Kansas

UNIFORM APPLICATION
FY 2020 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/07/2017 - Expires 06/30/2020
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Center for Mental Health Services
Division of State and Community Systems Development
A. State Information

State Information

State DUNS Number
Number 878195098
Expiration Date

I. State Agency to be the Grantee for the Block Grant
Agency Name Kansas Department for Aging and Disability Services (KDADS)
Organizational Unit Behavioral Health Services
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City Topeka
Zip Code 66603

II. Contact Person for the Grantee of the Block Grant
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III. State Expenditure Period (Most recent State expenditure period that is closed out)
From 7/1/2018
To 6/30/2019

IV. Date Submitted
NOTE: This field will be automatically populated when the application is submitted.
Submission Date
Revision Date

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Footnotes:
B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Provide access to community based services for adults with severe mental illness allowing them to remain in their homes and communities with services and supports.
Priority Type: MHS
Population(s): SMI

Goal of the priority area:
Adults with serious mental illness are able to maintain community living and build a support system of care to improve their quality of life.

Strategies to attain the goal:
- Identify opportunities to increase access to services for SMI.
- Examine adequacy of SMI-related service rates.
- Establish care coordination and case management requirements for our contractors that are provided through treatment and continuing care.
- Explore potential partnership opportunities with the Kansas Department of Corrections to increase referrals and to address barriers related to stigma of mental illness and treatment.

Annual Performance Indicators to measure goal success

| Indicator # | 1 |
| Indicator: | SPMI served with Block Grant funds |
| Baseline Measurement: | Number of SPMI served with Block Grant funds in SFY 17. |
| First-year target/outcome measurement: | 1 percent increase in number of SPMI served with Block Grant funds since SFY 17 |
| Second-year target/outcome measurement: | 1 percent increase in number of SPMI served with Block Grant funds since SFY 18 |
| New Second-year target/outcome measurement(if needed): | 1 percent increase in number of SPMI served since SFY 18 (Baseline = SFY 2017, First-year = SFY 2018, Second-year = SFY 2019) |

Data Source:
KDADS’ Automated Information Management System (AIMS)

New Data Source(if needed):
Quarterly reports from CMHCs

Description of Data:
Proportion of total number of SMI in a given SFY

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:
Individuals not correctly identified as SPMI

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment
First Year Target: ✔ Achieved □ Not Achieved (if not achieved, explain why)
Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):
SFY 2017 Total number of SPMI served: 18,565 (this number includes all SPMI served, not just block-grant funded)
SFY 2018 Total number of SPMI served: 18,901 (this number includes all SPMI served, not just block-grant funded)
Percent of increase: 1.81% increase
Kansas will be using a different data source for this measurement as the current Kansas data system does not track concurrent, multiple funding sources and any changes between funding sources. In the future, this data will be pulled from CMHC quarterly reports.

Second Year Target: Achieved
Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):
SFY 2017 Total number of SPMI served: 18,565 (this number includes all SPMI served, not just block-grant funded)
SFY 2018 Total number of SPMI served: 18,901 (this number includes all SPMI served, not just block-grant funded)
SFY 2019 Total number of SPMI served: 19,661 (this number includes all SPMI served, not just block-grant funded)
Percent of increase: 4.02% increase

Priority #: 2
Priority Area: Provide access to community based services for children with serious emotional disturbance, allowing them to remain in their homes and communities with services and supports.
Priority Type: MHS
Population(s): SED
Goal of the priority area:
Children with SED are offered treatment needed to ensure they can maintain in the community and improve their education, family and quality of life.

Strategies to attain the goal:
Build awareness of the SED diagnosis and service availability for families of children with SED who are in need of treatment and services, and for other systems that have contact with children.
Identify opportunities to increase access to services for SED.
Examine adequacy of SED-related service rates.
Establish care coordination and case management requirements for our contractors that are provided through treatment and continuing care.
Coordinate care and build partnerships with Kansas Department of Children and Families and Kansas Department of Education to increase referrals and to address barriers related to SED children’s access to needed treatment and support in schools, child welfare and other locations.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: SED served with Block Grant funds
Baseline Measurement: Number of SED served with Block Grant funds in SFY 17
First-year target/outcome measurement: 1 percent increase in number of SED served with Block Grant funds since SFY 17
Second-year target/outcome measurement: 1 percent increase in number of SED served with Block Grant funds since SFY 18
New Second-year target/outcome measurement (if needed): 1 percent increase in number of SED served since SFY 18
Data Source:
KDADS’ Automated Information Management System (AIMS)
New Data Source (if needed):
Description of Data:
Proportion of total number of SED in a given SFY

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:
Individuals not correctly identified as SED

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment
First Year Target: ☑  Achieved  ❌  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:
Kansas is proposing a new first-year target/outcome measurement as the current Kansas data system does not track multiple, concurrent funding sources and any changes between funding sources. Kansas proposes that the new target/outcome will measure all SED children served, not just Block Grant funded.

Baseline of all SED children served (SFY 2017) = 29,912 served
All SED children served in SFY 2018 = 30,650
Calculated percent of increase/decrease: 2.41% increase in all SED youth served

How first year target was achieved (optional):

Second Year Target: ☑  Achieved  ❌  Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Baseline of all SED children served (SFY 2017) = 29,912 served
All SED children served in SFY 2018 = 30,650
All SED children served in SFY 2019 = 32,668
Calculated percent of increase/decrease: 6.58% increase in all SED youth served

Priority #: 3
Priority Area: Expand access to youth experiencing their first psychotic episode and offer treatment and support within two years of the episode.
Priority Type: MHS
Population(s): ESMI

Goal of the priority area:
Youth who have experienced their first psychotic episode are free from the adverse effects of their mental illness.

