Color Code Key: Black = Notes from initial agency reports to Special Committee, Blue = Notes from 10.14 Working Group meeting, Red = Notes from Qualtrics Responses

Topic	Status	Recommendation Title	2020 Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response	Enablers (factors that aid action)	Barriers (Factors that obstruct action)	Revisions to Recommendation?
A: Workforce	**Completed**	1.1 Clinical Supervision Hours	Where applicable, reduce the number of clinical supervisions hours required of master's-level behavioral health clinicians to obtain clinical licensure from 4,000 to 3,000, similar to the reduction in clinical hours of social workers.	BSRB (Legislature, KDADS)	**BSRB**: The Board requested introduction of HB 2208 during the 2021 Legislative Session, which was enacted by the Legislature. HB 2208 lowered the number of clinical supervision hours required for a clinical level license, from 4,000 hours to 3,000 hours, for the professions of Master's Level Psychology, Professional Counseling, Marriage and Family Therapy, and Addiction Counseling. This action brought the number of supervision hours in line with the reduction in supervision hours for the social work profession in 2019. Normally, for licensees accruing supervision hours, a training plan amendment would have been necessary to use the new standard, but to expedite the process, the Board waived the requirement of updates to training plans and has allowed licensees to use the requirement immediately upon enactment of the bill. A letter on HB 2208 was sent to all licensees under the BSRB and a message was posted to the front page of the BSRB website to provide notice of the changes in the bill.		Waived update requirement for training plans effective immediately		

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A: Workforce	**In Progress**	1.2 Access to Psychiatry Services	Require a study to be conducted by KDHE with an educational institution[s], to explore strategies to increase the number of psychiatrists, child and adolescent psychiatrists, and psychiatric nurses.	KDHE (Educational Institution)	KDHE: KDHE is exploring whether such a study can be funded within existing appropriations and implemented through existing Division of Public Health contracts. [Update: All available contract hours/ appropriations are already booked for this FY.]		* School-based services may alleviate some impact on kids * Need connecting systems * Train where they will work	* Funding * Significant shortage of psychiatrists (part. child/adolescent) * Lack of independent practice for APRN	* Consider more specificity -- who will do it, how much *Legislature could be lead agency -- proviso or other * Specify learn from other states/ countries
A: Workforce	**In Progress**	1.3 Provider MAT Training	Increase capacity and access to MAT in Kansas through provider training on MAT.	KDADS (KDHE, KDOC)	**KDADS**: MAT training and expansion is a continuing effort. So far, KDADS has been successful in creating opportunities for training and has added MAT services to the available services for SUD providers covering the uninsured and for Medicaid, expansion of take home options under COVID-19, and is currently working on expanding workforce options and mobile options for MAT, as well as policy requiring MAT options in PRTF for SUD patients. Ease of implementation score is 5.	**KDOC**: KDOC has implemented MAT in facilities beginning September 2021, in a partnership with the RADACs and our medical provider, Centurion. Training has been rolled out for staff on the MAT programs. The RADACs work with community providers for post-release follow up. **KDHE**: KDHE and KDADS worked with KDOC on a technical assistance project sponsored by the National Governors Association on MAT for the justice-involved population.	Built on ongoing efforts *Billable now in both SABG and Medicaid for SUD provider training being provided by MAATC currently *Training available online if provider has an active Drug Enforcement Administration number to dispense controlled substances; eligible for PCSS DATA 2000 Waiver, if licensed; free mentoring service available by telephone, email, or in person. And possible Loan Repayment Program through HRSA.	* Provider resistance to get MAT certified and provide the treatment. * Finding methadone clinics willing to work with Kansas Medicaid. * Making physicians across the state comfortable with Buprenorphine prescribing for patients with Opioid Use Disorder. * We need more prescribers who have an interest in this area. We need incentives, education and training for Executive Directors to make this issue a priority in their agency.	* Fine tune the recommendation to focus on incentivizing the methadone clinics in Kansas to work with Kansas Medicaid. * Support satellite methadone clinics to serve rural areas. * Educate, support, and incentivize physicians across the state to use Buprenorphine to treat Opioid Use Disorder.

