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: Funding and Accessibility	**In Progress**	2.1 Certified Community Behavioral Health Clinic Model	Support expansion of the federal Excellence in Mental Health Act and then pursue participation. If participation in the Excellence in Mental Health Act is not possible, pursue a state plan amendment or change to the 1115 Waiver to allow interested providers to gain access to the CCBHC model.	KDHE (KDADS, Providers)	**KDHE**: This project is well underway. Since July, KDHE, KDADS, and the CMHCs have been meeting weekly with various consultants to move the project forward. We have an ambitious timeline by which to complete necessary steps.	**KDADS**: KDADS is working with KDHE to complete the state plan amendment necessary for CCBHCs. Submission is expected to CMS by January. Ease of implementation score is 5.	Weekly meetings between collaborating agencies, collaboration among CMHCs, state, and legislators on developing and implementing the CCBHC model.		
A: Funding and Accessibility	**In Progress**	2.2 Addressing Inpatient Capacity	Implement and fund a comprehensive plan to address voluntary and involuntary hospital inpatient capacity needs while providing all levels of care across all settings.	KDADS (Legislature)	**KDADS**: KDADS has worked over the last year to implement a new provider type called State Institutional Alternatives (SIAs) to provide acute inpatient mental health treatment in community hospitals as an alternative to State hospital stays. The provider type allows community hospitals to admit patients in mental health crisis that meet the screening criteria for a State hospital level of care and receive a daily rate for those patients. The first 3 SIA hospitals began accepting patients on August 30 and three additional hospitals will start as SIAs on September 27. Construction for 12 additional certified beds at OSH in the Biddle Building is scheduled to begin in November 2021. The plans for the remodel are under review by Facilities Management in preparation for release to construction companies for bid. The additional licensed bed space needed to temporarily move patients before the Biddle construction starts is completed, except for a delay obtaining doors to complete the space. Ease of implementation score is 4.		*Legislative and agency support *Recognition of regional differences *State institutional alternatives	Complex implementation *Acuity of patients *COVID-19 impacted capacity planning *Number of beds a moving target *Access to services in the community	*Could consider combining with 9.1, regional model *See last page

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: Funding and Accessibility	**In Progress**	2.3 Reimbursement Rate Increase and Review	Implement an immediate increase of 10-15 percent for reimbursement rates for all providers of behavioral health services. After increasing reimbursement rates, establish a Working Group to regularly review the reimbursement structures for behavioral health services for both the uninsured and the Medicaid population.	Legislature (KDADS, KDHE, CMHCs)	**Legislature**: The SPARK Task Force added $12.5 million to supplement existing grants to behavioral health providers for costs incurred while responding the COVID-19 and to support the transition to telemedicine. The funding additionally supports mental health and substance use disorder treatment related to secondary impacts of COVID-19, focusing on uninsured and low-income populations.	**KDHE**: The CCBHC model, once fully implemented, will increase Medicaid payments to CMHCs by $40-$70 million per year.	SPARK funding has made a significant difference *Rate increase in block grant	*Not all will be CCBHC *Not all providers are eligible for block grant for uninsured *No regular policy for provider rate review in Medicaid	* Consider clarifying for all providers of behavioral health services *See language at left in red, Column F
A: Funding and Accessibility	**In Progress**	2.5 Problem Gambling and Other Addictions Fund	Recommend the State continue to incrementally increase the proportion of money in the PGOAF that is applied to treatment over the next several years until the full funding is being applied as intended.	Legislature (Providers, KDADS)	**Legislature**: The Legislature added $250,000, all from the PGOAF, for SUD grants for FY 22.	**KDADS**: KDADS provided information to KLRD and several committees on PGOAF funds during the Session.	Funding		
A: Funding and Accessibility	**In Progress**	4.1 988 Suicide Prevention Lifeline Funding	Once the 988 NSPL phone number is implemented, Kansas should collect fees via phone bills to support increasing the in-state answer rate and ensure that callers are connected to in-state resources.	KDADS (Crisis centers, CMHCs, Legislature)	**KDADS**: KDADS supported legislation to this effect last session, that legislation remains in committee. $3 million in SGF funding was provided to KDADS to provide grants to the 988 call centers. Those grants have been awarded to KSPHQ, ComCare, and Johnson County CMHC. 988 planning is nearing completion and a draft of the implementation plan should be available soon. No federal funding for 988 has been provided. Ease of implementation score is 5.		Implementation plan available soon, grant funding *Legislation was introduced	*Resistance from telecomm *Viewed by some as same as tax	*Continue to focus on telecomm funds *Report will note support for fee model

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?
