

**Governor's Behavioral Health Services Planning Council
Prevention Subcommittee 2023 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.

SFY23 FOCUS:

Enhance teamwork and communication efficiently and effectively

The Prevention Subcommittee is vital in providing valuable feedback and guidance for KDADS BHS prevention initiatives. Systems must promote communication and collaboration among remote teams and strengthen internal coordination. The Subcommittee has created a comprehensive work plan that outlines project timelines and enables various workgroups within the Subcommittee to monitor progress effectively. This approach ensures that everyone is on the same page and that we can achieve our goals efficiently.

Health Equity

With the creation of the new Diversity, Equity, and Inclusion Workgroup, the goal is to ensure that under-resourced populations have access to evidence-based practices. To increase access to evidence-based practices, the committee must integrate diversity, equity, and inclusion efforts into every aspect of prevention efforts. Kansas has a unique opportunity to address its behavioral health crisis. By implementing prevention strategies that prioritize public health-centered solutions over criminal justice approaches, the state can make real change and improve health outcomes for individuals and communities. To improve prevention efforts in Kansas, it's important to collaborate with community organizations and allocate funding, resources, and additional support.

Interfacing with the community can gather valuable insights and feedback that will help better understand the community's needs and concerns. Care, programs, and services that are tailored to the unique demographic contexts of individuals, takes into account cultural, social, and gender factors. In order to ensure that behavioral health services in Kansas are effective, equitable, and culturally appropriate, it is important to take into account the unique demographic contexts of the individuals who must be served. This includes considering cultural, social, and gender factors when providing care, programs, and services. By doing so, we can achieve positive outcomes and ensure that our services are tailored to meet the needs of both the communities and individuals we serve. To this extent, the committee spent time interfacing with their respective communities, prioritizing primary prevention and behavioral health. Addressing the needs of our communities by prioritizing proactive measures to prevent problems before they arise, and promote mental and emotional well-being through education and access to resources.

Behavioral Health Priorities

The GBHSPC Prevention Subcommittee finalized our behavioral health priorities. The selected priorities and indicators are as follows: - Increasing access to mental health services for underserved populations - Reducing stigma surrounding mental health and substance use disorders - Improving support for individuals experiencing a mental health crisis - Enhancing education and awareness about mental health and substance use disorders We believe these priorities will have a significant impact on improving behavioral health outcomes in our community.

GBHSPC FY 2024 Data Priorities

- 1) Alcohol
 - a. Past 30-day (youth, young adults, adults)
 - b. Binge drinking (youth, young adults, adults)

- 2) DUI
 - a. DUI of any substance (young adults)
 - b. Rate of arrests for DUI/alcohol (adults)

- 3) Marijuana
 - a. Past 30-day Use (youth, young adults)

- 4) Illicit drug use (youth, young adults, adults)
 - a. Past 30-day use

- 5) Suicide
 - a. Suicide ideation (youth, young adults, adults)

- 6) Depression
 - a. Past year depression (youth, young adults, adults)

Throughout FY2023, the full Prevention Subcommittee met on a monthly basis and provided support for various workgroups, including the Evidence-Based Strategies Workgroup, Legislative Event/Advocacy Workgroup, Onboarding Workgroup, and Diversity Equity and Inclusion Workgroup. These groups, coordinated by the Prevention Subcommittee, held meetings as needed with summary highlights provided below. In addition, the Subcommittee played a role in the inaugural annual meeting of the new Kansas Suicide Prevention Coalition, which was a result of workgroup efforts originating from the Subcommittee.

The Prevention Subcommittee State Epidemiological Outcomes Workgroup (SEOW) met quarterly. The workgroup aims to ensure equitable access across the state to suicide prevention tools, supports, resources and data to equip communities to make progress on their own suicide prevention goals.

In its first year, the Coalition formed four subcommittees to review, revise, and address work outlined in the State Suicide Prevention Plan. The coalition also hosted its first annual in-person meeting. Current membership includes representatives from the following:

- The University of Kansas Center for Community Health and Development
- The Learning Tree Institute at Greenbush
- Kansas Department for Aging and Disability Services Behavioral Health Services
- Kansas Department of Health and Environment
- The University of Kansas Poison Control Center
- Kansas Racing and Gaming Commission
- The University of Kansas Center for Telemedicine and Telehealth
- Sedgwick County Health Department
- Southern Plains Tribal Health Board

The Kansas Suicide Prevention Coalition (KSPC) is the statewide suicide prevention coalition. KSPC champions suicide prevention for all Kansans through equitable access to partnerships, advocacy, resources, ideas, and data. The vision of the Kansas Suicide Prevention Coalition is to unite Kansans to prevent suicide. Members of the KSPC come together from all six regions of Kansas: 26 Northeast, 22 South Central, 5 Southeast, 4 Southwest, 3 North Central, 1 Northwest, and 8 Statewide. The Executive Committee includes the President (Bailey Blair), Vice President (Aonya Barnett), Secretary (Alexis McMillin), Treasurer (Melissa Patrick), and three Members-At-Large (Callie Dyer, Elaine Johannes, Sarah Gideon, and Jessica Provines). There are also four Subcommittees, which were created to align with the primary focuses of the Kansas Suicide Prevention State Plan: Community Engagement, Resource Development, SRE (Surveillance, Research, & Evaluation), and Systems of Care. Diversity, equity, and inclusion are also key components of the State Plan and are embedded across all four subcommittees, rather than being separate; the intention of this is to avoid a DEI "silo" and weave intentionality regarding these initiatives in all work done by the KSPC. Moving into FY 2024 and the future of the KSPC, the Executive Committee and Coalition as a whole are dedicated to continue holding monthly meetings that center our community agreement to keep our meeting spaces respectful, and accessible; to recognize and accept the experiences of one another, and be

open to communication without judgment; and to hold ourselves and each other accountable—celebrating our successes together, and supporting each other to achieve our goals.

