Kansas Department of Health and Environment

DCCCA

Kansas Department for Aging and Disability Services

KANSAS OVERDOSE PREVENTION STRATEGIC PLAN

2022–2027

preventoverdoseks.org

Disclaimer

The views and opinions expressed in this publication are those of the Kansas Prescription Drug and Opioid Advisory Committee and do not necessarily reflect the official policy or position of the Centers for Disease Control and Prevention, Substance Abuse and Mental Health Services Administration, any partner agency, or any individual contributor.

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Kansas Department for Aging and Disability Services

Mission: To protect and improve the health and environment of all Kansans.

DCCCA Improving Lives

Mission: To provide social and community services to improve the safety, health, and well-being of those we serve.

Kansas Department of Health and Environment

Mission: To foster an environment that promotes security, dignity and independence for all Kansans.

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Executive Summary

The United States continues to be in the throes of the worst drug crisis ever in the nation's history. Drug overdose deaths have sharply increased in the U.S. over the past two decades, as more than 932,000 individuals died of a drug overdose since 1999.[1] According to National Center for Health Statistics provisional data, there were 107,521 reported drug overdose deaths in the U.S. in 2021.[2] This is an average of about 295 drug overdose deaths each day, or one death every 4.9 minutes. This represents an approximate 17% increase in drug overdose fatalities nationwide from the 91,799 deaths reported in the finalized 2020 data.[1,2]

Drug poisonings are a leading cause of unintentional injury death in the U.S.[3] In 2020, unintentional drug poisonings accounted for 43.5% of all unintentional injury deaths. The age-adjusted rate of unintentional injury deaths increased by 16.8% from 2019 to 2020, and unintentional injuries became the fourth leading cause of death in the nation, preceded by COVID-19.[3,4] The average life expectancy in the U.S. decreased by 1.8 years in 2020 which was largely attributed to COVID-19. However, increases in deaths caused by both unintentional injuries and chronic diseases contributed to this overall decrease.[4]

Drug overdose deaths are a symptom of a systemic, deeper-rooted public health crisis. Drug overdose deaths remain "the tip of the iceberg" of adverse health outcomes associated with substance misuse and substance use disorder (SUD). The burden of SUD has propagated on a national scale. According to the 2020 National Survey on Drug Use and Health, 1.2 million people aged 12 or older initiated use of prescription pain relievers in the past year. Additionally, 40.3 million people aged 12 or older had a SUD in the past year.[5] Further, 59.3 million people aged 12 or older, or 21.4% of individuals in that age cohort, used illicit drugs in the past year. These data are staggering and have progressively increased over time. Although these data are illustrative of the severity of the epidemic, they do not represent all of the adverse effects inflicted by it. For example, these figures do not capture the number of non-fatal overdoses, nor the immeasurable impacts such as the grief experienced by those who lost a loved one.

Kansans continue to be impacted by the SUD and drug overdose epidemic. Drug overdose morbidity and mortality has rapidly accelerated in Kansas in recent years. From 2020 to 2021, drug overdose deaths increased from 477 to 678.[6] This reflects a 42.1% increase in the total number of drug overdose deaths from 2020. A large contributor to this surge in drug overdose deaths are synthetic opioids such as fentanyl and its analogs. The Kansas Department of Health and Environment (KDHE) reports that 51.2% or 347 of the 678 drug overdose deaths in 2021 involved a synthetic opioid. Synthetic opioid overdose deaths, the category that includes fentanyl, increased by 115.5% in Kansas from 2020 to 2021.[6] Fentanyl use has proliferated in recent years due to its accessibility, availability, and addictiveness. Further, its potency and fast onset complicates the efficacy of overdose reversal.

> "Overdoses are a symptom of a web of greater socioeconomic issues. Until those root causes are addressed, you're putting a Band-Aid on a bullet hole instead of treating the wound and preventing what caused it."
>
> *– Anonymous, Kansas Public Opinion Survey on the SUD and Drug Overdose Epidemic*

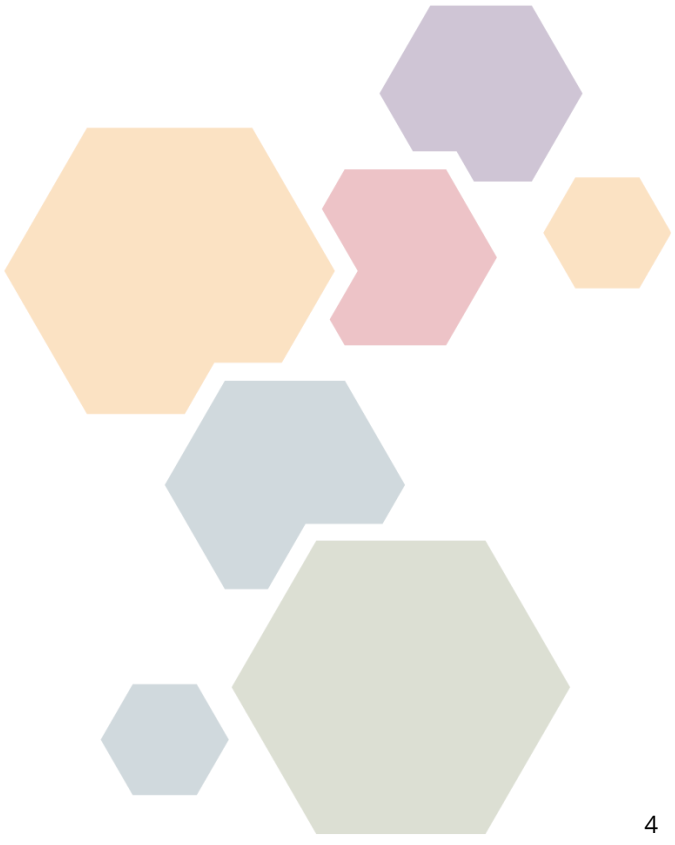
Drug overdose deaths involving a psychostimulant have also markedly increased in Kansas. The KDHE reported that 281 of the 678 drug overdose deaths in 2021, or 41.4%, involved psychostimulants such as

methamphetamine (excluding cocaine).[6] Psychostimulant overdose deaths increased by 53.6% in Kansas from 2020 to 2021. It is noteworthy that polysubstance use has resulted in drug overdoses involving many drugs. Therefore, these values are not mutually exclusive and a single death can be included in several drug categories.[6] These data are available on www.preventoverdoseks.org.

> "Your family is using drugs. Your friends. Your colleagues. This affects all of us and it's something the community and country needs to take very seriously."
>
> *– Anonymous, Kansas Public Opinion Survey on the SUD and Drug Overdose Epidemic*

The SUD and drug overdose epidemic remains an ongoing threat to the health and safety of Kansans. The challenges presented by this ever-evolving epidemic necessitated the implementation of a collaborative, multifaceted strategic planning process. The Kansas Overdose Prevention Strategic Plan was developed in partnership with the Kansas Prescription Drug and Opioid Advisory Committee, subject matter experts, and other key stakeholders. More than fifty-five (55) organizations contributed to the development of this strategic plan.

The strategic plan is centered on six overarching priority areas which include Treatment and Recovery, Linkage to Care, Prevention, Harm Reduction, Providers and Health Systems, and Public Safety and First Responders. Additionally, the plan acknowledges the cross-cutting nature of four strategy areas that intersect across sectors and the priority areas. These include data and surveillance, policy development, evaluation, and advocacy, stigma reduction, and health equity. The goals, objectives, and strategies outlined in this document are informed by evidence and best practices, driven by Kansas-specific data, and aim to address multiple levels of impact.



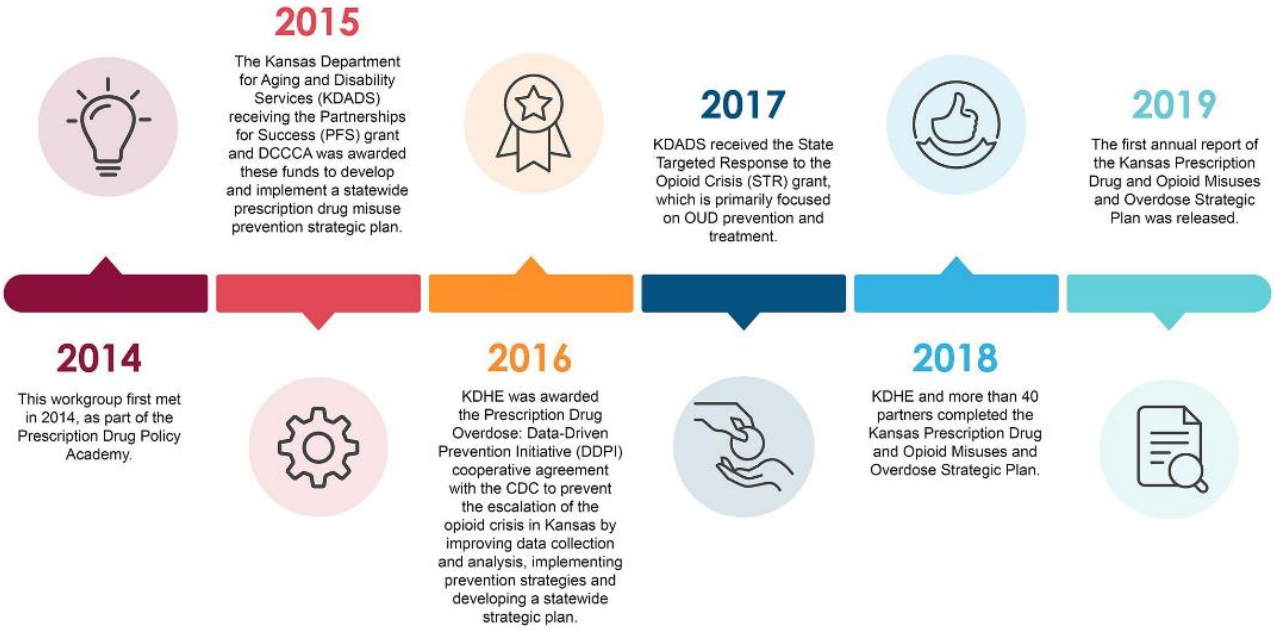
Kansas Prescription Drug and Opioid Advisory Committee

The Kansas Prescription Drug and Opioid Advisory Committee was formally established in 2017. It is facilitated by DCCCA, Inc., and supported by the Kansas Department for Aging and Disability Services (KDADS) and the Kansas Department of Health and Environment (KDHE). The committee is a multidisciplinary stakeholder group composed of state and local government, health systems, professional associations, community-based organizations, academic institutions, public safety and first responders, and others. Current member organizations are listed in Appendix C.

The Advisory Committee was initially tasked with developing a strategic plan to address prescription drug and illicit opioid use but has since expanded its focus to addressing substance misuse, SUD, and drug overdose more broadly. The current role of the Advisory Committee is to develop a statewide strategic plan to address substance use disorder and overdose prevention. Additionally, the Committee facilitates collaboration across sectors, promotes coordination of statewide efforts, and serves in an advisory capacity to KDADS, KDHE, and community partners working within substance misuse, use disorder, and overdose prevention. The Advisory Committee continues to evolve to maximize collaboration across stakeholders and resources.

For those interested in learning more and/or participating on the Advisory Committee, please contact DCCCA.

Figure 1. Kansas Prescription Drug and Opioid Advisory Committee History



2018-2022 Strategic Plan Review

Background

In 2017, the Kansas Prescription Drug and Opioid Advisory Committee was given the opportunity to develop and implement a strategic plan to proactively address prescription drug and opioid misuse and overdose. The first iteration of the strategic plan, the "Kansas Prescription Drug and Opioid Misuse and Overdose Strategic Plan", reflected priorities at the time. More than forty (40) organizations participated in this multi-sector, collaborative strategic planning process. The first iteration of the strategic plan was published in 2018.

The purpose of the strategic plan was to identify and implement data-driven primary, secondary, and tertiary prevention initiatives around prescription drug misuse and illicit opioid use. The documents outlined interventions to decrease prescription and illicit opioid misuse, use disorder, and overdose to ultimately decrease rates of fatal and non-fatal drug overdose in Kansas. Additionally, it provided data and resources, presented a justification for continuing current efforts, outlined action plans, and proposed recommendations for future consideration.

The first iteration of the strategic plan was developed around five priorities: Prevention, Provider Education, Treatment and Recovery, Law Enforcement, and Neonatal Abstinence Syndrome (NAS), with the use of data to guide planning and evaluation. Each priority area included SMART objectives, state-level strategies, community-level strategies, and action items. Annual objectives and key performance indicators were measured on a yearly basis to assess progress in strategic plan implementation. Further, the evaluation stakeholder workgroup (ESW) conducted a survey of stakeholders annually to assess the collective impact of state plan implementation, barriers, and facilitators to strategy implementation. These findings, in addition to new strategies, recommendations, and resources needed to make progress toward objectives, were presented in annual reports published in 2019, 2020, and 2021. The strategic plan and annual reports are available on KDHE's website: Funding and Activities.

Goals

- Reduce the prevalence and incidence of prescription drug misuse and illicit opioid use.
- Decrease rates of opioid use disorder (OUD), opioid overdose emergency department visits, and opioid overdose mortality.
- Increase public knowledge and understanding of the consequences associated with prescription drug misuse and illicit opioid use.
- Increase access and use of intervention and treatment resources.
- Develop systems designed to increase capacity and reduce gaps and identified barriers through the development of a collaborative, multi-disciplinary strategic plan.
- Sustain and increase quantity, intensity, scope, and saturation of evidence-based prevention strategies in place to address prescription drug misuse and illicit opioid use.

Accomplishments

Since 2018, Kansas has implemented numerous strategies to address the drug overdose crisis. Kansas has enhanced overdose surveillance systems, improved opioid prescribing practices, expanded availability of medication assisted treatment (MAT), and increased access to lifesaving naloxone. Increased capacity has

resulted in more robust and expansive implementation of prevention and response strategies. Kansas's efforts have yielded significant progress toward short-term and intermediate outcome indicators outlined included in first iteration. These data are presented in Tables 1 and 2 below.

Despite these improvements, drug overdose morbidity and mortality outcomes have progressively increased in Kansas from 2018-2022. The approach to SUD and drug overdose has shifted from that of proactivity to reactivity due to the dynamic nature of this epidemic.

