

Note: To provide current context, this crosswalk incorporates state agency updates provided to the Special Committee on August 27. It is not an exhaustive list of all agency actions taken in response to prior recommendations and largely focuses on task force recommendations.

Topic 4. Prevention and Education				
Child Welfare System Task Force	Governor's Behavioral Health Services Planning Council Subcommittees	Governor's Substance Use Disorders Task Force	Mental Health Task Force	Crossover Youth Working Group
<p><b>Tier Two Recommendation: Safety Net, Early Childhood Programs, and Early Intervention.</b> The State of Kansas should fully fund, strengthen, and expand safety net and early childhood programs through public services (DCF, mental health, substance abuse, and education) and community-based partner programs, and reduce barriers for families needing to access concrete supports. The State of Kansas should ensure availability and adequate access to early childhood behavioral health services statewide. the Task Force recommends consideration of related Mental Health Task Force recommendations 1.2 (Medicaid Expansion Models), 1.3 (Housing), 3.1 (Regional Model), and 6.4 (Early Intervention). <a href="#">[Agency update: Family First Foster Care Prevention Grants: Grants include evidence based-program intervention for substance abuse treatment, mental health services, community-based parent skill building safety network program as well provisions for keeping children with their parents during inpatient substance abuse treatment</a></p>	<p><b>SPW Recommendations.</b> Write, distribute, and promote op-eds, and disseminate information about safe messaging covering suicide, and urge the development of effective materials including through local media outlets. Increase number of trainings and workshops to promote and support application of best practices and evidence-based approaches in the field of suicidology among Behavioral Sciences Regulatory Board (BSRB) licensed behavioral health practitioners and community gatekeepers when working to prevent suicides.</p> <p><b>PS Recommendations.</b> Form an evidence-based practices workgroup (EBW) for behavioral health promotion. An EBW could promote more use of evidence-based strategies to better integrate promotion, prevention, treatment, and recovery services. Priority areas for initial EBW focus include marijuana, opioids, and strategies to help 18-25 year olds.</p> <p><b>CAODA Recommendation.</b> Work to publicize the availability of prevention tools that may be used by community</p>	<p><b>PE 1. Centralized Authority.</b> Centralize coordination of substance use disorder policy and provider education.</p> <p><b>PE2. Provider Training.</b> Provide training and continuing education programs for healthcare professionals. Healthcare programs should include in curricula additional education on opioid prescribing, addictions, MAT, pain management and risk identification. <a href="#">[Agency update: KDADS has offered provider training on opioid use disorder through the State Opioid Response grant and by co-hosting the Kansas Opioid Conference with KDHE annually.]</a></p> <p><b>PE3. K-TRACS Education.</b> Develop and disseminate materials on K-TRACS and U.S. Centers for Disease Control and Prevention (CDC) guidelines to healthcare providers and students.</p> <p><b>PE 10. Coroner Letters.</b> Explore the feasibility of and consider a pilot program for coroners or medical examiners sending educational</p>	<p><b>Recommendation 2.2 Care Management Program (2019).</b> Take steps to ensure that all Kansas youth and adults with a behavioral health diagnosis or chronic physical health condition are eligible to opt into a health home to have access to activities that help coordinate care. <a href="#">[Agency update: Health homes program was implemented in 2019. Focus is adults and youth with behavioral health diagnosis or chronic physical health condition. Reimbursement is Medicaid with federal match.]</a></p> <p><b>Recommendation 3.4 Early Intervention (2019).</b> Increase access to early childhood mental health services by including language in state Medicaid behavioral health plans to explicitly cover early childhood mental health screening, assessment, and treatment. <a href="#">[Agency update: 3.4 is still in the investigative process for KDADS. Will require a needs assessment and determination for implementation / whether or not a State Plan Amendment would be necessary. KPOP (Kansas Power of</a></p>	<p>No relevant considerations.</p>

