

# Kansas

## UNIFORM APPLICATION

FY 2023 Mental Health Block Grant Report

## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 03/31/2022 - Expires 03/31/2025  
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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 Q253Z5PLYFJ3

Expiration Date

#### I. State Agency to be the Grantee for the Block Grant

Agency Name Kansas Department for Aging and Disability Services

Organizational Unit Behavioral Health Services

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Zip Code 66603

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#### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2021

To 6/30/2022

#### IV. Date Submitted

**NOTE: This field will be automatically populated when the application is submitted.**

Submission Date 11/28/2022 11:41:29 AM

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#### V. Contact Person Responsible for Report Submission

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#### Footnotes:

2023 Mental Health Block Grant Report was posted for public comment from November 18,2022 to November 25, 2022. No public comments were received.

## 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 children/youth with SED 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 able to remain in home by building a community-based system of care to meet their needs.

**Objective:**

Increase the utilization of community-based services in order to reduce the utilization of inpatient services.

**Strategies to attain the goal:**

Kansas does not implement any one strategy statewide. Continue to identify culturally-competent, person-centered services to meet the child's/youth's needs.

**Edit Strategies to attain the objective here:**

*(if needed)*

#### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Percentage of children/adolescents, age 17 or younger, that received crisis intervention services (30) calendar days prior to a screen resulting in inpatient psychiatric admission, excluding PRTF.

**Baseline Measurement:** SFY2021 Baseline: 6.26%

**First-year target/outcome measurement:** SFY2022: Increase percentage to 10%

**Second-year target/outcome measurement:** SFY2023: Increase percentage to 15%

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

**Data Source:**

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System). AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

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

**Description of Data:**

Numerator: Number of children/adolescents that received crisis services (30) calendar days prior to crisis screen resulting in admission within the reporting period. The following codes will be utilized: H2011, H2011-HK and/or H2011-HO (code numbers are subject to change by CMS)

Denominator: Number of children/adolescents with a screen resulting in admission to inpatient within reporting period.

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

\*SFY2022 added code T1040

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

This measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.  
For future outcomes, the social security numbers of children/youth need to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts.

**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):**

Target was achieved by ensuring children experiencing behavioral or mental health symptoms were able to receive services as soon as possible. Baseline methodology was refined after this report to improve accuracy and completeness of data. Baseline should be 11.58%. Reported increase is determined by using this new baseline.  
SFY2021 (Baseline): 69/596 (11.58%)  
SFY2022 (First Year Target): 191/687 (27.80%) or 16.22% increase

**Indicator #:**

2

**Indicator:**

The percentage of children/adolescents that received therapeutic intervention services (includes more than initial assessment and diagnosis such as Peer Support, Psychosocial individual/group, Community Psychiatric Support and Treatment, Therapy and/or Intake) within thirty (30) calendar days prior to a screen resulting in inpatient psychiatric admission, excluding PRTF.

**Baseline Measurement:**

SFY2021 Baseline: 13.91%.

**First-year target/outcome measurement:**

SFY2022: Increase percentage to 20%

**Second-year target/outcome measurement:**

SFY2023: Increase percentage to 25%

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

**Data Source:**

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System). AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by CMHCs to Kansans.

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

**Description of Data:**

Numerator: Number of children/adolescents receiving a therapeutic intervention within 30 calendar days prior to a screen resulting in admission within the reporting period. Service codes are as follows: 90791, H0036-HA, H0036-HB, H0036-HH, H0036-HJ, H0036-HK, H2017, H2017-HQ, H2017-TJ, H0038, H0038-HG, 90832, 90834, 90837, 90839, 90840, 90847, 90847HK, 90853, 90832, 90834, 90837, 90839, and/or 90840. (code numbers are subject to change by CMS)

Denominator: Total number of children/adolescents with a screen resulting in inpatient psychiatric admission, excluding PRTF, within the reporting period.

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

Upon review of the Data Description above, codes 90832, 90834, 90837, 90839, and 90840 were duplicated (accidentally listed twice).

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

This measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.  
For future outcome measures, social security numbers of children/youth need to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts.

**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):**

Target was achieved by ensuring children experiencing behavioral or mental health symptoms were able to receive services as soon as possible. Baseline methodology was refined after this report to improve accuracy and completeness of data. Baseline should be 25%. Adjusting for new baseline of 25%, the original goal was an increase of 6.09%. Using this methodology, goal was met by increasing by 8.48%.

SFY2021 (Baseline): 149/596 (25.00%)

SFY2022 (First Year Target): 230/687 (33.48%) or 8.48% increase (met increase to 20%)

**Priority #:**

2

**Priority Area:**

Provide access to community-based services for adults with SMI 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 SMI are able to maintain community living and build a support system of care to improve their quality of life.

**Objective:**

Increase the utilization of community-based services in order to reduce the utilization of inpatient services.

**Strategies to attain the goal:**

Kansas does not implement any one strategy statewide. Continue to identify culturally-competent, person-centered services to meet the person's needs.

**Edit Strategies to attain the objective here:**

*(if needed)*

### Annual Performance Indicators to measure goal success

**Indicator #:**

1

**Indicator:**

Percentage of adults, age 18 and older, that received crisis intervention services (30 calendar days prior to a screen resulting in admission to a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF).

**Baseline Measurement:**

FY2021 Baseline: 4.04%

**First-year target/outcome measurement:**

FY2022: Remain static due to COVID at 4.04%

**Second-year target/outcome measurement:**

FY2023: Increase percentage to 5.5%

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

**Data Source:**

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System) AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

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

**Description of Data:**

Numerator: Number of adults that received crisis services within (30) calendar days of a crisis screen resulting in admission within the reporting period. The following codes will be utilized: H2011, H2011-HK and/or H2011-HO (code numbers are subject to change by CMS)

Denominator: Screens resulting in admission to inpatient within the reporting period.

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

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

This measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate. For future outcomes, the social security numbers of adults needs to be included in our data and the data we receive from the vendor to verify that we are not duplicating counts.

**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 was required to remain static due to COVID at 4.04%, we decreased 0.35% from FY2021 at 8.65% to FY2022 at 8.62%. COVID has continued to impact Kansas especially concerning our State Hospitals and crisis services. More Kansans are staying in their home communities and COVID is impacting individuals decision to access services. Kansas has improved their data collection from the state hospitals and diversion for a more complete record.

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

**Indicator #:** 2

**Indicator:** The percentage of adults that received therapeutic intervention services (includes more than initial assessment and diagnosis such as Peer Support, Psychosocial individual/group, Community Psychiatric Support and Treatment, Therapy, and/or Intake) within seven calendar days of discharge from a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF).

**Baseline Measurement:** FY2021 Baseline: 3.47%

**First-year target/outcome measurement:** FY2022: Increase percentage to 4%

**Second-year target/outcome measurement:** FY2023: Increase percentage to 6%

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

**Data Source:**

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System) AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by CMHCs to Kansans.

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

**Description of Data:**

Numerator: Number of adults receiving CSS services who had a therapeutic intervention within seven business days of discharge from a SMHH within reporting period. Services codes are as follows: 90791, H0036-HA, H0036-HB, H0036-HH, H0036-HJ, H0036-HK, H2017, H2017-HQ, H2017-TJ, H0038, H0038-HG, 90832, 90834, 90837, 90839, 90840, 90847, 90847HK, 90853, 90832, 90834, 90837, 90839, and/or 90840. seven calendar from start the day after discharge however if a CMHC provides one of these services the same day as discharge then that will count toward the seven days. (code numbers are subject to changes by CMS)

Denominator: Total number of adult discharges from SMHH or SHA within the reporting period.

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

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

Measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate. For future outcomes, the social security numbers of adults needs to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts.

**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:**

There was a decrease of 6.12% from FY2021 at 13.89% and FY2022 at 13.04%. The workforce shortage in Kansas connected to many of services provided (peer support, psychosocial individual/ group, therapy etc.) are understaffed and impacted by COVID. COVID has continued to impact Kansas especially concerning our State Hospitals and crisis services. More Kansans are staying in their home communities and COVID is impacting individuals decision to access services. Kansas has improved their data collection from the state hospitals and diversion for a more complete record.

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

**Priority #:** 3  
**Priority Area:** Reduce underage drinking in Kansas  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

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

**Objective:**

Completion of community-level comprehensive strategic planning and provision of supports for community initiatives utilizing all steps of the Strategic Prevention Framework to address underage alcohol use through the implementation of evidence-based prevention programs, practices, and policies.

**Strategies to attain the goal:**

Kansas does not implement any one strategy statewide, rather community coalitions complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that will impact their specific community needs and capacity. All strategies must be evidence based. Kansas utilizes SAMHSA's definition of evidence-based when reviewing strategic plans.

**Edit Strategies to attain the objective here:  
(if needed)**

### Annual Performance Indicators to measure goal success

<b>Indicator #:</b>	1
<b>Indicator:</b>	On how many occasions, if any, have you had beer, wine, or hard liquor in the past 30 days? (at least once)
<b>Baseline Measurement:</b>	State = 15.9%
<b>First-year target/outcome measurement:</b>	State = 14.8 %



**Second-year target/outcome measurement:** State = 13.7%

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

**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:**

The survey requires written parent consent for participation which can put an added burden on school districts. Funded communities have a goal to achieve a 60 percent participation rate to ensure high quality data; if at time they are not at 60 percent they must create specific action plans designed to increase participation. Data collection during the 2020-2021 school year was challenged due to COVID -19, however Kansas was able to implement online survey and maintained high rates of participation. Some changes, including use of skip logic were made to the survey during this time. It is not yet clear how COVID and changes to the survey, including allowing remote administration have impacted the data, thus baseline for this data will be based on prior year (2020).

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

The KCTC Student Survey requires written parent consent for participation. Funded communities have a goal to reach a 60 percent participation rate to ensure high-quality data to evaluate performance outcomes. If the coalition measurement unit (county/district) is less than 60 percent of eligible students, they are asked to create an action plan specifically designed to increase survey participation. Data collection during the 2020-2021 school year was challenged due to COVID-19. To accommodate the unique setting, remote administration was allowed during the pandemic for the first time. In 2021, close to 35% of students reported they took the survey in a remote, non-school setting. It is not yet clear how COVID and remote administration may have impacted the data, however, the overall participation rate remained high with over 70,000 eligible Kansas students participating.

## 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):**

Following the Strategic Prevention Framework, community coalitions were funded to develop a strategic plan and implement evidence-based strategies to address risk factors for underage drinking, reduce use, and prevent the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Some strategies were disrupted due to the COVID-19 pandemic and early school closures. Similar to what was seen across the nation, smaller percentages of youth in Kansas reported substance use. In addition to the implementation of prevention strategies, this reduction may, in part be impacted by changing COVID environments related to less peer interaction and potential reduced access to substances. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts.

**Priority #:** 4

**Priority Area:** Reduce adolescent marijuana use in Kansas

**Priority Type:** SAP

**Population(s):** PP

**Goal of the priority area:**

Reduce the percentage of students in grades 6, 8, 10, and 12 that report using marijuana in the past 30-days.

**Objective:**

Completion of community-level comprehensive strategic planning and provision of supports for community initiatives utilizing all steps of the Strategic Prevention Framework to address adolescent marijuana use through the implementation of evidence-based prevention programs, practices, and policies.

**Strategies to attain the goal:**

Kansas does not implement any one strategy statewide, rather community coalitions complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that will impact their specific community needs and capacity. All strategies must be evidence based. Kansas utilizes SAMHSA's definition of evidence-based when reviewing strategic plans.

**Edit Strategies to attain the objective here:**

*(if needed)*

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** On how many occasions, if any, have you used marijuana during the past 30 days? (at least once)

**Baseline Measurement:** State = 6.8%

**First-year target/outcome measurement:** State = 6.3%

**Second-year target/outcome measurement:** State = 5.8%

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

**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:**

The survey requires written parent consent for participation which can put an added burden on school districts. Funded communities have a goal to achieve a 60 percent participation rate to ensure high quality data; if at time they are not at 60 percent they must create specific action plans designed to increase participation. Data collection during the 2020-2021 school year was challenged due to COVID -19, however Kansas was able to implement online survey and maintained high rates of participation. Some changes, including use of skip logic were made to the survey during this time. It is not yet clear how COVID and changes to the survey, including allowing remote administration have impacted the data, thus baseline for this data will be based on prior year (2020).

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

The KCTC Student Survey requires written parent consent for participation. Funded communities have a goal to reach a 60 percent participation rate to ensure high-quality data to evaluate performance outcomes. If the coalition measurement unit (county/district) is less than 60 percent of eligible students, they are asked to create an action plan specifically designed to increase survey participation. Data collection during the 2020-2021 school year was challenged due to COVID-19. To accommodate the unique setting, remote administration was allowed during the pandemic for the first time. In 2021, close to 35% of students reported they took the survey in a remote, non-school setting. It is not yet clear how COVID and remote administration may have impacted the data, however, the overall participation rate remained high with over 70,000 eligible Kansas students participating.

