

Kansas

UNIFORM APPLICATION

FY 2022 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 11.20.07 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 (KDADS)

Organizational Unit Behavioral Health Services

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City Topeka

Zip Code 66603

II. Contact Person for the Grantee of the Block Grant

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

From 7/1/2020

To 6/30/2021

IV. Date Submitted

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

Submission Date 11/22/2021 2:58:06 PM

Revision Date 1/13/2022 9:24:42 AM

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

Footnotes:

The FY2022 Mental Health Block Grant Annual Report was posted for public comment on the KDADS website on November 14, 2021 through

3 p.m. on 11/18/21. No public comment was received.

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

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.

Objective:

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

Strategies to attain the goal:

Kansas does not implement any one strategy statewide, 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.

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

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: On how many occasions, if any, have you had beer, wine, or hard liquor in the past 30 days? (at least once)
Baseline Measurement: State = 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:

Some strategies were disrupted due to the COVID-19 pandemic and early school closures.

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Community collations implemented evidence-based strategies designed to reduce underage drinking and prevention the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Some strategies were disrupted due to the COVID-19 pandemic and early school closures. Similar to what was seen across the nation, youth reported substance showed a reduction in Kansas. In addition to the implementation of prevention strategies, this reduction may, in part be impacted by changing COVID environments related to less peer interaction and potential reduced access to substances, etc.

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.

Objective:

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

Strategies to attain the goal:

Kansas does not implement any one strategy statewide, 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.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	On how many occasions, if any, have you used marijuana 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:

Some strategies were disrupted due to the COVID-19 pandemic and early school closures.

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Community collations implemented evidence-based strategies designed to reduce youth marijuana use and prevention the onset of use. Strategic plans included a combination of environmental, media, and prevention education strategies. Some strategies were disrupted due to the COVID-19 pandemic and early school closures. Similar to what was seen across the nation, youth reported substance showed a reduction in Kansas. In addition to the implementation of prevention strategies, this reduction may, in part be impacted by changing COVID environments related to less peer interaction and potential reduced access to substances, etc.

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.

Objective:

Completion of community-level comprehensive strategic planning and provision of supports for community initiatives utilizing all steps of the Strategic Prevention Framework to address low perceived risk of harm from regular alcohol use through the implementation of evidence-based prevention

programs, practices, and policies.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide, 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.

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

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:

Some strategies were disrupted due to the COVID-19 pandemic and early school closures.

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Some strategies were disrupted due to the COVID-19 pandemic and early school closures.

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:

Some strategies were disrupted due to the COVID-19 pandemic and early school closures.

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):

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

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

How second year target was achieved (optional):

Community coalitions implemented evidence-based strategies designed to reduce youth marijuana use, reduce the risk factors for use, and prevent the onset of use. Data indicated that youth had low perceived risk of harm from regular marijuana use, which is why this priority was chosen. Year one target was not achieved. As a result, in year two grantees were not already implementing strategies to address low perceived risk of harm, they were requested to do so. The percentage of youth reporting there was no risk of harm from regular marijuana use decreased and met the targeted projection in year two.

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.

Objective:

Communities will use data to identify at least one at risk population (e.g. ethnicity, race, gender, age group, etc.) in their community and then implement programs, policies, or practices to reduce risk.

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.

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

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:

Some strategies were disrupted due to the COVID-19 pandemic and early school closures.

Report of Progress Toward Goal Attainment

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

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

How first year target was achieved (optional):

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

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

How second year target was achieved (optional):

Following SAMHSA's lead, Kansas wanted to ensure communities were focusing on health disparities and high risk subpopulations. This became a block grant priority. To achieve this goal, the Kansas Prevention Collaborative provided coalitions with additional training on health disparities and data reports and sources to help identify their areas of need. KPC Community Support Specialists and Evaluators assisted coalitions in developing a tailored Health Disparities Impact Statement which was a grant deliverable in Year one. Strategy action plans included steps to address the identified at risk population for implementation in year two.

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.

Objective:

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

Strategies to attain the goal:

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

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

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 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:

As of November 2021, the process has been revised on calculating this performance indicator to utilize both social security numbers and Medicaid IDs for children/youth in order to match service records to screening data. Previously reported data may have been incomplete due to not all records being matched properly. In addition, previous reporting was unable to remove duplicates from the denominator to account for clients who had multiple screens resulting in admission during the reporting period. The updated data reflects the more complete matching process, along with unduplicated counts for both numerator and denominator.

SFY2019: 178/1224 = 14.54%

SFY2020: 99/845 = 11.72%

SFY2021: 69/596 = 11.58%

Data relies on the accuracy and completeness of records by the CTS contractor and CMHC data submissions to AIMS. Missing or incomplete data may impact data reported. The State will continue to work with the appropriate entities to increase the reliability of these data sources. Lack of historical data remains an issue when evaluating how COVID-19 may have played a role in the decreasing trend represented by current available data.

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.

Second Year Target:

Achieved

Not Achieved (if not achieved,explain why)

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

How second year target was achieved (optional):

The second year target/outcome outcome measurement has been achieved in that a realistic target/outcome measurement has been determined. However, the State continues to work with the appropriate entities to increase the reliability of these data sources that determine outcomes/trends. KDADS has begun internal reporting of data on this measure quarterly to contractors to improve the ability to analyze future trends and changes with this performance measure. Please also note that COVID-19 restrictions and impacts during this reporting period may have affected outcomes as represented in the decreasing trend reported in current available data.

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:

As of November 2021, the process has been revised on calculating this performance indicator to utilize both social security numbers and Medicaid IDs for children/youth in order to match service records to screening data. Previously reported data may have been incomplete due to not all records being matched properly. In addition, previous reporting was unable to remove duplicates from the denominator to account for clients who had multiple screens resulting in admission during the reporting period. The updated data reflects the more complete matching process, along with unduplicated counts for both numerator and denominator.

