Annual Report | 2021–2022

GOVERNOR'S BEHAVIORAL HEALTH SERVICES PLANNING COUNCIL

CHILDREN'S SUBCOMMITTEE

PRESENTED TO

Wes Cole, Chair
Governor's Behavioral Health Services Planning Council

Laura Howard, Secretary
Kansas Department for Aging and Disability Services
& Kansas Department for Children and Families

Laura Kelly, Governor
State of Kansas

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INTRODUCTION

There is an almost endless list of possible areas of inquiry and research as we consider the behavioral health of children and their families from a holistic continuum of care perspective, which includes primary prevention efforts through targeted interventions for those with identified concerns. As the subcommittee worked to set its goals, we were over a year into the COVID pandemic, experiencing and witnessing the struggles of children and families not just with behavioral health but with many aspects of life including economic concerns. As always, we considered many possible topics and areas of inquiry and research including workforce concerns, impact of COVID, gaps in services, data needs and gaps, child and caregiver engagement, and coordination of our work with other subcommittees and groups. Ultimately, we selected the three goal areas detailed below.

- **Goal 1: Children with Dual Diagnoses**
    - Explore* and identify the need and gaps in services for Dually Diagnosed children (IDD/MH; ASD/BH) including workforce issues such as lack of training and availability of providers, funding, system involvement and limits.

      **Clarification of the role of CMHCs, CDDOs, consider recommendations from the Special Committee on Mental Health Modernization and Reform.*

- **Goal 2: KSKidsMAP**
    - Continue to serve as the advisory council for KDHE's KSKidsMAP pediatric mental health grant.
    - Make progress on the recommendation to sustain the program by continuing to research and identify opportunities or actions for the committee or others to take to sustain the project.

- **Goal 3: Continuum of Care & Parent and Community Engagement**
    - Explore how Community Mental Health Centers, Federally Qualified Health Centers, Psychiatric Residential Treatment Facilities, Qualified Residential Treatment Program are engaging the community to educate and collaborate with primary care providers, caregivers and parents, schools, and other agencies.

      Note about this goal: we are concerned about making recommendations regarding prevention, we want to raise the awareness and make information available to parents before behavioral health needs are present to increase early access to services and supports. We are also interested in what gets and keeps parents engaged in treatment and care of their child.

Thank you for taking time to review the report and consider our recommendations. If you have questions, please contact subcommittee members or the Governor's Behavioral Health Services Planning Council.

SUMMARY OF RECOMMENDATIONS

The children's subcommittee chose three topics to focus on this year and continues to serve as the advisory group for the KSKidsMAP Project. Below are the goals we set for this year and the summary of recommendations for each of those goals.

1) **Goal 1: Children with Dual Diagnoses**
   Explore* and identify the need and gaps in services for Dually Diagnosed children (IDD/MH; ASD/BH) including workforce issues such as lack of training and availability of providers, funding, system involvement and limits.

   *Clarification of the role of CMHCs, CDDOs, consider recommendations from the Special Committee on Mental Health Modernization and Reform.

   Recommendations:
   - State agency (and other groups) should advocate to fully fund the waiting list.
   - State agency should look into implementing and funding a dedicated acute inpatient service, and intensive outpatient services targeted at this population.
   - Specially trained (and reimbursed) foster families to support this population in foster care.

2) **Goal 2: KSKidsMAP**
   a. Continue to serve as the advisory council for KDHE's KSKidsMAP pediatric mental health grant.
   b. Make progress on the recommendation to sustain the program by continuing to research and identifying opportunities or actions for the committee or others to take to sustain the project.

   Recommendations:
   - Make pediatric primary care workforce development opportunities (e.g., training, technical assistance) widely available. These efforts will ensure gap-filling treatment services in mental health professional shortage areas are high-quality and follow best practice guidelines.
     - Recommendation was set forth by the U.S. Surgeon General's Advisory on Protecting Youth Mental Health (What Federal, State, Local, and Tribal Governments Can Do).
   - Fully fund a statewide psychiatry access program (e.g., KSKidsMAP) to lead these activities. Current funding ends June 2023.
     - Recommendation was set forth by the 2022 Special Legislative Committee on Kansas Mental Health Modernization and Reform (5.3: Frontline Capacity).
   - Fund initiatives that enhance the number of highly trained professionals practicing in Kansas, including child and adolescent psychiatrists and child psychologists.

3) **Goal 3: Continuum of Care & Parent and Community Engagement**

Explore how Community Mental Health Centers, Federally Qualified Health Centers, Psychiatric Residential Treatment Facilities, Qualified Residential Treatment Program are engaging the community to educate and collaborate with primary care providers, caregivers and parents, schools, and other agencies.

Note about this goal: we are concerned about making recommendation regarding prevention to raise the awareness and information available to parents before behavioral health needs are present to increase early access to services and supports. We are also interested in what gets and keeps parents engaged in treatment and care of their child.

Recommendations:

- As the system switches from CMHCs to CCBHCs the state needs to work to ensure that:
  - Family and individual therapy is available and provided in the most accessible and family supportive way (in-home and in-office) and is reimbursed at rates that allow providers to provide the service with in the most effective, family friendly, and quality way possible.
  - Requirements for family engagement are implemented in ways that are not tokenizing but substantive, including supporting or requiring policy or governance councils made up of parents and recipients of services that actually review and make recommendations and decisions.
- Reimbursement rates for providers, especially private providers, need to be equitable (Family therapy, individual therapy, in-home, in-office, etc.)
- Programs should focus on family systems.
- The state should invest in more Therapeutic Foster Homes for children in foster care (and their families).
- We recommend at least sustaining, if not increased-fully funding the Mental Health intervention Team Program (MHIT) throughout the state.
- Require Mental Health First Aid for various university degree programs so that professionals working with children come to jobs with this basic skill.
- Remove barriers for behavioral health and physical systems from billing across systems to support better integrated care.
- Support local communities is convening and planning to build connectivity between current providers. The state could help provide guidance regarding confidentiality and privileged health information for communities working to partner more to overcome this common barrier.
- Seek and take advantage of funding opportunities to invest in mental health and behavioral health work force.

HIGHLIGHTS OF PROGRESS

Our role is to make recommendations regarding improvements to behavioral health services for Kansas children and their families. As a result, our work often focuses on "what's wrong" or "not working." We realize that we need to model as a subcommittee the strengths-based approach we hope the state supports and Kansas providers use when working with children and their families. With that goal in mind, we are highlighting some of the positive work we know about.

- Kansas was the first state to legislate a requirement to implement Certified Community Behavioral Health Clinics (CCBHCs) statewide and is on track to implement the transition by July 2024.
- Kansas implemented Youth Mobile Crisis Response in Oct 21, 2022 that provides immediate crisis line support to parents and caregivers and in-person crisis response coordinated at the local level via CMHCs when needed.
- Adult Mobile Crisis Response will soon be implemented along with the Youth Mobile Crisis Response.
- Kansas implemented the 988 National Suicide Prevention Hotline on July 16.
- The Positive Practices Implementation Team is working to implement across the state and across systems. It is a robust cross system project that we think has good promise. One PRTF in Kansas has implemented the model and has trained all their staff, starting with leadership. They were working on getting feedback from their parents and individuals they have served on what impact the changes to their programming has made in their treatment.
- A State Plan Amendment that provided a policy change allowing family therapy services without the child present was put in place this year. This will help the (Parent Management Training Oregon) PMTO model for foster care as well as CMHCs. It also aligns with research and best practices of helping the family system and not just an individual child.
- Postpartum Medicaid Extension of maternal benefits were extended to up to one year instead of 60 days (also a recommendation from the Mental Health Modernization Report).
- KDADS is working on implementing Parent Peer Support.

