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## December 13, 2021

To: Special Committee on Kansas Mental Health Modernization and Reform

From: Iraida Orr, Principal Research Analyst

Re: Follow-up Information from November 17 Meeting

The following information was requested by members of the Special Committee on Kansas Mental Health Modernization and Reform at its meeting on November 17, 2021, from David Jordan, President and Chief Executive Officer, United Methodist Health Ministries Fund, and member of the Governor's Commission on Racial Equity and Justice:

What the Governor's Commission on Racial Equity and Justice was looking at regarding teacher diversity and school mascots, which were recommendations in the July 1, 2021, report.

Mr. Jordan responded the July 2021 report, <a href="https://governor.kansas.gov/wp-content/uploads/2021/07/CREJ-July-2021-Report\_FINAL.pdf">https://governor.kansas.gov/wp-content/uploads/2021/07/CREJ-July-2021-Report\_FINAL.pdf</a>, includes recommendations regarding teacher diversity and school mascots.

The number of undocumented youth in the state and the State General Fund cost to provide mental health coverage for youth regardless of immigration status, as recommended by the Governor's Commission on Racial Equity and Justice.

 Mr. Jordan indicated he did not have available the number of undocumented children who would be impacted if the State were to make access to mental health services available. He indicated having contacted the Kansas Department of Health and Environment for assistance with the information and will provide an update if the answer is received.

The increase in the State investment for Early Head Start recommended by the Governor's Commission on Racial Equity and Justice and exactly how the funds would be spent.

 Regarding increasing funding for Head Start/Early Head Start, Mr. Jordan noted the panel did not make a dollar recommendation, as that is the purview of the Legislature.

## The reimbursement rates for language access services in safety net clinics.

 Mr. Jordan noted, in terms of the medical interpretation, the issue is less about reimbursement rates and more about credentialing and recognition of providers and any reimbursement. Below are draft recommendations related to interpretation services. [Note: Bold font was included by Mr. Jordan.]

Improve language access and interpretation services in the healthcare field.

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Navigating healthcare services is even more difficult for individuals who are most comfortable using a language other than English. The state can improve access to healthcare for Kansans who use another language by implementing these policies:

- **Disseminate information to healthcare institutions** regarding importance, need for and requirements around interpretation services.
- Explore the creation of a language access department within the state
  Medicaid office of the Kansas Department of Health and Environment.
- Develop an accessible system for patients to file complaints about problems with interpretation services or lack of services.
- Enact state versions of Title VI<sup>1</sup> or ACA<sup>2</sup> Sec. 1557 to clarify requirements for services.
- Create legislation that clarifies interpreter competency definitions and requires all healthcare interpreters to be qualified.
- Build capacity to disseminate public health messaging to residents who use minoritized languages, including disseminating messages in Spanish and other languages spoken locally. Localities should also consider appropriate modalities and literacy levels.
- Investigate current process for Medicaid reimbursements for interpretation services and conduct statewide needs assessment on language access needs in each service area.
- Conduct comparative effectiveness study on a language access intervention.
- Fund trainings and programs to support individuals to get interpreter training or universities/nonprofits to provide trainings, including medical Spanish at high schools and other professional development.
- Fund infrastructure and training for **video remote interpreting** in addition to telephone.
- Fund public education and outreach around the rights of patients and responsibilities of providers with respect to language access.

<sup>1</sup> Title VI of the Civil Rights Act of 1964

<sup>2</sup> Patient Protection and Affordable Care Act