

Topic	Origin	CurrentReLang	ImplementationScore	ImpactScore	CombinedScore
Funding & Accessibility	GBHSPC	Prevention Subcommittee (PS) Recommendations: 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.	8	8	16
Funding & Accessibility	MHTF	Recommendation 2.1 Reimbursement Rate Review (2019). Facilitate a detailed review of Medicaid reimbursement for behavioral health services, including mental health and substance use disorder treatment.	8	8	16
Funding & Accessibility	SUDTF	PE6. K-TRACS Funding. K-TRACS should be sustainably funded by the State General Fund after any available grant funding is exhausted.	8	7	15
Funding & Accessibility	New	Reimbursement Rates: Increase Medicaid reimbursement rates for behavioral health services, including mental health and substance use disorder treatment, by 10-15 percent.	6	8	14
Funding & Accessibility	SUDTF	TR15. Senate Bill 123. Assure adequate funding for SB 123 (2003) [provides certified SUD treatment for offenders convicted of drug possession who are nonviolent with no prior convictions] to allow appropriate provision of medically necessary treatment services and allow for an expanded list of qualifying offenses.	6	8	14
Funding & Accessibility	New	CCBHC Model: Consider a state plan amendment or change to the 1115 Waiver to allow interested providers to gain access to the CCBHC model.	5	8	13
Funding & Accessibility		Recommendation 2.3 Excellence in Mental Health (2019). Support expansion of the federal Excellence in Mental Health Act and then pursue participation.	5	8	13
Funding & Accessibility	CWSTF	Tier Three Recommendation: Maximizing Federal Funding. The State of Kansas should conduct an audit of potential funding streams by program area to ensure the State is maximizing federal benefits.	7	6	13
Funding & Accessibility	SUDTF	TR5. Opioid Addiction Project ECHO. Identify funding for Opioid Addiction Project ECHO telementoring.	6	7	13

Funding & Accessibility	CWSTF	Tier One Recommendation: Access to Care. The State of Kansas should require access to high-quality and consistent medical and behavioral healthcare for Medicaid-eligible high-risk youth through the state Medicaid state plan or other appropriate sources of funding.	4	8	12
Funding & Accessibility	CWSTF	Tier Two Recommendation: Service Setting. The State of Kansas should prioritize delivering services for children and youth in natural settings, such as, but not limited to, homes, schools, and primary care offices, in the child's community when possible. The needs of the child and family should be the most important factor when determining the settings where services are delivered.	5	7	12
Funding & Accessibility	SUDTF	TR18. Sober Housing. Study the efficacy of sober housing and strategies for success from other states including funding mechanisms.	6	6	12
Funding & Accessibility	MHTF	Recommendation 1.1 Addressing Capacity (2019). Implement and fund a comprehensive plan to address voluntary and involuntary hospital inpatient capacity needs while providing all levels of care across all settings.	4	8	12
Funding & Accessibility	MHTF	Recommendation 1.2 Regional Community Crisis Center Locations (2019). Develop regional community crisis centers across the state including co-located or integrated SUD services.	5	7	12
Funding & Accessibility	GBHSPC	Vocational Subcommittee (VOS) Recommendations. Actively seek out and provide grants to CMHCs from the State General Fund to offset costs initiating and implementing Individual Placement and Support (IPS) Supported Employment model.	5	7	12
Funding & Accessibility	SUDTF	TR10. Mental Health Parity. Review procedures for mental health parity laws to ensure compliance.	5	7	12
Funding & Accessibility	New	Maintenance of Effort: Increase the state's Maintenance of Effort in the SUD Block grant for providers in the Beacon Network. Medicaid expansion may be one mechanism for additional funding.	4	7	11
Funding & Accessibility	SUDTF	TR11. IMD Waiver. Explore waiver of Medicaid Institutions for Mental Diseases (IMD) exclusion for mental health and substance use disorder treatment and support current IMD exclusion waiver for residential services for substance use treatment.	5	6	11
Funding & Accessibility	SUDTF	TR17. Addiction Treatment. Create additional services for the treatment of addiction as well as any co-occurring mental health diagnoses.	4	7	11

Funding & Accessibility	GBHSPC	CAODA Recommendation. Facilitate a pursuit of grant funding. Recommend creating a new state-level grant-support position to work directly with agencies to help secure and maintain these opioid related funds as well as other addiction prevention and treatment opportunities. A state-level coordinator could provide the grant-specific expertise.	5	6	11
Funding & Accessibility	SUDTF	TR13. KanCare. Recommend a full expansion of Medicaid in order to increase access to healthcare for uninsured, low income Kansans	2	8	10
Funding & Accessibility	CWSTF	Tier Three Recommendation: Resources and Accountability. The State of Kansas and DCF should provide services that are in the best interest of children in their care by supporting a system that is accountable and resourced well enough to provide the needed services. Considerations should include, but not be limited to, the awarding of funds based upon qualifications and not financial factors, improving workforce morale and tenure, and providing technology to improve efficiencies.	4	6	10
Funding & Accessibility	GBHSPC	CAODA Recommendation. Recommend the State continue to incrementally increase the proportion of money in the Problem Gambling and Other Addictions [Grant] Fund that is applied to treatment over the next several years until the full fund is being applied as intended.	5	5	10
Funding & Accessibility	GBHSPC	CAODA Recommendation. Allow addiction counseling agencies to become approved providers for co-occurring issues providing they have the appropriate resources to do so. This expansion of services should only apply to addiction counseling clients with co-occurring issues, not to general mental health clientele.	5	5	10
Funding & Accessibility	GBHSPC	CAODA Recommendation. Adopt coding practices that allow for the integration of CMHC, primary care, and behavioral health services to reduce the waste and gaps in service.	3	6	9
Funding & Accessibility	SUDTF	TR3. Prior Authorizations. Remove prior authorization requirements for MAT (medication-assisted treatment).	4	5	9