2021-2022 GOALS & ACCOMPLISHMENTS

Goal 1: Children with Dual Diagnoses

Explore* and identify the need and gaps in services for Dually Diagnosed children (IDD/MH; ASD/BH) including workforce issues such as lack of training and availability of providers, funding, system involvement and limits.

*Clarification of the role of CMHCs, CDDOs, consider recommendations from the Special Committee on Mental Health Modernization and Reform.

Our committee invited several individuals to present to us on this topic.

- Michele Heydon of KDADS presented on March 11, 2022 on the IDD Waiver.
- Karen Smother of from Family Service & Guidance Center and Amanda Cunningham from Crosswinds Counseling & Wellness presented on services available from their CMHCs on May 13, 2022.

We learned there are significant gaps between identified needs and the services provided:

- Shortage of services for those with the most intense needs, including individuals with severe, challenging and disruptive behaviors.
- Service shortages and limitations include inpatient and intensive outpatient services.
- SED Waiver is not a good fit for children with dual diagnoses (IDD and co-occurring psychiatric disorder) because services provided under the SED waiver are not modified or sufficient to meet their IDD needs.
- Long waiting list for the IDD Waiver, extending out many years (10 years!). Children on the wait list lack appropriate foster homes (where needed) and cannot access appropriate intensive support services in the community, or in residential and acute inpatient care.
- The widespread workforce shortage is also impacting the system of care for this population.
- Individual professionals and organizations work within an overarching structure that dichotomizes 'mental health' vs 'behavioral needs', and this dichotomy often contributes to the lack of access to services.
- High levels of expertise are lacking across the state, and true comprehensive assessment to determine individualized intervention often does not exist.

At times, there seems to be no authority overseeing services and providing ongoing review for this population to ensure they are getting what they need, and children waiting for services are not monitored. This is an area that needs lots of research to identify needs and define a way to address them.

Recommendation:

- State agency (and other groups) should advocate to fully fund the waiting list.
- State agency should look into implementing and funding a dedicated acute inpatient service, and intensive outpatient services targeted at this population.
- Specially trained (and reimbursed) foster families to support this population in foster care.

Goal 2: KSKidsMAP

- Continue to serve as the advisory council for KDHE's KSKidsMAP pediatric mental health grant.
- Make progress on the recommendation to sustain the program by continuing to research and identifying opportunities or actions for the committee or others to take to sustain the project.

The Children's Subcommittee provided guidance to the KSKidsMAP Team on program sustainability strategies. These promotional opportunities aimed to increase support to sustain the program beyond the current federal grant project period, June 2023. The following activities were completed in this reporting period (July 2021-June 2022):

1. Developed a promo video as an outreach, promotional resource to increase awareness, utilization, and education of the, and need of, a pediatric psychiatric access program in Kansas.
2. Drafted and published a Project Impact Summary and Project Impact Paper to increase awareness of the value and need of the program.
3. Presentation to the 2021 Special Committee on Kansas Mental Health Modernization and Reform.
4. Presentation to the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight.

Recommendations:

- Make pediatric primary care workforce development opportunities (e.g., training, technical assistance) widely available. These efforts will ensure gap-filling treatment services in mental health professional shortage areas are high-quality and follow best practice guidelines.
    - Recommendation was set forth by the U.S. Surgeon General's Advisory on Protecting Youth Mental Health (What Federal, State, Local, and Tribal Governments Can Do).
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- Fund initiatives that enhance the number of highly trained professional practicing in Kansas, including child and adolescent psychiatrists and child psychologists.

Goal 3: Continuum of Care & Parent and Community Engagement

Our goal was to explore how Community Mental Health Centers, Federally Qualified Health Centers, Psychiatric Residential Treatment Facilities, Qualified Residential Treatment Program are engaging the community to educate and collaborate with primary care providers, caregivers and parents, schools, and other agencies.

The subcommittee was concerned about making recommendation regarding prevention to raise the awareness and information available to parents before behavioral health needs are present to increase early access to services and supports. We were also interested in what gets and keeps parents engaged in treatment and care of their child.

We invited several different presenters to inform us on this subject. We were able to confirm and schedule presentations from the following presenters:

- Karen Smothers from Family Service & Guidance Center
- Amanda Cunningham from Crosswinds Counseling & Wellness presented on services available from their CMHCs on May 13, 2022.
- Michelle Ponce & Sue Murnane from the Association of Community Mental Health Centers of Kansas presented on July 8, 2022 about services available at CMHCs and the ongoing work to transition from CMHCs to CCBHCs.

During these presentations we learned that there is variability between what is provided by CMHCs due to being independent organizations that choose their own curriculum and services to some extent. There are also various barriers that are challenging to CMHCs (and other providers) in being able to engage parents. Following is summary of what we learned.

Parent Training:

Parent training is a necessary service to ensure that parents are engaged in treatment most effectively. Many providers provide training to the public as well as to court ordered or referred by the child welfare system. Some example curricula that CMHCs report as being helpful include: Whole Brain Child and Parent Training for Disruptive Behavior: The RUBI Autism Network.

Barriers:

Presenters shared barriers to parent engagement, summarized here:

1. Workforce: Lack of professionals good at serving children and adults. This requires provider to invest in training for staff to develop skills in those that already work well with children but don't know as much about working with the parents.
2. Difficulty finding qualified people to hire, and high turnover
3. Family therapy is not a billable code for LAC/Substance use services
4. Stigma – behavioral health and mental health stigma.
5. Parents lack of awareness or knowledge of services and the importance of parent engagement

6. Lack of more intense services – especially those with high needs. Mobile crisis will help, however there is a need to get services to children earlier and provide more intense services to children and families when they are not able to access them earlier.
7. Location of services – requiring families to drive long distances access services.

Recommendations:

- As the system switches from CMHCs to CCBHCs the state needs to work to ensure that:
  - Family and individual therapy is available and provided in the most accessible and family supportive way (in-home and in-office) and is reimbursed at rates that allow providers to provide the service with in the most effective, family friendly, and quality way possible.
  - Requirement for family engagement are implemented in ways that are not tokenizing but substantive, including supporting or requiring policy or governance councils made up of parents and recipients of services that actually review and make recommendations and decisions.
- Reimbursement rates for providers, especially private providers, needs to be equitable (Family therapy, individual therapy, in-home, in-office, etc.)
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- We recommend at least sustaining, if not increased-fully funding the Mental Health intervention Team Program (MHIT) throughout the state.
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- Remove barriers for behavioral health and physical systems from billing across systems to support better integrated care.
- Support local communities is convening and planning to build connectivity between current providers. The state could help provide guidance regarding confidentiality and privileged health information for communities working to partner more to overcome this common barrier.
- Seek and take advantage of funding opportunities to invest in mental health and behavioral health work force.

Other Recommendations & Work

Throughout the year we received updates and had many discussions which resulted sometimes in follow-up and/or sharing of information. As a result, we identified other recommendations that do not fall within our identified goals for the year. These recommendations are summarized here.