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<p>programs. Nine of the FFPSA grants serve families with children age 0-3 years or preschool age. Home Visitation Grants: DCF has a Home Visitation grant with KCSL. This Healthy Families America program is an evidence-based model working with at-risk families and 5 parent skill building grants were awarded through Family First grants. Care Portal: DCF has a \$150,000 grant to support the Care Portal project in many areas of the state to coordinate a system of connections across churches to fill family requests for concrete needs. Child Care Grant: The CCDF Federal Child Care Grant increased rates from 45th percentile to the 85th percentile April 1, 2020. This will help to cover childcare costs for the state and children in foster care. Safety Net Programs: DCF plans to continue to work to increase access to safety net programs such as SNAP, TANF and child care assistance to at-risk families. Some of these changes have been made through internal policy changes but most changes would require changes in statutes. KDADS last year increased the CMHC base funding agreements. KDADS and KDHE have expanded the role of telemedicine in behavioral health</p>	<p>groups, schools, and families at <a href="http://www.kansaspreventioncollaborative.org">www.kansaspreventioncollaborative.org</a>.</p> <p><b>CS Recommendation.</b> Support, encourage, and provide resources to early childhood programs in implementing and sustaining the Kansas Family Engagement and Partnership Standards for Early Childhood.</p> <p><b>Housing and Homelessness Subcommittee (HAHS)</b>  <b>Recommendation.</b> Create a housing specialist certification and ongoing education training curriculum.</p>	<p>letters to prescribing providers upon their own patient's death from prescription drug or other illicit substance overdose.</p> <p><b>PE12. Provider MAT Training.</b> Increase capacity and access to MAT in Kansas through provider training on MAT. [Agency update: The percentage of KS counties with Medication assisted Treatment (MAT) prescribers increased from 27% in 2016 to 35% in 2019.]</p> <p><b>Prev1. Promote Safety.</b> Promote safe use, storage, and disposal of prescription medications, including opioids, to prevent misuse and illicit acquisition and distribution. [Agency update: KDADS has a robust prevention effort that promotes safe use, storage, and disposal of prescription medications, this work has been entirely federally funded through grants.]</p> <p><b>Prev2. Disposal Sites.</b> Expand medication disposal sites in gap areas to ensure that there is a minimum of one medication disposal site in each Kansas county. [Agency update: KDADS has helped promote</p>	<p>the Positive Statewide Coalition): KDHE has contracted with WSU to convene coalition to prevent ACES through employer education and parent support in the workforce. Pre-K health screenings with primary care providers include preliminary screening measures. Some mental health centers have early childhood programs. There are also private specialists. Further outreach and training in community programs would be beneficial. Project Eagle: DCF is funding Attachment and Biobehavioral Catch-Up (ABC) intervention in 22 counties across the state via a Family First grant to the University of Kansas Medical Research Institute, Inc. ABC intervention helps caregivers strengthen parent-child attachment and increase self-regulation in infants and toddlers through parent coaching sessions, helping caregivers address ACEs. Through Family First DCF is also funding Healthy Families America and Parents as Teachers services across the state. These intensive home visiting services for parents of infants and toddlers provide parent education, child development supports, and referrals to concrete services (mental health, economic</p>	

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<p>services during COVID-19 and believe this is having a positive impact on families of children in accessing behavioral health services.]</p>		<p>and expand safe disposal sites in Kansas.]</p> <p><b>Prev3. Awareness.</b> Develop and disseminate educational materials for both professional and non-professional audiences on the issues of prescription drug, opioid, methamphetamines, and other drugs misuse, abuse, overdose, and mitigation strategies. [Agency update: KDADS has helped promote and expand safe disposal sites in Kansas.]</p> <p><b>Prev4. Fund Prevention.</b> Establish and sustain permanent funding sources for primary, secondary, and tertiary prevention associated with prescription drugs, opioids, alcohol, methamphetamines, and other drug misuse for all ages. [Agency update: DCF issued three Family First grants to SUD providers. These grantees will provide interventions to youth and families whose substance use is putting the youth at danger of coming into state custody. KDADS has sought additional funding for prevention efforts, currently these programs are entirely federally funded and limited in their reach.]</p>	<p>support, etc.) as needed. KDHE has been working to implement caregiver screenings, and in August 2020 approved maternal depression screenings to be conducted during child well-visits and billed under the child's Medicaid ID. KDHE has also developed a Mental Health Integration Toolkit to provide coordinated and comprehensive mental health services to women before, during and after pregnancy.]</p>	