B: Data Systems	**In Progress**	7.1 State Hospital EHR	The new state EHR system should be interoperable with other data systems in the state. Interoperability should include the ability to automate the current process to reinstate Medicaid benefits following discharge.	KDADS (EHR vendor, KDHE)	**KDADS**: KDADS and the State hospitals are in the procurement process to purchase an EHR system. We are in the final stages of reviewing proposals and expect to make an award by December 2021. Interoperability is a key expectation in the request for proposals including data sharing among the hospitals and community partners. Ease of Implementation Score 9		Procurement process	Finding a system that has interoperability. * Lack of robust EHRs particularly with smaller providers	
B: Data Systems	**In Progress**	7.2 Data and Survey Informed Opt-Out	Collect, analyze, use, and disseminate surveillance data to inform prevention. Change legislation regarding public health and behavioral health state surveys, including changing KCTC and YRBS surveys from an opt-in consent to an informed opt-out consent, to allow for meaningful data collection.	Legislature (KDADS, KDHE)	**Legislature**: 2021 SB 139 and HB 2159, which would permit the administration of certain tests, questionnaires, surveys, and examinations regarding student beliefs and practices on an opt-out basis, are both in committee.	**KSDE**: KSDE agrees with recommendations from the School Mental Health Advisory Council and the Blue Ribbon Panel on Bullying that making the KCTC and YRBS informed opt-out would be beneficial for data collection.	Agencies and organizational support	* how parents, communities and others interpret the use of this data, *communication of data challenges	
B: Data Systems	**In Progress**	7.3 Information Sharing	Utilize Medicaid funds to incentivize participation in HIEs (e.g. KHIN or LACIE). Explore health information exchanges as an information source on demographic characteristics, such as primary language and geography for crossover youth and other high priority populations.	KDHE (KHIN, Providers)	**KDHE**: KDHE is studying this recommendation as it pertains to using Medicaid funds to incentivize participation in HIEs.		KanCare 3.0	*Timely provider entry of data into HIEs *HIEs struggle to incorporate data from entities that are covered by 42CFR, Part 2, the federal law governing alcohol and drug patient information. Progress has been made in some local communities on strategies to capture demographic information without disclosing identifiable information that violates this federal law. Anyone covered by 42CFR (SUD providers, FQHCs and CMHCs who provide substance use services) will need technical support to ensure they can benefit from incentives.	

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?
B: Data Systems	**In Progress**	7.4 Needs Assessment	Conduct a statewide needs assessment to identify gaps in funding, access SUD treatment providers and specific policies to effectively utilize, integrate and expand SUD treatment resources.	KDADS (KDHE)	**KDADS**: KDADS has been exploring what resources will be needed to conduct a statewide needs assessment specific to SUD services. At this time KDADS has not yet made a funding request for this recommendation. Ease of implementation score is 7.		Ease of implementation	Funding, readily available data	
B: Data Systems	**In Progress**	7.5 Cross-Agency Data	Encourage state agencies to develop policies that improve their ability to access and review cross-agency data for making service and program decisions based on a thorough, shared needs assessment.	KDADS (KDHE, DCF, KDOC, KSDE)	**KDADS**: KDADS is working with key collaborators on TA projects with federal TA providers that include data sharing policies and MOU development around a variety of subject areas. Continued collaboration is moving towards formalization of these agreements. A primary example being the PDMP (K-TRACS) and agreements between KDADS and Board of Pharmacy to utilize data for reporting purposes. Ease of implementation score is 6.	**KDOC**: KDOC has no additional content to submit on this item. **KSDE**: DCF provides a daily file to KSDE listing the children in foster care. KSDE and DCF also collaborate to create the Foster Child Report Card. DCF also assists with background checks on applicants for teaching licenses. KDHE and KSDE have worked closely with weekly Zoom meetings throughout much of the pandemic. KDHE is facilitating grant funds and programming to assist schools with COVID-19 testing to allow more students to stay in school. **DCF**: DCF has data sharing agreements with KDHE and access to management or ad hoc reports on various service codes or trends For example, DCF can request management information on crisis code or psychotropic medication utilization. For over 10 years, KDOC-Juvenile Services and DCF have conducted data analysis of cross-agency data to understand overlap between the foster care population and KDOC service use of Juvenile Intake and Assessment, Intensive Supervision and Juvenile Correctional Facility custody. KDHE: KDHE intends to pursue legislation to allow the agency to report the state's compliance with the SUPPORT Act beginning in 2022. The SUPPORT Act will require Medicaid prescribers to check K-TRACS before prescribing a controlled substance to a Medicaid beneficiary. KDHE would need a statutory change to access K-TRACS data to monitor prescribers' compliance with that requirement.	Ease of implementation, Collaboration	Having a share data base to collect and disseminate data.	