Strategies to attain the goal:
Identify opportunities to increase access to services for ESMI.

Examine adequacy of ESMI-related service rates.

Establish care coordination and case management requirements for our contractors that are provided through treatment and continuing care.

Identify potential partners who may have contact with young people in this age group to educate and build awareness around early intervention and treatment availability, such as: the Kansas Department of Children and Families, colleges, schools, and social media.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: ESMI served with Block Grant funded-intervention
Baseline Measurement: Number of youth experiencing ESMI served with Block Grant funded-intervention in SFY 17
First-year target/outcome measurement: 5 percent increase in number of youth experiencing ESMI served with Block Grant funded-intervention in SFY 17

Second-year target/outcome measurement: 5 percent increase in number of youth experiencing ESMI served with Block Grant funded-intervention in SFY 18

New Second-year target/outcome measurement *(if needed):* 5 percent increase in number of youth experiencing ESMI served with Block Grant funded-intervention in SFY19 (Baseline would be SFY 2018).

Data Source:
KDADS' Automated Information Management System (AIMS)

New Data Source *(if needed):*
Quarterly reports from FEP grantees

Description of Data:
Proportion of total number of youth experiencing ESMI served with Block Grant funded-intervention in a given SFY

New Description of Data *(if needed):*

Data issues/caveats that affect outcome measures:
Individuals not correctly identified as being ESMI, funding cuts to overall Block Grant

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ✔ Achieved  □ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved *(optional):*
SFY 2018 Baseline: 48
The data source has changed and going forward will be reported based upon the quarterly reports submitted by the FEP grantees.

Second Year Target: ✔ Achieved  □ Not Achieved *(if not achieved, explain why)*

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved *(optional):*
SFY 2019: 54 served is an increase of 6 or 12.5%

Priority #: 4
Priority Area: Reduce underage drinking in Kansas
Priority Type: SAP
Population(s): PP

Goal of the priority area:
Reduce percentage of students in grades 6, 8, 10, and 12 that report drinking alcohol in the past 30-days.

Strategies to attain the goal:
Kansas does not implement any one strategy statewide, aside from our “It Matters” media campaign, rather communities complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that identify with their particular community needs and capacity. All strategies must be evidence based and Kansas utilized SAMHSA’s definition when reviewing individual strategic plans.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Question: On how many occasions, if any, have you had beer, wine, or hard liquor in the past 30 days?

Baseline Measurement: Question: On how many occasions, if any, have you had beer, wine, or hard liquor in the past 30 days? Baseline year 16.31 percent (2017)

First-year target/outcome measurement: 15.17 percent

Second-year target/outcome measurement: 14.03 percent

New Second-year target/outcome measurement (if needed): 16.36 percent

Data Source: Kansas Communities That Care Student Survey

New Data Source (if needed):

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

In 2015 active consent legislation was passed, initially creating challenges for local school districts to receive to obtain the required parental consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention system has worked with both school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are however a few districts that are outliers and the state is working continuously to engage them. Funded communities are required to achieve a 60 percent participation rate; if at time of funding they are not at 60 percent they must create specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☑ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Baseline reported underage alcohol use was 16.31% while 2018 reported use was 16.51%. With only 6 block-grant funded counties addressing underage drinking, and 4 counties addressing underage drinking using other funding, there was not enough statewide saturation to reduce population-level targets. However, four of the six funded communities showed a reduction in reported past month alcohol use ranging from 1.05 percentage point decrease to 3.86 percentage point decrease from baseline. Funded counties were in their first year of implementing strategies to reduce underage drinking. Outcomes related to their efforts are not fully demonstrated at this time. Prevention science indicates that longer term outcomes aren’t typically reflected until 3 to 5 years of implementation have occurred.

How first year target was achieved (optional):

Second Year Target: ☑ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

State level underage alcohol use was 16.31% in 2017, 16.51% in 2018, and 16.36% in 2019. Second year target of 14.03% was not achieved. With only 6 block-grant funded counties addressing underage drinking, and 4 counties addressing underage drinking using other funding, there was not enough statewide saturation to reduce population-level targets.

Funded Cohort I communities had a two-percentage point or 12 percent reduction in youth alcohol use from a baseline of 17% in 2017 to 15% in 2019. While 15.0% is just shy of the 14.03% second-year target, the reduction in alcohol use was statistically significant, X2 (1, N=19318) = 14.5, p<.001. While a goal is to expand funding to more communities, future block grant priority performance targets will include state targets and outcomes but also funded coalition targets and outcomes which more accurately reflect performance related to block grant funds. We also keep in mind that outcomes related to their efforts are not fully demonstrated at this time. Prevention science indicates that longer term outcomes aren’t typically reflected until 3 to 5 years of implementation have occurred.

How second year target was achieved (optional):
other funding, there was not enough statewide saturation to reduce population-level targets. Funded Cohort I communities had a two-
percentage point or 12 percent reduction in youth alcohol use from a baseline of 17% in 2017 to 15% in 2019. While 15.0% is just shy
of the 14.03% second-year target, the reduction in alcohol use was statistically significant, \( X^2 (1, N=19318) = 14.5, p < .001 \). While a goal
is to expand funding to more communities, future block grant priority performance targets will include state targets and outcomes but
also funded coalition targets and outcomes which more accurately reflect performance related to block grant funds. We also keep in
mind that outcomes related to their efforts are not fully demonstrated at this time. Prevention science indicates that longer term
outcomes aren’t typically reflected until 3-5 years of implementation have occurred.