- **Statewide data systems and dashboards.** The need for consistent, summarized and even analyzed data to inform our work and other people's work, including decision making of state agencies, is a consistent need we see and other committees identify. This points to the need for better data systems. We see this in substance use disorder, mental health, and child welfare systems. We recommend that state agencies work together on a plan to identify system and data dashboard needs and a plan to consistently fund and maintain such systems.
- **Public Connection Campaign** A small workgroup of our subcommittee met in December 2022 to discuss a "Public Connection Campaign" which we identified as a need in last year's report due to the challenges of isolation due to the COVID pandemic and we see as being beneficial regardless. We reviewed the •U.S. Surgeon General's Advisory to Protecting Youth Mental Health Report (2021) and other resources (see resources list). The chart below details the campaign we believe is needed based on the resources we reviewed and our initial discussions as a subcommittee.

Who do you want to reach?	What do you want to achieve?	What do you want to say?	How will you send your message?
People who do not know about: - Impact of COVID on mental health - Negative impact of isolation - Positive impact of connection with peers on mental health	- Short and easy messages to understand. - Easy and "cool" to share - Promote connections - Promote strategies for well being	"…each of us has a role to play. Supporting the mental health of children and youth will require a whole-of-society effort" Identify roles and possible activities from the Surgeon General Report.	Integrate with the WHY Campaign. Social media Website or page to get more information, and house/share the campaign materials.
• General Public			

• Policy Makers		What Federal, State, Local, and Tribal Governments Can Do	
• Caregivers/Parents		What Family Members and Caregivers Can Do	
• Youth		What Young People Can Do	
• Employers		What Employers Can Do	
• Universities/Community Colleges			

We decided we did not have resources or capacity to move this forward as a Subcommittee. However, we did discuss some details and a recommendation related to this idea for the governor and secretaries to consider. We recommendation that a state agency (KDADS or KDHE) be identified to develop a campaign to target awareness around the negative effects of isolation and the benefits of connections.

- **Telehealth:** We also wanted to remind readers of this report of a few of the recommendations from last year's report specific to telehealth. Although the COVID pandemic is better, there continues to be a growing need for mental health services and workforce shortages. As a result, renewed focus on telehealth should be highlighted, prioritized and considered.

  Recommendations:

  - Support investments in digital infrastructure to increase access to Telehealth.
  - Support providers in the provision of Telehealth with specific populations, situations, and appropriate use within the continuum of care, including to youth in crisis or awaiting placement.
  - Ensure inclusive and equitable access to telehealth services, irrespective of provider codes, site, or diagnosis.

2022 - 2023 GOALS

The Children's Subcommittee has discussed and prioritized the following goals. We will likely continue discussing and finalize exact language of the goals and start planning action steps to work on those goals at the end of calendar year 2022. We have included other possible topics/goals, and welcome feedback on identified or other goals the committee should consider.

1. **KSKidsMAP:** Continue to serve as the advisory council and support the sustainability of the KSKidsMAP program.
2. **Parent Engagement:** Review the system of care to identify current resources and needs, make recommendations to ensure parents know what services are available and how to access them (and professionals are educated to refer parents/caregivers to services/support)
    - Navigator
    - Mental Health First Aid Training
    - Presentation from SMHI
3. **Diversity, Equity, and Inclusion:** Focus on unserved and underserved populations with a focus on race, ethnicity, gender identity, language, and culture.
    - Professionals with a level of cultural humility and curiosity.
    - Consistency and direction (best practices)
    - Culturally and Linguistically Appropriate Services https://thinkculturalhealth.hhs.gov/clas

Other topic areas considered but not prioritized for the 2022-2023 year.

- Lack of support for adoptive parents.
- Substance Use – *other groups and systems are looking at this*
- How to work together better (coordination, breaking down barriers, triaging care)

RESOURCES & LINKS

- Report of the Special Committee on Kansas Mental Health Modernization and Reform to the 2022 Kansas Legislature: http://www.kslegresearch.org/KLRD-web/Publications/CommitteeReports/2021CommitteeReports/Sp-Kansas-Mental-Health-Modernization-Reform.pdf
- U.S. Surgeon General's Advisory to Protecting Youth Mental Health (2021): https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf
- Referenced KSKidsMAP resources:
    - KSKidsMAP Promo Video: https://www.youtube.com/watch?v=CDdMRqG0Rfs
    - KSKidsMAP Program Impact Summary: https://www.kumc.edu/documents/wichita/psychiatry/KSKidsMAPoverview.pdf
    - KSKidsMAP Program Impact Paper: https://www.kumc.edu/documents/wichita/psychiatry/KSKidsMAPProjectImpactPaper_2021.pdf
    - More information about KSKidsMAP can be found at: https://www.kumc.edu/school-of-medicine/campuses/wichita/academics/psychiatry-and-behavioral-sciences-wichita/research/kskidsmap.html
- Resources for a Public Connection Campaign:
    - CDC Communication Index Tool https://www.cdc.gov/ccindex/index.html
    - Everyday Words - https://www.cdc.gov/ccindex/index.html
    - Surgeon General report: https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf
    - Youth WHY Tool Kit: https://www.kdheks.gov/whyks/download/Youth_Health_Guide.PDF
    - Mental Health & Suicide Prevention: https://www.kansasmch.org/adolescent_mental_wellness.asp
    - Kansas Prevention Collaborative: https://mcusercontent.com/b3f47a13167b9ffebb712f251/files/a40dfdea-68d9-4d8b-6151-385a1642649f/Social_Media_Content_Highlighting_Surgeon_General_s_Youth_Mental_Health_Advisory.01.pdf

APPENDIX: CHILDREN'S SUBCOMMITTEE CHARTER

GBHSPC
CHILDREN'S SUBCOMMITTEE
CHARTER

GBHSPC Subcommittee Charter	
Subcommittee Name:	Childrens Subcommittee
Context:	The Children's Subcommittee generates recommendations for the GBHSPC regarding the behavioral health system of Kansas as it relates to Kansas children and their families. The GBHSPC reviews not just this subcommittees recommendations but other existing subcommittees and presents all Behavioral Health recommendations to the Secretary of KDADS and the governor. It is acknowledged that although the priority focus of the GBHSPC are the SPMI and SED target populations (Federal law 102-321), the work of the subcommittee is to be conducted with the whole system and all Kansas citizens with behavioral health needs in mind.
Purpose:	The Children's Subcommittee is devoted to the behavioral health needs of children and their families. The subcommittee examines and makes recommendations to improve the array of behavioral health services offered to children and their families through Kansas Community Mental Health Centers (CMHC), substance use treatment providers other children's service systems and collaboration between systems of care such as Psychiatric Residential Treatment Facilities (PRTF), hospitals, juvenile justice services and schools. We: ▪ Identify strengths and needs. ▪ Make informed recommendations. ▪ Use subcommittee member networks to address identified needs and influence change.
Vision:	That all Kansas children and their families will have access to essential, high-quality behavioral health services that are strengths-based, developmentally appropriate, and culturally competent.
Mission:	To promote interconnected systems of care that provide an integrated continuum of person- and family-centered services, reflective of the Children's Subcommittee vision and values: ▪ *Interconnected Systems* *The integration of Positive Behavioral Interventions and Supports and School Mental Health within school systems to blend resources, training, systems, data, and practices in order to improve outcomes for all children and youth.*[i]

- *Systems of Care*

  A spectrum of effective, community-based services and supports that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses cultural and linguistic needs to enhance functioning at home, in school, in the community, and throughout life.[ii]