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?
C: Legal System and Law Enforcement	**In Progress**	8.1 Correctional Employees	Expand training provided in state correctional facilities, local jails and detention centers to allow employees to better recognize those with substance use disorders, use a trauma-informed approach to identify other mental health needs, and connect those with needs to available services.	KDADS (KDOC, local law enforcement agencies)	**KDADS**: KDADS and KDOC worked on a TA project this past year and made some changes to how inmates are screened for SUD upon intake. This helps identify the needs of the inmate and puts them on a path for treatment and recovery upon release. KDADS is continuing to provide CIT and LEO training on behavioral health. This is an ongoing effort to expand training and more expansion is still needed. Ease of implementation score is 8.	**KDOC**: KDOC has delivered a training to all staff on substance abuse and evidence-based practices, which included contextual data on the prevalence within our population. We have updated this lesson plan with information about what was going on with use in the facilities, and how staff could all help detect and prevent.	Ease of implementation, Collaboration; Stepping Up initative includes work with local jails and courts *DOC currently is working with pre-release discharge planners to assist with getting people into service as soon as they are discharged.	Resources for local jails	Consider distinctly noting state correctional facilities and county and local jails and detention centers *See revised language in red, column F
C: Legal System and Law Enforcement	**In Progress**	8.2 Criminal Justice Reform Commission Recommendations	Implement recommendations developed by the CJRC related to specialty courts (e.g., drug courts) and develop a process for regular reporting on implementation status and outcomes.	Legislature (KDADS, KDOC)	**Legislature**: 2021 HB 2077 amended law related to the Kansas Criminal Justice Reform Commission by removing statutory study requirements relating to specialty courts, evidence-based programming, specialty correctional facilities, and information management data systems.	**KDOC**: The KDOC Secretary and other key KDOC staff continue to be regular contributors to the discussions of the CJRC. **KDADS**: KDADS continues to work with CSG on the Stepping Up Initiative and jail diversion programs like specialty courts and is meeting with the Sentencing Commission and participating in planning of the Chief Justice's behavioral health summit where these ideas and others are being showcased. Ease of implementation score is 5.	Collaboration * There are multiple examples of drug courts and mental health courts throughout the state from which to expand these opportunities for individuals engaged in the criminal justice system.	*Funding *Provider availability *The Court system doesn't always understand the payment system when they order someone into treatment.	*See proposed recommendations on last page
C: Legal System and Law Enforcement	**Completed**	8.3 Law Enforcement Referrals	Increase utilization and development of evidence-based SUD referral as well as treatment and recovery services among persons with law enforcement contact, which could include securing funding to increase access to inpatient and outpatient services for this population.	KDOC (KDADS, providers)	**KDOC**: In cooperation with the healthcare vendor Centurion, KDOC established an SUD assessment and referral system for residents entering the system effective July 1, 2021. If a resident is determined to suffer from Opioid Use Disorder, that resident is eligible for MAT. Processes are also in place among our Parole Officers who routinely make referrals to the RADACs to connect those under supervision to recovery services, programs and treatment.			Completion - As an SUD treatment provider working in four Kansas communities, I am not clear on how this recommendation was resolved.	Add note that this includes inpatient facilities and outpatient treatment *See language at left in red, Column F

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?
