

**2020 and 2021 Special Committees on Kansas Mental Health Modernization and Reform: Status of Recommendations**  
**Prepared for the Robert G. (Bob) Bethell Joint Committee on Home and Community Based Services and KanCare Oversight**

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
<b>Workforce Recommendations</b>					
<b>Completed</b>	1.1 Clinical Supervision Hours	Where applicable, reduce the number of clinical supervision 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)	<p><b>September 2021 Response, BSRB:</b> 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.</p>	

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<b>Workforce Recommendations (Continued)</b>					
<b>In Progress</b>	1.2 Access to Psychiatry Services (Revised in 2021)	Request a Legislative Post Audit review of Kansas behavioral health recipients of National Health Service Corps (NHSC) and State Loan Repayment Program (SLRP) for the past 10 years; review professions awarded, communities in which those providers were located, number of years they participated in the program, number of years they continued to practice in their position after they exited the program, and whether the psychiatrists who participated in the program and remained in Kansas were originally Kansas residents or came to Kansas from other states; expand the analysis to behavioral health professions served in these programs (not just psychiatry); review best practices from other states regarding recruitment and retention of licensed behavioral health professional staff to urban, rural, and frontier communities for possible implementation in Kansas; review medical school and residency training location of psychiatrists and child and adolescent psychiatrists currently practicing in Kansas, as well as current practice locations of residents and fellows in child psychiatry who completed residency or fellowship in Kansas within the last ten years; review existing research regarding where psychiatrists practice in relation to where they trained; and look at the University of Kansas program that incentivizes medical students to end up practicing in Kansas to see if it is effective. If the audit request is not approved, request the legislative budget committees include a provision in the budget requiring KDHE to do the study with assistance from an educational institution.	Legislature (KDHE, KDADS, universities)	<b>September 2021 Response, KDHE:</b> KDHE is exploring whether such a study can be funded within existing appropriations and implemented through existing Division of Public Health contracts.	<b>September 2022 Response, KDHE:</b> The agency was advised that the Legislative Post Audit Committee has not yet considered requesting this audit.

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<b>Workforce Recommendations (Continued)</b>					
<b>In Progress</b>	1.3 Provider MAT Training	Increase capacity and access to MAT in Kansas through provider training on MAT.	KDADS (KDHE, KDOC)	<p><b>September 2021 Response, KDADS:</b> 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.</p> <p><b>September 2022 Update, KDADS:</b> MAT has been added to the CCBHC required SUD services for coordination of care. Provider trainings continue, and expansion in capacity and access has been demonstrated geographically over the last two years with more counties having MAT providers and being closer to MAT providers in other counties. Increased capacity and access continue to be goals that can be improved upon.</p>	<p><b>September 2021 Response, KDOC:</b> 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.</p> <p><b>September 2021 Response, KDHE:</b> KDHE and KDADS worked with KDOC on a technical assistance project sponsored by the National Governors Association on MAT for the justice-involved population.</p> <p><b>September 2022 Response, KDHE:</b> In addition to working with KDADS to add MAT to the CCBHC model, the KDHE Division of Public Health has applied for a HRSA grant to increase MAT access points in rural areas. The proposed project includes a provider education component. At this time KDHE is awaiting a decision on the grant application.</p> <p><b>September 2022 Update, KDOC:</b> Increasing capacity and access through MAT training was completed in 2021. As a result of that implementation, all new admissions to a KDOC facility are screened for opioid use disorder and, if appropriate, are referred for treatment. Residents who meet criteria are treated with naltrexone or suboxone as determined by the medical provider.</p>

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In Progress	1.4 Workforce Investment Plan (Revised in 2021)	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: <b>the State should establish a university in Kansas partnership to develop the comprehensive investment plan, including a focus on high school internships, mentorship, and free continuing education courses, building on the model the Special Committee heard about in Nebraska; seed university programs to develop and expand bachelor's and graduate programs in behavioral health; create a pool of funds that behavioral health providers could access to support retention and recruitment;</b> 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)	<b>September 2021, KDADS:</b> 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. <b>September 2022 Update, KDADS:</b> KDADS has utilized some available ARPA and SGF funding to support short term investments and is still waiting for SPARK allocations for further workforce investment of ARPA dollars. However a long term plan for investment has still not been made at this time.	<b>September 2021, BSRB:</b> 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's Annual Planning Meeting on Monday, September 27, 2021.

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					<p>September 2022 Response, BSRB: The BSRB is considering several changes to regulations and requesting changes to the statutes of the BSRB to assist with workforce issues. The Board is considering requesting legislation in the spring for the creation of a new temporary license type for social work applicants applying for licensure if those applicants graduated from a program that is in candidacy for accreditation, but has not yet reached accreditation. The Advisory Committees for three professions (addiction counseling, social work, and marriage and family therapy) have recommended removing a requirement that some educational coursework be received while a student is physically present at a school. The Professional Counseling Advisory Committee will be considering this change at their next meeting on October 3, 2022. These changes will enable more students to become licensed after attending online-only schools. The Master's-Level Psychology Advisory Committee recently recommended changes to allow licensure for applicants who received more courses taught by adjunct faculty. The Board is evaluating possible options to assist with workforce issues by decreasing the rate that licensees leave the profession, including an option for licensees to request additional time to complete continuing education hours and considering changes to the costs to reinstate a license. The Addiction Counseling Advisory Committee is considering recognizing a national accrediting body for the purpose of allowing faster processing of license applications and has agreed to hold additional meetings this fall to consider creation of a lower-level licensing type. The Board will be reviewing and considering possible changes to the reciprocity statutes at the Board's annual off-site planning meeting on October 24, 2022.</p>

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<b>Workforce Recommendations (Continued)</b>					
<b>In Progress</b>	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)	<p><b>September 2021 Response, KDADS:</b> 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.</p> <p><b>September 2022 Update, KDADS:</b> KDADS applied again this year for the Federal Systems of Care grant, and again was not awarded a grant. We have nearly completed our SPA and related policies and are planning to post those for public comment after we can address the need for funding in the Fall Caseload adjustments. We would seek legislative support for funding to implement family engagement programming with state rather than federal funding.</p>	
<b>Funding and Accessibility Recommendations</b>					
<b>Completed</b>	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)	<p><b>September 2021 Response, KDHE:</b> 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.</p> <p><b>September 2022 Update, KDHE:</b> In July 2022, the state received CMS approval of a Medicaid State Plan Amendment to implement CCBHCs in Kansas. This item is complete.</p>	<p><b>September 2021 Response, KDADS:</b> 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.</p> <p><b>September 2022 Update, KDADS:</b> This SPA was completed last year. KDADS is now working to implement CCBHCs. Additionally KDADS is evaluating a new opportunity to apply for the federal planning grant this fall, and subsequently to participate in the federal demonstration.</p>