### How second year target was achieved (optional):

<table>
<thead>
<tr>
<th>Indicator #</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
<td>Total number of aggregate program, policy, practice and service activities related to implementation of evidence-based strategies designed to reduce underage drinking</td>
</tr>
<tr>
<td>Baseline Measurement</td>
<td>Total number of aggregate program, policy, practice and service activities related to implementation of evidence-based strategies designed to reduce underage drinking – 12 (2017 communities were in SPF assessment and planning phase)</td>
</tr>
<tr>
<td>First-year target/outcome measurement</td>
<td>24 (per three funded communities); 8 community activities per funded community</td>
</tr>
<tr>
<td>Second-year target/outcome measurement</td>
<td>36 (per three funded communities); 12 community activities per funded community</td>
</tr>
<tr>
<td>New Second-year target/outcome measurement (if needed)</td>
<td>12 community activities per funded community /Overall 15 unique instances</td>
</tr>
</tbody>
</table>

### Data Source:

Community Check Box

### New Data Source (if needed):

### Description of Data:

Community Check Box is a smart, helpful, easy-to-use web-based tool to capture and display data that shows where and how well communities are progressing toward their goals. This process helps support meaningful evaluations, promote accountability, and encourage continual improvements in work. The CheckBox is provided per our evaluation contract by the University of Kansas, Workgroup for Community Health and Development, this tool has been utilized in our state for over 10 years.

### New Description of Data (if needed):

### Data issues/caveats that affect outcome measures:

Data is entered into the Community CheckBox system by communities themselves, so much of the data collection is depended upon accurate data entry; that being said the state provides training and on-going technical support to all communities and the Workgroup for Community Health and Development does provide reliability reports to each community on a regular bases. Additionally all grant awards require weekly documentation in the system.

### New Data issues/caveats that affect outcome measures:

The funded communities implemented evidence-based strategies that were unique program, policy and practice changes and also provided recurring service such as prevention education curriculum classes. An example of a unique program change would be the first instance of implementing a prevention education curriculum in a school. Recurring activities refers to all subsequent implementations.

### Report of Progress Toward Goal Attainment

**First Year Target:**

- ✔ Achieved
- ✗ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved (optional):**

**Second Year Target:**

- ✔ Achieved
- ✗ Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved (optional):**
Second year target/outcome for Priority #4, indicator #2 was achieved for 5 out of the 12 communities prioritizing this outcome. The total of twelve funded communities exceed the initial target of three. There were 1256 community activities (i.e., community change and service activities) implemented across the funded communities related to underage drinking prevention. The range of 1 to 150 activities were implemented in each of the 12 funded communities. Only Finney County recorded implementation of 995 activities which were recurring, prevention education programs. Dickinson, Harvey, Sedgwick and Johnson were other communities that met or exceeded the target for implementation of evidence-based strategies. Seven other communities did not meet target of 12 community changes addressing underage drinking.

Total of twelve funded communities exceed the initial target of three. There were 1256 community activities (i.e., community change and service activities) implemented across the funded communities related to underage drinking prevention. The range of 1 to 150 activities were implemented in each of the 12 funded communities. Only Finney County recorded implementation of 995 activities which were recurring, prevention education programs. Dickinson, Harvey, Sedgwick and Johnson were other communities that met or exceeded the target for implementation of evidence-based strategies. Seven other communities did not meet target of 12 community changes addressing underage drinking.

Priority #:
5

Priority Area:
Reduce low perception of harm from marijuana use among Kansas youth

Priority Type:
SAP

Population(s):
PP

Goal of the priority area:
Reduce percentage of students in grades 6, 8, 10, and 12 that report there is "No risk" of harm from regular marijuana use.

Strategies to attain the goal:
Kansas does not implement any one strategy statewide, aside from our "It Matters" media campaign. Communities complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that identify with their particular community needs and capacity. All strategies must be evidence-based and Kansas utilized SAMHSA’s definition when reviewing individual strategic plans.

Annual Performance Indicators to measure goal success

Indicator #:
1

Indicator:
Question: How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?

Baseline Measurement:
Question: How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly? (No risk) - Baseline year 16.78 percent (2017)

First-year target/outcome measurement:
16.28 percent

Second-year target/outcome measurement:
15.78 percent

New Second-year target/outcome measurement (if needed):
16.66 percent

Data Source:
Kansas Communities That Care (KCTC) Student Survey

New Data Source (if needed):

Description of Data:
The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:
In 2015 active consent legislation was passed, initially creating challenges for local school districts to receive to obtain the required
Parental consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention system has worked with school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are, however, a few districts that are outliers and work continues to engage them. Funded communities are required to achieve a 60 percent participation rate; if at time of funding they are not at 60 percent they must create specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved  ✔ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:
First year target/outcome for Priority #2 related to no risk of harm from regular marijuana use was not met, however, there was a small percentage change in the desired direction. Baseline reported no risk of regular marijuana use was 16.78% while 2018 reported no risk at 16.62%. Of the 6 block-grant funded counties, only one addressed low perceived risk of harm from marijuana use. There was not enough statewide saturation to reduce population-level targets. Funded counties were in their first year of implementing strategies to reduce underage drinking. Outcomes related to their efforts are not fully demonstrated at this time. Prevention science indicates that longer term outcomes aren’t typically reflected until 3 to 5 years of implementation have occurred.