C: Legal System and Law Enforcement	**Completed**	8.4 Defining Crossover Youth Population	Future efforts should include behavioral health within an operationalized definition for youth with offender behaviors at risk of entering foster care, as well as including diverted youth in the definition of the broader juvenile offender population. Coordinate with juvenile corrections advisory boards to ensure local implementation aligns with statewide policy team recommendations.	KDOC, KDADS (DCF)	**KDOC**: As recommended by the Joint Committee on Corrections and Juvenile Justice Oversight, KDOC has contracted with Georgetown University McCourt School of Public Policy's Center for Juvenile Justice Reform (CJJR) to implement the Cross Over Youth Model through the use of the Evidence Based Fund. There is an established Statewide Policy Team (SPT) that has defined Cross Over Youth for the State of Kansas. Crossover Youth: a young person age 10 or older with any level of concurrent involvement with the child welfare and juvenile justice systems. "Involvement" in the juvenile justice system includes court-ordered community supervision and IIPs. "Involvement" in the child welfare system includes out-of-home placement, an assigned investigation of alleged abuse or neglect with a young person named as the alleged perpetrator, and/or participation in voluntary/preventative services cases that are open for service. The multi-disciplinary collective that became the Kansas State Crossover Youth Practice Model State Policy Team in 2019 continues to hold monthly public meetings under the facilitation of the Statewide Coordinators with the support of CJJR. The team's focus continues to be on intentional interagency collaboration, the facilitation of information sharing, adaptability and accountability, and the active incorporation of youth and family voices in decisions.	**DCF**: The Kansas Crossover Youth State Policy Team has defined the population with a goal to provide inclusive services to youth and their families with emphasis on prevention and accessibility. DCF has available to any youth at risk of entering foster care evidenced based mental health services of Multisystemic Therapy and Functional Family Treatment for the older youth population. DCF expanded availability of Multisystemic Therapy, Functional Family Treatment and Parent Child Interaction Therapy through Family First Prevention service array.	*Policy team in place+ *KDOC grant program for local agencies	*Communication is barrier to getting everyone on board statewide *Statewide policy team may make recommendations, but carried out locally	*Local agencies align with statewide policy team recommendations *See language at left in red, Column F
D: System Transformation	**In Progress**	9.1 Regional Model	Develop a regional model that would supplement the traditional state hospital setting with regionalized facilities accepting both voluntary and involuntary admissions for persons in acute services as well as longer-term/tertiary specialized care. Currently, there is a particular gap in capacity in south central Kansas.	KDADS (Providers, Local Units of Government, Law Enforcement)	**KDADS**: KDADS has worked over the last year to implement a new provider type called State Institutional Alternatives to provide acute inpatient mental health treatment in community hospitals as an alternative to state hospital stays. The provider type allows community hospitals to admit patients in mental health crisis that meet the screening criteria for a state hospital level of care and receive a daily rate for those patients. The first three SIA hospitals began accepting patients on August 30 and three additional hospitals will start as SIAs on September 27. The three hospitals starting in September are in Wichita, Newton, and Arkansas City.				Combined 2.2 *See last page

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 ?
D: System Transformation	**In Progress**	9.3 Integration	Increase integration, linkage, collaboration and identify care transition best practices among mental health, substance abuse, primary care and emergency departments across the state. For example, adopt coding practices that allow for the integration of services across the continuum of care domains (including, but not limited to, primary care, substance use disorder, and mental health) to provide more integrated services to clients with co-occurring conditions.	KDADS/KDHE (Legislature, CMHCs, FQHCs, other safety net providers)	**KDADS**: KDADS has been working with KDHE to explore opportunities to integrate care, and review current codes in KanCare. CCBHCs and Mobile Crisis will have a significant impact on this when they are fully implemented. Changes to KanCare in the upcoming KanCare 3.0 will also be a significant factor. Ease of implementation score is 6. **KDHE:** KDHE and KDADS are in the process of establishing the CCBHC system in Kansas. DCF, KDADS, and KDHE have partnered to help launch mobile crisis response services for youth, which are scheduled to go live in October 2021.		KanCare 3.0 *CCBHCs launching *FQHCs building robust services *Good direction * ACMHCK and CCNK joint project *Good examples of partnerships	*Have longer to go in primary care integration *Interoperability *Federal regulatory barriers *Provider practice model *Inconsistencies in licensure, reimbursement, etc. across provider types	*Add "for example" in the second sentence. *See language at left in red, Column F
D: System Transformation	**In Progress**	9.4 Evidence Based Practices	Kansas should continue and expand support for use of EBP in the state, including for housing and supported employment. Coordinate EBP utilization across systems (e.g., law enforcement, SUD, mental health care) with a goal of implementing programs with fidelity, when possible.	KDADS (DCF)	**KDADS**: KDADS has established an EBP workgroup as a subcommittee of the GBHSPC. Additionally KDADS has begun developing a quality assurance team that will have EBP fidelity reviewers for selected EBPs, and will work to implement those EBPs across the system. Specifically we will be using federal funding to support ACT, IPS, and Housing First as we implement CCBHCs and the NFMH Prelitigation Agreement. Ease of implementation score is 6.	**DCF**: DCF expanded the availability of mental health evidence-based prevention programs through Multisystemic Therapy, Functional Family Treatment and Parent Child Interaction Therapy through Family First Prevention grant service array.	Federal funding, * governors subcommittee on EBPs.	Barrier 1 - Implementing evidence based programs to fidelity is costly for providers and often those expenses cannot be absorbed within service revenue. If the state establishes specific requirements for EBP, dedicated funding will be necessary for training and implementation, ongoing data and reporting requirements and evaluation. Barrier 2 - Multiple systems are moving toward fidelity based evidence based models. As providers serve individuals from these multiple systems, the EBP requirements sometimes are conflicting. Any state agency engaged in overseeing and/or funding behavioral health should work collaboratively on EBP to streamline expectations, reduce provider costs, and more effectively improve outcomes for Kansans.	