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In Progress	2.2 Addressing Inpatient Capacity (Revised in 2021)	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. Explore the need for State-certified beds in southcentral Kansas. Ongoing analysis should be conducted to identify geographic areas of need and gaps in levels of care.	KDADS (Legislature, local units of government, law enforcement)	<p><b>September 2021 Response, KDADS:</b> 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 three 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.</p> <p><b>September 2022 Update, KDADS:</b> KDADS has contracted with a number of private hospitals statewide to set up State Institution Alternative (SIA) beds and has served 479 adults and 699 children Aug 30, 2021-Aug 12, 2022 through the SIA program. Additionally, a separate interim committee has been formed this year to explore the need for state-certified beds in southcentral Kansas. Requested funding is contingent on the outcome the new committee's decisions as well as the SPARK committee decisions regarding ARPA dollars available of the project.</p>	

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<b>Funding and Accessibility Recommendations (Continued)</b>					
In Progress	2.3 Reimbursement Rate Increase and Review (Revised in 2021)	Implement an immediate increase of 10-15 percent for reimbursement rates for <b>all providers</b> 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)	<b>September 2021 Response, Legislature:</b> The SPARK Task Force added \$12.5 million to supplement existing grants to behavioral health providers for costs incurred while responding to 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.	<p><b>September 2021 Response, KDHE:</b> The CCBHC model, once fully implemented, will increase Medicaid payments to CMHCs by \$40 million - \$70 million per year.</p> <p><b>September 2022 Response, KDADS:</b> Medicaid outpatient rates were increased by 4% across a majority of behavioral health codes for all providers. KDADS would seek legislative support for uninsured SUD services, both inpatient and outpatient, of approximately \$5.0 million, some of which would be used to increase rates, but the remainder would be used to increase the number of individuals served.</p> <p><b>September 2022 Response, KDHE:</b> The Medicaid state plan amendment to implement the 4% behavioral health rate increase appropriation was approved on September 9, 2022.</p>
In Progress	2.4 Suicide Prevention (Revised in 2021)	In support of the 2021-2025 Kansas Suicide Prevention Plan: standardize definitions of data collected related to suicide and make suicide a reportable condition; propose policy to ensure consistent data collection across the state, including for diverse populations (include demographics); leverage the Kansas Suicide Prevention Coalition to enable collaboration among all agencies engaged in suicide prevention; designate KDADS (the single state authority for federal mental health and substance use disorder programs) as lead agency for implementation of the State Suicide Prevention Plan and collaborate with the Youth Suicide Prevention Coordinator in the office of the Attorney General; add \$1.5 million SGF to the KDADS budget to implement additional recommendations and strategies from the State Suicide Prevention Plan, including \$250,000 for the Kansas Suicide Prevention Coalition, \$90,000 for a full-time state suicide prevention coordinator (population-wide), and the remainder for providing grant opportunities for local communities and implementing a statewide media campaign; require KDADS to look into potential grant funding; 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.	KDADS (KDHE, Office of the Attorney General, Kansas Suicide Prevention Coalition)	<b>September 2021 Response, KDADS:</b> KDADS submitted a budget enhancement and supported legislation that would have provided funding for suicide prevention infrastructure for FY 2022. 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's Challenge Extension program in the Flint Hills Region around	

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				<p>Manhattan. Additional State funding is still needed to implement the plan and support local programming. Ease of implementation score is 8.</p> <p><b>September 2022 Update, KDADS:</b> This is mostly completed. KDADS did receive 988 funding for the FT position and that position was hired a few weeks ago. KDADS also received funding for suicide prevention to implement the state plan, including \$250K for the State Suicide Prevention Coalition. KDADS and partner agencies continue to look into federal funding opportunities for suicide prevention funding. These infrastructure pieces should help KDADS complete the rest of the recommendations this year.</p>	

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<b>Funding and Accessibility Recommendations (Continued)</b>					
Completed	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)	<b>September 2021 Response, Legislature:</b> The Legislature added \$250,000, all from the PGOAF, for SUD grants for FY 22.	<b>September 2021 Response, KDADS:</b> KDADS provided information to KLRD and several committees on PGOAF funds during the Session.  <b>September 2022 Update, KDADS:</b> In accordance with legislative action this past session the State is in the process of reallocating PGOAF funds back to PGOAF exclusive purposes based on new priorities established. This prioritization of use of the PGOAF will impact other behavioral health services in the absence of replacement funds. KDADS is also seeking additional SGF funds to assist with the response to sports betting which is now legal in Kansas.
In Progress	2.6 Expand Mental Health Intervention Team Program (New in 2021)	Expand the Mental Health Intervention Team (MHIT) grant program to additional school districts. Support continuity and 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 utilizing other mental health providers. Make the MHIT program permanent in statute and no longer a pilot program and phase-in the reduction of the State-paid portion of the MHIT liaison cost. Clarify the MHIT program is not a mandatory program.	KSDE (KDADS, DCF)	September 2022 Response, KSDE: Additional funding provided by the legislature has allowed the program to expand to 12 additional districts, for a total of 67 this year. A portion of the funding has been targeted for a third-party study to determine effectiveness of the program and make recommendations for implementation on a permanent basis statewide. This study is intended to be complete and ready for presentation to the legislature by January 2023.	<b>September 2022 Response, KDADS:</b> MHIT expanded to 55 school districts with 17 CMHCs.
<b>Community Engagement Recommendations</b>					
Completed	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)	<b>September 2021 Response, KDADS:</b> KDADS continues to work with CMHCs to expand crisis services. The CIC regulations have been drafted and currently are 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 setaside 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.	