How first year target was achieved (optional):

Second Year Target: ☐ Achieved  ✔ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:
Marijuana use has increased for both youth and adults. With that, the perception that there is ‘no risk’ of harm from regular use has increased and thus, year-one and year-two targets have not been reached. While the state had an increase in those indicating no risk of harm from regular marijuana use, funded Cohort I grantees had no change. There is not enough statewide saturation to reduce population-level targets. While a goal is to expand funding to more communities, future block grant priority performance targets will include state targets and outcomes but also funded coalition targets and outcomes which more accurately reflect performance related to block grant funds. We also keep in mind that outcomes related to their efforts are not fully demonstrated at this time. Prevention science indicates that longer term outcomes aren’t typically reflected until 3 to 5 years of implementation have occurred.

How second year target was achieved (optional):

Indicator #:
2

Indicator: Total number of aggregate program, policy, practice and service activities related to the implementation of evidence-based strategies targeting perceived risk of harm associated with regular marijuana use.

Baseline Measurement: Total number of aggregate program, policy, practice and service activities related to the implementation of evidence-based strategies targeting perceived risk of harm associated with regular marijuana use. Baseline year: 1 (2017 communities were in SPF assessment and planning phase)

First-year target/outcome measurement: 5 community level activities per funded community

Second-year target/outcome measurement: 10 community level activities per funded community

New Second-year target/outcome measurement (if needed): 10 unique program, policy, practice & service activities occurred.

Data Source:
Community Check Box

New Data Source (if needed):

Description of Data:
Community Check Box is a smart, helpful, easy-to-use web-based tool to capture and display data that shows where and how well communities are progressing toward their goals. This process helps support meaningful evaluations, promote accountability, and encourage continual improvements in work. The CheckBox is provided per our evaluation contract by the University of Kansas, Workgroup for Community Health and Development. This tool has been utilized in our state for over 10 years.

New Description of Data: (if needed)

Data issues/caveats that affect outcome measures:

Data is entered into the Community Check Box system by communities themselves, so much of the data collection is depended upon accurate data entry. However, the State provides training and on-going technical support to all communities and the Workgroup for Community Health and Development does provide reliability reports to each community on a regular basis. Additionally, all grant awards require weekly documentation in the system.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ✔ Achieved □ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):
There were 54 community activities (i.e., community change and service activities) implemented across the funded communities related to marijuana use. The average community activities implemented in each community was 11, with a range of 0 to 44 activities implemented in each of the six funded communities. The average was largely impacted by the community (Finney County) with 44 community activities. The other funded communities did not meet the target of 5 community activities addressing marijuana for each funded community, with only one community (Finney County) achieving this goal. However, of the 6 block-grant funded counties, only one addressed low perceived risk of harm from marijuana use.

Second Year Target: ✔ Achieved □ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):
Second year target/outcome for Priority #5, indicator #2 was achieved for four of the ten communities that prioritized this outcome. There were 1141 community activities (i.e., community change and service activities) implemented across the funded communities related to marijuana use. A range of 1 to 91 activities were implemented in each of the 10 funded communities. Finney recorded 995 services and was higher than other counties. They were also the only community among the 10 block-grant funded counties, that addressed low perceived risk of harm from marijuana use in the second year. Four other funded communities met/exceeded the target of 10 community activities addressing marijuana for each funded community, with six counties not achieving this goal completely.

Priority #: 6
Priority Area: Reduce methamphetamine use among young adults
Priority Type: SAP
Population(s): PP

Goal of the priority area:
Decrease the number of young adults (age 18-25) in need of treatment for methamphetamine and increase the average age of first use of methamphetamine among treatment admissions.

Strategies to attain the goal:
Kansas will utilize the SPF process to identify communities of high need and significant capacity to address the issue. Funding will allow local communities to create a strategic plan that is guided by the SPF elements and identify appropriate evidence-based strategies that directly correlate to their individual needs identified after completion of a comprehensive needs assessment.
Indicator #: 1
Indicator: Question: Have you used methamphetamines in the last 30 days?
Baseline Measurement: Question: Have you used methamphetamines in the last 30 days? Baseline: 1.7 percent (2017)
First-year target/outcome measurement: 1.5 percent
Second-year target/outcome measurement: 1.0 percent
New Second-year target/outcome measurement (if needed): 0.68 percent

Data Source:
Kansas Young Adult Survey (KYAS)

Description of Data:
The new Kansas Young Adult Survey measures behavioral health among Kansans aged 18-25. In addition to asking about use of alcohol, tobacco, and other drugs, this survey addresses major sources of stress, general health, mental health and depression, and perceived risk of harm from substance use. It also includes questions related to prescription drug misuse, knowledge of proper disposal of unused drugs, gambling, and driving safety.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:
The survey utilized a representative sample and was conducted for the first time in 2017; currently, funding is only available to conduct second survey in 2019, although the state plans to seek additional resources to enhance the availability of date for the target population.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment
First Year Target:
☐ Achieved
✓ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:
The Kansas Young Adult Survey will be administered again in spring 2019. Progress toward target will be reviewed at that time.