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?
D: System Transformation	**In Progress**	9.5 Family Psychotherapy	Enable utilization of procedure code 90846 in Medicaid as a tool to support youth in foster care, as well as any child accessing care in a PRTF. This would allow therapists/practitioners to have discussions without the child present.	KDHE Division of Healthcare Finance (DCF)	**KDHE**: KDHE understands the need to add this as a covered code and is actively working on determining (1) the fiscal impact of adding this code to the array of Medicaid-covered services; (2) what SPA language would be necessary to gain CMS approval to cover the code; and (3) how this code would fit into the CCBHC PPS payment model.	**DCF**: DCF would support Medicaid covering that code. **KDADS**: KDADS is working with KDHE to complete the state plan amendment necessary for 90846 Submission is expected to CMS by January. Ease of implementation score is 10.	Ease of implementation	Barrier: When a child is in a PRTF, their medical card is "locked" to only allowed the PRTF and medical billing. It would take a SPA to allow this service during a PRTF stay as it is considered content of service for the PRTF per diem. * Discussions currently require child to be present	I would like to see this recommendation clarified and the following wording added to allow the use of this code in non-institutional and institutional care settings. This would allow therapists/practitioners to have discussions without the child present.
A: Funding and Accessibility		*High-Priority Discussion*	*In addition to these recommendations for immediate action and of strategic importance, the 2020 Finance and Sustainability Working Group also puts forward the issue of Medicaid expansion as a high-priority discussion item for the Special Committee. The recommendation discussed by the Working Group related to Medicaid Expansion reads, "Recommend a full expansion of Medicaid in order to increase access to healthcare for uninsured, low-income Kansans."*				*Federal matching rate (90 percent) *"Sweetener" provision (5 percentage point increase for regular Medicaid for 2 years) for new expansion states *Could be a funding source for many other recommendations (services for uninsured would be offered through expansion)	*More uninsured adds complexity to providing high-quality care, care coordination and provider reimbursement *May be larger topic than what the committee was charged with *Requires legislative action	*Could add assessing effect of extra FMAP *See last page

	Topic	Recommendation Title	2021 Draft Recommendation (proposed language from worksheets or previous meetings)	Ease of Implementation * Program change, pilot program, programoverhaul, 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?
NEW	K-12 Mental Health Intervention Team Program	Expand MHIT	Expansion of the Mental Health Intervention Team Grant Program to additional districts. Provide a way for students to access services when schools are not open by extending the times of services at schools, utilizing Community Mental Health Centers, or other mental health resources.			
NEW	Specialty Courts	Venue Transfer	Allow venue transfer to facilitate specialty court access.			
NEW	Specialty Courts	Regional Specialty Courts	Establish authority to enable creation of regional specialty courts across Kansas.			
NEW	Specialty Courts	Specialty Court Coordinators	Provide funding for districts that meet qualifying criteria to hire specialty court coordinators.			
REVISED	Funding and Accessibility	Addressing Inpatient Capacity by Implementing a Regional Model (Merger of 2.2 and 9.1)	Implement and fund a comprehensive plan to address voluntary and involuntary hospital inpatient capacity needs while providing all levels of care across all settings, supplementing the traditional state hospital setting with regionalized facilities accepting both voluntary and involuntary admissions for persons in acute services as well as longer-term/ tertiary specialized care. Currently, there is a particular gap in capacity in south central Kansas.			
REVISED	High- Priority Discussion	Medicaid Expansion	Option: Add language to the report about federal legislation affecting expansion, including the matching rate incentives in ARPA.			