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				<p><b>September 2022 Response, KDADS:</b> KDADS requested and received a budget enhancement of \$10 million dollars to support the expansion of CICs around the state. Regulations are currently under review with the AG's Office and work is under way to disperse those funds for CIC development and operation once regulations are approved. We anticipate the first CIC opening in Douglas County in November.</p>	

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<b>Community Engagement Recommendations (Continued)</b>					
<b>In Progress</b>	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)	<p><b>September 2021 Response, KDHE:</b> 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.</p> <p><b>September 2021 Response, KDADS:</b> 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 Voc Rehab team and an interagency Employment 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.</p> <p><b>September 2022 Update KDADS:</b> KDADS has utilized federal block grant funding to offer IPS implementation grants to CMHCs working towards CCBHC certification and has included IPS in the required EBPs for certification. KDADS has also begun piloting assertive outreach in Shawnee County and will be expanding that to additional counties with NFMHs.</p> <p><b>September 2022 Update, KDHE:</b> No further update. The STEPS program continues to apply IPS principles, focusing on the participant's goals and choices.</p>	<p><b>September 2021 Response, KDADS:</b> KDADS has participated in KDHE's steering meetings during the implementation of the KanCare STEPS supported employment project.</p>

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<b>Community Engagement Recommendations (Continued)</b>					
<b>In Progress</b>	3.3 Foster Homes (Revised in 2021)	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; supporting families navigating child welfare and Medicaid programs; continuing investment in recruiting, preparing, and supporting families to serve high-acuity and older youth, and in recruiting, preparing, retaining and supporting African-American families; providing in-home therapeutic parenting services for families to meet high-acuity needs; and ensuring services are available across the continuum of care for youth discharged from inpatient or PRTF settings.	DCF (KDADS)	<b>September 2021 Response, DCF:</b> 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.	

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				<p><b>September 2022 Update, DCF:</b> DCF continues to work with stakeholders statewide on goals outlined in Kansas' Diligent Recruitment plan: To recruit, prepare, and retain families who can serve older youth with high acuity behavioral health needs, Families who are African American (in order to mirror the demographics of children currently in care), and families who are willing to adopt the children waiting and legally free for adoption. The number of kids in out of home care has been reduced over time as DCF continues to identify and strengthen community prevention services. Children who are removed from their families are more likely to be placed with family and Non-Kin-Related and the supports for these caregivers continue to increase over time. DCF added new Levels of Care (LOC) to meet the needs of children stepping down from PRTF and for those requiring special skills and services: treatment transition LOC as well as the recent addition of therapeutic foster home LOC, launched 7/01/2022. Additionally, Child Placing Agency CALM was appropriated \$450,000 funding to increase training and capacity for 15 additional "super family" homes in and around Lyon county to support placement stability for children with high needs and Foster Adopt Connect is beginning a Behavior Interventionist program with a new additional \$500,000 appropriations for placement stability.</p>	

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<b>Community Engagement Recommendations (Continued)</b>					
<b>In Progress</b>	3.4 Community-Based Liaison (Revised in 2021)	Expand locations where community-based liaisons are available 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)	<p><b>September 2021 Response, KDADS:</b> 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.</p> <p><b>September 2022 Update, KDADS:</b> The Kansas Stepping Up Initiative TA center has been successful in helping expand the initiative to 6 additional counties through a federally funded grant to 3 CMHCs. The Behavioral Health Summit last year was successful and prompted the forming of a statewide inter-agency workgroup that will meet starting this fall.</p>	<p><b>September 2021 Response, KDOC:</b> 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.</p> <p><b>September 2022 Update, KDOC:</b> The information from 2021 remains current. KDOC provides funding through grants to local Community Corrections agencies for care coordinators that provide the work described in the recommendations. Any expansion will require additional appropriations by the Legislature.</p>
<b>Prevention and Education Recommendations</b>					
<b>Completed</b>	4.1 988 Suicide Prevention Lifeline Funding (Revised in 2021)	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. <b>The Legislature should consider HB 2281 in the 2022 session to ensure funds are available in July 2022.</b>	KDADS (Crisis centers, CMHCs, Legislature)	<p><b>September 2021 Response, KDADS:</b> 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.</p> <p><b>September 2022 Update, KDADS:</b> SB 19 was passed this year establishing a \$10M 988 fund for 988 center operations, promotion, and related crisis services. 988 launched on 7/16/22 and early reports indicate that both the call volume and the in-state answer rate have increased in Kansas. A separate 988 committee was formed to monitor progress and will begin meeting this year.</p>	

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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)	<p><b>September 2021 Response, KDHE:</b> 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.</p> <p><b>September 2021 Response, KDADS:</b> 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 recommendation to try and achieve this as part of KanCare 3.0 Ease of implementation score is 3.</p> <p><b>September 2022 Update, KDADS:</b> This item is currently under review and KDADS may try and achieve this as part of KanCare 3.0.</p> <p><b>September 2022 Update, KDHE:</b> Medicaid is able to pay for these services under the EPSDT benefit when medically necessary. The clinical team is reviewing for possible state plan inclusion.</p>	<p><b>September 2021 Response, DCF:</b> 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.</p>

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<b>Prevention and Education Recommendations (Continued)</b>					
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)	<b>September 2021 Response, Office of the Governor:</b> KDADS Secretary Laura Howard has been designated the centralized authority.	<b>September 2021 Response, KSDE:</b> KSDE agrees that policy development and implementation would benefit with a centralized coordinator.  <b>September 2021 Response, KDADS:</b> Completed - Secretary Laura Howard has been designated as the centralized authority.
In Progress	4.4 Behavioral Health Prevention (Revised in 2021)	Increase state funds for behavioral health prevention efforts to support additional evidence-based primary prevention and grant opportunities for community prevention activities.	KDADS (KDHE, Legislature, providers)	<b>September 2021 Response, KDADS:</b> 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 reallocating treatment dollars to prevention. Ease of implementation score is 5.  <b>September 2022 Update, KDADS:</b> In FY23, the Governor recommended \$1M SGF for suicide prevention activities. Beyond that, state funds for other behavioral health prevention efforts have not increased, however KDADS has utilized one-time supplemental federal block grant dollars for this purpose.	<b>September 2021 Response, KSDE:</b> 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.
In Progress	4.5 Trauma-Informed Care (New in 2021)	Under the auspices of the Governor's Behavioral Health Services Planning Council (GBHSPC), convene a workgroup of providers who have implemented trauma-informed practices to make recommendations for a pilot program or other initiative to expand trauma-informed practices statewide.	KDADS (GBHSPC)	<b>September 2022 Response, KDADS:</b> The GBHSPC's EBP Subcommittee is convening this group and working on developing recommendations.	
In Progress	4.6 Promoting Social Isolation as a Public Health Issue (New in 2021)	Create strategies to disseminate the importance of social isolation as a public health issue, using social media and media campaigns, educating providers, and encouraging adoption of a screening tool.	KDADS (KDHE)	<b>September 2022 Response, KDADS:</b> KDADS Aging Services team has several projects in the procurement pipeline that would provide educational and social interaction.	
In Progress	4.7 Normalize Behavioral Health Discussions (New in 2021)	In lieu of discussing stigma, build on recent success stories (e.g., 988 lifeline, mobile crisis, CCBHC) to publicize behavioral health as health, creating a culture in which mention of depression, anxiety, post-trauma, addiction, and other common illnesses become as mentionable as diabetes, heart disease, and migraines.	KDADS (KDHE)	<b>September 2022 Response, KDADS:</b> KDADS has been working with its PIO to better publicize Behavioral Health as Health in press releases and on social media.	

