
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

The U.S. Surgeon General, SAMSHA and the Health and Human Services have joined the call to action for improving children’s mental health. The American Pediatric Association declared a national crisis for children and families when it comes to the impact of the pandemic and the ever-dwindling resources to support the mental health of children. As the subcommittee worked to set its goals, we were acutely aware that families and children are experiencing this reality of higher rates of anxiety, more reports of a major depressive episodes and diminishing community and professional supports. As always, we considered many possible topics and areas of inquiry and research including workforce concerns, residual 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: 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 to clinicians working in primary care and other health centers as well as in professionals working in settings for birth-age 21 school settings. 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). Update to reflect most recent recommendations. The American Psychological Association 2022 Trends Report recommends mental health needs be addressed in schools, training teachers on how to address trauma, build resilience in children through protective factors and positive childhood experiences.
- Fully fund a statewide psychiatry access program (e.g., KSKidsMAP) to lead these activities. Current funding ends June 2023.
 - Consider adding a line item to the state budget that supports the KMHM recommendation as was set forth by the 2022 Special Legislative Committee on Kansas Mental Health Modernization and Reform (5.3: Frontline Capacity) and to

align with the Governor’s priorities on improving access to early childhood mental health.

- Consider adding a line item to the state budget to fund initiatives that enhance the number of highly trained professional practicing in Kansas, including child and adolescent psychiatrists and child psychologists. Recommend expanding the child psychiatry fellowships to strength the access to care.

Goal #2 Parent Engagement:

- Review the system of care to identify current resources and needs, ensure parents know what services are available and how to access them.
- Professionals are educated to refer parents/caregivers to services/support)

Recommendations:

- Develop family Navigators to assist families in identifying current resources and accessing them. Explore the Pathways HUB model through the Pathways Community HUB Institute. ([Community Based Care Coordination | Pathways Community HUB Institute \(pchi-hub.org\)](https://www.pchi-hub.org)). Invest in Community Health Workers that are focused on families and their unique needs.
- When NFF training is ready, partner with them to support the Parent Support. CMHCs should be encouraged to employ the Parent Support Specialists who have lived experience.
- Continue to expand the offering of Mental Health First Aid Training to youth, parents, youth workers, law enforcement, school, and court officials.
- Develop a collaboration between committee, KSDE, KS MTSS, KPIRC, Project STAY, Former TPS SpEd Director, Topeka Public Schools to address:
 - ACES impact child/adolescent development and student performance
 - Define toxic stress and explain the implications for teachers and school communities.
 - List the key components of trauma-informed schools and classrooms that facilitate resilience that is standardized, and practice based on the following definition:

A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and organizations within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational culture, practices, and policies. They act in collaboration with all those who are involved with the [client] and support their ability to thrive.

- Identify strategies to remain emotionally grounded, build emotional intelligence, and create change through self-care
- Expand the Family Resource Centers, working across the communities to develop this resource

Goal #3 Diversity, Equity, and Inclusion:

Focus on unserved and underserved populations with a focus on race, ethnicity, gender identity, language, and culture.

Recommendations:

- Professionals with a level of cultural humility and curiosity that would include populations of LGBTQIA+.
- Add workforce piece that represents the population they serve, matching and attracting a more diverse workforce
- Different licensing boards to require cultural competency training as part of their licensure/certifications for those working with children and families. All states with CCBHCs under SAMSHA will be required to show cultural competence.
- Consistency and direction (best practices) for serving diverse populations
- Agencies demonstrating culturally responsiveness to the diverse populations across Kansas which would include LGBTQIA+
- Culturally and Linguistically Appropriate Services
- <https://thinkculturalhealth.hhs.gov/clas>

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.

