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# **Kansas Fights Addiction Board (KFA)**

**Landscape Analysis & Framework to Begin Planning**

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# **Section 1**

## **Timeline & History**

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## Timeline of the Opioid Epidemic Overlaid with US and KS Overdose Death Rates

### Early History

1860- Civil War, medics use morphine as battlefield anesthetic

1898 – Heroin produced commercially and dispensed to those addicted to morphine

1924 – Anti-Heroin Act bans production/ sale of heroin

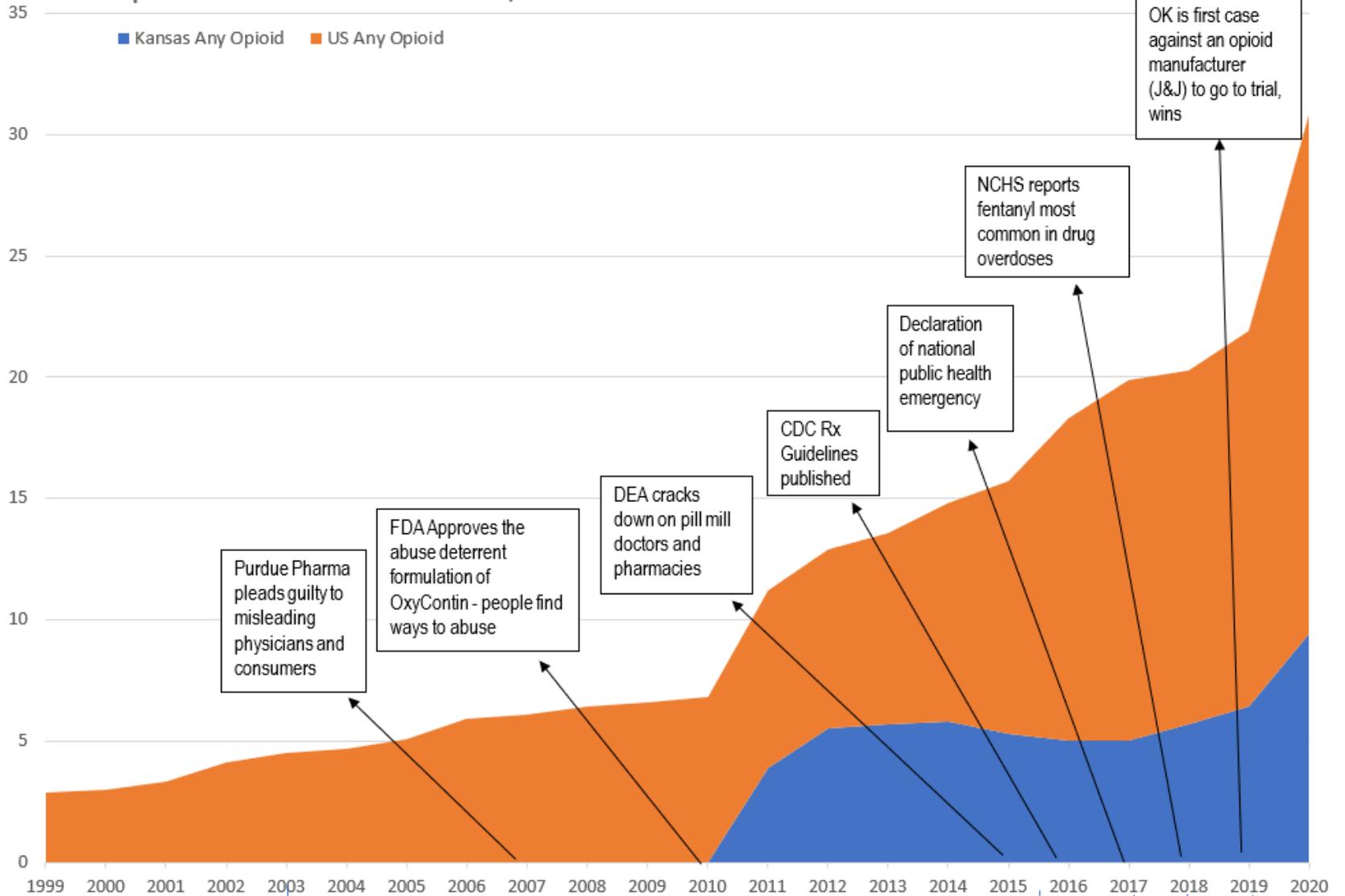
1970 – Controlled Substances Act

1980 – NEJM letter to the editor "Addiction Rare in Patients Treated with Narcotics"

1990's – overdoses start to rise with sharp increase in prescribing

1995- OxyContin comes to market as "safe" long-acting pain management medication

### Opioid Overdose Rate Per 100,000 US vs. Kansas



Purdue Pharma pleads guilty to misleading physicians and consumers

FDA Approves the abuse deterrent formulation of OxyContin - people find ways to abuse

DEA cracks down on pill mill doctors and pharmacies

CDC Rx Guidelines published

Declaration of national public health emergency

NCHS reports fentanyl most common in drug overdoses

OK is first case against an opioid manufacturer (J&J) to go to trial, wins

## Kansas Timeline

SB123 passed to provide SUD treatment for non-violent drug offenders

KS staff attend National Prescription Drug Policy Academy focused on Rx drug/opioid issues

KS receives PFS and DDPI grants. KPDOAC established – needs assessment begins

KS receives STR grant, 1<sup>st</sup> Annual Opioid Con, KDOC attends NGA

KPDOAC state plan and Governor's SUD Task Force report are both published

SOR, OD2A, KS files lawsuit w/ Purdue Pharma

Fentanyl ODs ↑ in KS, statewide naloxone program start

KS 2021 - ↑ fentanyl & stimulant ODs continue, KS receives SPF Rx Grant  
 KS 2022 – Fentanyl test strips bill fails, KPDOAC new state plan needs assessment begins

## History of the Opioid Epidemic Nationally and in Kansas

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During the Civil War in the 1860s, medics used morphine as a battlefield anesthetic. In 1898, heroin was produced commercially; it was believed to be less habit forming than morphine; and it was dispensed to those addicted to morphine. In 1924, the Anti-Heroin Act banned the production and sale of heroin. In 1970, the Controlled Substances Act became law and drugs were classified (scheduled) based on their medical application and potential for abuse – ranging from the most dangerous (Schedule I) with little evidence of medical use and high potential for abuse i.e., heroin, to (Schedule V) with lower potential for abuse i.e., cough medicine with low amounts of codeine. Methamphetamine, fentanyl, and oxycodone all fall under Schedule II.

In 1980, a letter to the editor titled “*Addiction Rare in Patients Treated with Narcotics*” is published in the New England Journal of Medicine - the letter reported results of a case review/study with a very specific population of patients that were hospitalized and closely monitored. This population did not include patients that were prescribed opioids outside of the hospital setting. However, this letter was later widely cited as evidence that opioid narcotics are a safe treatment for chronic pain outside of hospital settings. This letter was also utilized in Purdue Pharma’s marketing of OxyContin.

In the 1990’s we begin to see opioid prescribing rates increase rapidly. In 1995, Purdue Pharma begins manufacturing and aggressively marketing OxyContin, a slow release long-acting version of oxycodone and identified as a safer pain medication.

In 2007, Purdue Pharma pleads guilty for misleadingly advertising suggesting that OxyContin is safer and less addictive than other opioids. In 2010, the FDA approves an abuse deterrent formulation of OxyContin; however, people still find ways to abuse the medication.

**KS 2008** – K-TRACS established by KSA 65-1681 Prescription monitoring program act.

**KS 2010**- Pharmacies required to enter controlled substance prescriptions into K-TRACS system.

**Kansas 2014** – Leaders from Kansas attend a national Prescription Drug Policy Academy to start developing an approach to the opioid epidemic in Kansas.

**US 2015** - we begin to see a sharp increase in criminal charges filed against doctors and providers operating pill mills. Pill mills are claimed to be pain clinics that dispense large amounts of opioids. Typically, these pill mills were open 7 days a week and an individual could show up to the clinic, claim they have pain with no assessment, pay cash and leave with an opioid prescription.

**Kansas Late 2015 –2016**

- **Kansas receives the Partnerships for Success 2015 (PFS) Prescription Drug Prevention Initiative grant (5 year) from SAMHSA and the Data Driven Prevention Initiative (DDPI) (2 year) from the CDC and includes statewide strategic planning and implementation as well as funding to communities to address the opioid epidemic.** KDADS and KDHE come together to fund DCCCA to develop the Kansas Prescription Drug and Opioid Advisory Committee (KPDOAC) and five-year state plan. The KPDOAC continues to serve as a centralized hub for statewide multi-disciplinary collaboration and coordination to ensure the state is best leveraging funds and avoiding duplication. Comprised of over 40 different agencies across the state. The statewide needs assessment begins.

**US 2016** – CDC Prescribing Guidelines are published to curb opioid prescribing and increase best practices.

**US 2017** – opioid epidemic is declared a national public health emergency.

**Kansas 2017** –

- **Kansas receives the State Targeted Response to the Opioid Crisis (STR)** grant from SAMHSA for opioid treatment and prevention initiatives. KDADS funds 4 regional treatment providers to increase access to treatment services across the state – 2-year grant.

#### **Kansas 2017 Continued -**

- **KPDOAC subcommittees with subject matter expertise by priority area, are established to develop their section of the state plan including the following subcommittees: Data, Prevention, Treatment and Recovery, Law Enforcement, Prescribing/Provider Education, and Neonatal Abstinence Syndrome.**
- **Naloxone bill also passes this year in Kansas.**  
[http://www.kslegislature.org/li/2018/b2017\\_18/measures/hb2217/](http://www.kslegislature.org/li/2018/b2017_18/measures/hb2217/)
- **Kansas (Kansas Department of Corrections (KDOC)) is selected as one of eight states to participate in the National Governor’s Association (NGA) learning lab to expand access to Opioid Use Disorder (OUD) treatment for justice-involved populations.**
- **First annual Kansas Opioid Conference is held in Topeka.** Brings together over 350 individuals across a variety of disciplines to begin to build a collaborative understanding and approach to the crisis in Kansas. Included tracks on prescribing, prevention, treatment and recovery, and law enforcement.

**US 2018-** NCHS reports fentanyl is the most common drug causing overdoses.

**Kansas 2018 – The KPDOAC state plan and the Governor’s Substance Use Disorder (SUD) Task Force report are both published. Initiatives occurring in Kansas this year included:**

- KDADS/DCCCA, Partnerships for Success 2015 (PFS) (2015-2020)
  - Statewide prescription drug prevention initiatives and state plan
  - Funding to local community coalitions in high-risk areas for rx prevention
  - Pharmacy medication disposal pilot projects
  - Awareness campaigns
- KDHE, Data Driven Prevention Initiative (DDPI) (2016 – 2018)
  - State planning
  - Improving data collection and analysis at the state and local level
  - Initiatives to enhance and maximize KTRACS and integration of EHRs with KTRACS system to make it easier and more efficient to use.
  - Provider education on prescribing best practices, KTRACS usage, MAT, etc. and implementation of Vermont Oxford Network Neonatal Abstinence Syndrome training to all birthing centers in Kansas
  - Awareness campaigns
- KDADS/Regional Treatment Providers, State Targeted Response to the Opioid Crisis (STR) (2017-2019)
  - Regional funding for SUD treatment services and prevention activities
  - Awareness campaigns
- KDOC National Governors Association
- KTRACS initiatives to improve prescribing practices and utilization of KTRACS. Also added Gabapentin to list of drugs of concern to be tracked by KTRACS.
- Governor’s SUD Task Force established March 2018 and report completed September 2018. Task Force reviewed drafted state plan from the KPDOAC, gathered public comment, and developed a report of prioritized recommendations.
- Kansas Foundation for Medical Care Special Innovation Project from CMS improving outcomes related to opioid use among Medicare consumers
- KUMC Kansas Partnership for Pain Management to improve outcomes related to assessment and management of chronic pain
- Kansas Poison Control Center medication safety education and poison prevention initiatives to prevent accidental medication mistakes/poisoning

- Project ECHO – began hosting series on SUD/ODU issues
- Topeka Collaborative on Chronic Pain – Providers in Shawnee County collaborating to improve outcomes related to opioid issues and prescribing practices in their community and provider networks.

