

# Kansas

## UNIFORM APPLICATION

FY 2021 Mental Health Block Grant Report

## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022  
(generated on 08/24/2022 10.50.00 AM)

Center for Mental Health Services  
Division of State and Community Systems Development

## A. State Information

### State Information

#### State DUNS Number

Number 878195098

Expiration Date

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

Agency Name Kansas Department for Aging and Disability Services

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 Andrew

Last Name Brown

Agency Name Kansas Department for Aging and Disability Services

Mailing Address 503 S. Kansas Ave.

City Topeka

Zip Code 66603

Telephone 785-291-3359

Fax 785-296-0256

Email Address Andrew.Brown@ks.gov

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

From 7/1/2019

To 6/30/2020

#### IV. Date Submitted

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

Submission Date 11/25/2020 5:29:37 PM

Revision Date 11/25/2020 5:29:42 PM

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

First Name Cissy

Last Name McKinzie

Telephone (785) 296-4079

Fax (785) 296-0256

Email Address Tamberly.McKinzie@ks.gov

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

#### Footnotes:

The 2021 Mental Health Block Grant Report was posted for public comment on the KDADS website at:

<https://www.kdads.ks.gov/commissions/behavioral-health/substance-abuse-and-mental-health-services-administration-block-grant>

No public comment was received.

November 24, 2020

Linda Fulton, Ph.D.  
SAMHSA/Center for Substance Abuse Treatment  
Division of State and Community Assistance (DSCA)  
Performance Partnership Grant Branch  
5600 Fishers Lane, 13N16-F  
Rockville, MD 20857

Ernest Fields  
Public Health Advisor  
SAMHSA/CMHS/DSCSD  
State Grants Western Branch  
5600 Fishers Lane, Room 14E69D  
Rockville, Maryland 20851

Dear Ms. Fulton and Mr. Fields,

Kansas announced its first presumptive positive case of COVID-19 on March 9, 2020. Governor Laura Kelly issued an emergency declaration for the State of Kansas in response to COVID-19 (coronavirus) on March 12, 2020 (please see attached) and announced the first COVID-19 related death in Kansas. By the end of the State Fiscal year (7/1/20), there were 14,990 cases from 96 counties with 272 deaths. By the end of the Federal Fiscal year (9/30/20), there were 59,749 cases of COVID from all 105 Kansas counties with 678 deaths reported

(<https://www.coronavirus.kdheks.gov/DocumentCenter/View/1529/Nov-18-case-summary?bidId=>  
<https://governor.kansas.gov/governor-issues-emergency-declaration-for-covid-19/>).

Over this time period, Kansas Behavioral Health services utilization and spending were impacted by many factors including statewide and county public health mandates reducing gathering sizes and stay at home orders for more infection control. Another example is residential admissions. Residential admissions are likely lower. Several residential facilities limited or stopped admissions to accommodate for patient safety during the national emergency (one person per room; social distancing; reduced group therapy sizes). Telephonic and telemedicine contacts were used to maximize physical distancing for outpatient services when possible, but providers were not equipped to at the onset of the pandemic to provide most of their services remotely due to lack of connectivity primarily in the rural and frontier areas of the state and lack of equipment. These barriers to service delivery reduced the numbers served. Providers were also impacted by staff illness or quarantines. COVID-19 also impacted courts with court closures in some counties impacting court ordered referrals for behavioral health services.

It should also be noted that in addition to the State's Medicaid utilization of Behavioral Health services being decreased, the State's Federal Medical Assistance Percentage (FMAP) was greatly reduced due to additional Medicaid assistance provided to states during the Public Health Emergency. The decrease in utilization along with the additional federal share of cost are the primary drivers for Kansas' maintenance of effort (MOE) shortfall for State Fiscal Year 2020.

In accordance with the attached letter from the Assistant Secretary for Mental Health and Substance Use, Dr. Elinore McCance-Katz, MOE shortfall considerations dated July 17, 2020, Kansas would like to request approval for the Public Health Emergency Waiver. The Kansas MOE requirements impacted include:

Substance Abuse Block Grant (SABG) Report

Table 8a - Maintenance of Effort for State Expenditures for SUD Prevention and Treatment

Table 8b - Expenditures for Services to Pregnant Women and Women with Dependent Children

Mental Health Block Grant (MHBG) Report

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

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

Please let us know if you have any questions or concerns.

Sincerely,



Andrew Brown  
Behavioral Health Services Commissioner  
Behavioral Health Services Commission  
Kansas Dept. for Aging and Disability Services (KDADS)  
503 S. Kansas Ave.  
Topeka, KS 66603

# STATE OF DISASTER EMERGENCY PROCLAMATION

Executive Department  
State of Kansas  
Topeka, Kansas

## By the Governor

By virtue of the authority vested in me by the Kansas Emergency Management Act, Chapter 48, Article 9, of the Kansas Statutes Annotated, to meet the inherent dangers of disasters to which the State and its citizens have been exposed, and upon advice of the State Adjutant General as the Director of the Division of Emergency Management, I hereby proclaim a State of Disaster Emergency as follows:

### **NATURE OF THE DISASTER:**

On March 7, 2020, the Secretary of the Kansas Department of Health & Environment (KDHE) confirmed the first case of novel coronavirus (COVID-19) in the state of Kansas and considers that a public health emergency exists within the state of Kansas. The United States Centers for Disease Control and Prevention (CDC) identifies the potential public health threat posed by COVID-19 both globally and in the United States as “high” and the United States Department of Health & Human Services declared a public health emergency for COVID-19 beginning January 27, 2020. The World Health Organization (WHO) declared a global pandemic on March 11, 2020. The first COVID-related fatality occurred in Kansas on March 12, 2020.

The Kansas Department of Health & Environment (KDHE) is providing guidance and taking measures to minimize the risk of exposure and infection to the state’s general public while supporting public health and medical professionals with disease investigation, lab testing, epidemiology surveillance and other activities associated with the control and spread of the virus.

The Kansas Division of Emergency Management (KDEM) is coordinating resources across state government to support local public health and county emergency managers in alleviating the impacts to people, property, and infrastructure and assessing the magnitude and long-term effects of the incident.

### **DATE THAT DISASTER AFFECTED THE AREA:**

March 12, 2020

### **AREA AFFECTED BY THE DISASTER:**

Entire 105 counties in Kansas.

I hereby proclaim, direct and order the Adjutant General of the State of Kansas to activate the disaster response and recovery portions of the Kansas Response Plan. The Adjutant General shall coordinate local and inter-jurisdictional disaster plans applicable to the political subdivisions of areas affected by this Proclamation.

Any or all of the powers conferred upon the Governor by the Kansas Emergency Management Act may be delegated to the Adjutant General as deemed appropriate during this period of proclaimed State of Disaster Emergency. This may be delegated by written orders, or oral orders subsequently reduced to writing with reference to this Proclamation.

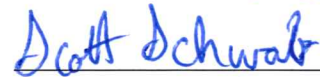
I hereby suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business, or the order or rules and regulations of any state agency which implements such statute, if strict compliance with the provisions of such statutes, order or rule and regulation would prevent, hinder, or delay in any way necessary action in coping with the disaster as set forth in KSA 48-925(c)(1).

This Proclamation shall be filed promptly with the Division of Emergency Management, the Office of the Secretary of State and each city clerk or county clerk, as appropriate, in the area to which this Proclamation applies. Further dissemination of this Proclamation shall occur by means calculated to bring its contents to the attention of the general public.

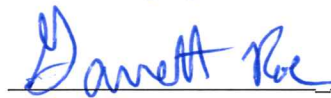
DONE At the Capitol in  
Topeka Under the Great Seal of  
the State this 12, day of March  
A.D., 2020

THE GOVERNOR:





Secretary of State



Assistant Secretary of State



Substance Abuse and Mental Health  
Services Administration

5600 Fishers Lane • Rockville, MD 20857

www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



July 17, 2020

Dear State Authority for Mental and Substance Use Disorders:

The COVID-19 pandemic has impacted the behavioral health of the nation in that many individuals with existing or newly developing mental and substance use disorders have experienced additional stressors through the declining economy and high unemployment rates. These health conditions will not only affect individuals who are in recovery, but also new individuals with mild to moderate symptoms because of prolonged stress and isolation. Accordingly, treatment providers will likely see increases in the demand for access to services. Additionally, individuals who have lost their employment, and the insurance that was tied to that employment, may result in the SAMHSA block grant funding being more important than ever in assisting states with funding their mental and substance use disorder programs.

SAMHSA recognizes that COVID-19 may have also impacted your state through an economic downturn due to the loss of tax revenue and employment during state stay at home orders. Based on current economic projections, we understand that many states are not generating normal levels of tax revenue. Additionally, due to state closures and stay at home orders, critical services in the behavioral health field may have been impacted due to social distancing guidelines and it is expected that states will have spent less money overall on services this year, which may create additional maintenance of effort (MOE) shortfall considerations. If this is the case, it may be possible that your state will be unable to fulfill your MOE requirement this year.