# 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):

Following the Strategic Prevention Framework, community coalitions were funded to develop a strategic plan and implement evidence-based strategies to address risk factors for underage drinking, reduce use, and prevent the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Some strategies were disrupted due to the COVID-19 pandemic and early school closures. Similar to what was seen across the nation, smaller percentages of youth in Kansas reported substance use. In addition to the implementation of prevention strategies, this reduction may, in part be impacted by changing COVID environments related to less peer interaction and potential reduced access to substances. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts.

Priority #: 5

Priority Area: Reduce vaping in adolescents and young adults.

Priority Type: SAP

Population(s): PP

## Goal of the priority area:

Reduce percentage of students in ages 6, 8, 10, and 12 that report there is "no risk" of harm from taking one or two drinks of an alcoholic beverage nearly every day.

## Objective:

Completion of community-level comprehensive strategic planning and provision of supports for community initiatives utilizing all steps of the Strategic Prevention Framework to address vaping in youth aged 12-17 and young adults aged 18-25 through the implementation of evidence-based prevention programs, practices, and policies.

## 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. Kansas utilizes SAMHSA's definition when reviewing individual strategic plans.

## Edit Strategies to attain the objective here:

(if needed)

## Annual Performance Indicators to measure goal success

Indicator #: 1  
Indicator: How frequently have you vaped in the past 30 days? (at least once)  
Baseline Measurement: State = 9.8%  
First-year target/outcome measurement: State = 8.3%  
Second-year target/outcome measurement: State = 6.8%  
New Second-year target/outcome measurement(if needed):

## 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:**

The survey requires written parent consent for participation which can put an added burden on school districts. Funded communities have a goal to achieve a 60 percent participation rate to ensure high quality data; if at time they are not at 60 percent they must create specific action plans designed to increase participation. Data collection during the 2020-2021 school year was challenged due to COVID -19, however Kansas was able to implement online survey and maintained high rates of participation. Some changes, including use of skip logic were made to the survey during this time. It is not yet clear how COVID and changes to the survey, including allowing remote administration have impacted the data, thus baseline for this data will be based on prior year (2020). The question wording changed from "electronic cigarettes" to "vaped" in 2021.

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

The KCTC Student Survey requires written parent consent for participation. Funded communities have a goal to reach a 60 percent participation rate to ensure high-quality data to evaluate performance outcomes. If the coalition measurement unit (county/district) is less than 60 percent of eligible students, they are asked to create an action plan specifically designed to increase survey participation. Data collection during the 2020-2021 school year was challenged due to COVID-19. To accommodate the unique setting, remote administration was allowed during the pandemic for the first time. In 2021, close to 35% of students reported they took the survey in a remote, non-school setting. It is not yet clear how COVID and remote administration may have impacted the data, however, the overall participation rate remained high with over 70,000 eligible Kansas students participating.

## 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):**

With the rising concern of youth vaping and associated health risks, several statewide groups convened during this timeframe to understand and address the concern, with a particular focus on school policies and procedures. Community coalitions focused on prevention strategies related to media and information dissemination. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered these prevention efforts.

**Indicator #:** 2  
**Indicator:** During the past 30 days, how frequency have you used electronic cigarettes of Juul? (at least once)  
**Baseline Measurement:** State = 29.0%  
**First-year target/outcome measurement:** State = 28.0%  
**Second-year target/outcome measurement:** State = 27.0%  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Kansas Young Adults Survey (KYAS)

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

**Description of Data:**

The Kansas Young Adults Survey (KYAS) is a statewide survey administered online to individuals aged 18-25. The survey asks questions about attitudes and behaviors among young adults on public health issues, including the usage of tobacco and consumption of alcohol, prescription and non-prescription drugs, as well as gambling. Demographic questions include age, education, and income level and sources, among others.

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

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

The survey has been administered every other year and will use data from 2019 for baseline. The data is only available at a state level and thus prevention coalitions will not be able to measure local progress toward the goal.

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

The Kansas Young Adult Survey (KYAS) is a valuable tool for gathering data for a difficult to reach population of young adults both in college and not in college. However, as a statewide survey, it and does not allow for monitoring and evaluation of individual counties or community coalition work. Starting in 2021, the survey will be administered annually which will enhance statewide monitoring.

## 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):**

Overall awareness created by the near epidemic levels of e-cigarette use led to media campaigns for youth and young adults focusing on the risk of harm from e-cigarette use. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity -building activities, and support that bolstered prevention efforts. Efforts to further reduce and prevent e-cigarette use and health consequences are supported by supplemental COVID funding.

**Priority #:** 6

**Priority Area:** Increase the number of prevention trainings in rural Kansas communities

**Priority Type:** SAP

**Population(s):** PP

**Goal of the priority area:**

KDADS would like to infuse more prevention knowledge and efforts into rural Kansas communities to increase rural coalition capacity to develop and implement strategic prevention plans.

**Objective:**

Increase opportunities for rural Kansas communities to attend prevention training

**Strategies to attain the goal:**

Trainings will be held in rural communities and will focus on behavioral/mental health and substance use prevention for youth, young adults, school staff, and families.

**Edit Strategies to attain the objective here:  
(if needed)**

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** Increase the number of prevention trainings in rural Kansas communities

**Baseline Measurement:** State = Establish Baseline in 2022

**First-year target/outcome measurement:** State = baseline + 20

**Second-year target/outcome measurement:** State = first-year target + 10

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

**Data Source:**

Community Check Box

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

**Description of Data:**

Training data will be documented in the Community Check Box. Documentation will include a description of the training, dates, attendance, location if in-person or participant location if virtual, demographic rosters which include profession, age, gender, race/ethnicity, county, city.

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

Training events were documented through entry into the Community Check Box online monitoring and evaluation system. Sources of information about trainings were post event entry by staff and calendar of training schedules.

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

Training contractors have not yet been selected so baseline is not able to be established this time. Performance estimates are based on desired targets across two years. Data quality in the Community Check Box will be dependent on complete and regular documentation. Training opportunities will be provided, but level of participation may not reflect desired outcomes. cannot be Participation in prevention training

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

Documentation of training events were good but not totally complete, so the results may understate the number of trainings. In addition, accurate documentation required detailed information about location, attendees, attendance and description of the events. A common documentation form asking required information was finalized and used by most providers of trainings.

## 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):**

Most of the new and additional trainings to rural areas were provided by grantees utilizing ARPA and COVID funding for implementing prevention strategies such as the Good Behavior Game in schools and homes, support for transitional youth, coalition capacity building, and support for new strategies targeting E-Cig, mental health training, and related prevention issues.

**Priority #:** 7  
**Priority Area:** Recovery Oriented System of Care  
**Priority Type:** SAT  
**Population(s):** PWWDC, PWID, TB

**Goal of the priority area:**

Kansas Behavioral Health System supports a recovery-oriented system of care.

**Objective:**

More individuals have access to peer mentoring services

**Strategies to attain the goal:**

Increase the peer mentoring workforce capacity

**Edit Strategies to attain the objective here:  
(if needed)**

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of Kansas Certified Peer Mentors increase  
**Baseline Measurement:** baseline in FY20 of 9 Peer Mentors  
**First-year target/outcome measurement:** Increase Kansas Certified Peer Mentors by 10% in FY22  
**Second-year target/outcome measurement:** Increase Kansas Certified Peer Mentors by 10% in FY23  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Adult Consumer Affairs tracking spreadsheet of the number of people trained to be Kansas Certified Peer Mentors and in-training Peer Mentors

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

**Description of Data:**

Peer Mentors in training and Peer Mentors certified

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

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

Training contractor reporting accuracy and timeliness

**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):**

SFY2021 = 20 Peer Mentors certified  
SFY2022 = 53 Peer Mentors certified (24 Kansas Certified Peer Mentor in Training (KCPMT). + 29 Kansas Certified Peer Mentor (KCPM))  
resulting in an increase of 165%

**Priority #:** 8

**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

**Objective:**

Increase the number of youth who receive early intervention increasing their chance of successful recovery

**Strategies to attain the goal:**

Identify opportunities to increase access to services for ESMI  
Examine adequacy of ESMI-related service rates  
Establish care coordinator 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

**Edit Strategies to attain the objective here:**

*(if needed)*

**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 SFY21

**First-year target/outcome measurement:** 5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY22

**Second-year target/outcome measurement:** 5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY23

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

**Data Source:**

Quarterly provider reports

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

**Description of Data:**

Proportion of total number of youth experiencing ESMI served with Block Grant funded intervention in a given State Fiscal Year (SFY)

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

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

Individuals not correctly identified as being ESMI

**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):**

SFY21 (Baseline): 55 youth  
SFY22: 61 youth (increase of 10.9%)

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**Footnotes:**



**COVID Testing and Mitigation Program Report  
for the Community Services Mental Health Block Grant (MHBG)  
for Federal Fiscal Year Ending September 30, 2022  
Due Date: December 30, 2022**

For the Federal Fiscal Year ending September 30, 2022, please upload a Word or PDF document in Table 1 of the FY23 MHBG Report on the COVID Testing and Mitigation activities and expenditures by answering the following question, due by December 30, 2022.

List the items and activities of expenditures completed from October 1, 2021 thru September 30, 2022 (if no activities were completed, note here with Not Applicable)

COVID Testing and Mitigation Program Report for STATE	
Item/Activity	Amount of Expenditure
<b>Not Applicable</b>	<b>Not Applicable</b>

As outlined in the table below, Kansas has sent in a request to alter the plan to utilize and allocate the COVID-19 Testing and Mitigation Funds to Ernest Fields on November 30, 2022. Kansas is awaiting our request for the new implementation of our plan but there were no funds expended by the reporting period end date of this report, September 30, 2022.

<b>MHBG Kansas Strategy for COVID Mitigation</b>	<b>Amount</b>
<b>Contractual:</b> Contract with CAC and CROs to implement strategies as identified by the State and the contractor	\$330,063
<b>Other:</b> Marketing outreach activities	\$28,701
	<b>\$358,764</b>

## C. State Agency Expenditure Report

### MHBG Table 2A (URS Table 7) - State Agency Expenditures Report

This table describes expenditures for public mental health services provided by mental health providers funded by the state mental health agency by source of funding.

Reporting Period Start Date: 7/1/2021 Reporting Period End Date: 6/30/2022

Activity (See instructions for using Row 1.)	Source of Funds								
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal State & Local)	D. Other Federal Funds(e.g. ACF (TANF), CDC, CMS (Medicare), SAMSHA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID- 19 Relief Funds (MHBG) <sup>1</sup>	I. ARP Funds (MHBG) <sup>2</sup>
1. Substance Abuse Prevention and Treatment									
a. Pregnant Women and Women with Dependent Children									
b. All Other									
2. Primary Prevention <sup>3</sup>		\$0	\$0	\$0	\$206,338	\$0	\$0	\$0	\$0
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG) <sup>4</sup>		\$594,501	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4. Tuberculosis Services									
5. Early Intervention Services for HIV									
6. State Hospital			\$17,968,594	\$0	\$109,797,943	\$0	\$0	\$0	\$0
7. Other Psychiatric Inpatient Care			\$0	\$0	\$0	\$0	\$0	\$0	\$0
8. Other 24-Hour Care (Residential Care)		\$0	\$49,317,806	\$0	\$23,641,868	\$0	\$0	\$0	\$0
9. Ambulatory/Community Non-24 Hour Care		\$3,906,286	\$183,536,561	\$376,401	\$56,892,702	\$0	\$0	\$0	\$0
10. Administration (Excluding Program and Provider Level) <sup>5</sup>		\$97,752	\$725,879	\$94,631	\$439,635	\$0	\$0	\$0	\$0
11. Crisis Services (5 percent set -aside) <sup>6</sup>		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>12. Total</b>	<b>\$0</b>	<b>\$4,598,539</b>	<b>\$251,548,840</b>	<b>\$471,032</b>	<b>\$190,978,486</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Comments on Data:

<sup>1</sup>The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the “standard” MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A – G are for the state expenditure period of July 1, 2021 – June 30, 2022, for most states. Column H should reflect the spending for the state reporting period. The total may reflect the COVID-19 Relief allotment portion used during the state reporting period.

<sup>2</sup>The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the “standard” MHBG. The standard MHBG expenditures captured in Columns A – G are for the state expenditure period of July 1, 2021 - June 30, 2022, for most states.” Column I should reflect the spending for the state reporting period. The total may reflect the ARP allotment portion used during the state reporting period.

