

Kansas

UNIFORM APPLICATION

FY 2024 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2025
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Center for Mental Health Services

Division of State and Community Systems Development

A. State Information

State Information

State Unique Entity Identification

Unique Entity ID Q253Z5PLYFJ3

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

Agency Name Kansas Department for Aging and Disability Services

Organizational Unit Behavioral Health Services

Mailing Address 503 S. Kansas Ave.

City Topeka

Zip Code 66603

II. Contact Person for the Grantee of the Block Grant

First Name Drew

Last Name Adkins

Agency Name Kansas Department for Aging and Disability Services

Mailing Address 503 S. Kansas Ave.

City Topeka

Zip Code 66603

Telephone (785) 471-8298

Fax (785) 296-0256

Email Address Drew.Adkins@ks.gov

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

From 7/1/2022

To 6/30/2023

IV. Date Submitted

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

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

First Name Tamberly (Cissy)

Last Name McKinzie

Telephone (785) 296-4079

Fax (785) 296-0256

Email Address tamberly.mckinzie@ks.gov

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

The FY2024 Mental Health Block Grant Annual Report was posted for public comment on the KDADS website from 11/21/23 through 11/27/23.

NOT FINAL

Laura Howard, Secretary

Laura Kelly, Governor

Grants Management Officer
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fishers Lane, Rm. 17E20
Rockville, MD 20857

November 21, 2023

To whom it may concern,

I, Secretary Laura Howard of the Kansas Department for Aging and Disability Services, do hereby delegate to Commissioner Drew Adkins of the Kansas Department for Aging and Disability Services, authority to sign funding agreements and certifications, provide assurances of compliance to the Secretary of the U.S. Department of Health and Human Services, and to perform similar acts relevant to the administration of the Substance Use Prevention, Treatment and Recovery Supports Block Grant (including the Annual Synar Report) and the Community Mental Health Services Block Grant until such times as this delegation of authority is rescinded.

Sincerely,

A handwritten signature in cursive script that reads "Laura Howard".

Laura Howard
Secretary
Kansas Department for Aging and Disability Services
503 S. Kansas Ave
Topeka, Kansas 66603

B. Implementation Report

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

Priority #: 1

Priority Area: Provide access to community-based services for children/youth with SED allowing them to remain in their homes and communities with services and supports

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Children with SED are able to remain in home by building a community-based system of care to meet their needs.

Objective:

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

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: SFY2021 Baseline: 6.26%

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

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

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

Data Source:

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

New Data Source(if needed):

Description of Data:

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

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

New Description of Data:(if needed)

*SFY2022 added code T1040

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Target was achieved by ensuring children experiencing behavioral or mental health symptoms were able to receive services as soon as possible. Baseline methodology was refined after this report to improve accuracy and completeness of data. Baseline should be 11.58%. Reported increase is determined by using this new baseline.

SFY2021 (Baseline): 69/596 (11.58%)

SFY2022 (First Year Target): 191/687 (27.80%) or 16.22% increase

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

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

SFY2022 (First Year Target): 191/687 (27.80%)

SFY2023 (Second Year Target): 133/493 (26.98%) or 0.82% decrease

Kansas is moving toward a CCBHC model and has funded this through state dollars. In doing this, some reporting mechanisms have not been adopted and redirected to provide us with all of the needed data for these metrics. Data collection deficits have been identified and will be addressed this year. One of the data collection concerns is inaccurate or incomplete SS# collected at the time of the crisis call that then doesn't allow us to match the call to a current Medicaid id#.

How second year target was achieved:

Indicator #:

2

Indicator:

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

Baseline Measurement:

SFY2021 Baseline: 13.91%.

First-year target/outcome measurement:

SFY2022: Increase percentage to 20%

Second-year target/outcome measurement:

SFY2023: Increase percentage to 25%

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

Data Source:

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

New Data Source(if needed):

Description of Data:

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

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

the reporting period.

New Description of Data:(if needed)

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

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

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

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

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

SFY2022 (First Year Target): 230/687 (33.48%)

SFY2023 (Second Year Target): 81/493 (16.43%) or 17.05% decrease

Kansas is moving toward a CCBHC model and has funded this through state dollars. In doing this, some reporting mechanisms have not been adopted and redirected to provide us with all of the needed data for these metrics. Data collection deficits have been identified and will be addressed this year. One of the data collection concerns is inaccurate or incomplete SS# collected at the time of the crisis call that then doesn't allow us to match the call to a current Medicaid id#.

How second year target was achieved:

Priority #:

2

Priority Area:

Provide access to community-based services for adults with SMI allowing them to remain in their homes and communities with services and supports.

Priority Type:

MHS

Population(s):

SMI

Goal of the priority area:

Adults with SMI are able to maintain community living and build a support system of care to improve their quality of life.