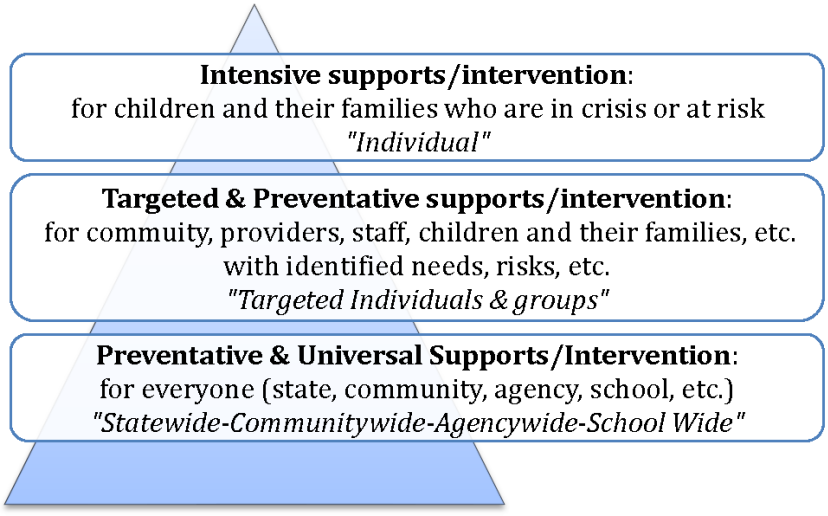
- *Integrated Services*

  Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs.[iii]

- *Continuum of Care*
  - ✓ *Across the Lifespan – From birth to age 22.*
  - ✓ *Across Levels of Intensity – Preventative (Tier 1), targeted (Tier 2), intensive (Tier 3).*

- *Person & Family-Centered Planning*

  A collaborative process where care recipients participate in the development of treatment goals and services provided, to the greatest extent possible. Person- and family-centered treatment planning is care planning that is strength-based and focuses on individual capacities, preferences, and goals. Individuals and families are core participants in the development of the plans and goals of treatment.[iv]



Values:	The Children's Subcommittee will use the following values to guide their purpose: ▪ Use data from multiple sources to ensure an accurate picture of the target population ▪ Promote person and family-centered planning ▪ Ensure all recommendations are supported by evidence ▪ Maintain collaborative and inclusive networks ▪ Listen and respect the voices of those we serve

GBHSPC Approval	
Name	**Signature**
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Charter Effective Date: 05/08/2017

[i] http://www.midwestpbis.org/materials/interconnected-systems-framework-isf

[ii] https://gucchdtacenter.georgetown.edu/publications/SOC%20ExpansionStrategies%20Issue%20Brief%20%20FINAL.pdf

[iii] http://www.integration.samhsa.gov/about-us/what-is-integrated-care

[iv] https://www.samhsa.gov/section-223/care-coordination/person-family-centered

APPENDIX: CHILDREN'S SUBCOMMITTEE MEMBERS

- Erick Vaughn — *Past Chair*, LMSW, Executive Director, Douglas County CASA
- Rachel Brown — *Chair*, MBBS, KU Dept of Psychiatry and Behavioral Sciences, Professor and Chair, Residency Program Director
- Sandra Berg — *Chair Elect*, CareSource
- Laura Hattrup — *Secretary*, LSCSW, State Trainer, Kansas Technical Assistance System Network
- Annemarie Arensberg — CEO at Lake Mary Center
- Anthony Bryan — Director of Community Based Services at Family Service and Guidance Center
- Ashley Grill — *GBHSPC Liaison*
- Ashley Raletz — *KDADS Liaison*
- Brian Dempsey — Attorney at Kansas Department of Education
- Charlie Bartlett — *KDADS Liaison*
- Debra Garcia — *KDADS Liaison*, Kansas Department for Aging and Disabilities Services, Children's Community & Inpatient Program Manager
- Doug Bowman — *KDADS Liaison*
- Gary Henault — *KDADS Liaison*, Kansas Department for Aging and Disabilities Services, Director of Youth Services
- Jeff Butrick — Service Manager at Kansas Department of Corrections-Juvenile Services
- Kellie Hans-Reid — Director, Child and Family Health at CareSource
- Kelsee Torrez — Maternal & Child Health Behavioral Health Consultant, KDHE
- Kevin Kufeldt — LCPC, Director of Addiction and Residential Services, Johnson County Mental Health
- Lee Hanson — USD 232 Director of Special Services
- Melinda Kline — Prevention and Protection Services Deputy Director, DCF
- Natalie Sollo — Associate Professor, KU Wichita Pediatrics
- Pamela Cornwell — Saint Francis Community Services
- Rick Gaskill — Executive Director, Sumner Mental Health Center
- Sherri Luthe — *Parent Representative*, Recovery and Resiliency Manager at OptumHealth Division of United Health Care
- Shanna Bigler — Mental Health Education Program Consultant at Kansas Department of Education

KSKidsMAP
Pediatric Mental Health

YEAR 3 SUMMARY REPORT
July 1, 2021 - June 30, 2022

Overview

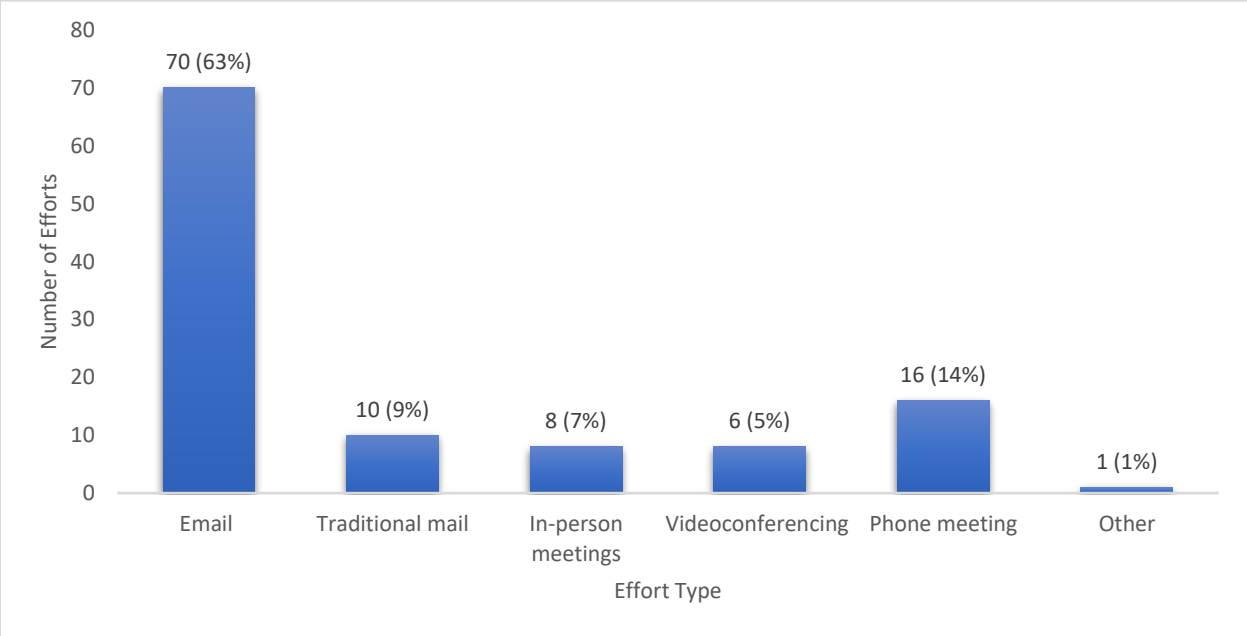
Established in 2019, Kansas' Pediatric Mental Health Care Access Program, KSKidsMAP, partners with pediatric primary care physicians and clinicians (PCPs) to expand their scope of practice to integrate mental health care. KSKidsMAP is a partnership between the Kansas Department of Health and Environment and the University of Kansas School of Medicine-Wichita Departments of Pediatrics and Psychiatry and Behavioral Sciences. The program established a pediatric mental health care team to support enrolled PCPs in treating behavioral health issues in their clinical practice. The KSKidsMAP team uses outreach efforts to develop a KSKidsMAP Network and offers workforce development support services through a free Consultation Line and TeleECHO Clinic.