<sup>3</sup>While the state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

<sup>4</sup>Column 3B should include Early Serious Mental Illness programs funded through MHBG set aside.

<sup>5</sup>Per statute Administrative expenditures cannot exceed 5% of the fiscal year award.

<sup>6</sup>Row 11 should include Crisis Services programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

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**Footnotes:**

# C. State Agency Expenditure Report

## MHBG Table 2B (URS Table 7A) - MHBG State Agency First Episode Psychosis Expenditure Report

Reporting Period Start Date: 7/1/2021      Reporting Period End Date: 6/30/2022

Activity (See instructions for using Row 1.)	Source of Funds					
	A. Mental Health Block Grant	B. Medicaid (Federal State & Local)	C. Other Federal Funds (e.g. ACF (TANF), CDC, CMS (Medicare), SAMHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. CSC-Evidences-Based Practices for First Episode Psychosis <sup>1</sup>	\$594,500	\$0	\$0	\$0	\$0	\$0
Training for CSC Practices	\$0	\$0	\$0	\$0	\$0	\$0
Planning for CSC Practices	\$0	\$0	\$0	\$0	\$0	\$0
2. Other Early Serious Mental Illnesses programs (other than FEP or partial CSC programs)	\$0	\$0	\$0	\$0	\$0	\$0
3. Training for ESMI	\$0	\$0	\$0	\$0	\$0	\$0
4. Planning for ESMI	\$0	\$0	\$0	\$0	\$0	\$0
<b>5. Total</b>	<b>\$594,500</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Comments on Data:						

<sup>1</sup>When reporting CSC- Evidence Based Practices for First Episode Psychosis, report only those programs that are providing all the components of a CSC model. If the state uses only certain components of a CSC model specifically for FEP, please report them in row 2.

Note, The Totals for this table should equal the amounts reported on Row 3 (Evidence-Based Practices for Early Serious Mental Illness) on MHBG Table 2a (URS Table 7a)

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**Footnotes:**

# C. State Agency Expenditure Report

## MHBG Table 2C (URS Table 7B) - MHBG State Agency Crisis Services Expenditures Report

Reporting Period Start Date: 7/1/2021      Reporting Period End Date: 6/30/2022

Services	Source of Funds						
	A. Mental Health Block Grant	B. Medicaid (Federal State & Local)	C. Other Federal Funds(e.g. ACF (TANF), CDC, CMS (Medicare), SAMHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other	G. Total
1. Call Center	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2. 24/7 Mobile Crisis Team	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3. Crisis Stabilization Programs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4. Training and Technical Assistance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5. Strategic Planning and Coordination	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>6. Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Comments on Data:

Mental Health Block Grant funding includes one-time funding i.e. 5% Crisis Set-Aside, and ARP sources. If the funding source is not captured in the table, please report the name of 'Other' funding per service under the comments section.

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**Footnotes:**

## C. State Agency Expenditure Report

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

Reporting Period Start Date: 7/1/2021      Reporting Period End Date: 6/30/2022

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2021	Estimated/Actual SFY 2022	Expense Type
\$2,843,496	\$13,472,453	\$22,518,320	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

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.

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**Footnotes:**

The state changed the methodology for determining the % of children served by the State's uninsured/underinsured Mental Health Program. The revised methodology uses actual claims data to determine the % of children served vs a program assumption in the past.

## C. State Agency Expenditure Report

### MHBG Table 4 (URS Table 8) - Profile of Community Mental Health Block Grant Expenditures for Non-Direct Service Activities

This table is used to describe the use of MHBG funds for non-direct service activities that are sponsored, or conducted, by the State Mental Health Authority.

Expenditure Period Start Date: 7/1/2021      Expenditure Period End Date: 6/30/2022

Activity	A. MHBG	B. COVID-19 Funds <sup>a</sup>	C. ARP Funds <sup>b</sup>
1. Information Systems	\$0	\$0	\$0
2. Infrastructure Support	\$0	\$0	\$0
3. Partnerships, Community Outreach and Needs Assessment	\$0	\$0	\$0
4. Planning Council Activities	\$0	\$0	\$0
5. Quality Assurance and Improvement	\$0	\$0	\$0
6. Research and Evaluation	\$0	\$0	\$0
7. Training and Education	\$0	\$0	\$0
<b>Total Non-Direct Services</b>	\$0	\$0	\$0
<b>Comments on Data:</b>			

<sup>a</sup> The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the “standard” MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A - C are for the state expenditure period of July 1 – June 30 of the same year for most states. Column B should reflect the spending for the state reporting period. The total may reflect the COVID-19 Relief allotment portion used during the state budget reporting period.

<sup>b</sup> The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the “standard” MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A – C are for the state expenditure period of July 1 – June 30 of the same year, for most states. Column C should reflect the spending for the state reporting period. The total may reflect the ARP allotment portion used during the state reporting period.

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**Footnotes:**

### C. State Agency Expenditure Report

MHGB Table 5 (URS Table 10) - Profiles of Agencies Receiving Block Grant Funds Directly from the State MHA

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

Entity Number	Area Served (Statewide or Sub-State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	Total Block Grant Funds	Source of Funds			
								Adults with Serious Mental Illness	Children with Serious Emotional Disturbance	Set-aside for FEP Programs	Set-aside for ESMI Programs
1	Northeast	BERT NASH COMMUNITY MENTAL HEALTH	200 Maine Street	Lawrence	KS	66044	\$116,120.00	\$116,120.00	\$0.00	\$0.00	\$0.00
2	Central	CARING PLACE INC	PO Box 334	Newton	KS	67114	\$44,620.00	\$44,620.00	\$0.00	\$0.00	\$0.00
3	Central	CENTRAL KANSAS MENTAL HEALTH CENTER	809 Elmhurst Boulevard	Salina	KS	67401	\$20,998.00	\$20,998.00	\$0.00	\$0.00	\$0.00
4	South West	COMPASS BEHAVIORAL HEALTH	404 North Baughman Street	Ulysses	KS	67880	\$126,131.00	\$126,131.00	\$0.00	\$0.00	\$0.00
5	South East	CRAWFORD COUNTY	3101 Michigan Street	Pittsburg	KS	66762	\$44,755.00	\$44,755.00	\$0.00	\$0.00	\$0.00
6	Northeast	CURRUS INC	3512 SW Fairlawn Rd, Ste 300	Topeka	KS	66614	\$329,774.00	\$329,774.00	\$0.00	\$0.00	\$0.00
7	West	DODGE CITY PEACEFUL TRIBE INC	PO 1111	Dodge City	KS	67801	\$52,827.00	\$52,827.00	\$0.00	\$0.00	\$0.00
8	Northeast	ELIZABETH LAYTON CENTER INC	2537 Eisenhower Road	Ottawa	KS	66067	\$32,031.00	\$32,031.00	\$0.00	\$0.00	\$0.00
9	South East	FOUR COUNTY MENTAL HEALTH CENTER INC	3751 West Main Street	Independence	KS	67301	\$213,214.00	\$127,051.00	\$0.00	\$86,163.00	\$0.00
10	North West	HIGH PLAINS INDEPENDENCE INC	PO Box 956	Hays	KS	67601	\$120,808.00	\$120,808.00	\$0.00	\$0.00	\$0.00
11	North West	HIGH PLAINS MENTAL HEALTH CENTER	208 East 7th Street	Hays	KS	67601	\$55,301.00	\$55,301.00	\$0.00	\$0.00	\$0.00
12	West	HORIZONS MENTAL HEALTH CENTER INC	1600 North Lorraine Street	Hutchinson	KS	67501	\$45,699.00	\$45,699.00	\$0.00	\$0.00	\$0.00
13	Southwest	IROQUOIS CENTER FOR HUMAN	610 East Grant Avenue	Greensburg	KS	67054	\$8,897.00	\$8,897.00	\$0.00	\$0.00	\$0.00
14	Northeast	JOHNSON COUNTY MENTAL HEALTH	6000 Lamar Avenue	Mission	KS	66202	\$388,530.00	\$269,626.00	\$0.00	\$118,904.00	\$0.00
15	South Central	JOURNEY TO RECOVERY INC	127 E 6th Avenue	Eldorado	KS	67402	\$68,361.00	\$68,361.00	\$0.00	\$0.00	\$0.00
16	South Central	KANSAS CONSUMER ADVISORY COUNCIL	358 N Main ST	Wichita	KS	67202	\$106,025.00	\$106,025.00	\$0.00	\$0.00	\$0.00
17		KANSAS SUICIDE PREVENTION H1 - KSPHQ					\$39,800.00	\$39,800.00	\$0.00	\$0.00	\$0.00
18	Northeast	KANZA MENTAL HEALTH & GUIDANCE CENTER	909 South 2nd Street	Hiawatha	KS	66434	\$34,977.00	\$34,977.00	\$0.00	\$0.00	\$0.00
19	Northeast	KEYS FOR NETWORKING INC	900 S Kansas Ave	Topeka	KS	66612	\$36,842.00	\$0.00	\$36,842.00	\$0.00	\$0.00
20	Southeast	LABETTE CENTER FOR MENTAL HEALTH	1730 Belmont Avenue	Parsons	KS	67357	\$25,665.00	\$25,665.00	\$0.00	\$0.00	\$0.00
21	Central	MENTAL HEALTH CENTER OF EAST CENTRAL	1000 Lincoln Street	Emporia	KS	66801	\$30,137.00	\$30,137.00	\$0.00	\$0.00	\$0.00
22	North Central	MORNING STAR INC	1018 Poyntz Ave	Manhattan	KS	66502	\$150,580.00	\$150,580.00	\$0.00	\$0.00	\$0.00
23	Northeast	NAMI KANSAS INC	501 SW Jackson ST	Shawnee	KS	66601	\$35,000.00	\$35,000.00	\$0.00	\$0.00	\$0.00
24	Northeast	PAWNEE MENTAL HEALTH SERVICES INC	2001 Claflin Road	Manhattan	KS	66502	\$99,233.00	\$99,233.00	\$0.00	\$0.00	\$0.00
25	Central	PRAIRIE VIEW INC	1901 East 1st Street	Newton	KS	67114	\$170,169.00	\$0.00	\$170,169.00	\$0.00	\$0.00
26	South Central	PROJECT INDEPENDENCE OF	PO Box 48369	Wichita	KS	67201	\$95,438.00	\$95,438.00	\$0.00	\$0.00	\$0.00



SEDGWICK											
27	South Central	SEDGWICK COUNTY	271 West 3rd ST	Wichita	KS	67202	\$301,205.00	\$301,205.00	\$0.00	\$0.00	\$0.00
28	Northeast	SOCIALIZATON INDEPENDENCE	PO Box 171856	Kansas City	KS	66117	\$220,334.00	\$220,334.00	\$0.00	\$0.00	\$0.00
29	South Central	SOUTH CENTRAL MENTAL HEALTH	524 North Main Street	El Dorado	KS	67042	\$13,903.00	\$13,903.00	\$0.00	\$0.00	\$0.00
30	Southeast	SOUTHEAST KANSAS MENTAL HEALTH CENTER	1106 South 9th Street	Humboldt	KS	66748	\$30,843.00	\$30,843.00	\$0.00	\$0.00	\$0.00
31	Southwest	SOUTHWEST GUIDANCE CTR	333 West 15th Street	Liberal	KS	67901	\$8,897.00	\$8,897.00	\$0.00	\$0.00	\$0.00
32	Southeast	SPRING RIVER MENTAL HEALTH & WELLNESS IN	6610 SE Quakervale Road	Riverton	KS	66770	\$31,122.00	\$31,122.00	\$0.00	\$0.00	\$0.00
33	South Central	SUMNER COUNTY MENTAL HEALTH CENTER	1601 West 16th Street	Wellington	KS	67152	\$15,570.00	\$15,570.00	\$0.00	\$0.00	\$0.00
34	Northeast	SUNSHINE CONNECTION	PO Box 4811	Topeka	KS	66604	\$141,200.00	\$141,200.00	\$0.00	\$0.00	\$0.00
35	Central	THE CENTER FOR COUNSELING	5815 Broadway Street	Great Bend	KS	67530	\$16,298.00	\$16,298.00	\$0.00	\$0.00	\$0.00
36	Central	THE CENTER FOR COUNSELING AND	5815 Broadway Street	Great Bend	KS	67530	\$16,296.00	\$16,296.00	\$0.00	\$0.00	\$0.00
37	Northeast	THE GUIDANCE CENTER	500 Limit Street	Leavenworth	KS	66048	\$69,861.00	\$69,861.00	\$0.00	\$0.00	\$0.00
38	Northeast	VALEO BEHAVIORAL HEALTH CARE	5401 SW 7th Street	Topeka	KS	66606	\$496,641.00	\$398,749.00	\$0.00	\$97,892.00	\$0.00
39	Northwest	WINGS UPON THE PRAIRIE INC	PO Box 385	Colby	KS	67701	\$87,376.00	\$87,376.00	\$0.00	\$0.00	\$0.00
40	Northeast	WYANDOT CENTER FOR COMMUNITY	757 Armstrong Avenue	Kansas City	KS	66101	\$559,309.00	\$267,767.00	\$0.00	\$291,542.00	\$0.00
Total							\$4,500,787.00	\$3,699,275.00	\$207,011.00	\$594,501.00	\$0.00

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**Footnotes:**

# C. State Agency Expenditure Report

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

Period (A)	Expenditures (B)	B1 (2020) + B2 (2021) 2 (C)
SFY 2020 (1)	\$134,370,750	
SFY 2021 (2)	\$131,976,527	\$133,173,638
SFY 2022 (3)	\$133,579,805	

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

SFY 2020	Yes	<u>X</u>	No	_____
SFY 2021	Yes	<u>X</u>	No	_____
SFY 2022	Yes	<u>X</u>	No	_____

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

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**Footnotes:**

## D. Population and Services Report

### MHBG Table 7 (URS Table 1) - Profile of the State Population by Diagnosis

This table summarizes the estimates of adults residing within the state with serious mental illness (SMI) and children residing within the state with serious emotional disturbances (SED). The table calls for estimates for two-time periods, one for the report year and one for three years into the future. CMHS will provide this data to states based on the standardized methodology developed and published in the Federal Register and the state level estimates for both adults with SMI and children with SED.