Table 1. Previous Strategic Plan Indicators That Met or Exceeded 2022 Target Value

State-level Indicator	Baseline	Target	2021 Value
Provider Education			
Percent of patients prescribed long-acting/extended-release opioids who were opioid-naïve	8.7%	5.2%	4.8% (2022 Q3)
Treatment and Recovery			
Number of Buprenorphine waivered prescribers practicing in Kansas	97	150	218
Rate of Kansas prescribers who prescribed buprenorphine indicated for Medication-assisted Treatment (MAT) per 100,000 residents	7.1	9.1	22.4 (2020)
Law Enforcement			
Percentage of law enforcement agencies responding to the naloxone survey that indicated they allowed carry and use of naloxone	–	50.0%	65.3%

Table 2. Previous Strategic Plan Indicators Made Progress in Intended Direction

State-level Indicator	Baseline	Target	2021 Value
Morbidity			
Age-adjusted All Drug Non-Fatal Overdose Hospitalization Rate per 100,000 population	116.8	105.1	112.5
Age-adjusted Non-Fatal Opioid Overdose (excluding heroin) Hospitalization Rate per 100,000 population	23.8	21.4	18.9
Hospitalization associated with opioid abuse or dependence (age-adjusted rate per 100,000 population)	83.0	74.7	71.5
Prevention			
Percentage of youth in Kansas in grades 6th, 8th, 10th and 12th reporting use of prescription medications not prescribed to them in the past 30 days	3.7%	1.2%	1.6%
Percentage of youth in Kansas in grades 6th, 8th, 10th and 12th who report there is "no risk" of harm in taking a medication not prescribed for you	10.0%	6.8%	7.4%

Neonatal Opioid Withdrawal Syndrome (NOWS) (Formerly NAS)			
Incidence rate of NOWS in Kansas, per 1,000 birth hospitalizations	3.4	2.6	2.9 (2020)
Provider Education			
Total morphine milligram equivalents (MME) dispensed to patients per capita	196.8	75.0	104.2 (2022 Q3)
Rate of patients with 5+ prescribers and 5+ dispensers in a 6-month period	15.4	0.4	1.5 (2022 Q3)
Percent of patients with 90+ daily MME of opioids	11.1%	2.2%	6.0% (2022 Q3)
Treatment and Recovery			
Percentage of Kansas counties with prescribers who prescribed buprenorphine indicated for medication assisted treatment (MAT)	27.0%	100.0%	35.0%

Table 1 and 2 Data Sources and Technical Notes

Morbidity: Kansas Hospital Association Emergency Department Admissions; Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment. 2016-2022 ICD-10-CM Kansas Hospital Association Hospital Discharge Database; Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment*(EXCLUDES PATIENTS WITH CANCER). Data Notes: In 2019, the case definition for drug overdose morbidity changed. ICD-10 CM of substance abuse disorders (F codes) are no longer included in the case definition. Indicators were calculated using 2016 as a baseline. In alignment with the 2020 Healthy People Substance Use goals, improvement from baseline was defined as a 10% reduction in the occurrence of a nonfatal overdose event by specific categories. Age adjusted rates for the target counts were calculated using the direct method and the US Census 2000 as a reference population. Use of Illicit Opioids: 2016-2022 ICD-10-CM Kansas Hospital Association (KHA) Emergency Department Admissions; Kansas Bureau of Epidemiology and Public Health Informatics, Kansas Department of Health and Environment (KDHE). Due to the impact of COVID-19 on the healthcare, 2020 data should be interpreted with caution. Overall declines in inpatient and emergency room visits may also have impacted non-fatal overdose reporting. The following indicators include overdose poisoning and those related to drug and opioid dependency which increased to total number of events. This includes ICD-10 CM codes for both the F and TA classification. The second indicator is for opioid dependence only (ICD-10 CM code F11).

Provider Education: K-TRACS; Kansas Board of Pharmacy and Appriss Health Tableau Server (Dispensation Detail by Patient County [Filters include Opioid Drug = Yes, Provider out of State = No]), K-TRACS; Kansas Board of Pharmacy and Appriss Health CDC Report.

Treatment and Recovery: SAMHSA DATA Waivered Practitioners, SAMHSA Treatment Locator, K-TRACS; Kansas Board of Pharmacy and Appriss Health Advanced Analytics Report.

Law Enforcement: Kansas Law Enforcement Naloxone Survey. The Kansas Department of Health and Environment, Bureau of Health Promotion, Overdose Prevention Program released a survey to local law enforcement organizations across the state regarding naloxone policy implementation and officer carry/use of naloxone. Of the 405 local law enforcement agencies, a total of 207 agencies responded to at least one cycle of the survey (three cycles were conducted 2019, 2020, and 2021), representing 50.9% of all local agencies. Of the agencies that responded, 133 or 64.6% indicated that they allowed officers to carry and use naloxone. Overall, through the Kansas Law Enforcement Naloxone Survey, 65.3% of local Kansas law enforcement organizations are known to allow their officers to carry and use naloxone.

Prevention: Kansas Communities That Care (KCTC) Student Survey.

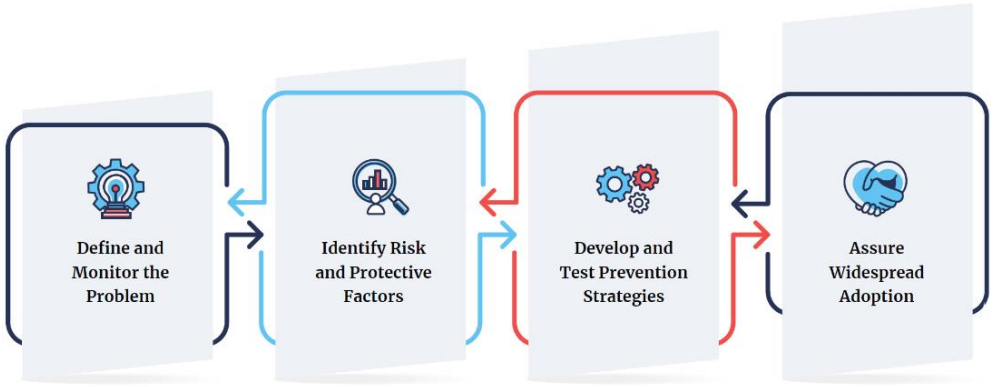
NOWS: 2014 - 2022 KHA Hospital Discharge Database; Kansas Bureau of Epidemiology and Public Health Informatics, KDHE. Data Notes: Data for 2016 and onward are based on ICD-10-CM and may not be comparable to previous ICD-9-CM estimates. Cases of neonatal abstinence syndrome were identified by ICD-9-CM diagnosis code 779.5 (drug withdrawal syndrome in newborn) and ICD-10-CM diagnosis code P96.1 (neonatal withdrawal symptoms from maternal use of drugs of addiction). Possible iatrogenic cases, identified by ICD-9-CM diagnosis codes 765.00-765.05, 770.7, 772.1x, 777.5x, 777.6 and 779.7, were excluded from the numerator; iatrogenic exclusion is no longer necessary in ICD-10-CM with the introduction of P96.2 (withdrawal symptoms from therapeutic use of drugs in newborn). Birth hospitalizations were identified by ICD-9-CM diagnosis codes V30.xx-V39.xx, where the 4th and 5th digit is either 00, 01, 10 or 11, and ICD-10-CM diagnosis codes of Z38.00, Z38.01, Z38.1, Z38.2, Z38.30, Z38.31, Z38.4, Z38.5, Z38.61, Z38.62, Z38.63, Z38.64, Z38.65, Z38.66, Z38.68, Z38.69, Z38.7, or Z38.8. Those with an indication of transfer from another hospital were excluded to avoid duplication.

2022-2027 Strategic Planning Process

Approach

The Kansas Prescription Drug and Opioid Advisory Committee followed a similar strategic planning process as the previous iteration. This involved using the public health approach to develop the Kansas Overdose Prevention Strategic Plan.[7] This included conducting a needs assessment, engaging stakeholders, identifying, and prioritizing strategies, evaluation planning, and continuous quality improvement.

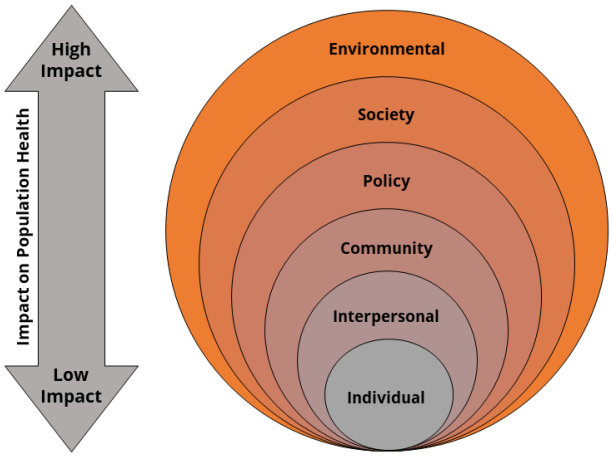
Figure 2. Public Health Approach – Centers for Disease Control and Prevention



Principles from various theoretical frameworks were applied to this overarching public health approach. Specifically, the socioecological model was used to address the first and second step, whereas the Behavioral Health Continuum of Care was used to inform the third step.

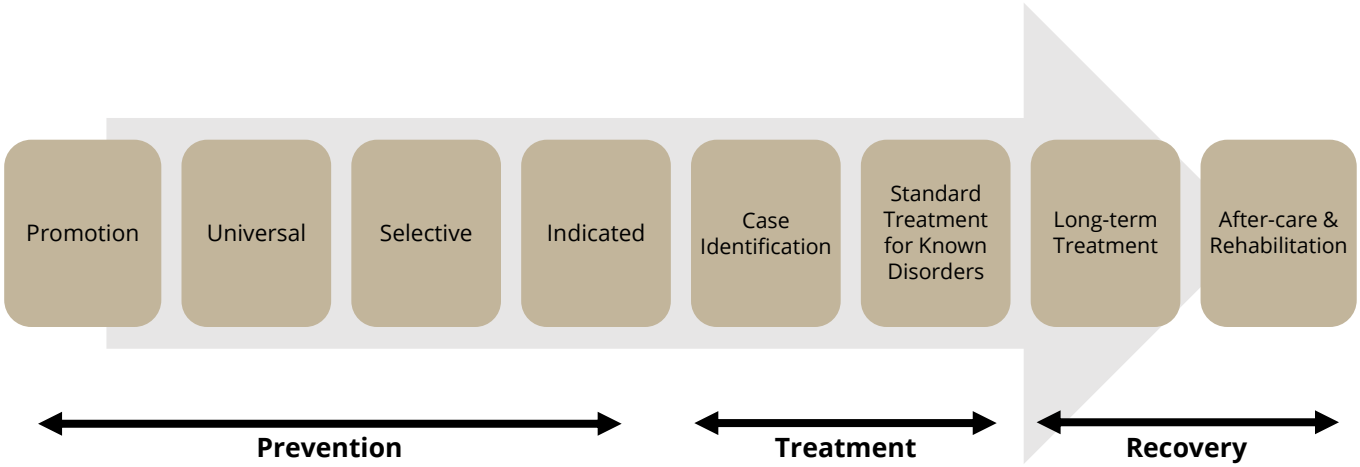
The multifactorial nature of the SUD and drug overdose epidemic can be illustrated though a socioecological framework. The socioecological model examines the complex interactions between individual, interpersonal, community, and societal factors and their influences on health behavior.[8] Additionally, it highlights many opportunities needed to advance policy, systems, and environmental change to reduce the burden of SUD and drug overdose in our State.

Figure 3. Socioecological Model



The Behavioral Health Continuum of Care illustrates a spectrum of stages and aligning strategies aimed at improving a behavioral health concern.[9] Strategies are categorized into promotion, prevention, treatment, maintenance, and recovery categories; each of which fulfill a key component of the continuum. In the context of strategic planning, this model helped determine how and to what extent certain strategies impact SUD and drug overdose outcomes.

Figure 4. Behavioral Health Continuum of Care Model for Substance Use Disorders



Planning Timeline

May – August 2022

The evaluation stakeholder workgroup (ESW) met on several occasions to (1) identify and discuss Kansas's priorities and current challenges related to substance misuse, use disorder, and overdose prevention; (2) review current literature on SUD, drug overdose, and emerging trends, (3) formulate a process for state-level strategic planning, and (4) develop needs assessment evaluation methods. After significant planning, the ESW conducted a mixed methods needs assessment to identify needs, resources, and gaps in services associated with the SUD and drug overdose epidemic in Kansas.

September 2022

The ESW reviewed and analyzed the needs assessment data. Strategies, recommendations, and desired outcomes were drafted for each priority area. Data were presented to the Kansas Prescription Drug and Opioid Advisory Committee.

October 2022

Six workgroups were developed – one for each priority area. The ESW and members of the Kansas Prescription Drug and Opioid Advisory Committee conducted outreach to recruit participants for each workgroup. The workgroups convened 2-3 times between October and November 2022 for the purpose of identifying new recommendations and prioritizing strategies within a particular priority area to be included in the strategic plan. Strategies were obtained from the survey targeted to key stakeholders and professional audiences.

November 2022

The Advisory Committee developed vision and mission statements for the Kansas Overdose Prevention Strategic Plan 2022-2027. Strategic plan content was presented at the 2022 Kansas Opioid and Stimulant Conference and to the Advisory Committee for feedback.

December 2022

The final strategic plan was drafted, reviewed, and approved by the Kansas Department of Health and Environment and the Kansas Department for Aging and Disability Services. The Kansas Overdose Prevention Strategic Plan 2022-2027 was published and posted on the preventoverdoseks.org website.

Needs Assessment

The ESW conducted a mixed methods needs assessment to identify needs, resources, and gaps in services associated with the SUD and drug overdose epidemic in Kansas. The needs assessment was comprised of secondary data collection and analysis, a public opinion survey, a survey targeted to key stakeholders and professional audiences, and key informant interviews.

Secondary Data

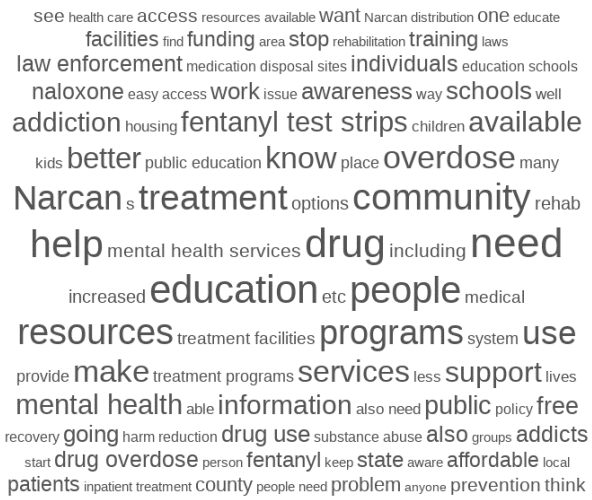
The ESW reviewed relevant literature related to the burden of SUD and drug overdose, emerging threats and best practices for prevention, intervention, and treatment. Additionally, the Kansas Department of Health and Environment presented drug overdose morbidity and mortality data, as well as other State publications such as the 2022 Kansas County Opioid Vulnerability Assessment. Proxy measures such as treatment admission data, K-TRACS data, and infectious disease incidence rate data were also used to inform approach. Finally, previous annual reports were consulted to assess progress made toward objectives.