#### **Kansas 2018 Continued -**

- Kansas Opioid Conference
- Kansas Pharmacists Association education to pharmacies on safe medication disposal, K-TRACS, pain management, and other best practices.
- Joint Committee on Opioid Misuse comprised of KHA and KMS assess the chronic pain management issue in Kansas and disseminate findings to providers and policy makers.
- Policy to develop and implement opioid prescribing policies and prior authorizations for Medicaid beneficiaries, managed care, and FFS.
- Policy proposed to suspend rather than terminate Medicaid benefits upon incarceration to ensure access to needed health and behavioral health care and medications upon release.

**US March 2019 (Purdue)** - Purdue agrees to pay a \$270 million to settle a historic lawsuit brought by the Oklahoma attorney general. The settlement will be used to fund addiction research and help cities and counties with the opioid crisis.

**US September 2019 (Purdue)** - Purdue files for bankruptcy as part of a \$10 billion agreement to settle opioid lawsuits. According to a statement from the chair of Purdue's board of directors, the money will be allocated to communities nationwide struggling to address the crisis.

#### **Kansas 2019**

- **STR grant becomes the State Opioid Response grant (SOR).** Kansas is awarded and transitions from having 4 providers that service the entire state to utilizing the Managed Care Organization (MCO) for SUD treatment services to open funding to 44 treatment providers to be able to provide and bill for opioid use disorder treatment services (2019-2021)
- **DDPI grant becomes the Overdose Data to Action (OD2A) grant** and is awarded to Kansas. Expands activities from DDPI to include community level funding for overdose prevention and planning.
- **May 2019 – KS files lawsuit against Purdue Pharma**
- **KPDOAC publishes first annual report and update to the state plan**

**US February 25, 2020 (Mallinckrodt)** - a large opioid manufacturer, reaches a settlement agreement worth \$1.6 billion. Mallinckrodt says the proposed deal will resolve all opioid-related claims against the company and its subsidiaries if it moves forward. Plaintiffs would receive payments over an eight-year period to cover the costs of opioid-addiction treatments and other needs.

**US October 21, 2020 (Purdue & Sackler)** - The Justice Department announces that Purdue Pharma, the maker of OxyContin, has agreed to plead guilty to three federal criminal charges for its role in creating the nation's opioid crisis. They agree to pay more than \$8 billion and close down the company. The money will go to opioid treatment and abatement programs. The Justice Department also reached a separate \$225 million civil settlement with the former owners of Purdue Pharma, the Sackler family. In November 2020, Purdue Pharma board chairman Steve Miller formally pleads guilty on behalf of the company.

#### **Kansas 2020**

- **Synthetic Opioids/Fentanyl overdoses begin to rise in Kansas.**
- **2020 - Statewide coordinated naloxone program established** through SOR grant at DCCCA. This initiative was developed in response to reports of duplication across grantees implementing separate naloxone programs. Having a statewide program best leverages funds and avoids this sort of duplication. **(Still active as of 8/1/22)**

- **Statewide Operation Prevention education program established under SOR** to provide education for school-aged children. Due to the pandemic DCCCA and WSU worked together to develop virtual learning opportunities for the Operation Prevention curriculum and began funding local communities for implementation of programming. **(Still active as of 8/1/22)**
- **SOR Tribal needs assessment and initiative began.** DCCCA funded by KDADS to work with tribal communities on assessment and to later provide them with funding to implement prevention and treatment strategies within their communities. Primarily working with Prairie Band Pottawatomie Nation who offers programming to other tribes in the state. **(Still active as of 8/1/22)**
- **KPDOAC publishes second annual report and update to the state plan**
- **PFS grant ends.**

**US March 15, 2021 (Purdue)** - According to court documents, Purdue files a restructuring plan to dissolve itself and establish a new company dedicated to programs designed to combat the opioid crisis. As part of the proposed plan, the Sackler family agrees to pay an additional \$4.2 billion over the next nine years to resolve various civil claims.

**US September 1, 2021 (Purdue & Sackler)** - In federal bankruptcy court, Judge Robert Drain rules that Purdue Pharma will be dissolved. The settlement agreement resolves all civil litigation against the Sackler family members, Purdue Pharma and other related parties and entities, and awards them broad legal protection against future civil litigation. The Sackler's will relinquish control of family foundations with over \$175 million in assets to the trustees of a National Opioid Abatement Trust. On December 16, 2021, a federal judge overturns the settlement.

#### Kansas 2021

- **Synthetic Opioids/Fentanyl overdoses continue to rise dramatically in Kansas.**
- **Kansas receives the Strategic Prevention Framework Prescription Drug (SPF Rx) grant** from SAMSHA for statewide strategic planning and implementation. KDADS funds DCCCA and KBOP for grant implementation.
- **SOR and OD2A grants continue**
- **KPDOAC publishes third annual report and update to the state plan**
- **Kansas Opioid Conference becomes the Kansas Opioid and Stimulant Conference** due to increases in overdoses due to stimulants and added as a funded priority within OD2A and SOR grants.

**US March 3, 2022 (Sackler)** - The Sackler families reaches a settlement with a group of states the first week of March, according to court filings. The settlement, ordered through court-ordered mediation that began in January, requires the Sackler's to pay out as much as \$6 billion to states, individual claimants and opioid crisis abatement, if approved by a federal bankruptcy court judge.

#### Kansas 2022

- **HB 2277, Fentanyl test strips bill proposed** to create an exclusion of fentanyl test strips from the drug paraphernalia KSA to decriminalize them and allow for use as an overdose prevention strategy. Dies in Senate Committee. [http://www.kslegislature.org/li/b2021\\_22/measures/hb2277/](http://www.kslegislature.org/li/b2021_22/measures/hb2277/)
- **KPDOAC begins the needs assessment process to develop the new five-year strategic plan.**
  - **April – July 2022: Public Comment Survey**
    - **Received 825 responses from 85 counties**
    - **Data analysis in progress**
    - Questions included county, level of concern with drug overdose in their community, awareness of resources for drug overdose prevention in their community and how easy they are to access, and what resources, policies, or actions they believe are needed in their community and/or Kansas.
  - **July – August 7 (likely will extend deadline): Partner/Professionals/Key Informant survey and interviews**

- **Key informant interviews began in July.** Interviews will be completed with individuals with subject matter expertise in each identified priority area including Persons in recovery, treatment providers, law enforcement, healthcare providers, policy makers, educators, prevention professionals
- **Survey opened July 2022 – August 2022**
  - **Questions include** name, organization, occupation, county, sector they represent, selection of their top 5 priority areas they feel is most important for Kansas to address, follow-up questions based on those responses to prioritize strategies related to each area they prioritized, open-ended question about what resources, policies, or actions they think is needed in Kansas to address drug overdose
  - **Interviews go more in depth than the survey. Interview Questions include** role/organization, county, unique burden questions related to each priority area about how SUD/drug overdose has impacted their organizations, themselves, or their community, what type of services they provide, what services, policies, or resources they think are needed in their community, and what recommendations they have for the state to address the epidemic.
- **Indicator development and data analysis**
- **New plan estimated to be written by Nov. 10 to release at the 6<sup>th</sup> annual Kansas Opioid Conference.**

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**Section 2**

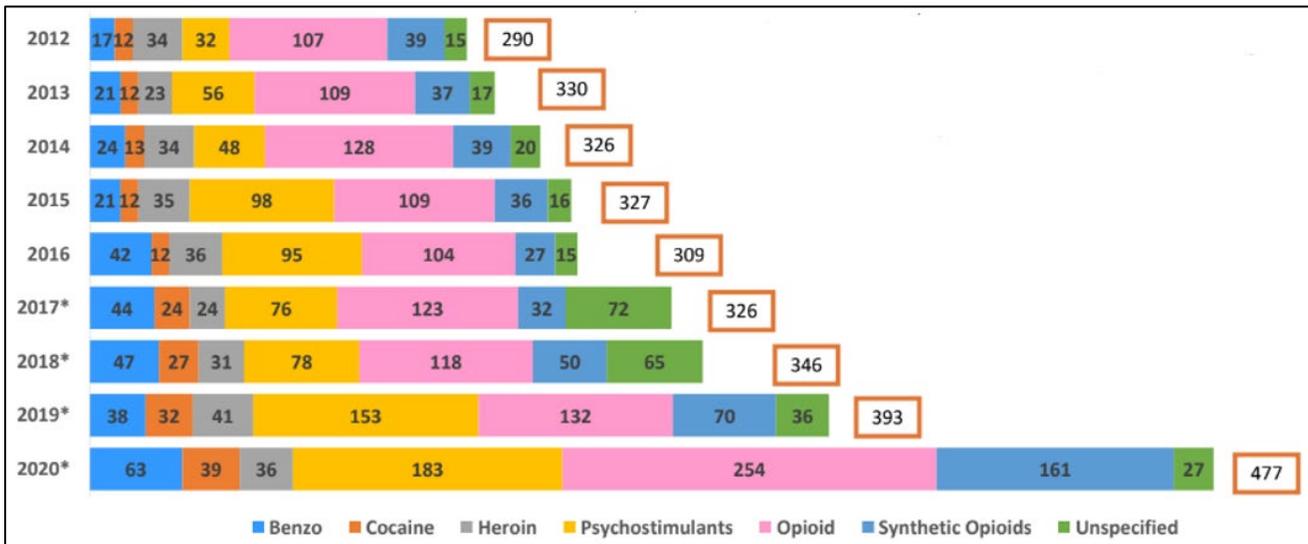
**Current Status of Drug Overdose Death  
Epidemic - National & State Data**

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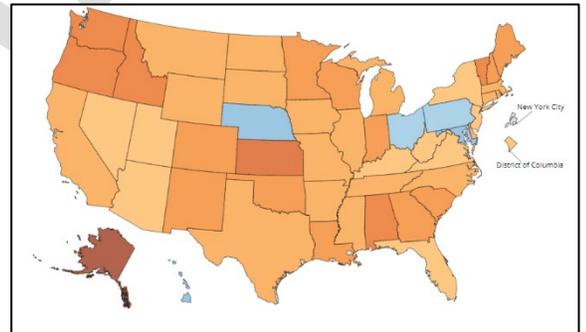
# Current Status of the Drug Overdose Death Epidemic – National and State Data

CDC data from 1999 to 2020 reports that nearly 1 million people have died from drug overdose (932,000) in the United States. From January 2021 to January 2022, it is estimated that an additional 105,700 died from drug overdose; once this data is finalized, we will have surpassed a million lives lost from this epidemic.

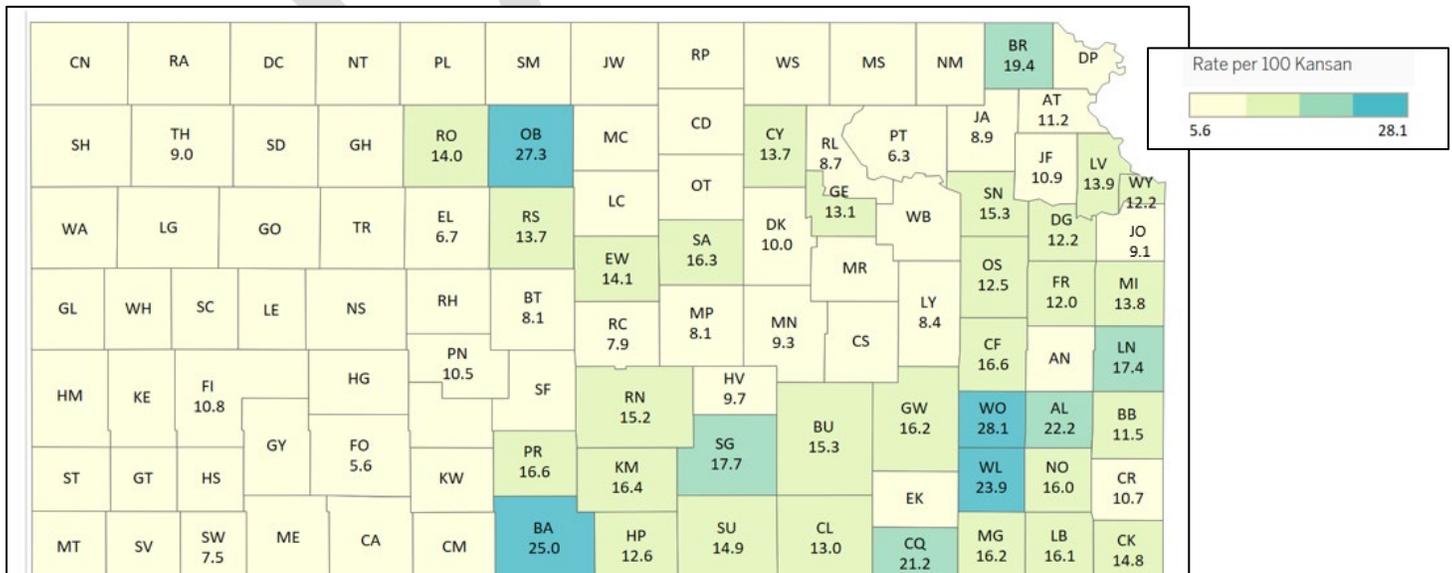
From 2018 – 2020 in Kansas our drug overdose death rate has surpassed the highest ever reported drug overdose deaths each year with 346 in 2018; 393 in 2019; and a significant increase in 2020 with 477. This significant increase is predicted to have worsened in 2021 with nearly 700 drug overdose deaths predicted. The leading causes of drug overdose deaths are synthetic opioids and psychostimulants.