#### Extraordinary Economic Circumstances Waiver

For both the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Mental Health Block Grant (MHBG) there is a process that allows for the consideration of a MOE waiver for any state that experiences extraordinary economic circumstances in a state fiscal year:

Upon the request of a State, the Secretary may waive all or part of the requirement established in subsection (a) if the Secretary determines that extraordinary economic conditions exist in the State, or any part of the State, to justify the waiver.

1930(c)(1), Public Health Service Act (42 USC 300x-30(c)(1))[SABG MOE waiver provision]

The Secretary may, upon the request of a State, waive the requirement established in paragraph (1) in whole or in part if the Secretary determines that extraordinary economic conditions in the State in the fiscal year involved or in the previous fiscal year justify the waiver.



1915(b)(3)(A), Public Health Service Act (42 USC 300x-4(b)(3)(A))[MHBG grant MOE waiver provision]

The Interim Final Rule implementing subparts II and III, part B, title XIX of the Public Health Service Act defines extraordinary economic conditions as “[a] financial crisis in which the total tax revenue declines at least 1.5 percent **AND** either unemployment increases by at least 1 percent, **OR** employment declines by at least 1.5 percent.” (45 CFR 96.134(b)). If your state believes that it will possibly qualify for an economic waiver please indicate this on your 2021 block grant report on the appropriate MOE table. Once your project officer has reviewed your submission you will receive a letter explaining how to apply for a waiver. Waiver requests should be submitted in a formal letter to SAMHSA and should include: 1) a narrative explaining why the MOE was not met; 2) information from your state offices on employment/unemployment numbers; and 3) information on any changes to tax revenue from the previous year. Once your request is received, SAMHSA will verify the official state numbers utilizing records from the Bureau of Labor Statistics and information from the Census Bureau regarding total tax revenue to determine whether your state qualifies for a waiver.

#### Public Health Emergency Waiver

SAMHSA will also consider requests from states who do not meet the extraordinary economic conditions waiver requirements under 45 CFR 96.134(b). This process will be based on SAMHSA’s public health emergency (COVID-19) waiver authority under section 1957 of the Public Health Service Act (42 USC 300x-67), which provides in pertinent part:

In the case of a public health emergency (as determined under section 319), the Secretary, on a State by State basis, may, as the circumstances of the emergency reasonably require and for the period of the emergency, grant an extension, or waive application deadlines or compliance with any other requirement, of a grant authorized under section 1911, or 1921.

If the waiver request is granted, you will receive formal notification. If the waiver is denied for any reason, you will have the option to request a determination of material compliance decision citing other factors that will be outlined in your early notification letter.

Sincerely,



Elinore F. McCance-Katz, M.D., Ph.D.  
Assistant Secretary for Mental Health and  
Substance Use

## B. Implementation Report

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

**Priority #:** 1  
**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.

**Strategies to attain the goal:**

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

#### 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 = 16.36%; KPCCI Communities 14.20%  
**First-year target/outcome measurement:** State = 16.12%; KPCCI Communities = 13.45%  
**Second-year target/outcome measurement:** State = 15.91%; KPCCI Communities = 12.8%  
**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:**

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

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

# Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

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

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

**Priority #:** 2

**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.

**Strategies to attain the goal:**

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

## Annual Performance Indicators to measure goal success

**Indicator #:** 1

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

**Baseline Measurement:** State = 7.24%; KPC Communities = 8.70%

**First-year target/outcome measurement:** State = 7.00; KPC Communities = 8.20%

**Second-year target/outcome measurement:** State = 6.50%; KPC Communities = 7.45%

**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:**

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

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

## Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved *(if not achieved, explain why)*

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

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

**Priority #:**

3

**Priority Area:**

Reduce low perception of harm from alcohol and marijuana use among Kansas youth

**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.

**Strategies to attain the goal:**

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

### Annual Performance Indicators to measure goal success

**Indicator #:**

1

**Indicator:**

How much do you think people risk harming themselves, physically or in other ways, if they take one or two drinks of an alcoholic beverage nearly every day? (no risk)

**Baseline Measurement:**

State = 14.41%; KPC Communities = 16.92%

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

State = 13.91%; KPC Communities = 16.42%

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

State = 13.41%; KPC Communities = 15.92%

**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:**

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

specific action plans demonstrating that they will implement strategies to increase participation.

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

### Report of Progress Toward Goal Attainment

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

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

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

**Indicator #:** 2

**Indicator:** Reduce percentage of students in ages 6, 8, 10, and 12 that report there is "no risk" of harm from regular marijuana use.

**Baseline Measurement:** State = 16.66%; KPC Communities = 22.32%

**First-year target/outcome measurement:** State = 16.16%; KPC Communities = 21.82%

**Second-year target/outcome measurement:** State = 15.66%; KPC Communities = 21.32%

**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:**

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

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

### Report of Progress Toward Goal Attainment

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

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

Across the state, the percentage of students that reported 'no risk' of harm from regular marijuana use remained relatively unchanged, however KPCCI communities with direct funding to implement prevention strategies showed a reduction below 1st year target rate.

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

**Priority #:** 4  
**Priority Area:** KPCCI at-risk population identification and implementation of appropriate evidence-based strategies  
**Priority Type:** SAP  
**Population(s):** PP

**Goal of the priority area:**

Apply the data-driven Strategic Prevention Framework process to identify and address sub-populations with gaps in service or at high risk to improve behavioral health outcomes.

**Strategies to attain the goal:**

Communities will utilize their KCTC data to identify and target at risk populations and identify appropriate evidence based strategies. Each community's assessment will be unique to their individual needs and data outcomes. All strategies must be evidence-based as Kansas utilizes SAMHSA's definition when reviewing individual strategic plans.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of KPCCI communities completing at risk population assessment  
**Baseline Measurement:**  
**First-year target/outcome measurement:** All (100%) funded KPCCI communities will complete assessment to identify one 'at risk' population within their community and plan for appropriate prevention strategies to reduce risk. Community-level data will be used to measure progress.  
**Second-year target/outcome measurement:** All (100%) funded KPCCI communities will implement prevention strategies to reduce risk among identified at risk population. Community-level data will be used to measure risk reduction.

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

**Data Source:**

Kansas Communities That Care (KCTC) Student Survey; Behavioral Health Report

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

**Description of Data:**

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

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

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

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

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

**Report of Progress Toward Goal Attainment**

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

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

How first year target was achieved (optional):

Priority #: 5

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.

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.

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: Establishing a baseline for FY2020

First-year target/outcome measurement: Establishing a baseline for FY2020

Second-year target/outcome measurement: Based upon the baseline, determine a realistic target/outcome measurement

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 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 children/adolescents with a screen resulting in admission to inpatient within 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.

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):**

Baseline (FY2020): 46/600 = 7.67%

We now have data structured to allow a comparison between SFY2019 and SFY2020. In SFY2020, fewer children received crisis services 30 calendar days prior to crisis screen resulting in admission. Because we do not have historical data prior to SFY2019 structured in a way to allow us to make a comparison with SFY2019, we cannot compare with SFY2020 to make a clear determination that more children stayed in their home communities or if the COVID-19 Pandemic played a role in the decrease.

**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 an inpatient psychiatric admission, excluding PRTF.

**Baseline Measurement:**

Establishing a baseline for FY2020.

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

Establishing a baseline for FY2020.

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

Based upon the established baseline, determine a realistic target/outcome measure.

**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 receiving a therapeutic intervention within 30 calendar days prior to a screen resulting in admission 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. (code numbers are subject to change by CMS)

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

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

We are developing our baseline and have found that 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. While we were able to verify many most of the children/youth for the baseline but will need to include the social security number for future 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):**

Baseline (FY2020): 98/600 = 16.33%

We now have data structured to allow a comparison between SFY2019 and SFY2020. 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 an inpatient psychiatric admission decreased. Because we do not have historical data prior to SFY2019 structured in a way to allow us to make a comparison with SFY2019, we cannot compare with SFY2020 to make a clear determination that more children stayed in their home communities or if the COVID-19 Pandemic played a role in the decrease.

**Priority #:** 6  
**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.

**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.

**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:** Establishing a baseline for FY2020.  
**First-year target/outcome measurement:** Establishing a baseline for FY2020.  
**Second-year target/outcome measurement:** Based upon the baseline, determine a realistic target/outcome measurement.  
**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 reporting period. The following codes will be utilized: H2011, H2011-HK and/or H2011-HO (code numbers are subject to changes by CMS)

Denominator: Screens resulting in admission to inpatient within 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.

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

We are developing our baseline and have found that the social security numbers of adults need to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts. While we were able to verify many most of the adults for the baseline but will need to include the social security number for future 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):**

Baseline (FY2020): 40/1694 = 2.36%

We now have data structured to allow a comparison between SFY2019 and SFY2020. Percentage of adults, age 18 and older, that received crisis intervention services thirty (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) decreased. Because we do not have historical data prior to SFY2019 structured in a way to allow us to make a comparison with SFY2019, we cannot compare with SFY2020 to make a clear determination that more adults stayed in their home communities or if the COVID-19 Pandemic played a role in the decrease.