Public Opinion Survey

Overview

The ESW sought input from Kansas residents through the Public Opinion Survey on the SUD and Drug Overdose Epidemic. The purpose of this survey was to assess Kansans' attitudes about the perceived severity of the SUD and drug overdose epidemic, availability and accessibility of community resources and services, and actions needed to prevent overdoses. This brief survey was targeted to all Kansas residents who were 18 or older. The survey was disseminated through various communication channels including email, press releases/media, word of mouth, and other methods. Participants were encouraged to send the survey to personal and professional contacts living in Kansas. Ongoing outreach was conducted to increase public awareness and participation. The survey was open for two months. The survey instrument may be accessed in Appendix D.

Figure 5. Public Opinion Survey Word Cloud



The survey instrument was comprised of seven questions, including both open and closed-ended questions. The first question provided one response option for county of residence. The response categories for three closed-ended questions involved a Likert scale of agreement ranging from 1-5 including (1) strongly disagree, (2) disagree, (3) neutral, (4) agree, and (5) strongly agree, and were coded 1-5 accordingly. The other closed-ended question used a Likert scale of level of concern ranging from 1-5 including (1) not at all concerned, (2) somewhat concerned, (3) neutral, (4) concerned, and (5) very concerned, and were coded 1-5 accordingly. Qualitative questions included: "what resources, policies, and/or actions are needed to prevent drug overdoses in your community and the State of Kansas?" and "Additional Comments."

The ESW used a combined deductive and inductive process to code and sort the information. This involved defining codes a priori (before reviewing the qualitative responses), refining codes based on content, and then sorting coded responses. Code categories included education, prevention, harm reduction, treatment/recovery, policy, public safety/first responder, medical care, personal stories, social determinants

of health, and other. The data were analyzed and compared for themes. Qualitative analyses performed involved a word-based approach and a compare and contrast approach. Word frequencies assessed the number of repeated words, whereas the compare and contrast approach involved sorting the coded data, categorizing responses by contextual similarities and differences, and synthesizing themes.

Evaluation and Utilization of Results

There were 826 unique participants, and 81% of Kansas counties were represented. The response rate is unknown based on unknown survey reach. Below is a review of key findings relevant to the development of the Kansas Overdose Prevention Strategic Plan.

Quantitative survey data:

- 77.9% of respondents agreed or strongly agreed that drug overdose is a problem in their communities,
- 81.9% of respondents reported that they were concerned or very concerned with drug overdose in their communities,
- 65.7% of respondents disagreed or strongly disagreed that their communities have enough resources and services available for drug overdose prevention,
- 62.9% of respondents disagreed or strongly disagreed that drug overdose prevention resources and services are easy to find in their communities for those who need them.

Figure 6. Public Opinion Survey Response Results

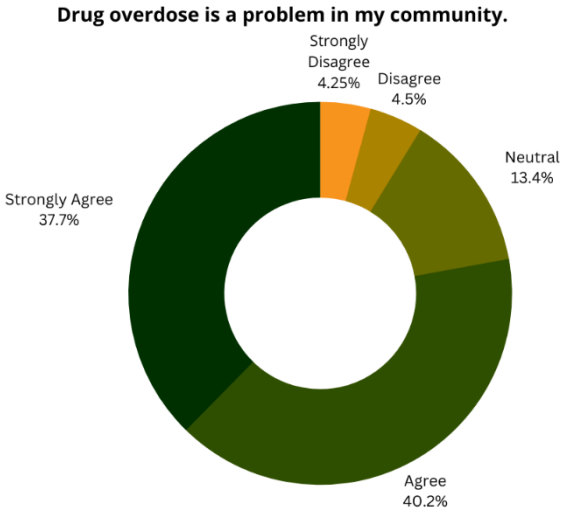
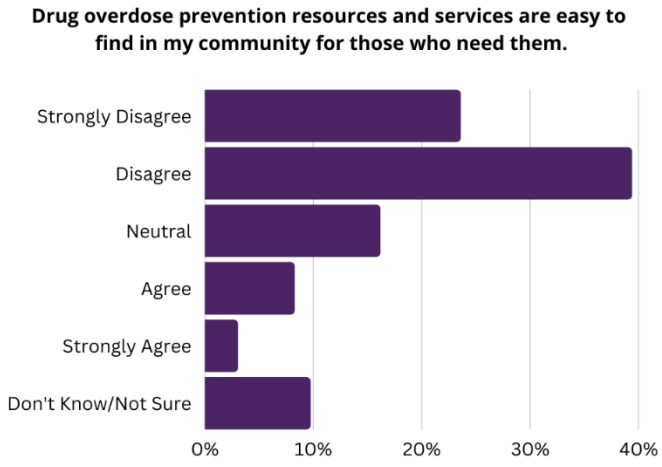


Figure 7. Public Opinion Survey Response Results



Qualitative survey data:

- There were 718 qualitative responses to questions 6 and 7,
- Table 3 highlights the codes used to categorize data and key themes derived from qualitative analyses.

Table 3. Key Themes – Public Opinion Survey

Code	Question 6 and 7 Key Themes
Treatment and Recovery	Access, availability, and cost of SUD treatment
	Access to medication assisted treatment
	Access to mental health resources
	Expand peer support/mentoring and outreach
	Increase availability of detoxification services
	Increase access to and availability of sober living facilities
	SUD provider workforce development
	Expand naloxone availability and access
	Expand access and availability of fentanyl test strips (FTS)
	Resources and education regarding safe use of drugs
	Syringe exchange programs
	Syringe disposal resources
Prevention	Prevention/education targeted to youth
	Media campaigns
	Medication disposal programs
	Stigma reduction
Education	General education and awareness
	Education about state/community resources and efforts
	Education about drugs, drug use, and SUD
	Education about overdose prevention and response
Public Safety and First Responders	Drug enforcement and prosecution of distributers
	Drug trafficking and interdiction
	Naloxone policies and training
	Diversion and drug court programs
Policy	Harm reduction policies (e.g., syringe service programs, fentanyl test strips)
	911 Good Samaritan Law
	Decriminalization/legalization of cannabis and other drugs
	Medicaid expansion
	Drug policy violations – more and less punitive
	Health care policy
Medical Care	Judicious prescribing of pain medication
	Under prescribing of pain medication/unrelieved pain
	Capacity, coverage, and access to medical services
	Provider education and training
Personal Stories	Personal experience with pain
	Personal experience with SUD
	Loss of a loved one
Social Determinants of Health	Housing insecurity
	Disparities in socioeconomic status (employment, education, income inequality)
	Uninsured/underinsured status
Other	Other needs, gaps, or recommendations not otherwise specified

Stakeholder Survey

Overview

The purpose of the stakeholder survey was to gather information from Advisory Committee partners and their professional contacts regarding their perspectives on focus areas and strategies that Kansas should prioritize in the strategic plan. The survey asked participants to select up to five overarching priority areas that they felt were the highest priorities for the State to address. Table 4 shows the complete list of priority areas in the survey. The following questions instructed participants to select the three most important strategies within each priority area. Open-ended questions provided participants with the opportunity to give written feedback to questions regarding health equity strategies, other specific strategies, as well as additional resources, policies and/or actions needed to reduce SUD/drug overdose in Kansas. The survey format was developed and approved by the ESW. The survey instrument is in Appendix D.

The survey was disseminated to the ESW, Advisory Committee members, organizational contacts, subrecipients, and others. Partners were encouraged to share the survey among their professional contacts. The survey was open for one month. Reminders were sent periodically to increase participation across multiple sectors.

Table 4. List of Priority Areas – Stakeholder Survey

Overarching Priority Areas Ranked in Question 3	
Prevention	Providers and Health Systems
Linkage to Care	Data and Surveillance
Harm Reduction	Stigma Reduction
Treatment and Recovery	Policy
Public Safety	

Evaluation and Utilization of Results

There were 274 unique participants that initiated the survey, though participation progressively decreased with each consecutive question. Various sectors were represented, including treatment providers, first responders, parents, youth-serving organizations, religious organizations, among others. Health care was the most highly represented sector with 48.6% of participants selecting that response option. Below is a review of key findings relevant to development of the Kansas Overdose Prevention Strategic Plan.

Rank of overarching priority areas in ascending order:

- 82.4% of respondents selected Treatment and Recovery,
- 65.6% of respondents selected Linkage to Care,
- 60.7% of respondents selected Prevention,
- 52.5% of respondents selected Harm Reduction,
- 46.3% of respondents selected Providers and Health Systems
- 38.1% of respondents selected Policy Implementation, Evaluation, & Advocacy,
- 34.0% of respondents selected Public Safety,
- 33.6% of respondents selected Stigma Reduction, and
- 16.8% of respondents selected Data and Surveillance.

Highest prioritized strategies within each overarching priority area are listed in Table 5. Health equity strategies are not reflected, as responses were collected through an open-ended question and therefore were not prioritized based on an objective measure. Appendix D includes a detailed list of the top three most frequently selected strategies within each priority area.

Table 5. Highest Prioritized Strategies by Priority Area – Stakeholder Survey

Highest Prioritized Strategy within each Priority Area	
Treatment and Recovery	Expand access to SUD treatment services for those who are uninsured/underinsured
Linkage to Care	Expand and coordinate overdose/behavioral health outreach teams
Prevention	Universal primary prevention strategies that increase protective factors and address overall health and wellness including SUD/suicide prevention/resilience/mental health
Harm Reduction	Targeted naloxone distribution
Providers and Health Systems	Facilitate patients' continuity of care by increasing service integration between health care disciplines, effective care coordination, and referrals management
Policy	Expand Medicaid
Public Safety	Expand mental/behavioral health and drug courts
Stigma Reduction	Expand capacity and support for stigma reduction initiatives
Data and Surveillance	Link state datasets (to the extent possible) to identify trends, inform prevention efforts, and focus resources

The ESW reviewed survey results and used the data to formulate specialized workgroups for each priority area. It was noteworthy that qualitative data regarding data and surveillance, policy development, implementation, and advocacy, stigma reduction, and health equity intersected with findings in the other priority areas. It was determined that these are integral to the successful implementation of the other six priority areas, which highlighted the need to include them as cross-cutting strategies in the strategic plan.

Key Informant Interviews

Overview

The ESW conducted key informant interviews to understand stakeholder perspectives regarding needs and recommendations to address SUD and drug overdose. The ESW conducted twenty key informant interviews of the following target audiences:

- Behavioral health/treatment providers
- Health care providers
- Law enforcement personnel
- Legislators
- People with lived experience/in recovery from SUD
- Preventionists/public health

Participants were recruited with assistance from the Advisory Committee and other key partners. The ESW developed interview questions and included them within audience-specific scripts, which included prompts and follow up questions based on certain responses. Key constructs included demographics, SUD/overdose burden, services/resources, successes, challenges, state capacity, and specific recommendations. All interviews were conducted via Zoom and followed a semi-structured approach. Participants consented to a recorded interview for notetaking purposes. Recordings were deleted after notes were adequately captured.

Appendix D includes the general interview questions used to guide development of interview scripts for each audience.

Evaluation and Utilization of Results

Table 6 categorizes high-level themes derived from qualitative analysis of recommendations needed to reduce drug overdose in one's community and the state by target audience.

Table 6. Action Needed to Reduce Drug Overdose by Audience – Key Informant Interviews

Audience	Key Recommendations
Behavioral Health/Treatment Providers	Increase funding to increase treatment services and resources
	Increase under- and un-insured patients' access to detox services
	Increase funding to expand naloxone distribution
	Increase access to SUD/MAT services to rural and frontier areas
	Increase availability and accessibility of recovery housing
	Identify "startup" funding opportunities to encourage organizations to open new treatment facilities
	Medicaid expansion
Providers	Require all SUD treatment centers to accept patients on MAT
	Implement medicated assisted treatment medications in Emergency Departments
	Provide targeted education to health care providers on key issues related to SUD assessment and treatment
	Expand community awareness of pain management and expectations (e.g., encourage coping skills and non-pharmacological interventions)
Law Enforcement	Identify effective strategies in other states and replicate at the community level
	Expand staffing capacity at state and local levels to allow creation of task forces related to illicit substance use and overdose investigation and response
	Focus on prosecuting drug distributors
Legislators	Provide high-level educational materials to the legislature on current initiatives, data, and evidence-based strategies that will decrease SUD/drug overdose
Those with Lived Experience	Expand recovery support services, harm reduction resources, and peer mentors throughout the treatment and recovery continuum
	Celebrate "recovery is possible" through media campaigns and community events
	Connect with people with lived experience and ensure their involvement in strategic planning – *"nothing about us without us"*
	Develop state-level advocacy activities that highlight the experience of recovery and support evidence-informed SUD legislative initiatives
Preventionists and Public Health	Reduce stigma around substance misuse and use disorder
	Increase awareness and education around SUD and drug overdose
	Increase education on and distribution of harm reduction resources
	Expand health equity initiatives in high-risk communities

Priority Area Workgroups

Overview

Specialized workgroups were developed in alignment with the six standalone priority areas. Workgroups were not developed for the cross-cutting priority areas and strategies. The ESW conducted targeted outreach to engage stakeholder participation in the workgroups. Each workgroup met 2-3 times between October and November 2022.

Figure 8. Priority Area Workgroups Convened for Strategic Planning Process

The workgroups convened subject matter experts to review needs assessment data and give feedback on the stakeholder survey results. The workgroups discussed and provided input on strategies within each abovementioned priority area. While the strategies between and within each section varied, overall, they aimed to prevent substance misuse, use disorder, and drug-involved morbidity and mortality, and decrease drug-related harms.

Workgroup members discussed strategies within a particular priority area instead of across priority areas. This was by design to promote focused conversations and efficient decision-making. The workgroups discussed the following for each strategy: existing work, barriers and facilitators to implementation, resources and sustainability, anticipated number of Kansans reached, anticipated level of impact, and priority level. The goal was to reach consensus around the priority level (e.g., high, medium, low) for each strategy within a specific priority area. A prioritization matrix tool was created and used to facilitate this process, and an example can be found in Appendix E. Zoom polls were used for closed-ended questions to quantify objective responses.