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A: Workforce	**In Progress**	1.4 Workforce Investment Plan	The State of Kansas should make a long-term investment plan for the behavioral health system workforce by increasing funding for training, recruitment, retention, and support to effectively attract and retain high-quality staff. Specific steps include: develop a career ladder for clinicians, such as through the development of an associate's-level practitioner role; and take action to increase workforce diversity, including diversity related to race/ethnicity and LGBTQ identity, and the ability to work with those with limited English proficiency.	KDADS (KDHE, BSRB, Legislature, providers, clinics, educational institutions)	**KDADS**: KDADS is planning to use ARPA funding for workforce investments in the short term, however the long-term investment plan still needs to be discussed with the legislature and stakeholders to determine the level of investment needed and available. Ease of implementation score is 1.	**BSRB**: Funding for the BSRB is from receipt of license fees for mental health practitioners and the agency receives no funding from the State General Fund. Expenditures for the agency are limited to the agency's two programs: licensing of practitioners and investigation and discipline of those individuals. The Board is primarily charged as a public protection agency, however the Board understands that part of protecting the public is ensuring there is an adequate number of practitioners to provide services. The BSRB oversees seven disciplines of practitioners, and most disciplines have a tiered level of licensure (such as a bachelor level social work license, a master's level social work license, and a clinical level social work license). The BSRB previously licensed social workers at an associate level, and still continues to renew licenses for eight such licensees, however the agency has not licensed individuals at an associate level during the last 20 years. Concerning the topic of workforce diversity, the Board and the seven advisory committees for the Board, have been discussing whether to change continuing education hours to require hours in diversity, equity, and inclusion. The Board will be discussing the Special Committee's recommendations in more detail at the Board'sAnnual Planning Meeting on Monday, September 27, 2021.	Short-term ARPA funding;	Long-term funding. Challenging implementation * More discussion with stakeholders needed re: associate-level * Plan needs provisions for retention * Career path	* Clarify short- and long-term responses as part of plan * Consider having sourced outside of government

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A: Workforce	**In Progress**	1.5 Family Engagement Practices	Provide adequate workforce compensation and reimbursement rates for time spent planning and implementing family engagement practices. Such support should be based on local needs, priorities, and goals determined at the program and school levels, in partnership with families.	KDADS (KDHE, Legislature)	**KDADS**: KDADS issued a Family Engagement RFP for FY 22 but was unable to make an award due to a significant variance in the bidder's cost to implement and the available funding. KDADS applied this past spring for a Federal Systems of Care grant to fund additional family engagement, but was not awarded the grant. KDADS is working on SPAs for family engagement with KDHE for Medicaid recipients. Ease of implementation score 5.			High variation between implementation costs and available funding * Not allowing billing for family with out patient * Funding * Need for paid staff prep time for family therapy * each local area is going to have different needs, priorities, and goals * Any compensation or reimbursement needs to include any mental health diagnosis including substance use disorders * We have many providers in our area, both at Compass and in private practice who could really do justice to this effort if some reimbursement were attached. The long term gains would financially support this. *This will not be a one-size-fits-all approach. Will need people who are willing to work with different groups independently from each the other to make sure each local area's individual needs are met. And that they understand the necessity of including families as partners in the process. * . Create processes that are simple and user friendly to access.	

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B: Community Engagement	**In Progress**	3.1 Crisis Intervention Centers	Utilize State funds to support the expansion of Crisis Intervention Centers, as defined by state statute, around the state.	KDADS (KDHE, Legislature)	**KDADS**: KDADS continues to work with CMHCs to expand crisis services. The CIC regulations have been drafted and currently being prepared for submission by our legal team. KDADS has utilized increases in revenue from the Lottery vending machines to expand current programming and there is a new set aside in the MHBG for crisis services that was added this year. CCBHCs will help provide additional revenue through KanCare for crisis services. KDADS also supported a bill last session that would have expanded funding for crisis services but that bill remains in committee. Additional State funding would expedite the expansion. Ease of Implementation score is 7.		Multiple funding sources * National Suicide Prevention Resource Center Hotline, launching of Mobile Response for ages 0-20, 988 development underway for 2022 launch * KDADS has done significant work in this area to create new Crisis centers. * Crisis Centers are local, least restrictive environment and are likely less expensive to staff and operate than a State Hospital so increasing funding for these should pay off on the long run. High wages may help with retention. There are true success stories with crisis houses - telling those very specific stories may help with	Additional funding needed to expand crisis services * need for a centralized platform for crisis resources. * Workforce shortage * staff burnout * retention * Lack of providers to fully implement * lack of inpatient or residential beds for these individuals to transition to * Legislative engagement, support and funding. * Need to address full continuum of care	