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: FY2021 Baseline: 4.04%

First-year target/outcome measurement: FY2022: Remain static due to COVID at 4.04%

Second-year target/outcome measurement: FY2023: Increase percentage to 5.5%

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

Data Source:

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

New Data Source(if needed):

Description of Data:

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

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved:

FY2021 Baseline: 4.04%
FY2022: 8.62%
FY2023: 199/2462 (8.08%) or .54% decrease from FY2022
Kansas did meet the second year target (5.5%). However, there was a decrease in percentage from the previous fiscal year (FY2022). Kansas is moving toward a CCBHC model and has funded this through state dollars. In doing this, some reporting mechanisms have

not been adopted and redirected to provide us with all of the needed data for these metrics. Data collection deficits have been identified and will be addressed this year. One of the data collection concerns is inaccurate or incomplete SS# that doesn't allow us to match the call to a current Medicaid id#.

Indicator #: 2

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

Baseline Measurement: FY2021 Baseline: 3.47%

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

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

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

Data Source:

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

New Data Source(if needed):

Description of Data:

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

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

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

How first year target was achieved (optional):

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

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

**How second year target was achieved:**

FY2021 Baseline: 3.47%

FY2022: 13.04%

FY2023: 90/808 (11.14%) or .1.9% decrease from FY2022

Kansas did meet the second year target (6%). However, there was a decrease in percentage from the previous fiscal year (FY2022). Kansas is moving toward a CCBHC model and has funded this through state dollars. In doing this, some reporting mechanisms have not been adopted and redirected to provide us with all of the needed data for these metrics. Data collection deficits have been identified and will be addressed this year. One of the data collection concerns is inaccurate or incomplete SS# that doesn't allow us to match the call to a current Medicaid id#.

Priority #: 3**Priority Area:** Reduce underage drinking in Kansas**Priority Type:** SAP**Population(s):** PP**Goal of the priority area:**

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

Objective:

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

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:*(if needed)***Annual Performance Indicators to measure goal success****Indicator #:** 1**Indicator:** On how many occasions, if any, have you had beer, wine, or hard liquor in the past 30 days? (at least once)**Baseline Measurement:** State = 15.9%**First-year target/outcome measurement:** State = 14.8 %**Second-year target/outcome measurement:** State = 13.7%**New Second-year target/outcome measurement(if needed):****Data Source:**

Kansas Communities That Care (KCTC) Student Survey

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

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

The KCTC Student Survey requires written parent consent for participation. Funded communities have a goal to reach a 60 percent participation rate to ensure high-quality data to evaluate performance outcomes. If the coalition measurement unit (county/district) is less than 60 percent of eligible students, they are asked to create an action plan specifically designed to increase survey participation. New legislative changes reducing the time from obtaining consent to survey administration has hampered participation for some schools and community coalitions.

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

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

How second year target was achieved:

Following the Strategic Prevention Framework, community coalitions were funded to develop a strategic plan and implement evidence-based strategies to address risk factors for underage drinking, reduce use, and prevent the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Similar to what was seen across the nation, smaller percentages of youth in Kansas reported substance use. In addition to the implementation of prevention strategies. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts.

Priority #: 4

Priority Area: Reduce adolescent marijuana use in Kansas

Priority Type: SAP

Population(s): PP

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: State = 6.8%

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

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

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

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

The KCTC Student Survey requires written parent consent for participation. Funded communities have a goal to reach a 60 percent participation rate to ensure high-quality data to evaluate performance outcomes. If the coalition measurement unit (county/district) is less than 60 percent of eligible students, they are asked to create an action plan specifically designed to increase survey participation. New legislative changes reducing the time from obtaining consent to survey administration has hampered participation for some schools and community coalitions.

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

Following the Strategic Prevention Framework, community coalitions were funded to develop a strategic plan and implement evidence-based strategies to address risk factors for underage drinking, reduce use, and prevent the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Some strategies were disrupted due to the COVID-19

pandemic and early school closures. Similar to what was seen across the nation, smaller percentages of youth in Kansas reported substance use. In addition to the implementation of prevention strategies, this reduction may, in part be impacted by changing COVID environments related to less peer interaction and potential reduced access to substances. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts.

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

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

How second year target was achieved:

Following the Strategic Prevention Framework, community coalitions were funded to develop a strategic plan and implement evidence-based strategies to address risk factors for marijuana use, reduce use, and prevent the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Similar to what was seen across the nation, smaller percentages of youth in Kansas reported substance use. In addition to the implementation of prevention strategies. The Kansas Prevention Collaborative provided statewide training, technical assistance, capacity-building activities, and support that bolstered prevention efforts.

Priority #: 5

Priority Area: Reduce vaping in adolescents and young adults.

