Ms. Jeanne Urban-Wurtz
Principal Investigator
Behavioral Health Services Commission
505 S. Kansas Avenue
Topeka, KS 66603-3404

Dear Ms. Urban-Wurtz,

Enclosed is the report of the federal Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, Child, Adolescent, and Family Branch February 12-15, 2018 site visit to the Kansas System of Care. We trust this report accurately and fairly represents the Kansas System of Care.

We want to thank you and all the others from Kansas who participated in this site visit. We recognize the hard work that goes into planning such a meeting. The site visit team appreciates the openness with which they were met and the cooperation of all who participated. The site visit helped provide clarity about the successes and challenges you are having in implementing this grant.

Key Issues and Recommendations
During the visit we shared our observations of strengths and challenges. Below are key issues observed by members of the site visit team and related recommendations:

Key Strengths
1. Enthusiasm for the system of care was demonstrated by family and youth throughout the site visit.

2. The local Community Mental Health Center’s (CMHC’s) are providing required services and have developed Local Advisory Councils that have broad community representation including family and youth.

3. The local CMHC’s are supporting each other’s efforts

4. In response to the high suicide rate among LGBTQI2S (Lesbian, Gay Bisexual, Transgender, Questioning, Intersex, and 2 Spirit) youth, one CMHC has created partnerships with organizations such as GLSEN (Gay, Lesbian, and Straight Education Network).

5. The Family Acceptance Project has been implemented in one of the CMHC’s and the other Centers also intend to implement this approach.
Key Recommendations

1. The Kansas System of Care (KSOC) appears to be focused on local priorities rather than statewide priorities. The site visit team recommends that the leadership consider obtaining additional training and consultation to ensure that both local and statewide activities receive attention and to ensure that there is a clear understanding about the most critical components of system of care values including family driven, youth guided, and cultural and linguistic competence.

2. Current KSOC efforts are primarily staff driven. The site visit team recommends that leadership broaden the initiative to further include families, youth, providers, and community stakeholders to inform SOC development, implementation and expansion.

3. As the Funding Opportunity Announcement (FOA) requires, the site visit team recommends that the KSOC leadership pursue a relationship with a statewide family network to ensure that services and supports are driven by families.

The Kansas System of Care is making steady progress to meet the goals of the grant and address the needs of children with Serious Emotional Disturbance (SED) and their families. We are confident that the leadership and constituency groups will embrace the recommendations in this report and capitalize on the strength of the rich diversity of families that comprise the population of focus. We look forward to working with you as you move forward with developing the system of care for children and their families.

Sincerely,

[Signatures]

Gary M. Blau, PhD
Chief, Child, Adolescent and Family Branch

Elizabeth Sweet
Federal Project Officer
FOR CHILDREN AND THEIR FAMILIES PROGRAM
Child, Adolescent, and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

REPORT OF VISIT TO SYSTEM OF CARE COMMUNITY

Project location: State of Kansas
Project name: Kansas’ System of Care Mental Health Services for
Children and Their Families
Date of visit: February 12-15, 2018
Report date: March 15, 2018
Principal Investigator: Jeanne Urban-Wurtz
Project Director: Kelsee Torres

Site Visit Team:
SAMHSA Project Officer: Elizabeth Sweet
Consultant: Sheryl Schrepf
Subject Matter Expert: Patricia Baker

Purpose of the Federal Site Visit
Federal site visits to communities funded through the Comprehensive Community Mental Health Services for Children and Their Families Program are conducted as part of the technical assistance requirements in the Public Health Services Act, Public Law 102-321 as amended, Part E, Title V, Sections 561-565. The purpose of the site visit is to determine the status of project implementation and to identify areas for quality improvement. The site visit also provides an opportunity to highlight policies and practices and to demonstrate the development of community-based systems of care for children and adolescents with serious emotional disturbance and their families. This site visit was conducted in the second year of Federal funding.