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B: Community Engagement	**In Progress**	3.2 IPS Community Engagement	Increase engagement of stakeholders, consumers, families, and employers through KDHE or KDADS by requiring agencies implementing the IPS program, an evidence-based supported employment program, to create opportunities for assertive outreach and engagement for consumers and families.	KDHE, KDADS (Legislature)	**KDHE**: KDHE administers the STEPS program, which incorporates IPS principles. Individuals with qualifying behavioral health diagnoses (*i.e.* schizophrenia, PTSD) may qualify for STEPS. STEPS includes the following IPS principles: it aims to get participants into competitive employment; it is open to all eligible individuals who want to work; it tries to find jobs consistent with individual preferences; it works quickly; employment specialists develop relationships with employers; it provides time-unlimited, individualized support for the person and their employer; and benefits counseling is included. **KDADS**: KDADS included IPS in the NFMH pre-litigation settlement practice improvements and is in the process of hiring staff to provide IPS quality assurance and fidelity review. KDADS has established regular meetings with DCF's VocRehab team and an interagency Employment First team. KDADS is reengaging with IPS experts at the national level for technical assistance and plans to include IPS in services offered by CCBHCs. KDADS continues to work with GBHSPC. Ease of implementation score is 5.	**KDADS**: KDADS has participated in KDHE's steering meetings during the implementation of the KanCare STEPS supported employment project.	Collaboration, available technical assistance * IPS has been prioritized recently by the state and is being implemented	* lack of understanding of how truly beneficial this is to those who engage in this program * individuals on the HCBS waiver would have to leave the waiver * Workforce shortages * Unique rural challenges	

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B: Community Engagement	**In Progress**	3.3 Foster Homes	The State of Kansas should invest in foster home recruitment and retention by increasing funding for supplemental training on behavioral health needs and providing additional financial incentives to support SED youth.	DCF (KDADS)	**DCF**: DCF investments include activities such as Family Crisis Response and Support Mobile Response statewide and creating the Caregiver's Guide to Psychotropic Medications in collaboration with KDADS. In addition, approaches such as TBRI are being implemented by some case management agencies in parts of the state. DCF contract funding supports CAK recruitment and retention contracts who administer a robust menu of web-based and other opportunities for training topics such as Understanding and Managing Aggressive Behaviors, Cognitive Behavioral Interventions, De-escalation Techniques; Nonviolent Crisis Intervention; Safe Crisis Management; Behavior and Crisis Management and more. CAK implemented a new curriculum: CORE TEEN – a 14-hour curriculum designed for families who support older youth from the child welfare system who have moderate to severe emotional and behavioral challenges to support wellbeing and decrease placement disruption. In SFY 21, DCF increased funding for supplemental training on behavioral health needs by $467,145.60 using federal adoption and legal guardianship incentive funds for a new contract with CAK to innovate supports for relative caregivers. This contract continues to develop right-time, on-demand trainings with focus on supporting youth with behavioral health care needs. These "online, on-demand" trainings can be modified to become accessible for foster and adoptive caregivers as well.		Funding, adaptable training model * Build on what is being done	* Still a significant need and challenge * Not a one-time investment * Despite progress, need continues to grow * Multiple agencies needed to align (reorganization proposal) * Historical lack of support for foster families	* Highlight as continuing need * Can be added to * Consider explicitly noting need for foster family support

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B: Community Engagement	**In Progress**	3.4 Community-Based Liaison	Fund and improve resources for community-based liaison to facilitate connection to treatment and support services (*e.g.,* community mental health services) upon re-entry as a component of pre-release planning and services for justice-involved adults and youth with SUD and co-occurring conditions.	KDADS (KDOC, CMHCs, Legislature)	**KDADS**: KDADS has included jail liaisons in the CMHC participating agreements and worked with KDOC on re-entry issues through TA opportunities through CSG. The Stepping Up TA Center is operational with block grant funding and both the center and KDADS have been involved in helping the Chief Justice plan a Behavioral Health Summit to further support local communities. Additional State funding would be beneficial. Ease of implementation score is 6.	**KDOC**: KDOC funds a liaison at COMCARE and some part time services at Valeo (Shawnee County), Wyandotte and Johnson County CMHCs. We remain supportive of this model in all CMHCs, however it will require Legislative action to provide funding.	Collaboration, technical assistance * position has been created	Funding * Unsure who this Liaison would be employed by? KDADS, SUDS Center, CMHC? * Workforce shortage * resource shortages in rural and frontier areas could be a barrier to true success.* Language and cultural considerations would be essential in hiring this position. * Investigate why these positions have not been filled (if they in fact have not been filled). * Local buy in * Much of this work could be provided through Peer services if there was an increase for reimbursement process .* Local buy-in is critical to this succeeding. I would recommend only targeting communities that are already moving in this direction.	* Fee for service billing in not the most effective way to provide Peer services due to low payment amounts and cost in billing. Provide funding for grants to CMHCs and SUD providers to pay for FTEs for Peer Mentors and CPS positions
C: Prevention and Education	**Completed**	4.3 Centralized Authority	Centralize coordination of behavioral health - including substance use disorder and mental health - policy and provider coordination in a cabinet-level position.	Office of the Governor (KDADS, KDHE, KSDE)	**Office of the Governor**: KDADS Secretary Laura Howard has been designated the centralized authority.	**KSDE**: KSDE agrees that policy development and implementation would benefit with a centralized coordinator. **KDADS**: Completed - Secretary Laura Howard has been designated as the centralized authority			