SFY2019: 504/1224 = 41.18%

SFY2020: 279/845 = 33.02%

SFY2021: 149/596 = 25.00%

Data relies on the accuracy and completeness of records by the CTS contractor and CMHC data submissions to AIMS. Missing or incomplete data may impact data reported. The State will continue to work with the appropriate entities to increase the reliability of these data sources. Lack of historical data remains an issue when evaluating how COVID-19 may have played a role in the decreasing trend represented by current available data.

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.

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

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

How second year target was achieved (optional):

The second year target/outcome measurement has been achieved in that a realistic target/outcome measurement has been

determined. However, the State continues to work with the appropriate entities to increase the reliability of these data sources that determine outcomes/trends. KDADS has begun internal reporting of data on this measure quarterly to contractors to improve the ability to analyze future trends and changes with this performance measure. Please also note that COVID-19 restrictions and impacts during this reporting period may have affected outcomes as represented in the decreasing trend reported in current available data.

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.

Objective:

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

Strategies to attain the goal:

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

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 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.

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

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

How second year target was achieved (optional):

Second Year (FY2021): 167/1930 = 8.65%

The data from the state hospitals and diversion is more complete records for SFY21 which increased our ability to match records to encounters data and therefore our data is more accurate.

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.

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

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

How second year target was achieved (optional):

Second Year (FY2021): 270/1944 = 13.89%

The data from the state hospitals and diversion is more complete records for SFY21 which increased our ability to match records to encounters data and therefore our data is more accurate.

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.

Objective:

Increase PWWDC being served by a Designated Women's Facility.

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.

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

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):

Second 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 included a minimal data set of required fields, primarily TEDS data. Through a Request for Proposal process, Kansas is working on a solution to modernize its substance use disorder data collection system. The RFP includes a comprehensive upgrade of IT systems at all four State hospitals both from the infrastructure and software perspective. The State is currently reviewing proposals. This performance indicator could not be measured due to several factors:

The current system, KSURS, includes a field indicating whether a woman is pregnant at admission; the system does not have a field to indicate women with dependent children.

KSURS 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 second 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.

Objective:

More individuals have access to peer mentoring services.

Strategies to attain the goal:

Increase the peer mentoring workforce capacity.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of Kansas Certified Peer Mentors increase.

Baseline Measurement: 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):

Second 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%)

SFY2021 = 20 Peer Mentors certified (decrease of 60%)

Due to COVID-19, in-person trainings were put on hold which decreased the number of individuals that became fully certified in FY2021. KDADS is very close to offering the training for certification virtually. KDADS has been able to offer the Level One Peer Mentor training online during FY2021 and 124 individuals completed the training. We are expecting most of those 124 individuals to apply for their certification within the current fiscal year FY2022 and that number to continue to grow and allow us to not only meet our target, but to exceed the target increase of 10%.

How second 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.

Objective:

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

Strategies to attain the goal:

Identify opportunities to increase access to services for ESMI.

Examine adequacy of ESMI-related service rates.

Establish care 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.

Edit Strategies to attain the objective here:

(if needed)

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: ESMI served with Block Grant funded intervention.

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

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

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

SFY2020: 68 youth

SFY2021: 55 youth (decrease of 13 youth or 19.12%)

Decrease can be attributed to recruitment and marketing of the program to schools, agencies, and community groups was reduced due to COVID restrictions in travel and in-person meetings. There was also several staff changes at one of the programs resulting in some reduction in taking on new participants but that has now been resolved. Funding has been provided for a new program in the second largest populated county in Kansas. This new program in Johnson County will be fully established and admitting participants in the second half of FY22. This should also increase the numbers of participants served.

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

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

Footnotes:

**Kansas COVID-19 Testing and Mitigation Program Report
for the Community Services Mental Health Block Grant (MHBG)
for Federal Fiscal Year Ending September 30, 2021
Due Date: December 31, 2021**

For the Federal Fiscal Year ending September 30, 2021, please upload a Word or PDF document in Table 1 of the FY22 MHBG Report on the COVID Testing and Mitigation activities and expenditures by providing the following information, due by December 31, 2021:

List the items and activities of expenditures completed by September 30, 2021. (if no activities were completed, note here with Not Applicable)

COVID Testing and Mitigation Program Report for Kansas	
Item/Activity	Amount of Expenditure
N/A	N/A

As outlined in the table below, Kansas has completed a plan to utilize and allocate the COVID-19 Testing and Mitigation Funds. Kansas is in the process of implementing the plan but there were no funds expended by the reporting period end date of this report, September 30, 2021.

Prevention, Treatment and Recovery

MHBG Kansas Strategy for COVID Mitigation	Amount
Contractual: Contract with one or more community partners to implement strategies as identified by the State and the contractor	\$330,063
Other: Marketing outreach activities	\$28,701
MHBG COVID Mitigation Total	\$358,764

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 Mental Health Block Grant.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

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	H. COVID- 19 Relief Funds (MHBG) ¹	I. ARP Funds (MHBG) ²
1. Substance Abuse Prevention and Treatment									
a. Pregnant Women and Women with Dependent Children									
b. All Other									
2. Primary Prevention ³		\$0	\$0	\$362,311	\$1,246,277	\$0	\$0	\$0	\$0
3. Evidence-Based Practices for Early Serious Mental Illness ⁴		\$491,405	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4. Tuberculosis Services									
5. HIV Early Intervention Services									
6. State Hospital			\$520,493	\$0	\$100,536,615	\$0	\$0	\$0	\$0
7. Other Psychiatric Inpatient Care			\$0	\$0	\$0	\$0	\$0	\$0	\$0
8. Other 24-Hour (residential Care)		\$0	\$63,977,092	\$0	\$27,215,839	\$0	\$0	\$0	\$0
9. Ambulatory/Community Non-24 Hour Care		\$2,898,486	\$238,759,018	\$3,996,050	\$57,945,287	\$0	\$0	\$0	\$0
10. Administration (Excluding Program and Provider Level)		\$439,293	\$139,824	\$3,456	\$178,307	\$0	\$0	\$0	\$0
11. Crisis Services (5 percent set-aside) ⁵		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
12. Total	\$0	\$3,829,184	\$303,396,427	\$4,361,817	\$187,122,325	\$0	\$0	\$0	\$0
Comments on Data:									

¹The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the 'standard' MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2020 – June 30, 2021, for most states.