After prioritizing all strategies, members were instructed to compare the prioritization levels and re-rank those that did not achieve a majority consensus (e.g., 50% split between low and medium or medium and high). Additional discussion and voting occurred. If consensus around the priority level was still not attained after the second vote, then the priority level was reflected as “split” in the strategic plan (e.g., low/medium).

Kansas Overdose Prevention Strategic Plan 2022-2027

Vision
Prevent substance use disorder and end drug overdose in Kansas.

Mission
Identify and implement best practices for substance misuse, use disorder, and overdose prevention in Kansas through coordinated, data-driven strategic planning, education, and advocacy.

Long Term Goal
Reduce the rate of fatal drug overdoses by 10% within five years.

Overview
This Kansas Overdose Prevention Strategic Plan highlights Kansas's six highest priority areas, their respective strategies, and cross-cutting strategies to address the SUD and drug overdose epidemic. The plan is intended to function primarily as a guidance document for stakeholders across Kansas to understand the continuum of substance misuse, use disorder, and drug overdose prevention (e.g., priority areas) and to identify evidence-informed strategies that align with their scopes of work and capacity to implement strategies in their communities.

Within the context of the Advisory Committee, the plan will be used to guide and coordinate strategy implementation with key stakeholders including federal, state, and local government; public safety and first responders, SUD treatment, providers and health systems, academic institutions, professional associations, advocacy organizations, people in recovery, and others.

The Kansas Overdose Prevention Strategic Plan is centered on six focus areas with accompanying cross-cutting strategies to reduce the incidence of SUD and overdose. These priority areas include:

1. Treatment and Recovery
2. Linkage to Care
3. Prevention
4. Harm Reduction
5. Providers and Health Systems
6. Public Safety and First Responders

The following sections of the Kansas Overdose Prevention Strategic Plan are divided by overarching priority areas and four cross-cutting themes. It is important to note that the priority area sections are organized to reflect the level of priority identified through the strategic planning process, with Treatment and Recovery as the first and most highly ranked.

Priority area sections include background information and the associated objectives, strategies, and barriers related to implementation. Each section draws on the discussions from the workgroups, the results of the needs assessment, and the current understanding of strategy implementation in Kansas. The cross-cutting strategy section includes a background description outlining how these intersect with the priority areas. It also includes strategies and goals around integration within the priority areas where relevant. Appendix F provides a Strategic Plan Framework that will guide implementation and evaluation of the strategic plan.

Priority Area: Treatment and Recovery

Background

According to National Survey on Drug Use and Health data, only 6.5% of individuals 12 and older with a SUD received any substance use treatment in the past year.[5] This illustrates that the vast majority of people with SUDs are not receiving services. Undoubtedly, on a systematic scale, limited capacity and barriers related to access have resulted in this deficit.[5]

Gaps in the distribution and provision of treatment and recovery services has resulted in unmet needs among Kansans. Financial, geographic, cultural, and stigma-based barriers (including self-stigmatization) are among the many barriers inhibiting access to care.

The importance of identifying, implementing, and expanding opportunities for evidence-based treatment and recovery services was realized from the needs assessment data. Treatment and recovery strategies and service needs were reiterated across the public opinion survey, stakeholder survey, and key informant interviews. Further, treatment and recovery was the most highly prioritized priority area compared to the others in the stakeholder survey.

The Treatment and Recovery workgroup had stakeholder representation from a wide range of SUD treatment provider organizations in Kansas. Additionally, there was participation among partner organizations, governmental organizations that provide oversight and funding, health systems, people with lived experience/in recovery from SUD, and others. Participant roles included but were not limited to: SUD treatment providers, physicians, state administrators, among others. The goal was to identify strategies to expand and enhance treatment and recovery resources for Kansans. Table 7 presents the strategies assessed by the experts and their collective view on the level of impact and priority level for each strategy.

Objectives

1. Increase the number of unduplicated clients who have received treatment services for opioid use disorder (OUD) through State Opioid Response (SOR) funding from 5,374 in 2022 to 6,500 in 2027.
2. Increase the number of unduplicated clients who have received treatment services for stimulant use disorder (StimUD) through SOR funding from 1,334 in 2022 to 1,600 in 2027.
3. Increase the number of unduplicated clients who have received recovery support services through SOR funding from 330 in 2022 to 400 in 2027.
4. Increase the number of Buprenorphine waivered prescribers practicing in Kansas from 218 in 2022 to 350 in 2027.
5. Increase the percentage of substance use disorder treatment providers in Kansas that accept clients on opioid medication (MAT) by 10% from a 2022 baseline (to be determined) by 2027.

6. Increase the percentage of detoxification facilities in Kansas that accept clients on opioid medication (MAT) by 10% from a 2022 baseline (to be determined) by 2027.

7. Increase the number of Kansas patients who had at least one buprenorphine prescription dispensed from 5,590 in 2021 to 6,000 in 2027.

Recommended Strategies

Table 7. Treatment and Recovery Strategies

Treatment and Recovery		
Strategy	**Level of Impact**	**Prioritization**
Expand access to SUD treatment services for those who are uninsured/underinsured	Moderate	High
Expand peer recovery/support services	Moderate	High
Expand medication assisted treatment/medications for OUD	Moderate	High
Expand access to recovery housing	Moderate	High
Expand medically managed withdrawal services	Moderate/Low	High
Naloxone distribution in treatment centers, criminal justice settings	High	High
Expand telehealth services for SUD treatment, including MAT/MOUD	Moderate	High
Facilitate integration of mental health and SUD services	Moderate/High	Medium
Coordinate a continuity of care model for justice-involved populations (jail-based treatment and re-entry programs)	Moderate	Medium
Target treatment and recovery resources to rural/frontier areas	Moderate	Medium

Barriers/Challenges

The workgroup identified the following barriers which inhibit the ability to realize widespread, effective implementation of respective strategies.

Table 8. Barriers to Treatment and Recovery Strategy Implementation

Barriers	
Funding	Limited funding impacts the full spectrum of treatment implementation within the state. Experts expressed concern over the increasing cost of care and discordant reimbursement rates. Additionally, strategies aimed at increasing access to support services is limited which prevents implementation of care coordination and peer recovery/support services. Telehealth is hindered by low reimbursement rates and/or no dedicated funding to implement at a large-scale.

Legislation	Federal regulations on the Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2 inhibits inter-agency correspondence for a person who has or who had a SUD unless that person provides written consent (42 CFR Part 2). Experts discussed the difficulties related to 42 CFR Part 2 regarding coordination and referrals between organizations.
Workforce Reductions/ Inadequacies	Limited staffing and an inadequate number of experienced SUD professionals are impacting care delivery statewide. Experts discussed issues with staff retention. Rural and frontier counties are experiencing even more critical staff shortages. Further, there is limited state infrastructure to foster SUD professionals in the field. This is a key challenge to increasing services in the future.

Recommendations

- Evaluate and increase funding directed toward SUD treatment centers with the goal of increasing capacity to treat a higher number of patients.
- Increase funding mechanisms related to increasing workforce development and retention.
- Increase resources for recovery housing – comprehensive case management, rent assistance, and number of recovery housing options throughout the state. An emphasis should be placed on the need to develop recovery housing in rural and frontier areas.
- Medicaid expansion remains a recommendation by experts as it would bring resources to the state to meet the needs of under- and un-insured individuals who need access to services.

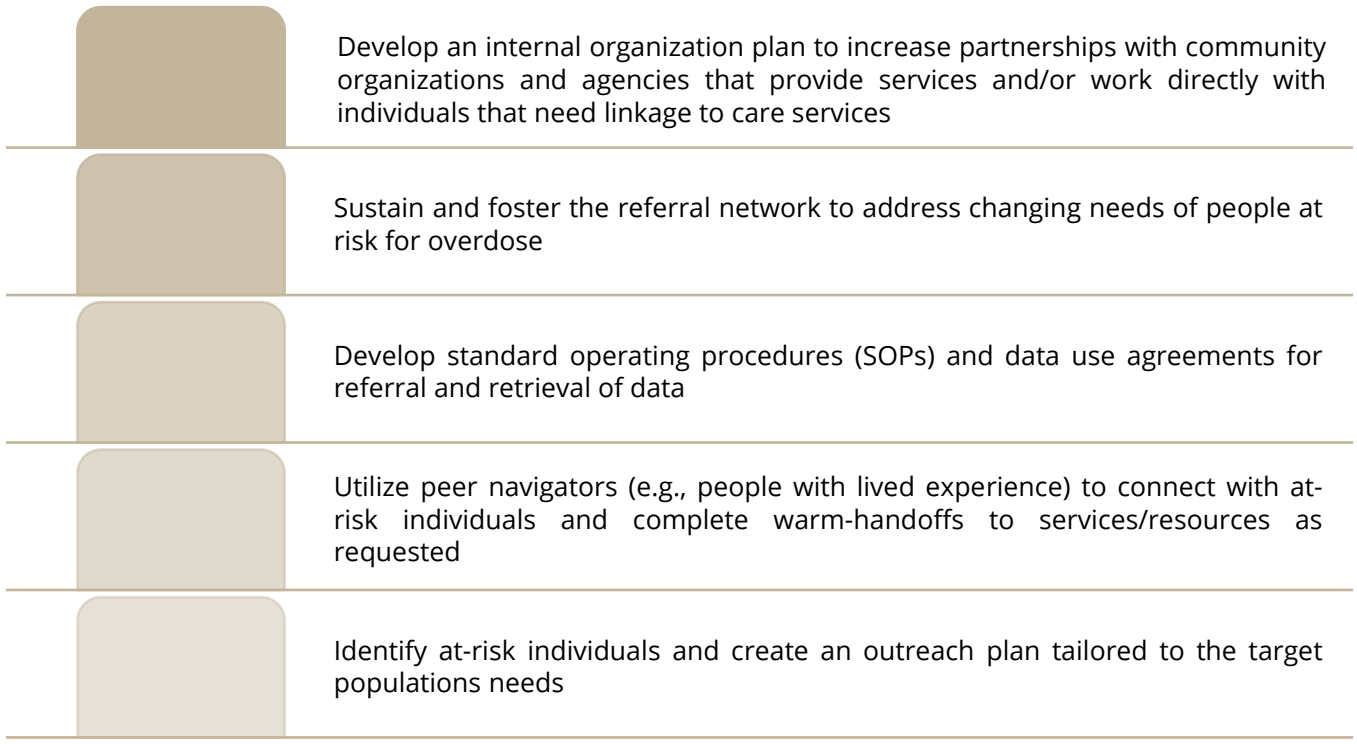
Priority Area: Linkage to Care

Background

Connecting individuals to treatment, recovery, and wraparound services is a key component of decreasing overdose mortality. Linkage to care refers to a broad range of initiatives and activities focused on assisting individuals with accessing services related to problematic drug use.[10] Utilizing various data sources and partnerships with community organizations, this priority area involves a coordinated system and practice of identifying people who are at risk for overdose, recently experienced a non-fatal overdose, and/or individuals seeking treatment and recovery services, and linking them with evidence-based treatment options in their communities.[10]

Linkage to care was the second highest prioritized priority area identified through the stakeholder survey. This need was supported by public opinion survey findings, as 62.9% of respondents disagreed or strongly disagreed that drug overdose prevention resources and services are easy to find in their communities for those who need them. While the concept of linking at-risk individuals to services and resources intuitively functions as a key component to reduce drug overdose deaths, identifying specific initiatives remains challenging for partners. Figure 7 includes examples of activities that fall in this priority area.[10]

Figure 9. Linkage to Care Potential Core Initiatives/Activities



The Linkage to Care workgroup had stakeholder representation from state and local public health agencies, community-based organizations, treatment providers, and representatives from recovery services. Table 9 presents the strategies assessed by the experts and their collective view on the level of impact and priority level for each strategy. The workgroup discussed the need to continue convening to increase partner knowledge regarding effective linkage to care activities.

Objectives

1. Increase the annual number of calls made to the Kansas Substance Use Disorder Hotline (1-866-645-8216) from 2,401 in 2022 to 3,000 in 2027.
2. Increase the number of certified Kansas Certified Peer Mentors by 10% from a 2022 baseline (to be determined) by 2027.
3. Increase surveillance of linkage to care activities by developing and/or identifying 2 additional key data indicators to track in forthcoming annual reports.

It is important to note that data source identification and corresponding data collection at the state level are under development for this priority area. After seeking input from the workgroup and reviewing state-level data sources, the ESW identified this as a gap in surveillance measures and will prioritize developing and/or identifying additional key indicators.

Recommended Strategies

Table 9. Linkage to Care Strategies

Linkage to Care		
Strategy	**Level of Impact**	**Prioritization**
Expand & coordinate overdose/behavioral health outreach teams	High	High
Post-overdose linkage to care policies in emergency departments	Moderate/High	High
Community health worker/peer navigation for those with SUD	High	High
Develop and implement a statewide treatment navigation system	Moderate	Medium/High
Implement SUD screening and referral processes (e.g., SBIRT)	High	Medium
Implement/expand referral management systems	Low/Moderate	Medium

Barriers/Challenges

The workgroup identified the following barriers which inhibit the ability to realize widespread, effective implementation of respective strategies.

Table 10. Barriers to Linkage to Care Strategy Implementation

Barriers	
Funding	Many activities that involve "peer services" are not billable through public and private insurances. State funding to support these strategies is limited outside of overall reimbursement rates.
Legislation	Federal regulations on the Confidentiality of Substance Use Disorder Patient Records, 42 CFR Pt 2 inhibits inter-agency correspondence for a person who has or had a SUD unless that person provides written consent. Workgroup members emphasized the implications of this policy on linking at-risk individuals to services. Additionally, it is an ongoing barrier to electronic referral management systems.
Delay in Care	The overburdened treatment and recovery service system is a fundamental barrier to actualizing comprehensive, statewide linkage to care implementation. Partners are dedicated to increasing awareness and referral to services, but long waitlists and limited availability of resources across the state prevents at-risk individuals from being connected to services in a timely manner.