HIGHLIGHTS OF PROGRESS AND ACCOMPLISHMENTS

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 has certified/provisionally certified 20 of the 26 during this report period and by January 2024 all 26 will be certified.
- Kansas implemented Youth Mobile Crisis Response in Oct 1, 2021 that provides immediate crisis line support to parents and caregivers and in-person crisis response coordinated at the local level via CMHCs when needed. Data is being collected to review the efficacy of the program.
- Adult Mobile Crisis Response was implemented along with the CCBHCs.
- Mandatory training of mental health first aid for all juvenile KDOC supervision officers.
- Kansas implemented the 988 National Suicide Prevention Hotline on July 16, 2022.
- KDADS implemented Parent Peer Support with 136 individuals registered to complete Level 1 training. Sixty (60) individuals have completed the Level I online training and there are 9 certified Parent Peer Support Specialists in training that can bill up to 20 hours a week. Level 2 In Person Training is scheduled for the fall.
- The PRTF process document was reviewed and approved by the committee. These processes help to define the roles and responsibilities across the stakeholders involved in assessing, supporting, admitting and discharging from a PRTF.
- KSKidsMAP’s overall enrollment goal is at least 200 PCPs by June 30, 2023. A total of 222 PCPs enrolled during the first three years (July 1, 2019 through June 30, 2022). In year 4 (July 1, 2022 through March 31, 2023), an additional 40 PCPs have joined the program, bringing the total enrollment to 262 and exceeding our enrollment goal. Of those enrolled, 246 are active members. Moving out of state (50%, n=8) was the most common reason for membership termination. Active KSKidsMAP members (Table 1) are serving patients in 83/105 (79%) Kansas counties (Figure 2) encompassing over 94% of all youth under 18 based on 2021 Census population estimates. Rural communities are served by just 31% (76/246) of KSKidsMAP members but reach 85% of the rural population under 18.
- Enrolled PCPs can contact the Consultation Line for any of the following reasons: 1) seeking education resources regarding mental health care, such as toolkits or websites; 2) PCP professional wellness resources; 3) mental health referral resources for patients or themselves; 4) telehealth referrals; 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 active PCPs, 32.9% (n=81/246) utilized the Consultation Line during the reporting period (July 1, 2022 through March 31, 2023).

- In the first three years (July 1, 2019 to June 30, 2022), a total of 410 intakes were received. PCPs can contact the Consultation Line for more than one reason at a time, therefore these intakes encompassed 561 total inquiries. In year 4 (July 1, 2022 to March 31, 2023), 168 intakes have been completed encompassing 207 inquiries (Figure 3). The primary reasons for contacting the KSKidsMAP Consultation Line were requests for case consultation, community resources, and resources for referral. A total of 578 intakes, encompassing 768 inquiries, have been completed to date (July 1, 2019 to March 31, 2023). Of PCPs enrolled to date, 76% (n=199/262) have utilized the consultation line since its launch in December 2019.
- During the reporting period, PCPs requested assistance addressing 362 specific mental and behavioral health concerns (Figure 5). ADHD-related inquiries, 17% (n=62/362), were the most common single concern type for this reporting period, followed by learning/developmental issues, 16% (n=57/362).
- Working on the evaluation of the program.
- School Mental Health Advisory Council
 - Provided an updated on the 4/27/23 meeting. There are six open seats on the advisory council.
 - John Calvert presented to SMHAC on prevention and safety in schools.
 - Facts around gun violence in schools are statistically very small.
 - Need to decrease anxiety and increase prevention measure (building community and connections)
 - Safe and Secure Schools grant- 5 million
 - This grant supports funding Support staff (social workers, school psychologist, counselors...)
 - 156 districts applied last year. Distributed fund per pupil
 - Wants Narcan in the school,
 - Has a liaison that with MHIT specifically for foster care
 - 80% of children's calling 988 are children in foster care
 - 150 liaisons in 67 districts - want the funding to continue
- Through the CMHC contract negotiations, DCF and KDADS worked with the CMHC Association to aligning mental health service access to the federal guidelines for CCBHCs as one way to ensure foster children are receiving timely access to mental health services. With the alignment came internal policy changes at DCF. The contract changes went into effect on July 1, 2023. I'm sharing through the attachments, information on the changes through a workflow, FAQ and the e-mails for the CMPs.

Department of Children and Families received funding through Children's Alliance Advocacy for FFTA for technical support. \$2 million allocated for the IDD population and \$1 million for another therapeutic model. New access standards for CCBHCs for children in care.

Juvenile Justice has completed their consolidation of databases to better track movement through the department of corrections. House Bill 2021 sets up collaboration with DCF on developing risk assessments. There is new regional approach in corrections to better serve the communities.

