

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 7. Data Systems				
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>Tier One Recommendation: Data Infrastructure. The State of Kansas should create a single, cross-system, web-based, integrated case management and data reporting system that can be used by DCF and all relevant agencies and stakeholders to efficiently and effectively share information (e.g., education, dental, medical, behavioral).</p> <p>Tier Two Recommendation: Information Sharing. The State of Kansas should establish a multi-disciplinary approach and share information across and among stakeholders, irrespective of state borders, in accordance with federal and state laws.</p>	<p>PS Recommendations. 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. Integrate and utilize the guidance of a state epidemiological workgroup. Enhance data collection procedures— change legislation regarding public behavioral/health youth surveys (e.g., the Kansas Communities That Care (KCTC) Student Survey and the Youth Risk Behavior Surveillance System (YRBSS) from an opt-in consent, to an informed opt-out consent to allow for meaningful data collection and availability of data decision making.</p> <p>AODA Recommendations. Reverse the active consent policy that currently requires active parent consent on the KCTC. Explore options to report county data about substance use, treatment access, and outcomes to agencies in order to aid in strategizing local and state response to addiction.</p>	<p>Prev5. Data. Collect, analyze, use, and disseminate surveillance data to inform prevention efforts and monitor trends in at-risk populations.</p> <p>Prev6. Survey Opt-Out. Change legislation regarding public health and behavioral health state surveys (KCTC and YRBSS from an opt-in consent, to an informed opt-out consent to allow for meaningful data collection). [Agency update: KDADS collects data using the Communities That Care survey and has advocated for changes or exemption for this survey from state laws that currently require parents to opt their children into participating in the survey.]</p> <p>TR4. Needs Assessment. Conduct a statewide needs assessment to identify gaps in funding, access to SUD treatment providers and identify specific policies to effectively utilize and integrate existing SUD treatment resources.</p>	<p>No relevant recommendations.</p>	<p>Demographics: Potential future topics to study regarding demographic characteristics were to include primary language and geographic distribution amongst crossover youth across Kansas.</p> <p>Child Welfare Placements: Based upon findings by the working group, the working group proposes future efforts to study strategies for engaging relatives to care for crossover youth, collecting data on outcomes for youth placed in group residential homes, and understanding whether youth who might have been detained prior to SB 367 are now being placed in the child welfare system.</p>

Topic 8. Interaction with the Legal System and Law Enforcement				
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<p>Tier Two Recommendation: Code of Care of Children. The Judicial Council should review the Code for Care of Children (CINC Code), especially with regard to: a) the way DCF's definition of "non abuse neglect" relates to cases under the CINC Code, and b) modifications to meet the child's ongoing best interests for permanency.</p>	<p>JYAS Recommendations: Endorse and focus on the issue of high behavioral health acuity releases from KDOC and any other jail entity. Primary issues include integration of services from incarcerated status to community; focus on high acuity need individuals who may be difficult to house with sexual offenders and offenders with poor impulse control; offenders who have been screened for civil commitment and alternatives commitment; and substance use treatment upon release.</p>	<p>LE2. Benefits Reinstatement. Develop reinstatement policies or procedures to increase the ability of offenders to access Medicaid benefits upon release, such as suspending benefits rather than termination upon incarceration. [Agency update: KDADS has expanded and increased efforts to expediate reconnection to eligible benefits upon release.]</p> <p>LE3. Diversion Sobriety and Treatment. Expand pre-charge and post-charge diversion sobriety and treatment options for first time, non-violent simple drug possession charges. [Agency update: KDADS has contracted with Council of State Governments to launch a Kansas Stepping Up Initiative TA Center to support local law enforcement and district attorneys in a variety of pre-charge and post-charge jail diversion efforts.]</p> <p>LE4. Naloxone. Promote Naloxone education and use for first responders and pursue all available funding. [Agency update: KDADS has supported Naloxone training and</p>	<p>Recommendation 1.5 Suspension of Medicaid (2019). Implement policies that allow for the suspension of Medicaid benefits when persons enter an institution rather than terminating their coverage entirely, to improve transition planning and access to care. [Agency update: Individuals discharging from state hospitals currently receive priority support from the KanCare Clearinghouse through an assigned liaison to KDADS. Not technically "suspension." KDADS is working with SOAR Coordinators across the state to help facilitate discharge transitions. Alternative process working but may be hung up with federal disability determination when medical records are unavailable or lacking.]</p>	<p>Demographics: Future efforts should focus on operationalizing a 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.</p> <p>Law Enforcement Agency Administrative Survey: A future study consideration stated the survey that the Working Group administered did not assess individual behaviors by law enforcement officers responding to juvenile incidents. In addition, potential future topics to study include age at first arrest, number of arrests while in the custody of the state, and differences in criminal charges in arrest records compared to final criminal charges stated in adjudication.</p> <p>Law Enforcement Agency Administrative Survey: The analysis for numbers and nature of alleged offender behaviors of crossover youth taken into custody by law enforcement pursuant to KSA 38-2330(d)(1) and amendments thereto could not be conducted. If data are</p>