Topic 5. Treatment and Recovery				
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<p><b>Tier Two Recommendation: Foster Care Re-entry and Transitional Services.</b> The State of Kansas should provide young adults age 18-21 with the option to seamlessly re-enter the child welfare system, and ensure continuity in medical, behavioral health, and support services for youth who have exited the custody of DCF. [Agency update: The IL Program receives Chafee, ETV and TANF along with SGF match to serve older youth in Kansas ages 14-26. Since FY18 the IL program was able to start a TANF funded program Youthrive which is a mentoring program. Regional IL support workers attend case planning for youth 16 and older in order to assure they are aware of supports offered to them through the IL program. Youth that age out of foster care are eligible for KanCare until their 26th birthday and the IL program assists youth in receiving mental health services when needed. KDADS offers support through Medicaid and federal block grant funding for those not covered by other insurance. Specifically, the Operation Community Integration (OCI) codes added to KanCare last year allow CMHCs and SUD providers to create housing support programs which are available for</p>	<p><b>HAHS Recommendation.</b> Expand and advance SSI/SSDI Outreach, Access, and Recovery (SOAR) program, which is a federal program designed to help states and communities increase access to Social Security disability benefits for people who are homeless or at risk of homelessness and have a mental illness or other co-occurring disorders.</p> <p><b>HAHS Recommendation.</b> Continue and expand KDADS' Housing First Bridge Program.</p> <p><b>HAHS Recommendation.</b> Continue the Supported Housing Program, a program that provides affordable housing linked to services for low-income, homeless, or potential homeless people with severe mental illness.</p> <p><b>CS Recommendation.</b> Increase the availability of flexible treatment options (residential and outpatient) that allow children to stay with and participate in treatment with their parents, which also embrace a holistic and trauma-informed approach to treatment. [Agency update: Over the past year and a half DCF has implemented new trauma-informed practice models to guide the department's work in child welfare.</p>	<p><b>TR1. Expand MAT.</b> Expand Access and utilization of MAT. [Agency update: The percentage of KS counties with Medication assisted Treatment (MAT) prescribers increased from 27% in 2016 to 35% in 2019.]</p> <p><b>TR2. Buprenorphine Prescribers.</b> Increase the number of buprenorphine-waivered prescribers practicing in Kansas and incentivize buprenorphine training for providers. [Agency update: Task Force partners implemented provider training and increased the number of KS Buprenorphine waived prescribers by 126 providers to 223 providers since 2018. KDADS has sought additional funding for prevention efforts, currently these programs are entirely federally funded and limited in their reach.]</p>	<p><b>Recommendation 1.3 Warm Hand-Off (2019).</b> Establish a 24-hour uniform hotline and implement a warm hand-off based on the 911 model. [Agency update: KDADS exploring statewide options through implementation of 988 hotline. Will require new resources. KDADS partnering with DCF for current RFP for statewide mobile crisis response for youth that utilizes EBPs with follow-up requirements. Funds are Family First grant resources. KDHE has also worked to promote the suicide prevention lifeline.]</p> <p><b>Recommendation 3.2 Intensive Outpatient Services (2019).</b> Expand community-based options such as intensive outpatient services. [Agency update: KDADS sees the value in increased IOC. No progress to date but looking for opportunities.]</p> <p><b>Recommendation 3.3 Psychiatric Residential Treatment Facility (PRTF) (2019).</b> Re-establish the purpose of PRTFs. [Agency update: KDADS drafted new PRTF regulations, currently in legal review. Developed Medicaid policy for medical necessity. MCOs determine if assessment is required for admissions under Medicaid. 3.3.b. not implemented. KDADS has</p>	<p><b>Services for Crossover Youth.</b> The Working Group's limited scope of review could not speak to the cost per crossover youth and any claims denied for reimbursement for a child's behavior problems. The Working Group further suggests researching the effect of therapeutic environment on care of youth with higher levels of aggression in a PRTF and the impact of such youth on other youth in care settings. [Agency update: DCF issued a bid request through Department of Administration for Kansas Family Crisis Response and Support for crisis intervention services with proposals under review. DCF works closely with KDHE and KDADS on cross agency workgroups to address high needs and general foster care population. Meetings are bi-weekly and include Managed Care Organizations every other meeting. DCF established a Director of Medicaid and Children's Mental Health in summer of 2020 and has a had Medicaid Liaison position funded and filled in the Prevention and Protection Services Division to support coordination and knowledge of health care coverage. Over the last year DCF has been working to ensure children who enter foster care on the SED waiver are able to keep the waiver and transfer it to another</p>