According to provisional data, from February 2021 to February 2022, Kansas saw a 38.18% increase in drug overdose deaths, the second highest increase in the country behind Alaska at 68.08%; the third ranking state was Vermont with a 32.99% increase.

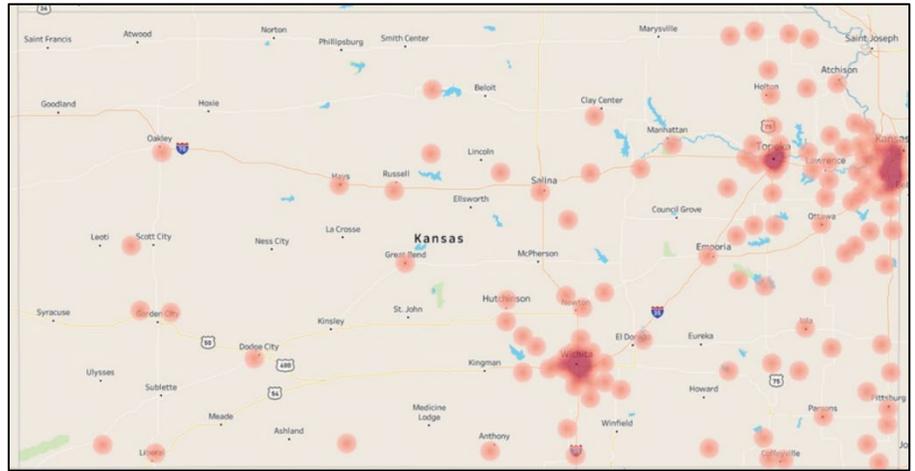


Counties in Kansas with the highest drug overdose death rates between 2010-2020 were Woodson (28.1), Osborne (27.3), Barton (25.0), Wilson (23.9), Allen (22.2), Brown (19.4), Sedgwick (17.7), and Linn (17.4).



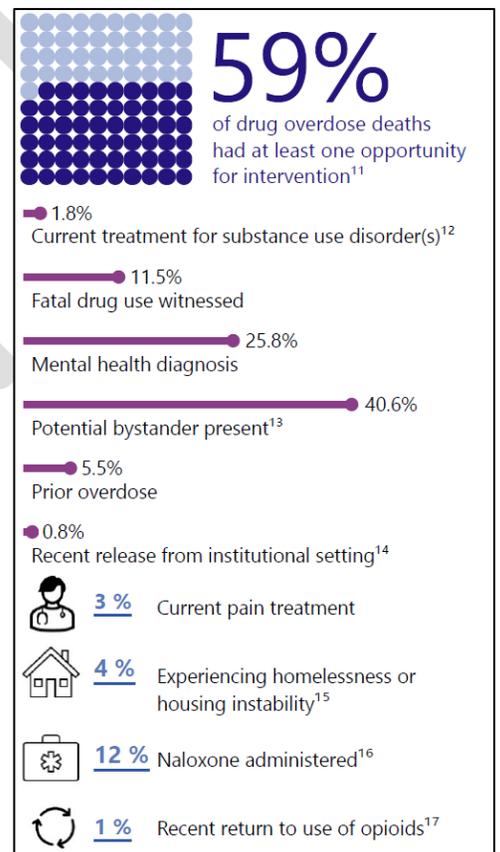
**Kansas July 2020 – June 2021 State Unintentional Drug Overdose Reporting System (SUDORS) Data Report**

- 538 overdose deaths – an increase of 40.5% from the previous 1-year period.
- Majority were male (66.2%), White 71.4%, non-Hispanic Black 11.3% and the age groups with highest rates were 35-44 and 25-34.
- Most common drug types involved were any opioid (58%); fentanyl (43.3%); and Methamphetamine (42.4%).
- Greatest density of overdose deaths occurred in urban areas such as Kansas City metro, greater Wichita area, and Shawnee County.
- Those with lower educational attainment (High school diploma/GED) experienced the highest number of overdose deaths 45.9%



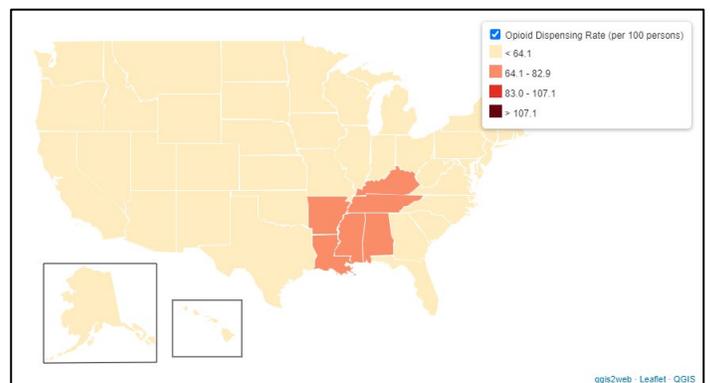
**Kansas 2020 SUDORS Data Report - Unintentional and Undetermined Intent Drug Overdose Deaths**

- 433 total Unintentional and Undetermined Intent Drug Overdose Deaths in 2020
- Highest numbers were Male (66%), Aged 25-34 (21.2%), and White (75.5%)
- Black, non-Hispanic population had the highest overdose death rate per 100,000 at 27.6%
- Drug Type
  - 56% of deaths involved at least one opioid
  - 52% of deaths involved at least one stimulant
  - 42% of deaths involved methamphetamine
  - 35% involved illicitly manufactured fentanyl
- 41% of drug overdose deaths had a potential bystander present that may have had the opportunity to provide life-saving actions.
- Months with highest numbers of overdose deaths were May – August



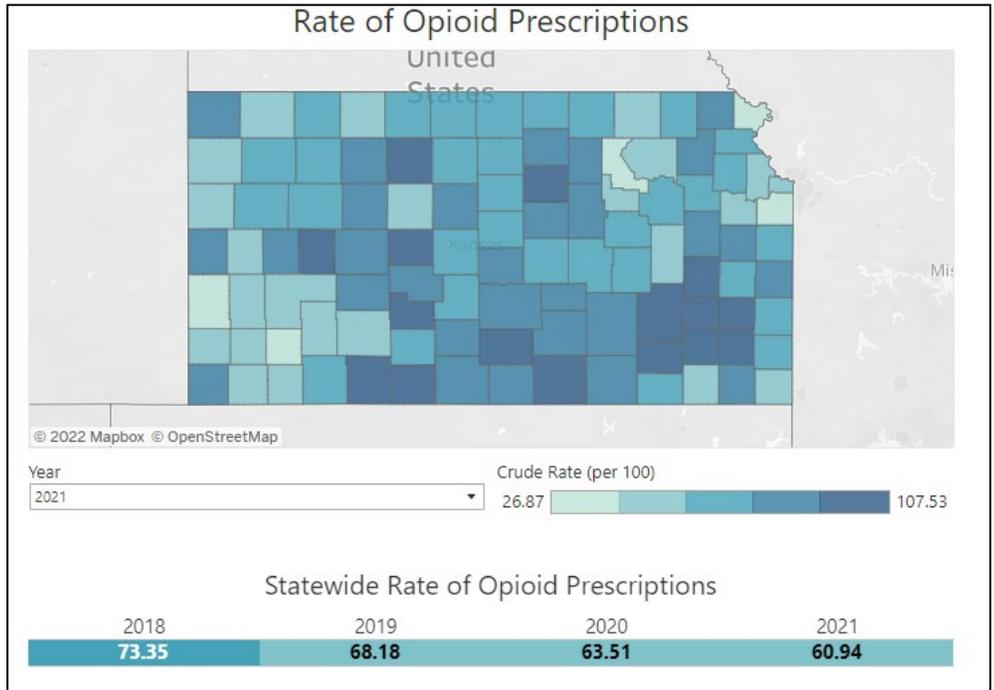
**Kansas Prescribing Data**

- 2020 national data shows Kansas is with the majority of states at the lowest rate of opioid dispensing. Indicating Kansas is doing well in this arena
- Dispensation rates have been on the decline since 2018
- Prescriber utilization and pharmacist utilization of KTRACS have all continued to rise from 2021 through quarter 2 of 2022.
- Rate of multiple provider episodes (individuals visiting multiple pharmacies and doctors for prescriptions) has significantly decreased since 2018



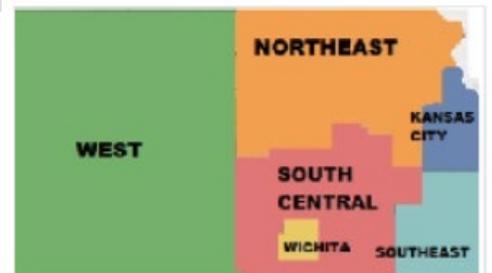
**2021 KTRACS data**

- Majority of opioids are dispensed to those aged 55-74
- Counties with highest rate per 100 persons include:
  1. Greenwood (107.53)
  2. Wilson (107.3)
  3. Elk (106.8)
  4. Ottawa (100.1)
  5. Allen (99.8)
  6. Sumner (96.1)
  7. Lane (95.7)
  8. Edwards (94.9)
  9. Rush, Kingman, and Neosho (94.5)
  10. Clark (93.9)
  11. Woodson (93.6)
  12. Coffey (93.4)



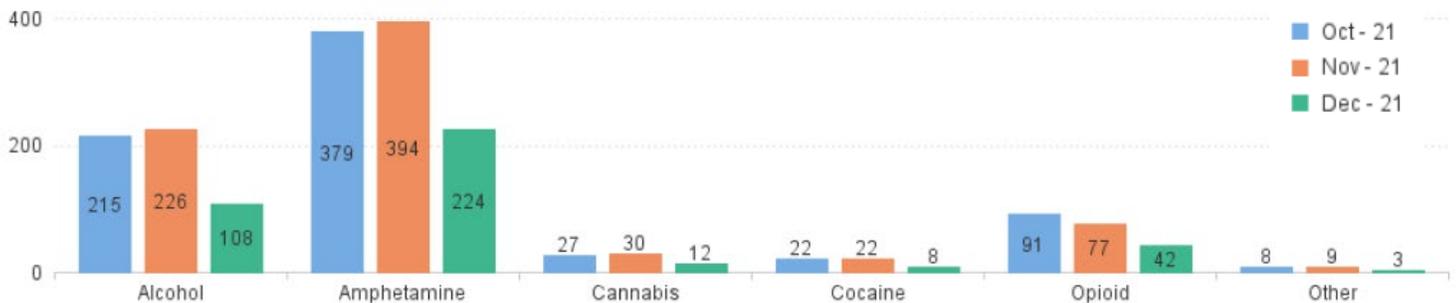
**Kansas Substance Use Disorder Treatment Data – Beacon Health Options Primary Diagnosis Report October – December 2021**

The Primary Diagnosis Higher Level of Care (HLOC), All Regions report from October – December 2021 shows that amphetamine had the highest count followed by alcohol and opioids across the state. The Lower Level of Care (LLOC) for this same time period showed cannabis at a higher rate than opioids across all regions with amphetamine and alcohol being the top two substances similar to the HLOC report. Data includes Beacon Health Options claims data for all ages reporting the percentage of units encountered by diagnosis and month, graphs for both HLOC and LLOC data below.