Recommendations

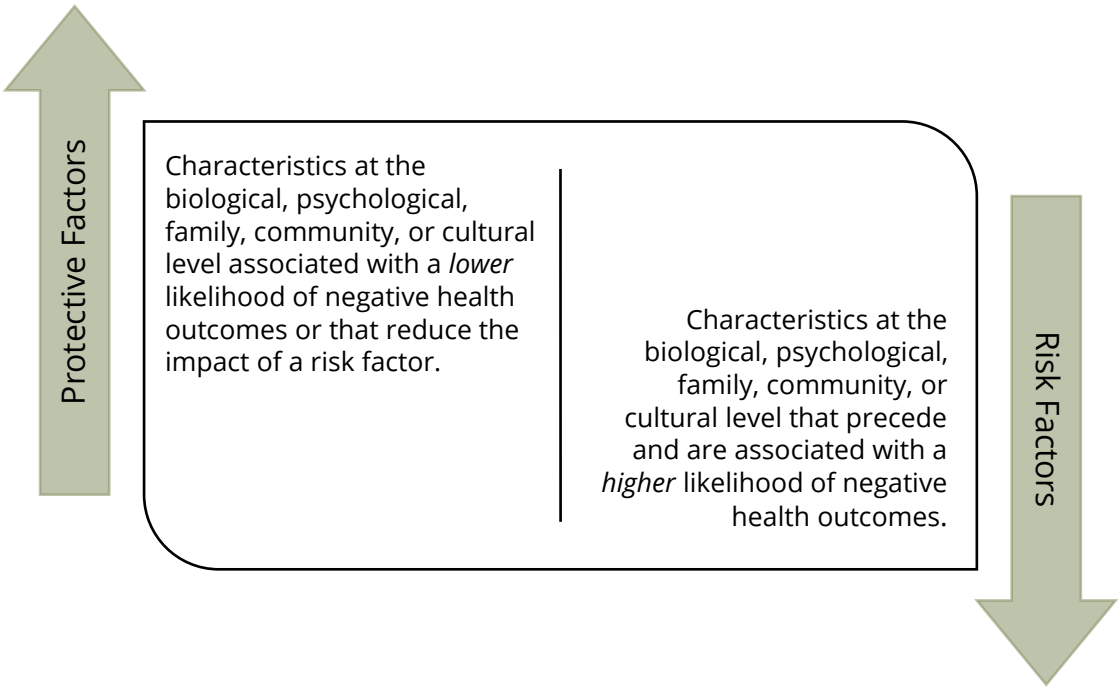
- The prioritization of increasing people with lived experience working in this priority area needs to be emphasized at the state level. The value of person-to-person connection and care coordination should not be underestimated. Information systems have value and use within linkage to care activities but cannot replicate the value of having a person with lived experience coordinate access to services and resources.
- Expand upon current and identify new state-level funding streams to expand linkage to care implementation.
- Continue convening the workgroup to increase stakeholders' knowledge on specific activities.
- Continue addressing the barriers and challenges outlined above.

Priority Area: Prevention

Background

Prevention plays an important role in continuum of care for SUD and in mitigating the overdose epidemic. For the purposes of the Kansas Overdose Prevention Strategic Plan, the needs assessment and workgroup focused on primary prevention strategies for drug misuse and SUD. Primary prevention efforts aim to address problems before they occur by identifying risk and protective factors that, when addressed, prevent drug misuse and SUD.[11] Figure 8 provides an overview of the risk and protective factor relationship.[11] Understanding the specific risk and protective factors associated with substance misuse will help partners identify at-risk populations and select evidence-based prevention activities to create change.[11]

Figure 10. Risk and Protective Factor Definitions



Primary prevention activities and initiatives are currently occurring across Kansas. As a 2018-2022 Strategic Plan priority, prevention has built implementation and resource capacity among key stakeholders, community organizations, and at the state-level. It is imperative to expand state resources and implementation of evidence-based strategies to make meaningful generational decreases in substance misuse and use disorder.

The Prevention workgroup had stakeholder representation from state and local public health agencies, community-based organizations, and coalitions. Table 11 presents the strategies assessed by the experts and their collective view on the level of impact and priority level for each strategy. Partners and sectors implementing prevention programming and initiatives are encouraged to use the ranked strategies below to inform their work to create alignment throughout the state on prevention messaging and focus area.

Objectives

1. Decrease the percentage of youth in Kansas in grades 6th, 8th, 10th, and 12th reporting use of prescription medications not prescribed to them in the past 30 days from 1.2% in 2022 to 0.9% in 2027.
2. Decrease the percentage of youth in Kansas in grades 6th, 8th, 10th, and 12th who report there is "no risk" of harm in taking a medication not prescribed for you from 9.2% in 2022 to 7.5% in 2027.
3. Decrease the percentage of youth in Kansas in grades 6th, 8th, 10th, and 12th who report it is "very easy" to get prescription drugs not prescribed for you from 8.7% in 2022 to 7.0% in 2027.
4. Decrease the percentage of young adults between the ages of 18-25 in Kansas who report there is "no risk" of harm in taking a medication not prescribed for you from 1.7% in 2022 to 1.0% in 2027.
5. Decrease the percentage of young adults between the ages of 18-25 in Kansas who report it is "very easy" to get prescription drugs not prescribed for you from 10.7% in 2022 to 9.5% in 2027.
6. Decrease the percentage of Kansas adults ages 18 years and older who report having used prescription pain medication that was not prescribed specifically to them by a doctor from 1.1% in 2022 to 0.5% in 2027.
7. Decrease the prevalence of Kansas adults ages 18 years and older who report having used prescription narcotics more frequently or in higher doses than as directed by a doctor in the past year from 4.8 in 2022 to 3.5 in 2027.
8. Decrease the percentage of young adults between the ages of 18-25 in Kansas who report they do not know how to properly dispose of unneeded, unused, or expired prescription medications from 47.4% in 2022 to 30.0% in 2027.

Recommended Strategies

Table 11. Prevention Strategies

Prevention		
Strategy	**Level of Impact**	**Prioritization**
Expand public awareness of the drug overdose epidemic and state/local resources	Moderate	High
Expand implementation of school-based programming	Moderate	High
Youth-led prevention activities	Moderate	High
Expand state and local polysubstance use prevention initiatives	Moderate	High
Universal primary prevention strategies that increase protective factors and address overall health and wellness including SUD, suicide prevention, resilience, and mental health	Moderate/High	High
Expand medication disposal interventions	Moderate	Medium
Community-level strategic planning	Moderate	Medium

Barriers/Challenges

The workgroup identified the following barriers which inhibit the ability to realize widespread, effective implementation of respective strategies.

Table 12. Barriers to Prevention Strategy Implementation

Barriers	
Funding	A lack of sustainable funding at the local level is a challenge that continues to impact prevention work. Specifically, limited funding to support long-term evidence-based programs and media campaigns. There is also limited state funding intended for opioid and psychostimulant prevention for youth.
Legislation	Historically, school-based prevention activity implementation has been used to engage youth. Legislation passed during the 2022 session directly impacts implementation by requiring consent to survey participation to be collected within four months of the survey being administered. Evaluation of prevention programming is integral to the prevention framework and poses challenges for coalitions engaging in school-based programing.
Workforce Capacity	The workgroup had many discussions around limited workforce capacity in the state that directly impacts the expansion of current prevention programming and strategic planning efforts. Part of this challenge is related to limited funding that allows for full-time staff to be onboarded to coalitions, as many function through volunteer and/or part time staff.
Limited Evidence-Based Programming	Current evidence-based programs have shown effectiveness in decreasing alcohol and tobacco use among youth. Partners acknowledged that many topics in these programs are applicable to substance misuse. However, evidence-based prevention programming specific to prescription drug, opioid, psychostimulant misuse for youth is underdeveloped at the national level. Additionally, there is minimal information on polydrug use.

Recommendations

- Expand current prevention initiatives and activities focused on increasing protective factors in communities.
- Enhance current prevention initiatives and activities to data indicated target populations and high-risk communities.

Priority Area: Harm Reduction

Background

The implications of the drug overdose epidemic extend beyond drug-involved morbidity and mortality. The harms associated with drug use are pervasive; ranging from "indirect consequences related to risk behaviors that accompany drug use" to chronic disease development.[12] These harms are often contingent on the drug type(s), manner in which the drug(s) were used, and the circumstances surrounding use.[12]

Figure 11. Principles of Harm Reduction

Harm reduction aims to mitigate these harms by addressing the "conditions of use along with the use itself."[13] Specifically, it encompasses policies and practices designed to reduce complications associated with drug use. Harm reduction interventions have proven effective in reducing the incidence of hepatitis C virus (HCV) and human immunodeficiency virus (HIV), preventing transmission of other bloodborne infections, facilitating linkage to treatment and wraparound services, reducing risk of needlestick and other injuries, and decreasing risk of overdose death.[13,14]

Kansas continues to lag behind other states in terms of harm reduction programming. Various harm reduction interventions such as syringe service programs (SSPs) and fentanyl test strips (FTS) remain illegal in Kansas per KSA 21-5710. Kansas recognizes the need to authorize implementation of harm reduction strategies due to increased substance misuse, drug overdose deaths, and sequelae of drug use.

The Harm Reduction workgroup had stakeholder representation from state and local public health agencies, people with lived experience/in recovery from SUD, and community-based organizations. Table 13 presents the strategies assessed by the experts and their collective view on the level of impact and priority level for each strategy.

Objectives

1. Increase the number of naloxone kits distributed through state funding mechanisms annually from 14,596 in 2022 to 50,000 in 2027.
2. Increase the number of pharmacists permitted to dispense naloxone to patients without a prescription pursuant to 2016 HB 2217 and K.A.R. 68-7-23 from 1,469 in 2022 to 1,700 in 2027.
3. Increase the percent of adults ages 18 years and older who report "having heard of the medication naloxone" from 54.1% in 2020 to 75.0% in 2027.
4. Increase surveillance of harm reduction activities throughout the state by developing and/or identifying two additional key data indicators to track in forthcoming annual reports.

It is important to note that data source identification and corresponding data collection at the state level are under development for this priority area. After seeking input from the workgroup and reviewing state-level data sources, the ESW identified this as a gap in surveillance measures and will prioritize developing and/or identifying additional key indicators.

Recommended Strategies

Table 13. Harm Reduction Strategies

Harm Reduction		
Strategy	**Level of Impact**	**Prioritization**
Targeted naloxone distribution	Moderate/High	High
Fentanyl test strips	Moderate	High
Programs for sterile syringe exchange and other injection supplies	**	High
Supervised consumption and wraparound services	**	High
Expand access to HIV and HCV/HBV testing and treatment (e.g., pre/post exposure prophylaxis)	Moderate/Low	Medium
Expand social detoxification programs	Moderate	Medium
Safe smoking supplies	Moderate	Low/Medium
Condom distribution/safe sex education among IV drug users	Low	Low

***Response was not elicited or captured from workgroup discussion*

Barriers/Challenges

The workgroup identified the following barriers which inhibits the ability to realize widespread, effective implementation of respective strategies.

Table 14. Barriers to Harm Reduction Strategy Implementation

Barriers	
Funding	There is a significant gap in state funding directed toward harm reduction activities. Naloxone funding at the state level is limited and is unable to meet the need of Kansas residents and local organizations at this time.
Legislation	There are legislative barriers to harm reduction in Kansas. Currently, distribution of fentanyl test strips, SSPs, supervised consumption, and safe smoking supplies are unallowable in some capacity in the state. Additionally, there is seemingly low political will to enact legislative change.
Stigma	Stigma around harm reduction concepts and activities act as a significant barrier. Harm reduction experts frequently cited stigma as a barrier to presenting harm reduction strategies to their communities.

Recommendations

- Develop an overarching state harm reduction strategy document to guide stakeholders on how to advocate for, implement, and discuss harm reduction within organizations and communities.
- Facilitate training opportunities to increase understanding of harm reduction strategies and their implementation in the state.
- Increase inter-state collaboration efforts to learn best practices from states implementing harm reduction strategies, to inform future implementation in Kansas.

Priority Area: Providers and Health Systems

Background

Providers and health systems play an important role in preventing, evaluating, diagnosing, and treating pain, SUD, and drug overdoses. Based on the breadth of populations served and scope of medical services available, this audience is uniquely positioned to address SUD and overdose prevention strategies across the entire continuum of care.

The intersection between the chronic pain epidemic and the SUD and drug overdose epidemic is well-established.[15] Assuring access to effective pain management is imperative for those experiencing acute and chronic pain conditions. Providers must be well-equipped to assess the risks and benefits of pain treatments to include an array of interventions such as prescription opioids and other medications, non-pharmacological modalities, procedures, and others. Concomitantly, it is important for providers to recognize high risk behaviors, screen for SUD, and direct referral and/or treatment. Formulating treatment decisions based on accepted standards of care while considering patient circumstances is best practice.[15]

The Centers for Disease Control and Prevention recently published the 2022 Clinical Practice Guideline for Prescribing Opioids for Pain. These are recommendations that follow an overarching "multimodal and multidisciplinary approach to pain management."[15] The Clinical Practice Guideline is intended to be used as such – a guideline to inform clinical decision-making to optimize effective clinical evaluation and patient care. The Kansas Overdose Prevention Strategic Plan utilized these guiding principles in developing this priority area.

The Providers and Health Systems workgroup had stakeholder representation from providers and health systems, state regulatory agencies, public health, and community-based organizations. Table 15 presents the strategies assessed by the experts and their collective view on the level of impact and priority level for each strategy.

Objectives

1. Decrease the percentage of patients with 90+ Daily morphine milligram equivalents (MME) of opioids per capita from 6.0% per capita in 2022 to 5.0% in 2027.
2. Decrease the rate of patients with 5+ prescribers and 5+ dispensers in a 6-month period per 100,000 Kansas residents from 1.5 in 2022 to 1.0 in 2027.
3. Decrease the percentage of patients prescribed long-acting/extended-release opioids who were opioid-naïve per 100,000 Kansas residents from 4.8% in 2022 to 4.0% in 2027.
4. Decrease the percentage of days with overlapping opioids/benzodiazepines per 100,000 Kansas residents from 15.2% in 2022 to 13.6% in 2027.
5. Decrease the statewide opioid prescribing crude rate from 60.9 in 2022 to 54.8 in 2027.

6. Decrease the statewide stimulant prescribing crude rate from 34.6 in 2022 to 31.1 in 2027.

7. Increase the percentage of buprenorphine prescriptions dispensed compared to the total number of opioid prescriptions dispensed from 2.5% in 2022 to 3.0% in 2027.