How first year target was achieved (optional):

Second Year Target:
✓ Achieved
☐ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

Indicator #: 2
Indicator: Total number of aggregate program, policy, practice and service activities related to the implementation of evidence-based strategies targeting young adult methamphetamine use
Baseline Measurement: Total number of aggregate program, policy, practice and service activities related to the implementation of evidence-based strategies targeting young adult methamphetamine use. Baseline year: 0 communities were in SPF assessment and planning phase) (2017)
First-year target/outcome measurement: 3 community-level activities per funded community
Second-year target/outcome measurement: 6 community level activities per funded community
New Second-year target/outcome measurement (if needed):

Data Source:
Annual Performance Indicators to measure goal success
Community Check Box

New Data Source (if needed):

Description of Data:
Community Check Box is a smart, helpful, easy-to-use web-based tool to capture and display data that shows where and how well communities are progressing toward their goals. This process helps support meaningful evaluations, promote accountability, and encourage continual improvements in work. The CheckBox is provided per our evaluation contract by the University of Kansas, Workgroup for Community Health and Development. This tool has been utilized in our state for over 10 years.

New Description of Data (if needed)

Data issues/caveats that affect outcome measures:
Data is entered into the Community CheckBox system by communities themselves, so much of the data collection is depended upon accurate data entry. The State provides training and on-going technical support to all communities and the Workgroup for Community Health and Development does provide reliability reports to each community on a regular bases. Additionally, all grant awards require weekly documentation in the system.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: ☐ Achieved ☑ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:
Currently, none of the funded communities chose to address methamphetamine use in young adults. This is not a population that has been specifically targeted in Kansas before. Additionally, there are few Evidence-Based Strategies to specifically address methamphetamine use with the young adult population. Additional supports (training and technical assistance) may be needed to support communities in this regard.

How first year target was achieved (optional):

Second Year Target: ☐ Achieved ☑ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:
Progress towards the goal is the same as year 1. None of the funded communities chose to address methamphetamine use in young adults. This is not a population that has been specifically targeted in Kansas before. Additionally, there are few Evidence-Based Strategies to specifically address methamphetamine use with the young adult population. Additional supports (training and technical assistance) may be needed to support communities in this regard.

How second year target was achieved (optional):

Priority #: 7
Priority Area: Behavioral Health Prevention and Promotion
Priority Type: SAP
Population(s): Other (Adolescents w/SA and/or MH)

Goal of the priority area:
Educate, increase awareness, promote, advocate, and disseminate resources to support suicide prevention, mental health promotion, and the reduction of co-occurring risk factors.

Strategies to attain the goal:
• Provide training to the community and state level workforce to increase the knowledge around co-occurring risk and protective factors, suicide prevention, Adverse Childhood Experiences
• Compile and disseminate a list of strategies that have demonstrated effectiveness at addressing both SUD and mental health concerns.
• Continue date collection that encompasses a more holistic understanding of behavioral health needs

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**Annual Performance Indicators to measure goal success**

| Indicator #: | 1 |
| Indicator: | Kansas school districts participating in the systematic data collection of youth depression, suicidal thoughts, plans, attempts, and co-occurring risk factors |
| Baseline Measurement: | Number of Kansas school districts participating in the systematic data collection of youth depression, suicidal thoughts, plans, attempts, and co-occurring risk factors. Baseline year: KCTC 190 districts; KCTC Depression/Suicide Module 134 districts (2017) |
| First-year target/outcome measurement: | 195/140 |
| Second-year target/outcome measurement: | 198/145 |
| New Second-year target/outcome measurement *(if needed)*: | 145 depression/suicide module / Outcome = 216 participated (2018-2019) |
| Data Source: | Kansas Communities That Care (KCTC) Student Survey participation rate and KCTC Optional Depression/Suicide Module participation rate |
| New Data Source *(if needed)*: | |

**Description of Data:**

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

**New Description of Data *(if needed)*:**

**Data issues/caveats that affect outcome measures:**

In 2015, active consent legislation was passed, initially creating challenges for local school districts to obtain the required parental consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention system has worked with school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are, however, a few districts that are outliers and work continues to engage them. Funded communities are required to achieve a 60 percent participation rate; if at time of funding they are not at 60 percent they must create specific action plans demonstrating that they will implement strategies to increase participation.

**New Data issues/caveats that affect outcome measures:**

**Report of Progress Toward Goal Attainment**

**First Year Target:**

- ✔ Achieved
- □ Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How first year target was achieved *(optional)*:**

First year target has been achieved. In 2018, 213 Kansas schools districts and 7 private schools participated in the KCTC student survey. In addition, 187 districts and 5 private schools participated in the optional suicide module resulting in the ability to systematically measure and monitor youth depression, suicide thoughts, plans and attempts the state, county and school district levels. This also allows for the examination of co-occurring risk factors.

**Second Year Target:**

- ✔ Achieved
- □ Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**

**How second year target was achieved *(optional)*:**

Several factors contributed to the increase in participation in the optional depression and suicide module. First, there is an increased awareness in the state and across the nation to the rising number of suicide deaths, especially among young people. Second, recent legislation such as the Jason Flatt Act helped ensure school staff were trained in early recognition and response. Third, the Kansas State...
Department of Education is focusing on social-emotional learning (SEL) and growth. To assist districts with data to monitor and measure SEL, KCTC questions were aligned to SEL standards and annual reports are now provided to districts who participate in the survey. Statewide training on how to use and interpret the data and reports was also provided. The combination of these and other events has increased the awareness and value of the KCTC student survey, increasing participation.