**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:** Establish a baseline for FY2020.

**First-year target/outcome measurement:** Establish a baseline for FY2020.

**Second-year target/outcome measurement:** Based upon the baseline, determine a realistic target/outcome measurement.

**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 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.

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

We are developing our baseline and have found that the social security numbers of adults need to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts. While we were able to verify many most of the adults for the baseline but will need to include the social security number for future 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):**

Baseline (FY2020): 147/2050 = 7.17%

We now have data structured to allow a comparison between SFY2019 and SFY2020. 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) decreased. Because we do not have historical data prior to SFY2019 structured in a way to allow us to make a comparison with SFY2019, we cannot compare with SFY2020 to make a clear determination that more adults stayed in their home communities or if the COVID-19 Pandemic played a role in the decrease.

**Priority #:** 7

**Priority Area:** Pregnant Women and Women with Dependent Children receive treatment that targets the PWWDC population

**Priority Type:** SAT

**Population(s):** PWWDC

**Goal of the priority area:**

Ensure that pregnant women and women with dependent children have access to specialty services.

**Strategies to attain the goal:**

Increase DWF program information and interim services information to referral sources.  
Encourage greater collaboration and sharing of program success within network of DWFs.  
Increase intra-agency collaboration with other state programs for families.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1

**Indicator:** Number of pregnant women and women with dependent children admitted to a Designated Women's Facility (DWF)

**Baseline Measurement:** Proportion of total pregnant women and women with dependent children (PWWDC) served with Block Grant funds in SFY18 by designated women's facilities.

**First-year target/outcome measurement:** 5% increase from baseline

**Second-year target/outcome measurement:** 10% increase from baseline

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

**Data Source:**

Administrative Services Organization (ASO) Designated Women's Facility Report

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

**Description of Data:**

Designated Women's Facility Report - Summary/Total Admitted to DWF percentage to increase

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

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

Kansas is developing a new substance use disorder data system. The outcomes of the data that will be collected within the system is still being determined at this time.

**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 has developed a new substance use disorder data collection system (KSURS). The first phase of the new system includes a minimal data set of required fields, primarily TEDS data. The new system includes a field indicating whether a woman is pregnant at admission; the system does not have a field to indicate women with dependent children. The new system captures data on all payor sources. There is not a field for manual entry to indicate which payor source to separate out Block Grant from other payor sources. Providers continue to update back data into KSURS also impacting the data reported.

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

**Priority #:** 8  
**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.

**Strategies to attain the goal:**

Increase the peer mentoring workforce capacity.

**Annual Performance Indicators to measure goal success**

**Indicator #:** 1  
**Indicator:** Number of Kansas Certified Peer Mentors increase.  
**Baseline Measurement:** Set a baseline (FY19)  
**First-year target/outcome measurement:** Increase the percentage of Kansas Certified Peer Mentors by 10% in FY20  
**Second-year target/outcome measurement:** Increase the percentage of Kansas Certified Peer Mentors by 10% in FY21 from FY20  
**New Second-year target/outcome measurement(if needed):**

**Data Source:**

Adult Consumer Affairs tracking spreadsheet

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

**Description of Data:**

Certified Peer Mentor roster

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

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

Training contractor reporting timeliness and accuracy.

**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:**

SFY2019 Baseline = 58 Peer Mentors certified  
SFY2020 = 50 Peer Mentors certified (decrease of 13.8%)  
The decrease of Peer Mentors certified is the result of the decrease of in-person trainings offered due to COVID-19 the last few months of SFY2020. KDADS is now offering the Peer Mentor Level 1 training online. KDADS is also researching options to offer the Peer Mentor

Level 2 training virtually to avoid any further delays in achieving our target for FY2021.

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

**Priority #:** 9

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

**Priority Type:** MHS

**Population(s):** ESMI

**Goal of the priority area:**

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

**Strategies to attain the goal:**

Identify opportunities to increase access to services for ESMI.

Examine adequacy of ESMI-related service rates.

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

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

### Annual Performance Indicators to measure goal success

**Indicator #:** 1

**Indicator:** ESMI served with Block Grant funded intervention.

**Baseline Measurement:** Number of youth experiencing ESMI served with Block Grant funded intervention in SFY19.

**First-year target/outcome measurement:** 5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY20

**Second-year target/outcome measurement:** 5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY21 from number in SFY20.

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

**Data Source:**

KDADS' Automated Information Management System (AIMS)

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

Quarterly provider reports

**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):**

SFY2019 Baseline: 54 youth experiencing ESMI served with Block Grant funded intervention  
SFY2020: 68 youth (increase of 14 youth or 26%)  
Increase can be attributed to the implementation of a new program (Four County) and increased outreach by existing programs resulting in more youth served.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## C. State Agency Expenditure Reports

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

This table describes expenditures for public mental health services provided or funded by the State mental health agency by source of funding. Include ONLY funds expended by the executive branch agency administering the MH Block Grant.

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Activity (See instructions for using Row 1.)	Source of Funds						
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment							
a. Pregnant Women and Women with Dependent Children							
b. All Other							
2. Primary Prevention*		\$0	\$0	\$0	\$0	\$0	\$0
3. Evidence-Based Practices for Early Serious Mental Illness.**		\$452,861	\$0	\$0	\$0	\$0	\$0
4. Tuberculosis Services							
5. HIV Early Intervention Services							
6. State Hospital			\$520,493	\$0	\$100,536,615	\$0	\$0
7. Other Psychiatric Inpatient Care			\$0	\$0	\$0	\$0	\$0
8. Other 24-Hour (residential Care)		\$0	\$50,303,881	\$0	\$24,521,191	\$0	\$0
9. Ambulatory/Community Non-24 Hour Care		\$3,778,465	\$266,062,667	\$1,707,668	\$55,296,293	\$0	\$0
10. Administration (Excluding Program and Provider Level)		\$427,038	\$313,186	\$23,040	\$347,295	\$0	\$0
<b>11. Total</b>	<b>\$0</b>	<b>\$4,658,364</b>	<b>\$317,200,227</b>	<b>\$1,730,708</b>	<b>\$180,701,394</b>	<b>\$0</b>	<b>\$0</b>
Comments on Data:							

\*States may only use MHBG funds to provide primary prevention services to the priority populations of adults with serious mental illness and children with severe emotional disturbance.

\*\*Column 3B is for expenditures related to ESMI including Frist Episode Psychosis programs funded through MHBG setaside. These funds are not to be

also counted in #9 Ambulatory/Community Non-24-Hour Care.

Please indicate the expenditures are actual or estimated.

Actual     Estimated

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**



## C. State Agency Expenditure Reports

### MHBG Table 2B (URS Table 7A) - MHBG State Agency Early Serious Mental Illness and First Episode Psychosis Expenditures Report

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Activity (See instructions for using Row 1.)	Source of Funds					
	A. Mental Health Block Grant	B. Medicaid (Federal, State, and Local)	C. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	D. State Funds	E. Local Funds (excluding local Medicaid)	F. Other
1. CSC-Evidences-Based Practices for First Episode Psychosis*	\$452,861	\$0	\$0	\$0	\$0	\$0
Training for CSC Practices	\$0	\$0	\$0	\$0	\$0	\$0
Planning for CSC Practices	\$0	\$0	\$0	\$0	\$0	\$0
2. Other Early Serious Mental Illnesses programs (other than FEP or partial CSC programs)	\$0	\$0	\$0	\$0	\$0	\$0
3. Training for ESMI	\$0	\$0	\$0	\$0	\$0	\$0
4. Planning for ESMI	\$0	\$0	\$0	\$0	\$0	\$0
<b>5. Total</b>	<b>\$452,861</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
Comments on Data:						

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

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## C. State Agency Expenditure Reports

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

Reporting Period Start Date: 7/1/2019      Reporting Period End Date: 6/30/2020

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2019	Estimated/Actual SFY 2020	Expense Type
\$2,843,496	\$18,605,872	\$13,933,733	<input checked="" type="radio"/> Actual <input type="radio"/> Estimated

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

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

Please see the request from the Kansas Department for Aging and Disability Services (KDADS) attached to this report for more information.

