fentanyl test strips, and cocktails to go, among others.

The *Onboarding Workgroup* convened to help new members transition into the Prevention Subcommittee work. Documents were reviewed and updated including the Subcommittee’s brochure. A new member

orientation session was held and recorded so it can be shared as future members join or to help inform and recruit potential new members.

Finally, a new *Youth Voice Workgroup* was convened to gather information about state and community youth prevention efforts. This information was included in the Subcommittee's updated Prevention Plan which was a goal this year. The Youth Voice section was a new section to the plan and continues the Subcommittee's focus on and commitment to youth voice from the prior year.

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. KPC contractors became non-voting members, opening up room slots for five additional members. Virtual meetings were started during COVID and continued in FY2022, as it allowed easy attendance with no travel restrictions.

PROGRESS on State Fiscal Year 2022 GOALS and PLANS for Fiscal Year 2023:

Goal 1: Support improved shared access to data resources among State agencies and GBHSPC Subcommittees.

Objective 1.1: Create awareness of the *Kansas Behavioral and Mental Health Profile* by asking the Governor's Behavioral Health Services Planning Council (GBHSPC) to share and promote the Profile at an All-Subcommittee meeting.

FY 22 Progress - The State Epidemiological Outcomes Workgroup (SEOW) updated the Profile in FY 2022.

FY 23 Plan - With the recent update, the Subcommittee will continue to create awareness and would again ask the Planning Council to share this resource and promote its use. The updated 2022 Profile can be found: https://kdads.ks.gov/docs/librariesprovider17/csp/bhs-documents/reports/kansas-behavioral-mental-health-profile-2022.pdf?sfvrsn=382573ec_0

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.

FY 22 Progress - A small group of interested Subcommittee members met to review Kansas data dashboards and the possibility of a Behavioral Health Data Inventory. While the Prevention Subcommittee supports this effort, the task has been turned over to the SEOW.

FY 23 Plan - New FY 2023 Objective 1.2 -- Engage regular communication with Subcommittee Chairs and members to increase opportunities for collaboration around data needs and strategies to improve access and resources.

Objective 1.3: Recommend the SEOW have access to mental health and substance use treatment data for annual inclusion in the *Kansas Behavioral and Mental Health Profile*

FY 22 Progress - The State Epidemiological Outcomes Workgroup (SEOW) updated the Profile in SFY 2022 and included State level treatment data for total count and percent of admissions for alcohol, tobacco, and opiates. Several discussions with KDADS staff around data availability, access, and sharing were held.

FY 23 Plan - Work with the SEOW to continue to engage KDADS in data discussions with an emphasis on potential county or regional level access when appropriate.

Objective 1.4: Review the New Hampshire Public Use data system and recommend areas for improvement in Kansas.

FY 22 Progress – A small group of interested Subcommittee members met to review the New Hampshire Public Use data system. The meeting led to a discussion of the various systems and dashboards already available in Kansas.

FY 23 Plan – This work was taken over by the SEOW whose members will identify or create a registry of the various data dashboard in the state. As such, this will not be a Subcommittee objective for this goal area in FY 23.

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.

FY 22 Progress – Discussion on ways to work with KDADS and KDHE to change the language to allow billing for the provision of services and assessment for early intervention, referral, and treatment. The Subcommittee discussed the feasibility of training school personnel to provide assessments.

FY 23 Plan – Under Subcommittee review

Objective 2.2: Connect Kansas youth and adult prevention efforts for better collaboration in communities.

FY 22 Progress – Discussed ways to make connections in communities. Ideas included data sharing, connecting, and looking for strategies that covered the lifespan.

FY 23 Plan – Under Subcommittee review

Objective 2.3: Provide leadership and support to regional and local partners by securing and distributing a suicide prevention awareness campaign materials/ toolkit.

FY 22 Progress – The Subcommittee recommended seeking guidance from the Kansas Suicide Prevention Coalition.

FY 23 Plan – Under Subcommittee review

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 the new 988 suicide prevention lifeline and Certified Community Behavioral Health Centers (CCBHCs).

FY 22 Progress - The Prevention Subcommittee 2021 Annual report requested the continuation of funding for the 988 suicide prevention lifeline and Certified Community Behavioral Health Centers. These two initiatives received legislative funding this year and the objective was achieved.

FY 23 Plan – Under Subcommittee review

Goal 3: Allocate resources to prioritized areas of need through data-driven decision-making.

Objective 3.1: Review Prevention Subcommittee's behavioral health priorities annually.

FY 22 Progress - Reviewed annual progress data for the six Prevention Subcommittee behavioral health priority areas. Youth substance use measures showed a reduction, while suicide rates were stable, and depression increased.