Kansas Office of Judicial Administration has also implemented eCourt, a system of multiple applications and technologies that create a statewide, web-based courthouse. The goal was to modernize and change how state courts interact with and serve people. One of the components of eCourt is a centralized case management system that will be used by all state courts. The implementation is almost complete and should be fully implemented by the end of 2023. With all the new databases, cross agency collaborates to ensure appropriate sharing and storage of data occurs, without unnecessary duplication.

Working with DCF, KDADS, KDHE and DOC, MRSS and QRC for mobile crisis, looking at the data and synthesizing the data with Carelon contract and 988 and have live data. Sequential intercept mapping is one example of the need to coordinate.

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.

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.

2023 - 2024 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. **Support initiatives for Transitional Age Youth, with a particular emphasis on the IDD population and supporting the families.**
3. **Early Childhood MH services, focusing on prevention, positive childhood experiences and healthy pregnancy/postpartum impact on development and what resources would be needed through the development in the early years.**

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

- Lack of support for adoptive parents.
- Early Childhood mental health services and funding
- Substance Use – other groups and systems are looking at this
- Improve cross-system care” or “improve services for children/youth receiving multi-system services
- Workforce KDADS strategic plan, CW case managers for DCF/CMPs
- Healthy pregnancy/postpartum impact on early development
- Prevention and focus on positive childhood experiences to avoid the ACES impact
- Transitional age youth – CCBHCs coordination to other resources and supporting them through SDOH, connection in the community, employment, VocRehab, employers who will support this (homelessness for aging out of CW) STEPS

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>
- American Psychological Association, 2022 Trends Report, “Children’s mental health is in crisis” [Children’s mental health is in crisis \(apa.org\)](https://www.apa.org/pubs/2022-trends-report)
- Fact Sheet: Biden-Harris Administration Announces Actions to Protect Youth Mental Health, Safety & Privacy Online: [Fact Sheet: Biden-Harris Administration Announces Actions to Protect Youth Mental Health, Safety & Privacy Online | The White House](https://www.whitehouse.gov/fact-sheet/biden-harris-administration-announces-actions-to-protect-youth-mental-health-safety-and-privacy-online/)
- National Guidelines for Child and Youth Behavioral Health Crisis Care: [National Guidelines for Child and Youth Behavioral Health Crisis Care \(samhsa.gov\)](https://www.samhsa.gov/child-youth-behavioral-health-crisis-care)
- American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children’s Hospital Association: [AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health](https://www.aap.org/child-adolescent-mental-health)
- 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](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](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 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. Family is used as a descriptor of those who provide parental support which could include biological, adoptive, foster and grandparents. 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), Certified Community Behavioral Health Clinics (CCBHCs) 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, primary care clinicians: <ul style="list-style-type: none"> ▪ 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 effective, trauma informed, 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: <ul style="list-style-type: none"> ▪ <u>Interconnected Systems</u>

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

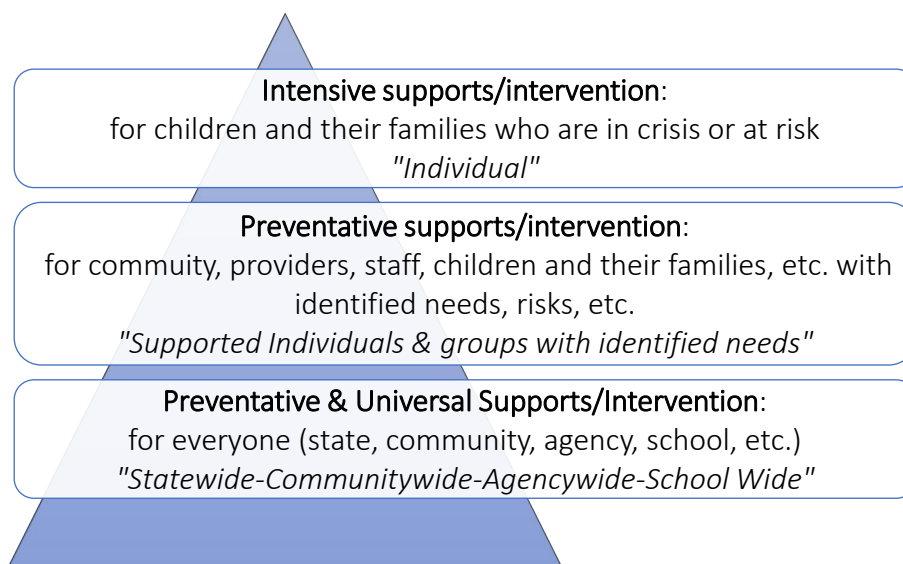
▪ Continuum of Care

✓ *Across the Lifespan – From birth to age 22 with consideration of the transition into adulthood.*