Process to develop observations
The observations and recommendations detailed in this report were developed from a series of focused discussions with program staff and community partners that took place over the course of three days. The following content sessions were held: Overview, Management Structure/Governance, Fiscal Management and Sustainability, Evaluation and Quality Assurance, Services and Support, Chart Review, Training & Technical Assistance, Cultural & Linguistic Competence, Public Education and Social Marketing, a meal with youth and families, and the Wrap Up. Summary statements, strengths, and recommendations for each session are delineated in the following report. Participants shared information about challenges encountered and progress made in the time since the grant award date in 2016.
Overview
The Kansas Department of Aging and Disability Services (KDADS) manages the award to develop a system of care. The Kansas System of Care for Mental Health Services to Children and Their Families is referred to as the Kansas System of Care (KSOC). The Principal Investigator and Project Director are state employees. The remainder of the system of care development is contracted with the Wichita State University’s Community Engagement Institute-Center for Behavioral Health Initiatives (CBHI) including Social Marketing, Evaluation, Lead Youth and Family positions, Technical Assistance and Training, and Cultural and Linguistic Competence.

KSOC is working to create, expand, and sustain trauma-informed care, family driven and youth guided system of care approach to address the needs of children and youth with serious emotional disorders and their families. The service partners are four Community Mental Health Centers (CMHCs) in the state that serve 14 counties:
- Compass Behavior Health serving 13 counties in southwest Kansas
- Sumner Mental Health Center serving Sumner County;
- Parent Addiction and Children Empowerment Services (PACES) serving Wyandotte County, and
- South Central Mental Health Center serving Butler County.

KDADS and their partners each completed a strengths and opportunities analysis. Each Center identified their greatest needs and are addressing those through the System of Care. Initially each Center worked independently. The current focus is on building cohesiveness.

In addition, there are common needs identified throughout the counties:
- Youth who are “stuck” in crisis
- Improving access to service
- Working closer with local schools
- Youth and family involvement

Each CMHC in the Kansas System of Care differ in terms of program models, goals, and priorities, however there are some goals:
- Increasing peer support quantity and quality for youth and families,
- Local Advisory Councils to improve collaboration, policy change,
- Increasing youth and family voice at local levels,
- Capacity-building for staff and organizations based on SOC principles, and
- Increasing access to services.

Kansas SOC began their work through “listening tours” throughout the service areas. Youth, families, and community partners contributed to the development of services to meet the needs of their populations. One hundred and forty-two people participated through nine in-person sessions, video conferencing, at a workshop at the Kansas Recovery Conference, and an online survey option. Responses covered:
- Families experience of services and access
- Partnership and systems integration
- Training and support for providers, youth, families
• Funding and sustainability

Site Visit Protocol Categories

The following sections of the report correspond to the seven categories of the Site Visit Protocol. Each section details a summary of strengths, and recommendations.

Section 1: System Level Coordination/Infrastructure and Management Structure.

The site visit team met with the Principal Investigator and Project Director as well as the Director of the Kansas Department of Aging and Disability Services. All the Community Mental Health Centers and Wichita State University were represented at every meeting.

The oversight and governance of the Kansas System of Care is multi-layered. The Kansas State Advisory Committee is the governing body composed of a majority youth and family as well as representatives from the four Community Mental Health Centers and Wichita State University Community Engagement Institute-Center for Behavioral Health Initiatives (CBHI). This group provides recommendations to the Governor’s Behavioral Service Planning Council (GBHSPC) and Children’s Subcommittee on an annual basis. The Council meets quarterly and is finalizing a Strategic Plan. In addition, there are two sub-committees: Social Marketing and Event Planning.

The Strategic Plan will include strategies to:

• Increase youth and family involvement in policy and training development and prioritizing their voice and choice.
• Strengthen partnerships, especially with schools, to be more trauma-informed, better able to identify mental health symptoms, and increase participation in service planning.
• Improve continuum of care efforts.
• Increase access to Parent Peer Supports.

Each of the four Mental Health Councils have a Local Advisory Council that oversee the development of services and training on a local level. These groups are comprised of family, youth, service partners, and community stakeholders including domestic violence and school psychologists where available. Two of the four Centers indicated that they struggle to engage families and youth on the Local Advisory Councils.

Strengths

1. State Advisory Council minutes, plans, and work products are posted on their website.
2. The State Advisory Council plans to increase and maintain families and youth at 50% of their membership.
3. There is an informal communication link between the State and Local Advisory Council.
4. The local Community Mental Health Center’s (CMHC’s) are providing required services and have developed Local Advisory Councils that have broad community representation including family and youth.
5. The local CMHC’s are supporting each other’s efforts.
Recommendations

1. The State Advisory Council appears to be an implementation team in function and governance might be more appropriate at the Governor’s Behavioral Health Service Planning Council (GBHSPC). The site visit team recommends the Kansas System of Care Leadership develop a closer relationship with the Governor’s Council to further system of care development, implementation, and expansion.