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<p>transition age youth. KDADS has also worked with DCF and CMHCs to develop a universal jacket that creates a psychiatric history for each youth, which can be used to help establish federal disability claims and expedite connections to benefits]</p> <p><b>Tier Three Recommendation: Immediate Response.</b> The State of Kansas should provide immediate response 24/7 to hotline calls and dedicated immediate response investigators to be dispatched and warranted.</p>	<p>Family Finding is an engagement and family meeting model employed when there is a barrier to stability or legal permanency for a child. Team Decision Making is a facilitated family meeting model used before a child is moved to determine if a child needs to be separated from their parent or primary caregiver. Signs of Safety is a set of tools used by CPS investigators when responding to report of abuse/neglect or FINA. DCF continues to look at ways to employ trauma-informed practices as we work alongside families. DCF has also worked with our stakeholders to begin implementing Kansas Parent Management Training Oregon Model (K-PMTO). PMTO is an evidence-based intervention for families in family preservation and foster care and all foster care case management grantees provide it. The program consists of 6 months of behavioral based intervention that teaches parents and caregivers techniques to manage their child's difficult behavior. The therapy sessions are provided in the home or the community and are intended to increase placement stability.]</p>		<p>established a direct role in reviewing individual members on the MCO waitlist with the MCOs and DCF on a weekly basis to assure that those members are receiving home and community-based services, continue to meet medical necessity, and that additional treatment options have been considered. KDADS has also worked to expand PRTF capacity in Kansas, including working with providers to establish PRTF programs for higher acuity children with histories of violence or sexual assaults that are more difficult treat in current PRTFs and remain on the waiting list for longer periods of time as a result. While KDADS has not implemented all of 3.3, its combined efforts have resulted in a reduction in the waitlist for PRTF admissions of about 50% from FY19.]</p> <p><b>Recommendation 6.3 Quality of Care (2018).</b> Managed care organizations (MCOs) contracts should incentivize PRTF readmissions instead of reduced lengths of stay. [Agency update: See Recommendation 3.3 above.]</p> <p><b>Recommendation 4.2 Presumptive Approval of Medicaid (2019).</b> Coordinate with KDHE and determine if a policy could be developed or</p>	<p>CMHC should the child move out of the catchment area of their original CMHC. Biweekly calls between KDADS, DCF, and the MCO have also been underway assessing the children on the PRTF waitlist to ensure all are receiving the SED waiver if they are in an applicable setting. KDADS continues to work on improving PRTF waiting lists and services, and would highlight recent efforts to create specialty PRTF units for Crossover Youth with violent or sexual assault histories.]</p>

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			<p>revised that facilitates presumptive approval upon discharge for anyone leaving an IMD environment, including NFMHs. [Agency update: KDADS has investigated this option with KDHE and does not believe it is possible at this time. We continue to work on community integration and expedited eligibility for individuals leaving an NFMH. KDADS is also currently working on developing a pilot program that help provide temporary supportive housing for NFMH residents while waiting for permanent benefits to be established.]</p> <p><b>Recommendation 6.1 Suicide Prevention (2019).</b> Place a focus on reversing negative suicide trends for youth and adults. [Agency update: KDADS supports the creation of a full-time state suicide prevention coordinator as part of state infrastructure development. Position description has been developed, but FY21 budget enhancements to create a full-time coordinator position and dedicated funding for suicide prevention efforts were not funded. Contract with National Suicide Prevention Lifeline crisis centers to increase in-state answer rate, but need additional resources to implement 988. KDADS is launching</p>	

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			<p>a statewide suicide prevention coalition in partnership with Attorney General's office and KDHE. KDADS led the Kansas team for the Governor's Challenge to Prevent Suicide among Service Members, Veterans, and their families. This federal TA opportunity help developed a plan that KDADS has been working to implement over the last year. KDADS has applied for and is participating in the federal Technical Assistance on developing state infrastructure for suicide prevention. KDHE has published data highlighting suicide trends in Kansas, as well as partnered on multiple suicide prevention initiatives (e.g., Zero Suicide).]</p>	