✓ *Across Levels of Service – Preventative (Tier 1), Intervention(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 trauma informed, 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:	<p>The Children’s Subcommittee will use the following values to guide their purpose:</p> <ul style="list-style-type: none"> ▪ Use data from multiple sources to ensure an accurate picture of the 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
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<i>GBHSPC Approval</i>	
Name	Signature
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Charter Effective Date: 05/08/2017

Charter Review Date: 05/12/2023

APPENDIX: CHILDREN'S SUBCOMMITTEE MEMBERS

- Sandra Berg *Chair Elect*, LCPC, CareSource
- Brenda Soto *Secretary*, LSCSW, Department of Children and Families, Medicaid Director
- Erick Vaughn LMSW, Executive Director, Douglas County CASA
- Rachel Brown MBBS, KU Dept of Psychiatry and Behavioral Sciences, Professor and Chair, Residency Program Director
- Anthony Bryan Director of Risk Management and Corporate Compliance at Family Service and Guidance Center
- Brad Girard Parent
- Brian Dempsey Attorney at Kansas Department of Education
- Brittney Broeckelman LSCSW, Executive Director CAMBER Kansas City
- Catherine Anderson-Taylor Parent
- Charlie Bartlett *KDADS Liaison*
- Cherie Blanchett Kansas Department of Education, TASN
- Crista Jones Futures Unlimited
- Emily Tallman Parent
- 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
- Jennifer Thomas Prevention and Protection Services Deputy Director, DCF
- Jillian Fitzmorris FC Liaison, Aetna Better Health
- Katie Pembleton Parent
- Kelsee Torrez Maternal & Child Health Behavioral Health Consultant, KDHE
- Kevin Kufeldt LCPC, Program Manager, ACT Residential Treatment, Johnson County Mental Health
- Lee Hanson USD 232 Director of Special Services
- Linda Buchheister *KDADS Liaison*
- Myron Melton Kansas Department of Education
- Nanette Perrin Behavioral Health Director, Sunflower Health Plan
- Natalie Sollo Director of Ambulatory Division, KUMC Pediatrics
- Sherri Luthe *Parent Representative*, Recovery and Resiliency Manager at OptumHealth Division of United Health Care
- Trish Backman Kansas Department of Education, MHIT



PROGRESS REPORT

July 1, 2019- June 30, 2023

OVERVIEW

Established in 2019, Kansas’ Pediatric Mental Health Care Access Program, KSKidsMAP, partners with primary care physicians and clinicians (PCPs) to expand their scope of practice to integrate mental health care. KSKidsMAP uses outreach efforts to develop the stakeholder network and offers workforce development support services and professional wellness resources through a free Consultation Line and TeleECHO Clinic.

KSKIDSMAP PHYSICIAN AND CLINICIAN NETWORK

KSKidsMAP’s original goal to enroll 200 PCPs by June 30, 2023 was met early in year three, and by the end of year 4, a total of 273 PCPs had enrolled, exceeding the original target. KSKidsMAP members (Table 1) are serving patients in 85/105 (81%) Kansas counties.