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
<b>Treatment and Recovery Recommendations</b>					
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)	<p><b>September 2021 Response, KDADS:</b> 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.</p> <p><b>September 2022 Response, KDADS:</b> The PRTF waitlists are at a historical low since tracking began. This year an additional \$2M was budgeted to KDADS to use with PRTFs to support growth of their workforce. Those funds have been dispersed and are having an impact. KDADS will continue to monitor these programs.</p>	
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)	<p><b>September 2021 Response, KDADS:</b> KDADS has explored options and did expand MAT in Block Grant services. Ease of implementation score is 5.</p>	<p><b>September 2021 Response, DCF:</b> DCF does not manage for expansion any MAT programs specifically; however, it collaborates with KDHE and KDADS around common programs and goals.</p> <p><b>September 2022 Response, KDHE:</b> The KDHE Division of Public Health has applied for a HRSA grant to increase MAT access points in rural areas. The proposed project includes a provider education component. At this time KDHE is awaiting a decision on the grant application.</p>
In Progress	5.3 Frontline Capacity (Revised in 2021)	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, training, and resource and referral support to health care providers across the lifespan. Ensure continuation of current pregnant/postpartum and pediatric programs starting July 2023 (FY 2024). Expand current programs to include specialty teams for children (through 21 years of age) with Intellectual/Developmental Disability (I/DD) and children (through 21 years of age) with Autism Spectrum Disorder starting July 2024 (FY 2025), and for adults with mood disorders starting July 2025 (FY 2026).	KDHE (KU School of Medicine - Wichita and Kansas City)	<p><b>September 2021 Response, KDHE:</b> 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.</p> <p><b>September 2022 Response, KDHE:</b> KDHE is pursuing funding opportunities to support this recommendation.</p>	

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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)	<p><b>September 2021 Response, KDADS:</b> 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.</p> <p><b>September 2022 Response, KDADS:</b> KDADS continues to work on expanding Housing First Pathways EBP model and currently has a supported housing grant opportunity available for communities through ARPA block grant dollars. We're also working to develop SOAR further by adding youth and family components. We also anticipate receiving supportive housing funds from SPARK but do not have a timeline for when the SPARK committee will make those decisions.</p>	

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<b>Special Populations Recommendations</b>					
<b>Completed</b>	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)	<p><b>September 2021 Response, DCF:</b> 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.</p> <p><b>September 2021 Update, DCF:</b> DCF administers grants for domestic violence and sexual assault services that provide adults who have been victimized by domestic violence and/or sexual abuse with safety planning, mentoring services, healthy relationships training, conflict resolution training, financial literacy training, and responsible parenting skills training. Grantees are Catholic Charities, Family Crisis Center, Safe Home, 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. The Consolidated Appropriations Act, 2022, added a requirement that, by March 15, 2023, state TANF agencies establish and enforce standards and procedures to ensure that applicants and potential applicants for TANF are notified of assistance made to victims of sexual</p>	

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				<p>harassment and survivors of domestic violence, sexual assault, or stalking. Each state must also ensure that case workers and other agency personnel responsible for administering the TANF program are trained in: the nature and dynamics of sexual harassment and domestic violence, sexual assault, and stalking; state standards and procedures relating to the prevention of, and assistance for, individuals who are victims of sexual harassment or survivors of domestic violence, sexual assault, or stalking; and methods of ascertaining and ensuring the confidentiality of personal information and documentation related to applicants for assistance and their children who have provided notice about their experiences of sexual harassment, domestic violence, sexual assault, or stalking. In compliance with the Act. DCF EES TANF Services, in collaboration with partners, is seeking additional training opportunities for staff to further educate and identify this vulnerable population to access available by the state</p> <p>available services throughout the state. DCF anticipates approximately 500 child welfare staff and advocates will participate in this learning opportunity in 2023.</p>	
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)	<p><b>September 2021 Response, KDADS:</b> 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. A SPA is being developed along with an accompanied KanCare policy. Funding is the main barrier at this point. Ease of implementation score is 5.</p> <p><b>September 2022 Response, KDADS:</b> KDADS is currently in the process of completing the fiscal note on the SPA so that it can be made available for public comment prior to final submission to CMS. We anticipate posting for comment after we work to include the cost of the program in the Fall Caseload process.</p>	<b>September 2021 Response, DCF:</b> 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.

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<b>Special Populations Recommendations (Continued)</b>					
<b>Completed</b>	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)	<p><b>September 2021 Response, DCF:</b> 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.</p> <p><b>September 2022 Update, DCF:</b> Shawnee, Montgomery and Sedgwick counties have been discussing the different pathways a youth may take within the Juvenile Justice and the Family and Child Well Being system (example pathway: a youth in foster care who is arrested and taken to Juvenile Intake and Assessment Services (JIAS)). Protocol will be drafted (for each county) based on these discussions and the needs that identified throughout. Upon finalization of each county protocol, staff will be trained in order for it to be formally implemented. The protocols will be used to guide staff on how to handle crossover youth cases.</p>	<p><b>September 2022 Update, KDOC:</b> This item completed in 2021. KDOC has continued our Crossover Youth Coordinator position who works collaboratively with the DCF and OJA positions to assess gaps and coordinate responses to address gaps in services for this population. See also 8.4</p>
<b>In Progress</b>	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)	<p><b>September 2021 Response, KDADS:</b> 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.</p>	<p><b>September 2021 Response, DCF:</b> DCF will continue to support KDADS and the all efforts including waiver services through workgroups and participation in the recent Autism Task Team.</p> <p><b>September 2022 Update, DCF:</b> Secretary Howard met with KDADS and DCF leadership to review the Autism Task Team Recommendations in July 2022, and determined KDADS is still the lead and DCF is supporting efforts and currently there are no recommendations for DCF to work on.</p> <p><b>September 2021 Response, Legislature:</b> 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.</p>