2. The Kansas System of Care (KSOC) appears to be focused on local priorities rather than statewide priorities. The site visit team recommends that the leadership consider obtaining additional training and consultation to ensure that both local and statewide activities receive attention and to ensure that there is a clear understanding about the most critical components of system of care values including family driven, youth guided, and cultural and linguistic competence.

3. Current KSOC efforts are primarily staff driven. The site visit team recommends that leadership broaden the initiative to further include families, youth, providers, and community stakeholders to inform SOC development, implementation and expansion.

4. Develop a comprehensive plan to orient new members of the State and Local Advisory Councils including information about the Funding Opportunity Announcement (FOA) and the original grant application.

5. Use technical assistance to identify other SOC’s that have successfully involved family and youth in all aspects of system of care.

6. Complete the Strategic and Finance Plans as soon as possible.

7. Develop a formal communication process between the State and Local Advisory Councils.

8. Develop a grievance policy for families and youth to use when issues arise.

9. Develop a process for community partners to use when they wish to appeal decisions.

Section II: Fiscal Management and Sustainability
The Kansas Department of Aging and Disability Services (KDADS) oversees the fiscal requirements of KSOC issuing and monitoring contracts and completing all federal reporting requirements. A Finance Plan had not been completed at the time of the site visit.

The Kansas Medicaid system, known as KanCare, is a privatized system (2013) that offers integrated care to more than 400,000 Kansans. There are currently three managed care organizations (MCO): Amerigroup, Sunflower, and United Healthcare.

Two state agencies, the Kansas Department of Health and Environment (KDHE) and the Kansas Department for Aging and Disability Services (KDADS), administer KanCare. In addition to managing Medicaid waivers, KDADS also oversees several federal grants and cooperative agreements, including Kansas System of Care (KSOC).

Services under Medicaid include psychosocial rehabilitation, community psychiatric support and treatment, peer support, case management, wraparound facilitation and attendant for adults with Severe and Persistent Mental Illness (SPMI) and children/youth with Serious
Emotional Disturbance (SED). All four of the direct service KSOC partners are CMHCs. Efforts are underway to include service coordination under Medicaid reimbursement.

Ideas that are driving the finance plan are:
- Determine what is to be sustained.
- Families and youth made it clear that they value peer support and being able to drive their care and would not want to lose those services and activities.
- Increase quality and quantity of peer support services.
- Shift ownership of advisory, stakeholder efforts for youth and family from CMHCs to families themselves.
- Explore Medicaid financing strategies and service definitions (e.g. service coordination).
- Identify and pursue opportunities for blended funding and resources

Strengths
1. Local service providers have worked to get individual services authorized as exceptions from Managed Care Companies (MCOs).
2. The Community Mental Health Centers have funds in their contracts for family and youth peer support.
3. There is strong fiscal oversight at the state level.

Recommendations:
1. Families and youth were very verbal about the value of the peer support from peers with lived experience and their desire to sustain that service.
2. As the Funding Opportunity Announcement (FOA) requires, the site visit team recommends that the KSOC leadership pursue a relationship with a statewide family network to ensure that services and supports are driven by families.
3. Complete the Finance and Sustainability Plan as soon as possible including input from stakeholders and Local Advisory Councils as well as family and youth.
4. Develop a policy for the use of flexible funds with input from Local Services Advisory Council members.

Section III: System of Care Services and Supports
All required system of care services and supports are available through the Kansas System of Care (KSOC). Each Community Mental Health Center (CMHC) has their own referral and intake process as well as designated priority populations (within the eligibility parameters) such as suicide prevention, serving families who have no means to pay for services, and school issues.

Currently there is no relationship with a statewide family network as required by the FOA. The lead family and youth positions are employed by Wichita State University.