Outreach Efforts

Outreach efforts are conducted with clinics, private practices, hospitals, and other community organizations targeting PCPs. These efforts enhance KSKidsMAP's reach across Kansas to develop a network of PCPs to share knowledge and best practices surrounding child and adolescent mental and behavioral health concerns.

KSKidsMAP outreach efforts include email and traditional mailers, in-person meetings and presentations, phone meetings, video conferencing, media efforts, and open house events. A total of 613 outreach efforts were completed during the first two years of the program (July 1, 2019 through June 30, 2021). In year 3 (July 1, 2021 through June 30, 2022), 111 outreach efforts were completed for a total of 724 outreach efforts (Figure 1).

Figure 1. KSKidsMAP Outreach Efforts (July 1, 2021 to June 30, 2022)



To connect with PCPs across Kansas, the other outreach was completed in year 3 included sponsorship at the Kansas Chapter American Academy of Pediatrics (KAAP) Progress in Pediatrics Virtual Fall Meeting. In addition, the collaboration with KAAP included access to their membership roster of 470 PCPs for a one-time traditional mailing of KSKidsMAP program materials. This outreach resulted in an increase in enrollment numbers and requests for outreach presentations to various pediatric clinics across Kansas.

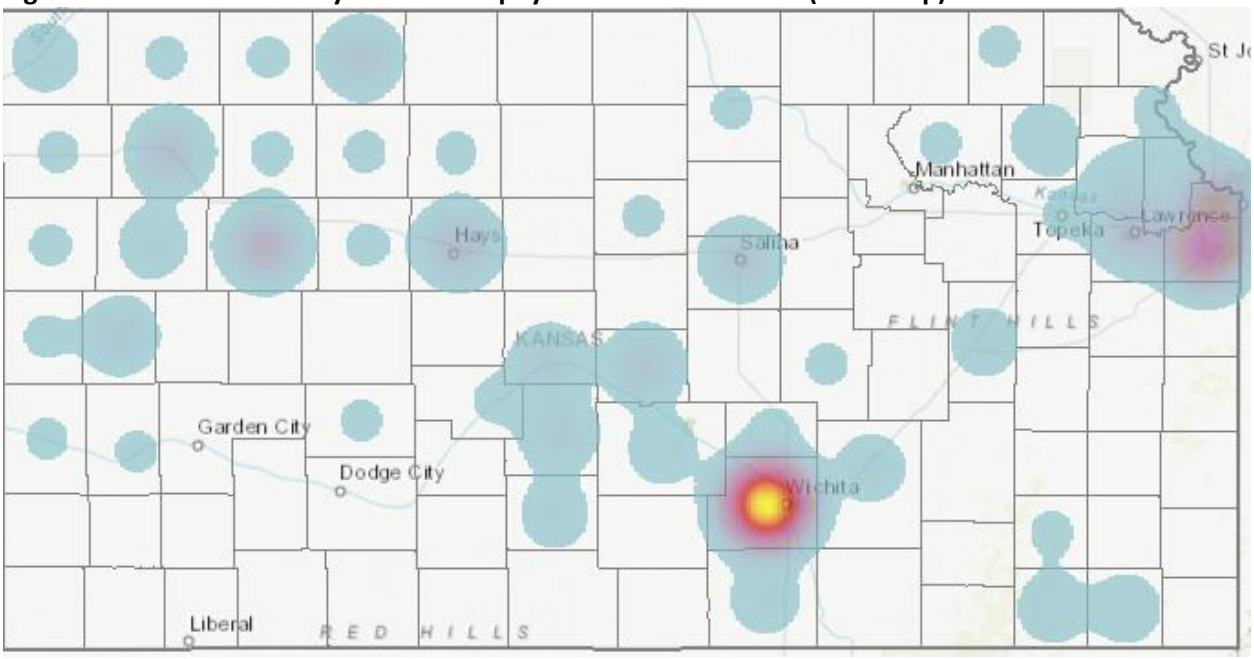
KSKIDSMAP PHYSICIAN AND CLINICIAN NETWORK

KSKidsMAP's goal is to enroll at least 200 PCPs by June 30, 2023. A total of 126 PCPs enrolled during the first two years (July 1, 2019 through June 30, 2021). In year 3 (July 1, 2021 through June 30, 2022), an additional 100 PCPs enrolled in the program. A total of 226 PCPs have enrolled in KSKidsMAP (Table 1) serving patients in 63/105 (60%) Kansas counties (Figure 2), thus exceeding our enrollment goal.

Table 1. KSKidsMAP Network

Physician/clinician Type	N (%)
Physician/clinician	136 (60%)
Nurse Practitioner	45 (20%)
Behavioral Health Clinician	12 (5%)
Social Worker	15 (7%)
Physician Assistant	2 (1%)
Registered Nurse	6 (3%)
Other	10 (4%)
Total	226 (100.0%)

Figure 2. Counties served by KSKidsMAP physicians and clinicians' (Heat Map)



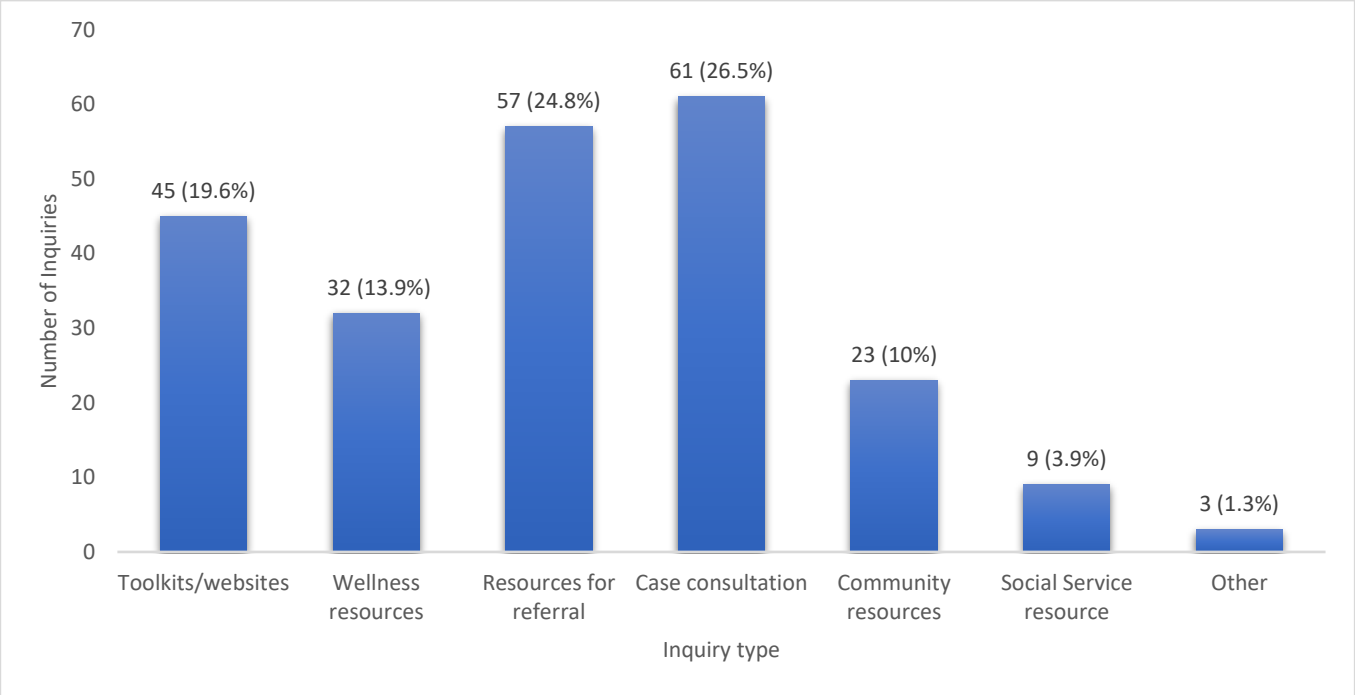
*NOTE: LARGE CIRCLES DENOTE HIGH NUMBERS IN THE GIVEN AREA.