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		<p>supplies for local law enforcement and first responders.]</p> <p>LE5. 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 (this includes securing funding to increase access to services for this population). [Agency update: KDADS has added additional training for smaller law enforcement agencies that do not have the ability to create CIT councils or participate in CIT training at the Kansas Law Enforcement Center. KDADS state action plan for Mental Health in Jails was developed in conjunction with law enforcement associations and includes elements that will also help address SUD services. KDADS has invested in creating opportunities for integrating sobering beds and detox facilities within crisis stabilization unit programs. KDADS is also currently working with KDOC on technical assistance from the Council of State Government's Justice Center on behavioral health services as part of reform efforts. KDADS has also been working with the SMVF TA Center to</p>		<p>consistently and reliably collected in the future, topics of interest may include relationship between crime classification and age of youth, additional law enforcement outcomes beyond arrests stemming from juvenile law enforcement contact, and geographic distribution of particular offense, including anecdotal "hot spots" for juvenile law enforcement calls.</p>

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		<p>support crisis intercept mapping and Mayor's Challenges efforts in Topeka.]</p> <p>LE6. Good Samaritan. Enact a 911 Good Samaritan Law. This law must be crafted to avoid unintentionally allowing persons to avoid persecution for serious felony charges, especially when their actions directly involved providing illicit substance to the ill individual.</p> <p>LE7. Correctional Employees. Provide training in correctional facilities to allow employees to better recognize those with substance use disorders and other mental health needs and connect those with needs available to services.</p>		

Topic 9. System Transformations				
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<p>Tier Two Recommendation: Analysis of Service Delivery. The State of Kansas should establish a work group or task force to conduct an analysis to: 1) determine what it costs to adequately fund high-quality child welfare services; 2) by 2021, evaluate the benefits of privatizing child welfare services; and 3) determine the best public/private collaboration to deliver child welfare services. DCF shall determine appropriate outcomes measures and periodic evaluations shall be conducted to ensure contractors are achieving set outcomes and provide opportunities for ongoing collaboration and review. Summary reports should be provided to the Legislature annually.</p>	<p>PS Recommendations. Increase healthcare linkages and identify care transition best practices for mental health, substance abuse, and emergency departments across the state. Periods following discharge from these settings are times of particularly high risk for suicide. A model for follow-up with clients during this period should be implemented in Kansas. Modify the KDADS requirements to become approved to provide Screening, Brief Intervention, and Referral to Treatment (SBIRT) services to Medicaid-eligible clients.</p> <p>VOS Recommendation. The State of Kansas should apply for a demonstration waiver to provide employment supports and other services for individuals with behavioral health issues on Medicaid.</p> <p>VOS Recommendation. Kansas needs to formulate a team of coordinators/champions, regional trainers, and MCOs that will support and ensure the facilitation and stability of integrated evidence based practices (e.g. IPS Supported Employment).</p>	<p>TR6. Service Integration. Adopt coding practices that allow for the integration of services across the continuum of care domains (e.g., primary care, substance use disorder, and mental health) to provide more integrative services to clients with co-occurring conditions. [Agency update: KDADS has worked to facilitate service integration for SUD services with MH and Primary Care. Currently KDADS is working with KDHE and FQHCs on federal Technical Assistance on this topic.]</p> <p>TR7. SBIRT. Increase access to and utilization of SBIRT across health care provider disciplines by reimbursing appropriately trained and licensed professionals to provide this service across locations. [Agency update: KDADS promotes Screening, Brief Intervention, and Referral to Treatment (SBIRT) through KanCare and SOR grant. KDHE created a targeted ad campaign to reach women with opioid use disorders and has an SBIRT toolkit available for providers.]</p> <p>TR8. Payment Reform. Support substance use disorder payment reform targeted to improve population health. [Agency update: KDADS has</p>	<p>Recommendation 1.4 Comprehensive Housing (2019). Expand an array of housing that would include a range of options from residential care facilities, long-term and transitional supported housing, and independent housing units following evidence-based practices and principles, such as permanent supportive housing and home ownership. Include state contracts and Medicaid funding and ensure that housing serves people with disabilities, mental illness, and/or substance use disorders. [Agency update: KDADS issued four contracts in 2018 under the Housing First Bridge Pilot. Federal grant ended. KDADS continues to invest in Housing First models. KDADS/KDHE implemented Medicaid Operation Community Integration (OCI) policies. Program is not comprehensive but could expand in the future. KDADS/KDHE applying for federal technical assistance opportunity. KDADS applied for and implemented federal emergency housing funds that have provided additional flexibility during the COVID-19 emergency. KDADS working with Kansas Housing Resource Center to add resources to existing supported housing funds.]</p>	<p>Juvenile Intake and Assessment: The review of Juvenile Intake and Assessment Services was limited in scope to only FY 2019. Data from intake and assessments completed throughout a youth's lifetime should be reviewed. Robust analysis from completed the Kansas Detention Assessment Instrument (KDAI) could be conducted when integrated into the data system.</p>