The service planning process varies at each CMHC depending on the populations on which they are focusing. For example, Compass focuses on children and families on the Medicaid waiver; South Central and Sumner have a focus on school partnerships and referrals from therapists or teachers; and Wyandot provides access to KSOC through their Intensive Outpatient Program for eight weeks. Trauma based treatment is a priority throughout the KSOC.
The family and youth dinner meeting was well attended. Families indicated that family peer support is extremely helpful and that support workers are knowledgeable about systems and schools including Individual Education Plans (IEP) development. The youth present reported that they were learning how to advocate for themselves and are better understanding system processes. Youth are involved in their treatment planning. Families and youth are given gift cards for their participation in KSOC work. There are no funds designated for family and youth leadership training, however, YLink (Youth Leaders in Kansas) is a statewide peer/parent support run program that is available to train youth on system of care values and principles.

The team reviewed two service records from each of the four service providers. One provider provided access to electronic records and the others provided paper records. All records included the necessary documentation albeit in a different format. Records were well organized. Flexible funding was not used by two of the providers and the other’s use of flexible funding was not documented in the records. Crisis plans were included in six records and not in the other two. Records are housed at each of the Community Mental Centers.

Strengths:
1. The youth shared that they were involved in their treatment planning process and were knowledgeable about system of care services. The youth were able to articulate their need for being in the system of care.
2. Enthusiasm for system of care was demonstrated by family and youth throughout the site visit.
3. YLink (Youth Leaders in Kansas) previously developed to provide leadership training for youth is also available to youth enrolled in the KSOC.
4. Peer support services are valued by families and youth and both groups were very forthright about their desire to have these sustained.
5. All required services are available.

Recommendations:
1. When flexible funding is used details should be documented in the service record including how the funds are connected to treatment plans.
2. As per youth input the site visit team recommends better coordination of transition services.
3. Provide a presentation to all staff, families, youth, and Advisory Committee members about services available under the Medicaid Waiver.
4. One CMHC is enrolling all system of care youth and families into their Intensive Outpatient Program that limits services to eight weeks. As wraparound is an individualized process that continues until the completion of the treatment plan. The team recommends that time parameters be developed based on individual needs.
5. Develop a uniform flexible funding policy.
6. Initiate a quality improvement approach to a review of service records particularly to ensure consistency and that there is a Crisis Plan in each.
7. Current KSOC efforts appear to be primarily staff driven and the team recommends the leadership broaden the initiative to further include families, youth, providers, and
community stakeholders to inform the SOC implementation, expansion, and sustainability.

8. Distribute the Funding Opportunity Announcement (FOA) and the original grant application to all members of the State and Local Advisory Councils to ensure their understanding of the grant requirements.

9. As the Funding Opportunity Announcement (FOA) requires, the site visit team recommends that the KSOC leadership pursue a relationship with a statewide family network to ensure that services and supports are driven by families.

Section IV: Cultural Linguistic Competence

The Cultural and Linguistic Competency (CLC) staff housed at Wichita State University’s Community Engagement Institute-Center for Behavioral Health Initiatives (CBHI) initiated a survey with the CMHC’s to determine the level of understanding of staff about cultural and linguistic competence. This information was shared with the Centers and served as a basis for training and technical assistance planning and activities.

The site visit team reviewed a list and description of current and future training events aimed at increasing cultural competency. The Training and Technical Assistance staff provide support and training to each CMHC as requested. Therefore, trainings have been developed for specific catchment areas as needs differ across the system of care. For example, in some areas poverty rates are higher than national average; there are unique needs of rural and frontier communities; and there has been an increase in youth suicide attempts, especially for those not in services and members of Lesbian, Gay, Bisexual Transgender, Questioning, Intersex, and Two Spirit (LGBTQI2S) community. These differences require specialized training.

Strengths:

1. Each CMHC is identifying the cultures within their service area to address such issues as poverty, language, LGBTQI2S, youth, race and ethnicity, and family heritage.

2. South Central Community Mental Health is working with GLSEN to reach out to LGBTQI2S youth, families, schools, churches, and community.

3. The Family Acceptance Project has been implemented in one of the CMHC’s and the other Centers also intend to implement this approach.

4. One CMHC is learning about family culture through conversations with families and youth about deeply held beliefs.

5. In response to the high suicide rate among LGBTQI2S (Lesbian, Gay Bisexual, Transgender, Questioning, Intersex, and Two Spirit) youth, one CMHC has created partnerships with organizations such as GLSEN (Gay, Lesbian, and Straight Education Network).