CONSULTATION LINE

Enrolled PCPs can contact the Consultation Line for any of the following reasons: 1) seeking mental health information, such as toolkits or websites; 2) physician wellness resources; 3) mental health referral resources; 4) telehealth referral; 5) case consultation request with member(s) of the Pediatric Mental Health Team; and 6) other resources related to providing mental health care to children and/or adolescents in the primary care setting. Of those PCPs enrolled, 56% (n=126/226) utilized the Consultation Line during the reporting period (July 1, 2021 through June 30, 2022).

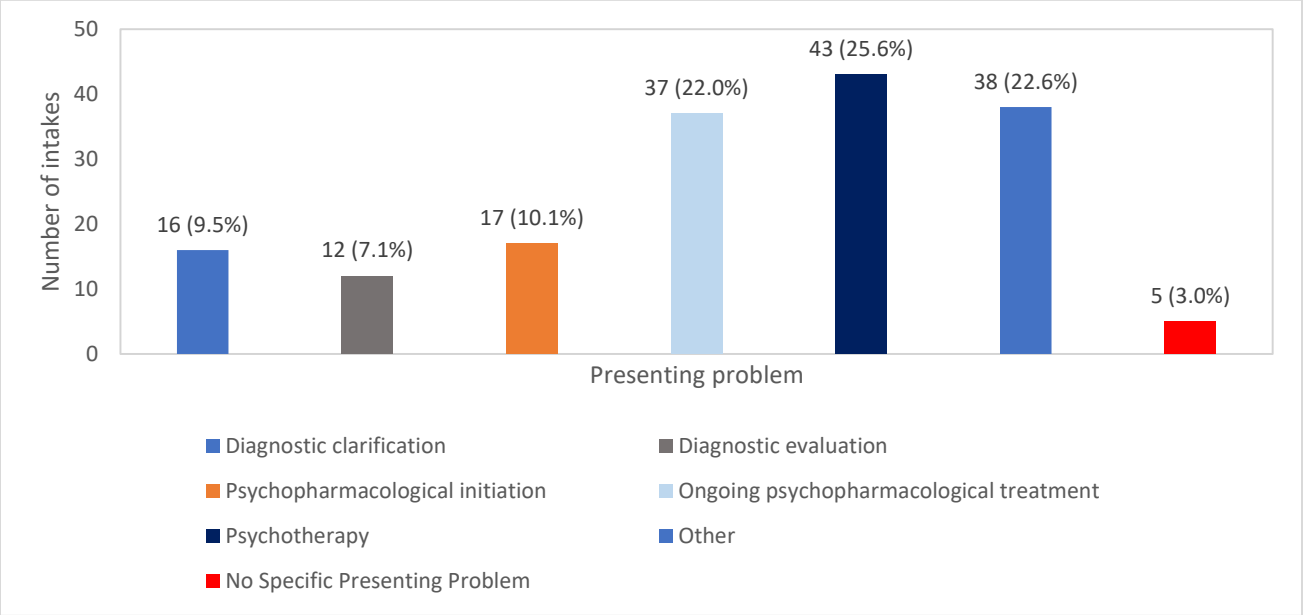
In the first two years (July 1, 2019 to June 30, 2021), a total of 242 intakes were received. PCPs can contact the Consultation Line for more than one reason at a time, therefore these intakes encompassed 331 total inquiries. In year 3 (July 1, 2021 to June 30, 2022), 168 intakes have been completed encompassing 230 inquiries (Figure 3). The primary reasons for contacting the KSKidsMAP Consultation Line were request for case consultation, resources for referral, and mental health resources, such as toolkits and websites. A total of 410 intakes, encompassing 561 inquires, have been completed to date (July 1, 2019 to June 30, 2022).

Figure 3. KSKidsMAP Consultation Line Inquiries (July 1, 2021 to June 30, 2022)



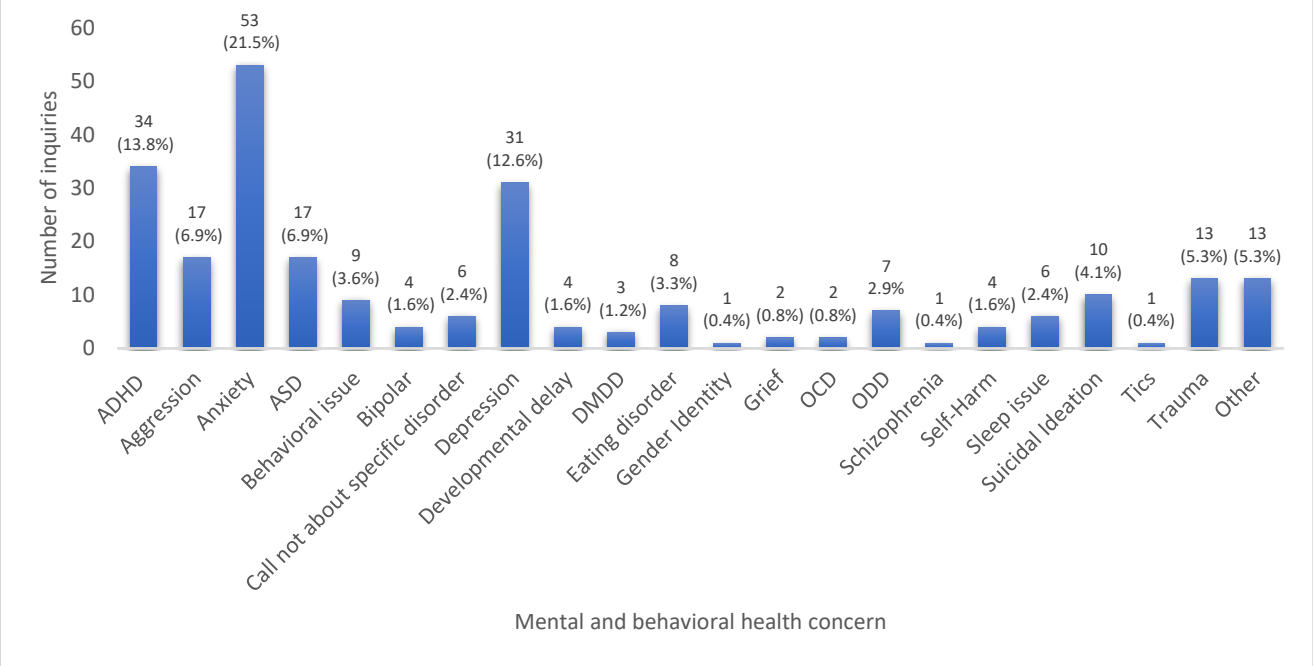
PCPs can contact KSKidsMAP for support in treating a child or adolescent with a specific mental and behavioral health concern. Of the total consultation intakes (n=168), information on presenting problem was available in 80.4% (n=135/168) of cases (Figure 4). The primary presenting problem was need for psychotherapy resource for referral 25.6% (n=43/168).