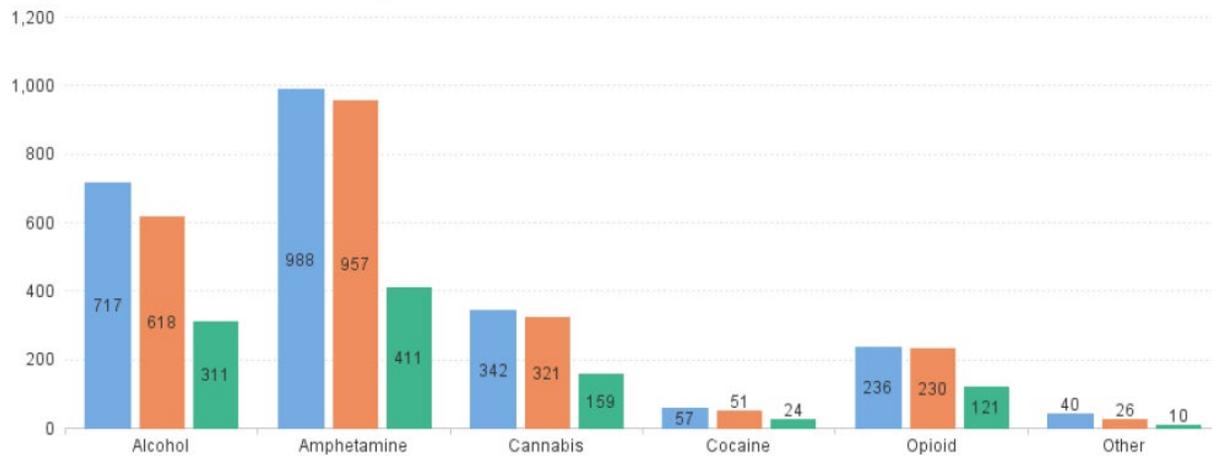
**HLOC – All Regions**

Unique Member Count by Primary Diagnosis and Service Month



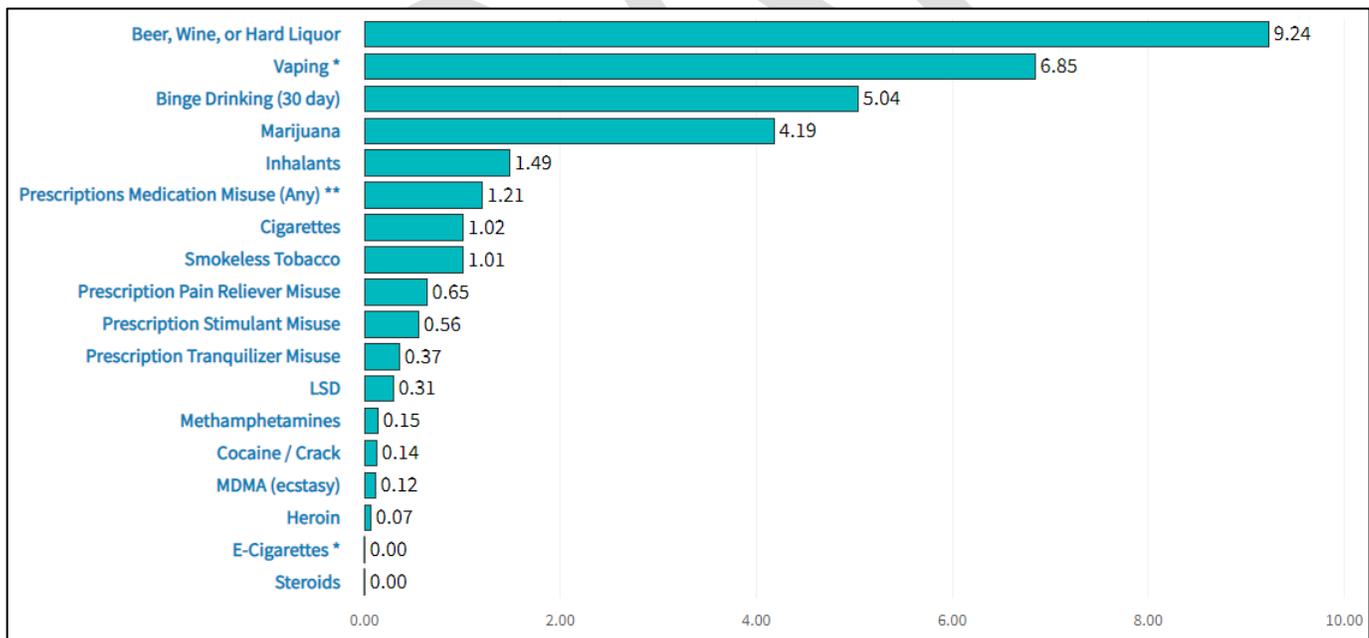
## LLOC – All Regions

Unique Member Count by Primary Diagnosis and Service Month



## Kansas Communities that Care Student Survey Data 2022

- Risk factors in KS
  - Laws and norms favorable to drug use (21.22%)
  - Perceived availability of drugs (22.56%)
  - Academic failure (42.62%)
  - Low commitment to school (56.37%)
- Protective factors in KS
  - Community rewards for involvement (50.6)
  - School opportunities for involvement (74.79%)
  - School rewards for involvement (64.74%)
- Past 30-day substance use highest to lowest rates



- Substances with lowest perceived risk of harm from use - meaning substances with highest rates of youth reporting that there is no risk of harm from using these substances, included:
  1. Marijuana
  2. Alcohol
  3. Cigarettes
  4. Vaping
  5. Prescription drug misuse

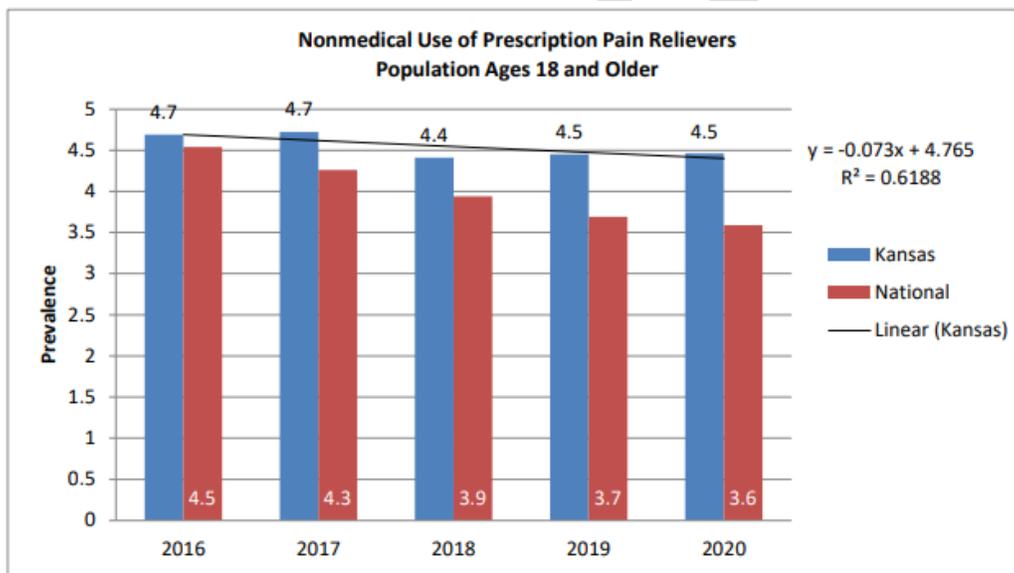
- Majority of youth that have misused a prescription drug in the past 30 days report they obtained it from a friend or relative either by buying it, taking it, or it being given to them.
- Past 30-day prescription drug misuse rates have been declining since 2018 at 3.9% to 1.2% in 2022.

**Kansas Young Adult Survey Data (18-25) 2021**

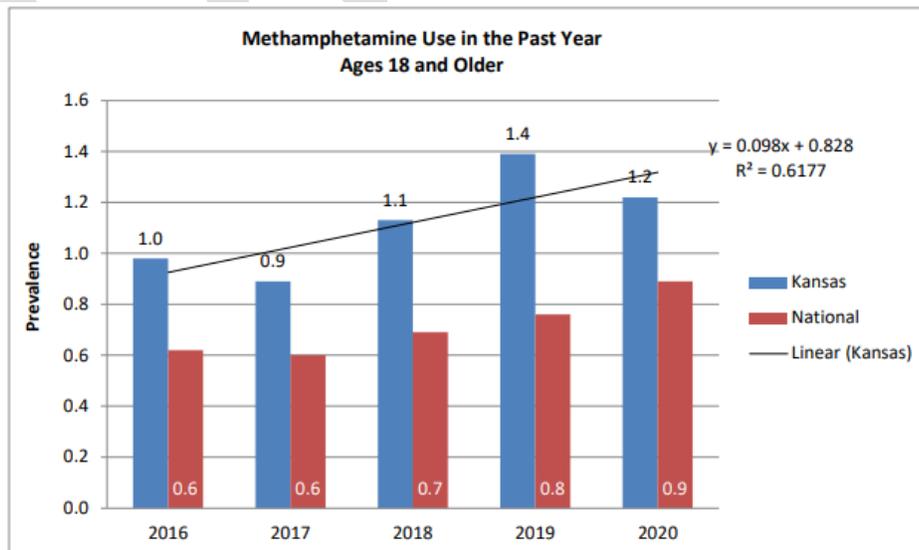
- Past 30-day substance use highest to lowest rates
  1. Alcohol (64.7%)
  2. Marijuana (30.8%)
  3. E-cigarettes (23.20%)
  4. Cigarettes (9.4%)

**National Survey on Drug Use and Health (NSDUH) 2016-2020/Kansas Behavioral and Mental Health Profile 2022**

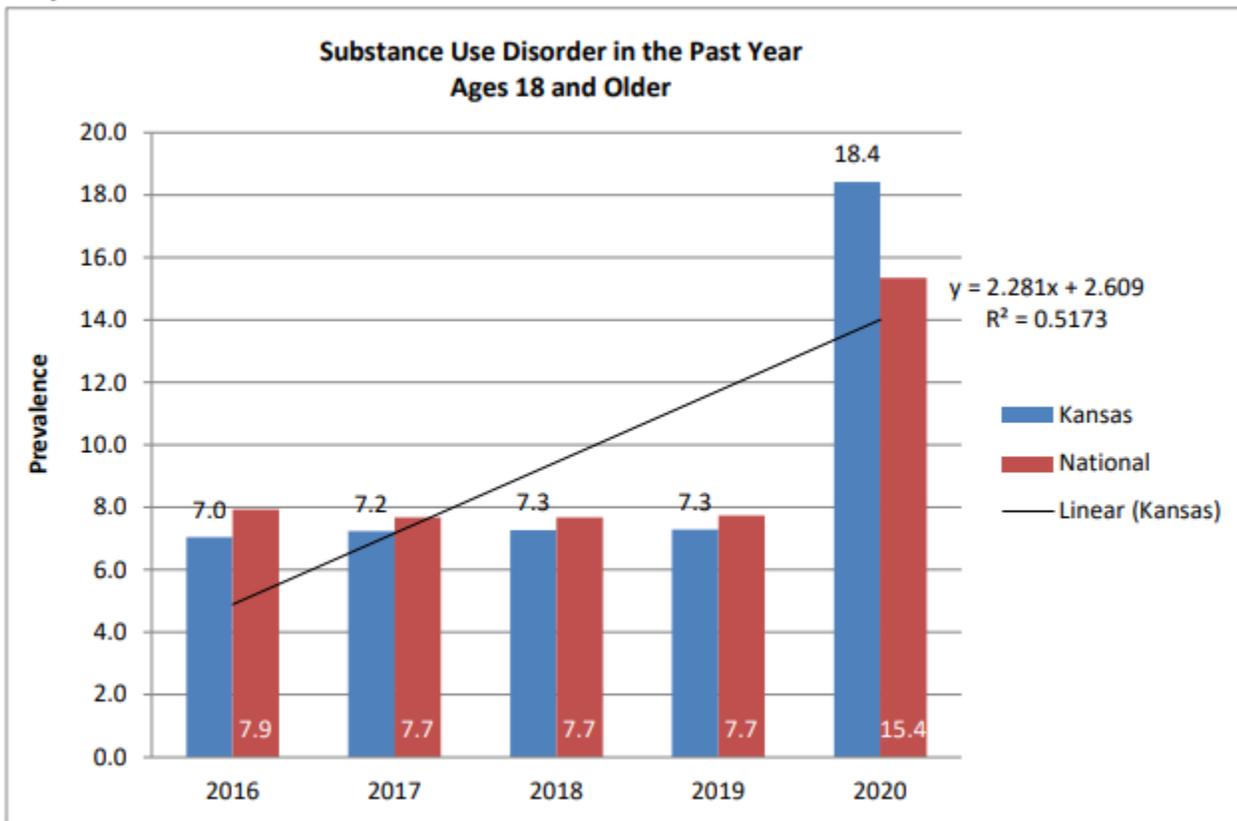
Survey shows Kansas is above the national average for nonmedical use of prescription pain relievers from 2016-2020. Nationally there has been a reduction in the percentage of adults misusing prescription pain relievers; however, Kansas has shown little change over the past five years with the most prevalent misuse rates occurring within the 18 to 25 age categories.