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				<p><b>September 2022 Update, KDADS:</b> KDADS is currently in the process of completing the fiscal note on the SPA so that it can be made available for public comment prior to final submission to CMS. We anticipate posting for comment after we work to include the cost of the program in the Fall Caseload process.</p>	
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)	<p><b>September 2021 Response, KDADS:</b> 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 incentivize providers to open these types of facilities. Ease of implementation score is 5.</p> <p><b>September 2022 Update, KDADS:</b> KDADS submitted a proposal to the SPARK Advisory Panel of \$50.0 million to expand capacity across the behavioral health continuum of care and is awaiting SPARK Executive Committee allocation of dollars.</p>	<p><b>September 2021 Response, DCF:</b> 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.</p>

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<b>Special Populations Recommendations (Continued)</b>					
Completed	6.6 Medicaid Postpartum Coverage <i>(New in 2021)</i>	Request Robert G. (Bob) Bethell Home and Community Based Services and KanCare Oversight Committee review of extending 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 the child.	Legislature (KDHE)	<b>September 2022 Response, Legislature:</b> 2022 House Sub. for Sub. for SB 267 included funding for FY 2022 and FY 2023 for Medicaid coverage for 12 months postpartum. CMS approved the change.	
<b>Data Systems Recommendations</b>					
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)	<b>September 2021 Response, KDADS:</b> 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.  <b>September 2022 Update, KDADS:</b> KDADS contracted with WellSky to implement the State Hospital EHRs. The time line for that is fall of 2023. The EHR will API interface for interoperability and will be able to share information on KHIN and other HIEs.	
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)	<b>September 2021 Response, Legislature:</b> 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.	<b>September 2021 Response, KSDE:</b> 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.
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)	<b>September 2021 Response, KDHE:</b> KDHE is studying this recommendation as it pertains to using Medicaid funds to incentivize participation in HIEs.  <b>September 2022 Update, KDHE:</b> There are presently no dedicated Medicaid funding streams that can be leveraged to incentivize participation in HIEs or EHR systems. Those opportunities existed previously through the CMS HITECH initiative.	

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<b>Data Systems Recommendations (Continued)</b>					
<b>In Progress</b>	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)	<p><b>September 2021 Response, KDADS:</b> 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.</p> <p><b>September 2022 Update, KDADS:</b> KDADS has not yet made a funding request for this recommendation. We currently are anticipating that we might be able to include this in the cost of a federal CCBHC planning grant application this fall.</p>	
<b>In Progress</b>	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)	<p><b>September 2021 Response, KDADS:</b> 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.</p> <p><b>September 2022 Update, KDADS:</b> KDADS finalized its MOU with Board of Pharmacy and renewed its MOU with KDHE. KDADS is also working on MOUs with KHIN.</p>	<p><b>September 2021 Response, KDOC:</b> KDOC has no additional content to submit on this item.</p> <p><b>September 2021 Response, KSDE:</b> 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.</p> <p><b>September 2021 Response, DCF:</b> 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,</p>

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
					<p>Intensive Supervision and Juvenile Correctional Facility custody.</p> <p><b>September 2021 Response, KDHE:</b> 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.</p> <p><b>September 2022 Response, KDHE:</b> KDHE has data-sharing agreements in place with partner agencies and is working with KDADS to increase information-sharing between our agencies. KDHE now has statutory authority to access prescriber-level K-TRACS data to better track prescribing patterns.</p> <p><b>September 2022 Update, KDOC:</b> KDOC, OJA, and DCF has signed data sharing agreements specifically regarding crossover youth. This MOA was signed and the first data sharing occurred in 2022. The agreement calls for specific data points to be shared with the Crossover Youth Coordinators twice a year. In addition, KDOC joined the Children's Cabinet Data Trust which will assist in sharing system data to advance early childhood programs and potentially prevent deeper end system involvement.</p> <p><b>September 2022 Update, KSDE:</b> Items noted in the 2021 response remain, with the exception that changes in the pandemic have allowed meetings with KDHE to occur as needed rather than weekly. The third-party study of the Mental Health Intervention Team Pilot program may provide helpful suggestions for safely sharing data.</p>

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
<b>Data Systems Recommendations (Continued)</b>					
In Progress	7.6 Outcomes Date (New in 2021)	Work with the State Epidemiological Outcomes Workgroup to establish an annual legislative report on state behavioral health outcomes using existing data and outcome measures.	State Epidemiological Outcomes Workgroup (Legislative Health Committees)		
<b>Interactions with Legal System and Law Enforcement</b>					
Completed	8.1 Correctional Employees (Revised in 2021)	Expand training provided in <b>state</b> correctional facilities, <b>local jails, and detention centers</b> 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)	<p><b>September 2021 Response, KDADS:</b> 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.</p> <p><b>September 2022 Update, KDADS:</b> CMHCs are now delivering Mental Health First Aid training to correctional staff. Facilities can contact their local CMHC for more information.</p>	<p><b>September 2021 Response, KDOC:</b> 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.</p> <p><b>September 2022 Update, KDOC:</b> The response from 2021 remains effective in 2022. In addition, KDOC has had representation at the Stepping Up Initiatives across the state and supports this work in local jails in addressing behavioral health needs.</p>
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)	<p><b>September 2021 Response, Legislature:</b> 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.</p>	<p><b>September 2021 Response, KDOC:</b> The KDOC Secretary and other key KDOC staff continue to be regular contributors to the discussions of the CJRC.</p> <p><b>September 2021 Response, KDADS:</b> 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.</p> <p><b>September 2022 Update, KDOC:</b> The KDOC Secretary and other key KDOC staff continued to be regular contributors to the discussions of the CJRC through it's last meeting on November 22, 2021.</p>

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Completed	8.3 Law Enforcement Referrals (Revised in 2021)	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, residential, and outpatient services for this population.	KDOC (KDADS, providers)	<p><b>September 2021 Response, KDOC:</b> 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.</p> <p><b>September 2022 Update, KDOC:</b> Completed in 2021.</p>	

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
<b>Interactions with Legal System and Law Enforcement (Continued)</b>					
<b>Completed</b>	8.4 Defining Crossover Youth Population (Revised in 2021)	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. <b>Coordinate with juvenile corrections advisory boards to ensure local implementation aligns with statewide policy team recommendations.</b>	KDOC, KDADS (DCF)	<p><b>September 2021 Response, KDOC:</b> 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.</p> <p>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 multi-disciplinary collective that became the Kansas State Crossover Youth Practice Model</p> <p>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.</p>	<p><b>September 2021 Response, DCF:</b> 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.</p>