The Legislative Event/Advocacy Workgroup monitored bills related to healthcare expansion, 988, Tobacco 21, and harm reduction package, among others. Advocating for policies that prioritize health and safety is crucial for creating a positive and thriving environment for everyone.

The Onboarding Workgroup is committed to ensuring that new members feel welcome and integrated seamlessly into our organization. is dedicated to making sure that new members feel welcome and integrated into our organization with ease. We understand that having a variety of different perspectives is crucial for staying up-to-date on the latest trends and best practices. We appreciate the unique viewpoints and experiences that our subcommittee members bring to the table. By sharing knowledge and experiences, we can significantly enhance and improve prevention work in various fields while simultaneously advocating for important issues like behavioral health equity, diversity, and inclusion.

The newly formed Diversity Equity and Inclusion Workgroup ensured our prevention work align with SAMHSA's Health Equity statement and believe that promoting equity, diversity, and inclusion is essential to creating a healthy ecosystem that is fair and just for all members of our community.

PROGRESS on State Fiscal Year 2023 GOALS and PLANS for Fiscal Year 2024:

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 - The State Epidemiological Outcomes Workgroup (SEOW) updated the Profile.
FY 23 Plan – The Subcommittee will continue to create awareness and would again ask the Planning Council to share this resource and promote its use.

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 23– 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 24 Plan – 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 23 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 24 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 23 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 24 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.

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 23 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 24 Plan – Under Subcommittee review

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

FY 23 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 23 Progress – The Subcommittee recommended seeking guidance from the Kansas Suicide Prevention Coalition.

FY 24 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 23 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 24 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 23 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.

Commented [A(1)]: Follow up with Monica/Bailey

FY 24 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 23 Progress – 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 24 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 23 Progress – Based on the Subcommittee’s goals and objectives, FY 2023 funding requests included:

State-funded universal prevention strategies.

Centralized epidemiologist position.

Continued funding for 988 implementation at the FY2012 rate or higher.

FY 24 Plan – The Subcommittee recommends:

1. 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.
2. Hire 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.
3. Create a position for and hire a Prevention Specialist/Public Health/Community Health Specialist at a rate of \$120,000 or higher in consideration of fair market rate. To implement prevention strategies that prioritize public health-centered solutions over criminal justice approaches.

Commented [A(2)]: Callie create the position(s).

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

FY 24 Plan – These objectives will be repeated for a 2024 Prevention Plan update.

Goal 5: 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 subcommittee recognizes that many populations may face unique barriers to accessing and utilizing healthcare services. This can include things like limited financial resources, language barriers, or a lack of transportation. To address these challenges, it's important to take a culturally sensitive and patient-centered approach to care. This may involve partnering with community organizations or hiring bilingual staff members to ensure that patients feel comfortable and supported throughout the care process. Additionally, it may be necessary to provide additional resources or support, such as transportation assistance or financial counseling, to help patients overcome the barriers they may be facing. Ultimately, the key to successfully adapting evidence-based practices for under-resourced populations is to remain flexible and responsive to the unique needs and challenges of each individual patient. By taking an empathetic and patient-centered approach, healthcare providers can help ensure that all patients have access to the care they need to achieve optimal health outcomes.

Enhance linkages to care by partnering with local healthcare providers and clinics can help connect individuals with the appropriate resources and ensure they receive the care they need. By creating more opportunities to enhance linkages to care, we can improve overall health outcomes and promote a healthier community.

Mutual learning opportunities are an excellent way to stay up-to-date on the latest best practices, trends, and emerging recommendations. By sharing knowledge and experiences will benefit and improve prevention work in various fields. The Prevention Subcommittee is taking a proactive approach by working towards their goals and advocating for important issues like behavioral health equity, diversity, and inclusion.

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 2024 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). Our subcommittee is dedicated to diversifying our membership and ensuring that we include individuals with lived experience and at-risk populations, as well as student voices for prevention. We strongly believe that promoting equity, diversity, and inclusion is essential in all aspects of our work, and we're thrilled to continue making progress towards creating a fair and just ecosystem for all members of our community.

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. Support improved data-sharing among State Agencies and Subcommittees and review availability of treatment data at the county or regional level. Better utilize the State Epidemiological Outcomes Workgroup to prioritize State programmatic action based on data priorities identified by this group.
2. Share and promote the updated 2023 Kansas Behavioral and Mental Health Profile at an all-Subcommittee meeting.
3. Expand approved providers for SBIRT by changing the language to include community health workers and other health education providers.
4. Hold quarterly GBHSPC Subcommittee Chairs' meetings for increased awareness and opportunities for collaboration.
5. 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.

1. 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.
2. Create and employ a position to conduct a community asset assessment to identify key considerations for methods and emerging strategies to engage people with lived experience. Through key informant discussions to gather valuable insights and perspectives on how to best engage with this community. Overall, the assessment will reveal the need for meaningful and ongoing engagement with people with lived experience, and the importance of co-designing solutions that are inclusive and responsive to their needs.
3. 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.

4. Hire and employ five Prevention/Public Health/Community Health Specialists to support targeted populations in health education and promotion activities to raise awareness about healthy behaviors, disease prevention, substance use disorder, and mental health education. To ensure that our efforts are effective and grounded in the real experiences of those affected by the issues we are seeking to address, special considerations for applicants with lived experience. The rate for this position is \$80,000 or higher, considering the fair market rate. We believe that this is a fair and reasonable compensation for the important work that these specialists will be doing to promote public health and improve the lives of vulnerable populations.