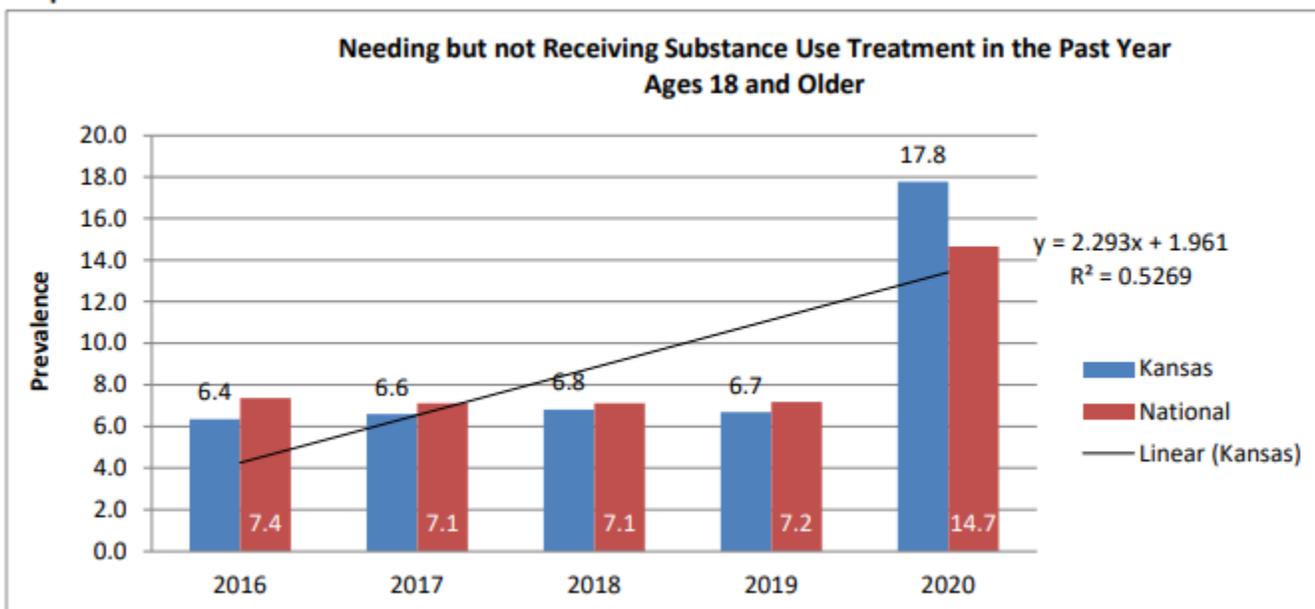
NSDUH also shows Kansas is consistently above the national average for methamphetamine use in the past year for those 18 and older.



From 2016 to 2019, the Kansas average has been approximately equal to the national average of substance use disorders. Currently, the rate in Kansas has surpassed the national average. Young adults aged 18 to 25 represented the largest percentage of adults diagnosed with substance use disorder



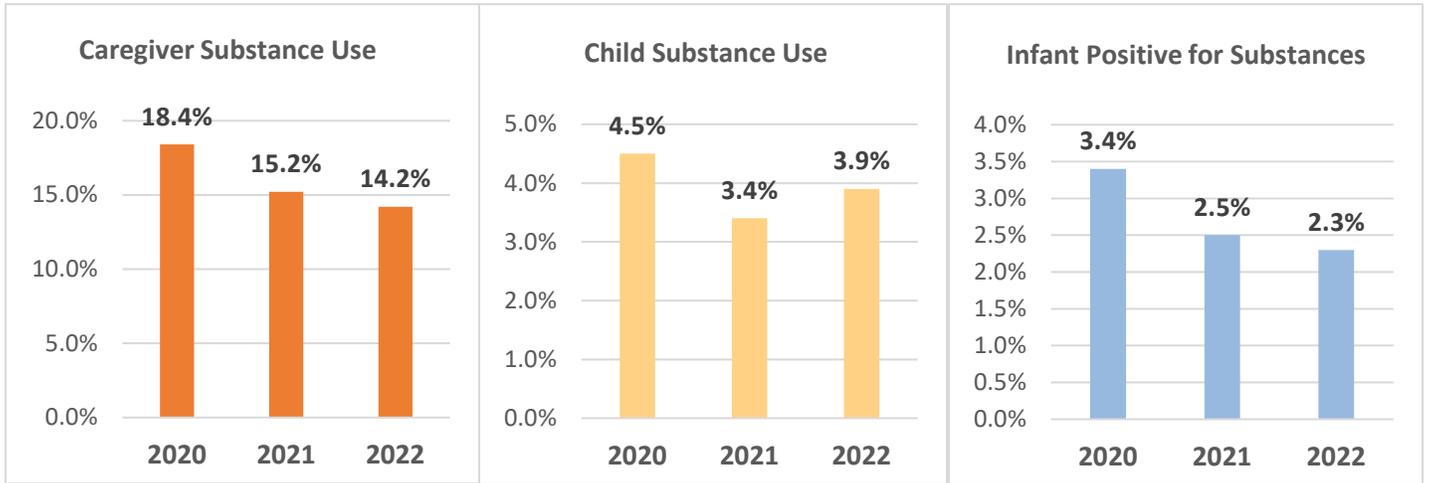
From 2016 to 2019, the Kansas average was approximately equal to the national average for adult estimates of those needing but not receiving substance abuse treatment. Yearly estimates remained fairly constant until the change of DSM-5 coding between 2019 and 2020. In 2020, a larger percentage of Kansas adults and youth reported needing but not receiving substance use treatment than the national average, with the largest percentage being those in the 18 to 25 age group.



**DCF Child Protective Services Reports of Presenting Situations for Assigned Reports by Year**

The statewide percentage of reports associated with caregiver or child substance use as well as infant positive for substances have declined since 2020. Charts below depict the percent of all reported situations by substance related situation type and year.

**DCF Presenting Situations for Assigned CPS Reports - Statewide Percentage**

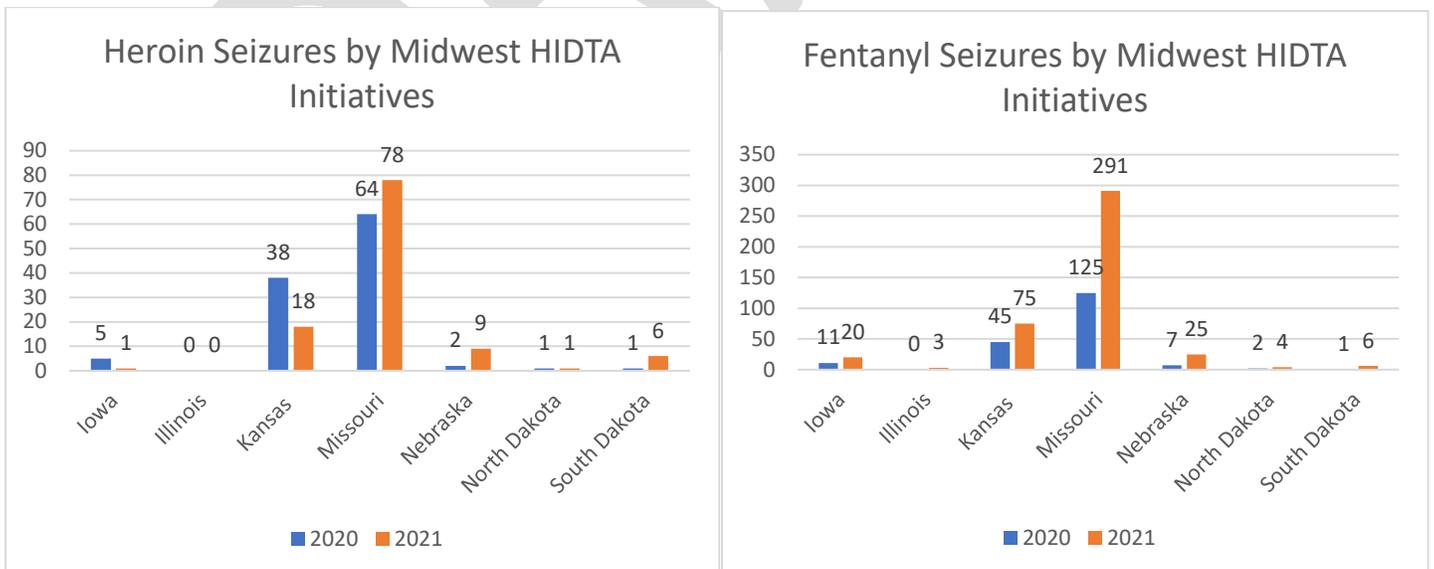


**2022 Midwest HIDTA Threat Assessment**

The 2022 Drug Threat Report from the Midwest HIDTA indicates that survey respondents in the public health field indicated methamphetamine as the top drug threat to the state and law enforcement respondents reported methamphetamine as the primary threat and heroin/synthetic opioids as the secondary threat to our state.

In 2020 and 2021, Kansas had the second highest rate of heroin and fentanyl seizures by Midwest HIDTA initiatives in the region including Missouri, Iowa, Illinois, Nebraska, North Dakota, and South Dakota. Kansas experienced a 65% increase in Midwest HIDTA fentanyl seizures between 2020 and 2021. Kansas experienced a decrease in Midwest HIDTA initiative heroin during this same time period.