Expenditure Period Start Date:      Expenditure Period End Date:

	Current Report Year	Three Years Forward
Adults with SMI	<input type="text"/>	<input type="text"/>
Children with SED	<input type="text"/>	<input type="text"/>

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**Footnotes:**

## D. Population and Services Report

### MHBG Table 8A and MHBG Table 8B (URS Tables 2A and 2B) - Profile of Persons Served, All Programs by Age, Gender and Race/Ethnicity

This table provides an aggregate profile of persons in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client receiving services in programs provided or funded by the state mental health agency. The client profile takes into account all institutional and community services for all such programs. Please provide unduplicated counts if possible.

**Table 8A**

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			More Than One Race Reported			Race Not Available											
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available						
0-12 years	4,590	7,246	0	11,840	71	111	0	0	31	40	0	0	421	698	0	0	6	15	0	0	3,496	5,389	3	0	141	251	0	0	424	742	1	0	
13-17 years	5,916	4,947	0	10,895	95	96	1	0	59	47	0	0	454	434	0	0	15	5	0	0	4,393	3,666	25	0	209	174	1	0	691	525	5	0	
18-20 years	2,192	1,508	0	3,731	28	28	1	0	20	23	0	0	149	118	0	0	3	2	0	0	1,684	1,098	24	0	69	78	3	0	239	161	3	0	
21-24 years	2,041	1,506	0	3,579	31	35	0	0	33	19	0	0	148	143	0	0	6	2	0	0	1,539	1,072	28	0	90	70	1	0	194	165	3	0	
25-44 years	8,297	7,349	0	15,699	161	121	2	0	74	50	0	0	635	766	2	0	18	19	0	0	6,455	5,467	42	0	397	323	5	0	557	603	2	0	
45-64 years	5,189	4,129	0	9,327	118	92	0	0	36	31	0	0	462	511	0	0	8	8	0	0	4,034	3,090	5	0	202	158	3	0	329	239	1	0	
65-74 years	1,076	618	0	1,698	28	9	0	0	6	2	0	0	69	53	0	0	3	1	0	0	880	481	3	0	44	27	0	0	46	45	1	0	
75 and older	375	183	0	558	2	1	0	0	3	0	0	0	11	6	0	0	0	1	0	0	321	148	0	0	10	3	0	0	28	24	0	0	
Age not Available	0	0	100	100	0	0	0	3	0	0	0	2	0	0	0	3	0	0	0	0	0	0	83	0	0	0	0	2	0	0	0	7	
Total	29,676	27,486	100	57,427	534	493	4	3	262	212	0	2	2,349	2,729	2	3	59	53	0	0	22,802	20,411	130	83	1,162	1,084	13	2	2,508	2,504	16	7	
Pregnant Women	0	0	0	0	0		0						0							0													

Are these numbers unduplicated?

Unduplicated

Duplicated : between Hospitals and Community

Duplicated : Among Community Programs

Duplicated between children and adults

Other : describe

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	

**Table 8B**

Of the total persons served, please indicate the age, gender and the number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons served would be the total as indicated in Table 8A.

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			Total			Total
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available				
0-12 years	4,076	6,400	4	0	491	804	0	0	23	42	0	0	4,590	7,246	0	11,840
13-17 years	5,006	4,263	26	0	811	613	2	0	99	71	4	0	5,916	4,947	0	10,895
18-20 years	1,890	1,290	27	0	269	186	1	0	33	32	3	0	2,192	1,508	0	3,731
21-24 years	1,780	1,307	28	0	204	153	4	0	57	46	0	0	2,041	1,506	0	3,579
25-44 years	7,625	6,644	48	0	562	509	2	0	110	196	3	0	8,297	7,349	0	15,699
45-64 years	4,870	3,861	7	0	228	167	1	0	91	101	1	0	5,189	4,129	0	9,327
65-74 years	1,036	573	4	0	27	27	0	0	13	18	0	0	1,076	618	0	1,698
75 and older	354	169	0	0	10	2	0	0	11	12	0	0	375	183	0	558
Age not Available	0	0	0	0	0	0	0	0	0	0	0	100	0	0	100	100
Total	26,637	24,507	144	0	2,602	2,461	10	0	437	518	11	100	29,676	27,486	100	57,427
Pregnant Women	0			0			0			0	0	0	0			

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Ethnicity):	
Comments on Data (Overall):	

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**Footnotes:**

## D. Population and Services Report

**MHBG Table 9 (URS Table 3) - Profile of Persons served in the Community Mental Health Settings, State Psychiatric Hospitals and Other Settings**

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

This table provides a profile for the clients that received public funded mental health services in community mental health settings, in state psychiatric hospitals, in other psychiatric inpatient programs, and in residential treatment centers for children.  
 Note: Clients can be duplicated between Rows: e.g., The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows.

Service Setting	Age 0-17				Age 18-20				Age 21-64				Age 65+				Age Not Available				Total				
	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Total
Community Mental Health Programs	10,506	12,193	36	0	2,192	1,508	31	0	15,527	12,984	94	0	1,451	801	4	0	0	0	0	100	29,676	27,486	165	100	57,427
State Psychiatric Hospitals	0	0	0	0	36	84	0	0	771	1,533	0	0	37	112	0	0	0	0	0	0	844	1,729	0	0	2,573
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions in the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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**Footnotes:**

## D. Population and Services Report

### MHBG Table 10A and MHBG Table 10B (URS Tables 5A and 5B) - Profile of Clients by Type of Funding Support

**Table 10A**

This table provides a summary of clients by Medicaid coverage. Since the focus of the reporting is on clients of the public mental health service delivery system, this table focuses on the clientele serviced by public programs that are funded or operated by the State Mental Health Authority. Persons are to be counted in the Medicaid row if they received a service reimbursable through Medicaid.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

	Total				American Indian or Alaska Native				Asian				Black or African American				Native Hawaiian or Other Pacific Islander				White				More Than One Race Reported				Race Not Available				
	Female	Male	Other	Not Avail	Total	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail
Medicaid (only Medicaid)	6,621	6,053	13	0	12,687	107	112	0	0	47	54	0	0	641	674	0	0	11	10	0	0	4,918	4,291	11	0	188	172	1	0	709	740	1	0
Non-Medicaid Sources (only)	10,023	9,294	47	44	19,408	171	150	2	1	113	79	0	1	542	742	0	1	26	19	0	0	8,039	7,210	39	38	285	251	3	0	847	843	3	3
People Served by Both Medicaid and Non-Medicaid Sources	7,900	6,854	79	15	14,848	179	141	2	0	47	41	0	1	687	722	1	1	13	18	0	0	5,988	5,070	59	10	511	449	9	1	475	413	8	2
Medicaid Status Not Available	5,132	5,285	26	41	10,484	77	90	0	2	55	38	0	0	479	591	1	1	9	6	0	0	3,857	3,840	21	35	178	212	0	1	477	508	4	2
<b>Total Served</b>	<b>29,676</b>	<b>27,486</b>	<b>165</b>	<b>100</b>	<b>57,427</b>	<b>534</b>	<b>493</b>	<b>4</b>	<b>3</b>	<b>262</b>	<b>212</b>	<b>0</b>	<b>2</b>	<b>2,349</b>	<b>2,729</b>	<b>2</b>	<b>3</b>	<b>59</b>	<b>53</b>	<b>0</b>	<b>0</b>	<b>22,802</b>	<b>20,411</b>	<b>130</b>	<b>83</b>	<b>1,162</b>	<b>1,084</b>	<b>13</b>	<b>2</b>	<b>2,508</b>	<b>2,504</b>	<b>16</b>	<b>7</b>

Data Based on Medicaid Services  Data Based on Medical Eligibility, not Medicaid Paid Services  'People Served By Both' includes people with any Medicaid

Comments on Data (for Race):

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Not Available.



If a state is unable to differentiate between people whose care is paid for by Medicaid only or Medicaid and other funds, then all data should be reported into the 'People Served by Both Medicaid and Non-Medicaid Sources' and the 'People Served by Both includes people with any Medicaid' check box should be checked.

**Table 10B**

Of the total persons covered by Medicaid, please indicate the gender and number of persons who are Hispanic/Latino or not Hispanic/Latino. Total persons covered by Medicaid would be the total indicated in Table 10A.

Please note that the same person may be served in both Medicaid and Non-Medicaid programs during the same reporting period.

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

	Not Hispanic or Latino				Hispanic or Latino				Hispanic or Latino Origin Unknown				Total				
	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Female	Male	Other	Not Avail	Total
Medicaid Only	6,136	5,587	11	0	439	420	2	0	46	46	0	0	6,621	6,053	13	0	12,687
Non-Medicaid Only	9,188	8,493	45	0	705	644	0	0	130	157	2	44	10,023	9,294	47	44	19,408
People Served by Both Medicaid and Non-Medicaid Sources	7,093	6,113	69	0	755	668	7	0	52	73	3	15	7,900	6,854	79	15	14,848
Medicaid Status Unknown	4,220	4,314	19	0	703	729	1	0	209	242	6	41	5,132	5,285	26	41	10,484
Total Served	26,637	24,507	144	0	2,602	2,461	10	0	437	518	11	100	29,676	27,486	165	100	57,427

Comments on Data (for Ethnicity):

Comments on Data (for Gender):

Comments on Data (Overall):

Each row should have a unique (unduplicated) count of clients: (1) Medicaid Only, (2) Non-Medicaid Only, (3) Both Medicaid and Other Sources funded their treatment, and (4) Medicaid Status Unknown.

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**Footnotes:**

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MHBG Table 11 (URS Table 6) - Profile of Client Turnover

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for Less Than 1 Year: Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
<b>State Hospitals</b>	<b>567</b>	<b>2,148</b>	<b>2,145</b>						
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	567	2,148	2,145	112	22	61	22	2,499	1,542
Age Not Available	0	0	0	0	0	0	0	0	0
<b>Other Psychiatric Inpatient</b>	<b>0</b>	<b>0</b>	<b>0</b>						
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	0	0	0	0	0	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
<b>Residential Treatment Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>						
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	0	0	0	0	0	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
<b>Community Programs</b>	<b>37,919</b>	<b>37,367</b>							
Children (0 to 17 years)	15,411	13,253							
Adults (18 yrs and over)	22,317	22,700							
Age Not Available	191	1,414							

Comments on Data (State Hospital):

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment):

Comments on Data (Community Programs):

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Comments on Data (Overall):

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**Footnotes:**

## D. Population and Services Report

### MHBG Table 12 (URS Table 12) - State Mental Health Agency Profile

The purpose of this profile is to obtain information that provides a context for the data provided in the tables. This profile covers the populations served, services for which the state mental health agency is responsible, data reporting capacities, especially related to duplication of numbers served as well as certain summary administrative information.

Reporting Period Start Date: 7/1/2021 Reporting Period End Date: 6/30/2022

#### Populations Served

1. Which of the following populations receive services operated or funded by the state mental health agency? Please indicate if they are included in the data provided in the tables. (Check all that apply.)

	Populations Covered		Included in Data	
	State Hospitals	Community Programs	State Hospitals	Community Programs
1. Aged 0 to 3	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
2. Aged 4 to 17	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
3. Adults Aged 18 and over	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
4. Forensics	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes
Comments on Data:				

2. Do all of the adults and children served through the state mental health agency meet the Federal definitions of serious mental illness and serious emotional disturbances?