Awareness in the state and across the nation to the rising number of suicide deaths, especially among young people. Second, recent legislation such as the Jason Flatt Act helped ensure school staff were trained in early recognition and response. Third, the Kansas State Department of Education is focusing on social-emotional learning (SEL) and growth. To assist districts with data to monitor and measure SEL, KCTC questions were aligned to SEL standards and annual reports are now provided to districts who participate in the survey. Statewide training on how to use and interpret the data and reports was also provided. The combination of these and other events has increased the awareness and value of the KCTC student survey, increasing participation.

Indicator #:

2

Indicator: Gambling and Behavioral Health survey

Baseline Measurement: Number of surveys completed Baseline year: 0 participants (2017)

First-year target/outcome measurement: 1,600

Second-year target/outcome measurement: 2,100

New Second-year target/outcome measurement (if needed): N/A

Data Source:

2017 Kansas Gambling and Behavioral Health Survey

New Data Source (if needed):

Description of Data:

Kansas will complete Gambling and Behavioral Health survey in the summer of 2017. This survey was initially conducted in 2012; the 2017 version will include some enhancements and will ask additional behavioral health related questions.

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

The survey is conducted on a random sample, so achieving the desired participation rate may be a challenge.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: 

Achieved 

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

The number of surveys completed during the baseline year was 1,755. The 2017 survey was administered using a stratified random sample of households throughout the State of Kansas in September, 2017. Therefore, the survey was actually administered in SFY 2018, not SFY 2017. This survey is a follow-up to a statewide survey conducted in 2012 to assess gambling prevalence, type, and frequency, myths, perception, and public opinion about gambling, and awareness of problem gambling treatment. Another important purpose was to estimate the scope of at-risk gambling statewide and within each gambling region. In an effort to help expand the understanding of conditions associated with problem gambling, the 2017 Kansas Gambling Survey also asked broader behavioral health questions related to depression, suicide, and substance use. Due to the expense of the survey, this survey is currently scheduled to be administered every 2 years. This survey is only for those 18 and older. The next survey scheduled is not until 2019. Alternative measures targeting problem gambling and co-morbidity with mental health and substance abuse will be explored.

Second Year Target: 

Achieved 

Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How second year target was achieved (optional):

The last survey was administered in SFY 2018. Due to the expense of the survey, this survey is currently scheduled to be administered every 2 years. The next survey scheduled is not until 2020 or later. Alternative measures targeting problem gambling and co-morbidity
with mental health and substance abuse will be explored.

**Priority #:** 8
**Priority Area:** Pregnant women and women with dependent children receive treatment that targets the PWWDC population
**Priority Type:** SAT
**Population(s):** PWWDC

**Goal of the priority area:**
Pregnant women and women with dependent children are free from the adverse effects of substance use disorders that they have experienced.

**Strategies to attain the goal:**
Require assessors to document in the KCPC that the designated women’s facility where they have referred PWWDC has no available beds.

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**Annual Performance Indicators to measure goal success**

**Indicator #:** 1
**Indicator:** PWWDCs served with Block Grant funds
**Baseline Measurement:** Proportion of total PWWDCs served with Block Grant funds in SFY 17 by designated women’s facilities

**First-year target/outcome measurement:** 10 percent increase in proportion of total PWWDCs served with Block Grant funds in SFY 17 by designated women’s facilities in compared to number of PWWDC served with Block Grant funds since SFY 17

**Second-year target/outcome measurement:** 10 percent increase in proportion of total PWWDCs served with Block Grant funds in SFY 17 by designated women’s facilities in compared to number of PWWDC served with Block Grant funds since SFY 18

**New Second-year target/outcome measurement (if needed):**

**Data Source:** KDADS’ Kansas Client Placement Criteria (KCPC) system

**New Data Source (if needed):**

**Description of Data:**
Proportion (percent) of total PWWDCs in a given SFY served by designated women’s facilities

**New Description of Data (if needed):**

**Data issues/caveats that affect outcome measures:**
Individuals not correctly identified as being PWWDCs

**New Data issues/caveats that affect outcome measures:**

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**Report of Progress Toward Goal Attainment**

**First Year Target:**
- [ ] Achieved
- [x] Not Achieved (if not achieved, explain why)

**Reason why target was not achieved, and changes proposed to meet target:**
SFY17 Total of pregnant women and women with dependent children admitted to Designated Women’s Facilities = 136 (19.13%)
SFY18 Total of pregnant women and women with dependent children admitted to Designated Women’s Facilities = 143 (19.97%)
Percent of increase/decrease: .84% increase

The ASO uses the following reports to review and measure progress of goals: Appointment Access report, Designated Women’s Facilities report, Interim Services report and the Priority Population Assessments. The proposed strategies to increase the percentage include continued monitoring and education to PWWDC about Designated Women’s Programs when PWWDCs are accessing services through providers and/or the ASO (Beacon).
How first year target was achieved (optional):

Second Year Target:  
☐ Achieved  
☑ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

In October of 2018, the state of Kansas discontinued the use of the Kansas Client Placement Criteria (KCPC) – the data source used by the Administrative Service Organization to report this Annual Performance Indicator. Data reported only includes data for the portion of SFY19 where KCPC was operational (July 1, 2018 through September 30, 2018). Therefore, whether the second year target was achieved could not be determined at this time.

SFY19 Q1 (7/1/18 - 9/30/18) Total of pregnant women and women with dependent children admitted to Designated Women's Facilities = 41

How second year target was achieved (optional):

Priority #: 9
Priority Area: Increase timely access to services for PWID
Priority Type:  
Population(s): PWID
Goal of the priority area: PWID are free from the adverse effects of substance use disorders that they have experienced.