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				<p><b>September 2021 Update, KDOC:</b> Based upon recommendations of the Juvenile Justice Oversight Committee, KDOC extended the contract with Georgetown University for an additional two years to expand CYPM in Kansas. And continues to provide funding for the dedicated Crossover Youth Practice Model staff positions located in DCF, OJA and KDOC who are responsible for sustaining this initiative between the state agencies and in the target communities. KDOC also provides technical assistance to local community corrections agencies as requested or as identified by need which include any educational needs for local advisory boards.</p>	
In Progress	8.5 Regional Specialty Courts/Venue Transfer (New in 2021)	Explore creation of regional specialty courts across Kansas. Consider implications related to venue transfer for access to regional specialty courts.	Specialty Courts Committee (Office of Judicial Administration, Legislature)	<p><b>September 2022 Response, Judiciary:</b> The Supreme Court Specialty Court Committee (established by Supreme Court Rule 191) is discussing the possibility of establishing regional specialty courts and the legal challenges, including issues of venue, that this approach could present. The Committee is determining if moving forward with regional specialty courts are the best pathway. The specialty courts model historically centers on serving individuals in their local community. However, the Committee recognizes some limitations may exist for certain districts.</p>	

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<b>Interactions with Legal System and Law Enforcement (Continued)</b>					
<b>In Progress</b>	8.6 Specialty Court Coordinators <i>(New in 2021)</i>	Provide funding for judicial districts that meet qualifying criteria to hire specialty court coordinators	Judicial Branch (Legislature)	<b>September 2022 Response, Judiciary:</b> Last session, the Legislature passed HB 2361 which established the Specialty Court Funding Advisory Committee. That Committee's first meeting is October 13, 2022. It will focus on finding funding opportunities for specialty courts. Separately, district courts have worked hard to apply for grant funding for their specialty court programs and specialty court coordinators including a new veterans treatment court and specialty court coordinator in the 18th Judicial District (Sedgwick County). OJA has submitted a grant application for a federal grant that, if awarded, would fund coordinators in Leavenworth, Shawnee, and Wyandotte Counties. This grant would also fund a statewide coordinator.	
<b>Completed</b>	8.7 Competency Evaluation and Restoration <i>(New in 2021)</i>	Recommend KDADS look into a pilot for CMHCs to conduct mobile competency evaluation and competency restoration and report to the 2022 Legislature.	KDADS (CMHCs, prosecutors, defense counsel, Office of Judicial Administration)	<b>September 2022 Response, KDADS:</b> Passage of HB 2508-mobile competency and restoration as well as a \$2.8M SGF investment in KDADS budget has allowed for the pilot project to be implemented this year. KDADS is currently working with CMHC system and Wheat State IPA to develop trainings for CMHCs participating in the pilot.	<b>September 2022 Response, Judiciary:</b> We appreciate KDADS' hard work in developing HB 2508 and its collaboration with judicial stakeholders. We have asked our partners in the Kansas District Judges Association and the Kansas District Magistrate Judges Association to provide any feedback they have as changes in the bill occur. One comment mentioned that the changes were appreciated, however there was still some lag due to lack of available staffing at the state facility.
<b>System Transformations Recommendations</b>					
<b>In Progress</b>	9.1 Regional Model  <i>(This recommendation was merged into 2.2)</i>	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)	<b>September 2021 Response, KDADS:</b> 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.	

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
In Progress	9.2 Long-Term Care Access and Reform	Reform NFMHs to allow for the provision of active treatment and necessary rehabilitative services and crisis services in NFMHs and inclusion within the continuum of care. Increase access to LTC facilities, particularly for individuals with past involvement with the criminal justice system or those with a history of sexual violence.	KDADS (KDHE)	<p><b>September 2021 Response, KDADS:</b> KDADS has developed a strategic plan to complete this recommendation as part of the NFMH prelitigation agreement. The plan calls for several practice improvements that will reform both NFMHs and community-based services in terms of how patients are assessed, screened, and provided informed choice regarding their treatment options. The actual length of time this strategic plan will take to complete is eight years but many of the practice improvements will be completed sooner. KDADS has begun reorganizing and hiring staff to work on these practice improvement areas, which also include additional concepts introduced in other MHMR recommendations. Ease of implementation score is 8.</p> <p><b>September 2022 Update, KDADS:</b> KDADS launched a pilot program with several NFMHs in Shawnee County last year and is expanding that pilot into nearby counties to cover additional NFMHs this year.</p>	<p><b>September 2021 Response, KDHE:</b> KDHE is in full support of the NFMH pre-litigation agreement and will work diligently to ensure the agency's obligations under the agreement are met.</p>

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
<b>System Transformations Recommendations (Continued)</b>					
<b>In Progress</b>	9.3 Integration (Revised in 2021)	Increase integration, linkage, collaboration and identify care transition best practices among mental health, substance abuse, primary care and emergency departments across the state. <b>For example</b> , 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)	<p><b>September 2021 Response, KDADS:</b> 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.</p> <p><b>September 2021 Response, KDHE:</b> 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.</p> <p><b>September 2022 Update KDADS:</b> KDADS and KDHE have implemented the CCBHC model and are working on developing policy to further integrate Behavioral Health and Primary Care as well as Behavioral Health and Foster Care. Additional expansion of CCBHCs around the state will occur over the next two years.</p>	
<b>In Progress</b>	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 ( <i>e.g.</i> , law enforcement, SUD, mental health care) with a goal of implementing programs with fidelity, when possible.	KDADS (DCF)	<p><b>September 2021 Response, KDADS:</b> 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.</p>	<p><b>September 2021 Response, DCF:</b> 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.</p>

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
Completed	9.5 Family Psychotherapy (Revised in 2021)	Enable utilization of procedure code 90846 in Medicaid as a tool to support youth in foster care. This would allow therapists/practitioners to have discussions without the child present.	KDHE Division of Healthcare Finance (DCF)	<p><b>September 2021 Response, KDHE:</b> 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.</p> <p><b>September 2022 Update, KDHE:</b> this code is now covered by Kansas Medicaid.</p>	<p><b>September 2021 Response, DCF:</b> DCF would support Medicaid covering that code.</p> <p><b>September 2021 Response, KDADS:</b> 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.</p>