Table 1. KSKidsMAP Network

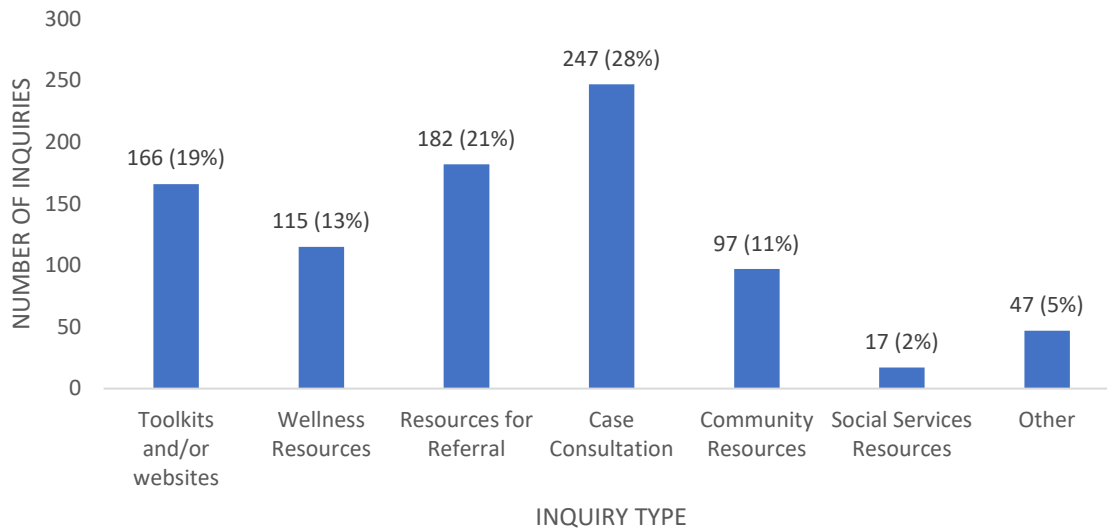
Physician/Clinician type	Enrolled		Kansas Population Density* Classifications** served by KSKidsMAP Network			
			Rural***		Urban***	
	N	%	N	%	N	%
Behavioral Health Clinician	18	7%	4	1%	15	5%
Nurse Practitioner	61	22%	22	8%	39	14%
Other	8	3%	1	<1	6	2%
Physician	154	56%	41	15%	118	43%
Physician Assistant	4	1%	4	1%		
Registered Nurse	10	4%	5	2%	6	2%
Social Worker	18	7%	6	2%	12	4%
Total	273	100%	83	30%	196	72%

County population density source: U.S. Census Bureau, Decennial Census, 1990-2020. Physicians and clinicians may serve in more than one county with different population density classifications. * Population density is defined as the average number of persons per square mile (ppsm) of land area, i.e., the number of inhabitants in the area divided by the number of square miles in the area. **Kansas Department of Health and Environment classifications. Frontier (less than 6.0 ppsm) Rural (6.0 - 19.9 ppsm) Densely-settled Rural (20.0 - 39.9 ppsm) Semi-Urban (40.0 - 149.9 ppsm) Urban (150.0 or more ppsm). ***Rural is defined as a combination of Frontier, Rural, and Densely-settled Rural populations (0.0 - 39.9 ppsm). Urban is defined as a combination of Semi-Urban and Urban populations (40.0 or more ppsm). Behavioral health clinician includes clinical psychologists, counselors, therapists, and other behavioral health professionals.

CONSULTATION LINE

During the reporting period (July 1, 2019 to June 30, 2023), a total of 661 consultation line intakes were received. PCPs can contact KSKidsMAP for more than one reason at a time, therefore these intakes encompassed 871 total inquiries. The primary reasons for contacting the KSKidsMAP Consultation Line were requests for case consultation, resources for referral, and toolkits and/or websites (Figure 1).

Figure 1. KSKidsMAP Consultation Line Inquiries (July 1, 2019 to May 31, 2023)

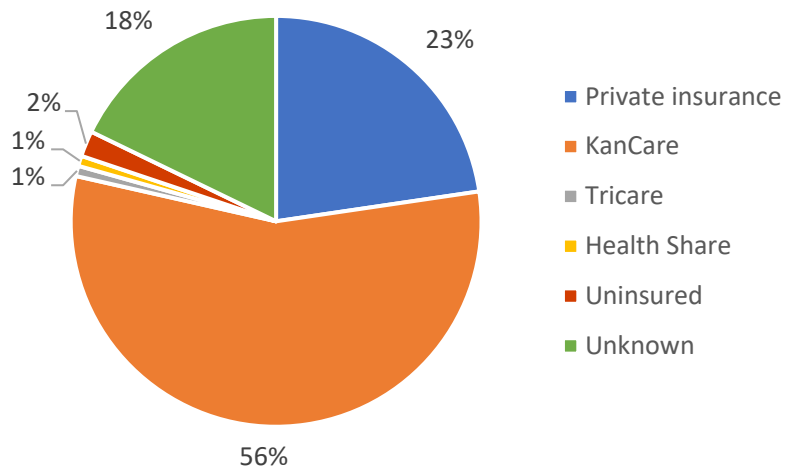


Of PCPs enrolled, 78% (n=212/273) have utilized the consultation line since its launch in December 2019. Top mental and behavioral concerns requested were ADHD (75%, n=159/212), anxiety (71%, n=151/212), depression (45%, n=96/212), and autism spectrum disorder (41%, n=87/212).