²The expenditure period for the American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from expenditure period for the 'standard' MHBG. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2021 - June 30, 2022, for most states.

³States 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.

⁴Column 3B is for expenditures related to ESMI including First Episode Psychosis programs funded through MHBG setaside. These funds are not to be also counted in #9 Ambulatory/Community Non-24-Hour Care.

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

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

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 ¹	\$491,405	\$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
5. Total	\$491,405	\$0	\$0	\$0	\$0	\$0
Comments on Data:						

¹When 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: 7/1/2020 Reporting Period End Date: 6/30/2021

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2020	Estimated/Actual SFY 2021	Expense Type
\$2,843,496	\$13,933,733	\$13,472,453	<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:

The MOE does exceed the 1994 expenditure amount as required. The decrease from the prior year was caused by increased FMAP utilization rates.

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

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

^a The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the “standard” MHBG. Per the instructions, the standard MHBG expenditures captured for the state planned expenditure period of July 1, 2020 – June 30, 2021, for most states.

^b The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the “standard” MHBG. Per the instructions, the standard MHBG expenditures captured for the state planned expenditure period of July 1, 2020 – June 30, 2021, for most states.

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

Entity Number	Area Served (Statewide or Sub-State Planning Area)	Provider/Program Name	Street Address	City	State	Zip	Total Block Grant Funds	Source of Funds			
								Adults with Serious Mental Illness	Children with Serious Emotional Disturbance	Set-aside for FEP Programs	Set-aside for ESMI Programs
1	Northeast	BERT NASH COMMUNITY MENTAL HEALTH	200 Maine Street	Lawrence	KS	66044	\$116,120.00	\$0.00	\$0.00	\$0.00	\$0.00
2	Central	CARING PLACE INC	PO Box 334	Newton	KS	67114	\$35,494.00	\$35,494.00	\$0.00	\$0.00	\$0.00
3	Central	CENTRAL KANSAS MENTAL HEALTH CENTER	809 Elmhurst Boulevard	Salina	KS	67401	\$20,976.00	\$0.00	\$0.00	\$0.00	\$0.00
4	South West	COMPASS BEHAVIORAL HEALTH	404 North Baughman Street	Ulysses	KS	67880	\$84,776.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Statewide	COUNCIL OF STATE GOVERNMENTS - NASFA	1776 AVENUE OF THE STATES DRIVE	LEXINGTON	KY	40511	\$160,491.00	\$0.00	\$0.00	\$0.00	\$0.00
6	South East	CRAWFORD COUNTY	3101 Michigan Street	Pittsburg	KS	66762	\$39,312.00	\$0.00	\$0.00	\$0.00	\$0.00
7	Northeast	CURRUS INC	3512 SW Fairlawn Rd, Ste 300	Topeka	KS	66614	\$138,630.00	\$138,630.00	\$0.00	\$0.00	\$0.00
8	West	DODGE CITY PEACEFUL TRIBE INC	PO 1111	Dodge City	KS	67801	\$42,021.00	\$42,021.00	\$0.00	\$0.00	\$0.00
9	Northeast	ELIZABETH LAYTON CENTER INC	2537 Eisenhower Road	Ottawa	KS	66067	\$32,031.00	\$0.00	\$0.00	\$0.00	\$0.00
10	South East	FOUR COUNTY MENTAL HEALTH CENTER INC	3751 West Main Street	Independence	KS	67301	\$88,669.00	\$0.00	\$0.00	\$88,669.00	\$0.00
11	North West	HIGH PLAINS INDEPENDENCE INC	PO Box 956	Hays	KS	67601	\$94,955.00	\$94,955.00	\$0.00	\$0.00	\$0.00
12	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
13	West	HORIZONS MENTAL HEALTH CENTER INC	1600 North Lorraine Street	Hutchinson	KS	67501	\$45,699.00	\$0.00	\$0.00	\$0.00	\$0.00
14	Southwest	IROQUOIS CENTER FOR HUMAN	610 East Grant Avenue	Greensburg	KS	67054	\$8,897.00	\$0.00	\$0.00	\$0.00	\$0.00
15	Northeast	JOHNSON COUNTY MENTAL HEALTH	6000 Lamar Avenue	Mission	KS	66202	\$269,626.00	\$0.00	\$0.00	\$0.00	\$0.00
16	South Central	JOURNEY TO RECOVERY INC	127 E 6th Avenue	Eldorado	KS	67402	\$54,374.00	\$54,374.00	\$0.00	\$0.00	\$0.00
17	South Central	KANSAS CONSUMER ADVISORY COUNCIL	358 N Main ST	Wichita	KS	67202	\$112,284.00	\$112,284.00	\$0.00	\$0.00	\$0.00
18	Northeast	KANZA MENTAL HEALTH & GUIDANCE CENTER	909 South 2nd Street	Hiawatha	KS	66434	\$34,977.00	\$0.00	\$0.00	\$0.00	\$0.00
19	Northeast	KEYS FOR NETWORKING INC	900 S Kansas Ave	Topeka	KS	66612	\$36,842.00	\$0.00	\$36,842.00	\$0.00	\$0.00
20	Southeast	LABETTE CENTER FOR MENTAL HEALTH	1730 Belmont Avenue	Parsons	KS	67357	\$25,665.00	\$0.00	\$0.00	\$0.00	\$0.00
21	Central	MENTAL HEALTH CENTER OF EAST CENTRAL	1000 Lincoln Street	Emporia	KS	66801	\$30,137.00	\$0.00	\$0.00	\$0.00	\$0.00
22	North Central	MORNING STAR INC	1018 Poyntz Ave	Manhattan	KS	66502	\$118,641.00	\$118,641.00	\$0.00	\$0.00	\$0.00
23	Northeast	NAMI OF KANSAS INC	501 SW Jackson ST	Shawnee	KS	66601	\$35,000.00	\$35,000.00	\$0.00	\$0.00	\$0.00
24	South Central	OPEN DOOR INC	PO Box 235	Arkansas City	KS	67005	\$14,270.00	\$14,270.00	\$0.00	\$0.00	\$0.00
25	Northeast	PAWNEE MENTAL HEALTH SERVICES INC	2001 Claflin Road	Manhattan	KS	66502	\$99,233.00	\$0.00	\$0.00	\$0.00	\$0.00
26	Central	PRAIRIE VIEW INC	1901 East 1st Street	Newton	KS	67114	\$170,169.00	\$0.00	\$170,169.00	\$0.00	\$0.00

