

**Governor’s Behavioral Health Services Planning Council
Kansas Citizens’ Committee on Alcohol and Other Drug Abuse (KCC)
Annual Report, September 2023**

Presented to:

Wes Cole, Chairperson, Governor’s Behavioral Health Services Planning Council
Laura Howard, Secretary, Kansas Department of Aging and Disability Services
Laura Kelly, Governor

Purpose: K.S.A. 75-5381 reads, "It shall be the duty of the Kansas Citizens' Committee on Alcohol and Other Drug Abuse to confer, advise, and consult with the Secretary of the Kansas Department for Aging and Disability Services Behavioral Health or their designee with respect to the powers, duties, and functions imposed upon the Secretary under K.S.A's 65-4006, 75-4007, and 75-5375." The purpose of this Committee is to be an advisory council for Substance Use Treatment, Prevention, Problem Gambling services, and Recovery Oriented Systems of Care in Kansas.

Vision: Kansas is a community where people are free from the adverse effects of substance use disorders, mental illness, and other behavioral health disorders.

Mission: To empower healthy change in people's lives through quality services that address the treatment, prevention and recovery from substance use disorders, problem gambling, mental illness, and other behavioral health disorders.

Current Membership:

Member	Representing
Chad Childs	Prevention
Krista Machado	Prevention
Dana Schwartz	Prevention
Daniel Warren	Treatment
Jessica Eckels	Treatment
Sara Jackson, Past Chair	Treatment
DJ Gering	Public Health
Brad Sloan	Citizens
Al Dorsey	Citizens
Kelsey Ellis	Citizens
Tracy Gorman	Citizens

Ngoc Vuong, Recorder	Citizens
Nancy Jo Kepple	Citizens
Lindsie Ford	Domestic Violence/Sexual Assault Advocate
Victor Fitz	GBHSPC Liaison
Stacy Conner, Chair	Higher Education
Shawna Allen	Mental Health
Tina Abney	Child Protective Services
Megan Bradshaw	Juvenile Justice Authority
Todd Hixson	Law Enforcement
Crystal Spear	Corrections
Libertee Thompson, Chair-Elect	Discretionary
Ronna Corliss	KDADS Liaison
Diana Marsh	KDADS/KCC Support Staff

Executive Summary

2022 Report Review

The Kansas Citizens' Committee on Alcohol and Other Drug Abuse (KCC) generates this annual report to provide behavioral health recommendations for the State of Kansas. Last year we highlighted six priority areas as outlined below.

- 1) Including identified sobering units for all current and future crisis stabilization centers
- 2) Helping people who use drugs to experience fewer complications, including overdose, hepatitis C, and HIV, by supporting harm reduction practices
- 3) Requiring all medical and nursing school curriculum include SUD courses or practical training.
- 4) Increasing the workforce pipeline while also addressing regulatory barriers to treatment that have arisen due to the workforce crisis
- 5) Collecting data and changing committee representation to address substance use health disparities and equity
- 6) Addressing barriers and strategies for rural and frontier behavioral health care

These recommendations focused on populations with historically limited access to behavioral services, including various marginalized communities, rural Kansans, and non-treatment-seeking individuals. They also reflected an increase in illicit drug use, including drug poisoning from fentanyl. The legalization of fentanyl test strips in Kansas starts to address concerns regarding overdose rates and we hope to see continued progress in this area.

Another victory was to see the Kansas Behavioral Sciences Regulatory Board get legislation passed to grant a new addiction counseling credential to students in training at the undergraduate level. This chips away at the workforce crisis. This along with other initiatives can reduce barriers to treatment.

Lastly, we are hopeful that the effort to introduce Certified Community Behavioral Health Clinics (CCBHCs) to Kansas will increase access to services, especially for those in rural and frontier areas.

2023 Report Preview

In spring, 2023, it was affirming to receive the ten priority objectives for KDADS over the next four years, several of which overlap with the areas listed above. We have modified our report format from past years to increase alignment with these objectives. You will notice we give particular attention to the following objectives:

- Objective 2: Expand provision of Medication Assisted Treatment, Harm Reduction, and Contingency Management among SUD treatment programs.
- Objective 4: Improve integration of behavioral health services with other forms of healthcare.
- Objective 5: Address frontline workforce shortages to increase capacity within the provider network.
- Objective 10: Expand OUD treatment and prevention to reduce overdose death rates.

Please note, the following items have been on past annual reports without much influence:

- Addressing present harm and preventing future harms related to cannabis use in the state.

The following items require no funding:

- Follow SAMHSA guidelines to include more frequent/standard training opportunities for Kansas Certified Peer Mentor certification.
- Develop statewide guidelines for implementing, funding, and operating a specialty court.
- Require screening for mental health and suicide risk in all substance use treatment facilities licensed with KDADS.
- As part of ongoing licensure requirements for SUD providers, mandatory screening for opioid use disorders and available Medication-Assisted Treatment should be offered, either in-house or through a memorandum of understanding with a separate provider.

The following items represent low investment, high impact change to prevent overdose:

- Implement the Good Samaritan Law.
- Add xylazine test strips to the fentanyl test strip law.

Detailed Report

Objective 1: Increase access to services across the state, especially in rural and frontier counties.

The KCC recognizes and affirms the efforts made by the Rural and Frontier Subcommittee to address this objective. Specific to substance use services, we advise use of ECHO (Extension for Community Health Outcomes) to better support providers of medication assisted treatment in rural areas.