Strategies to attain the goal:

Identify opportunities to increase access to services for PWID.

Examine adequacy of PWID-related service rates.

Reinstated Statewide Quality Committee (SQC) reviews reports indicating PWID treatment access timeframes generated by ACO. Data are analyzed and trends identified.

Annual Performance Indicators to measure goal success

| Indicator #: | 1 |
| Indicator: | PWID admission to treatment within required timeframes |
| Baseline Measurement: | Proportion of PWIDs who were not admitted to treatment within required timeframes who were utilizing Block Grant funds in SFY 17 |
| First-year target/outcome measurement: | 10 percent decrease in proportion of PWIDs who were not admitted to treatment within required timeframes utilizing Block Grant funds compared to SFY 17 |
| Second-year target/outcome measurement: | 10 percent decrease in proportion of PWIDs who were not admitted to treatment within required timeframes utilizing Block Grant funds compared to SFY 18 |

New Second-year target/outcome measurement (if needed):

Data Source: KDADS' Kansas Client Placement Criteria (KCPC) system

New Data Source (if needed):

Description of Data: Proportion (percent) of total PWIDs who were not admitted to treatment within required timeframes utilizing Block Grant funds in a given SFY

New Description of Data (if needed):

Data issues/caveats that affect outcome measures:

Individuals not correctly identified as being PWIDs, PWIDs voluntarily choosing delay in treatment admission dates.
New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: □ Achieved ✓ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:
SFY17 Total admitted for treatment for pregnant women and women with dependent children: 711/66.82%*
SFY 18 Total admitted for treatment for pregnant women and women with dependent children: 716/62.37%*
*Source: DWF Facility Summary
There is not a standardized report to track and monitor this measure. A proposed strategy is to explore developing a new report to track this information or altering an existing DWF report to include this information.

How first year target was achieved (optional):

Second Year Target: □ Achieved ✓ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:
In October of 2018, the state of Kansas discontinued the use of the Kansas Client Placement Criteria (KCPC) – the data source used by the Administrative Service Organization to report this Annual Performance Indicator. Data reported only includes data for the portion of SFY19 where KCPC was operational (July 1, 2018 through September 30, 2018). Therefore, whether the second year target was achieved could not be determined at this time.
SFY19 Q1 (7/1/18 - 9/30/18) Aggregate total of persons who inject drugs (PWID) - formerly known as intravenous drug users (IVDU):
14 day measure - 40.7% met

How second year target was achieved (optional):

Priority #: 10
Priority Area: Referrals for TB screening
Priority Type: SAT
Population(s): TB

Goal of the priority area:
Individuals at risk for TB know their TB status

Strategies to attain the goal:
Charts reviewed in accordance with Block Grant monitoring procedure.
Providers who are found deficient in referring individuals for TB screening are identified, and ACO develops corrective action plan.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Priority population charts indicate that they are referred for TB screening
Baseline Measurement: Not established due to new Block Grant monitoring procedure.
First-year target/outcome measurement: Representative sample of the charts of 95 percent of all individuals identified as a member of the priority populations (PWWDC, PWID, HIV) indicate that they are referred for TB screening.
Second-year target/outcome measurement: Representative sample of the charts of 100 percent of all individuals identified as a member of the priority populations (PWWDC, PWID, HIV) indicate that they are referred for TB screening.

New Second-year target/outcome measurement (if needed):

Data Source: SUD Treatment Block Grant Monitoring Tool

New Data Source (if needed):
Description of Data:
Proportion of data collected on SUD Treatment Block Grant Monitoring Tools indicating that priority populations were referred for TB screening.

New Description of Data:

Data issues/caveats that affect outcome measures:
Individuals who choose not to disclose their at-risk status, individuals not correctly identified as being members of the priority population.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment
First Year Target:  
☐ Achieved  
☑ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:
Kansas substance abuse treatment providers are required to use an assessment tool called the KCPC (Kansas Client Placement Criteria). The KCPC was built upon ASAM criteria. This tool collects a wide array of client information including information about the person’s biomedical conditions and complications. In the tool, there is a section where the assessor completes TB Risk Assessment questions including whether the person has had a TB test in the last 30 days.

On a separate interim services screen that is completed by assessors for pregnant women and/or IVDU, there is an introduction on the page that “At a minimum, SAPT interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.” The system then has a question for the assessor about whether SAPT interim services will be provided.

While Kansas does collect TB information in the KCPC system, a new Block Grant monitoring procedure has not yet been developed. Due to limited state resources, chart reviews are not currently being conducted.

How first year target was achieved (optional):

Second Year Target:  
☐ Achieved  
☑ Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:
Kansas substance abuse treatment providers were required to use an assessment tool called the KCPC (Kansas Client Placement Criteria). The KCPC was built upon ASAM criteria. This tool collected a wide array of client information including information about the person’s biomedical conditions and complications. In the tool, there was a section where the assessor completed TB Risk Assessment questions including whether the person has had a TB test in the last 30 days.

On a separate interim services screen that was completed by assessors for pregnant women and/or IVDU, there was an introduction on the page that “At a minimum, SAPT interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary.

In October of 2018, the State of Kansas discontinued the use of the Kansas Client Placement Criteria (KCPC). A new data collection tool, the Kansas Substance Use Reporting System (KSURS), was implemented October 2, 2019. The first phase in development of the new system focused on Federally required data (primarily TEDS). The modernization phase is in development and what will be captured in the new system has not yet been determined. While Kansas did collect TB information in the KCPC system, a new Block Grant monitoring procedure has not yet been developed for the new system. Due to limited state resources, chart reviews are not currently being conducted.

