Governor's Behavioral Health Services Planning Council
Kansas Citizen's Committee on Alcohol and other Drug Abuse Report (KCC)

Presented to:
Wes Cole, Chairperson, Governor's Behavioral Health Services Planning Council
Kari Bruffett, Secretary, Kansas Department of Aging and Disability Services
Sam Brownback, Governor

Vision: To empower positive change in people's lives through quality services for Substance Use Disorder prevention, treatment, and recovery oriented systems of care.

Mission: Advocate a comprehensive system of quality Substance Use Disorder (SUD) and Problem Gambling (PG) services for the people of the State of Kansas by conferring, advising, and consulting with the Secretary of the Kansas Department of Aging and Disability Services.

Membership: The KCC is made up of individual members from a variety of backgrounds, including Substance Use Disorder treatment providers, prevention specialists, higher education representatives, Department of Corrections representatives, mental health providers, State agency staff, and consumers.

Current Membership:

Member	Location	Representing
John Calbeck	Topeka (PARS, retired)	Prevention
Jamie Lawless	Hutchinson (Prairie View)	Treatment
Rev. David Fulton	Wichita	Citizen, Faith Community
Mollie Thompson	Newton (Mirror, Inc.)	Citizen
Jason Verbeckmoes	Newton (Mirror, Inc.)	Prevention
Victor Fitz	Wichita	Citizen, Treatment
Kevin Ford	Great Bend	Treatment
Cathy Robertson	Topeka	Citizen, Recovery
Kathy Allen	Salina, Ashby House	Residential
Jane Meschberger	Topeka	Child Protective Services
Al Dorsey	Topeka	Citizen
Jennifer Foster	McPherson	Court Services, 9th District
Christopher Lund	Scott City	Citizen
Deborah Stidham	Mission	Treatment, Mental Health
Kayla Waters	Topeka, Washburn U.	Higher Education
Charles Bartlett	Topeka (KDADS)	KDADS ++Staff Liaison

Introduction

This has been another year of transition and adjustment for the Kansas Citizen's Committee as it continues to acclimate itself to the larger council objectives and reexamine its own goals in order to embrace new outcomes related to integrated behavioral health services. It welcomes the challenge and looks forward to working hand-in-hand with other subcommittees to integrate services and improve the health and well-being of all Kansans.

In the spirit of these new commitments, the committee has dedicated itself to a fuller engagement with the community at a very basic level; taking what its members bring to the table from around the state and trying to fully embrace and understand the needs of communities. Understanding that the committee does not have the ability to significantly fund direct services in communities, we have nevertheless lent our support advocacy to programs in order to learn and keep pace with the needs and perceptions of Kansas Communities.

We would like to begin our report with presentations describing two such engagements; the first of which was initiated in 2014 and engaged the recovery community in Wichita and the second of which begins to engage multiple faith communities across Kansas this year. Within our committee, we refer to these initiatives as our work with *communities of practice*; designed to demonstrate a sincere concern to the communities we serve and also to allow us to learn from diverse community efforts. We believe this approach has the potential to reach out to all manner of human services disciplines and help us learn how to truly integrate behavioral health services.

The Recovery Idol Competition in Wichita, now in its third year, supports the community of recovering individuals in greater Wichita. It is a charitable effort which involves close collaborations between providers, consumers, and community stakeholders to create an energetic and memorable event in support of recovery.

The Faith in Community effort is an effort to engage multiple congregations across Kansas, allowing them to receive carefully selected evidence-based programming for prevention, intervention, and recovery on a scale that will effect population-level change through awareness, education, and skill building.

We have asked committee member and past-chair Victor Fitz to provide a more detailed verbal description of Recovery Idol. The Reverend David Fulton will follow with a summary of our current project, Faith in Community. We will follow with summaries of our work as it relates to the goals specified in our charter.

Goals

1. Identify and recommend best practices for SUD prevention and Problem Gambling Services

- **Background and Discussion:** The committee recognized early in its discussions that true best practices in the new era of integrated Behavioral Health Services was to some extent uncharted territory (local, regional, state, national).
- **Issues and Concerns:** In addition to mental health issues, other elements of human services such as domestic abuse, child abuse/neglect, suicide prevention, and childhood trauma need to be examined and correlated with the traditional substance abuse focus of this committee. This fact alone renders the strategic plan for 2014 incomplete for moving forward on the council.
- **Plans and Recommendations:** The committee resolves to address this goal with several next steps. A reexamination of both the charter and the strategic plan with revisions will be undertaken during the coming year. The committee will also revisit its composition, looking for additions from other sub-committees and other disciplines that will enhance its ability to embrace integrated Behavioral Health Services. Committee members themselves will continue to become involved in other subcommittees.