Priority Type: SAP

Population(s): PP

Goal of the priority area:

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

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

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

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

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

The KCTC Student Survey requires written parent consent for participation. Funded communities have a goal to reach a 60 percent participation rate to ensure high-quality data to evaluate performance outcomes. If the coalition measurement unit (county/district) is less than 60 percent of eligible students, they are asked to create an action plan specifically designed to increase survey participation. New legislative changes reducing the time from obtaining consent to survey administration has hampered participation for some schools and community coalitions.

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

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

The actual percentage of youth that reporting vaping was 0.05% more than the second year target. With the rising concern of youth vaping and associated health risks, several statewide groups convened during this timeframe to understand and address the concern, with a particular focus on school policies and procedures. It takes time for the policies to be enacted and to result in change. We anticipate youth vaping rates to decrease as policies and practices become institutionalized. Partnering with other agencies to work on cessation options will also assist in reducing youth vaping. Community coalitions will continue to focus on prevention strategies related to media and information dissemination. The Kansas Prevention Collaborative will continue statewide training, technical assistance, capacity-building activities, to support and bolstered these prevention efforts.

How second year target was achieved:

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

Kansas Young Adults Survey (KYAS)

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

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

How second year target was achieved:

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

Priority #: 6
Priority Area: Increase the number of prevention trainings in rural Kansas communities
Priority Type: SAP
Population(s): PP

Goal of the priority area:

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

Objective:

Increase opportunities for rural Kansas communities to attend prevention training

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Increase the number of prevention trainings in rural Kansas communities
Baseline Measurement: State = Establish Baseline in 2022
First-year target/outcome measurement: State = baseline + 20
Second-year target/outcome measurement: State = first-year target + 10
New Second-year target/outcome measurement(if needed):

Data Source:

Community Check Box

New Data Source(if needed):

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

Description of Data:

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

New Description of Data:(if needed)

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

Data issues/caveats that affect outcome measures:

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

New Data issues/caveats that affect outcome measures:

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

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

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

How second year target was achieved:

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

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

Goal of the priority area:

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

Objective:

More individuals have access to peer mentoring services

Strategies to attain the goal:

Increase the peer mentoring workforce capacity

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

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

Data Source:

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

New Data Source(if needed):

Description of Data:

Peer Mentors in training and Peer Mentors certified

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Training contractor reporting accuracy and timeliness

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

SFY2021 = 20 Peer Mentors certified

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

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

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

How second year target was achieved:

SFY2021 = 20 Peer Mentors certified

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

SFY2023 = 89 Peer Mentors certified (44 KCPMT + 45 KCPM resulting in an increase of 68%.

Priority #: 8

Priority Area: Expand access to youth experiencing their first psychotic episode and offer treatment and support within two years of the episode

Priority Type: MHS

Population(s): ESMI

Goal of the priority area:

Youth who have experienced their first psychotic episode are free from the adverse effects of their mental illness

Objective:

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

Strategies to attain the goal:

Identify opportunities to increase access to services for ESMI

Examine adequacy of ESMI-related service rates

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

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

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: ESMI served with Block Grant funded intervention

Baseline Measurement: Number of youth experiencing ESMI served with Block Grant funded intervention in SFY21

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

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

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

Data Source:

Quarterly provider reports

New Data Source(if needed):

Description of Data:

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

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Individuals not correctly identified as being ESMI

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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Footnotes:

NOT FINAL

C. State Agency Expenditure Report

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

This table provides a report of statewide expenditures for children's mental health services during the last completed SFY. States and jurisdictions are required not to spend less than the amount expended in FY 1994.

Reporting Period Start Date: 7/1/2022 Reporting Period End Date: 6/30/2023

Statewide Expenditures for Children's Mental Health Services			
A Actual SFY 1994	B Actual SFY 2022	C Estimated/Actual SFY 2023	Please specify if expenditure amount reported in Column C is actual or estimated
\$2,843,496	\$22,518,320	\$31,144,586	<input checked="" type="radio"/> <input type="radio"/> Actual Estimated

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

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

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Footnotes:

NOT FINAL

C. State Agency Expenditure Report

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

This table provides a report of expenditures of all statewide, non-Federal expenditures for authorized activities to treat mental illness during the last completed SFY.

Reporting Period Start Date: 07/01/2022 Reporting Period End Date: 06/30/2023

A Period	B Expenditures	C <u>B1 (2021) + B2 (2022)</u> 2
SFY 2021 (1)	\$131,976,527	
SFY 2022 (2)	\$133,579,805	\$132,778,166
SFY 2023 (3)	\$182,381,937	

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

SFY 2021	Yes	<input checked="" type="checkbox"/>	No
SFY 2022	Yes	<input checked="" type="checkbox"/>	No
SFY 2023	Yes	<input checked="" type="checkbox"/>	No

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

0930-0168 Approved: 06/15/2023 Expires: 06/30/2025

Footnotes:

NOT FINAL