Recommendations:

1. Develop a Cultural and Linguistic Competency Plan as required.

2. Access and share each Mental Health Center’s information related to refugee resources available in Kansas.
3. Engage local major employers Employee Assistance Programs with diverse work forces to possibly partner in potential service delivery.
4. Develop specific strategies that families and youth to further identify to develop cultural competence.
5. Engage families and youth to complete the cultural and linguistic competence survey (completed by staff) and review all subsequent data and how those data can be used to enhance and improve cultural competency.
6. Develop the required Cultural and Linguistic Competence Committee that includes family, youth, local community cultural organizations, members of the refugee community, and service providers.
7. Initiate the Family Acceptance Project at all Community Mental Health Centers in the System of Care.

Section V: Public Education and Social Marketing
Social Marketing is the responsibility of the sub-committee of State Advisory Council. This group has developed goals, strategies, identified audiences and messages, and appropriate methods to disseminate information to enhance the understanding about system of care across the state. There is a Strategic Marketing Plan in place. Families and youth are active participants in the sub-committee’s work.

The Social Marketing sub-committee has participated in the Children’s Mental Health Awareness Day event planning, guides the webpage content, provides all social media content, and seeks feedback about their social marketing efforts from multiple sources.

Strengths:
1. There is a Social Marketing plan that identifies strategies, audiences, methods and evaluation of efforts.
2. There is a plan to use evaluation data to develop stories to raise awareness about the importance of “caring for every child’s mental health”.
3. Youth and families are represented on the social marketing sub-committee.
4. Families and youth members of the social marketing committee reported that they have several options to participate including in person, by phone, or by internet.

Recommendations:
1. Include other community stakeholders, family organizations, and other child serving partners, and organizations in social marketing efforts. Examples are: Boys and Girls Clubs, YMCA’s, and the County Extension Office.in KSOC development.
2. Continue plans to use social marketing in both local and state policy making, and sustainability activities.
3. Expand membership of the Social Marketing Committee to include representatives from each CMHC, families, youth, and a group of broad community stakeholders to inform social marketing efforts.
4. The team recommends that the leadership engage the state communications staff for additional support to implement future social marketing activities informed by family and youth.
Section VI: Training and Technical Assistance/Workforce Development

Training and technical assistance is provided by the Wichita State University’s Community Engagement Institute-Center for Behavioral Health Initiatives (CBHI). This group developed or are in the process of developing trainings for:

- Peer Support (basic and advanced trainings for parents and youth),
- Trauma Informed Systems of Care,
- Cultural and Linguistic Competence,
- Compassion Fatigue, and
- Cultures of Poverty

The site visit team learned that CBHI is developing some trainings that may already exist through other organizations or could be available through the SAMHSA supported TA Network. For example, Peer Support training models are available through the Federation of Families for Children’s Mental Health and many family organizations.

There is not an overall Training and Technical Assistance Plan. Rather a CMHC requests training on a subject and CBHI staff develops and arranges the training on their request.

While the intention is to develop a training on the Culture of Poverty (mentioned several times during the site visit) it is unclear how this is defined and whether CBHI intends to search for developed training models or develop a new curriculum.

Strengths:

1. There is a list of currently available trainings for staff of the KSOC.
2. One CMHC has scheduled trauma informed supervisor training and have plans to follow up with those supervisors.

Recommendations:

1. The team recommends that the Kansas System of Care use developed, curriculums and core competency trainings and proceed with implementation as opposed to developing new versions.
2. Establish a Technical Assistance and Workforce Development Committee that includes representation from each of the CMHC’s, families, youth and a broad representation of community stakeholders.
3. Implement leadership training for families and youth in the KSOC.
4. Begin efforts to have families and youth participate in the provision of training.
5. Develop an ongoing system of care orientation and provide supervision for current and new staff.