2. Secure and increase the SUD Treatment Provider workforce

- **Background and Discussion:** We believe that this topic is both the most difficult and the most important issue addressed by the committee. Through the years the KCC has confronted and struggled with this issue time and time again.
- **Issues and Concerns:** Our discussions and input from the committee and the communities is that the current workforce remains insufficient to meet the needs of many communities, particularly in rural areas of the state. The KCC feels that a fully trained workforce with specialty skills is preferable to utilizing providers from other disciplines that have taken a few extra courses in addiction treatment and counseling. Compensation/advancement opportunities don't offset time and cost of education in the field. It is commonly noted in the workforce (including new licensees) that salary ranges are insufficient to keep providers in the workforce for sustained periods of time. Both Washburn University and other schools have noted a decrease in students enrolling in undergraduate Licensed Addictions Counselor programs.
- **Plans and Recommendations:** The development and implementation of a repayment structure for student loans for those individuals serving 5 years in the Kansas workforce should remain a priority even in times of economic scarcity. The State should continue to explore ways to improve both education and compensation of providers.

3. Identify Gaps in expansion and availability of treatment options for SUD and Problem Gambling

- **Background and Discussion:** This goal is felt to be another extremely important one. Discussions of this topic remain consistent, intense, and ongoing. Issues related to Medicaid Expansion inevitably work their way into all related discussion of this topic.
- **Issues and Concerns:** Providers report a consistent lack of access to extremely useful treatment data from the Managed Care Organizations that was previously available from Value Options. There is a lack of consistency between procedures for accessing mental health and substance abuse block grant funds. There is a need to make it easier for substance use disorder providers to use codes within their scope of practice. There is a concern that addictions counselors lack the professional privileges afforded to other licensed professionals. Getting certified as a provider with MCOs has been reported to be a significant barrier.
- **Plans and Recommendations:** Addiction counselors need to be allowed the same professional privileges as other licensed helping professionals, without additional regulations. Access to up to date treatment databases from MCOs allows providers to improve the quality and efficiency of care and should be made easily available to them. Ways to streamline the certification process with managed care organizations should be explored. The committee members, working from a professional context more than a political one, believe that elements of Medicaid Expansion or the conceptually equivalents of those services could help fill existing gaps that cripple our treatment infrastructure. The properly designed use of Medicaid funds could improve access to integrated care and improve outcomes (reduced use of Emergency Rooms, improved access to mental health services, better access to needed medications, improved family and community functioning, increased employment, and reduced recidivism). Investing Health Homes and SBIRT are of proven value and would be a great investment of Medicaid expansion dollars in order to accelerate the integration process. Kansas providers consistently report that it is very difficult for many people to get services without Medicaid and that those same people have trouble accessing even primary care. Block grant funds are capitated and don’t address mental health services or medication, making it extremely difficult for providers to address those with dual diagnosis. It becomes an argument and a challenge for the system to figure out a way to integrate mental health services in order to adequately treat substance use disorders. The committee recognizes problem gambling and the huge challenges it presents at this time in Kansas and believes that the Problem Gambling Alliance Fund, generated from casino revenues, should be deployed in Kansas as specified by statute, which would allow for innovative treatment and prevention of gambling, other addictions and mental illness alike.

4. Support integration of care in Behavioral Health Services.

- **Background and Discussion:** As noted above in the discussion of the first goal, this is an extremely important issue, which has made its way into the discussion of every goal that the KCC attempts to address.
- **Issues and Concerns:** Adding a significant number of additional providers via the mental health and substance abuse block grants is perceived to be economically prohibitive and impairs integration of services. The committee sees Screening, Brief Intervention, and Referral for Treatment (SBIRT) as one of the keys to a truly integrated system.
- **Plans and Recommendations:** The promotion and support of SBIRT across multiple behavioral disciplines in Kansas. The search for effective ways to deploy the existing cadre of peer mentors as well as those whose training will follow. KCC feels that cross training of substance abuse and mental health providers is essential and recommends that a curriculum be developed that works toward integration of those services. A useful approach would be to partner with medical professionals to assist with medications assisted therapy in order to improve long-term, sustained recovery.

5. Identify Treatment Gaps in treatment options and peer mentoring with in SUD services

- **Background and Discussion:** The utilization of trained peer mentors has gained acceptance across the United States in recent years and is support by SAMHSA and other key agencies as well as sound research. A cadre of trained peer mentors has been developed in Kansas and the basic infrastructure for training more exists.
- **Issues and Concerns:** There is yet some resistance to their use in the community. Work remains in the area of education, awareness, and acceptance of peer mentoring as a useful tool that can work in concert with all of the other elements of recovery oriented systems of care.
- **Plans and Recommendations:** Kansas should continue the search for effective ways to introduce our group of trained mentors into our integrated system and break down any resistance. We should continue to support the existing infrastructure (which allows us to train more mentors). KCC would like to see a facilitated learning event and discussion between peer mentoring, the recovery committee, and alcoholics anonymous.

6. Community Education

- **Background and Discussion:** This goal is best described as “under development” and is best represented by the work with “communities of practice” that we described earlier, but also has broader applications and objectives.
- **Issues and Concerns:** We need to discover a roadmap that allows us increase awareness and understanding of substance abuse, mental health, problem gambling, suicide prevention, adverse childhood experiences, domestic violence, and other behavioral issues in a cohesive and integrated manner.
- **Plans and Recommendations:** There is an ongoing need to address the stigmatism of substance use disorders and mental illness. The KCC suggests efforts be made to place educational materials designed to address this issue into readily accessible public buildings such as libraries, schools, doctor’s offices, and municipal buildings.