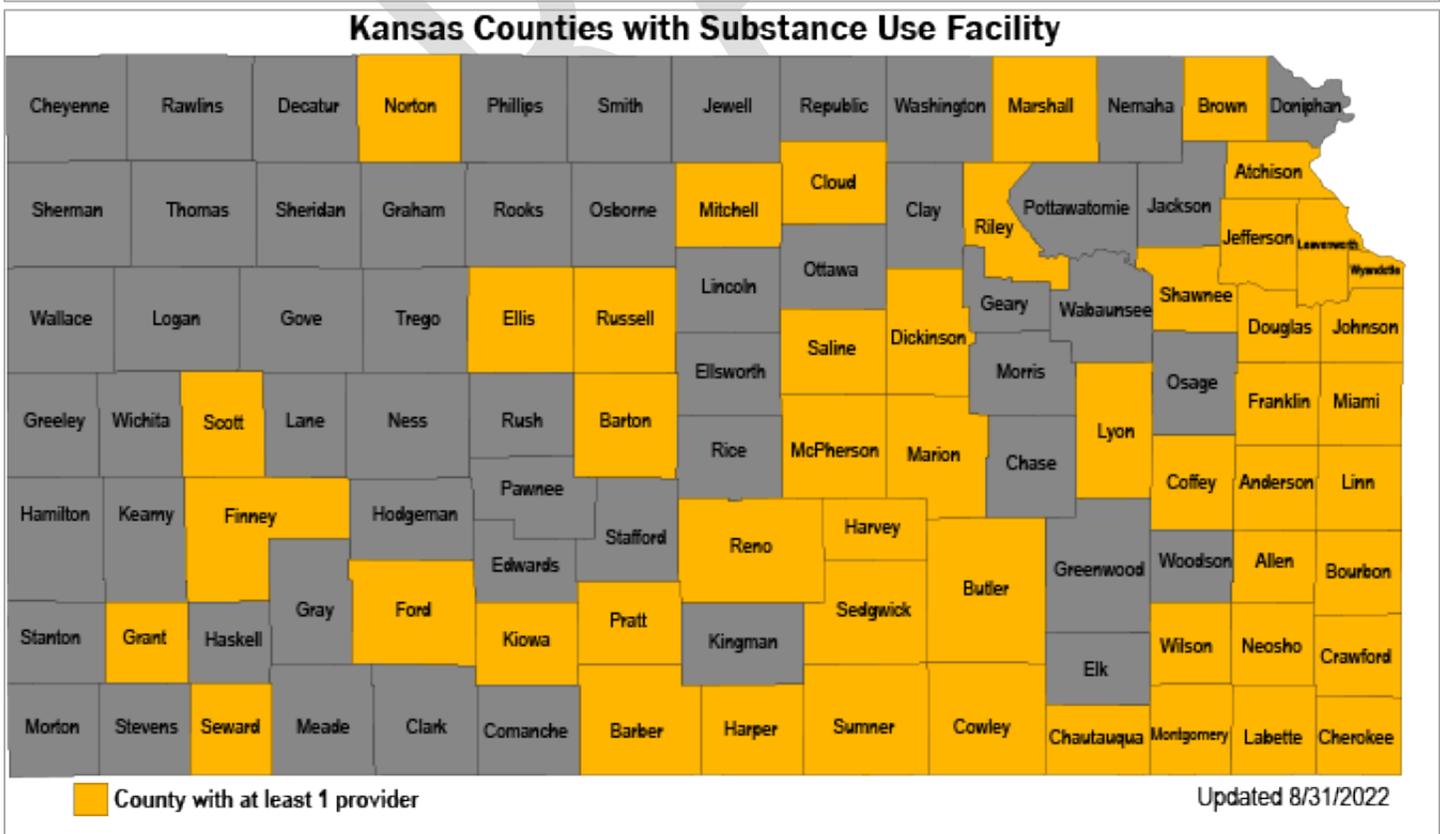
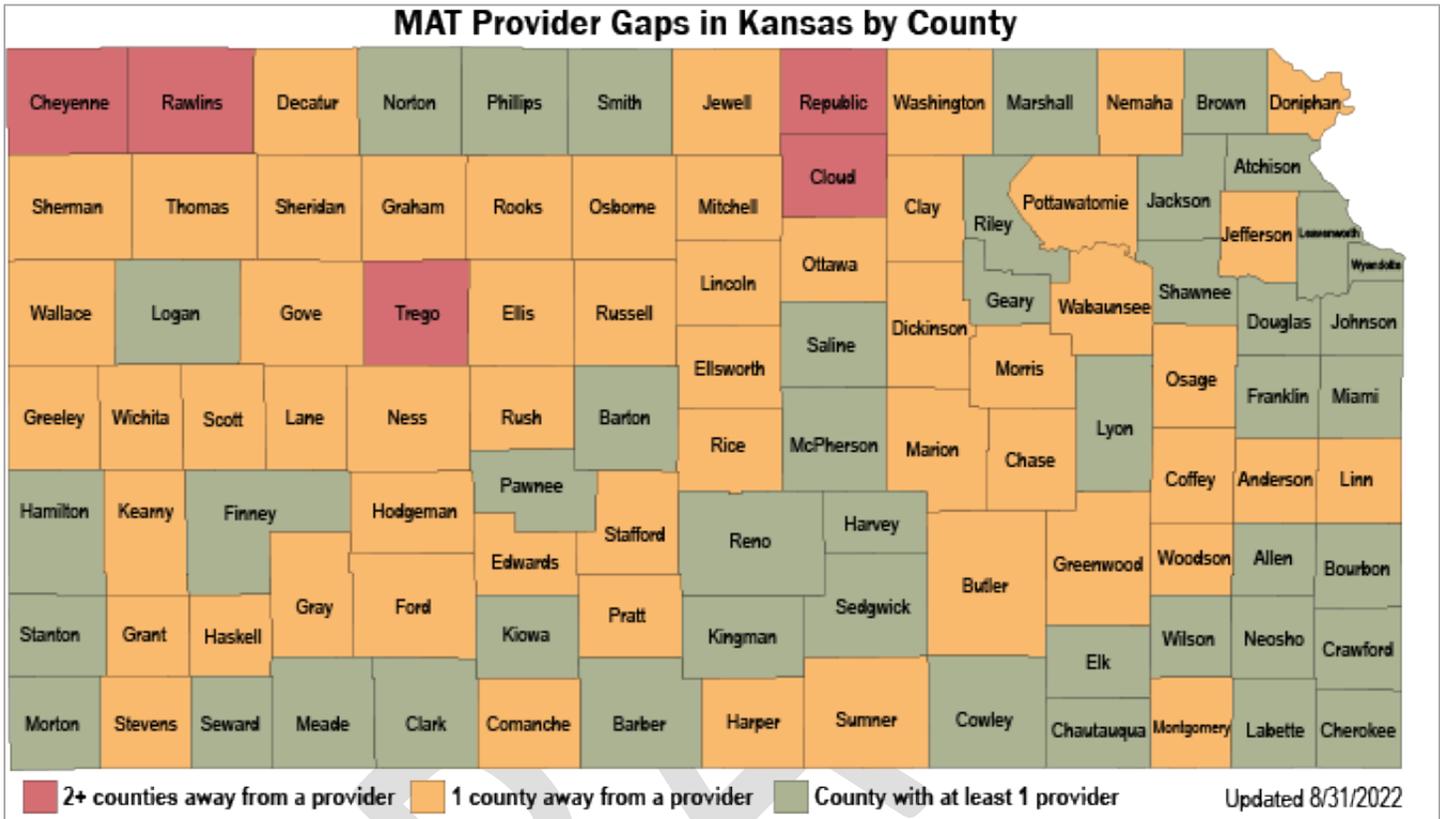
**Heroin and Fentanyl Seizures by Midwest HIDTA Initiatives**



The report found that Kansas has 65 Drug Trafficking Organizations (DTOs) identified with 27 or 42% of those DTOs being categorized as violent.

### SUD Treatment Provider Gaps in Kansas

The first map below indicates the travel distance to a MAT provider in Kansas counties. This is a significant improvement from the map completed in 2018 where the majority of western Kansas were red. There were a total of 36 counties were at least 2 counties away from a MAT provider in 2018 as compared to only 5 in 2021. The second map below indicates counties with at least one SUD treatment provider located within that county.



**Kansas Opioid Vulnerability Assessment 2020, based on 2018 data**

- Counties identified as at highest risk, in order include:
  1. Atchison
  2. Linn
  3. Woodson
  4. Greenwood
  5. Wilson
  6. Labette
  7. Allen
  8. Morton
  9. Crawford
  10. Sedgwick

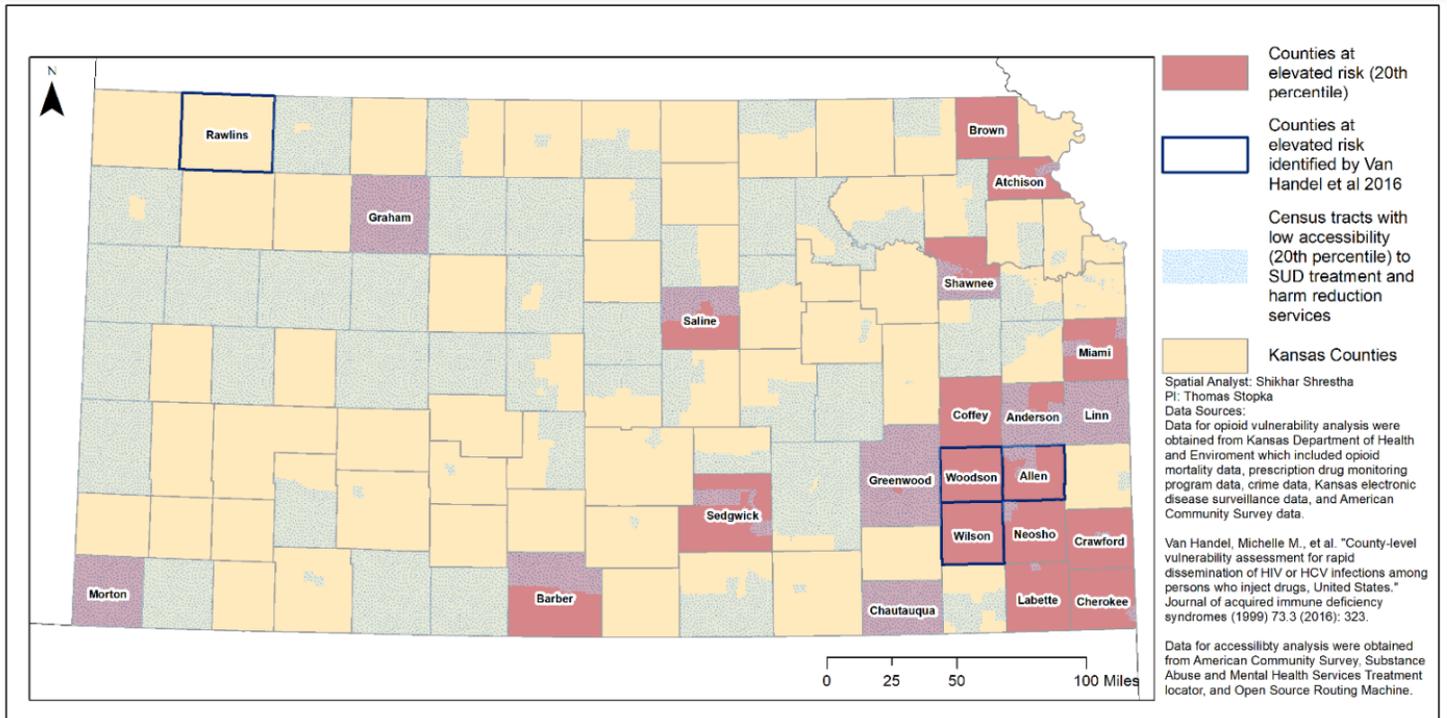
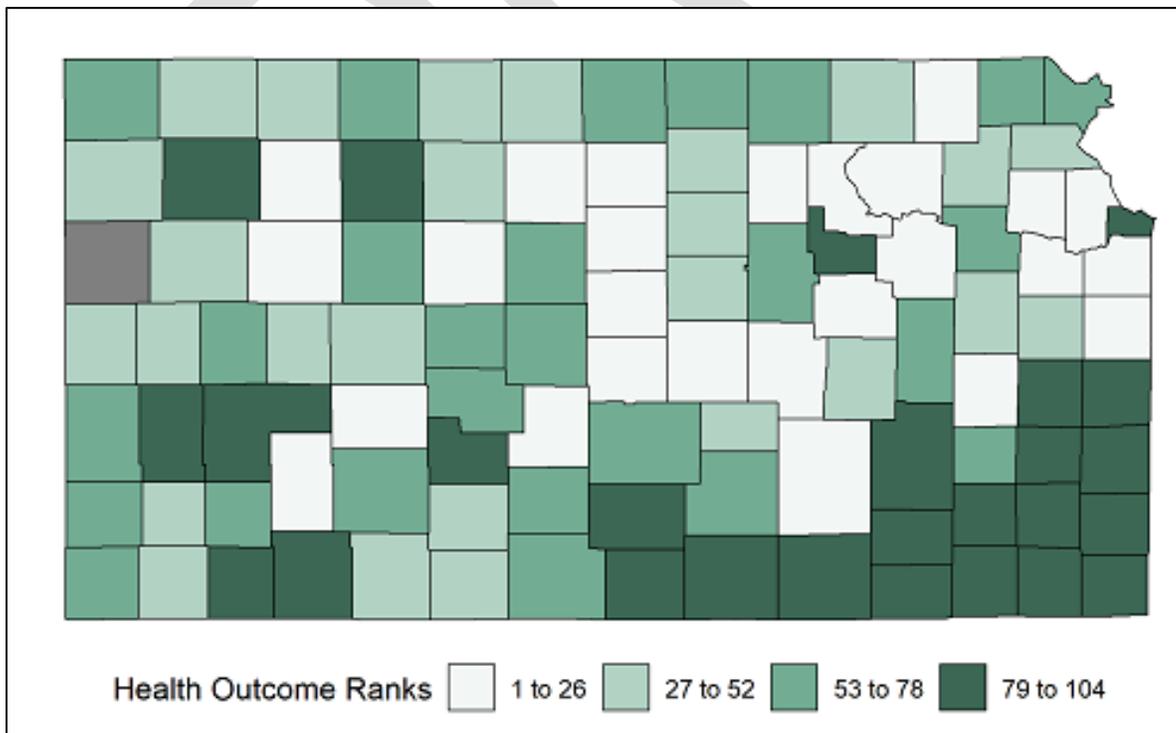


Figure 1: Opioid Vulnerability Assessment and Accessibility to Substance Use Treatment Services, Kansas, 2020

**Kansas 2022 County Health Rankings**



**Counties at Highest Risk by Overdose Death Rate, Opioid Prescribing Rate, Vulnerability Assessment Ranking and 2022 County Health Ranking**

<b>Ranking</b>	<b>Overdose Deaths (2010-2020)</b>	<b>Opioid Prescribing 2021</b>	<b>Vulnerability Assess</b>	<b>County Health Ranking</b>
1.	Woodson	Greenwood	Atchison	Edwards
2.	Osborne	Wilson	Linn	Meade
3.	Barton	Elk	Woodson	Wyandotte
4.	Wilson	Ottawa	Greenwood	Cherokee
5.	Allen	Allen	Wilson	Kingman
6.	Brown	Sumner	Labette	Greenwood
7.	Sedgwick	Lane	Allen	Montgomery
8.	Linn	Edwards	Morton	Chautauqua
9.	Pratt	Rush, Kingman, Neosho	Crawford	Labette
10.	Coffey	Clark	Sedgwick	Bourbon

