

Strategy/Priority Area Revisions Made from KFA January Meeting

Treatment

1. Expand access to treatment for those who are uninsured/underinsured
2. Expand MAT/MOUD services
3. Facilitate integration of mental health and SUD services
4. Naloxone distribution in treatment centers and criminal justice settings
5. Expand telehealth services for SUD treatment services, including MAT/MOUD
6. Coordinate a continuity of care model for high-risk populations including individuals discharged from hospitals and justice-involved populations (jail-based SUD treatment and effective re-entry programs)
7. Target treatment resources to high impact, low-capacity geographical areas (rural/frontier)
8. Increase coordination across the continuum of care to mitigate gaps and barriers and ensure appropriate access, navigation, and intentional transition to the next level of care needed
9. Expand access to adolescent treatment services

Recovery

1. Peer recovery services
2. Expand recovery housing
3. Expand the recovery ecosystem
4. Adolescent recovery services
5. Target recovery resources to high impact, low-capacity geographical areas (rural/frontier)

Harm Reduction

1. Targeted naloxone distribution
2. Expand social detoxification services
3. Expand access to HIV and HCV/HBV testing and treatment (e.g., PrEP)
4. Condom distribution/safe sex education among IV drug users

Linkages to Care

1. Expand and coordinate overdose/behavioral health outreach teams
2. Post-overdose linkage to care policies in hospitals/Emergency Departments
3. Community health worker (CHW)/peer navigation for those with SUD
4. Implement SUD screening and referral processes (e.g., SBIRT)
5. Implement/expand referral management systems (e.g., Integrated Referral and Intake System)

Prevention

1. Universal primary prevention strategies that increase protective factors and address overall health, resiliency, and wellness among all ages (children, youth, young adults, adults including parents, caregivers, etc.)
2. Expand public awareness of drug overdose epidemic and state/local resources
3. Expand implementation of school-based programming and other prevention programming targeted to children, youth, and young adults
4. Expand state and local polysubstance use prevention initiatives
5. Expand medication disposal interventions
6. Community-level strategic planning
7. Youth-led prevention activities
8. Enhance partnerships between SUD/behavioral health providers and prevention providers (coalitions, schools, etc.)

Providers and Health Systems

1. Facilitate patient's continuity of care by increasing service integration between health care disciplines, effective care coordination, and referrals management
2. Expand telehealth services for SUD treatment services, including MAT/MOUD
3. Expand implementation of CDC opioid prescribing guidelines within Kansas health systems
4. Expand provider and preprofessional education opportunities (e.g., trainings on SUD prevention/treatment, screening processes, controlled substances prescribing, medication disposal programs, wraparound services, clinical support tools)
5. Implement clinical quality improvement initiatives directed toward more effective pain management, standard of care for controlled substances prescribing and dispensing, and/or risk reduction
6. Training and provision of trauma-informed care
7. Screen for fentanyl in routine clinical toxicology testing
8. Expand implementation of best practices for treating people who can become pregnant, including safe and effective pain management, pregnancy testing, preconception counseling, and contraception access (including long-acting reversible contraception)
9. Expand utilization of the prescription drug monitoring program, K-TRACS
10. Increase the number of DATA 2000-waivered providers and expand utilization of existing waivers to treat MAT/MOUD patients
11. Identify and disseminate best practices for prescribing psychotropic medication (e.g., anxiolytics, psychostimulants)
12. Neonatal abstinence syndrome/neonatal opioid withdrawal syndrome education and resources

Public Safety and First Responders

1. Expand law enforcement and first responder access to naloxone and associated resources, including education and policy resources
2. Enhance efforts to reduce the illicit drug supply/interdiction
3. Enhance public safety collaboration with community-based organizations
4. Expand mental/behavioral health and drug courts
5. Expand diversion programs as an alternative to incarceration for nonviolent drug offenders
6. Expand implementation of Crisis Intervention Teams (CIT)
7. Increase capacity of law enforcement and first responders to effectively respond to individuals with SUD
8. Implement standardized SUD screening, treatment, and care coordination and continuity services into the criminal justice system
9. Expand first responder/public safety onboarding and data entry using the Overdose Detection Mapping Application Program (ODMAP)