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C: Prevention and Education	**In Progress**	2.4 Suicide Prevention	Allocate resources to prioritized areas of need through data driven decision-making. Assist local suicide prevention efforts and promote local support groups in fund-raising efforts, building capacity, and increasing availability for survivors of suicide loss. Dedicate resources and funding for suicide prevention.	KDADS (Legislature, local efforts)	**KDADS**: KDADS submitted a budget enhancement and supported legislation that would have provided funding for suicide prevention infrastructure for FY 22. The enhancement was not funded and the bill remains in committee. Funding is a barrier to progress. Despite not receiving new additional funding KDADS reallocated resources to create a position within BHS that will be a Full-time State Suicide Prevention Coordinator. Additionally through continued joint efforts, KDADS and State agency partners (KDHE, OAG) successfully completed the launch of the Kansas Suicide Prevention Coalition this month, which will connect and support local efforts. KDADS also invested in suicide prevention training and worked with partners at KDHE on Zero Suicide initiatives. Additionally, the GBHSPC completed and posted the new five-year State suicide prevention plan. KDADS continued its focus on SMVF populations by establishing a Governor'sChallenge Extension program in the Flint Hills Region around Manhattan. Additional State funding is still needed to implement the plan and support local programming. Ease of implementation score is 8.		Progress within existing funding, Collaboration	Additional funding needed	

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C: Prevention and Education	**In Progress**	4.2 Early Intervention	Increase access to early childhood mental health services by including additional language in the Medicaid state plan to explicitly cover the cost of early childhood mental health screening, assessment, and treatment.	KDHE, KDADS (DCF, MCOs)	**KDHE:** The recommendation to add language to the Medicaid State Plan to expressly cover these services is under review. Implementing this recommendation would likely have a fiscal impact. **KDADS**: KDADS is continuing to research the fiscal impact and feasibility of this recommendation during KanCare 2.0 with regards to budget neutrality. KDADS may ultimately consider a reccomendation to try and achieve this as part of KanCare 3.0 Ease of implementation score is 3.	**DCF**: DCF is part of the statewide early childhood director's group and collaborates on projects in early care including home visiting programs and pre-school development. DCF's budget supports through TANF, Family First and State funds grant dollars to evidenced based parent skill building programs Healthy Families America and Parents as Teachers. We will continue to support KDHE in any state plan adjustments to cover services or supports for early childhood age groups.	concept of early assessment and identification will be welcomed and supported by all. * The Autism Taskforce is also working on recommendations for early detection and interventions for the I/DD and Autism special population. Pulling in their final analysis and recommendation will be helpful for this recommendation. * Promotion of this will be critical including the importance of the service on this population	Fiscal impact * Workforce shortage * Lack of early childhood mental health providers	