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
<b>Telehealth Recommendations</b>					
<b>In Progress</b>	10.1 Quality Assurance (Revised in 2021)	Develop quality assurance standards to ensure high-quality telehealth services are provided, including: - Establishing consistent guidelines and measures for telehealth in collaboration with licensing and regulatory agencies; - Allowing telehealth supervision hours to be consistently counted toward licensure requirements; - Allowing services to be provided flexibly utilizing the Kansas Telemedicine Act; and - Improving provider and patient education around telehealth literacy in relation to privacy, efficacy, access, and cybersecurity practices.	Special Committee on Telemedicine Modernization (proposed through Recommendation 10.6) (KDHE, KDADS, Providers, BSRB, private insurers, regulatory bodies, Kansas Insurance Department, state associations, health care provider associations, providers' professional associations across continuum of care, Legislature)		<p><b>September 2021 Response, BSRB:</b> The Board, and the seven advisory committees under the Board, have had ongoing discussions and recommendations concerning the expansion of telehealth. The Board is working on establishing consistent guidelines for practitioners, in part by working with representatives from multi-state compacts for professions providing telehealth services across state lines. Additionally, the Board is in the process of reviewing and updating existing regulations, including disciplinary guidelines, as these relate to licensees performing more telehealth services. Concerning telehealth supervision hours, the Board of the BSRB requested introduction of HB 2208 during the 2021 Legislative Session, which was enacted by the Legislature. HB 2208 allowed most professions under the BSRB to attain all supervision hours over televideo. For the profession of Licensed Psychology, current regulatory language limits televideo supervision to no more than one out of every four sessions. Staff for the BSRB brought this issue to the Licensed Psychology Advisory Committee and that Committee recommended removing the limitation. The Board recently voted to make that change in regulation, so the agency is submitting regulatory language to allow all supervision by televideo for Licensed Psychologists. Concerning assisting with allowing services to be provided flexibly when broadband access is limited, to assist with supervision of practitioners seeking a clinical level license, the BSRB included language in enacted HB 2208 to allow supervision hours over telephone, under extenuating circumstances as approved by the Board. The Board will be discussing these recommendations in more detail at the Board's Annual Planning Meeting on Monday, September 27, 2021.</p> <p><b>September 2021 Response, KDHE:</b> Kansas Medicaid permits the use of telephone or videoconferencing for many telehealth codes.</p>

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
					<p><b>September 2022 Update, BSRB:</b> During 2022, the Advisory Committees for the seven unique professions regulated by the agency were charged to perform a comprehensive review of the unprofessional conduct regulations for each of the professions, with an emphasis on updating or adding language concerning the rise of telehealth standards. The Board will be reviewing recommendations on changes later this year on items including confidentiality, privacy, recordkeeping, and other matters concerning telehealth practice.</p>

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
<b>Telehealth Recommendations (Continued)</b>					
<b>In Progress</b>	10.2 Reimbursement Codes (Revised in 2021)	As CMS rules allow, maintain Medicaid reimbursement codes added during the PHE for telehealth services and consider options to prevent loss of facility fees so that providers are not losing revenue by delivering telehealth services.	KDHE Division of Healthcare Finance (KDADS, MCOs, CMHCs, provider and payer professional associations, Medicare/Medicaid and insurance representatives, hospital advisory boards, patient advocacy groups, Legislature, CMS)	<b>September 2021 Response, KDHE:</b> KDHE concurs that telehealth codes added during the pandemic should be maintained, subject to CMS allowing federal match for those codes. Regarding facility fees, KDHE is studying this recommendation. There would be a fiscal impact if this recommendation is implemented, and non-behavioral health providers would likely also seek the same treatment of facility fees for telemedicine services.	<b>September 2021 Response, KDADS:</b> The United States continues to be in the PHE, but KDADS does support maintaining expansion and has advocated at the federal level for that to continue.
<b>Completed</b>	10.3 Telehealth for Crisis Services (Revised in 2021)	Continue coverage of telehealth for crisis services to allow for the use of telehealth with law enforcement and mobile crisis services. Explore virtual co-responder models for law enforcement to aid police departments and other law enforcement agencies as they respond to mental health crisis in rural and frontier communities. Engage professional associations statewide to adopt appropriate education for providers, practitioners, and law enforcement officers on using telehealth for crisis services.	KDHE (KDADS, KDOC, DCF, local law enforcement agencies, providers, affected licensing agencies and professional associations, BSRB, nursing/physician representation, emergency medical services [EMS], behavioral health practices, Legislature)	<b>September 2021 Response, KDHE:</b> KMAP Bulletin Nos. 20065 and 20086 state that effective with dates of service on or after March 12, 2020, procedure codes H2011 (Crisis Intervention at the Basic Level); H2011 HK (Crisis Intervention at the Intermediate Level); and H2011 HO (Crisis Intervention at the Advanced Level) will be allowed to be reimbursed via telemedicine (both tele-video and telephone). Billing for these two codes is contingent upon KDADS approval of the individual crisis protocol utilized at a specified CMHCs. In addition, the State has submitted an SPA to allow for delivery of mobile crisis services for youth.	<b>September 2021 Response, KDOC:</b> KDOC has no additional content to submit on this item.  <b>September 2021 Response, DCF:</b> On October 1, 2021 Beacon Health Options begins operations of a statewide centralized call center for crisis line that is audio using a phone line for the crisis intake and triage services. If mobile response is needed, an in-person response is not feasible, telehealth options are available for use with the mobile response service assessment.  <b>September 2021 Response, KDADS:</b> KDADS and KDHE have included this option in their current SPA and policy codes for the mobile crisis code.  <b>September 2022 Update, KDOC:</b> Completed in 2021.