27	South Central	PROJECT INDEPENDENCE OF SEDGWICK	PO Box 48369	Wichita	KS	67201	\$75,919.00	\$75,919.00	\$0.00	\$0.00	\$0.00
28	South Central	SEDGWICK COUNTY	271 West 3rd ST	Wichita	KS	67202	\$301,205.00	\$0.00	\$0.00	\$0.00	\$0.00
29	Northeast	SOCIALIZATION INDEPENDENCE	PO Box 171856	Kansas City	KS	66117	\$172,994.00	\$172,994.00	\$0.00	\$0.00	\$0.00
30	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
31	Southeast	SOUTHEAST KANSAS MENTAL HEALTH CENTER	1106 South 9th Street	Humboldt	KS	66748	\$30,843.00	\$0.00	\$0.00	\$0.00	\$0.00
32	Southwest	SOUTHWEST GUIDANCE CTR	333 West 15th Street	Liberal	KS	67901	\$8,897.00	\$0.00	\$0.00	\$0.00	\$0.00
33	Southeast	SPRING RIVER MENTAL HEALTH & WELLNESS IN	6610 SE Quakervale Road	Riverton	KS	66770	\$31,122.00	\$0.00	\$0.00	\$0.00	\$0.00
34	South Central	SUMNER COUNTY MENTAL HEALTH CENTER	1601 West 16th Street	Wellington	KS	67152	\$15,570.00	\$0.00	\$0.00	\$0.00	\$0.00
35	Northeast	SUNSHINE CONNECTION	PO Box 4811	Topeka	KS	66604	\$112,319.00	\$112,319.00	\$0.00	\$0.00	\$0.00
36	Central	THE CENTER FOR COUNSELING	5815 Broadway Street	Great Bend	KS	67530	\$32,594.00	\$0.00	\$0.00	\$0.00	\$0.00
37	Northeast	THE GUIDANCE CENTER	500 Limit Street	Leavenworth	KS	66048	\$69,861.00	\$0.00	\$0.00	\$0.00	\$0.00
38	Northeast	VALEO BEHAVIORAL HEALTH CARE	5401 SW 7th Street	Topeka	KS	66606	\$118,058.00	\$0.00	\$0.00	\$118,058.00	\$0.00
39	South Central	WICHITA STATE UNIVERSITY	1845 FAIRMOUNT ST	WICHITA	KS	67260	\$84,757.00	\$84,757.00	\$0.00	\$0.00	\$0.00
40	Northwest	WINGS UPON THE PRAIRIE INC	PO Box 385	Colby	KS	67701	\$69,506.00	\$69,506.00	\$0.00	\$0.00	\$0.00
41	Northeast	WYANDOT CENTER FOR COMMUNITY	757 Armstrong Avenue	Kansas City	KS	66101	\$284,677.00	\$0.00	\$0.00	\$284,677.00	\$0.00
Total							\$3,386,815.00	\$1,161,164.00	\$207,011.00	\$491,404.00	\$0.00

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Footnotes:

C. State Agency Expenditure Reports

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

Period (A)	Expenditures (B)	<u>B1 (2019) + B2 (2020)</u> 2 (C)
SFY 2019 (1)	\$167,934,943	
SFY 2020 (2)	\$134,370,750	\$151,152,847
SFY 2021 (3)	\$131,976,527	

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

SFY 2019	Yes	<u>X</u>	No	_____
SFY 2020	Yes	<u>X</u>	No	_____
SFY 2021	Yes	<u>X</u>	No	_____

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

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Footnotes:

The drop in the MOE was caused by increased FMAP Medicaid utilization rates, COVID-19 impacts, and a methodology change in 2019. Kansas has outreached to the MHBG Federal Project Officer as Kansas would like to request a waiver.

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"/>

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Footnotes:

D. Population and Services Report

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

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

Table 13A

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	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	5,025	7,533	0	68	107	0	51	47	0	478	760	0	5	6	0	3,673	5,507	0	147	296	0	603	810	0
13-17 years	6,025	4,954	0	95	78	0	57	42	0	468	419	0	11	6	0	4,391	3,686	0	191	178	0	812	545	0
18-20 years	2,227	1,614	0	32	30	0	25	22	0	157	138	0	5	1	0	1,625	1,148	0	92	81	0	291	194	0
21-24 years	2,186	1,638	0	28	37	0	22	17	0	164	170	0	5	3	0	1,607	1,139	0	100	64	0	260	208	0
25-44 years	9,282	7,877	0	172	135	0	96	69	0	792	898	0	22	15	0	7,001	5,741	0	415	315	0	784	704	0
45-64 years	5,837	4,537	0	132	104	0	46	46	0	589	621	0	8	8	0	4,425	3,317	0	242	174	0	395	267	0
65-74 years	1,114	660	0	22	11	0	8	4	0	90	81	0	4	0	0	880	492	0	39	24	0	71	48	0
75 and older	336	126	0	2	0	0	2	1	0	21	3	0	1	0	0	276	105	0	8	4	0	26	13	0
Age not Available	0	0	881	0	0	11	0	0	5	0	0	28	0	0	0	0	0	777	0	0	3	0	0	57
Total	32,032	28,939	881	551	502	11	307	248	5	2,759	3,090	28	61	39	0	23,878	21,135	777	1,234	1,136	3	3,242	2,789	57
Pregnant Women	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. See "general comments" on duplication.