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C: Prevention and Education	**In Progress**	4.4 Behavioral Health Prevention	Increase state funds for behavioral health prevention efforts (e.g., SUD, prevention, suicide prevention).	KDADS (KDHE, Legislature, providers)	**KDADS**: KDADS supported legislation to this effect last session; that legislation remains in committee. KDADS was successful in applying for additional federal grant funds to support prescription misuse, but has not received any additional state funding at this time. KDADS did reallocate agency funding to fill the State Suicide Prevention Coordinator position. KDADS did review its state plan for the SABG to consider reallocatiing treatment dollars to prevention. Ease of implementation score is 5.	**KSDE**: Funded headcount for PRTF, JDC, and Flint Hills Job Corp declined in 2020-21 from 491.4 to 450.6. COVID-19 was a likely factor in the decline.	Federal grant funding	Additional state funding * There are too few SUD providers. Too many suicides happen by too many people who have never sought any MH intervention. Suicides can be very impulsive. We need signage everywhere, that help is available, that there is no shame in reaching out. * Too vague * Lack of providers * Lack of urgency - prevention isn't urgent so it's always put on the back burner. All of the issues we're tackling have a prevention component to it which is rarely mentioned. * * This recommendation is very vague and could be made more specific to work in progress.	* Review actions in the works at this time and the Workgroup focus on specific actions to they would like to support. Then revise the recommendation to support these specific actions.

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D: Treatment and Recovery	**In Progress**	5.1 Psychiatric Residential Treatment Facilities	Monitor ongoing work to improve care delivery and expand capacity at PRTFs to meet the needs of youth for whom a PRTF is medically appropriate, such as through reductions in the PRTF waitlist and a focus on reintegration and discharge planning, including with schools.	KDADS (KSDE, KDHE, CMHCs, MCOs)	**KDADS**: KDADS continues to monitor progress on PRTF waitlists weekly. Currently, Kansas has more licensed PRTF beds that are unstaffed due to workforce issues than it has children on the waitlists. $1 million was added to the KDADS budget to support the piloting of the NRI study recommendations at EmberHope. EmberHope has completed its licensing requirements and its grant award is being finalized. They will begin serving children in October. Ease of implementation score is 7.		Additional funding received * Current bi-weekly PRTF wait list discussions with MCO's, DCF, KDHE and KDADS for better triage, community engagement of resources and identification of community needs. PRTF Stakeholder meeting including all PRTFs, DCF, KDHE and KDADS designed to update all stakeholders on PRTF procedures. * KDADS has been working to revise the process for patients being assess for the waitlist, being put on the waitlist, and moving into the PRTF. * KDADS has created a PRTF Waitlist Workgroup	Staffing * Lack of workforce, only 1 local PRTF to serve the I/DD and Autism population, * Workforce/bed /facilities shortages.* * It seems if we stopped taking kids from outside Kansas this problem may be reduced. When the true "screening process" was removed from CMHC's the number of approvals went up, at least in our area. Families were no longer required to engage in all local services before approval was granted. PRTFs became homes to difficult to place foster care kids, foster care kids learned that if they did not like current foster home placement, they could act out and go to an acute unit, a now SIA or a PRTF. PRTFs need to be "closer to home" so family, the local CMHC and the school can better engage not only in tx but also discharge planning. When we are all left out until close to the child coming home, success can be hindered. Zoom could be used to help with this. CMHCs or private providers may need funding to engage in this at this time (FFS model) - with CCBHC and outcome based payment, this may be easier for CMHCs to devote time and staff. Not all kids in a PRTF or on wait list truly need that level of care. * Need another facility like LakeMary or for LakeMary to be able to expand their facilities so that more youth with I/DD and co-morbidity diagnoses can be admitted/ treated in a PRTF setting within a short window of being approved for PRTF admission * kansas needs a study of this issue to determine how many beds are needed for the population and growing demand for the service.	

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D: Treatment and Recovery	**Completed**	5.2 Service Array	Explore options to expand the behavioral health service array, including the expansion of MAT in block grant services. Make the expanded service array available to individuals across the state, such as KanCare enrollees, those with private insurance and the uninsured.	KDADS (KDHE, DCF, providers, private insurers)	**KDADS**: KDADS has explored options and did expand MAT in Block Grant services. Ease of implementation score is 5.	**DCF**: DCF does not manage for expansion any MAT programs specifically; however, it collaborates with KDHE and KDADS around common programs and goals.			
D: Treatment and Recovery	**In Progress**	5.3 Frontline Capacity	Increase capacity of frontline healthcare providers (e.g., pediatricians, family physicians, and OB-GYNs) to identify and provide services to those with behavioral health needs.	KDHE (Private insurers, providers, KDADS)	**KDHE:** KDHE's ARPA Section 9817 spending plan includes funding to commission a training to help improve service access and quality for HCBS individuals. This would include those with a behavioral health diagnosis. The spending plan is currently pending CMS approval.		ARPA funding * Federal grant support * Can help mitigate effects of workforce shortages * Existing model to build on * Looking at how Medicaid could incentivize primary care providers	Grant funding expires in 2023	* Add specificity from background