## C. State Agency Expenditure Reports

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

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Activity	Total of Block Grant
1. Information Systems	\$
2. Infrastructure Support	\$
3. Partnerships, Community Outreach and Needs Assessment	\$
4. Planning Council Activities	\$3,049
5. Quality Assurance and Improvement	\$
6. Research and Evaluation	\$
7. Training and Education	\$
<b>Total Non-Direct Services</b>	<b>\$3,049</b>
<b>Comments on Data:</b>	

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## C. State Agency Expenditure Reports

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Entity Number	Area Served (Statewide or Sub-State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	Total Block Grant Funds	Source of Funds			
								Adults with Serious Mental Illness	Children with Serious Emotional Disturbance	Set-aside for FEP Programs	Set-aside for ESMI Programs
22	Northeast	Bert Nash Community Mental Health	200 Maine Street	Lawrence	KS	66044	\$116,120.00	\$0.00	\$0.00	\$0.00	\$0.00
6	Central	Caring Place, Inc	PO Box 334	Newton	KS	67114	\$44,620.00	\$44,620.00	\$0.00	\$0.00	\$0.00
23	Central	Central Kansas Mental Health Center	809 Elmhurst Boulevard	Salina	KS	67401	\$20,998.00	\$0.00	\$0.00	\$0.00	\$0.00
1	South West	Compass Behavioral Health	404 North Baughman Street	Ulysses	KS	67880	\$116,120.00	\$0.00	\$0.00	\$0.00	\$0.00
24	South East	Crawford County	3101 Michigan Street	Pittsburg	KS	66762	\$41,197.00	\$0.00	\$0.00	\$0.00	\$0.00
11	Northeast	Currus, Inc	3512 SW Fairlawn Rd, Ste 300	Topeka	KS	66614	\$9,102.00	\$9,102.00	\$0.00	\$0.00	\$0.00
7	West	Dodge City Peaceful Tribe, Inc	PO 1111	Dodge City	KS	67801	\$68,196.00	\$68,196.00	\$0.00	\$0.00	\$0.00
25	Northeast	Elizabeth Layton Center, Inc	2537 Eisenhower Road	Ottawa	KS	66067	\$32,031.00	\$0.00	\$0.00	\$0.00	\$0.00
5	South East	Four County Mental Health Center, Inc	3751 West Main Street	Independence	KS	67301	\$62,329.00	\$0.00	\$0.00	\$62,329.00	\$0.00
8	North West	High Plains Independence, Inc	PO Box 956	Hays	KS	67601	\$120,808.00	\$120,808.00	\$0.00	\$0.00	\$0.00
26	North West	High Plains Mental Health Center	208 East 7th Street	Hays	KS	67601	\$55,301.00	\$0.00	\$0.00	\$0.00	\$0.00
27	West	Horizons Mental Health Center, Inc	1600 North Lorraine Street	Hutchinson	KS	67501	\$45,699.00	\$0.00	\$0.00	\$0.00	\$0.00
28	Southwest	Iroquois Center for Human	610 East Grant Avenue	Greensburg	KS	67054	\$8,897.00	\$0.00	\$0.00	\$0.00	\$0.00
29	Northeast	Johnson County Mental Health	6000 Lamar Avenue	Mission	KS	66202	\$269,625.00	\$0.00	\$0.00	\$0.00	\$0.00
9	South Central	Journey to Recovery, Inc	127 E 6th Avenue	Eldorado	KS	67402	\$59,400.00	\$59,400.00	\$0.00	\$0.00	\$0.00
10	South Central	Kansas Consumer Advisory Council	358 N Main ST	Wichita	KS	67202	\$118,749.00	\$118,749.00	\$0.00	\$0.00	\$0.00
12	Northeast	Kansas Independent Pharmacy Service Corp	3512 SW Fairlawn Rd, Ste 300	Topeka	KS	66614	\$170,777.00	\$170,777.00	\$0.00	\$0.00	\$0.00
30	Northeast	Kanza Mental Health & Guidance Center	909 South 2nd Street	Hiawatha	KS	66434	\$34,977.00	\$0.00	\$0.00	\$0.00	\$0.00
13	Northeast	Keys for Networking, Inc	900 S Kansas Ave	Topeka	KS	66612	\$36,842.00	\$0.00	\$36,842.00	\$0.00	\$0.00
31	Southeast	Labette Center for Mental Health	1730 Belmont Avenue	Parsons	KS	67357	\$25,665.00	\$0.00	\$0.00	\$0.00	\$0.00
32	Central	Mental Health Center for East Central	1000 Lincoln Street	Emporia	KS	66801	\$30,137.00	\$0.00	\$0.00	\$0.00	\$0.00
14	North Central	Morning Star, Inc	1018 Poyntz Ave	Manhattan	KS	66502	\$150,580.00	\$150,580.00	\$0.00	\$0.00	\$0.00
15	Northeast	NAMI of Kansas, Inc	501 SW Jackson ST	Shawnee	KS	66601	\$35,000.00	\$35,000.00	\$0.00	\$0.00	\$0.00
16	South Central	Open Door, Inc	PO Box 235	Arkansas City	KS	67005	\$40,854.00	\$40,854.00	\$0.00	\$0.00	\$0.00
34	Northeast	Pawnee Mental Health Services, Inc	2001 Clafin Road	Manhattan	KS	66502	\$68,083.00	\$0.00	\$0.00	\$0.00	\$0.00
35	Central	Prairie View, Inc	1901 East 1st Street	Newton	KS	67114	\$170,169.00	\$0.00	\$170,169.00	\$0.00	\$0.00
17	South Central	Project Independence of Sedgwick	PO Box 48369	Wichita	KS	67201	\$81,166.00	\$81,166.00	\$0.00	\$0.00	\$0.00
44	Statewide	Sam Tsemberis	27 Warren Place	Montclair	KS	7042	\$11,059.00	\$0.00	\$0.00	\$0.00	\$0.00

36	South Central	Sedgwick County	271 West 3rd St	Wichita	KS	67202	\$301,205.00	\$0.00	\$0.00	\$0.00	\$0.00
37	Northeast	Socialization Independence	PO Box 171856	Kansas City	KS	66117	\$211,815.00	\$211,815.00	\$0.00	\$0.00	\$0.00
2	South Central	South Central Mental Health	524 North Main Street	El Dorado	KS	67042	\$13,903.00	\$0.00	\$0.00	\$0.00	\$0.00
38	Southeast	Southeast Kansas Mental Health Center	1106 South 9th Street	Humboldt	KS	66748	\$30,843.00	\$0.00	\$0.00	\$0.00	\$0.00
39	Southwest	Southwest Guidance Center	333 West 15th Street	Liberal	KS	67901	\$8,897.00	\$0.00	\$0.00	\$0.00	\$0.00
40	Southeast	Spring River Mental Health & Wellness, Inc	6610 SE Quakervale Road	Riverton	KS	66770	\$31,122.00	\$0.00	\$0.00	\$0.00	\$0.00
41	South Central	Sumner County Mental Health Center	1601 West 16th Street	Wellington	KS	67152	\$15,571.00	\$0.00	\$0.00	\$0.00	\$0.00
20	Northeast	Sunshine Connection	PO Box 4811	Topeka	KS	66604	\$141,200.00	\$141,200.00	\$0.00	\$0.00	\$0.00
42	Central	The Center for Counseling	5815 Broadway Street	Great Bend	KS	67530	\$32,594.00	\$0.00	\$0.00	\$0.00	\$0.00
43	Northeast	The Guidance Center	500 Limit Street	Leavenworth	KS	66048	\$69,861.00	\$0.00	\$0.00	\$0.00	\$0.00
4	Northeast	Valeo Behavioral Health Care	5401 SW 7th Street	Topeka	KS	66606	\$75,835.00	\$0.00	\$0.00	\$75,835.00	\$0.00
21	Northwest	Wings Upon the Prairie, Inc	PO Box 385	Colby	KS	67701	\$87,376.00	\$87,376.00	\$0.00	\$0.00	\$0.00
45	South Central	Witchita State University	1845 Fairmount St	Witchita	KS	67260	\$84,757.00	\$84,757.00	\$0.00	\$0.00	\$0.00
3	Northeast	Wyandot Center for Community	757 Armstrong Avenue	Kansas City	KS	66101	\$314,697.00	\$0.00	\$0.00	\$314,697.00	\$0.00
Total							\$3,464,177.00	\$1,424,400.00	\$207,011.00	\$452,861.00	\$0.00

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## C. State Agency Expenditure Reports

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

Reporting Period Start Date: 07/01/2019 Reporting Period End Date: 06/30/2020

Period (A)	Expenditures (B)	<u>B1(2018) + B2(2019)</u> 2 (C)
SFY 2018 (1)	\$144,031,559	
SFY 2019 (2)	\$167,934,943	\$155,983,251
SFY 2020 (3)	\$134,370,750	

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

SFY 2018	Yes	<u>X</u>	No	_____
SFY 2019	Yes	<u>X</u>	No	_____
SFY 2020	Yes	<u>X</u>	No	_____

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

Please see the request from the Kansas Department for Aging and Disability Services (KDADS) attached to this report for more information.

## D. Population and Services Report

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

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

Expenditure Period Start Date:      Expenditure Period End Date:

	Current Report Year	Three Years Forward
Adults with Serious Illness (SMI)	<input type="text"/>	<input type="text"/>
Children with Serious Emotional Disturbances (SED)	<input type="text"/>	<input type="text"/>

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## D. Population and Services Report

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

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

**Table 8A**

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			More Than One Race Reported			Race Not Available				
	Female	Male	Not Available	Total	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	
0-12 years	7,242	11,634	0	18,876	90	136	0	79	109	0	638	1,060	0	9	20	0	5,260	8,376	0	379	716	0	787	1,217	0	
13-17 years	8,861	9,432	0	18,293	159	192	0	100	111	0	637	713	0	16	12	0	6,452	6,871	0	502	548	0	995	985	0	
18-20 years	4,930	4,455	0	9,385	116	113	0	55	69	0	283	293	0	11	11	0	3,654	3,263	0	303	283	0	508	423	0	
21-24 years	5,574	4,758	0	10,332	134	162	0	76	62	0	370	419	0	13	9	0	4,151	3,426	0	354	277	0	476	403	0	
25-44 years	25,820	21,156	0	46,976	672	582	0	237	217	0	1,816	1,788	0	47	40	0	20,030	15,897	0	1,247	1,163	0	1,771	1,469	0	
45-64 years	18,341	13,112	0	31,453	524	410	0	138	129	0	1,372	1,264	0	29	23	0	14,657	10,030	0	662	529	0	959	727	0	
65-74 years	4,096	2,481	0	6,577	127	73	0	22	14	0	245	184	0	5	5	0	3,417	1,999	0	84	74	0	196	132	0	
75 and older	2,139	998	0	3,137	44	24	0	9	6	0	55	28	0	0	0	0	1,919	859	0	26	10	0	86	71	0	
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	77,003	68,026	0	145,029	1,866	1,692	0	716	717	0	5,416	5,749	0	130	120	0	59,540	50,721	0	3,557	3,600	0	5,778	5,427	0	
Pregnant Women	0	0	0	0	0			0			0			0			0			0			0			

**Are these numbers unduplicated?**

Unduplicated

Duplicated : between Hospitals and Community

Duplicated : Among Community Programs

Duplicated between children and adults

Other : describe



Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Race/Ethnicity):	
Comments on Data (Overall):	Kansas does not collect information on pregnant women for this report.