Table 13B

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 13A.

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	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	4,412	6,624	0	586	874	0	27	35	0	5,025	7,533	0	12,558
13-17 years	5,105	4,310	0	825	589	0	95	55	0	6,025	4,954	0	10,979
18-20 years	1,957	1,393	0	230	189	0	40	32	0	2,227	1,614	0	3,841
21-24 years	1,949	1,429	0	204	159	0	33	50	0	2,186	1,638	0	3,824
25-44 years	8,534	7,139	0	620	539	0	128	199	0	9,282	7,877	0	17,159
45-64 years	5,479	4,250	0	282	198	0	76	89	0	5,837	4,537	0	10,374
65-74 years	1,076	620	0	25	19	0	13	21	0	1,114	660	0	1,774
75 and older	319	118	0	9	2	0	8	6	0	336	126	0	462
Age not Available	0	0	0	0	0	0	0	0	881	0	0	881	881
Total	28,831	25,883	0	2,781	2,569	0	420	487	881	32,032	28,939	881	61,852
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.

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Footnotes:

D. Population and Services Report

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

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

*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	11,050	12,487	0	2,227	1,614	0	17,305	14,052	0	1,450	786	0	0	0	881	32,032	28,939	881	61,852
State Psychiatric Hospitals	0	0	0	35	77	0	791	1,562	0	35	99	0	0	0	0	861	1,738	0	2,599
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):
See "General Comments" tab

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Footnotes:

D. Population and Services Report

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

Table 10A

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

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

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	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)	6,901	5,940	3	12,844	120	97	0	73	65	0	662	720	0	14	6	0	4,862	4,128	3	190	148	0	980	776	0
Non-Medicaid Sources (only)	11,044	9,472	516	21,032	182	159	5	110	71	3	665	788	17	20	8	0	8,554	7,256	456	276	230	2	1,237	960	33
People Served by Both Medicaid and Non-Medicaid Sources	8,061	7,117	259	15,437	161	147	4	58	62	1	840	890	8	19	15	0	5,922	5,085	227	504	436	1	557	482	18
Medicaid Status Not Available	6,026	6,410	103	12,539	88	99	2	66	50	1	592	692	3	8	10	0	4,540	4,666	91	264	322	0	468	571	6
Total Served	32,032	28,939	881	61,852	551	502	11	307	248	5	2,759	3,090	28	61	39	0	23,878	21,135	777	1,234	1,136	3	3,242	2,789	57

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 FY21 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: 7/1/2020 Expenditure Period End Date: 6/30/2021

	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	544	439	0	6,316	5,466	0	41	35	3	6,901	5,940	3	12,844
Non-Medicaid Only	806	661	0	10,137	8,690	0	101	121	516	11,044	9,472	516	21,032
People Served by Both Medicaid and Non-Medicaid Sources	792	735	0	7,202	6,318	0	67	64	259	8,061	7,117	259	15,437
Medicaid Status Unknown	639	734	0	5,176	5,409	0	211	267	103	6,026	6,410	103	12,539
Total Served	28,831	25,883	0	2,781	2,569	0	420	487	881	32,032	28,939	881	61,852

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 FY21 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.

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D. Population and Services Report

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

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

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
State Hospitals	544	2,189	2,161	0	0	0	0	0	0
Children (0 to 17 years)	0	0	0	0	0	0	0	0	0
Adults (18 yrs and over)	544	2,189	2,161	71	12	54	32	2,672	2,432
Age Not Available	0	0	0	0	0	0	0	0	0
Other Psychiatric Inpatient	0	0	0	0	0	0	0	0	0
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
Residential Tx Centers	0	0	0	0	0	0	0	0	0
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
Community Programs	37,919	37,367	0	0	0	0	0	0	0
Children (0 to 17 years)	15,411	13,253							
Adults (18 yrs and over)	22,317	22,700							
Age Not Available	191	1,414							

Comments on Data (State Hospital):

See "General Comments" tab

Comments on Data (Other Inpatient):

Comments on Data (Residential Treatment):

Comments on Data (Community Programs):

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

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 CMHC clients in SFY2021 with a dual diagnosis or co-integrated treatment indicated in the KS the number of persons with co-occurring mental health information system disorders.

4. State Mental Health Agency Responsibilities

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

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

b. Managed Care (Mental Health Managed Care)

Are Data for these programs reported on URS Tables?

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

5. Data Reporting: Please describe the extent to which your information 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: 7/1/2020 12:00:00 AM to 6/30/2021 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

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Footnotes:

D. Population and Services Report

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

Table 13A

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

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

	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	3,550	6,052	0	39	76	0	36	43	0	372	662	0	3	4	0	2,594	4,372	0	124	264	0	382	631	0			
13-17 years	4,262	3,889	0	65	61	0	37	31	0	364	353	0	8	5	0	3,119	2,888	0	138	156	0	531	395	0			
18-20 years	911	750	0	13	17	0	15	10	0	79	75	0	0	0	0	662	541	0	43	41	0	99	66	0			
21-24 years	408	413	0	4	16	0	7	6	0	49	66	0	2	1	0	285	268	0	27	19	0	34	37	0			
25-44 years	2,412	2,567	0	58	46	0	30	33	0	343	479	0	8	8	0	1,692	1,715	0	134	135	0	147	151	0			
45-64 years	2,423	2,136	0	60	61	0	22	30	0	352	440	0	4	3	0	1,765	1,443	0	92	90	0	128	69	0			
65-74 years	386	253	0	8	6	0	3	2	0	56	53	0	1	0	0	293	165	0	11	14	0	14	13	0			
75 and older	58	19	0	0	0	0	1	0	0	8	3	0	0	0	0	45	14	0	3	1	0	1	1	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			
Total	14,410	16,079	0	247	283	0	151	155	0	1,623	2,131	0	26	21	0	10,455	11,406	0	572	720	0	1,336	1,363	0			
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: 7/1/2020 Expenditure Period End Date: 6/30/2021