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D: Treatment and Recovery	**In Progress**	5.4 Housing	Expand and advance the Supported Housing program and the SOAR program, including additional training regarding youth benefits	KDADS (Homelessness Subcommittee of Governor's Behavioral Health Services Planning Council, ACMHC, Association of Addiction Professionals, KDHE)	**KDADS**: KDADS was successful in receiving a requested budget enhancement to expand Supported Housing and hire a Housing First position. The funds granted have been awarded to Douglas County as seed money in FY 22 to launch their Housing First team and KDADS continues to look at how ARPA funds can be used to further expand Supported Housing. Kansas is also now one of the leading states in the SOAR program and we continue to look at how we can expand SOAR services to youth, including the creation of a position in BHS to support that effort. Ease of implementation score is 8.		Funding, ease of implementation * CMHC system required at this time to have a SOAR-trained individual.	* Again, a necessity. Some places face not the lack of funds / grants to do this but rather lack of suitable housing in their communities. This barrier cannot be forgotten. All people would want housing for all people - it is basic human need and right. It can change the whole trajectory for a person.* Need to build more capacity for these types of houseing programs	

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E: Special Populations	**Completed**	6.1 Domestic Violence Survivors	Build awareness of and responsiveness to the behavioral health needs and risks of domestic violence survivors of all ages through data analysis, information sharing, workforce training, and targeted interventions between domestic violence providers, state agencies and community providers serving individuals impacted by domestic violence.	DCF (KDADS, KDHE, community-based organizations, providers)	**DCF**: DCF administers grants for domestic violence services that provide adults who have been victimized by domestic violence and/or sexual abuse with safety planning, mentoring services, healthy relationship training, conflict resolution training, financial literacy training and responsible parenting skills training. The grants are with Catholic Charities, Family Crisis Center, SafeHome, The Willow, and the YWCA. Since January 2021, DCF has had a contract with KCSDV for a two-part virtual training series called Training Strategies and Skills to Address Domestic Violence in Child Welfare. The participants include employees of DCF, the Child Welfare Case Management providers and other partners. Through August 2021, 205 participants have engaged in the series. DCF anticipates approximately 500 child welfare staff and advocates will participate in this learning opportunity in 2022. DCF also has a training and development contract with KCSDV.				

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E: Special Populations	**In Progress**	6.2 Parent Peer Support	Increase access to parent peer support for caregivers and families of youth in the behavioral health system, including ensuring appropriate supports for fathers of dependent children.	KDADS (DCF, KDHE)	**KDADS**: KDADS is close to completing this recommendation; grant funding ran out before the project could be fully completed. KDADS is working to try to identify additional funding sources to complete the project. An SPA is being developed along with an accompanied KanCare policy. Funding is the main barrier at this point. Ease of implementation score is 5.	**DCF**: DCF collaborates with KDADS in several workgroups and service coordination areas and will continue to support KDADS in any way we can to increase access to the parent peer support service.	Initial funding * Consensus * Peer support should be a strong part of the new CCBHC model of care and I would expect it to increase in significance. * KDADS is working on a state amendment to open Peer Support to more providers (other than SUD and CMHC) * The Family Advisory Council within Kansas Maternal & Child Health have created a peer-to-peer support network in order to help connect special needs families/ caregivers with lived experience with families who may have received a new diagnosis for their child and/or may be going through a new difficulty at the present time. They have the ability to match families based on the need of the individual wanting the support (Support Peer) with the person providing the support (Connected Peer). There is training provided for the Connected Peer. The website for the website to sign up to be a Connected or Support Peer is www.supportingyoukansas.org.	Funding * Workforce shortage / Caregiver shortage * Low reimbursement, but 10% increase in reimbursement completed by the state in 2020 (or 2019?), also the CCBHC payment model should lessen this barrier somewhat * Peer support needs to be reimbursed at a higher rate to incentivize their use.	

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E: Special Populations	**Completed**	6.3 Crossover Youth	Continue to develop linkages between the behavioral health system, juvenile justice system and the child welfare system to increase understanding of treatment options available to youth externalizing trauma in the crossover youth population as current treatment options are not meeting the needs of this population. Then, develop specialty services to meet the needs of this population.	DCF (KDADS, KDOC, KDHE)	**DCF**: DCF has a dedicated full-time staff position to coordinate the CYPM and participates on the policy team. Through the FFPSA, the DCF budget includes grants for two Evidenced- based programs in mental health: Functional Family Therapy and Multi Systemic Treatment designed to serve families with older youth. In addition, DCF has two smaller grants for an emerging specialty in in-home Behavior Intervention Services for any child in the custody of the Secretary using Adoption and Legal Guardianship Incentive funds.				