- Serious Mental Illness  
 Serious Emotional Disturbances

2.a. If no, please indicate the percentage of persons served for the reporting period who met the federal definitions of serious mental illness and serious emotional disturbance:

2.a.1. Percent of adults meeting Federal definition of SMI:

2.a.2. Percentage of children/adolescents meeting Federal definition of SED:

3. Co-Occurring Mental Health and Substance Abuse:

3.a. What percentage of persons served by the SMHA for the reporting period have a dual diagnosis of mental illness and substance abuse?

3.a.1. Percentage of adults served by the SMHA who also have a diagnosis of substance abuse problem:

3.a.2. Percentage of children/adolescents served by the SMHA who also have a diagnosis of substance abuse problem:

3.b. Percentage of persons served for the reporting period who met the federal definitions of adults with SMI and children with SED have a dual diagnosis of mental illness and substance abuse:

3.b.1. Percentage of adults meeting Federal definition of SMI who also have a diagnosis of substance abuse problem:

3.b.2. Percentage of children/adolescents meeting the Federal definition of SED who also have a diagnosis of substance abuse problem:

3.b.3. Please describe how you calculate and count the number of persons with co-occurring disorders.

4. State Mental Health Agency Responsibilities

a. Medicaid: Does the State Mental Health Agency have any of the following responsibilities for mental health services provided through Medicaid? (Check All that Apply)

- 1. State Medicaid Operating Agency
- 2. Setting Standards
- 3. Quality Improvement/Program Compliance
- 4. Resolving Consumer Complaints
- 5. Licensing
- 6. Sanctions
- 7. Other

**b. Managed Care (Mental Health Managed Care)** **Are Data for these programs reported on URS Tables?**

- 4.b.1 Does the State have a Medicaid Managed Care initiative?  Yes  Yes
- 4.b.2 Does the State Mental Health Agency have any responsibilities for mental health services provided through Medicaid Managed Care?  Yes  Yes
- If yes, please check the responsibilities the SMHA has:
- 4.b.3 Direct contractual responsibility and oversight of the MCOs or BHOs  Yes
- 4.b.4 Setting Standards for mental health services  Yes
- 4.b.5 Coordination with state health and Medicaid agencies  Yes
- 4.b.6 Resolving mental health consumer complaints  Yes
- 4.b.7 Input in contract development  Yes
- 4.b.8 Performance monitoring  Yes
- 4.b.9 Other

**5. Data Reporting: Please describe the extent to which your information system allows the generation of unduplicated client counts between different parts of your mental health system. Please respond in particular for MHBG Table 13a and MHBG Table 13b, which require unduplicated counts of clients served across your entire mental health system.**

**Are data reporting in the tables?**

- 5.a. **Unduplicated:** counted once even if they were served in both State hospitals and community programs and if they were served in community mental health agencies responsible for different geographic or programmatic areas.
- 5.b. **Duplicated:** across state hospital and community programs
- 5.c. **Duplicated:** within community programs
- 5.d. **Duplicated:** Between Child and Adult Agencies
- 5.e. **Plans for Deduplication:** If you are not currently able to provide unduplicated client counts across all parts of your mental health system, please describe your plans to get unduplicated client counts by the end of your Data Infrastructure Grant.

**6. Summary Administrative Data**

6.a. Report Year:

6.b. State Identifier:

*Summary Information on Data Submitted by SMHA:*

6.c. Year being reported: From:  To:

6.d. Person Responsible for Submission: Brian Lietz

6.e. Contact Phone Number: 785-296-0857

6.f. Contact Address: 503 South Kansas Avenue Topeka, KS 66603

6.g. E-mail: brian.lietz@ks.gov

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**Footnotes:**

## D. Population and Services Report

### MHBG Tables 13A and 13B (URS Tables 14A and 14B) - Profile of Persons with SMI/SED Served By Age, Gender and Race/Ethnicity

**Table 13A**

This table requests counts for persons with SMI or SED using the definitions provided by SAMHSA. MHBG Table 8A and 8B (URS Table 2A and 2B) included all clients served by publicly operated or funded programs. This table counts only clients who meet the federal definition of SMI or SED. For many states, this table may be the same as MHBG Tables 8A and 8B (URS Table 2A and 2B). States should report using the Federal Definitions of SMI and SED if they can report them, if not, please report using your state's definitions of SMI and SED and provide information below describing your state's definition.

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

	Total				American Indian or Alaska Native				Asian				Black or African American				Native Hawaiian or Other Pacific Islander				White				More Than One Race Reported				Race Not Available				
	Female	Male	Other	N/A	Total	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A
0-12 years	3,326	5,888	1	0	9,215	37	92	0	0	20	35	0	0	335	591	0	0	4	10	0	0	2,518	4,352	1	0	120	228	0	0	292	580	0	0
13-17 years	4,372	3,885	20	0	8,277	66	69	1	0	44	43	0	0	360	362	0	0	8	4	0	0	3,266	2,878	17	0	161	149	0	0	467	380	2	0
18-20 years	865	706	12	0	1,583	8	15	1	0	7	6	0	0	59	59	0	0	0	0	0	0	678	518	11	0	30	42	0	0	83	66	0	0
21-24 years	384	351	8	0	743	4	11	0	0	6	3	0	0	40	44	0	0	1	2	0	0	275	233	7	0	29	20	0	0	29	38	1	0
25-44 years	2,065	2,245	25	0	4,335	59	43	2	0	25	18	0	0	253	381	2	0	4	7	0	0	1,493	1,531	19	0	121	135	1	0	110	130	1	0
45-64 years	2,153	1,874	4	0	4,031	58	47	0	0	17	19	0	0	283	344	0	0	5	3	0	0	1,589	1,306	3	0	88	89	1	0	113	66	0	0
65-74 years	368	227	1	0	596	10	5	0	0	3	1	0	0	49	38	0	0	1	0	0	0	276	158	0	0	15	14	0	0	14	11	1	0
75 and older	60	23	0	0	83	0	0	0	0	1	0	0	0	1	3	0	0	0	0	0	0	53	18	0	0	3	1	0	0	2	1	0	0
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>13,593</b>	<b>15,199</b>	<b>71</b>	<b>0</b>	<b>28,863</b>	<b>242</b>	<b>282</b>	<b>4</b>	<b>0</b>	<b>123</b>	<b>125</b>	<b>0</b>	<b>0</b>	<b>1,380</b>	<b>1,822</b>	<b>2</b>	<b>0</b>	<b>23</b>	<b>26</b>	<b>0</b>	<b>0</b>	<b>10,148</b>	<b>10,994</b>	<b>58</b>	<b>0</b>	<b>567</b>	<b>678</b>	<b>2</b>	<b>0</b>	<b>1,110</b>	<b>1,272</b>	<b>5</b>	<b>0</b>

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	

1. State Definitions Match the Federal Definitions

Yes  No Adults with SMI, if No describe or attach state definition:

Yes  No Diagnoses included in the state SMI definition:

Yes  No Children with SED, if No describe or attach state definition:

Yes  No Diagnoses included in the state SED definition:

**Table 13B**

Of the total persons served, please indicate the age, gender and the number of persons who meet the Federal definition of SMI and SED and who are Hispanic/Latino or not Hispanic/Latino. The total persons served who meet the Federal definition of SMI or SED should be the total as indicated in MHBG Table 13b.

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

	Not Hispanic or Latino				Hispanic or Latino				Hispanic or Latino Origin Not Available				Total				
	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Total
0-12 years	2,965	5,194	1	0	351	667	0	0	10	27	0	0	3,326	5,888	1	0	9,215
13-17 years	3,670	3,352	17	0	664	498	2	0	38	35	1	0	4,372	3,885	20	0	8,277
18-20 years	751	610	12	0	110	90	0	0	4	6	0	0	865	706	12	0	1,583
21-24 years	350	304	7	0	27	39	1	0	7	8	0	0	384	351	8	0	743
25-44 years	1,931	2,049	22	0	117	162	1	0	17	34	2	0	2,065	2,245	25	0	4,335
45-64 years	2,061	1,786	4	0	83	66	0	0	9	22	0	0	2,153	1,874	4	0	4,031
65-74 years	361	217	1	0	7	9	0	0	0	1	0	0	368	227	1	0	596
75 and older	60	23	0	0	0	0	0	0	0	0	0	0	60	23	0	0	83
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>12,149</b>	<b>13,535</b>	<b>64</b>	<b>0</b>	<b>1,359</b>	<b>1,531</b>	<b>4</b>	<b>0</b>	<b>85</b>	<b>133</b>	<b>3</b>	<b>0</b>	<b>13,593</b>	<b>15,199</b>	<b>71</b>	<b>0</b>	<b>28,863</b>
Comments on Data (for Age):																	
Comments on Data (for Gender):																	
Comments on Data (for Race/Ethnicity):																	

Comments on Data (Overall):

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**Footnotes:**



## D. Population and Services Report

### MHBG Table 14 (URS Table 15A) - Profile of Persons served in the community mental health setting, State Psychiatric Hospitals and Other Settings for Adults with SMI and Children with SED

This table provides a profile for adults with Serious Mental Illness (SMI) and children with serious emotional disturbance (SED) that received public funded mental health services in community services in hospitals, other psychiatric inpatient programs, residential treatment centers and Institutions under Justice System

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

Services Setting	Age 0-17				Age 18-20				Age 21-64				Age 65+				Age Not Available				Total							
	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Total			
Community Mental Health Programs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
State Psychiatric Hospitals	0	0	0	0	39	83	0	0	766	1,526	0	0	32	110	0	0	0	0	0	0	0	0	0	0	837	1,719	0	0
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions in the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

**Note:** Clients can be duplicated between Rows (e.g. The same client may be served in both state psychiatric hospitals and community mental health centers during the same year and thus would be reported in counts for both rows).

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**Footnotes:**

## E. Performance Indicators and Accomplishments

### MHBG Table 15A (URS Table 4) - Profile of Adult Clients by Employment Status

This table describes the status of adult clients served in the reporting year by the public mental health system, in terms of employment status. The focus is on employment for the working age population, recognizing, however, there are clients who are disabled, retired, or who are homemakers, care-givers, etc., and not a part of the workforce. These persons should be reported in the "Not in Labor Force" category. Unemployed refers to persons who are looking for work but have not found employment. Data should be reported for clients in non-institutional settings at time of discharge or last evaluation.

Reporting Period Start Date: 7/1/2021 Reporting Period End Date: 6/30/2022

Adults Served	18-20				21-64				65+				Age Not Available				Total				
	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	N/A	Female	Male	Other	Not Avail	Total
<b>Employed: Competitively Employed Full or Part Time (includes Supported Employment)</b>	497	232	0	3	3,960	3,235	0	31	62	57	0	0	0	0	2	0	4,519	3,524	2	34	8,079
<b>Unemployed</b>	368	275	0	15	5,375	4,952	0	39	402	227	0	2	0	0	5	0	6,145	5,454	5	56	11,660
<b>Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)</b>	38	28	0	0	778	462	0	2	332	168	0	0	0	0	1	0	1,148	658	1	2	1,809
<b>Not Available</b>	1,289	973	0	13	5,414	4,335	0	22	655	349	0	2	0	0	92	0	7,358	5,657	92	37	13,144
<b>Total</b>	<b>2,192</b>	<b>1,508</b>	<b>0</b>	<b>31</b>	<b>15,527</b>	<b>12,984</b>	<b>0</b>	<b>94</b>	<b>1,451</b>	<b>801</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>0</b>	<b>19,170</b>	<b>15,293</b>	<b>100</b>	<b>129</b>	<b>34,692</b>

How Often Does your State Measure Employment Status?  At Admission  At Discharge  Monthly  Quarterly  Other, describe:

What populations are included:  All clients  Only selected groups, describe:

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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**Footnotes:**

## E. Performance Indicators and Accomplishments

### MHBG Table 15B (URS Table 4A) - Optional Table: Profile of Adult Clients by Employment Status: by Primary Diagnosis Reported

The workgroup exploring employment found that, the primary diagnosis of consumer results in major differences in employment status. The workgroup has recommended that we explore the ability of states to report employment by primary diagnosis and the impact of diagnosis on employment. The workgroup recommended 5 diagnostic clusters for reporting.