	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	3,097	5,313	0	435	713	0	18	26	0	3,550	6,052	0	9,602
13-17 years	3,612	3,376	0	610	484	0	40	29	0	4,262	3,889	0	8,151
18-20 years	798	653	0	108	86	0	5	11	0	911	750	0	1,661
21-24 years	376	361	0	29	46	0	3	6	0	408	413	0	821
25-44 years	2,246	2,342	0	138	181	0	28	44	0	2,412	2,567	0	4,979
45-64 years	2,314	2,038	0	95	77	0	14	21	0	2,423	2,136	0	4,559
65-74 years	382	244	0	4	8	0	0	1	0	386	253	0	639
75 and older	57	19	0	1	0	0	0	0	0	58	19	0	77
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
Total	12,882	14,346	0	1,420	1,595	0	108	138	0	14,410	16,079	0	30,489

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

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	7,812	9,941	0	911	750	0	5,243	5,116	0	444	272	0	0	0	0	14,410	16,079	0	30,489
State Psychiatric Hospitals	0	0	0	35	76	0	788	1,555	0	33	98	0	0	0	0	856	1,729	0	2,585
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).

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Footnotes:

E. Performance Indicators and Accomplishments

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

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

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

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
Employed: Competitively Employed Full or Part Time (includes Supported Employment)	500	242	0	4,210	3,220	0	76	40	0	0	0	6	4,786	3,502	6	8,294
Unemployed	476	328	0	6,191	5,741	0	383	243	0	0	0	22	7,050	6,312	22	13,384
Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	40	28	0	893	520	0	332	155	0	0	0	0	1,265	703	0	1,968
Not Available	1,211	1,016	0	6,011	4,571	0	659	348	0	0	0	853	7,881	5,935	853	14,669
Total	2,227	1,614	0	17,305	14,052	0	1,450	786	0	0	0	881	20,982	16,452	881	38,315

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

Clients Primary Diagnosis	Employed: Competitively Employed Full or Part Time (includes Supported Employment)	Unemployed	Not In Labor Force: Retired, Sheltered Employment, Sheltered Workshops, Other (homemaker, student, volunteer, disabled, etc.)	Employment Status Not Available	Total
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
Diagnosis Total	0	0	0	0	0

Footnotes:

E. Performance Indicators and Accomplishments

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

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

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

Adult Social Connectedness and Functioning Measures

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

Child/Family Social Connectedness and Functioning Measures

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

Recommended Scoring Rules

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

- Recode ratings of "not applicable" as missing values.
- Exclude respondents with more than 1/3 of the items in that domain missing
- Calculate the mean of the items for each respondent.
- FOR ADULTS: calculate the percent of scores less than 2.5 (percent agree and strongly agree).
- 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: 7/1/2020 Expenditure Period End Date: 6/30/2021

Adult Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	256	363	65.7%–75.1%
2. Reporting Positively about Quality and Appropriateness for Adults.	290	324	85.8%–92.5%
3. Reporting Positively about Outcomes.	98	565	14.5%–20.8%
4. Adults Reporting on Participation In Treatment Planning.	272	321	80.4%–88.3%
5. Adults Positively about General Satisfaction with Services.	123	327	32.4%–42.8%

Child/Adolescent Consumer Survey Results:	Number of Positive Responses	Responses	Confidence Interval*
1. Reporting Positively about Access.	195	246	73.9%–84.0%
2. Reporting Positively about General Satisfaction for Children.	194	243	74.3%–84.4%
3. Reporting Positively about Outcomes for Children.	209	300	63.7%–74.1%
4. Family Members Reporting on Participation In Treatment Planning for their Children.	206	243	79.8%–88.9%
5. Family Members Reporting High Cultural Sensitivity of Staff.	233	245	91.6%–97.3%

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:

See "General Comments" tab

Adult Consumer Surveys

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

1.a. If no, which version:

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

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

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

Adult Survey Approach

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

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

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

3. Please describe the populations included in your sample: (e.g., all adults, only adults with SMI, etc.) 1. All Adult Consumers In State
 2. Adults With Serious Mental Illness
 3. Adults Who Were Medicaid Eligible Or In Medicaid Managed Care
 4. Other (for example, if you survey anyone served in the last 3 months, describe that here):
Sample included all members who had received a mental health service within the last 12 months based on Medicaid claims data. Fee-for-service members were not included.

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

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

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

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

6. Sample Size and Response Rate

- 6.a. How Many surveys were Attempted (sent out or calls initiated)? 7,600
 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)? 7,600
 6.c. How many surveys were completed? (survey forms returned or calls completed) 577
 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts) 7.6 %
 6.e. If you receive "blank" surveys back from consumers (surveys with no responses on them), did you count these surveys as "completed" for the calculation of response rates? Yes No

7. Who Conducted the survey

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

* Report Confidence Intervals at the 95% confidence level

Note: The confidence interval is the plus-or-minus figure usually reported in newspaper or television opinion poll results. For example, if you use a confidence interval of 4 and 47% percent of your sample picks an answer you can be "sure" that if you had asked the question of the entire relevant population between 43% (47-4) and 51% (47+4) would have picked that answer.

The confidence level tells you how sure you can be. It is expressed as a percentage and represents how often the true percentage of the population who would pick an answer lies within the confidence interval. The 95% confidence level means you can be 95% certain; the 99% confidence level means you can be 99% certain. Most researchers use the 95% confidence level.