Recommended Strategies

Table 15. Providers and Health Systems Strategies

Providers and Health Systems		
Strategy	**Level of Impact**	**Prioritization**
Facilitate patients' continuity of care by increasing service integration between health care disciplines, effective care coordination, and referrals management	High	High
Expand telehealth services for SUD treatment services, including MAT/MOUD	High	High
Expand implementation of CDC's Clinical Practice Guideline for Prescribing Opioids for Pain within Kansas health systems	Moderate	High
Expand provider and preprofessional education opportunities (e.g., trainings on SUD prevention/treatment, screening processes, controlled substances prescribing, medication disposal programs, wraparound services, clinical support tools)	Moderate	Medium
Expand utilization of the prescription drug monitoring program, K-TRACS	Moderate/Low	Medium
Increase the number of DATA 2000-waivered providers and expand utilization of existing waivers to treat MAT/MOUD patients	Moderate	Medium
Implement clinical quality improvement initiatives directed toward more effective pain management, standard of care for controlled substances prescribing and dispensing, and/or risk reduction	High	Medium
Training and provision of trauma-informed care	Moderate	Medium
Screen for fentanyl in routine clinical toxicology testing	Low	Medium
Expand implementation of best practices for treating women of childbearing age, including safe and effective pain management, pregnancy testing, preconception counseling, and contraception access (including long-acting reversible contraception)	Moderate/Low	Medium
Identify and disseminate best practices for prescribing psychotropic medication (e.g., anxiolytics, psychostimulants)	High	Medium
Neonatal abstinence syndrome/neonatal opioid withdrawal syndrome education and resources	Low	Medium/Low

Barriers/Challenges

The workgroup identified the following barriers which inhibits the ability to realize widespread, effective implementation of respective strategies.

Table 16. Barriers to Providers and Health Systems Strategy Implementation

Barriers	
Funding	Similar challenges as outlined in the Treatment and Recovery workgroup. Experts discussed the limited funding for policy/practice change, DATA-2000 waivers, and waived staff time allocated to other strategy implementation.
Legislation	42 CFR Part 2 remains a barrier to successful implementation of facilitating continuity of care between health care disciplines. While partners across health systems are invested in simplifying coordination and continuity of care, the logistical challenges of ensuring privacy and sharing pertinent information inhibits widespread implementation of strategies regarding inter-organization care.
Workforce Reductions/ Inadequacies	Partners also observed that limited professional experience working with patients with a SUD impacts health capacity to provide services. Despite integration across SUD treatment, behavioral health, and health systems, limited staff across the board and low specialized-SUD professional knowledge presents a challenge to effective implementation.

Recommendations

- Identify opportunities for clinically meaningful point of care toxicology testing.
- Expand best practices and standardization in the provision of trauma informed care.
- Expand clinical quality improvement initiatives statewide, across multiple practice settings.

Priority Area: Public Safety and First Responders

Background

The role of public safety and first responder professionals in overdose prevention is essential to decreasing overdose mortality in Kansas. The direct interactions that these professionals have with individuals with SUDs makes them key facilitators in overdose prevention and connectors to treatment and recovery resources.

The CDC has identified building collaborative partnerships between public safety and community organizations as a priority to strengthen state and local efforts to reduce drug overdose deaths.[16] These partnerships focus on increasing communication and alignment of resources between public safety agencies and community organizations providing SUD and mental health treatment services, with the goal of bridging knowledge and service gaps across sectors.[16] For example, these collaborations allow for law enforcement officers and first responders to connect people to community resources during an interaction. Workgroup members shared that they would like to better understand how to connect individuals using drugs to resources in their communities.

This sector also has a unique capacity to prevent overdose deaths. Emergency response personnel are commonly the first to respond to an overdose scene. They play a vital role in emergency response and resuscitation measures, including administering naloxone, an opioid overdose antagonist. Continued efforts to develop capacity to carry and use naloxone remains a key priority for Kansas.

The Public Safety and First Responder workgroup had stakeholder representation from city police departments, county sheriff's offices, advocacy organizations, and state organizations representing public safety interests. The ESW performed targeted outreach to increase participation among other entities, but it is of note that this workgroup was primarily comprised of public safety representatives.

This gap in knowledge prevented in-depth discussions on these three strategies:

- Expand utilization of drug courts and mental/behavioral health
- Expand diversion programs as an alternative to incarceration for simple possession of drug charges
- Implement standardized SUD screening, treatment, and care coordination and continuity services into the criminal justice systems

The low rankings of these strategies are reflective of the workgroup composition and do not necessarily reflect the overall needs to address SUD within the criminal justice system.

Table 17 presents the strategies assessed by the experts and their collective view on the level of impact and priority level for each strategy. Public safety partners were encouraged to use the ranked strategies below to inform their work.

Objectives

1. Increase the percentage of high-density counties in Kansas that are utilizing Overdose Detection Mapping Application Program (ODMAP) by 10% from a 2022 baseline (to be determined) by 2027.

2. Increase the percentage of law enforcement agencies responding to the statewide naloxone survey that indicate they allow the carry and use of naloxone from 65.3% in 2021 to 85.0% in 2027.

3. Increase the total number of unduplicated Kansas law enforcement officers who received the Kansas Law Enforcement Training Center's (KLETC) opioid crisis training from 300 in 2020 to 1,000 in 2027.

4. Increase the number of Crisis Intervention Teams (CITs) within Kansas law enforcement agencies by 10% from a 2022 baseline (to be determined) by 2027.

5. Increase surveillance of public safety and first responders throughout the state and developing and/or identifying 2 additional key data indicators to track in forthcoming annual reports.

It is important to note that data source identification and corresponding data collection at the state level are under development for this priority area. After seeking input from the workgroup and reviewing state-level data sources, the ESW identified this as a gap in surveillance measures and will prioritize developing and/or identifying additional key indicators.

Recommended Strategies

Table 17. Public Safety and First Responders Strategies

Public Safety and First Responders		
Strategy	**Level of Impact**	**Prioritization**
Expand public safety & first responder access to naloxone and associated resources	Moderate/High	High
Expand implementation of Crisis Intervention Teams (CIT)	Moderate/High	High
Enhance public safety/first responder collaboration with community-based organizations	Moderate	High
Enhance efforts to reduce the illicit drug supply/interdiction	High	High
Expand first responder/public safety onboarding & data entry using Overdose Detection Mapping Application Program (ODMAP)	Low	Medium
Increase capacity to effectively respond to individuals with SUD	Moderate	Medium
Expand utilization of drug courts and mental/behavioral health	Low	Low
Expand diversion programs as an alternative to incarceration for simple possession of drugs chargers	**	Low
Implement standardized SUD screening, treatment, and care coordination and continuity services into the criminal justice system	**	Low

***Indicates that response was not elicited or captured from workgroup discussion*

Criminal Justice System – Partner Gap

As previously noted, the 2022-2027 Strategic Planning Process highlighted the need to develop partnerships with professionals working throughout the criminal justice system to implement strategies directed toward increasing access to treatment resources for justice-involved individuals. While law enforcement agencies function within the criminal justice system, they have limited capacity to implement strategies focused on drug and mental/behavioral health courts, diversion programs, and assessment/treatment processes. The ESW acknowledges the need to identify more stakeholders and improve knowledge on this strategy implementation within this system.

Barriers/Challenges

The workgroup identified the following barriers which inhibits the ability to realize widespread, effective implementation of effective strategies.

Table 18. Barriers to Public Safety and First Responders Strategy Implementation

Barriers	
Funding	Limited state-level funding for public safety and first responder agencies to implement these strategies hinders capacity to create and maintain infrastructure around naloxone, drug interdiction, and other response efforts.
Legislation	Federal regulations on the Confidentiality of Substance Use Disorder Patient Records, 42 CFR (Part 2), inhibits inter-agency correspondence for a person who has or who had a SUD unless that person provides written consent. This creates logistical barriers for inter-agency collaboration and implementation of strategies.
Limited Workforce Capacity	Public safety and first responder professionals are responsible for a range of community needs. Overburdened agencies have limited staff time dedicated to implementing these long-term strategies which may be "out of scope" based on daily operations. This is especially relevant for rural and frontier areas which lack staff and resources compared to suburban and urban locales. Additional staff would be needed to lead and execute these initiatives.
Waitlists for SUD Treatment Services	First responders understand the value in connecting people misusing/using drugs to treatment but struggle with linking them to care due to the time-limited nature of their interactions and nature of roles. Additionally, the lack of available treatment opportunities prevents their ability to divert people away from the criminal justice system and continues to impede collaboration on linkage to care.

Recommendations

- Develop and enhance partnerships with community-based organizations to create a collaborative response to linking justice-involved populations to services.
- Enhance current school-based education initiatives that law enforcement officers provide (i.e., drug prevention education) by partnering with local coalitions and/or people with lived experience to combine their expertise with curriculum.

Cross-Cutting Strategies

The full development and strategic planning of the following cross-cutting strategies will be addressed by the ESW in the future years. It is vital to create guiding principles to facilitate integration of data and surveillance, policy and advocacy, stigma reduction, and health equity across the priority areas. Future annual reports will outline those guiding principles.

Data and Surveillance

- Data are critical for planning and evaluating the effectiveness of strategic plan interventions
- Data ensures that work remains evidence-based, or informed at a minimum

Recommended Goals

- Expand surveillance of SUD and drug overdose
- Identify new data sources for state plan implementation and monitoring
- Evaluate the effectiveness of state plan strategies
- Establish a state-level Overdose Fatality Review Board

Policy and Advocacy

- Policy is a core component of high impact, long-term systems change
- Kansas lags behind in the adoption of key legislation that would expand treatment services and permit harm reduction interventions

Recommended Policy Priorities

- Expand Medicaid
- Enact a 911 Good Samaritan Law
- Legalize fentanyl test strip possession and distribution

Stigma Reduction

- Stigma around drug misuse/illicit drug use remains a significant barrier within the state

Recommended Goals

- Targeted education to various audiences (e.g., providers, first responders)
- Implement public awareness campaigns focused on decreasing stigma
- Conduct an assessment to identify factors contributing to stigma against SUD in Kansas

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Health Equity

- SUD and drug overdose disproportionately affect certain populations
- It is imperative to identify and implement interventions targeted to high-risk sociodemographic populations

Recommended Goals

- Develop/identify data sources to better understand health inequities impacting SUD
- Focus on social determinants of health to address root causes of drug misuse/SUD
- Expand treatment and recovery services in underserved/at-risk communities

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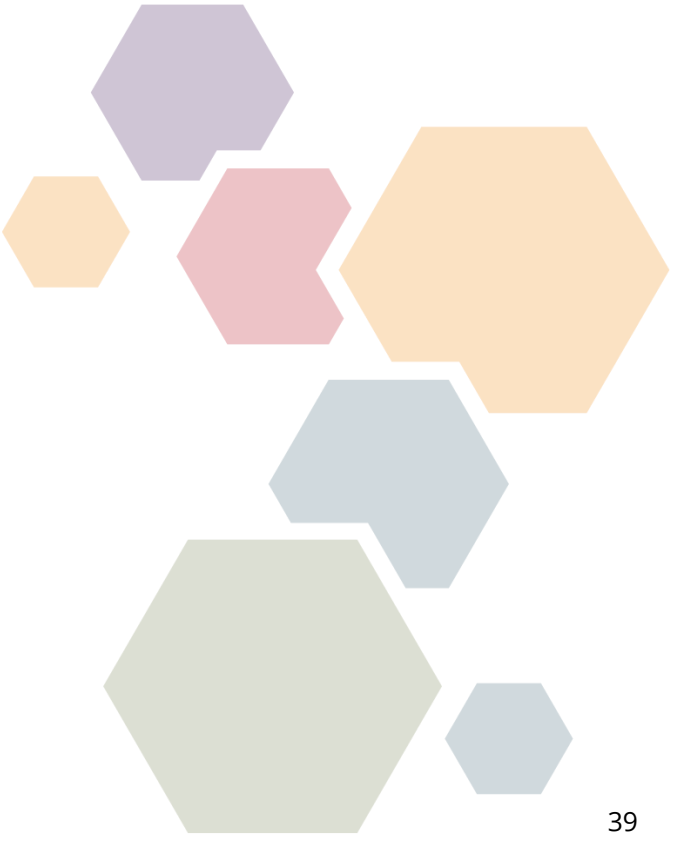
Performance Monitoring and Evaluation

The purpose of performance monitoring and evaluation is to measure the collective impact of state plan implementation, identify new priorities, and assess how the crisis has changed. The evaluation stakeholder workgroup was developed five years ago to evaluate strategic plan implementation. Key stakeholders currently include: KDHE, KDADS, Kansas Board of Pharmacy, DCCCA, Greenbush, Blueprint Public Health, LLC, and Advanced Public Health Solutions, LLC.

The Monitoring and Evaluation Plan was guided by CDC's 6 Step Framework for Program Evaluation in Public Health and includes detailed information on data collection, reporting and use with a focus on both process and outcome evaluation. The purpose of process evaluation is to ascertain strategies that are being implemented, illustrate strategy reach, and determine barriers and facilitators. This will be addressed by collecting primary data from the public key stakeholders using various methodologies on an annual basis. Outcome evaluation showcases progress made toward strategy implementation. Outcome evaluation will encompass secondary data collection and reporting on Key Performance Indicators outlined in Table 19. Each indicator includes the following information: (1) data source, (2) baseline value, and (3) target value. Outcome evaluation will align with the process evaluation timeline, and which will be collected and disseminated on an annual basis.

Process and outcome evaluation data will be used to identify new or modify existing priorities, recommendations, and resources to optimize state plan implementation. A comprehensive update of process evaluation and outcome indicator data will be published on an annual basis.

Please visit www.preventoverdoseks.org to view previous performance metrics used in the first iteration of the strategic plan.