Expenditure Period Start Date: 7/1/2021      Expenditure Period End Date: 6/30/2022

<b>Clients Primary Diagnosis</b>	<b>Employed: Competitively Employed Full or Part Time (includes Supported Employment)</b>	<b>Unemployed</b>	<b>Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)</b>	<b>Employment Status Not Available</b>	<b>Total</b>
Schizophrenia & Related Disorders (F20, F25)	99	613	43	321	<b>1,076</b>
Bipolar and Mood Disorders (F30, F31, F32, F33, F34.1, F60.89, F34.0, F32.9)	337	366	78	588	<b>1,369</b>
Other Psychoses (F22, F23, F24, F29)	67	365	31	291	<b>754</b>
All Other Diagnoses	6,802	8,126	1,380	9,005	<b>25,313</b>
No DX and Deferred DX (R69, R99, Z03.89)	774	2,190	277	2,939	<b>6,180</b>
<b>Diagnosis Total</b>	<b>8,079</b>	<b>11,660</b>	<b>1,809</b>	<b>13,144</b>	<b>34,692</b>

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Comments on Data (for Diagnosis):

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**Footnotes:**

## E. Performance Indicators and Accomplishments

### MHBG Table 16 (URS Table 9) - Social Connectedness and Improved Functioning

Reporting Period Start Date: 7/1/2021      Reporting Period End Date: 6/30/2022

Adult Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness		445	543	82%
2. Functioning		98	565	17%
Child/Adolescent Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness		353	372	95%
4. Functioning		209	300	70%
<b>Comments on Data:</b>				

#### Adult Social Connectedness and Functioning Measures

- Did you use the recommended new Social Connectedness Questions?  Yes  No  
ECHO Survey  
Measure used
- Did you use the recommended new Functioning Domain Questions?  Yes  No  
ECHO Survey  
Measure used
- Did you collect these as part of your MHSIP Adult Consumer Survey?  Yes  No  
If No, what source did you use?  
ECHO Survey

#### Child/Family Social Connectedness and Functioning Measures

- Did you use the recommended new Social Connectedness Questions?  Yes  No  
ECHO Survey  
Measure used
- Did you use the recommended new Functioning Domain Questions?  Yes  No  
ECHO Survey  
Measure used
- Did you collect these as part of your YSS-F Survey?  Yes  No  
If No, what source did you use?  
ECHO Survey

#### Recommended Scoring Rules

Please use the same rules for reporting Social connectedness and Functioning Domain scores as for calculating other Consumer Survey Domain scores for Table MHBG Table 18a: E.g.:

- Recode ratings of "not applicable" as missing values.

2. Exclude respondents with more than 1/3 of the items in that domain missing
3. Calculate the mean of the items for each respondent.
4. FOR ADULTS: calculate the percent of scores less than 2.5 (percent agree and strongly agree).
5. FOR YSS-F: calculate the percent of scores greater than 3.5 (percent agree and strongly agree).

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**Footnotes:**

## E. Performance Indicators and Accomplishments

### MHBG Table 17A (URS Table 11) - Summary Profile of Client Evaluation of Care

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	270	307	95
2. Reporting Positively about Quality and Appropriateness for Adults.	223	245	95
3. Reporting Positively about Outcomes.	152	288	95
4. Adults Reporting on Participation In Treatment Planning.	217	246	95
5. Adults Positively about General Satisfaction with Services.	90	247	95

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	206	262	95
2. Reporting Positively about General Satisfaction for Children.	226	266	95
3. Reporting Positively about Outcomes for Children.	234	330	95
4. Family Members Reporting on Participation In Treatment Planning for their Children.	235	268	95
5. Family Members Reporting High Cultural Sensitivity of Staff.	257	267	95

**Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.**

**\* Please report Confidence Intervals at the 95% level. See directions below regarding the calculation of confidence intervals.**

Comments on Data:

#### Adult Consumer Surveys

1. Was the Official 28 Item MHSIP Adult Outpatient Consumer Survey Used?  Yes  No

1.a. If no, which version:

- 1. Original 40 Item Version  Yes
- 2. 21-Item Version  Yes
- 3. State Variation of MHSIP  Yes

4. Other Consumer Survey

Yes

1.b. If other, please attach instrument used.

- 1.c. Did you use any translations of the MHSIP into another language?
- 1. Spanish
  - 2. Other Language:

**Adult Survey Approach**

2. Populations covered in survey? (Note all surveys should cover all regions of state)
- 1. All Consumers In State
  - 2. Sample of MH Consumers

- 2.a. If a sample was used, what sample methodology was used?
- 1. Random Sample
  - 2. Stratified / Random Stratified Sample
  - 3. Convenience Sample
  - 4. Other Sample:

- 2.b. Do you survey only people currently in services, or do you also survey persons no longer in service?
- 1. Persons Currently Receiving Services
  - 2. Persons No Longer Receiving Services

3. Please describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.)
- 1. All Adult Consumers In State
  - 2. Adults With Serious Mental Illness
  - 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care
  - 4. Other (for example, if you survey anyone served in the last 3 months, describe that here):

Sample included all members who had received a mental health service within the last 12 months based on Medicaid claims data. Fee-for-service members were not included.

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mail	<input checked="" type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-Based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

- 4.b. Who administered the survey? (Check all that apply)
- 1. MH Consumers
  - 2. Family Members
  - 3. Professional Interviewers



- 4. MH Clinicians
- 5. Non Direct Treatment Staff
- 6. Other, describe:  
Professional Survey Vendor

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?
- 1. Responses are Anonymous
  - 2. Responses are Confidential
  - 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

- 6.a. How Many surveys were Attempted (sent out or calls initiated)? 510
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)? 510
- 6.c. How many surveys were completed? (survey forms returned or calls completed) 316
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts) 6.6%
- 6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates?  Yes  No

7. Who Conducted the survey

- 7.a. SMHA Conducted or contracted for the survey (survey done at state level)  Yes  No
- 7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)  Yes  No
- 7.c. Other, describe:

\* Report Confidence Intervals at the 95% confidence level

*Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer. The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level. When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)*

**Child / Family Consumer Surveys**

1. Was the MHSIP Children / Family Survey (YSS-F) Used?  Yes
- If no, what survey did you use? ECHO Survey

*If no, please attach instrument used.*

- 1.c. Did you use any translations of the Child MHSIP into another language?
- 1. Spanish
  - 2. Other Language:

**Child Survey Approach**

2. Populations covered in survey? (Note all surveys should cover all regions of state)
- 1. All Consumers In State
  - 2. Sample of MH Consumers
- 2.a. If a sample was used, what sample methodology was used?  1. Random Sample

- 2. Stratified / Random Stratified Sample
- 3. Convenience Sample
- 4. Other Sample:

- 2.b. Do you survey only people currently in services, or do you also survey persons no longer in service?
- 1. Persons Currently Receiving Services
  - 2. Persons No Longer Receiving Services

2a. If yes to 2, please describe how your survey persons no longer receiving services.

3. Please describe the populations included in your sample: (e.g., all children, only children with SED, etc.)
- 1. All Child Consumers In State
  - 2. Children with Serious Emotional Disturbances
  - 3. Children who were Medicaid Eligible or in Medicaid Managed Care
  - 4. Other (for example, if you survey anyone served in the last 3 months, describe that here):

4. Methodology of collecting data? (Check all that apply)

	Self-Administered	Interview
Phone	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Mail	<input checked="" type="checkbox"/> Yes	
Face-to-face	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Web-Based	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

- 4.b. Who administered the survey? (Check all that apply)
- 1. MH Consumers
  - 2. Family Members
  - 3. Professional Interviewers
  - 4. MH Clinicians
  - 5. Non Direct Treatment Staff
  - 6. Other, describe:  
Professional Survey Vendor

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?
- 1. Responses are Anonymous
  - 2. Responses are Confidential
  - 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

- 6.a. How Many surveys were Attempted (sent out or calls initiated)? 7,550
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)? 7,550
- 6.c. How many surveys were completed? (survey forms returned or calls completed) 389
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts) 5.5%
- 6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates?  Yes  No

7. Who Conducted the survey

- 7.a. SMHA Conducted or contracted for the survey (survey done at state level)  Yes  No
- 7.b. Local Mental Health Providers/County mental health providers conducted or contracted for the survey (survey was done at the local or regional level)  Yes  No
- 7.c. Other, describe:

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**Footnotes:**

## E. Performance Indicators and Accomplishments

MHBG Table 17B (URS Table 11A) - Consumer Evaluation of Care by Consumer Characteristics: (Optional Table by Race/Ethnicity)

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

### Adult Consumer Survey Results:

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More Than One Race Reported		Other / Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Reporting Positively About Quality and Appropriateness.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Reporting Positively About Outcomes.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reporting Positively about Participation in Treatment Planning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Reporting Positively about General Satisfaction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Social Connectedness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Functioning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

### Child/Adolescent Family Survey Results:

Indicators	Total		American Indian or Alaska Native		Asian		Black or African American		Native Hawaiian or Other Pacific Islander		White		More Than One Race Reported		Other / Not Available		Hispanic Origin	
	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses	# Positive	Responses
1. Reporting Positively About Access.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Reporting Positively About General Satisfaction	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

3. Reporting Positively About Outcomes.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reporting Positively Participation in Treatment Planning for their Children.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Reporting Positively About Cultural Sensitivity of Staff.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Social Connectedness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Functioning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data:

Please enter the number of persons responding positively to the questions and the number of total responses within each group. Percent positive will be calculated from these data.

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**Footnotes:**

## E. Performance Indicators and Accomplishments

### MHBG Table 18 (URS Table 15) - Living Situation Profile

Number of Clients in Each Living Situation as Collected by the Most Recent Assessment in the Reporting Period  
All Mental Health Programs by Age, Gender, and Race/Ethnicity

Please provide unduplicated counts, if possible. This table provides an aggregate profile of persons served in the reporting year. The reporting year should be the latest state fiscal year for which data are available. This profile is based on a client's last known Living Situation.

Please report the data under the Living Situation categories listed - "Total" are calculated automatically.

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	14,769	1,825	0	25	345	69	38	13	635	5,016	22,735
18-64	17,840	75	505	1	18	93	6	1,607	1,224	10,967	32,336
65+	1,067	0	32	0	0	90	0	32	30	1,005	2,256
Not Available	26	4	0	0	0	0	0	2	0	68	100
<b>TOTAL</b>	<b>33,702</b>	<b>1,904</b>	<b>537</b>	<b>26</b>	<b>363</b>	<b>252</b>	<b>44</b>	<b>1,654</b>	<b>1,889</b>	<b>17,056</b>	<b>57,427</b>
Female	17,316	900	250	17	162	146	10	672	891	9,312	29,676
Male	16,272	997	284	9	201	106	34	969	986	7,628	27,486
Other	26	4	0	0	0	0	0	2	0	68	100
Not Available	88	3	3	0	0	0	0	11	12	48	165
<b>TOTAL</b>	<b>33,702</b>	<b>1,904</b>	<b>537</b>	<b>26</b>	<b>363</b>	<b>252</b>	<b>44</b>	<b>1,654</b>	<b>1,889</b>	<b>17,056</b>	<b>57,427</b>
American Indian/Alaska Native	570	53	13	1	3	5	0	41	34	314	1,034
Asian	263	6	5	0	4	3	0	7	7	181	476
Black/African American	3,148	290	53	0	39	17	6	324	180	1,026	5,083
Hawaiian/Pacific Islander	51	8	2	1	0	0	0	7	3	40	112
White/Caucasian	25,483	1,261	400	20	252	200	29	1,094	1,432	13,255	43,426

More than One Race Reported	1,255	91	32	0	15	10	4	101	73	680	2,261
Race/Ethnicity Not Available	2,932	195	32	4	50	17	5	80	160	1,560	5,035
<b>TOTAL</b>	<b>33,702</b>	<b>1,904</b>	<b>537</b>	<b>26</b>	<b>363</b>	<b>252</b>	<b>44</b>	<b>1,654</b>	<b>1,889</b>	<b>17,056</b>	<b>57,427</b>

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	2,582	167	31	1	38	10	6	88	135	2,015	5,073
Non Hispanic or Latino Origin	30,867	1,714	495	24	325	238	37	1,541	1,737	14,310	51,288
Hispanic or Latino Origin Not Available	253	23	11	1	0	4	1	25	17	731	1,066
<b>TOTAL</b>	<b>33,702</b>	<b>1,904</b>	<b>537</b>	<b>26</b>	<b>363</b>	<b>252</b>	<b>44</b>	<b>1,654</b>	<b>1,889</b>	<b>17,056</b>	<b>57,427</b>

Comments on Data (for Gender):	
How Often Does your State Measure Living Situation?	<input checked="" type="checkbox"/> At Admission <input type="checkbox"/> At Discharge <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other: Describe <input type="text"/>

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**Footnotes:**

## E. Performance Indicators and Accomplishments

**MHBG Table 19 (URS Table 16) - Profile of Adults With Serious Mental Illnesses And Children With Serious Emotional Disturbances Receiving Specific Services**

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

Age	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-12 years					4	0	0	9,215
13-17 years					17	0	0	8,277
18-20 years	51	38	0	1,583	1	0	0	0
21-64 years	1,727	590	0	9,109				
65-74 years	124	19	0	596				
75+ years	11	1	0	83				
Not Available	0	0	0	0	0	0	0	0
<b>Total</b>	<b>1,913</b>	<b>648</b>	<b>0</b>	<b>11,371</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>17,492</b>

Gender	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Female	996	290	0	5,895	6	0	0	7,698
Male	909	352	0	5,426	16	0	0	9,773
Other	8	6	0	50	0	0	0	21
Not Available	0	0	0	0	0	0	0	0



Race/Ethnicity	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	46	9	0	263	0	0	0	265
Asian	19	9	0	106	0	0	0	142
Black / African American	341	120	0	1,556	0	0	0	1,648
Hawaiian / Pacific Islander	5	2	0	23	0	0	0	26
White	1,359	456	0	8,168	15	0	0	13,032
More than one race	86	24	0	589	0	0	0	658
Not Available	57	28	0	666	7	0	0	1,721

Hispanic/Latino Origin	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Hispanic / Latino origin	74	35	0	712	2	0	0	2,182
Non Hispanic / Latino	1,822	602	0	10,549	19	0	0	15,199
Not Available	17	11	0	110	1	0	0	111

	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Do you monitor fidelity for this service?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
<b>IF YES,</b>								
What fidelity measure do you use?								