Based on the four (4) indicators above the counties at highest risk are ranked below:

1. Greenwood
2. Wilson
3. Woodson
4. Allen
5. Edwards
6. Linn
7. Atchison
8. Meade
9. Osborne
10. Barton
11. Elk
12. Kingman
13. Wyandotte
14. Cherokee
15. Labette
16. Ottawa
17. Brown
18. Sedgwick
19. Sumner
20. Lane
21. Montgomery
22. Chautauqua
23. Morton
24. Crawford
25. Neosho
26. Pratt
27. Rush
28. Bourbon
29. Clark
30. Coffey

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**Section 3**  
**Current Kansas Opioid and SUD Related**  
**Funding Overview**

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## Kansas SUD Related Funding Overview

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- \$12,104,947/yr. - Substance Abuse Block Grant from SAMHSA to KDADS
- \$10,277,586/yr. (FFY 22-23) – COVID-19 award from SAMHSA to KDADS
- \$7,224,524/yr. (FFY 22-23) – ARP award from SAMHSA to KDADS
- \$9.8 million estimated FY2022 - SB123
- \$4,047,286/yr. - State Opioid Response (SOR), KDADS
- \$900,000/yr. - Pregnant and Post-Partum Women Grant from SAMHSA to KDADS
- \$3,136,761/yr. - Opioid Overdose Data to Action (OD2A), KDHE
- \$799,997 - First Responders-Comprehensive Addiction and Recovery Support Services Act Grant, KDADS
- \$384,000/yr. - Strategic Prevention Framework Prescription Drug (SPF Rx), KDADS
- \$975,489 - Harold Rogers Prescription Drug Monitoring Program grant 2020
- \$750,000 - Rural Responses to the Opioid Epidemic Initiative, Reno County Health Department
- \$3,630,814 estimated in BJA Funding to various agencies in Kansas
- \$2,243,795 Drug Free Communities (CDC) grantees across the state

The Kansas Prescription Drug and Opioid Advisory Committee (KPDOAC) was developed in 2016 and created the multi-disciplinary 5-year state strategic plan to address the crisis in Kansas. This advisory committee is now working on developing the next 5-year plan and are currently in the data collection phase. The committee is comprised of over 50 different agencies and more than 100 stakeholders from diverse disciplines at the national, state, regional, and local levels. The KPDOAC works to include all organizations with opioid related funding as it develops a comprehensive strategic approach in Kansas to best leverage funds and avoid duplication. The new state plan will include a focus on stimulants. The KPDOAC is funded by both KDADS and KDHE to serve as the hub for developing one comprehensive, collaborative approach to the overdose crisis.

## Current Kansas Opioid Funding

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**\$4,047,286/yr. – KDADS State Opioid Response (SOR)** grant from SAMHSA funds opioid and stimulant treatment and prevention efforts and funds the statewide naloxone provision and training program. Current grant cycle runs from 2020 – 2022; they are expecting a new round of funding for upcoming years.

Funding activities include:

- A Majority of funds go to Beacon Health Options to fill the role similar to an MCO for SUD treatment, allowing 44 different treatment providers in the state to bill for opioid and stimulant use disorder treatment services.
- A little over \$1 million of the funds go to the statewide naloxone program (which does not meet the need for the state).
- \$75,000 funds tribal prevention and treatment, KDADS funds DCCCA to coordinate and provide direct funding to tribes in Kansas.
- \$50,000 funds opioid and stimulant prevention curriculum implementation statewide – currently are using operation prevention programming and provides mini grants to communities to implement programming locally.
- \$40,000 funds the Kansas Opioid and Stimulant Conference.
- KDADS also allocates funding to statewide media efforts in which they work with KU and KSTATE to implement messaging. Previously DCCCA also received media funding, however they reallocated the entirety of that budget to the purchase of naloxone as that is really where the need is.

\*\*KDADS Submitted new SOR III grant application July 18<sup>th</sup> and hope to hear back late August/early September for a start date of September 30, 2022 – level funding expected.

**\$799,997 - First Responders-Comprehensive Addiction and Recovery Support Services Act Grant (FR-CARA)** grant, KDADS awarded August 2022 for opioid response strategies with first responders. Up to 4 years.

- KDADS will address the growing increase of drug overdose deaths by implementing a program that will provide resources to first responders and members of other key community sectors at the local level in four rural regions of the state: Northwest, Southwest, North Central and Southeast. This will encompass slightly more than half (53) of the state's 105 counties.
- Around \$500,000 will go to the statewide naloxone program at DCCCA for the purchase of naloxone kits to be provided to the first responder sites.

**\$3,136,761/yr. – KDHE Opioid Overdose Data to Action (OD2A)** cooperative agreement from CDC that funds a portion of naloxone training and policy development at the state level and provides direct overdose prevention funding to communities across the state. Current 3-year grant cycle runs from 2019 – 2022. New round of funding expected for upcoming years.

Funding activities include:

- Funds statewide and local media Initiatives.
- Funding to Board of Pharmacy/KTRACS for initiatives to decrease high risk prescribing practices and data sharing
- Funds academic detailing and quality improvement for healthcare providers as well as funding to increase DATA waived physicians in the state to prescribe MAT for OUD.
- Direct overdose prevention funding to communities across the state via smaller grants of \$25,000/year or less or some larger grantees at around \$75,000/year. This includes funding activities such as: Community overdose prevention initiatives and community planning; increasing linkages to care; Data collection and analysis; and first responder (LE and EMS) organizations implementation of Overdose Detection Mapping Application Program (ODMAP).
  - Community sub-recipients (up to \$75,000 each)
    - Sedgwick County Health Department
    - Johnson County Department of Health and Environment
    - Saline County Health Department
    - Unified Government of Wyandotte County
    - Reno County Health Department
    - Shawnee Regional Prevention and Recovery Services
  - Community mini grantees (up to \$25,000 each)
    - Clay Counts Coalition
    - Harvey County Health Department
    - Finney County Community Health Coalition
    - Safe Streets Wichita
  - New Sub-Award RFP released for the project period of October 1, 2022 – August 31, 2023 and closed on September 23, 2022. Funds available \$400,000 for 8-10 grants of up to \$50,000 per site. This funding is a one-time non-renewable award. KDHE anticipate announcing awardees by September 30<sup>th</sup>.
- Efforts to improve drug overdose death reporting among Medical Examiners/Coroners across the state (lots of inconsistencies in reporting across the state)
- Efforts to increase referrals to home visiting programs for substance exposed infants
- Funds DCCCA for state level strategic planning with the Kansas Prescription Drug and Opioid Advisory Committee, Annual Opioid & Stimulant Conference, National OD2A Peer to Peer Stimulant Summit, peer navigation community pilot projects, Naloxone training, and naloxone policy development and mini-grants for sites developing policies - \$306,405
  - KDHE and KDADS worked with DCCCA to best leverage funding sources to allocate as much funding as possible to purchasing naloxone. *KDHE funding does not allow for the purchase of naloxone or provision of any treatment, but they fund the training and policy development portion of this work.*
- KDHE would like to develop an Overdose Fatality Review Board but requires legislative changes and that has been a challenge.

\*\*KDHE working on new cooperative agreement with CDC for next fiscal year to start September 1, 2022

**\$384,000/yr. - KDADS Strategic Prevention Framework Prescription Drug (SPF Rx)** from SAMHSA grant housed at KDADS for opioid prevention and statewide strategic planning **\$384,000** from 2021-2025

- Funds DCCCA for state level strategic planning with the Kansas Prescription Drug and Opioid Advisory Committee, funding for media campaigns, and safe storage and disposal of medications programming to prevent diversion.
- Funds KTRACS for a variety of data, evaluation, and strategies to educate providers to improve prescribing practices and patient education – this is focused on funding strategies/efforts that are needed but not currently funded by the above grant or other grants they receive so it fills the gaps.

**KTRACS Funding/Board of Pharmacy** has various grants as well to fund various KTRACS related initiative. Funding sources include:

- **\$975,489 Harold Rogers Prescription Drug Monitoring Program grant 2020-2023** from BJA for software enhancements, education and outreach programs, and quality improvement initiatives.
- Also funded by OD2A, SPF Rx for around \$160,000, and KFAF at \$200,000/yr.

**\$750,000 Reno County Health Department (Rural Responses to the Opioid Epidemic Initiative)** from BJA to establish or enhance public safety, public health and behavioral health collaborations. Sites may also leverage funding to expand peer recovery and recovery support services.

**Drug Free Communities** grants from CDC to local communities that may address opioids (if they selected that as their priority area). Grants are focused on primary prevention activities and are typically 5 year grants with the ability to apply for additional 5 years. As of FY 2021 (September 2021 – September 2022) grantees include:

- Central Kansas Partnership, Barton County (Year 1) - \$125,000
- Engage Douglas County (Year 2) - \$228,359
- Harvey County Drug Free Youth (Year 4) - \$250,000
- Safe Streets Coalition - Wichita (Year 4) - \$250,000
- Olathe Communities that Care coalition (Year 6) - \$125,000
- Sumner County Community Drug Action Team (Year 6) - \$392,524
- Manhattan Area Risk Prevention Coalition (Year 6) - \$247,912
- Allen County Substance Abuse Task Force (Year 7) - \$375,000
- Rise Up Reno Prevention Network (Year 9) - \$250,000

## Kansas SUD Related Funding

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**\$12,104,947/yr.– KDADS Substance Abuse Block Grant (SABG) from SAMHSA** for SUD treatment (80%) and primary prevention (20%). Treatment = \$9,078,710.25, Prevention = \$2,420,989.40, Administration = \$605,247.35.

- The SABG is an annual, non-competitive grant that is a more sustainable funding source as opposed to short-term grants
  - Specifically, block grant funds are directed toward four purposes:
    - Fund priority treatment and support services for individuals without insurance or for whom coverage is terminated for short periods of time.
    - Fund those priority treatment and support services not covered by Medicaid, Medicare or private insurance for low-income individuals and that demonstrate success in improving outcomes and/or supporting recovery.
    - Fund primary prevention - universal, selective and indicated prevention activities and services for persons not identified as needing treatment.

- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment and recovery support services and plan the implementation of new services on a nationwide basis.
- Primary prevention targeted priorities = Alcohol, Tobacco, and Marijuana.
- Funded activities include:
  - Beacon Health Options –MCO for SUD providers under SABG, Medicaid, SOR, and SB123 funding. They also manage the Kansas Statewide SUD Treatment Referral line.
  - 44 SUD treatment providers
  - RADAC– statewide SUD assessment and referral
  - Tobacco Prevention/Synar
  - KDADS provides direct funding to community coalitions across the state and the contractors to support them for SUD, problem gambling, and suicide prevention as well as mental health promotion.
    - **Kansas Prevention Collaborative** – statewide contractors that support all SUD prevention coalitions
      - DCCCA – statewide/regional training and technical assistance direct to coalitions across the state funded by KDADS, other funding, and non-funded communities
      - Greenbush –statewide SEL, prevention and grantee data and evaluation, Kansas Communities that Care (KCTC) Student Survey and Kansas Young Adult Survey.
      - KU – grantee documentation of activities/system management
      - WSU – statewide communication and website management
    - **Community coalitions funded:**
      - Clay Counts
      - Franklin County Substance Abuse Prevention Coalition
      - Grant County Community Foundation
      - KCK Life Recovery Coalition
      - Leavenworth's Project LEAD
      - Live Well Crawford County
      - Marion County Substance Abuse Prevention Coalition (SAPC)
      - PBPN Youth Outreach & Prevention
      - Prevention and Resiliency Services (PARS)
      - Southeast Kansas Substance Misuse Prevention Coalition
      - CKF Addiction Treatment Prevention Coalition
      - Derby Health Collaborative
    - Funds Problem Gambling coalitions and task forces as well
  - Opioids were not identified as a primary target area so much of this focuses on treatment for stimulants, marijuana, and alcohol use disorders and marijuana, alcohol, and vaping primary prevention activities. As well as some suicide and gambling prevention initiatives.
  - Treatment dollars are structured the same way as SOR - Beacon Health Options serves as the sort of MCO for billing for the 44 block grant treatment providers in the state
  - This also includes additional COVID and ARP related funding – KDADS applied for **\$11.1 million** under COVID funding and **\$9.6 million** under the ARP funding. NOTE: Not sure if those are final amounts.
  - There is also a separate **Mental Health block grant** that KS receives.