Topic 6. Special Populations				
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<p><b>Tier Two Recommendation: Non-Abuse Neglect.</b> The State of Kansas should provide differential responses for newborns and refer them to evidence-based services.</p> <p><b>Tier Three Recommendation: Serious Injury Review.</b> The State of Kansas, in accordance with federal and state confidentiality laws, should formalize a Serious Injury Review Team to establish and conduct a review process both internally and externally for an immediate and necessary response when a child dies or suffers serious bodily injury after having previous contacts with DCF Protection and Prevention Services concerning prior abuse and neglect.</p>	<p><b>Rural and Frontier Subcommittee (RFS) Recommendation.</b> Increase funding for crisis beds for the non-insured and underinsured to fill the gap in rural and frontier areas of the state.</p> <p><b>SMVF Recommendation.</b> Expand the three-day crisis intervention training across the state for police and first responders concerning veterans in a mental health crisis.</p>	<p><b>NAS1. Educate and Intervene. (Neonatal Abstinence Syndrome [NAS]).</b> Provide education, screening, intervention, and support to substance-using women to reduce the number of infants born substance-exposed, while expanding coverage for family planning services, preconception services, and a variety of contraceptives, including long-acting reversible contraceptives. [Agency update: KDHE has made significant progress on these recommendations. KDADS has offered provider training on opioid use disorder through the State Opioid Response grant and by co-hosting the Kansas Opioid Conference with KDHE annually. KDADS has a position responsible for filling the role of State Women's Treatment Coordinator with SAMHSA and participates in NAS subcommittee of the Kansas Opioid and Prescription Drug Committee.]</p> <p><b>NAS2. Standardize Care.</b> Provide education on best practices to reduce stigma and promote standardized care regarding NAS cases, develop a standardized reporting process for NAS cases across the state, and offer universal training and continuing education through the Vermont Oxford Network NAS Universal</p>	<p><b>Recommendation 3.1 Access to Effective Practices and Support (2019).</b> Deliver crisis, clinical, and prevention services for children and youth and families in natural settings (e.g., homes, schools, primary care offices) in the community. [Agency update: Interagency work group meeting to work on youth suicide prevention. KDHE awarded SAMHSA Suicide Prevention grant. DCF has issued an RFP to provide statewide crisis line and access to services for youth and families. KSDE has implement K-12 mental health pilot which is integrated with community based care system; this program has expanded each year. Telemedicine expanded by federal COVID-19 emergency guidance and provides equal reimbursement to in-person services. Stakeholders are convened to advise future utilization. Contract has been issued to develop parent peer training and work is underway. KDADS applied but was not awarded the new Systems of Care Grant. Expansion will require additional funding from the State or other sources. Kansas has implemented FFPSA through DCF and currently delivers services to youth and families through these contracts, and programs implemented include Multi-Systemic</p>	<p><b>Child Welfare Placements.</b> The working group suggests exploring what supports/services are lacking and prevent permanency from being achieved regarding placement stability of crossover youth placed in foster care. [Agency update: DCF issued a bid request through Department of Administration for Kansas Family Crisis Response and Support for crisis intervention services with proposals under review. An internal DCF placement stability work team has been formed to lead efforts to increase stability for youth. An emphasis has been placed on finding innovations to achieve and maintain placement stability. Qualified Residential Treatment Programs (QRTPs): The requirement for Independent Assessor for youth in QRTP is met through award to Health Integrated Solutions. QRTP's provide service to high need children while in residential placement. In collaboration with the Center for Capacity Building for States, DCF updated our diligent recruitment plan for foster homes to prioritize recruiting, training, supporting, and retaining foster families and respite homes to serve older children and youth with high acuity needs. Placement Array Relative Rate and Support: Daily payment rates for relatives caring for</p>



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		<p>Training Program to Kansas birthing centers.</p> <p><b>NAS3. Women and Family Treatment Centers.</b> Increase the number and capacity of designated women and family treatment centers across the state.</p> <p><b>NAS4. MAT in Pregnancy.</b> Increase access to MAT for pregnant women.</p>	<p>Therapy, Functional Family Therapy, Parent Child interaction Therapy, and Family Centered Treatment. Services are expanding in FY 21. KDADS increased parent support services through the Systems of Care Grant - ends Sept 30. Resources needed to expand statewide. Medicaid Expansion would increase parent support access. Some children in foster care are receiving OneCare Kansas services. OneCare KS provides children who qualify and opt in an additional layer of service coordination that is trauma informed. DCF offers Foster Care Case Management Grants, which includes evidence-based screening and interventions focused on best practice for services including the setting of services. KDADS established a division within the Behavioral Health Services commission that is led by a new director that focuses on children and youth. KDHE established KSKidsMAP, a program that supports primary care physicians and clinicians in the early identification and treatment of children and adolescents with uncomplicated mental illness.]</p> <p><b>Recommendation 3.5 Transition Age Youth (2019).</b> Request a formal joint report to Legislature by corrections, education, and health</p>	<p>children in the custody of the Secretary range from \$11-\$108 per day based on needs of a child. Relatives caregivers have the same benefits of stability payment for days when a child temporarily needs acute mental health or hospital care. Rates for relative and foster homes were recently adjusted to include 5 tiers based on level of care needed. A new rate for transition from treatment to relative, kin, or licensed foster provider was implemented in February 2020.]</p>

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			and human services agencies on programs, coordinated efforts, and any collective recommendations for populations identified in 2016 SB 367. [Agency update: Reports exist for foster care, juvenile justice and disabled transition age youth. Not formally integrated. KDADS informally works with KDOC and DCF to collaborate on programming for youth impacted by SB 367 JJ Reform Act. There is no formal joint agency report at this time.]	