Topic	Status	Recommendation Title	2020 Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response	Enablers (factors that aid action)	Barriers (Factors that obstruct action)	Revisions to Recommendation?
E: Special Populations	**In Progress**	6.4 I/DD Waiver Expansion	Fully fund the I/DD waiver and expand I/DD waiver services. Increase reimbursement rates for I/DD services to support workforce expansion.	KDADS (DCF, KDHE)	**KDADS**: To implement the recommendation of the committee, additional investments would be necessary to fund an additional 4,500 individuals that are currently on the waitlist. As part of the 10 percent FMAP bump, we have proposed a study of the waitlist to determine which services and at what level of utilization the individuals waiting require and those findings will help inform the amount of funding needed. Further, appropriations would be needed to expand the services offered on the I/DD waiver. The cost would be dependent on the specific services desired to be added to the waiver and the estimated utilization of the services. Finally, there would be a fiscal note associated with any increase in reimbursement rate for I/DD waiver services.	**DCF**: DCF will continue to support KDADS and the all efforts including waiver services through workgroups and participation in the recent Autism Task Team. **Legislature**: The 2021 Legislature added $5.5 million, including $2.0 million SGF, in FY 2021 and $31.0 million, including $12.4 million SGF, for FY 22 to provide an increase in the provider reimbursement rates for the I/DD waiver. This includes a 5.0 percent increase for the final three months of FY 21 and an additional 2.0 percent for FY 22.	Funding for provider rates * Autism Taskforce	Appropriations for waiting list * Long wait periods/lack of access * Legislative funding * : Combine the recommendations from the KDADS Autism Taskforce with this recommendation. * I/DD is critical. Our waitlist continues to grow with very little movement off over the last several years. Parent/caregiver support is also an extreme need.	
E: Special Populations	**In Progress**	6.5 Family Treatment Centers	Increase the number and capacity of designated family SUD treatment centers, as well as outpatient treatment programs across the state.	KDADS (DCF, KDHE)	**KDADS**: While KDADS is supportive of this recommendation and continues to license and designate facilities as they are opened, KDADS has not yet sought additional funding to incenitvize providers to open these types of facilities. Ease of implementation score is 5.	**DCF**: DCF will continue to support KDADS efforts to expand capacity and promote the expansion and access with populations we serve who might have a need for the service.		Funding * Consistency in services provided by licensed designated facilities * Workforce shortage * Lack of data on impact and return on investment	
		NEW RECOMMENDATION:	PLACEHOLDER						

Topic	Status	Recommenda-tion Title	2020 Recommenda-tion	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response	Enablers (factors that aid action)	Barriers (Factors that obstruct action)	Revisions to Recommen-dation?
		NEW RECOM-MENDATION:	PLACEHOLDER						
		NEW RECOM-MENDATION:	PLACEHOLDER						
		NEW RECOM-MENDATION:	PLACEHOLDER						
		NEW RECOM-MENDATION:	PLACEHOLDER						

