

Minutes

Governor's Substance Use Disorder Task Force

July 26, 2018

Kansas Health Institute, Topeka

Members Present:

Greg Lakin, Chair
Rep. Elizabeth Bishop
Alexandra Blasi
Sen. Barbara Bollier
Ed Brancart
Steve Denny
Sen. Oletha Faust-Goudeau
Diane Glynn
Derek Hein
Gary Henson
Joseph House
Ed Klumpp
Tiffany Liesmann
Joe Norwood
Keith Rickard
Kimberly Templeton
Les Sperling

Members Absent:

Karen Braman
Joy Cuezze
Aaron Dunkel
Jeff Easter
Pat George
B. Lane Hemsley
Sharon Kears
Gina Meier-Hummel
Jon Rosell
Mark Rowe
Eric Voth
Keith Wetzel

Substitutes:

Chad Austin
Tricia Olson
Melissa Ward
Rachelle Colombo
Sen. Marci Francisco

Other Attendees:

Crys Bohn
Carla Deckert
Mitch DePriest
Liz Dunn
Sarah Fischer
Becky Gillgannon
Pat Hubbell
Sara Irsik Good
Stuart Little
Erin McGuire
Theron Platt
Melanie Simpson
Deborah Stern
Sheldon Weisgrau
Vickie Whitaker
Susan Wood

Staff:

Fan Xiong, KDHE
Krista Machado, DCCCA
Kari Bruffett, KHI
Adrienne Hearrell, KDHE
Carlie Houchen, KHI
Lisé White, KHI

Welcome

Lakin called the meeting to order. He noted that the committee has agreed to accept written testimony from the public, and submitted comments will be distributed in advance to members to be addressed at the next meeting. Lakin stated that the focus of this meeting is on the recommendation of the Kansas Prescription Drug and Opioid Advisory Committee for Law Enforcement and Neonatal Abstinence Syndrome (NAS), and on reviewing survey results on Treatment and Recovery recommendations. He noted next confirmed meetings are August 15 to review final recommendations and August 23 to review the final report which is due to the Governor in September.

The Task Force reviewed minutes from the June 28 meeting. Bishop asked why the discussion surrounding Medicaid expansion from the last meeting was not fully reflected in the minutes. Lakin stated that the Task Force was charged with focusing on substance use disorders, and indicated his interest in keeping the discussion focused on other approaches to provide services to those with substance use disorders, but not the broader question of Medicaid expansion. Lakin asked Task Force members to email suggested language that could accomplish this. George made a motion to approve the minutes. Bishop seconded the motion. The motion passed.

Lakin reviewed the Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan. He indicated that, upon approval from KDADS, it will be published on the KDHE website, www.preventoverdoseks.org.

Blasi provided a summary of K-TRACS funding source options. The operational costs for K-TRACS beginning July 2019 are estimated at just under \$1M. Colombo stated that sustainable funding should not include license fees. There was agreement around this concept, and Lakin requested suggested language be emailed.

Houchen reviewed the results of the survey used for characterization and prioritization of treatment and recovery recommendations. There was consensus via survey on TR2, Create additional services for addiction treatment; TR9, Increase access and utilization of Screening, Brief Intervention and Referral to Treatment (SBIRT); and, TR12, Adopt legislation to require third-party payers to abide by mental health parity laws. These characterizations were reviewed but not discussed.

Through discussion the Task Force reached agreement on the characterization of TR5, Support insurance coverage across the full continuum of care for behavioral health services (e.g., Community Psychiatric Support and Treatment and others); TR7, Identify funding for Opioid Addiction Project ECHO telementoring; TR9, Increase access and utilization of Screening, Brief Intervention and Referral to Treatment (SBIRT) across disciplines by opening the codes necessary to allow providers to bill for this service; TR10, Support a global payment model that would allow providers to determine appropriate care and use the full contingent of trained addiction services providers for each patient; TR14, Implement workforce development programs to increase capacity of addiction professions; and, TR15, Develop a statewide treatment navigator.

Further work or outstanding questions remain for TR6, Expand access to sober living programs across the state via expanded insurance coverage or pilot program; TR8, Adopt coding practices that allow for the integration of services across the continuum of care domains (e.g., primary

care, substance use disorder and mental health) to provide more integrative services to clients with co-occurring conditions; TR11, Expand access to peer support services and increase Medicaid reimbursement rates; and, TR13 Continue the current IMD waiver for substance use treatment and explore expansion to mental health (the federal IMD exclusion prevents Medicaid from covering inpatient behavioral health care in certain settings without a waiver).

Finally, an additional recommendation was suggested that Beacon Health Service and KDADS publish the requests for funding that they received from SUD Treatment Centers.

Houchen presented the Law Enforcement characterization matrix. Three of the nine recommendations were discussed and characterized by the group. The recommendations discussed were LE1, Connect to services during pre-release planning and reentry; LE2, Expand diversion programs and connection to treatment and recovery services; and, LE3, Increase evidence-based referral, treatment and recovery for those with SUD. The task force discussed creating a new recommendation to provide training in correctional facilities to allow employees to better recognize those with mental health needs and connect those with needs to available services. The remaining six recommendations along with the newly developed recommendation, LE10, will be described via survey and then discussed at upcoming meetings.

Houchen next presented the Neonatal Abstinence Syndrome (NAS) characterization matrix. Two of the seven recommendations were discussed and characterized by the group. Related to NAS, the task force discussed and characterized NAS1, Provide education, screening, intervention, support, family planning, preconception services and a variety of contraceptive options to substance using women; and, NAS2, Increase access to women and family treatment centers across the state. The remaining recommendations will be characterized by survey and discussed at the upcoming meetings.

Please see the document “SUD TASK FORCE MEETING OUTCOMES: CHARACTERIZATION OF RECOMMENDATIONS” for a summary of discussion and characterization of recommendations related to Treatment and Recovery, Law Enforcement, and Neonatal Abstinence Syndrome completed during the meeting.

Lakin closed the meeting by thanking everyone for attending, asked everyone to complete the survey online for the items not completed today, and reminded everyone that we will meet in this same location on August 15 from 1-4 p.m. to review survey results from the remaining recommendations.

The meeting adjourned at noon.