Objective 2: Expand the provision of Medication-Assisted Treatment (MAT), Harm Reduction, and Contingency Management among SUD treatment programs.

The State requires CCBHCs to provide access to medication-assisted treatment, and yet SUD treatment facilities are allowed to discriminate against patients on MAT by refusing admission for using the medications. The State should, as part of ongoing licensure requirements for SUD providers, mandate that all SUD treatment providers screen for opioid use disorders and offer treatment, either through their own service or through a memorandum of understanding with a separate service.

Additionally, we propose funding initiatives to integrate MAT into the full continuum of medical treatment including primary care, emergency department, and hospital settings.

Objective 3: Invest further in Social Determinants of Health, especially housing and employment programs.

The KCC recognizes and affirms the efforts made by the Housing and Homeless Subcommittee to address this objective. Specific to the scope of our subcommittee, we suggest the following investments:

- Invest in housing accessibility for drug-affected individuals such that lack of sobriety does not keep a person from being sheltered. Housing needs for those with SUD will not be addressed exclusively through recovery housing alone. KDADS local housing authorities need to review admissions practices and other barriers among continuum of care housing agencies to make sure that people with SUD (a federally protected disability) are not discriminated against or otherwise unfairly obstructed from receiving housing.
- Expand sober living options.

Objective 4: Improve integration of behavioral health services with other forms of healthcare.

- Provide Screening Brief Intervention and Referral to Treatment (SBIRT) training for school professionals.

Objective 5: Address frontline workforce shortages to increase capacity within the provider network.

The KCC affirms the new addiction counselor in-training credential and offers the following to further support increased capacity in our workforce:

- Increase peer support in the behavioral health field by uncoupling it with treatment such that peer support could be offered in the absence of activity with treatment programs.
- Follow SAMHSA guidelines to include more frequent/standard training opportunities for Kansas Certified Peer Mentor certification.
- Expand peer support services such as case management, group facilitation, co-responder and mobile crisis stabilization units, and other gap areas.
- Improve salary and benefits for licensed substance use professionals, and peer professionals to promote longevity.
- Develop a state-level student loan repayment program for substance use professionals.

Objective 6: Invest in ways to create additional specialty court programs across the state.

Because Specialty Courts divert justice involved people from prison and utilize standardized evidence-based practices to include contingency management, it is recommended that the state continue to support the statewide Specialty Courts manager position, the Specialty Courts committee and the Specialty Courts funding committee in developing statewide guidelines to implementing, funding, and operating a specialty court.

Objective 7: Expand Problem Gambling Prevention and Treatment programs across the state.

The KCC recognizes and affirms the efforts made by the Problem Gambling Subcommittee to address this objective. Specific to the scope of the KCC, we suggest the following:

- Distribute the list of problem gambling certified professionals to all SUD providers across Kansas.
- Publish guidelines for the referral process when gambling use disorder is suspected.

Objective 8: Continue to build out mobile crisis and crisis stabilization services for statewide coverage 24/7.

- Increase equity and expansion by adding sobering units to crisis stabilization with CCBHCs.
- Include a follow up component, especially after overdose, for SUD services utilizing a peer mentor.
- Add peer support to co-responder and mobile crisis teams.
- Feature pop-up Narcan distribution stores with support staff available.

Objective 9: Continue to build Suicide Prevention infrastructure, to reduce suicide death rates.

Based on NSAT's survey data (2020), we rank 49 out of 50 states on screening substance use disorder clients for mental health issues (only 58% of Kansas facilities). We recommend incentivizing or requiring screening for suicidal ideation in all substance use treatment facilities licensed with KDADS.

Objective 10: Continue to expand OUD treatment and prevention, to reduce overdose death rates.

Community naloxone distribution will be a key component of addressing the overdose crisis, but the logistics of financing, obtaining, distributing, and tracking naloxone use are complicated.

- To avoid every community having to reinvent the wheel, we recommend the State sponsor and make freely available a naloxone distribution toolkit for communities.

Even though the X-waiver to prescribe buprenorphine was legislatively removed, it may be more difficult for patients to access buprenorphine now because there is no longer a mechanism for SAMHSA to capture which medical providers are willing to prescribe buprenorphine. Patients may not know how to locate a provider without an updated SAMHSA registry.

- Kansas needs its own publicly accessible buprenorphine locator and should coordinate with the Board of Healing Arts to have physicians indicate on their yearly licensure application whether they are willing to prescribe buprenorphine.

We recommend that law enforcement agencies in Kansas consider programs focused on creating non-arrest pathways to treatment and recovery. Other law enforcement agencies in the United States are involved in formalized partnerships with non-profits with the goal of creating non-arrest diversion programs that reduce overdose deaths, expand access to treatment, improving public safety, reduce crime, divert people away from the criminal justice system and increase trust between law enforcement and the community.

- The Police Assisted Addiction and Recovery Initiative (PAARI) is an excellent example of such efforts being undertaken in many other states. We recommend that law enforcement pursue this model in partnership with community groups in Kansas.

With the success Kansas had passing the legalization of fentanyl test strips, it would follow that adding xylazine test strips in the next year would be possible. Further, Kansas is only one of three states without a Good Samaritan Law in place. Lives are lost or bodies are discarded in various locations in fear of arrest if substances are present. Our simplest recommendations for preventing overdose include the following:

- Implement the Good Samaritan Law.
- Add xylazine test strips to the fentanyl test strip law.