**Table 8B**

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			Total
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	
0-12 years	6,387	10,174	0	803	1,372	0	52	88	0	7,242	11,634	0	18,876
13-17 years	7,647	8,242	0	1,137	1,098	0	77	92	0	8,861	9,432	0	18,293
18-20 years	4,344	3,946	0	531	460	0	55	49	0	4,930	4,455	0	9,385
21-24 years	5,051	4,321	0	483	388	0	40	49	0	5,574	4,758	0	10,332
25-44 years	24,004	19,557	0	1,586	1,373	0	230	226	0	25,820	21,156	0	46,976
45-64 years	17,420	12,450	0	767	560	0	154	102	0	18,341	13,112	0	31,453
65-74 years	3,943	2,391	0	121	67	0	32	23	0	4,096	2,481	0	6,577
75 and older	2,055	963	0	52	12	0	32	23	0	2,139	998	0	3,137
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	70,851	62,044	0	5,480	5,330	0	672	652	0	77,003	68,026	0	145,029
Pregnant Women	0			0			0			0	0	0	0

Comments on Data (for Age):	
Comments on Data (for Gender):	
Comments on Data (for Ethnicity):	
Comments on Data (Overall):	Kansas does not collect information on pregnant women for this report.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## D. Population and Services Report

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

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

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	16,103	21,065	0	4,930	4,455	0	49,735	39,027	0	6,235	3,479	0	0	0	0	77,003	68,026	0	145,029
State Psychiatric Hospitals	0	0	0	50	78	0	863	1,763	0	22	96	0	0	0	0	935	1,937	0	2,872
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions in the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## D. Population and Services Report

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

**Table 10A**

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

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

	Total				American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			More Than One Race Reported			Race Not Available		
	Female	Male	Not Avail	Total	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail
Medicaid (only Medicaid)	16,651	14,779	0	31,430	449	425	0	216	228	0	1,697	1,650	0	35	21	0	11,668	10,015	0	798	807	0	1,788	1,633	0
Non-Medicaid Sources (only)	44,467	39,240	0	83,707	1,082	980	0	394	384	0	2,436	2,804	0	74	83	0	35,867	30,558	0	1,616	1,627	0	2,998	2,804	0
People Served by Both Medicaid and Non-Medicaid Sources	14,629	12,897	0	27,526	323	280	0	97	103	0	1,182	1,153	0	18	15	0	11,225	9,496	0	1,126	1,148	0	658	702	0
Medicaid Status Not Available	1,256	1,110	0	2,366	12	7	0	9	2	0	101	142	0	3	1	0	780	652	0	17	18	0	334	288	0
Total Served	77,003	68,026	0	145,029	1,866	1,692	0	716	717	0	5,416	5,749	0	130	120	0	59,540	50,721	0	3,557	3,600	0	5,778	5,427	0

Data Based on Medicaid Services

Data Based on Medical Eligibility, not Medicaid Paid Services

'People Served By Both' includes people with any Medicaid

Comments on Data (for Race):

Comments on Data (for Gender):

Comments on Data (Overall):

Medicaid coverage is determined by the payment source in consumer's record that was effective when FY20 services were provided.

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

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

**Table 10B**

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

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

	Hispanic or Latino			Not Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Female	Male	Not Avail	Total
Medicaid Only	1,251	1,187	0	15,282	13,478	0	118	114	0	16,651	14,779	0	31,430
Non-Medicaid Only	2,785	2,667	0	41,398	36,318	0	284	255	0	44,467	39,240	0	83,707
People Served by Both Medicaid and Non-Medicaid Sources	1,277	1,344	0	13,246	11,424	0	106	129	0	14,629	12,897	0	27,526
Medicaid Status Unknown	167	132	0	924	822	0	165	156	0	1,256	1,110	0	2,366
Total Served	70,850	62,042	0	5,480	5,330	0	673	654	0	77,003	68,026	0	145,029

Comments on Data (for Ethnicity):

Comments on Data (for Gender):

Comments on Data (Overall):

Medicaid coverage is determined by the payment source in consumer's record that was effective when FY20 services were provided.

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## D. Population and Services Report

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Profile of Service Utilization	Total Served at Beginning of Year (unduplicated)	Admissions During the year (duplicated)	Discharges During the year (duplicated)	Length of Stay (in Days): Discharged Patients		For Clients in Facility for Less Than 1 Year: Length of Stay (in Days): Residents at end of year		For Clients in Facility More Than 1 Year: Length of Stay (in Days): Residents at end of year	
				Average (Mean)	Median	Average (Mean)	Median	Average (Mean)	Median
<b>State Hospitals</b>	<b>649</b>	<b>2,371</b>	<b>2,454</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	649	2,371	2,454	67	11	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
<b>Other Psychiatric Inpatient</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	0	0	0	0	0	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
<b>Residential Tx Centers</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	0	0	0	0	0	0	0	0	0
Age Not Available	0	0	0	0	0	0	0	0	0
<b>Community Programs</b>	<b>114,981</b>	<b>34,333</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Children (0 to 17 years)	26,315	12,418							
Adults (18 yrs and over)	88,666	21,915							
Age Not Available	0	0							

Comments on Data (State Hospital):

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment):

Comments on Data (Community Programs):  
See "General Comments" tab

**Footnotes:**

## D. Population and Services Report

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

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

Expenditure Period Start Date: 7/1/2019      Expenditure Period End Date: 6/30/2020

#### Populations Served

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

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

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

- Serious Mental Illness  
 Serious Emotional Disturbances

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

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

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

**3. Co-Occurring Mental Health and Substance Abuse:**

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

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

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

3.b. What percentage of persons served for the reporting period who met the Federal definitions of adults with SMI and children with SED have a dual diagnosis of mental illness and substance abuse?

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

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

3.b.3. Please describe how you calculate and count the number of persons with co-occurring disorders. Consumers with an open admission to a CMHC in FY2020 with a dual diagnosis as indicated in the KS mental health information system.

**4. State Mental Health Agency Responsibilities**

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



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

**b. Managed Care (Mental Health Managed Care)**

**Are Data for these programs reported on URS Tables?**

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

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

**Are the data reporting in the tables?**

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

**6. Summary Administrative Data**

6.a. Report Year:

6.b. State Identifier:

*Summary Information on Data Submitted by SMHA:*

6.c. Year being reported: 7/1/2019 12:00:00 AM to 6/30/2020 12:00:00 AM

6.d. Person Responsible for Submission: Emma Persinger

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

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

6.g. E-mail: emma.persinger@ks.gov

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## D. Population and Services Report

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

**Table 13A**

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

	Total			American Indian or Alaska Native			Asian			Black or African American			Native Hawaiian or Other Pacific Islander			White			More Than One Race Reported			Race Not Available		
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available
0-12 years	4,478	8,337	0	48	82	0	45	75	0	462	866	0	3	9	0	3,203	5,896	0	280	593	0	437	816	0
13-17 years	5,645	6,410	0	91	121	0	60	70	0	479	560	0	10	8	0	4,056	4,583	0	358	432	0	591	636	0
18-20 years	2,077	2,086	0	43	64	0	27	30	0	139	166	0	5	8	0	1,532	1,482	0	131	145	0	200	191	0
21-24 years	1,203	1,432	0	46	83	0	25	28	0	109	161	0	5	4	0	841	965	0	70	72	0	107	119	0
25-44 years	4,438	4,892	0	156	195	0	51	76	0	502	696	0	10	10	0	3,234	3,306	0	268	326	0	217	283	0
45-64 years	4,505	3,694	0	164	155	0	49	53	0	512	563	0	10	7	0	3,378	2,569	0	197	194	0	195	153	0
65-74 years	868	585	0	33	31	0	7	5	0	89	86	0	0	0	0	682	418	0	22	19	0	35	26	0
75 and older	271	104	0	12	2	0	5	2	0	14	3	0	0	0	0	229	92	0	4	2	0	7	3	0
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>23,485</b>	<b>27,540</b>	<b>0</b>	<b>593</b>	<b>733</b>	<b>0</b>	<b>269</b>	<b>339</b>	<b>0</b>	<b>2,306</b>	<b>3,101</b>	<b>0</b>	<b>43</b>	<b>46</b>	<b>0</b>	<b>17,155</b>	<b>19,311</b>	<b>0</b>	<b>1,330</b>	<b>1,783</b>	<b>0</b>	<b>1,789</b>	<b>2,227</b>	<b>0</b>
Comments on Data (for Age):																								
Comments on Data (for Gender):																								
Comments on Data (for Race/Ethnicity):																								