Status	Recommendation Title	Recommendation	Action Lead Agency (Key Collaborators)	Lead Agency Response	Key Collaborator Response
<b>Telehealth Recommendations (Continued)</b>					
In Progress	10.4 Originating and Distant Sites <i>(Revised in 2021)</i>	The following item should be addressed to ensure that individuals receive - and providers offer -- telehealth in the most appropriate locations: Examine issues related to providers practicing, and patients receiving, services across state lines, such as by exploring participation in interstate licensure compacts. <i>(Some 2020 language removed)</i>	Legislature (KDHE, KDADS, providers, health care providers' professional associations, insurance agencies, Medicare/ Medicaid, BSRB, licensing boards, professions' regulatory boards)	<b>September 2021 Response, Legislature:</b> The Legislature enacted SB 283, which amends a provision allowing an out-of-state physician to practice telemedicine to treat Kansas patients to replace a requirement that such physician notify the State Board of Healing Arts (Board) and meet certain conditions with a requirement the physician hold a temporary emergency license granted by the Board.	<b>September 2022 Update, BSRB:</b> The Professional Counseling Advisory Committee received a presentation on a multi-state compact for professional counselors by representatives from the Council of State Governments (CSG) and the American and the American Counseling Association (ACA) on August 1, 2022. It is expected the Advisory Committee will discuss possible recommendations to the Board at their next meeting on October 3, 2022. The Social Work Advisory Committee received a presentation on draft language for a multi-state compact for social work by representatives of CSG on August 16. The language in the compact is still in draft form, so it is uncertain when the final language will be available for review.
In Progress	10.5 Child Welfare System and Telehealth <i>(Revised in 2021)</i>	Utilize telehealth to maintain service and provider continuity as children, particularly foster children, move around the state. <b>Explore</b> how the unique needs of parents of children in the child welfare system can be met via telehealth.	KDHE (KDADS, DCF, <b>child welfare and advocacy organization representatives, school health professionals, BSRB, foster care contractors, CMHCs</b> )	<b>September 2021 Response, KDHE:</b> KDHE recognizes the value telehealth provides and has no present plans to roll back flexibilities allowed during the pandemic. However, the Kansas Medicaid program must follow CMS rules governing the allowability of telehealth in order to qualify for federal matching funds for those services.  <b>September 2022 Update, KDHE:</b> KDHE continues its advocacy efforts to ensure that CMS will continue to allow Kansas to cover the wide variety of telehealth codes that are currently offered. There are no present plans to roll back any current telehealth offerings.	<b>September 2021 Response, DCF:</b> Technology for remote contacts can be used for interactions, services, and supports between case managers and service providers with children and youth in care. CMHCs and other service providers or supports may use technology based on standards of the service or needs of the family.  <b>September 2022 Update, BSRB:</b> No BSRB update.
In Progress	10.6 Telemedicine Committee <i>(New in 2021)</i>	The Legislative Coordinating Council shall establish a Special Committee on Telemedicine Modernization structured in the same manner as the 2021 Special Committee on Kansas Mental Health Modernization and Reform (MHMR), which included judiciary ad hoc members. The Committee stresses the need to continue the work of the Special Committee on MHMR on the topic of telemedicine.	Legislative Coordinating Council, Legislature (Providers, consumers, Legislature, private insurers, employers [particularly self-insured], KDHE, KDADS, regulatory boards)		

<b>Glossary of Acronyms</b>	
<b>Acronym</b>	<b>Term</b>
ACA	Affordable Care Act
ACE	Adverse Childhood Experiences
AODA	Alcohol and Other Drug Abuse
ARPA	American Rescue Plan Act
BHS	Behavioral Health Services
BSRB	Behavioral Sciences Regulatory Board
CAK	Children's Alliance of Kansas
CAODA	Committee on Alcohol and Other Drug Abuse
CASA	Court Appointed Special Advocates
CBST	Community-Based Service Teams
CCBHC	Certified Community Behavioral Health Center
CIA	Crisis Intervention Act
CIC	Crisis Intervention Center
CIT	Crisis Intervention Team
CJRC	Criminal Justice Reform Commission
CMHC	Community Mental Health Centers
CMS	Centers for Medicare & Medicaid Services
CSG	Council of State Governments
CYPM	Crossover Youth Practice Model
DCF	Kansas Department for Children and Families
DHCF	Division of Health Care Finance
EBP	Evidence Based Practices
EHR	Electronic Health Records
FCO	2020 Special Committee on Foster Care Oversight
FFPSA	Family First Prevention Services Act
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
GBHSPC	Governor's Behavioral Health Services Planning Council
HCBS	Home and Community-Based Services
HHS	U.S. Department of Health and Human Services
HIE	Health Information Exchange
HRSA	Health Resources and Services Administration
I/DD	Intellectual/Developmental Disability
IIP	Immediate Intervention Program
IMD	Institution for Mental Diseases
IPS	Individual Placement and Support
JDC	Juvenile Detention Center
JIYA	Justice Involved Youth and Adults
KCSDV	Kansas Coalition Against Sexual and Domestic Violence
KCTC	Kansas Communities That Care
KDADS	Kansas Department for Aging and Disability Services
KDHE	Kansas Department of Health and Environment
KDOC	Kansas Department of Corrections
KHA	Kansas Hospital Association
KHI	Kansas Health Institute
KHIN	Kansas Health Information Network
KLRD	Kansas Legislative Research Department

<b>Acronym</b>	<b>Term</b>
KNI	Kansas Neurological Institute
KMAP	Kansas Medical Assistance Program
KSDE	Kansas State Department of Education
KSPHQ	Kansas Suicide Prevention Headquarters
K-TRACS	Kansas Tracking and Reporting of Controlled Substances
LACIE	Lewis and Clark Information Exchange
LEO	Law Enforcement Officer
LSH	Larned State Hospital
LTC	Long-Term Care
MAT	Medication Assisted Treatment
MCO	Managed Care Organization
MHBG	Community Mental Health Services Block Grant
MHMR	Mental Health Modernization and Reform
MOU	Memorandum of Understanding
NAS	Neonatal Abstinence Syndrome
NFMH	Nursing Facilities for Mental Health
NSPL	National Suicide Prevention Lifeline
OAG	Office of the Attorney General
OSH	Osawatomie State Hospital
PDMP	Prescription Drug Monitoring Program
PDPM	Patient-Driven Payment Model
PGOAF	Problem Gambling and Other Addictions Grant Fund
PHE	Public Health Emergency
PIL	Protected Income Level
PPE	Personal Protective Equipment
PPS	Prospective Payment System
PRTF	Psychiatric Residential Treatment Facility
PSP	Psychiatric Services Program
PTSD	Post Traumatic Stress Disorder
RADAC	Regional Alcohol and Drug Assessment Center
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	School-Based Screening, Brief Intervention, and Referral to Treatment
SED	Serious Emotional Disturbance
SGF	State General Fund
SIA	State Institutional Alternative
SMI	Serious Mental Illness
SMVF	Service Members, Veterans, and their Families
SOAR	SSI/SSDI Outreach, Access, and Recovery
SOC	Systems of Care
SPA	State Plan Amendment
SPMI	Severe and Persistent Mental Illness
STEPS	Supports and Training for Employing People Successfully
SUD	Substance Use Disorder
TA	Technical Assistance
TANF	Temporary Assistance for Needy Families
TBRI	Trust Based Relation Intervention
YRBS	Youth Risk Behavior Surveillance System