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	<p>VOS Recommendation. Build collaborative partnerships and increase integrated training opportunities across the behavioral health systems through the implementation of state and federal supported employment.</p>	<p>increased SUD provider payment rates for the uninsured and added money to the program from the SOR grant. KDADS increased Medicaid reimbursement rates for Peer Support by 10% this year.]</p> <p>TR14. Kansas Placement Criteria Program (KCPC). Replace KCPC with modern technology and data collection mentors consistent with current and future electronic health recodes to prevent major systematic failure. [Agency update: KDADS has replaced the KCPC with a temporary SUD data collection tool known as KSURS and is developing an RFP for a statewide solution that would integrate behavioral health IT systems and replace more of the former functionality of the KCPC on a permanent basis.]</p>	<p>Recommendation 4.1 Licensing Structure (2019). Reform nursing facilities for mental health (NFMHs) to allow for the provision of active treatment and necessary rehabilitative services and crisis services in NFMHs and inclusion within continuum of care. [Agency update: NFMH facilities do receive rate increases as provided for all nursing homes but are 100% SGF for most residents. KDADS has approved some rate exceptions for enhanced services. KDADS provides funding for mental health first aid training in NFMHs and has also approved rate exceptions in NFMHs as incentives for additional training and services. Additionally, KDADS has funded special training for NFMH staff over the last three years through a special grant fund. KDADS is working to address barriers related to attendance and staffing requirements. Connecting NFMH residents to crisis services, CMHCs and community support services continues to be a need. KDADS is working to increase community supports for NFMH residents. Enhanced the role of CMHC liaisons to increase discharge and community integration services.]</p>	

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			<p>Recommendation 7.1 Learning Across Systems (2019). Create a position/entity to track information about adverse outcomes that occur and identify strategies for addressing them in a timely manner. [Agency update: Convening complex case staffing with MCOs and providers to identify system gaps and prevent future adverse outcomes. Can involve parents or clients. System learning occurs through resolution and community of practice. 7.1.b. Not yet pursued.]</p> <p>Recommendation 4.2 Regional Model (2018) [Note: Incorporated into Recommendations 1.1 and 1.2 in 2019 report.] In lieu of a single request for proposal, the Task Force recommends 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. [Agency update: The Governor's plan to end the moratorium at Osawatomie State Hospital is funded to remodel space and add capacity. State Institute Alternatives: Medicaid/contract beds combined solution is near implementation to</p>	

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			add capacity through regional hospitals. Could potentially also add access in more rural areas. COVID-19 required restricting patient numbers at OSH and LSH but the agency is committed to implementing the plan as approved by the 2020 Legislature. Staffing is more stable with the wage increases from Gov Executive Order but a continuing challenge in order to provide quality treatment and safety. Implementation should allow moratorium to be lifted by the beginning of FY22.]	