PATIENTS SERVED

Case consults with the KSKidsMAP Team have included patients 0 to 28 years of age; while KSKidsMAP focuses on children and adolescents ages 0 through 21 years, the transition to adulthood, as well as cognitive disabilities, may result in a need to access pediatric treatment expertise beyond the age of 21 years. Of the case consultations with information on insurance type (84%; n=207/247) the highest proportion were for patients with KanCare/Medicaid (Figure 2). Information on patient’s county of residence was available in 95% (n=235/247) of cases, with 39% (n=96/247) residing in rural counties, and 85% (n=210/247) residing in medically underserved areas/populations as identified by the Health Resources & Services Administration.

Figure 2. Insurance Type



TELEECHO CLINIC

Since launching in April 2020, KSKidsMAP has held 74 TeleECHO Clinic sessions, training 124 enrolled PCPs (45%). Topics have included ADHD, aggression, anxiety, autism, billing and

coding, bipolar disorder, brief interventions, COVID-19, depression, eating disorders, foster youth, intellectual disabilities/developmental delay, motivational interviewing, OCD, PANS/PANDAS, pharmacogenetic testing, professional wellness, sleep, substance use, suicide prevention, talking to teens, and trauma. During TeleECHO evaluations, one participant stated "*[My] comfort level [with medications], has gone up considerably because of the [TeleECHO] didactic sessions and the input from the psychiatrist involved about how to be using those medications more safely*" - Member, 08/08/2022.

PHYSICIAN WELLNESS

From its onset, KSKidsMAP has made PCP wellness a priority and has lead multiple wellness initiatives including a wellness retreat, wellness coaching sessions, providing wellness boxes to members, and incorporating PCP wellness into TeleECHO clinic sessions and the consultation line. To date, 42% of members have requested wellness resources when enrolling in KSKidsMAP.

PROGRAM EVALUATION

In 2022, KSKidsMAP conducted program evaluation interviews to assess the impact of a pediatric mental health care access (PMHCA) program in the primary care setting. These interviews aimed to gather feedback regarding PCP experience with KSKidsMAP, perceived barriers to providing direct mental health services to children and adolescents within their practices, and comfort towards mental health screening, diagnosis, and treatment. Twenty-five interviews were completed representing participants with varying levels of program engagement that reside in counties with populations ranging from 1,500 (Wallace, KS) to 2.2 million (Kansas City Metro). Major identified themes include the need for providing pediatric mental health education for primary care providers outside of schooling (72% of respondents), participating in KSKidsMAP increases PCP confidence in assessing, screening, diagnosing, and treating youth mental health conditions (68% of respondents), and participating in KSKidsMAP increases access to pediatric mental health consultation for PCPs (72% of respondents).

MEMBER RESPONSE

The KSKidsMAP team receives comments and feedback from program participants during TeleECHO clinic sessions, consultations, wellness activities, and other program outreach and evaluation initiatives. Below are some recent comments members have shared with our team.

"I don't know any other situation where we can so easily pull together a team for 20 or 30 minutes that...includes a psychiatrist, a psychologist, a social worker...the modalities that you would love to have in your office, but don't" - Member, 09/15/2022

"Very helpful and I appreciate your quick responses. It has been invaluable to have this resource [case consultation] when trying to find clinicians/agencies who will meet particular patient needs." - Member, 02/21/2023

"I think the lesson at the beginning [of the TeleECHO] has been kind of helpful for me just because it's always a challenge to find CU's that I feel like are not just reviewing information you already know... I can literally turn around in the afternoon and kind of use something that

I've heard or learned with a patient, so I feel like that real life - being able to apply it to my clinic has been pretty much invaluable to me" - Member, 09/01/2022

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>