When you put the confidence level and the confidence interval together, you can say that you are 95% sure that the true percentage of the population is between 43% and 51%. (From www.surveysystem.com)

Child / Family Consumer Surveys

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

If no, please attach instrument used.

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

Child Survey Approach

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

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

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

Survey included all members who received a mental health service within the last 12 months based on Medicaid claims data.

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

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

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

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

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

6. Sample Size and Response Rate

- 6.a. How Many surveys were Attempted (sent out or calls initiated)? 7,600
- 6.b. How many survey Contacts were made? (surveys to valid phone numbers or addresses)? 7,600
- 6.c. How many surveys were completed? (survey forms returned or calls completed) 384
- 6.d. What was your response rate? (number of Completed surveys divided by number of Contacts) 5.1 %
- 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)

Expenditure Period Start Date: 7/1/2020 Expenditure Period End Date: 6/30/2021

Adult Consumer Survey Results:

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

Child/Adolescent Family Survey Results:

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

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

Comments on Data:

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

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Private Residence	Foster Home	Residential Care	Crisis Residence	Children's Residential Treatment	Institutional Setting	Jail / Correctional Facility	Homeless / Shelter	Other	NA	Total
0-17	15,587	1,970	0	38	411	73	39	28	689	4,702	23,537
18-64	19,776	78	595	3	40	102	12	1,738	1,203	11,651	35,198
65+	1,056	0	33	0	0	80	0	31	30	1,006	2,236
Not Available	69	16	0	2	1	0	0	4	3	786	881
TOTAL	36,488	2,064	628	43	452	255	51	1,801	1,925	18,145	61,852
Female	19,117	988	287	25	169	132	11	754	942	9,607	32,032
Male	17,302	1,060	341	16	282	123	40	1,043	980	7,752	28,939
Not Available	69	16	0	2	1	0	0	4	3	786	881
TOTAL	36,488	2,064	628	43	452	255	51	1,801	1,925	18,145	61,852
American Indian/Alaska Native	543	45	13	0	6	7	0	47	44	359	1,064
Asian	292	11	4	1	2	1	0	11	13	225	560
Black/African American	3,537	340	59	6	55	22	8	351	204	1,295	5,877
Hawaiian/Pacific Islander	51	4	1	0	1	0	0	8	1	34	100
White/Caucasian	26,887	1,377	469	26	314	191	33	1,179	1,393	13,921	45,790
More than One Race Reported	1,337	65	40	2	20	14	3	108	87	697	2,373

Race/Ethnicity Not Available	3,841	222	42	8	54	20	7	97	183	1,614	6,088
TOTAL	36,488	2,064	628	43	452	255	51	1,801	1,925	18,145	61,852

	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	3,028	174	23	3	49	7	5	100	140	1,821	5,350
Non Hispanic or Latino Origin	33,157	1,859	598	38	400	247	46	1,672	1,759	14,938	54,714
Hispanic or Latino Origin Not Available	303	31	7	2	3	1	0	29	26	1,386	1,788
TOTAL	36,488	2,064	628	43	452	255	51	1,801	1,925	18,145	61,852

Comments on Data:	See "General Comments" tab
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: 7/1/2020 Expenditure Period End Date: 6/30/2021

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					10	0	0	9,602
13-17 years					9	0	0	8,151
18-20 years	66	58	0	1,661	1	0	0	0
21-64 years	1,829	770	0	10,359				
65-74 years	120	26	0	639				
75+ years	12	1	0	77				
Not Available	0	0	0	0	0	0	0	0
Total	2,027	855	0	12,736	20	0	0	17,753

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	1,044	394	0	6,598	12	0	0	7,812
Male	983	461	0	6,138	8	0	0	9,941
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	38	21	0	289	0	0	0	241
Asian	16	13	0	159	0	0	0	147
Black / African American	402	191	0	2,003	3	0	0	1,751
Hawaiian / Pacific Islander	6	1	0	27	0	0	0	20
White	1,414	550	0	8,888	14	0	0	12,973
More than one race	86	49	0	610	0	0	0	682
Not Available	65	30	0	760	3	0	0	1,939

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	88	51	0	773	1	0	0	2,242
Non Hispanic / Latino	1,926	793	0	11,830	19	0	0	15,398
Not Available	13	11	0	133	0	0	0	113

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

Comments on Data (overall):

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

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

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

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

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

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

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

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/Adolecents 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 Center Early Intervention Treatment Team	18	23	2	2	Yes <input checked="" type="radio"/> No <input type="radio"/>				Yes <input checked="" type="radio"/> No <input type="radio"/>
Valeo NAVIGATE Early Intervention	12	24	1	1	Yes <input checked="" type="radio"/> No <input type="radio"/>				Yes <input checked="" type="radio"/> No <input type="radio"/>
Four County Mental Health Center-Navigate Program	0	4	1	2	Yes <input checked="" type="radio"/> No <input type="radio"/>				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: 7/1/2020 Expenditure Period End Date: 6/30/2021

ADULTS WITH SERIOUS MENTAL ILLNESS				
	Receiving Family Psychoeducation	Receiving Integrated Treatment for Co-occurring Disorders (MH/SA)	Receiving Illness Self Management	Receiving Medication Management
Age				
18-20	0	54	0	0
21-64	0	1,482	0	0
65-74	0	60	0	0
75+	0	1	0	0
Not Available	0	0	0	0
TOTAL	0	1,597	0	0

Gender				
Female	0	708	0	0
Male	0	889	0	0
Not Available	0	0	0	0

Race				
American Indian or Alaska Native	0	35	0	0
Asian	0	8	0	0
Black or African American	0	278	0	0
Native Hawaiian or Pacific Islander	0	6	0	0
White	0	1,103	0	0
More Than One Race	0	108	0	0
Unknown	0	59	0	0