Topic	Recommendation Title	2021 Draft Recommendation (proposed language from worksheets)	Action Lead Agency (Key Collaborators)	Ease of Implementation * Program change, pilot program, program overhaul, new program * Will cost be barrier? * Does it include strategies for continuity/sustainability? * Legislative session, federal approval process, regulatory process, contracts, agency budget development, grant cycles, systems (e.g., IT)	Potential for High Impact * Will it benefit a large population? * Will it significantly impact special populations: foster care, frontier communities, rural communities, urban communities, limited English persons, low-income individuals, children, veterans, others (list) * Does it serve those who have been disproportionately impacted by the issue? (Does it address inequities?) * Could it produce savings in other areas?	How Does it Contribute to Modernization?
Access to Psychiatry Services/Workforce/ Frontline Capacity	Access to Providers	Review Kansas BH recipients of NHSC (National Health Service Corp) and SLRP (State Loan Repayment Program) for the past 10 years. - Review professions awarded, communities in which those providers were located, number of years they participated in the program, and number of years they continued to practice in their position after they exited the program. - Expand the analysis to the BH professions served in these programs (not just psychiatry). - Review best practices from other states regarding recruitment and retention of licensed BH professional staff to Urban, Rural, and, Frontier communities for possible, if successful, implementation in Kansas. - Medical school and residency training location of psychiatrists and child and adolescent psychiatrists currently practicing in Kansas - Current practice locations of residents and fellows in child psychiatry who completed residency or fellowship in Kansas within the last 10 years - Nationally look at where fellows practice in relation to where they trained.- Look at KU program that incentivizes medical students to KU to end up practicing in Kansas to see if it's effective				
Access to Psychiatry Services/Workforce/ Frontline Capacity	Statewide Psychiatric Access Program	Fully fund a statewide psychiatric access program that includes linked specialty teams with high levels of expertise (e.g., psychiatrists, child and adolescent psychiatrists, peripartum psychiatrists, child psychologists, pediatricians, resource specialists, and patient and family advocates) to provide multi-disciplinary consultations to healthcare providers across the lifespan, including pediatrics and perinatal. Full program funding should be secured by July 2023.				
Maternal mental health	Medicaid Postpartum Coverage	Extend the Medicaid postpartum coverage period to 12-months postpartum. This supports access to behavioral health treatment and other preventive care, thus improving health outcomes for both the mother and child.				
Trauma-Informed Care	Trauma-Informed Practices Pilot	First, determine the desired level or intervention of trauma informed care practice. There are EBP for the treatment of trauma within children and adults and there are models for addressing organizational trauma within staff. These are not mutually exclusive but potentially require different approaches and different levels of buy-in. I recommend the organizational focus as that sets the tone and the culture under which specific practices occur. Launch pilot projects with select behavioral health providers to increase their understanding and adoption of trauma informed practices. Take the lessons learned from these pilots and conduct a feasibility study as to the strategies needed to take it state-wide.				
Trauma-Informed Care	Trauma-Informed Care Training	All KDADS funded agencies will train all staff in the basics of TIF – KDADS can work collaboratively with CMHC's or utilize curriculum from SAMHSA to disseminate to the funded agencies. Training upon hire and annual updates.				
Social Isolation	Social Isolation as a Public Health Issue	Treat social isolation similar to other public health issues. Create strategies to disseminate the importance of social isolation on health through public service announcements (with suggestions on where to go), educate providers on this issue and encourage adoption of a screening tool. For each group, identify primary places that are frequented and target strategies for each. For example, if older adults tend to seek out medical care, run data to see which providers tend to see the most older people and target those providers. If people of color tend to visit a local community center, provide education seminars (with food provided) in their native language.				
Social Isolation	Public Campaign to Address Social Isolation	We have to have open conversations about loneliness and its impact on physical health, mental health and the potential for suicide. This needs to be community wide. Perhaps look at social media/media campaign to address.				
Strategies to Address Stigma	Promote Help Lines and Success Stories	Publicize help lines-encourage people to get help before they are suicidal or in crisis. Increase access to therapy and medications for the uninsured. Find success stories and promote them publicly.				
Strategies to Address Stigma	Discuss Health without *Stigma*	Condensed (see full discussion in worksheet): Just talk about mental health. (Not stigma.) Create a culture in which mention of depression, anxiety, post-trauma, and other common illnesses become as mentionable as diabetes, hypertension, and migraines.				
Suicide Prevention	Supporting Kansas State Suicide Prevention Plan	1. To support Recommendation 4.1.1 of the plan:– Standardize definitions of data collected related to suicide data and making suicide a reportable condition - Propose policy to ensure consistent data collection across the state. - Diverse populations (include demographics). 2 . In support of Recommendation 4.2.3: - Designate KDADS as lead agency for implementation of the State Suicide Prevention Plan - Add $1,500,000 SGF to KDADS budget to implement additional recommendations and strategies from the State Suicide Prevention Plan, including funding for the Kansas Suicide Prevention Coalition. - Add $90,000 SGF to KDADS budget for a FT state suicide prevention coordinator. - Require KDADS to submit an annual report on the progress from collaborating state agencies and the coalition as to the status and effectiveness of state suicide prevention policies and interventions as well as any updates to the State Suicide Prevention Plan to the Governor's Behavioral Health Services Planning Council and its Prevention Subcommittee.				
Suicide Prevention (SUD focus)	SUD Needs Assessment	Conduct a Kansas SUD needs assessment to determine the extent of the gap. Identify a source to provide for sustainable funding to address this gap. Work to remove the current regulatory barriers to providing integrated MH and SUD care.				