Comments on Data (Overall):

1. State Definitions Match the Federal Definitions

- Yes  No Adults with SMI, if No describe or attach state definition:
- Yes  No Diagnoses included in the state SMI definition:
- Yes  No Children with SED, if No describe or attach state definition:
- Yes  No Diagnoses included in the state SED definition:

**Table 13B**

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

	Not Hispanic or Latino			Hispanic or Latino			Hispanic or Latino Origin Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
0-12 years	3,954	7,267	0	485	1,008	0	39	62	0	4,478	8,337	0	12,815
13-17 years	4,823	5,578	0	772	773	0	50	59	0	5,645	6,410	0	12,055
18-20 years	1,814	1,845	0	239	211	0	24	30	0	2,077	2,086	0	4,163
21-24 years	1,102	1,302	0	100	119	0	1	11	0	1,203	1,432	0	2,635
25-44 years	4,193	4,558	0	212	277	0	33	57	0	4,438	4,892	0	9,330
45-64 years	4,328	3,532	0	151	134	0	26	28	0	4,505	3,694	0	8,199
65-74 years	843	571	0	23	12	0	2	2	0	868	585	0	1,453
75 and older	264	100	0	6	1	0	1	3	0	271	104	0	375
Age not Available	0	0	0	0	0	0	0	0	0	0	0	0	0
Pregnant Women	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>21,321</b>	<b>24,753</b>	<b>0</b>	<b>1,988</b>	<b>2,535</b>	<b>0</b>	<b>176</b>	<b>252</b>	<b>0</b>	<b>23,485</b>	<b>27,540</b>	<b>0</b>	<b>51,025</b>
Comments on Data (for Age):													
Comments on Data (for Gender):													

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## D. Population and Services Report

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

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Service Setting	Age 0-17			Age 18-20			Age 21-64			Age 65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Total
Community Mental Health Programs	10,124	14,747	0	2,077	2,086	0	10,145	10,018	0	1,139	689	0	0	0	0	23,485	27,540	0	51,025
State Psychiatric Hospitals	0	0	0	45	72	0	715	1,607	0	19	97	0	0	0	0	779	1,776	0	2,555
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Residential Treatment Centers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Institutions in the Justice System	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data (for Age):

Comments on Data (for Gender):

Comments on Data (Overall):

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## E. Performance Indicators and Accomplishments

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

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Adults Served	18-20			21-64			65+			Age Not Available			Total			
	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Available	Female	Male	Not Avail	Total
<b>Employed: Competitively Employed Full or Part Time (includes Supported Employment)</b>	456	243	0	4,182	3,404	0	52	50	0	0	0	0	4,690	3,697	0	8,387
<b>Unemployed</b>	420	377	0	6,744	5,992	0	431	248	0	0	0	0	7,595	6,617	0	14,212
<b>Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)</b>	48	35	0	849	599	0	357	168	0	0	0	0	1,254	802	0	2,056
<b>Not Available</b>	2	7	0	17	16	0	0	2	0	0	0	0	19	25	0	44
<b>Total</b>	<b>926</b>	<b>662</b>	<b>0</b>	<b>11,792</b>	<b>10,011</b>	<b>0</b>	<b>840</b>	<b>468</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13,558</b>	<b>11,141</b>	<b>0</b>	<b>24,699</b>

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

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

Comments on Data (for Age): \_\_\_\_\_

Comments on Data (for Gender): \_\_\_\_\_

Comments on Data (Overall): \_\_\_\_\_

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:** \_\_\_\_\_

## E. Performance Indicators and Accomplishments

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

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

Expenditure Period Start Date: 7/1/2019      Expenditure Period End Date: 6/30/2020

<b>Clients Primary Diagnosis</b>	<b>Employed: Competitively Employed Full or Part Time (includes Supported Employment)</b>	<b>Unemployed</b>	<b>Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)</b>	<b>Employment Status Not Available</b>	<b>Total</b>
Schizophrenia & Related Disorders (F20, F25)	0	0	0	0	0
Bipolar and Mood Disorders (F30,F31,F32,F33,F34.1,F60.89,F34.0,F32.9)	0	0	0	0	0
Other Psychoses (F22,F23,F24,F28,F29)	0	0	0	0	0
All Other Diagnoses	0	0	0	0	0
No DX and Deferred DX (R69,R99,Z03.89)	0	0	0	0	0
<b>Diagnosis Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**Footnotes:**



## E. Performance Indicators and Accomplishments

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

Expenditure Period Start Date: 07/01/2019 Expenditure Period End Date: 06/30/2020

Adult Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
1. Social Connectedness		291	377	77%
2. Functioning		292	379	77%
Child/Adolescent Consumer Survey Results		Number of Positive Responses	Responses	Percent Positive (calculated)
3. Social Connectedness		369	411	90%
4. Functioning		335	406	83%
<b>Comments on Data:</b>				

#### Adult Social Connectedness and Functioning Measures

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

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

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

#### Recommended Scoring Rules

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

1. Recode ratings of "not applicable" as missing values.
2. Exclude respondents with more than 1/3 of the items in that domain missing
3. Calculate the mean of the items for each respondent.
4. FOR ADULTS: calculate the percent of scores less than 2.5 (percent agree and strongly agree).
5. FOR YSS-F: calculate the percent of scores greater than 3.5 (percent agree and strongly agree).

**Footnotes:**

## E. Performance Indicators and Accomplishments

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

Expenditure Period Start Date: 07/01/2019 Expenditure Period End Date: 06/30/2020

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	353	393	86.4%-92.4%
2. Reporting Positively about Quality and Appropriateness for Adults.	356	381	90.4%-95.5%
3. Reporting Positively about Outcomes.	286	362	74.4%-82.8%
4. Adults Reporting on Participation In Treatment Planning.	312	366	81.2%-88.5%
5. Adults Positively about General Satisfaction with Services.	371	397	90.6%-95.5%

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	362	410	84.9%-91.2%
2. Reporting Positively about General Satisfaction for Children.	374	414	87.0%-92.8%
3. Reporting Positively about Outcomes for Children.	341	405	80.5%-87.6%
4. Family Members Reporting on Participation In Treatment Planning for their Children.	390	408	93.2%-97.3%
5. Family Members Reporting High Cultural Sensitivity of Staff.	346	356	94.9%-98.6%

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

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

Comments on Data:

#### Adult Consumer Surveys

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

1.a. If no, which version:

- 1. Original 40 Item Version  Yes
- 2. 21-Item Version  Yes
- 3. State Variation of MHSIP  Yes
- 4. Other Consumer Survey  Yes

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

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

**Adult Survey Approach**

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

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

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

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

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

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

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

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?  1. Responses are Anonymous

- 2. Responses are Confidential
- 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

- 6.a. How Many surveys were Attempted (sent out or calls initiated)? 7,844
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)? 7,844
- 6.c. How many surveys were completed? (survey forms returned or calls completed) 835
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts) 11.3 %
- 6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates?  Yes  No

7. Who Conducted the survey

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

\* Report Confidence Intervals at the 95% confidence level

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

**Child / Family Consumer Surveys**

- 1. Was the MHSIP Children / Family Survey (YSS-F) Used?  Yes

If no, what survey did you use?

*If no, please attach instrument used.*

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

**Child Survey Approach**

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

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

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

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

- 3. Please describe the populations included in your sample: (e.g., all children, only children with SED, etc.)  1. All Child Consumers In State

- 2. Children with Serious Emotional Disturbances
- 3. Children who were Medicaid Eligible or in Medicaid Managed Care
- 4. Other (for example, if you survey anyone served in the last 3 months, describe that here):  
The survey includes any consumer in the Medicaid Managed Care system that received at least one qualifying mental health service during the survey period.