Key Performance Indicators

Table 19. Kansas Overdose Prevention Strategic Planning Outcome Measures

Mortality			
State-level Indicator	**Baseline 2021**	**Target**	**Data Source**
Age-adjusted All Drug Overdose Death Rate per 100,000 population	24.2	21.8	Kansas Office of Vital Statistics
Age-adjusted Natural or Semi-Synthetic Drug Overdose Death Rate per 100,000 population	3.8	3.4	Kansas Office of Vital Statistics
Age-adjusted Synthetic Opioid (excluding methadone) Overdose Death Rate per 100,000 population	12.7	11.4	Kansas Office of Vital Statistics
Age-adjusted Psychostimulant (excluding cocaine) Overdose Death Rate per 100,000 population	10.2	9.1	Kansas Office of Vital Statistics
Technical Notes: Mortality data was obtained from the Kansas Department of Health and Environment Office of Vital Statistics. Drug overdose deaths were analyzed and determined based on information from Kansas death certificates. Data was limited to Kansas residents only. Drug overdose deaths were identified using ICD-10 codes for underlying causes of death indicating a drug poisoning (X40-44, X60-64, X85, or Y10-14). Specific drug categories were identified based on additional diagnosis codes (T36-T50). Deaths are not mutually exclusive across categories, meaning a single death can be counted multiple times due to polysubstance use. Age-adjusted rates were determined using direct standardization methods and U.S. Census population estimates, with the 2000 Census as the standard population. Targets are based on a 10 percent reduction in the age-adjusted rate estimate. For more information on analysis or categorization methods, visit the KDHE Overdose Data Dashboard here: https://www.kdhe.ks.gov/1309/Overdose-Data-Dashboard			

Morbidity			
State-level Indicator	**Baseline 2021**	**Target**	**Data Source**
Age-adjusted Non-Fatal All Drug Overdose Emergency Department Admission Rate per 100,000 population	163.0	TBD	Kansas Hospital Association Emergency Department Admissions
Age-adjusted Non-Fatal Opioid Overdose Emergency Department Admission Rate per 100,000 population	39.0	TBD	Kansas Hospital Association Emergency Department Admissions
Age-adjusted Non-Fatal Psychostimulant Overdose (excluding cocaine) Emergency Department Admission Rate per 100,000 population	7.0	TBD	Kansas Hospital Association Emergency Department Admissions
Age-adjusted Non-Fatal All Drug Overdose Hospitalization Rate per 100,000 population	112.5	TBD	Kansas Hospital Association Hospital Discharge
Age-adjusted Non-Fatal Opioid Overdose Hospitalization Rate per 100,000 population	21.4	TBD	Kansas Hospital Association Hospital Discharge
Age-adjusted Non-Fatal Psychostimulant Overdose (excluding cocaine) Hospitalization Rate per 100,000 population	10.8	TBD	Kansas Hospital Association Hospital Discharge
Hospitalization associated with opioid abuse or dependence (Age-Adjusted rate per 100,000 population)	91.0	TBD	Kansas Hospital Association Hospital Discharge
Technical notes: Morbidity data was obtained from the Kansas Hospital Association Emergency Department Admissions and Hospital Discharge datasets. This includes data only from non-federal acute care affiliated facilities. Cases were restricted to residents of Kansas only based on patient address. Non-fatal drug overdoses were identified based on having one or more ICD-10 diagnosis codes indicating a drug poisoning (T36-T50). Cases were only included if diagnosis subcode indicated poisoning with either accidental, intentional, assault, or undetermined intent. Cases indicating subsequent encounter or sequela visits were not included. The All Drug case definition has been updated from prior analyses to include			

additional ICD-10 codes including T40.41, T40.42, T40.49, T40.71, and T40.72. Drug categories are as follows; All Drug: T36-T50, Opioid: T40.0, T40.1, T40.2, T40.3, T40.4, T40.6, Psychostimulant non-cocaine: T43.6, Opioid Abuse/Dependence: F11. Due to multiple factors potentially contributing to non-fatal overdose trends in a complex way, such as changes in the number of fatal overdoses or changes in the drug supply, no target value was assigned for these indicators. Instead, they will be monitored alongside other indicators to help provide a better understanding of the overall overdose situation in Kansas. Cases are not mutually exclusive across categories, meaning a single visit can be counted multiple times due to polysubstance use. Age-adjusted rates were determined using direct standardization methods and U.S. Census population estimates, with the 2000 Census as the standard population.

Treatment and Recovery			
State-level Indicator	**Baseline**	**Target**	**Data Source**
Number of unduplicated clients who have received treatment services for OUD through SOR funding	5,374 (9/2021 – 4/2022)	6,500	Beacon Health Options Records
Number of unduplicated clients who have received treatment services for StimUD through SOR funding	1,334 (9/2021 – 4/2022)	1,600	Beacon Health Options Records
Number of unduplicated clients who have received recovery support services through SOR funding	330 (9/2021 – 4/2022)	400	Beacon Health Options Records
Number of Buprenorphine waivered prescribers practicing in Kansas	218 (2022)	350	SAMHSA
Percentage of substance use disorder treatment providers in Kansas that accept clients on opioid medication (MAT)	TBD	TBD	SAMHSA
Percentage of detoxification facilities in Kansas that accept clients on opioid medication (MAT)	TBD	TBD	SAMHSA
Number of Kansas patients who had at least one buprenorphine prescription dispensed	5,590 (2021)	6,000	K-TRACS

Technical notes:
Beacon Health Options collects data regarding provision of services funded through the State Opioid Response grant. These values are based on six months of data collected and were accessed through the Kansas SOR Midyear Report
SAMHSA DATA Waivered Practitioners Locator, SAMHSA Treatment Locator

Linkage to Care			
State-level Indicator	**Baseline**	**Target**	**Data Source**
Annual number of calls made to the Kansas Substance Use Disorder Hotline (1-866-645-8216)	2,401	3,000	Beacon Health Options
Number of certified Kansas Certified Peer Mentors	TBD	TBD	KDADS Program Records

Technical notes:
Beacon Health Option SOR grant reporting to KDADS as of March 2022, KDADS Certified Peer Mentor Administration Records were unavailable at time of publication.

Prevention			
State-level Indicator	**Baseline**	**Target**	**Data Source**
Percentage of youth in Kansas in grades 6th, 8th, 10th and 12th reporting use of prescription medications not prescribed to them in the past 30 days	1.2% (2022)	0.9%	Kansas Communities That Care (KCTC) Student Survey
Percentage of youth in Kansas in grades 6th, 8th, 10th and 12th who report there is "no risk" of harm in taking a medication not prescribed for you.	9.2% (2022)	7.5%	Kansas Communities That Care (KCTC) Student Survey
Percentage of youth in Kansas in grades 6th, 8th, 10th, and 12th who report it is "very easy" to get prescription drugs not prescribed for you	8.7% (2022)	7.0%	Kansas Communities That Care (KCTC) Student Survey
Percentage of young adults between the ages of 18-25 in Kansas who report there is "no risk" of harm in taking a medication not prescribed for you*	1.7% (2021)	1.0%	Kansas Young Adult Survey
Percentage of young adults between the ages of 18-25 in Kansas who report it is "very easy" to get prescription drugs not prescribed for you*	10.7% (2021)	9.5%	Kansas Young Adult Survey
Percentage of Kansas adults ages 18 years and older who report having used prescription pain medication that was not prescribed specifically to them by a doctor	1.1% (2020)	0.5%	Kansas Behavioral Risk Factor Surveillance System (BRFSS)
Prevalence of Kansas adults ages 18 years and older who report having used prescription narcotics more frequently or in higher doses than as directed by a doctor in the past year	4.8 (2020)	3.5	Kansas Behavioral Risk Factor Surveillance System (BRFSS)
Percentage of young adults between the ages of 18-25 in Kansas who report they do not know how to properly dispose of unneeded, unused, or expired prescription medications*	47.4% (2021)	30.0%	Kansas Young Adult Survey
Technical notes: KCTC Student Survey, Kansas Young Adult Survey. *Not calculated annually due to survey schedule. Kansas Behavioral Risk Factor Surveillance System (BRFSS) 2021 results were unavailable at time of publication.			

Harm Reduction			
State-level Indicator	**Baseline**	**Target**	**Data Source**
Annual total number of naloxone kits distributed through State funding mechanisms	14,596 (FFY 2022)	50,000	DCCCA Grant Reporting Records
Number of pharmacists permitted to dispense naloxone to patients without a prescription pursuant to 2016 HB 2217 and K.A.R. 68-7-23	1,469 (2022)	1,700	KBOP Administrative Records
Percent of adults ages 18 years and older who report "having heard of the medication naloxone"	54.1% (2020)	75.0%	Kansas Behavioral Risk Factor Surveillance System (BRFSS)
Technical notes: DCCCA grant reporting records track total number of naloxone kits distributed to any individual or organization in Kansas; at time of publication DCCCA is the only organization provided naloxone kits through state funding mechanisms, Kansas Board of Pharmacy Administrative Records, Kansas Behavioral Risk Factor Surveillance System (BRFSS) 2021 results were unavailable at time of publication.			

Providers and Health Systems			
State-level Indicator	**Baseline**	**Target**	**Data Source**
Percentage of patients with 90+ Daily morphine milligram equivalents (MME) of opioids	6.0% (2022 Q3**)**	5.0%	K-TRACS
Rate of patients with 5+ prescribers and 5+ dispensers in a 6-month period	1.5 (2022 Q3**)**	1.0	K-TRACS
Percentage of patients prescribed long-acting/extended-release opioids who were opioid-naïve	4.8% (2022 Q3**)**	4.0%	K-TRACS
Percentage of days with overlapping opioids/ benzodiazepines	15.2% (2022 Q3**)**	13.6%	K-TRACS
Crude opioid prescribing rate	60.9 (2021)	54.8	K-TRACS
Crude psychostimulant prescribing rate	34.6 (2021)	31.1	K-TRACS
Percentage of buprenorphine prescriptions dispensed compared to the total number of opioid prescriptions dispensed	2.5% (2022)	3.0%	K-TRACS
Technical notes: K-TRACS; Kansas Board of Pharmacy and PDMP Vendor CDC Report.			

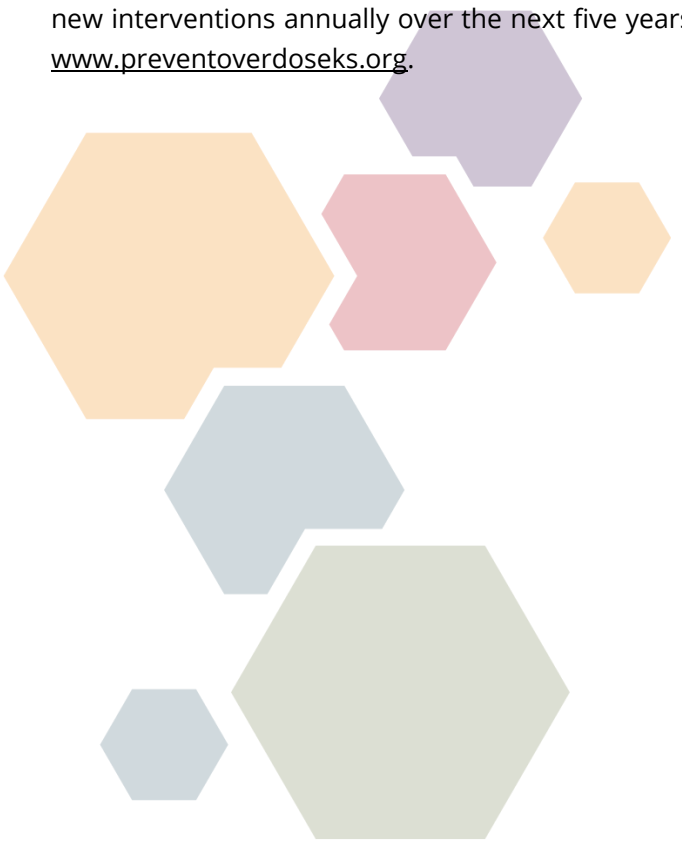
Public Safety and First Responders			
State-level Indicator	**Baseline**	**Target**	**Data Source**
Percentage of high-density counties in Kansas that are utilizing ODMAP	TBD	TBD	Overdose Detection Mapping Application Program
Percentage of Kansas law enforcement agencies responding to the statewide naloxone survey that indicated they allowed carry and use of Naloxone*	65.3% (2021)	85.0%	Kansas Law Enforcement Naloxone Survey
Total number of unduplicated Kansas law enforcement officers who received the Kansas Law Enforcement Training Center's (KLETC) opioid crisis training	394 (2021)	1,000	Kansas Law Enforcement Training Center Course Records
Number of Crisis Intervention Teams (CITs)**	TBD	TBD	Under Development
Technical notes: Kansas Law Enforcement Naloxone Survey, KLETC Course Records, Overdose Detection Mapping Application Program data.* 2021 KDHE Survey of Kansas Law Enforcement Agencies Attitudes and Beliefs about Naloxone Administration & Use. **The Evaluation Stakeholder Workgroup aims to develop/identify a state-level data source to identify and track implementation of CITs.			

Summary

In summary, the significant increase in SUD and drug overdose morbidity and mortality in Kansas necessitates a comprehensive, coordinated, and collaborative response. The Kansas Prescription Drug and Opioid Advisory Committee endorses the 2022-2027 Kansas Overdose Prevention Strategic Plan as a best-practices framework for SUD and overdose prevention and response. The goal of the new strategic plan is to reduce substance misuse, use disorder, and drug overdose in Kansas by implementing evidence-informed strategies that align with all levels of the socioecological model and the continuum of care.

The Kansas Overdose Prevention Strategic Plan outlines Kansas's top priorities across six critical domains: Treatment and Recovery, Linkage to Care, Prevention, Harm Reduction, Providers and Health Systems, and Public Safety and First Responders. The objectives, strategies, and recommendations presented within each reflect best or promising practices, are driven by Kansas-specific data, and aim to address multiple levels of impact. Specific strategies are targeted to increase education and awareness, prevent substance misuse and use disorder, connect individuals who use drugs with SUD treatment and wraparound services, scale up treatment services, advance harm reduction, and expand services for justice-involved populations. While many strategies are underway, many are not implemented to the extent needed to drive change due to a lack of resources, capacity, and political will.

Developing the Kansas Overdose Prevention Strategic Plan was critical to hone priorities, align resources, and engage new stakeholders in combatting this epidemic. However, it is important to emphasize that the Kansas Overdose Prevention Strategic Plan is not all-encompassing. The plan is a living document that is adaptable in response to changes in resources, priorities, and the distribution and determinants of drug-involved morbidity and mortality across the state. Ongoing evaluation and performance indicator monitoring are critical for demonstrating progress toward intended outcomes, justifying recommendations, and identifying new interventions annually over the next five years. For more information, data, and resources, please visit www.preventoverdoseks.org.