FY 23 Plan – The Subcommittee will use the *2022 Kansas Behavioral and Mental Health Profile* to complete a data-driven needs assessment to determine potential new behavioral health priorities.

Objective 3.2: The Subcommittee will support and promote their identified behavioral health priorities by creating awareness and posting county-level data and trends for these priorities on the Kansas Prevention Collaborative website.

FY 22 Progress – 2022 data and hot spot maps were made available for counties to view on the Kansas Prevention Collaborative (KPC) website. [Behavioral Health Indicator Maps - Kansas Prevention Collaborative](#)

FY 23 Plan – Update KPC website with new behavioral health priority data.

Objective 3.3: Request funding allocation from the GBHSPC and KDADS Secretary in the Prevention Subcommittee Annual Reports and presentations.

FY 22 Progress – Based on the Subcommittee's goals and objectives, FY 2022 funding requests included:

1. State-funded universal prevention strategies.
2. Centralized epidemiologist position.
3. Continued funding for 988 implementation at the FY2012 rate or higher.

FY 23 Plan – The Subcommittee will use the Profile to complete a needs assessment to review and determine new behavioral health priorities. The Subcommittee will review priorities and funding needs and make recommendations for FY 2023 annual report.

Goal 4: Update Subcommittee Prevention Plan annually.

Objective 4.1: Review the *Kansas Prevention Subcommittee Behavioral Health Prevention Plan*.

Objective 4.2: Include Student Voice section in the *Kansas Prevention Subcommittee Behavioral Health Prevention Plan* to emphasize Kansas youth prevention initiatives (e.g., Kansas Youth Connect, YLINK).

Objective 4.3: Review updates and finalize revisions.

Objective 4.4: Final proofreading and submission for prevention partner feedback.

Objective 4.5: Completion and dissemination of the annual *Kansas Prevention Subcommittee Behavioral Health Prevention Plan*.

FY 22 Progress – Goal approaching completion as dissemination is scheduled in September.

FY 23 Plan – These objectives will be repeated for a 2023 Prevention Plan update.

Goal 5: NEW for FY 2023 - Advocate for behavioral health equity across the continuum of care with services available to people of diverse populations reflective of their identity and community and specific to their needs.

Objective 5.1: Engage diverse voices, perspectives, and experiences, including those of people-served, to adapt behavioral health prevention services in Kansas equitably and inclusively.

Objective 5.2: Recommend the intentional provision of prevention services, with consideration of placed-at-risk populations of all Kansans.

Objective 5.3: Recommend inclusive measurement strategies for ensuring prevention services are equitable and just.

Objective 5.4: Identify behavioral health disparities and recommend efforts to eliminate them.

Objective 5.5: Ensure that all goals, objectives, and membership recruitment of the Prevention Subcommittee are reviewed with a lens attuned to diversity, equity, inclusion, and justice.

RECOMMENDATIONS AND NEXT STEPS: The Prevention Subcommittee will continue on course for the next year with a continued focus on developing a sustainable comprehensive statewide behavioral health prevention plan. Seeing FY 2022 reductions in substance use with our current behavioral health priority data, in FY 2023 the Subcommittee will complete a data-driven needs assessment based on the updated *2022 Behavioral and Mental Health Profile* to determine if current indicators continue to be priorities or if new priorities emerge (see goals 1 & 2). From this, a goal will be to update the Subcommittee's Prevention Plan (see goal #4) and will update the Subcommittee's behavioral health priorities on the KPC website. We will promote the Prevention Plan and behavioral health priorities as well as the identified gaps in services and seek to collaboratively improve the well-being of every person and community in Kansas.

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.

The Prevention Subcommittee 2023 goals currently remain the same as the prior year, but the objectives may be revised, and goals revisited with the Subcommittee again this fall where adjustments can be made. As previously mentioned, a new goal or intentional focus is to advocate for behavioral health equity, diversity, and inclusion across the continuum of care (see goal #5).

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. Another area of focus for FY 2023 is to evaluate our member recruitment process. Changing our charter allowed for more and diverse membership which we will strive to recruit this year.

We ask for your support in promoting our recommendations for next steps in this report

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

- a. Support improved data-sharing among State Agencies and Subcommittees and review availability of treatment data at the county or regional level.
- b. Better utilize the State Epidemiological Outcomes Workgroup to prioritize State programmatic action based on data priorities identified by this group.
 - We ask the GBHSPC to share and promote the updated *2022 Kansas Behavioral and Mental Health Profile* at an all-Subcommittee meeting.

2. Transitions

- a. Expand approved providers for SBIRT by changing the language to include community health workers and other health education providers.

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

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| <ul style="list-style-type: none">• 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. |
| <hr/> <ul style="list-style-type: none">• 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. <hr/> |