Ethnicity				
Hispanic / Latino origin	0	85	0	0

Non Hispanic / Latino	0	1,501	0	0
Hispanic origin not available	0	11	0	0

Do you monitor fidelity for this service?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
IF YES,				
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: 7/1/2020 Reporting Period End Date: 6/30/2021

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
Total	0	0	0	663	14873	3015	0	0	0	0	0	0	0	0	0	0	0	0
Total Children/Youth (under age 18)	0	0	0	138	8296	1062	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	42	3232	458	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	96	5064	604	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
Total Adults (age 18 and over)	0	0	0	525	6577	1953	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	204	3507	1035	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	321	3070	918	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
Total	0	0	0	218	5970	5750	0	0	0	0	0	0	0	0	0	0	0	0
Total Children/Youth (under age 18)	0	0	0	53	4110	4094	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	23	1891	2166	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	30	2219	1928	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
Total Adults (age 18 and over)	0	0	0	165	1860	1656	0	0	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	46	931	875	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	119	929	781	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

1. 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.
2. 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.
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: 7/1/2020 Reporting Period End Date: 6/30/2021

For Consumers in Service for at least 12 months

	T1			T2			T1 to T2 Change						Impact of Services				Total Responses	
	# 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	0	0	0	815	8,495	1,374	0	0	0	0	0	0	0	0	0	0	0	0
Gender																		
Female	0	0	0	253	3,489	604	0	0	0	0	0	0	0	0	0	0	0	0
Male	0	0	0	562	5,006	770	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
Age																		
Under 18	0	0	0	788	7,632	1,075	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				Total Responses	
	"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		# Greater (Improved)	# Stayed the Same	# Fewer days (gotten worse)	# Not Applicable		No Response
	# 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	0	0	0	363	4,094	4,110	0	0	0	0	0	0	0	0	0	0	0	
Gender																		
Female	0	0	0	126	1,938	2,187	0	0	0	0	0	0	0	0	0	0	0	
Male	0	0	0	237	2,156	1,923	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	
Age																		
Under 18	0	0	0	358	3,975	3,922	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:

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

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

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

State Comments/Notes:

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	1952	168	370	8.61 %	18.95 %
Age					
0-12 years	0	0	0	0.00 %	0.00 %
13-17 years	0	0	0	0.00 %	0.00 %
18-20 years	104	8	11	7.69 %	10.58 %
21-64 years	1784	153	352	8.58 %	19.73 %
65-74 years	56	6	6	10.71 %	10.71 %
75+ years	8	1	1	12.50 %	12.50 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	775	69	159	8.90 %	20.52 %
Male	1177	99	211	8.41 %	17.93 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	23	1	4	4.35 %	17.39 %
Asian	14	1	4	7.14 %	28.57 %
Black/African American	324	19	58	5.86 %	17.90 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
White	1387	128	258	9.23 %	18.60 %

More than one race	128	13	28	10.16 %	21.88 %
Race Not Available	76	6	18	7.89 %	23.68 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	174	16	46	9.20 %	26.44 %
Non Hispanic/Latino	1762	150	320	8.51 %	18.16 %
Hispanic/Latino Origin Not Available	16	2	4	12.50 %	25.00 %

Are Forensic Patients Included? Yes No

Comments on Data:

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

	Total number of Discharges in Year	Number of Readmissions to ANY STATE Hospital within		Percent Readmitted	
		30 days	180 days	30 days	180 days
TOTAL	209	4	16	1.91 %	7.66 %
Age					
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	196	4	16	2.04 %	8.16 %
65-74 years	7	0	0	0.00 %	0.00 %
75+ years	2	0	0	0.00 %	0.00 %
Not Available	0	0	0	0.00 %	0.00 %
Gender					
Female	39	0	1	0.00 %	2.56 %
Male	170	4	15	2.35 %	8.82 %
Gender Not Available	0	0	0	0.00 %	0.00 %
Race					
American Indian/Alaska Native	4	0	0	0.00 %	0.00 %
Asian	1	0	0	0.00 %	0.00 %
Black/African American	64	1	5	1.56 %	7.81 %
Hawaiian/Pacific Islander	0	0	0	0.00 %	0.00 %
White	118	3	8	2.54 %	6.78 %

More than one race	20	0	2	0.00 %	10.00 %
Race Not Available	2	0	1	0.00 %	50.00 %
Hispanic/Latino Origin					
Hispanic/Latino Origin	17	3	3	17.65 %	17.65 %
Non Hispanic/Latino	185	1	13	0.54 %	7.03 %
Hispanic/Latino Origin Not Available	7	0	0	0.00 %	0.00 %

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: 7/1/2020 Expenditure Period End Date: 6/30/2021

	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
TOTAL	0	0	0	0.00 %	0.00 %
Age					
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 %
Gender					
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 %
Race					
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 %
Hispanic/Latino Origin					

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

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

GOVERNOR LAURA Kelly

November 17, 2021

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 ten 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, Problem Gambling, Evidence Based Practices and the Kansas Citizen's Committee on Alcohol and Drugs (KCC). The KCC is a unique subcommittee in that it is established under its own Kansas statute with the purpose to review the substance use disorders service system in Kansas and advise the Secretary on issues and needs for services. The GBHSPC also plans to establish two additional subcommittees including one on Peer Support Services in early 2022. This Subcommittees' membership will primarily be filled by persons with lived experience who are engaged in providing peer services across Kansas. The other will be on Aging Populations and will be developed later in the year.

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

The reports from FY 2020 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 were utilized by the Kansas Legislature's Mental Health Modernization legislative committee for development of a ten-year planning recommendation to the legislature. This legislative committee resumed again this year and requested that the FY 2021 reports from the GBHSPC subcommittee will be submitted to the committee for review and recommendations in this ongoing process in the 2022 legislative session.

This letter is confirmation that the Kansas FY2022 Substance Abuse Prevention and Treatment Block Grant report and the FY2022 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.

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