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

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

4.b. Who administered the survey? (Check all that apply)

- 1. MH Consumers
- 2. Family Members
- 3. Professional Interviewers
- 4. MH Clinicians
- 5. Non Direct Treatment Staff
- 6. Other, describe:  
Professional Survey Vendor

5. Are Responses Anonymous, Confidential and/or Linked to other Patient Databases?

- 1. Responses are Anonymous
- 2. Responses are Confidential
- 3. Responses are Matched to Client Databases

6. Sample Size and Response Rate

- 6.a. How Many surveys were Attempted (sent out or calls initiated)? 4,043
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)? 4,043
- 6.c. How many surveys were completed? (survey forms returned or calls completed) 428
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts) 11.3 %
- 6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates?  Yes  No

7. Who Conducted the survey

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

7.c. Other, describe:

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## E. Performance Indicators and Accomplishments

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

### Adult Consumer Survey Results:

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

### Child/Adolescent Family Survey Results:

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



3. Reporting Positively About Outcomes.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4. Reporting Positively Participation in Treatment Planning for their Children.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Reporting Positively about General Satisfaction.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Social Connectedness	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Functioning	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Comments on Data:

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## E. Performance Indicators and Accomplishments

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

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

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

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	26,793	2,886	0	51	360	87	54	46	1,054	3,824	35,155
18-64	53,704	879	1,099	26	235	320	72	4,109	19,645	19,488	99,577
65+	5,379	0	136	1	2	593	0	124	1,180	2,862	10,277
Not Available	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>85,876</b>	<b>3,765</b>	<b>1,235</b>	<b>78</b>	<b>597</b>	<b>1,000</b>	<b>126</b>	<b>4,279</b>	<b>21,879</b>	<b>26,174</b>	<b>145,009</b>
Female	46,209	1,840	562	32	190	596	37	1,912	11,521	14,085	76,984
Male	39,667	1,925	673	46	407	404	89	2,367	10,358	12,089	68,025
Not Available	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>85,876</b>	<b>3,765</b>	<b>1,235</b>	<b>78</b>	<b>597</b>	<b>1,000</b>	<b>126</b>	<b>4,279</b>	<b>21,879</b>	<b>26,174</b>	<b>145,009</b>
American Indian/Alaska Native	2,093	103	28	4	23	37	2	138	552	578	3,558
Asian	854	49	6	1	12	6	4	46	237	218	1,433
Black/African American	6,234	447	90	9	63	43	9	672	1,802	1,798	11,167
Hawaiian/Pacific Islander	159	10	4	0	3	1	0	14	31	30	252
White/Caucasian	65,304	2,465	978	46	389	814	82	2,870	16,329	21,010	110,287
More than One Race Reported	11,069	685	129	18	107	97	29	531	2,890	2,243	17,798

Race/Ethnicity Not Available	163	6	0	0	0	2	0	8	38	297	514
<b>TOTAL</b>	<b>85,876</b>	<b>3,765</b>	<b>1,235</b>	<b>78</b>	<b>597</b>	<b>1,000</b>	<b>126</b>	<b>4,279</b>	<b>21,879</b>	<b>26,174</b>	<b>145,009</b>

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
Hispanic or Latino Origin	6,079	304	45	7	40	30	17	169	1,436	2,684	10,811
Non Hispanic or Latino Origin	79,266	3,432	1,180	71	552	963	109	4,089	20,286	22,982	132,930
Hispanic or Latino Origin Not Available	531	29	10	0	5	7	0	21	157	508	1,268
<b>TOTAL</b>	<b>85,876</b>	<b>3,765</b>	<b>1,235</b>	<b>78</b>	<b>597</b>	<b>1,000</b>	<b>126</b>	<b>4,279</b>	<b>21,879</b>	<b>26,174</b>	<b>145,009</b>

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## E. Performance Indicators and Accomplishments

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Age	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
0-12 years					5	0	0	7,138
13-17 years					8	0	0	5,204
18-20 years	27	27	0	152	0	0	0	1,002
21-64 years	1,766	939	0	7,095				
65-74 years	106	25	0	394				
75+ years	14	1	0	45				
Not Available	0	0	0	0	0	0	0	87
Total	1,913	992	0	7,686	13	0	0	13,431

Gender	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Female	1,001	440	0	3,980	5	0	0	5,353
Male	912	552	0	3,706	8	0	0	8,078
Not Available	0	0	0	0	0	0	0	0

Race/Ethnicity	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED

	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
American Indian / Alaska Native	45	22	0	164	0	0	0	177
Asian	20	11	0	81	0	0	0	121
Black / African American	361	204	0	1,306	0	0	0	1,502
Hawaiian / Pacific Islander	4	3	0	18	0	0	0	19
White	1,317	636	0	5,222	0	0	0	9,339
More than one race	121	77	0	584	1	0	0	1,010
Not Available	45	39	0	311	12	0	0	1,263

Hispanic/Latino Origin	Adults with Serious Mental Illnesses (SMI)				Children with Serious Emotional Disturbances (SED)			
	N Receiving Supported Housing	N Receiving Supported Employment	N Receiving Assertive Community Treatment	Total unduplicated N - Adults with SMI Served	N Receiving Therapeutic Foster Care	N Receiving Multi-Systemic Therapy	N Receiving Family Functional Therapy	Total unduplicated N - Children with SED
Hispanic / Latino origin	63	51	0	378	1	0	0	1,472
Non Hispanic / Latino	1,832	929	0	7,229	12	0	0	11,834
Not Available	18	12	0	79	0	0	0	125

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

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

Comments on Data (overall):

Comments on Data (Supported Housing):

Comments on Data (Supported Employment):

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

Comments on Data (Therapeutic Foster Care):

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

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## E. Performance Indicators and Accomplishments

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

Program Name	Number of Adult Admissions into CSC Services During FY	Current Number of Adults with FEP Receiving CSC FEP Services	Number of Child/Adolescents Admissions with FEP Receiving CSC FEP Services	Current number of Children/Adolescents with FEP Receiving CSC FEP Services	Did you monitor fidelity for this service?	What fidelity measure did you use?	Who measures fidelity?	How often is fidelity measured?	Has staff been specifically trained to implement the CSC EBP?
Wyandot Community Mental Health Center Early Intervention and Treatment program	19	10	6	4	Yes <input checked="" type="radio"/> No <input type="radio"/>	NAVIGATE		Bi-Monthly calls by providers with NAVIGATE	Yes <input checked="" type="radio"/> No <input type="radio"/>
Valeo Community Mental Health Center NAVIGATE program	27	17	7	5	Yes <input checked="" type="radio"/> No <input type="radio"/>	NAVIGATE		Bi-Monthly calls by providers with NAVIGATE	Yes <input checked="" type="radio"/> No <input type="radio"/>
Four County Community Mental Health Center NAVIGATE program	6	4	3	3	Yes <input checked="" type="radio"/> No <input type="radio"/>	NAVIGATE		Bi-Monthly calls by providers with NAVIGATE	Yes <input checked="" type="radio"/> No <input type="radio"/>

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## E. Performance Indicators and Accomplishments

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

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

Expenditure Period Start Date: 7/1/2019      Expenditure Period End Date: 6/30/2020

<b>ADULTS WITH SERIOUS MENTAL ILLNESS</b>				
	<b>Receiving Family Psychoeducation</b>	<b>Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)</b>	<b>Receiving Illness Self Management</b>	<b>Receiving Medication Management</b>
<b>Age</b>				
18-20	0	60	0	0
21-64	0	1,448	0	0
65-74	0	44	0	0
75+	0	1	0	0
Not Available	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>1,553</b>	<b>0</b>	<b>0</b>



Gender				
Female	0	708	0	0
Male	0	845	0	0
Not Available	0	0	0	0

Race				
American Indian or Alaska Native	0	28	0	0
Asian	0	7	0	0
Black or African American	0	267	0	0
Native Hawaiian or Pacific Islander	0	2	0	0
White	0	1,061	0	0
More Than One Race	0	141	0	0
Unknown	0	47	0	0

Ethnicity				
Hispanic / Latino origin	0	74	0	0

Non Hispanic / Latino	0	1,466	0	0
Hispanic origin not available	0	13	0	0

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

Comments on Data (overall): <input type="text"/>
Comments on Data (Family Psycho-education): <input type="text" value="Kansas does not offer Family Psychoeducation services as defined by federal guidelines."/>
Comments on Data (Integrated Treatment for Co-occurring Disorders): <input type="text"/>
Comments on Data (Illness Self-Management): <input type="text"/>

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

Comments on Data (Medication Management):

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## E. Performance Indicators and Accomplishments

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

1. The SAMHSA National Outcome Measure for Criminal Justice measures the change in Arrests over time.

2. If your SMHA has data on Arrest records from alternatives sources, you may also report that here. If you only have data for arrests for consumers in this year, please report that in the T2 columns. If you can calculate the change in Arrests from T1 to T2, please use all those columns.

3. Please complete the check boxes at the bottom of the table to help explain the data sources that you used to complete this table.

4. Please tell us anything else that would help us to understand your indicator (e.g., list survey or MIS questions; describe linking methodology and data sources; specify time period for criminal justice involvement; explain whether treatment data are collected).