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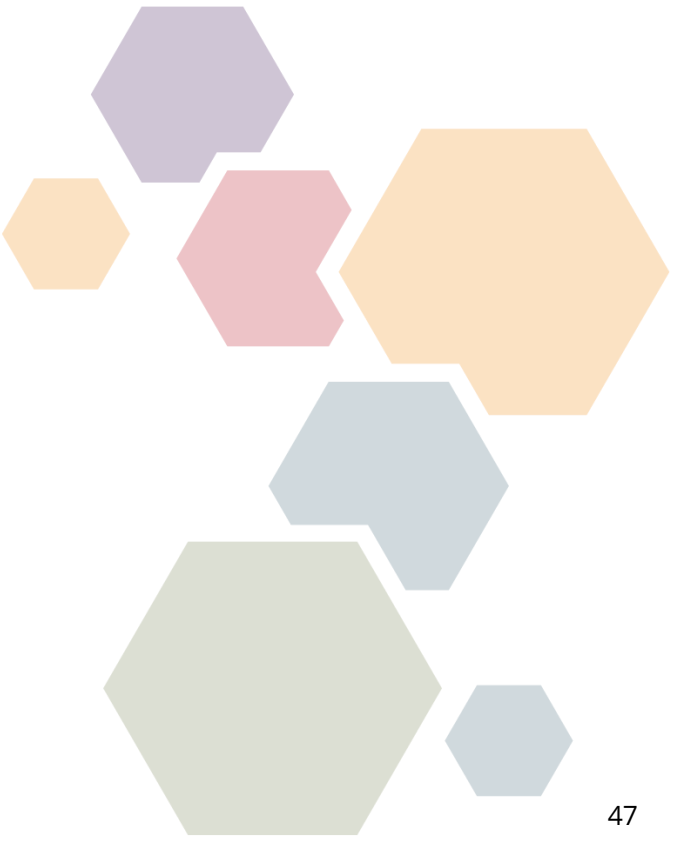
Appendices



Appendix A. Resources

Data Sources	Behavioral Health Treatment Services Locator
	CDC/NCHS Provisional Drug Overdose Death Counts
	Kansas Behavioral Risk Factor Surveillance System (BRFSS)
	Kansas Communities That Care Survey (KCTC)
	Kansas County Opioid Mortality Vulnerability Assessment
	Kansas Young Adult Survey (KYAS)
	KHDE Overdose Data Dashboard
	K-TRACS Data Dashboard
State and National Resources	CDC Clinical Practice Guideline for Prescribing Opioids for Pain
	DCCCA Naloxone Program
	Kansas Opioid and Stimulant Conference Webpages
	Kansas Opioid-Settlements Information
	Kansas Poison Control Center
	Kansas SUD Hotline
	2022 National Drug Control Strategy
	National Harm Reduction Coalition
	Opioid Response Network
	Overdose Detection Mapping Application Program (ODMAP)
	Police Assisted Addiction and Recovery Initiative (PAARI)
	Prevent Overdose Kansas website
	Prevention Technology Transfer Center Network: Harm Reduction
	Prevention Technology Transfer Center Network: Products/Resources
	Recovery Support Tools and Resources
	Reducing Stigma Education Tools (ReSET)
	988 Suicide and Crisis Lifeline

Note: All resources include hyperlinks to respective websites

Kansas Substance Use Disorder Treatment Referral Line

1-866-645-8216

988 SUICIDE & CRISIS LIFELINE

Appendix B. Figures and Tables

Figures

Tables

Appendix C. Kansas Prescription Drug and Opioid Advisory Committee Partner Organizations

Kansas Department for Aging and Disability Services

Kansas Department of Health and Environment

DCCCA, Inc.

Kansas Board of Pharmacy

Advanced Public Health Solutions, LLC

Kansas Board of Healing Arts

Kansas State Board of Education

Kansas Hospital Association

Kansas Department for Children and Families

Greenbush - Southeast Kansas Education Service Center

Kansas State Child Death Review Board

Sunflower Foundation

Kansas Pharmacists Association

Drug Enforcement Administration - Wichita

Kansas Medical Society

U.S. Department of Health and Human Services

U.S. Department of Agriculture

Kansas Healthcare Collaborative

Substance Abuse Center of Kansas

Kansas Attorney General's Office

Opioid Response Network

University of Kansas Medical Center

American Society of Addiction Medicine

KU Center for Telemedicine & Telehealth

Project ECHO

Midwest HIDTA

CDC Foundation

Pratt Regional Medical Center

NOW Coalition

Kansas Bureau of Investigation

Awakenings KC

Kansas Association of Chiefs of Police

Kansas Sheriffs Association

University of Kansas School of Medicine- Wichita

Kansas Poison Control Center

Kansas Society of Anesthesiologists

Kansas Children's Service League

Kansas Drug Endangered Children Alliance

American Association of Oral and Maxillofacial Surgeons

Heartland RADAC

Allen County Multi-Agency Team

Thrive Allen County

Reno County Health Department

Kansas Recovery Network

Johnson County Mental Health Center

CKF Addiction Treatment

Stormont Vail Health

Four County Mental Health Center

Kansas Health Institute

Blue Valley School District

USD 308

Topeka Treatment Center

The Phoenix

Wichita State University

Center for Change

Teen Challenge

Boys and Girls Club Topeka

Sedgwick County Division of Health

Appendix D. Needs Assessment Methods and Results

1. Public Opinion Survey Instrument

Questions	Constructs
In which Kansas county do you currently reside?	County of Residence
Drug overdose is a problem in my community.	Perceived Severity
How concerned are you with drug overdose in your community?	Level of Concern
My community has enough resources and services available for drug overdose prevention.	Community Capacity
Drug overdose prevention resources and services are easy to find in my community for those who need them.	Accessibility of Services
What resources, policies, and/or actions are needed to prevent drug overdoses in your community and the state of Kansas?	Qualitative Component
Additional Comments.	Qualitative Component

2a. Stakeholder Survey Instrument

Questions	Constructs
Which sector does your organization represent?	Sector Representation
Please select up to five (5) priority areas you feel are most important for Kansas to address in the state's next overdose prevention strategic plan.	Priority Areas
Please select up to three (3) prevention strategies you feel are most important for Kansas to address in the state's next overdose prevention strategic plan.	Prevention Strategies
Please select up to three (3) linkage to care strategies you feel are most important for Kansas to address in the state's next overdose prevention strategic plan.	Linkage to Care Strategies
Please select up to three (3) harm reduction strategies you feel are most important for Kansas to address in the state's next overdose prevention strategic plan.	Harm Reduction Strategies
Please select up to three (3) treatment & recovery strategies you feel are most important for Kansas to address in the state's next overdose prevention strategic plan.	Treatment and Recovery Strategies
Please select up to three (3) public safety strategies you feel are most important for Kansas to address in the state's next overdose prevention strategic plan.	Public Safety Strategies
Please select up to three (3) providers and health systems strategies you feel are most important for Kansas to address in the state's next overdose prevention strategic plan.	Providers and Health Systems Strategies
Please select up to three (3) policy strategies you feel are most important for Kansas to address in the state's next overdose prevention strategic plan.	Policy Strategies

Please rank the following data & surveillance strategies for Kansas to address in the state's next overdose prevention strategic plan in order of importance (from 1=most important to 5=least important).	Data and Surveillance Strategies
Please rank the following stigma reduction strategies for Kansas to address in the state's next overdose strategic plan in order of importance (from 1=most important to 4=least important).	Stigma Reduction Strategies
Please describe important health equity strategies for Kansas to address in the state's next overdose prevention strategic plan.	Qualitative Component
What additional resources, policies, and/or actions are needed to reduce SUD/drug overdoses in Kansas?	Qualitative Component

2b. Stakeholder Survey Results: Top Three Prioritized Strategies by Priority Area

Treatment and Recovery
Expand access to SUD treatment services for those who are uninsured/underinsured
Facilitate integration of mental health and SUD services
Expand peer recovery/support services (certified peer mentors)
Linkage to Care
Expand and coordinate overdose/behavioral health outreach teams
Develop and implement a statewide treatment navigation system
Post-overdose linkage to care policies in hospitals/EDs
Prevention
Universal primary prevention strategies that increase protective factors and address overall health and wellness including SUD/suicide prevention/resilience/mental health
Expand public awareness of the drug overdose epidemic and state/local resources
Expand implementation of school-based programming
Harm Reduction
Targeted naloxone distribution
Expand social detoxification programs
Fentanyl test strips
Providers and Health Systems
Facilitate patients' continuity of care by increasing service integration between health care disciplines, effective care coordination, and referrals management
Expand provider and preprofessional education opportunities (e.g., trainings on SUD prevention/treatment, screening processes, controlled substances prescribing, medication disposal programs, wrap around services, clinical support tools)
Implement clinical quality improvement initiatives directed toward more effective pain management, standard of care for controlled substances prescribing and dispensing, and/or risk reduction
Stigma Reduction
Targeted education to various audiences (e.g., providers, LE/first responders)
Public awareness campaigns around stigma reduction
Conduct an assessment to identify factors contributing to stigma against SUD/drug overdose in Kansas

Data and Surveillance
Link state datasets (to the extent allowable) to identify trends, inform prevention efforts, and focus resources
Prioritize real-time data collection, analysis, and dissemination
Expand primary data collection on overdose risk factors, protective factors, and efficacy of interventions
Policy Implementation, Evaluation, and Advocacy
Expand Medicaid
Require healthcare providers licensed to prescribe and/or dispense controlled substance in Kansas to use the prescription drug monitoring program
Legalize fentanyl test strip distribution and use
Public Safety
Expand mental/behavioral health and drug courts
Expand diversion programs as an alternative to incarceration for nonviolent drug offenders
Expand law enforcement and first responder access to naloxone and associated resources, including education and policy resources

3. Key Informant Interviews – List of General Questions by Construct

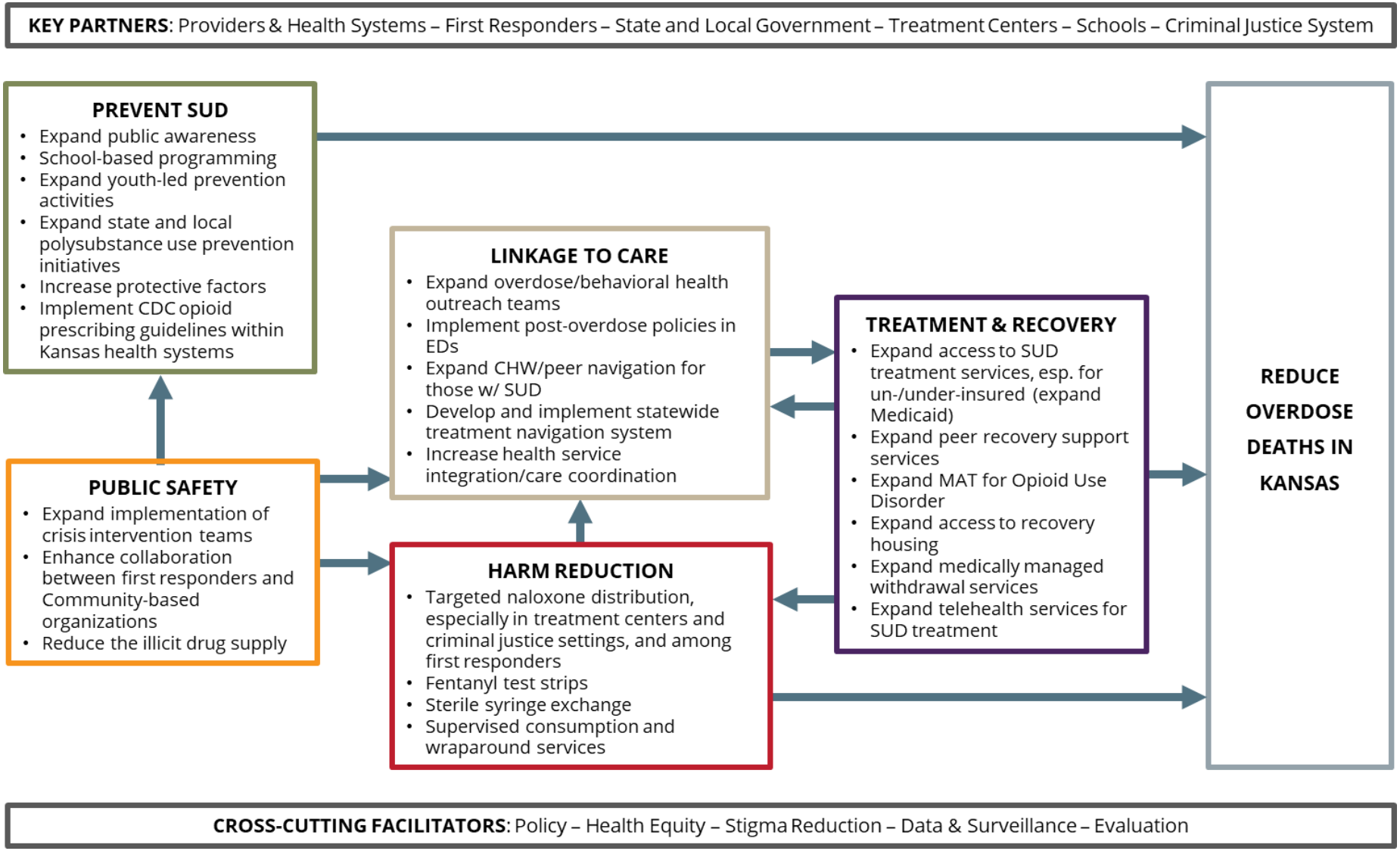
Demographic Information
1. What is your role?
2. Which Kansas county or counties do you represent?
Burden
3. To what extent does SUD and/or drug overdose impact your community?
4. What factors have contributed to SUD and/or drug overdose in your community?
5. Who is most impacted by SUD and/or drug overdose in your community?
Services and Resources
6. What SUD/drug overdose resources and services are available in your community?
Successes and Challenges
7. What is Kansas currently doing well to address SUD/drug overdose?
8. What challenges does Kansas face in addressing SUD/drug overdose?
State Capacity
9. How can Kansas build capacity to implement an effective SUD/overdose reduction strategy?
Specific Recommendations
10. What resources, policies, and/or actions are needed to reduce drug overdose in your community? The State?
11. What goals, objectives, strategies, or activities should be included in the Strategic Plan?

Appendix E. Prioritization Matrix Tool

This version of the Prioritization Matrix was used to facilitate workgroup discussion and inform the decision-making process for most of the strategies. Adaptations were made to optimize functionality.

1. How is this strategy currently being implemented within the State?
☐State Level ☐Local Level ☐Both
Qualitative responses
2. What is anticipated number of Kansas residents reached by implementing this strategy?
☐Small ☐Medium ☐Large
3. What are the potential barriers/challenges of implementing this strategy?
☐Funding ☐Legislation
Qualitative responses
4. How will progress be monitored and tracked? Are there existing data sources?
Qualitative responses
5. What existing resources and systems are available to sustain implementation of this strategy?
Qualitative responses
6. When would the State expect to see an impact from implementing this strategy?
☐Short term (<1 year) ☐Intermediate (2-5 years) ☐Long Term (>5 years)
7. What level of impact does this strategy make on SUD/drug overdose in the State?
☐Low ☐Moderate ☐High
8. How should this strategy be prioritized in the Strategic Plan?
☐Low ☐Medium ☐High

Appendix F. Kansas Strategic Plan Framework for Reducing Overdose Deaths



Kansas Department of Health and Environment

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Kansas Department for Aging and Disability Services

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