How second year target was achieved (optional):

Priority #: 11
Priority Area: Referrals for HIV screening
Priority Type: SAT
Population(s): EIS/HIV
Goal of the priority area:
Individuals at risk for HIV know their HIV status

Strategies to attain the goal:
Charts reviewed in accordance with Block Grant monitoring procedure.
Providers who are found deficient in referring individuals for HIV screening are identified, and ACO develops corrective action plan.

### Annual Performance Indicators to measure goal success

<table>
<thead>
<tr>
<th>Indicator #:</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator:</td>
<td>Chart review indicates that priority populations and others at risk are referred for HIV screening</td>
</tr>
<tr>
<td>Baseline Measurement:</td>
<td>Not established due to new Block Grant monitoring procedure</td>
</tr>
<tr>
<td>First-year target/outcome measurement:</td>
<td>Representative sample of the charts of 95 percent of all individuals identified as a member of the priority populations (PWWDC, PWID, TB) indicate that they are referred for HIV screening</td>
</tr>
<tr>
<td>Second-year target/outcome measurement:</td>
<td>Representative sample of the charts of 100 percent of all individuals identified as a member of the priority populations (PWWDC, PWID, TB) indicate that they are referred for HIV screening</td>
</tr>
</tbody>
</table>

#### New Second-year target/outcome measurement *(if needed)*:

<table>
<thead>
<tr>
<th>Data Source:</th>
<th>SUD Treatment Block Grant Monitoring Tool</th>
</tr>
</thead>
</table>

#### New Data Source *(if needed)*:

<table>
<thead>
<tr>
<th>Description of Data:</th>
<th>Proportion of data collected on SUD Treatment Block Grant Monitoring Tools indicating that priority populations were referred for HIV screening</th>
</tr>
</thead>
</table>

#### New Description of Data *(if needed)*:

<table>
<thead>
<tr>
<th>Data issues/caveats that affect outcome measures:</th>
<th>Individuals who choose not to disclose their at-risk status, individuals not correctly identified as being members of the priority population</th>
</tr>
</thead>
</table>

#### New Data issues/caveats that affect outcome measures:

**Report of Progress Toward Goal Attainment**

**First Year Target:**
- [ ] Achieved
- [x] Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**
Kansas substance abuse treatment providers are required to use an assessment tool called the KCPC (Kansas Client Placement Criteria). The KCPC was built upon ASAM criteria. This tool collects a wide array of client information including information about the person's biomedical conditions and complications. In the tool, there is a section where the assessor indicates whether the person has ever participated in a list of high risk behaviors. There is also a data field where the assessor marks whether the person has ever tested positive for HIV/AIDS. While Kansas does collect HIV information, a new Block Grant monitoring procedure has not yet been developed. Due to limited state resources, chart reviews are not currently being conducted.

**How first year target was achieved *(optional)*:**

**Second Year Target:**
- [ ] Achieved
- [x] Not Achieved *(if not achieved, explain why)*

**Reason why target was not achieved, and changes proposed to meet target:**
Kansas substance abuse treatment providers were required to use an assessment tool called the KCPC (Kansas Client Placement Criteria). The KCPC was built upon ASAM criteria. This tool collected a wide array of client information including information about the person's biomedical conditions and complications. In the tool, there was a section where the assessor indicates whether the person has ever...
participated in a list of high risk behaviors. There is also a data field where the assessor marks whether the person has ever tested positive for HIV/AIDS.

On a separate interim services screen that was completed by assessors for pregnant women and/or IVDU, there was an introduction on the page that "At a minimum, SAPT interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary.

In October of 2018, the State of Kansas discontinued the use of the Kansas Client Placement Criteria (KCPC). A new data collection tool, the Kansas Substance Use Reporting System (KSURS), was implemented October 2, 2019. The first phase in development of the new system focused on Federally required data (primarily TEDS). The modernization phase is in development and what will be captured in the new system has not yet been determined. While Kansas did collect TB information in the KCPC system, a new Block Grant monitoring procedure has not yet been developed for the new system. Due to limited state resources, chart reviews are not currently being conducted.

**How second year target was achieved (optional):**

**Footnotes:**
C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children’s Mental Health Services

<table>
<thead>
<tr>
<th>Statewide Expenditures for Children’s Mental Health Services</th>
<th>Actual SFY 1994</th>
<th>Actual SFY 2018</th>
<th>Estimated/Actual SFY 2019</th>
<th>Expense Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$2,843,496</td>
<td>$47,157,359</td>
<td>$18,605,872</td>
<td>Actual</td>
</tr>
</tbody>
</table>

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

Footnotes:
### C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SFY 2017</td>
<td>1</td>
<td>$128,629,801</td>
<td></td>
</tr>
<tr>
<td>SFY 2018</td>
<td>2</td>
<td>$144,031,559</td>
<td>$136,330,680</td>
</tr>
<tr>
<td>SFY 2019</td>
<td>3</td>
<td>$167,934,943</td>
<td></td>
</tr>
</tbody>
</table>

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

- SFY 2017: Yes [X] No
- SFY 2018: Yes [X] No
- SFY 2019: Yes [X] No

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: ________________

0930-0168 Approved: 06/07/2017 Expires: 06/30/2020

**Footnotes:**