Section VII: Evaluation

National and local evaluation efforts are provided under contract with Wichita State University Community Engagement Institute-Center for Behavioral Health Initiatives (CBHI). The required staff is in place. 98.7% of enrolled families are participating in National Evaluation. 62% of the six-month reassessments were completed by the target date and 50% of discharge Interviews have been face to face. Evaluation data is starting to be used in social marketing.
Local evaluation activities include: measures to ensure that all agency policies are trauma-informed; measures of secondary trauma in direct service providers; a client trauma survey; a measure to determine to what degree youth and caregivers feel they are included in the care decisions; and a cultural and linguistic competency assessment to determine the level of linguistic competence present in existing CMHC policies.

**Strengths:**
1. There is a full evaluation team as required.
2. The Evaluation Team has implemented local evaluation efforts.
3. The Evaluation Team is beginning a process evaluation of the KSOC efforts to guide future strategies.
4. The National Evaluation has been implemented with 98.7% of families participating. The local providers gather SAMHSA Performance Accountability and Report System (SPARS) data and transmit to the Evaluation Team.
5. There are gift card incentives for families participating in the National Evaluation.

**Recommendations:**
1. Increase family and youth involvement in the evaluation design, analysis and dissemination of information.
2. Form an Evaluation Committee that represents the four CMHC’s, family, youth, and broad community stakeholders.
3. Engage available technical assistance to connect with other SOC Evaluation efforts to learn how they have been successful engaging families and youth in evaluation activities.
4. Develop formal strategies to use the data collected in KSOC to further expansion and sustainability efforts.

**Summary:**
The Kansas System of Care (KSOC) is managed by the Kansas Department of Aging and Disability Services. Most of the infrastructure and main components are contracted to Wichita State University’s Community Engagement Institute-Center for Behavioral Health Initiatives (CBIH). This includes: training and technical assistance, cultural and linguistic competence, social marketing, evaluation, and lead staff for family and youth involvement.

Families and youth enrolled in the Kansas System of Care (KSOC) were very enthusiastic about the services they received, especially family and youth peer support. Youth reported they are learning how to advocate for themselves.

The site visit team found many strengths in KSOC and some areas that may need improvement including: additional orientation and training on system of care values and principles; more consistency in policies and procedures at the local and state levels (e.g., intake and assessment, flex funding, service records); and the implementation of required committees.

The site visit team noted considerable strengths in KSOC and believe that the KSOC leadership and partners are poised to address the recommendations in this report and continue to develop, implement, and expand systems of care in Kansas.
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### III. System of Care Services and Supports

1. When flexible funding is used details should be documented in the service record including how the funds are connected to treatment plans.

2. As per youth input the site visit team recommends better coordination of transition services.

3. Provide a presentation to all staff, families, youth, and Advisory Committee members about services available under the Medicaid Waiver.

4. One CMHC is enrolling all system of care youth and families into their Intensive Outpatient Program that limits services to eight weeks. As wraparound is an individualized process that continues until the completion of the treatment plan. The team recommends that time parameters be developed based on individual needs.

5. Develop a uniform flexible funding policy.

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8. Distribute the Funding Opportunity Announcement (FOA) and the original grant application to all members of the State and Local Advisory Councils to ensure their understanding of the grant requirements.

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<td>3. Expand membership of the Social Marketing Committee to include representatives from each CMHC, families, youth, and a group of broad community stakeholders to inform social marketing efforts.</td>
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<td>4. The team recommends that the leadership engage the state communications staff for additional support to implement future social marketing activities informed by family and youth.</td>
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<td><strong>VI. Training and Technical Assistance and Workforce Development</strong></td>
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<tr>
<td>1. The team recommends that the Kansas System of Care use developed, curriculums and core competency trainings and proceed with implementation as opposed to developing new versions.</td>
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2. Establish a Technical Assistance and Workforce Development Committee that includes representation from each of the CMHC’s, families, youth and a broad representation of community stakeholders.
3. Implement leadership training for families and youth in the KSOC.
4. Begin efforts to have families and youth participate in the provision of training.
5. Develop an ongoing system of care orientation and provide supervision for current and new staff.

**VII. Evaluation/Quality Assurance**

1. Increase family and youth involvement in the evaluation design, analysis and dissemination of information.
2. Form an Evaluation Committee that represents the four CMHC’s, family, youth, and broad community stakeholders.
3. Engage available technical assistance to connect with other SOC Evaluation efforts to learn how they have been successful engaging families and youth in evaluation activities.
4. Develop formal strategies to use the data collected in KSOC to further expansion and sustainability efforts.