Who measures fidelity?								
How often is fidelity measured?								
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Have staff been specifically trained to implement the EBP?	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

Comments on Data (overall):

---

Comments on Data (Supported Housing):  
See "General Comments" tab.

---

Comments on Data (Supported Employment):  
See "General Comments" tab.

---

Comments on Data (Assertive Community Treatment):  
Kansas does not offer Assertive Community Treatment services as defined by federal guidelines.

---

Comments on Data (Therapeutic Foster Care):  
See "General Comments" tab.

---

Comments on Data (Multi-Systemic Therapy):  
Kansas does not offer Multi-Systemic Therapy services as defined by federal guidelines.

---

Comments on Data (Family Functional Therapy):  
Kansas does not offer Family Functional Therapy services as defined by federal guidelines.

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**Footnotes:**

## E. Performance Indicators and Accomplishments

### MHBG Table 19A (URS Table 16A) - Adults with Serious Mental Illness and Children with Serious Emotional Disturbances Receiving Evidence-Based Services for First Episode Psychosis

This table provides the number of Adults with SMI and Children with SED, who were admitted into and received Coordinated Specialty Care (CSC) evidence based First Episode Psychosis Services (FEP). The reporting year should be the latest fiscal year for which data are available.

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

Program Name	Number of Adult Admissions into CSC Services During FY	Current Number of Adults with FEP Receiving CSC FEP Services	Number of Child/Adolescents Admissions into CSC Services During FY	Current number of Children/Adolescents with FEP Receiving CSC FEP Services	Did you monitor fidelity for this service?	What fidelity measure did you use?	Who measures fidelity?	How often is fidelity measured?	Has staff been specifically trained to implement the CSC EBP?
Wyandot County Mental Health 29Center	11	29	5	11	Yes <input checked="" type="radio"/> No <input type="radio"/>	ISP	KDADS	Yearly	Yes <input checked="" type="radio"/> No <input type="radio"/>
Comcare CMHC (new program starting up from FY23) No data yet.	0	0	0	0	Yes <input type="radio"/> No <input checked="" type="radio"/>				Yes <input type="radio"/> No <input checked="" type="radio"/>
Valeo Navigate	6	32	4	8	Yes <input checked="" type="radio"/> No <input type="radio"/>	ISP	kdads	Yearly	Yes <input checked="" type="radio"/> No <input type="radio"/>
Johnson County Mental Health Center	15	12	6	4	Yes <input checked="" type="radio"/> No <input type="radio"/>	ISP	KDADS	Yearly	Yes <input checked="" type="radio"/> No <input type="radio"/>
Four County Mental Health Center Navigate	6	4	2	2	Yes <input checked="" type="radio"/> No <input type="radio"/>	ISP	KDADS	Yearly	Yes <input checked="" type="radio"/> No <input type="radio"/>

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**Footnotes:**

## E. Performance Indicators and Accomplishments

### MHBG Table 19B (URS Table 16B) Adults with Serious Mental Illness and Children with Serious Emotional Disturbances Receiving Crisis Response Services

This table provides the number and percentage of the respective population of adults with serious mental illness and children with serious emotional disturbances that are receiving Crisis Response services. The reporting year should be the latest state fiscal year for which data are available.

Reporting Period Start Date: 7/1/2021 Reporting Period End Date: 6/30/2022

Service	Actual Number of Adults Served via Service	Estimated Percentage of Adult Population with Access to Service	Actual Number of Children Served via Service	Estimated Percentage of Child Population with Access to Service
Call Centers	0	0.0%	0	0.0%
24/7 Mobile Crisis Team	0	0.0%	0	0.0%
Crisis Stabilization Programs	0	0.0%	0	0.0%

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**Footnotes:**

## E. Performance Indicators and Accomplishments

### MHBG Table 20 (URS Table 17) - Profile of Adults with Serious Mental Illnesses Receiving Specific Services during the Year

This table provides a profile of adults with serious mental illness receiving specific evidence-based practices in the reporting year. The reporting year should be the latest state fiscal year for which data are available.

Expenditure Period Start Date: 7/1/2021      Expenditure Period End Date: 6/30/2022

<b>ADULTS WITH SERIOUS MENTAL ILLNESS</b>				
	<b>Receiving Family Psychoeducation</b>	<b>Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)</b>	<b>Receiving Illness Self Management</b>	<b>Receiving Medication Management</b>
<b>Age</b>				
18-20	0	65	0	0
21-64	0	1,365	0	0
65-74	0	59	0	0
75+	0	1	0	0
Not Available	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>1,490</b>	<b>0</b>	<b>0</b>

Gender				
Female	0	669	0	0
Male	0	811	0	0
Other	0	10	0	0
Gender NA	0	0	0	0

Race				
American Indian or Alaska Native	0	35	0	0
Asian	0	10	0	0
Black or African American	0	244	0	0
Native Hawaiian or Pacific Islander	0	4	0	0
White	0	1,038	0	0
More Than One Race	0	103	0	0
Unknown	0	56	0	0

Ethnicity				
-----------	--	--	--	--

Hispanic / Latino origin	0	83	0	0
Non Hispanic / Latino	0	1,394	0	0
Hispanic origin not available	0	13	0	0

Do you monitor fidelity for this service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<b>IF YES,</b>				
What fidelity measure do you use?				
Who measures fidelity?				
How often is fidelity measured?				
Is the SAMHSA EBP Toolkit used to guide EBP Implementation?	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Have staff been specifically trained to implement the EBP?	<input type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Comments on Data (overall):
Comments on Data (Family Psycho-education): Kansas does not offer Family Psychoeducation services as defined by federal guidelines.
Comments on Data (Integrated Treatment for Co-occurring Disorders):
Comments on Data (Illness Self-Management):

Kansas does not offer Illness Self-Management & Recovery services as defined by federal guidelines.

Comments on Data (Medication Management):

Kansas does not offer Medication Management services as defined by federal guidelines.

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**Footnotes:**



## E. Performance Indicators and Accomplishments

### MHBG Table 21 (URS Table 19A) - Profile of Criminal Justice or Juvenile Justice Involvement

1. The SAMHSA National Outcome Measure for Criminal Justice measures the change in Arrests over time.
2. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.
3. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
4. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Expenditure Period Start Date: 7/1/2021 Expenditure Period End Date: 6/30/2022

#### For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 months, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
<b>Total</b>	0	0	0	640	15,383	2,210	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Children/Youth (under age 18)</b>	0	0	0	130	8,890	871	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	51	3,595	426	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	79	5,295	445	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Adults (age 18 and over)</b>	0	0	0	510	6,493	1,339	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	184	3,477	746	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	326	3,016	593	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**For Consumers Who Began Mental Health Services during the past 12 months**

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Since starting to receive MH Services, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
<b>Total</b>	0	0	0	233	5,472	4,854	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Children/Youth (under age 18)</b>	0	0	0	78	3,925	3,577	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	25	1,754	1,847	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	53	2,171	1,730	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Adults (age 18 and over)</b>	0	0	0	155	1,547	1,277	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	50	802	636	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	105	745	641	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Please Describe the Sources of your Criminal Justice Data**

Source of adult criminal justice information:

- 1. Consumer survey (recommended questions)
- 2. Other Consumer Survey: Please send copy of questions
- 3. Mental health MIS
- 4. State criminal justice agency
- 5. Local criminal justice agency
- 6. Other (specify)

Sources of children/youth criminal justice information:

- 1. Consumer survey (recommended questions)
- 2. Other Consumer Survey: Please send copy of questions
- 3. Mental health MIS
- 4. State criminal/juvenile justice agency
- 5. Local criminal/juvenile justice agency
- 6. Other (specify)

Measure of adult criminal justice involvement:

- 1. Arrests
- 2. Other (specify)

**Measure of children/youth criminal justice involvement:**

- 1. Arrests
- 2. Other (specify)

**Mental health programs included:**

- 1. Adults with SMI only
- 2. Other adults (specify)
- 3. Both (all adults)
- 1. Children with SED only
- 2. Other Children (specify)
- 3. Both (all Children)

**Region for which adult data are reported:**

- 1. The whole state
- 2. Less than the whole state (please describe)

**Region for which children/youth data are reported:**

- 1. The whole state
- 2. Less than the whole state (please describe)

**What is the Total Number of Persons Surveyed or for whom Criminal Justice Data Are Reported**

**Child/Adolescents      Adults**

1. If data is from a survey, What is the total Number of people from which the sample was drawn?
2. What was your sample size? (How many individuals were selected for the sample)?
3. How many survey Contacts were made? (surveys to valid phone numbers or addresses)
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, How many persons were CJ data available for?
5. What was your response rate? (number of Completed surveys divided by number of Contacts)

**State Comments/Notes:**

Instructions: If you have responses to a survey by person not in the expected age group, you should include those responses with other responses from the survey (e.g., if a 16 or 17 year old responds to the Adult MHSIP survey, please include their responses in the Adult categories, since that was the survey they used)." to be included in BGAS form at the bottom of the page.

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**Footnotes:**

## E. Performance Indicators and Accomplishments

### MHBG Table 22 (URS Table 19B) - Profile of Change in School Attendance

- The SAMHSA National Outcome Measure for School Attendance measures the change in days attended over time. The DIG Outcomes Workgroup pilot tested 3 consumer self-report items that can be used to provide this information. If your state has used the 3 Consumer Self-Report items on School Attendance, you may report them here.
- If your SMHA has data on School Attendance from alternative sources, you may also report that here. If you only have data for School attendance for consumers in this year, please report that in the T2 columns. If you can calculate the change in the Attendance from T1 to T2, please use all these columns.
- Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.
- Please tell us anything else that would help us to understand your indicator (e. g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Reporting Period Start Date: 7/1/2021 Reporting Period End Date: 6/30/2022

#### For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Impact of Services					
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Over that last 12 months, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
<b>Total</b>	0	0	0	1,469	8,447	1,156	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>																		
Female	0	0	0	476	3,638	567	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	991	4,798	585	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	2	11	4	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Age</b>																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

#### For Consumers Who Began Mental Health Services during the past 12 months

	T1			T2			T1 to T2 Change						Impact of Services					
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Since starting to receive MH Services, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
<b>Total</b>	0	0	0	537	3,582	3,771	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>																		
Female	0	0	0	205	1,646	1,955	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	332	1,931	1,812	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	5	4	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Age</b>																		
Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**Source of School Attendance Information:**

1. Consumer survey (recommended items)
  2. Other Survey: Please send us items
  3. Mental health MIS  
 4. State Education Department
  5. Local Schools/Education Agencies
  6. Other (specify)

**Measure of School Attendance:**

1. School Attendance
  2. Other (specify):

**Mental health programs include:**

1. Children with SED only
  2. Other Children (specify)
  3. Both

**Region for which data are reported:**

1. The whole state
  2. Less than the whole state (please describe):

**What is the Total Number of Persons Surveyed or for whom School Attendance Data Are Reported?**

1. If data is from a survey, what is the total number of people from which the sample was drawn?
2. What was your sample size? (How many individuals were selected for the sample)?
3. How many survey contacts were made? (surveys to valid phone numbers or addresses)
4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?
5. What was your response rate? (number of Completed surveys divided by number of Contacts)

**State Comments/Notes:**

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**Footnotes:**

**Child/Adolescents:**


## E. Performance Indicators and Accomplishments

### MHBG Table 23A (URS Table 20A) - Profile of Non-Forensic (Voluntary and Civil-Involuntary) Patients Readmission to Any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge

Reporting Period Start Date: 7/1/2021      Reporting Period End Date: 6/30/2022

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
<b>TOTAL</b>	<b>1828</b>	<b>133</b>	<b>344</b>	<b>7.28%</b>	<b>18.82%</b>
<b>Age</b>					
0-12 years	0	0	0	0.00%	0.00%
13-17 years	0	0	0	0.00%	0.00%
18-20 years	110	4	8	3.64%	7.27%
21-64 years	1655	122	323	7.37%	19.52%
65-74 years	50	6	12	12.00%	24.00%
75+ years	13	1	1	7.69%	7.69%
Not Available	0	0	0	0.00%	0.00%
<b>Gender</b>					
Female	739	57	141	7.71%	19.08%
Male	1089	76	203	6.98%	18.64%
Other	0	0	0	0.00%	0.00%
Gender Not Available	0	0	0	0.00%	0.00%
<b>Race</b>					
American Indian/Alaska Native	15	1	2	6.67%	13.33%
Asian	31	0	11	0.00%	35.48%
Black/African American	289	27	58	9.34%	20.07%
Hawaiian/Pacific Islander	0	0	0	0.00%	0.00%

White	1337	96	256	7.18%	19.15%
More than one race	76	6	10	7.89%	13.16%
Race Not Available	80	3	7	3.75%	8.75%
<b>Hispanic/Latino Origin</b>					
Hispanic/Latino Origin	149	9	17	6.04%	11.41%
Non Hispanic/Latino	1668	124	323	7.43%	19.36%
Hispanic/Latino Origin Not Available	11	0	4	0.00%	36.36%

Are Forensic Patients Included?  Yes  No

Comments on Data:

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**Footnotes:**

## E. Performance Indicators and Accomplishments

### MHBG Table 23B (URS Table 20B) - Profile of Forensic Patients Readmission to Any State Psychiatric Inpatient Hospital within 30/180 Days of Discharge

Reporting Period Start Date: 7/1/2021      Reporting Period End Date: 6/30/2022

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
<b>TOTAL</b>	<b>304</b>	<b>7</b>	<b>30</b>	<b>2.30%</b>	<b>9.87%</b>
<b>Age</b>					
0-12 years	0	0	0	0.00%	0.00%
13-17 years	0	0	0	0.00%	0.00%
18-20 years	6	1	1	16.67%	16.67%
21-64 years	288	6	29	2.08%	10.07%
65-74 years	6	0	0	0.00%	0.00%
75+ years	4	0	0	0.00%	0.00%
Not Available	0	0	0	0.00%	0.00%
<b>Gender</b>					
Female	57	0	5	0.00%	8.77%
Male	247	7	25	2.83%	10.12%
Other	0	0	0	0.00%	0.00%
Gender Not Available	0	0	0	0.00%	0.00%
<b>Race</b>					
American Indian/Alaska Native	3	0	0	0.00%	0.00%
Asian	8	0	0	0.00%	0.00%
Black/African American	89	2	7	2.25%	7.87%
Hawaiian/Pacific Islander	0	0	0	0.00%	0.00%



White	181	4	20	2.21%	11.05%
More than one race	19	1	3	5.26%	15.79%
Race Not Available	4	0	0	0.00%	0.00%
<b>Hispanic/Latino Origin</b>					
Hispanic/Latino Origin	65	1	3	1.54%	4.62%
Non Hispanic/Latino	238	6	27	2.52%	11.34%
Hispanic/Latino Origin Not Available	1	0	0	0.00%	0.00%

Comments on Data:

0930-0168 Approved: 03/31/2022 Expires: 03/31/2025

**Footnotes:**

## E. Performance Indicators and Accomplishments

### MHBG Table 24 (URS Table 21) - Profile of Non-Forensic (Voluntary and Civil-Involuntary Patients) Readmission to Any Psychiatric Inpatient Care Unit (State Operated or Other Psychiatric Inpatient Unit) within 30/180 Days of Discharge

Expenditure Period Start Date: 7/1/2021      Expenditure Period End Date: 6/30/2022

	Total number of Discharges in Year	Number of Readmissions to ANY Psychiatric Inpatient Care Unit Hospital within the state		Percent Readmitted	
		30 days	180 days	30 days	180 days
<b>TOTAL</b>	0	0	0	0.00	0.00
<b>Age</b>					
0-12 years	0	0	0	0.00%	0.00%
13-17 years	0	0	0	0.00%	0.00%
18-20 years	0	0	0	0.00%	0.00%
21-64 years	0	0	0	0.00%	0.00%
65-74 years	0	0	0	0.00%	0.00%
75+ years	0	0	0	0.00%	0.00%

Not Available	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
<b>Gender</b>					
Female	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
Male	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
Other	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
Gender Not Available	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
<b>Race</b>					
American Indian/Alaska Native	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
Asian	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
Black/African American	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
Hawaiian/Pacific Islander	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
White	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
More than one race	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
Race Not Available	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>

Hispanic/Latino Origin					
Hispanic/Latino Origin	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
Non Hispanic/Latino	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>
Hispanic/Latino Origin Not Available	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<b>0.00%</b>	<b>0.00%</b>

1. Does this table include readmission from state psychiatric hospitals?  Yes  No

2. Are Forensic Patients Included?  Yes  No

Comments on Data:

0930-0168 Approved: 03/31/2022 Expires: 03/31/2025

**Footnotes:**

New England Building  
503 S. Kansas Ave.  
Topeka, KS 66603-3404



[www.kdads.ks.gov](http://www.kdads.ks.gov)

Sherman "Wes" Cole, Chairperson  
Victor Fitz, Vice Chairperson

GOVERNOR LAURA Kelly

November 28, 2022

To Whom It May Concern,

During the past year, the Kansas Governor's Behavioral Health Service Planning Council (GBHSPC) has continued to focus on ensuring that Behavioral Health Services are integrated and meet the needs of Kansas children, adults, and their families who are experiencing mental health, addictions, and co-occurring disorders. GBHSPC members continue to participate in subcommittees and task forces. Currently, the GBHSPC has nine active subcommittees. The subcommittees are: Housing and Homelessness, Justice Involved Youth and Adults, Prevention, Children's, Rural and Frontier, Service Members Veterans and Families, Problem Gambling, Evidence Based Practices and the Kansas Citizen's Committee on Alcohol and Drugs (KCC). The KCC is a unique subcommittee in that it is established under its own Kansas statute with the purpose to review the substance use disorders service system in Kansas and advise the Secretary on issues and needs for services. The GBHSPC also plans to establish two additional subcommittees including one on Peer Support Services in early 2023. This Subcommittees' membership will primarily be filled by persons with lived experience who are engaged in providing peer services across Kansas. The other will be on Aging Populations and will be developed later in the year.

Each of the Subcommittees provided their yearly reports and recommendation to the Secretary and Leadership team of the Kansas Department for Aging and Disability Services and the reports are now available on the Behavioral Health Commission Website.

The reports from FY 2020 and from FY2021 from the subcommittees have served as a vital source of information for the development of recommendations for several special government taskforces in the past two years. The reports were utilized by the Kansas Legislature's Mental Health Modernization legislative committee for development of a ten-year planning recommendation to the legislature. In the event, that this legislative committee again resumes or if the Legislature or any other legislative committees request the FY2022 GBHSPC's subcommittee reports, they will be submitted for review and recommendations. The reports are also posted for public access on the KDADS web site.

This letter is confirmation that the Kansas FY2023 Substance Abuse Prevention and Treatment Block Grant report and the FY2023 Mental Health Block Grant report have both been reviewed and approved by the Kansas Governor's Behavioral Health Service Planning Council (GBHSPC).

Sincerely,

A handwritten signature in black ink that reads "Sherman Wes Cole". The signature is written in a cursive, flowing style.

Sherman Wes Cole  
Chair, Governor's Behavioral Health Services Planning Council

**From:** [Cissy McKinzie \[KDADS\]](#)  
**To:** [Diana Marsh \[KDADS\]](#)  
**Subject:** FW: SABG Annual Report - Tables 3a, 3b, 12 and 13 for KCC review  
**Date:** Monday, November 28, 2022 8:58:16 AM  
**Attachments:** [10-19-22 FY2023 SABG Annual Report Table 12 SABG Early Intervention Services - HIV in Designated States.pdf](#)  
[10-19-22 FY2023 SABG Annual Report Table 13 - Charitable Choice.pdf](#)  
[10-19-22 FY2023 SABG Annual Report Table 3a - Syringe Services Programs.pdf](#)  
[10-19-22 FY2023 SABG Annual Report Table 3b - Syringe Services Program.pdf](#)

Sent to the KCC for their feedback

**From:** Cissy McKinzie [KDADS]  
**Sent:** Wednesday, October 19, 2022 2:44 PM  
**To:** Sara Jackson <sara@hradac.com>  
**Subject:** SABG Annual Report - Tables 3a, 3b, 12 and 13 for KCC review

Please see attached FY2023 Substance Abuse Block Grant (SABG) Annual Report Tables 3a, 3b, 12 and 13 for the KCC’s review and feedback.

For Tables 3a, 3b and 12: Please see the footnotes added to the sections.

For Table 12, please see more info from SAMHSA below. Kansas is not considered a HIV Designated State for this period:

## Appendix B

### SABG “Designated States” for HIV 5% Set-Aside Requirement: FY 2020 – FY 2023

	FY 2020	FY 2021	FY 2022	FY 2023
<b>DC</b>	✓	✓	✓	✓
<b>Florida</b>	✓	✓	✓	
<b>Georgia</b>	✓	✓	✓	✓
<b>Louisiana</b>	✓	✓	✓	
<b>Maryland</b>	✓	Δ	Δ	
<b>Mississippi</b>		✓	Δ	
<b>South Carolina</b>	✓	Δ	Δ	

✓ : The grantee is a mandatory “designated State” for the indicated SABG FY Award for the SABG HIV 5% Set-Aside Expenditure Requirement.

Δ : The grantee has voluntarily chosen the status of a “designated State” for the indicated SABG FY Award for the SABG HIV 5% Set-Aside Expenditure Requirement, in accordance with SAMHSA policy.

The most current data reporting through CDC NCHHSTP AtlasPlus for HIV Data for 2020, which serves as the basis for the SABG designation of a HIV “designated State” for the FY 23 SABG Award, in accordance with SABG §96.128, is as follows (AtlasPlus HIV Data published by CDC in May, 2022):

Thanks,

***Cissy McKinzie***

Block Grant/SUD Program Manager

SOTA

Behavioral Health Services Commission

Kansas Department for Aging and Disability Services (KDADS)

503 S. Kansas Ave.

Topeka, KS 66603

Phone: (785) 296-4079

Fax: (785) 296-0256

[Tamberly.McKinzie@ks.gov](mailto:Tamberly.McKinzie@ks.gov)

Visit our web site: <http://www.kdads.ks.gov/>

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**From:** [Cissy McKinzie \[KDADS\]](#)  
**To:** [Diana Marsh \[KDADS\]](#)  
**Subject:** FW: Block Grant Reports are out for Public Comment on our website  
**Date:** Monday, November 28, 2022 8:56:34 AM  
**Attachments:** [image002.png](#)

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**From:** Cissy McKinzie [KDADS]  
**Sent:** Friday, November 18, 2022 4:11 PM  
**To:** Breyne Avery, Frances <Frances.Breyne@beaconhealthoptions.com>; Stuart Little <stuartjlittle@mac.com>; Kyle Kessler <kessler@acmhck.org>; jchilders@atcsek.org; Wes Cole <scole@micoks.net>  
**Cc:** Charles Bartlett <Charles.Bartlett@ks.gov>; Andrew Brown [KDADS] <Andrew.Brown@ks.gov>; Drew Adkins [KDADS] <Drew.Adkins@ks.gov>; Gary Henault [KDADS] (Gary.Henault@ks.gov) <Gary.Henault@ks.gov>  
**Subject:** Block Grant Reports are out for Public Comment on our website

The FY2023 Substance Abuse Block Grant (SABG) and FY2023 Mental Health Block Grant (MHBG) Annual reports are out on our website for public comment at:  
<https://www.kdads.ks.gov/commissions/behavioral-health/substance-abuse-and-mental-health-services-administration-block-grant>

Feedback should be in writing and submitted by Friday, 11/25/22, via [kdads.bhs@ks.gov](mailto:kdads.bhs@ks.gov).

Thanks,

***Cissy McKinzie***

Block Grant/SUD Program Manager  
SOTA  
Behavioral Health Services Commission  
Kansas Department for Aging and Disability Services (KDADS)  
503 S. Kansas Ave.  
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Visit our web site: <http://www.kdads.ks.gov/>



Click on image to learn more.