Reporting Period Start Date: 07/01/2019 Reporting Period End Date: 06/30/2020

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

	T1			T2			T1 to T2 Change						Assessment of the Impact of Services					
	"T1" Prior 12 months (more than 1 year ago)			"T2" Most Recent 12 months (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Over the last 12 months, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
<b>Total</b>	0	0	0	322	11541	26	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Children/Youth (under age 18)</b>	0	0	0	194	7782	23	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	53	2896	23	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	141	4886	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Adults (age 18 and over)</b>	0	0	0	128	3759	3	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	49	1613	2	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	79	2146	1	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

	T1	T2	T1 to T2 Change	Assessment of the Impact of Services
--	----	----	-----------------	--------------------------------------

	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Arrested at T1 (Prior 12 Months)			If Not Arrested at T1 (Prior 12 Months)			Since starting to receive MH Services, my encounters with the police have...					
	Arrested	Not Arrested	No Response	Arrested	Not Arrested	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# with an Arrest in T2	# with No Arrest at T2	No Response	# Reduced (fewer encounters)	# Stayed the Same	# Increased	# Not Applicable	No Response	Total Responses
<b>Total</b>	0	0	0	739	7680	135	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Children/Youth (under age 18)</b>	0	0	0	542	6148	135	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	181	3358	66	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	361	2790	69	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Adults (age 18 and over)</b>	0	0	0	197	1532	0	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	68	743	0	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	129	789	0	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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

**Source of adult criminal justice information:**

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

**Sources of children/youth criminal justice information:**

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

**Measure of adult criminal justice involvement:**

- 1. Arrests
- 2. Other (specify)

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

- 1. Arrests
- 2. Other (specify)

**Mental health programs included:**

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

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

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

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

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

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

Child/Adolescents    Adults

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

### State Comments/Notes:

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

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

### Footnotes:

## E. Performance Indicators and Accomplishments

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

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

Reporting Period Start Date: 07/01/2019 Reporting Period End Date: 06/30/2020

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

T1			T2			T1 to T2 Change						Impact of Services						
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
<b>Total</b>	0	0	0	967	7,842	140	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>																		
Female	0	0	0	273	3,099	66	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	694	4,743	74	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Age</b>																		
Under 18	0	0	0	924	7,049	50	0	0	0	0	0	0	0	0	0	0	0	0

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

T1			T2			T1 to T2 Change						Impact of Services						
	"T1" 12 months prior to beginning services			"T2" Since Beginning Services (this year)			If Suspended at T1 (Prior 12 Months)			If Not Suspended at T1 (Prior 12 Months)			Since starting to receive MH Services, the number of days my child was in school have					
	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# Suspended or Expelled	# Not Suspended or Expelled	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# with an Expelled or Suspended in T2	# with No Suspension or Expulsion at T2	No Response	# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable	No Response	Total Responses
<b>Total</b>	0	0	0	341	3,664	3	0	0	0	0	0	0	0	0	0	0	0	0
<b>Gender</b>																		
Female	0	0	0	105	1,621	2	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	236	2,043	1	0	0	0	0	0	0	0	0	0	0	0	0
Gender NA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Age</b>																		
Under 18	0	0	0	333	3,554	3	0	0	0	0	0	0	0	0	0	0	0	0

**Source of School Attendance Information:**

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

**Measure of School Attendance:**

1. School Attendance
  2. Other (specify): \_\_\_\_\_

**Mental health programs include:**

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

**Region for which data are reported:**

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

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

**Child/Adolescents:**

- If data is from a survey, what is the total number of people from which the sample was drawn?
- What was your sample size? (How many individuals were selected for the sample)?
- How many survey contacts were made? (surveys to valid phone numbers or addresses)


4. How many surveys were completed? (survey forms returned or calls completed) If data source was not a Survey, how many persons were data available for?

5. What was your response rate? (number of Completed surveys divided by number of Contacts)


**State Comments/Notes:**

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**



## E. Performance Indicators and Accomplishments

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
<b>TOTAL</b>	<b>2138</b>	<b>209</b>	<b>469</b>	<b>9.78 %</b>	<b>21.94 %</b>
<b>Age</b>					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	121	9	18	7.44 %	14.88 %
21-64 years	1963	197	438	10.04 %	22.31 %
65-74 years	46	3	12	6.52 %	26.09 %
75+ years	8	0	1	0.00 %	12.50 %
Not Available	0	0	0	0.00 %	0.00 %
<b>Gender</b>					
Female	842	95	208	11.28 %	24.70 %
Male	1296	114	261	8.80 %	20.14 %
Gender Not Available	0	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	36	5	12	13.89 %	33.33 %
Asian	18	1	5	5.56 %	27.78 %
Black/African American	268	29	57	10.82 %	21.27 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
White	1593	154	347	9.67 %	21.78 %

More than one race	141	16	38	11.35 %	26.95 %
Race Not Available	82	4	10	4.88 %	12.20 %
<b>Hispanic/Latino Origin</b>					
Hispanic/Latino Origin	180	18	40	10.00 %	22.22 %
Non Hispanic/Latino	1931	191	428	9.89 %	22.16 %
Hispanic/Latino Origin Not Available	27	0	1	0.00 %	3.70 %

Are Forensic Patients Included?  Yes  No

Comments on Data:

Due to COVID, the allotted beds were restricted at one of the state hospitals from 90 to 70 beds to allow for single room occupancy. This can be seen in the data as the discharge numbers were decreased from the previous year.

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## E. Performance Indicators and Accomplishments

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

Expenditure Period Start Date: 7/1/2019 Expenditure Period End Date: 6/30/2020

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
<b>TOTAL</b>	<b>316</b>	<b>20</b>	<b>43</b>	<b>6.33 %</b>	<b>13.61 %</b>
<b>Age</b>					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	4	0	0	0.00 %	0.00 %
21-64 years	303	20	42	6.60 %	13.86 %
65-74 years	7	0	1	0.00 %	14.29 %
75+ years	2	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
<b>Gender</b>					
Female	58	0	4	0.00 %	6.90 %
Male	258	20	39	7.75 %	15.12 %
Gender Not Available	0	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	5	0	0	0.00 %	0.00 %
Asian	5	0	0	0.00 %	0.00 %
Black/African American	87	7	10	8.05 %	11.49 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
White	176	11	28	6.25 %	15.91 %

More than one race	33	0	3	0.00 %	9.09 %
Race Not Available	10	2	2	20.00 %	20.00 %
<b>Hispanic/Latino Origin</b>					
Hispanic/Latino Origin	30	0	3	0.00 %	10.00 %
Non Hispanic/Latino	275	18	38	6.55 %	13.82 %
Hispanic/Latino Origin Not Available	11	2	2	18.18 %	18.18 %

Comments on Data:

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

## E. Performance Indicators and Accomplishments

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

Expenditure Period Start Date: 7/1/2019      Expenditure Period End Date: 6/30/2020

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

Not Available	0	0	0	0.00 %	0.00 %
<b>Gender</b>					
Female	0	0	0	0.00 %	0.00 %
Male	0	0	0	0.00 %	0.00 %
Gender Not Available	0	0	0	0.00 %	0.00 %
<b>Race</b>					
American Indian/Alaska Native	0	0	0	0.00 %	0.00 %
Asian	0	0	0	0.00 %	0.00 %
Black/African American	0	0	0	0.00 %	0.00 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
White	0	0	0	0.00 %	0.00 %
More than one race	0	0	0	0.00 %	0.00 %
Race Not Available	0	0	0	0.00 %	0.00 %
<b>Hispanic/Latino Origin</b>					

Hispanic/Latino Origin	0	0	0	0.00 %	0.00 %
Non Hispanic/Latino	0	0	0	0.00 %	0.00 %
Hispanic/Latino Origin Not Available	0	0	0	0.00 %	0.00 %

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

2. Are Forensic Patients Included?  Yes  No

Comments on Data:

0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

**Footnotes:**

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



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

Sherman "Wes" Cole, Chairperson  
Ric Dalke, Vice Chairperson

GOVERNOR LAURA Kelly

November 18, 2020

To Whom It May Concern,

During the past year, the Kansas Governor's Behavioral Health Service Planning Council (GBHSPC) has continued to focus on ensuring that Behavioral Health Services are integrated and meet the needs of Kansas children, adults, and their families who are experiencing mental health, addictions, and co-occurring disorders. GBHSPC members continue to participate in subcommittees and task forces. Currently, the GBHSPC has eight active subcommittees. The subcommittees are: Housing and Homelessness, Justice Involved Youth and Adults, Supportive Employment and Vocational Services, Prevention, Children's, Rural and Frontier, Service Members Veterans and Families, and the Kansas Citizen's Committee on Alcohol and Drugs (KCC). The KCC is a unique subcommittee in that it is established under its own Kansas statute with the purpose to review the substance use disorders service system in Kansas and advise the Secretary on issues and needs for services.

As additional support for recommendations in mental health and substance use disorder programs and recovery services in Kansas with oversight reviews and recommendations for the Block Grant in Kansas, the GBHSPC will be adding three additional subcommittees this year. The new subcommittees are the Aging Populations, Problem Gambling and Other Addictions, and the Evidence Based Practices subcommittees.

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

The reports from 2019 from the subcommittees have served as a vital source of information and for the development of recommendations for several special government taskforces in the past year. The reports are currently being utilized by the Kansas Legislature's Mental Health Modernization legislative committee for development of a ten-year planning recommendation to the legislature. The 2020 reports from the GBHSPC subcommittee will be submitted to the committee for further review and recommendations in this ongoing process.

This letter is confirmation that the Kansas FY 2021 Substance Abuse Prevention and Treatment Block Grant report and the FY 2021 Mental Health Block Grant report have both been reviewed and approved by the Kansas Governor's Behavioral Health Service Planning Council (GBHSPC).

Sincerely,

A handwritten signature in black ink that reads "Sherman Wes Cole". The signature is written in a cursive style with a large, prominent "S" at the beginning.

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