Figure 4. Presenting problem (July 1, 2021 to June 30, 2022)



During the reporting period, PCPs requested assistance addressing 246 specific mental health concerns (Figure 5). Anxiety among child and adolescent patients 21.5% (n=53/246) was the number one reason PCPs requested assistance.

Figure 5. Specific Mental Health Concerns for Consults (July 1, 2021 to June 30, 2022)

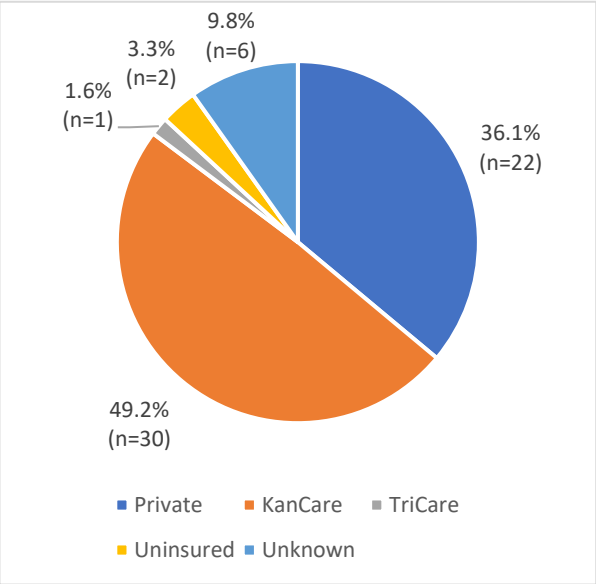


*ADHD = attention deficit hyperactive disorder
*ASD = autism spectrum disorder
*DMDD = Disruptive Mood Dysregulation Disorder
*OCD = obsessive compulsive disorder
*ODD = oppositional defiant disorder

Patients served

Enrolled PCPs have requested case consults with the Pediatric Mental Health Team on patients 0 to 23 years of age; while KSKidsMAP focuses on children and adolescents ages 0 through 21 years, the transition to adulthood, as well as developmental delays, may result in a need to access pediatric treatment expertise beyond the age of 21 years. The average age of child/adolescent consulted on during the reporting period (July 1, 2021, through June 30, 2022) was 12 years of age (SD=4.8). Of the case consults completed during the reporting period (n=61), information on insurance type was available in 90.1% (n=55/61) of cases. Of these, the highest proportion of consultations were for patients with KanCare (Figure 6).

Figure 6. Insurance Type (n=61)



Of the case consults completed, information on patient's county of residence was available in 95.1% (n=58/61) of cases. Of these, 34.4% (n=21/61) were patients residing in rural counties as identified by the Health Resources & Services Administration as medically underserved areas/populations.

TELEECHO CLINIC

The KSKidsMAP TeleECHO Clinic launched in April 2020. Despite COVID-19 pandemic challenges, KSKidsMAP facilitates two virtual TeleECHO Clinic sessions a month in partnership with the University of Kansas Medical Center's Project ECHO (Extension for Community Healthcare Outcomes) team. Each TeleECHO clinic utilizes a case-based learning format where a primary care physician or clinician (PCP) shares a deidentified case focused on a child or adolescent experiencing a behavioral and/or mental health disorder. The KSKidsMAP pediatric mental health team supports clinical case-based discussion using an all teach/all learn philosophy. A short didactic presentation is also provided each session.

An evaluation survey is administered every six months to assess participant changes in comfort level for screening, assessing, treating, and referring patients with mental and/or behavioral health concerns based on their participation in the KSKidsMAP TeleECHO Clinic. The survey is also an opportunity for PCPs to provide feedback on topics of interest and wellness needs.

TeleECHO Survey: July 1 to December 31, 2021

A total of 83 PCPs have participated in TeleECHO Clinic sessions between July 1, 2021, and December 31, 2021. Of those, 13 (16%) completed the 18-month TeleECHO Clinic evaluation survey; they identified as physicians (54%, n=7), nurse practitioners (31%, n=4), behavioral health provider (8%, n=1), and social worker (8%, n=1). Topics addressed in this period included attention deficit/hyperactivity disorder (ADHD), brief interventions, physician/clinician wellness, suicide prevention, and aggression.

After participating in the KSKidsMAP TeleECHO Clinic, participants self-rated on the overall KSKidsMAP goals; 69% (n=9/13) indicated they were somewhat to very comfortable addressing child and adolescent behavioral health concerns with families. All reported increased confidence (100%, n=13/13) in their ability to provide education to patients and families to support the destigmatization of child/adolescent

mental health disorders. Additionally, most (85%,n=11/13) had increased confidence in their abilities to serve children and adolescents with anxiety, depression and/or ADHD, and to connect children/adolescent experiencing mental & behavioral health concerns to a variety of referral and support services.

Participants also rated their confidence in abilities based on the specific topics covered during the TeleECHO clinic. Most reported increased confidence to:

- implement trauma informed care (92%, n=12/13)
- assess trauma in children and adolescents (85%, n=11/13)
- identify when neuropsychological testing is needed (85%, n=11/13)
- assess suicidality among children and adolescents (85%, n=11/13)
- develop a safety plan with patients and families to prevent youth suicide (85%, n=11/13)
- educate patient and families about benefits and risk associated with pharmacogenetic testing (77%, n=10/13)

All participants (100%; n=13) indicated the KSKidsMAP TeleECHO Clinic's interactive format is more effective than standard webinars. All participants (100%; n=13) gained knowledge, obtained helpful skills and techniques to improve professional practice, would recommend the KSKidsMAP TeleECHO Clinic training to a colleague, were satisfied with their experience, and felt it was a good use of their time.

TeleECHO Survey: January 1 to June 30, 2022

A total of 53 PCPs participated in TeleECHO Clinic sessions between January 1, 2022, and June 30, 2022. Of those, (23%, n=12/53) completed the 24-month TeleECHO Clinic evaluation survey; they identified as physicians (67%, n=8/12), nurses and nurse practitioners (33%, n=4/12). Topics addressed in this period included motivational interviewing, intellectual and developmental delay (ID/DD), obsessive compulsive disorder (OCD) and tic disorders, pediatric acute-onset neuropsychiatric syndrome (PANS) & pediatric auto immune neuropsychiatric disorder associated with streptococcal infection (PANDAS), bipolar disorder and wrap of sessions presented and resources.

After participating in the KSKidsMAP TeleECHO Clinic, 83% (n=10/12) indicated they were somewhat to very comfortable addressing child and adolescent behavioral health concerns with families. Participants reported increased confidence (92%, n=11/12) in their ability to connect children/adolescents experiencing mental and behavioral health concerns to a variety of referral and support services, provide education to patients and families, support the destigmatization of child/adolescent mental health disorders, and serve children/adolescents with ADHD. All participants (100%, 12/12) reported increased confidence in their ability to serve children and adolescents with anxiety and/or depression.

Participants also rated their confidence in abilities based on the specific topics covered during the TeleECHO clinic. All reported increased confidence to:

- use motivational interviewing with children and adolescent experiencing behavioral health concerns (100%, n=12/12)
- identify when to refer children and adolescents with bipolar disorder for further evaluation and treatment (100%, n=12/12)

Further, most reported increased confidence to:

- provide education to children and adolescents with developmental disabilities and psychiatric illness transitioning to adulthood (92%, n=11/12)
- screen children and adolescents with ID/DD (83%, n=10/12)

- screen children and adolescents with OCD and PANS/PANDAS (75%, n=9/12)
- diagnose children and adolescents with OCD (83%, n=10/12)
- diagnose children and adolescents with PANS/PANDAS (50%, n=6/12)
- treat children and adolescents with OCD (75%, n=9/12)
- assess children & adolescents with PANS/PANDAS (67%, n=8/12)
- treat children and adolescents with PANS/PANDAS (50%, n=6/12)

KSKIDSMAP WESLEY MEDICAL CENTER HOSPITALIST TELEECHO PILOT PROGRAM

In Spring 2022, a pilot TeleECHO series was held for a group of pediatric hospitalists regarding management of patients with mental health needs. A total of 20 PCPs have participated in seven TeleECHO Clinic sessions between January 1, 2022, and June 30, 2022. Of those, 35% (n=7/20) completed the WMC TeleECHO Pilot Program evaluation survey; they identified as physicians (86%, n=6/7) and nurse practitioner (14%, n=1/7).

Topics addressed in this pilot project included working with autism spectrum disorder (ASD) patients and families (focus on agitation), management of autism, developmental disability with challenging behavior, emergent de-escalation of aggressive combative patients, initiation psychiatric pharmacotherapy in inpatient setting, collaborative assessment and management of suicidality (CAMS), maximizing mental health management for patients while waiting for psychiatric facility placement, psychological support for patients with eating disorders, and communication with community services.

After participating in the WMC TeleECHO Pilot program, participants reported increase confidence (86%, n=6/7) in their ability to identify a variety of referral and support resources for children and adolescents experiencing mental and behavioral health concerns. Additionally, most participants reported increased confidence (71%, n=5/7) in ability to provide education to patients and families. When asked to rank confidence on topics discussed following the KSKidsMAP Hospitalists TeleECHO Clinic, most participants reported increased confidence in their abilities to:

- implement brief interventions in the inpatient setting to address behavior management concerns in children and adolescents (86%, n=6/7)
- address challenging behaviors in children and adolescents with autism/developmental disabilities (86%, n=6/7)
- de-escalate aggressive/combative children and adolescents (86%, n=6/7)
- manage children and adolescents with suicide attempts in the inpatient setting (86%, n=6/7)
- manage children and adolescents with recurrent admissions for psychiatric conditions (86%, n=6/7)
- maximize mental health management for inpatient children and adolescents while waiting for a psychiatric facility placement (71%, n=5/7)
- develop a safety plan to prevent youth suicide (71%, n=5/7)
- provide psychiatric support for children and adolescents with eating disorders during medical stabilization (71%, n=5/7)

Fewer participants reported being confident about initiating psychiatric pharmacotherapy for children and adolescents in the inpatient setting (47%, n=4/7).

All participants (100%, n=7/7) would recommend the TeleECHO to colleagues, felt the TeleECHO was worthwhile and were satisfied or very satisfied with the TeleECHO.

PHYSICIAN WELLNESS

In Fall 2020, 76% of health care workers reported exhaustion and burnout.[1] Physicians commonly do not seek help when feeling burned out or when having suicidal ideation. In year 2, to address this need, KSKidsMAP partnered with WorkWell Kansas and the Institute of Physician Wellness to offer enrolled PCPs the opportunity to learn new skills and resources to optimize their personal wellness. PCPs learned how to implement worksite changes to increase wellness as well as learn strategies for boundary setting and self-care. In year 3, KSKidsMAP offered wellness coaching sessions in March and April 2022 in partnership with Institute of Physician Wellness. A total of 18 PCPs participated. Topics covered burnout, being overwhelmed, healthy boundaries, never enough, unexpected outcomes and career and values.

COUNSELING ON ACCESS TO LETHAL MEANS (CALM)

During the Fall 2021, KSKidsMAP partnered with Stop Suicide ICT to provide four Counseling on Access to Lethal Means (CALM) training sessions to PCPs across Kansas. CALM trainings educate PCPs on how to counsel suicidal individuals, those at risk, and their caregivers or support persons on mean restriction during times of crisis[2]. Reducing access to lethal means, such as firearms and medications can determine whether a person at risk for suicide lives or dies. The CALM training focuses on how to reduce access to the methods people use to kill themselves. It covers how to: 1) identify people who could benefit from lethal means counseling, 2) ask about their access to lethal methods, 3) work with them – and their families – to reduce access. Due to the success of the initial training, KSKidsMAP in partnership with Stop Suicide ICT offered two additional sessions in Spring 2022.

Training was open to any interested professionals; however, PCPs were encouraged to enroll in KSKidsMAP to gain access to resources and trainings. A total of 14 PCPs participated in two Spring CALM training sessions. Participants identified as physicians (50%, n=7/14), nurse practitioners (29%, n=4/14), social workers (7%, n=1/14), and other (14%, n=2/14). All (100%) participants were enrolled in the KSKidsMAP program.

Of the 14 PCP's, 43% (n=6) completed a post training feedback survey. Before participating in the training, 83% (n=5/6) indicated they were somewhat to very comfortable addressing access to lethal means with youth and families within their practice. This decreased to 67% (n=4/6) after the training. Four participants (67%) indicated they felt confident in their ability to apply strategies from the CALM training to their practice with the support of KSKidsMAP. Five participants (83%) indicated they would recommend the CALM training to a colleague, four (67%) were satisfied with their experience, and four (67%) reported it was a valuable use of their time. Participants who were dissatisfied with the training provided feedback that the information presented should have included: methods other than just the use of firearms, information and statistics specific to children and teens, and more concreate action steps.

[1] National Institute for Health Care Management (NIHCM). (2021). Physician Burnout & Moral Injury: The Hidden Health Care Crisis. NIHCM Foundation. Washington, DC. Retrieved from https://nihcm.org/publications/physician-burnout-suicide-the-hidden-health-care-crisis?utm_source=NIHCM+Foundation&utm_campaign=feebfc4834-03222021_Physician_Burnout_Infographic&utm_medium=email&utm_term=0_6f88de9846-feebfc4834-167760896

[2] Sale E, Hendricks M, Weil V, Miller C, Perkins S, McCudden S. Counseling on Access to Lethal Means (CALM): An Evaluation of a Suicide Prevention Means Restriction Training Program for Mental Health Providers. *Community Ment Health J*. 2018;54(3):293-301. https://www.doi.org/10.1007/s10597-017-0190-z