**\$10,277,586/yr. (FFY 22-23) – COVID-19 award from SAMHSA to KDADS** - COVID-19 Relief Supplemental funding is March 15, 2021 - March 14, 2023. \$8,345,986 for treatment, \$1,373,939 for prevention, and \$557,682 for administration. Primary prevention targeted priorities = Alcohol, Tobacco, and Marijuana.

- **Supported Employment, Individual Placement and Support (IPS) COVID Supplemental Substance Abuse Block Grant (SABG)** - \$800,000 available the RFP closed August 29, 2022, CCBHCs and CMHCs eligible.

**\$7,224,524/yr. (FFY 22-23) – ARP award from SAMHSA to KDADS** - American Rescue Plan Act of 2021 (ARP) supplemental funding is September 1, 2021 - September 30, 2025. \$7,224,524 for treatment, \$895,527 for prevention, and \$481,635 for administration. Primary prevention targeted priorities = Alcohol, Tobacco, and Marijuana. These funds also expanded Oxford Houses by 17 new houses bringing the new total to 156 in Kansas.

- ARP Housing Related Funding:
  - Funding to Friends of Recovery Association (FORA) to increase number of Oxford Houses in Kansas with the goal of between 200-250 houses.
  - **Recovery Oriented Support Services using the Evidenced-Based Model of Housing-First** RFP out until September 19, 2022, for mental health or SUD block grant providers to apply. Awards will be announced October 3, 2022.
  - **KAN-HOUSE ARP** – RFP closes September 19,2022: funding available for this opportunity is \$2,131,494.00 via the mental health block grant (MHBG) and \$1,281,155.75 via the substance abuse block grant (SABG). Grant funding must be expended by or before 09/30/2025. Eligible applicants must be a KDADS-licensed Substance Use Disorder Block Grant treatment provider, Community Mental Health Center (CMHC), or Certified Behavioral Health Clinic (CCBHC)
- **Supported Employment, Individual Placement and Support (IPS) Substance Abuse and Mental Health Block Grants** – ARPA funding. RFP closes September 30, 2022.
  - **\$1,000,000 under SABG**
  - **\$1,000,000 under MHBG**
- ARPA and other behavioral health funding contact at KDADS – Andrea Clark

**SB123** - \$9.8 million estimated FY2022. SB123 funds treatment for those in the criminal justice system. K.S.A. 21-6824 (2003 SB 123) was created during the 2003 legislative session. Under community corrections supervision, SB 123 provides certified substance abuse treatment for offenders convicted of K.S.A 21-5706 (drug possession), who are nonviolent adult offenders with no prior convictions of drug trafficking, drug manufacturing or drug possession with intent to sell. The Kansas Sentencing Commission provides administration, monitoring, evaluation, payment services, publications, and informational meetings for the SB 123 program.

#### **BJA Funding in Kansas**

- **Adult Drug Court and Veterans Treatment Court grant from BJA (48 months)–**
  - **FY22 City of Liberal, \$550,000** for expansion and full implementation of our existing drug court. The only drug court in rural Southwest KS.
  - **FY22 Riley County Corrections, \$549,999** to implement an adult drug court in their division. <https://bja.ojp.gov/funding/awards/15pbja-21-gg-04156-dgct>
  - **FY21 Allen County, \$498,831** – to expand drug court.
  - **FY19 Ellis County, \$405,366**
  - **FY18 Cowley County, \$428,424** – enhancements
  - **FY17 City of Wichita, \$398,972** – enhancements
- **FY 2020 Improving Reentry for Adults with Substance Use Disorders Program BJA (48 months) –**
  - **Barton County, \$490,639** – the Barton County Solidarity Program is an alternative to incarceration designed to improve outcomes for probationers with substance use disorder.
- **State of Kansas FY 21 Residential Substance Abuse Treatment for State Prisoners Program BJA - \$308,583 (48 months)-** The Residential Substance Abuse Treatment (RSAT) for State Prisoners Program assists states and local governments to develop and implement substance abuse treatment programs in state and local correctional and detention facilities and to create and maintain community-based aftercare services for offenders.

**\$2.7 Million (\$900,000/yr)- Pregnant and Post-Partum Women Grant (KDADS from SAMHSA)** - to provide SUD services to pregnant and postpartum women. The program is known as the KS Helping Empower and Recover Together (KS HEART) and began September 30, 2021. Funding for up to 3 years.

#### **Other Resources and Funding Sources to Explore**

- **Families First (DCF)** – RFP is out and due back by mid-September 2022. The four priority areas include Parenting Skills, Kinship, Mental Health, and SUD. Funding round from November 2022 – June 2024.

- KDADS/DCF is also working with foster care providers to expand their capacity to provide additional services related to behavioral health.
- **Certified Community Behavioral Health Clinics CCBHCs integrating MH, SUD, and Primary Care.** Plan is to have all CMHCs in Kansas (26) certified by July 2024. May-July 2022 = 9 centers, July 2023 – 9 more centers, and by July 2024 remaining 8 centers. KDHE to develop prospective payment system under Kansas Medical Assistance Program to fund CCBHCs by May 1, 2022, for daily or monthly rates. <https://kdads.ks.gov/kdads-commissions/behavioral-health/certified-community-behavioral-health-centers>
  - KDADS Team: Drew Adkins (Drew.Adkins@ks.gov) or Shawn Dierker (Shaun.Dierker@ks.gov) are the contacts at KDADS.
  - CCBHC funding from both federal government and KDADS.
    - 25/26 CMHCs in Kansas recently applied for federal funding, once awards are announced we will be able to see where the gaps may be.
    - KDADS has provided readiness grants of around \$800,000 to CMHCs and will continue to invest funds once federal funding is announced for sites.
- **Housing at KDADS** – <https://kdads.ks.gov/provider-home/providers/grant-and-contract-supported-programs>
  - **Supported Housing Program** – Housing First Pathways
  - **Federal Project for Assistance in Transition from Homelessness (PATH)** from KDADS/SAMHSA - \$503,188 available: CCBHCs or CMHCs eligible. RFP closed August 19, 2022
  - Others: Transition from Homelessness grants, interim housing grants, community supported medication program
  - Housing needs assessment completed in 2021 - <https://kshousingcorp.org/kansas-statewide-housing-needs-assessment-2021/>
- **988**
  - \$10 million SGF
  - 988 ARPA Funding - \$3,000,000 under KDADS ended June 2022.
  - Kansas passed legislation addressing several key pieces from the Mental Health Modernization & Reform recommendations, one of which is \$4 Million SGF for Mobile Crisis Response Services. These services will work with 988 to provide local teams that can respond to 988 callers in need of additional support. 988 and Mobile Crisis Response components are important to the future implementation of CCBHC's which are required to provide 24/7 crisis services to the public.
- **Kansas 'Stepping Up' Technical Assistance (TA) Center** to help counties reduce the prevalence of people with a serious mental illness and co-occurring substance use disorders in jails. Participating counties are Wyandotte, Johnson, Douglas, Shawnee, Riley, Pottawatomie, Lyon, Sedgwick, Reno, Pawnee, Barton, and Saline.
- **KDOC Initiatives/Funding**
- **Recovery supports? Oxford houses?**
- **1115 waiver?**
- **CITs?**
- **KDOC?**

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## **Section 4**

# **Overarching Areas for Potential Funding Considerations**

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## Overarching Areas for Potential Funding Considerations

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Note: See Abatement Strategies list shared at first KFA meeting.

To adequately address the overdose crisis we must target all areas associated with the issue and across the full continuum of care. The approach requires strategies across all discipline areas such as prevention, treatment, recovery, healthcare, law enforcement, criminal justice, and first responders, harm reduction, policy, and data.

Examples of strategies within each overarching area include:

- **Prevention** (primary, secondary, tertiary, overdose, etc.) – from health promotion and universal awareness and education to all to prevent initiation of drug use, parenting classes, medication safety, safe use, storage, and disposal of prescription medications, etc. to educating/intervening with at risk populations to preventing drug overdoses.
  - Primary prevention – working upstream, health promotion addressing risk, social, and genetic factors to prevent initiation of drug use. Ex: Education and awareness campaigns and programming. Drug take back days and programs.
  - Secondary Prevention – targeting at risk individuals or groups with risk factors that may not be using yet but are at higher risk to start.
  - Tertiary prevention – targeting those that have started to use but are not yet diagnosed with SUD, linking them to appropriate services and treatment if needed. Ex: pilot SBIRT in schools and other settings
  - Reduce social and physical access so substances
  - Stigma reduction
  - Community anti-drug coalitions
  - Programs that prevent and address adverse childhood experiences (ACEs).
  - State-wide review of school-based prevention
- **Treatment and Recovery** – linkages to care, SBIRT, service provision, evidence-based treatment, peer support, recovery supports, long-term treatment and recovery supports, transitional housing, wrap around supports, recovery community organizations, workforce development, behavioral health integration, etc.
  - Centralized treatment navigation system to link to any SUD service regardless of coverage. Increase awareness of centralized call line/website. KS SUD treatment referral line 1-866-645-8216, potential for something like Addiction Treatment Locator, Assessment, and Standards Platform (ATLAS) created by Shatterproof.
  - Evidence-based treatment strategies such as Medication Assist Treatment (MAT) where medications are utilized in combination with traditional residential and/or outpatient services therapy, support groups, drug screening, etc.
  - Expansion and increased access to treatment services to reduce geographic and financial barriers to accessing treatment as well as waitlists.
    - Expand telehealth options to increase access
    - Transportation to services
  - Integration of care and reimbursement parity
  - Provide affordable access to long-term treatment services including residential.
    - Value based payment model
  - Recovery Community Organizations (RCOs) are independent, non-profit organizations led by local recovery allies. Allies may be people in long-term recovery, their families and friends, recovery-focused professionals or simply concerned citizens with an interest in providing support.
  - Transitional housing such as Oxford Houses.
  - Wrap around services including housing, transportation, community navigators, connections to community-based services, education, employment, job training, childcare, legal support services, etc.
  - Address workforce issues such as salaries, student loan support, reimbursement rates, etc.

- Crisis stabilization centers
- Address lack of parity between SUD and MH providers
- **Harm Reduction** – strategies that reduce harms from drug use, preventing infectious diseases, providing referrals to services, and keeping the individual safe and alive until they are ready to engage in treatment. Such as:
  - Naloxone provision and training
  - Provide education and resources to reduce harms related to SUD i.e. using clean needles, wound care/hygiene kits, Infectious disease prevention, etc.
  - *Fentanyl test strips – illegal in KS drug paraphernalia law*
  - *Syringe services programs (SSPs) – illegal in KS drug paraphernalia law*
  - 911 Good Samaritan Laws
- **Healthcare, Prescribers, Pharmacists, Providers** – opioid prescribing best practices, K-TRACS, patient education, SUD treatment provision/referral, Increase DATA waived physicians, screening and linkages to care, SBIRT, overdose response and follow up, peer support/navigators in EDs, post-overdose discharge planning, gender issues/women of childbearing age – prevention of Neonatal Opioid Withdrawal Syndrome (NOWS), category 3 continuing education, etc.
- **Criminal Justice, Law Enforcement, First Responders** – illicit supply reduction, linkages to care, crisis intervention teams (CITs), education on how to respond to an overdose, ODMAP, naloxone administration, diversion, drug/behavioral health courts, provide SUD screening and treatment in jails/prisons including medications, evidence handling best practices and safety precautions, public health/public safety partnerships, etc.
  - Pre-arrest or pre-arraignment diversion strategies. Examples of strategies:
    - Police Assisted Addiction and Recovery Initiative (PAARI) – Non-arrest pathway to treatment. <https://paariusa.org/>
    - Non-arrest, or early diversion, program that reaches people before they enter the criminal justice system. Programs are customized based on the community and can utilize multiple law enforcement entry points to treatment, including self-referrals to the station and risk or incident-based outreach.
    - Drug Abuse Response Teams (DART) – active outreach strategy <https://opioid-resource-connector.org/program-model/drug-addiction-and-recovery-team-dart>
    - Innovative programs where a team comprised of police officers, recovery coaches, and harm reduction specialists follows up with people after a nonfatal overdose, substance-related incident, or referral.
    - Law Enforcement Assisted Diversion (LEAD) linkage to care/services <https://www.leadbureau.org/about-lead>
    - In the program, police officers exercise discretionary authority at point of contact to divert individuals to a community-based, harm-reduction intervention for law violations driven by unmet behavioral health needs.
    - Naloxone Plus – naloxone provision and linkage to care/services
    - Crisis Intervention Teams (CIT)
- **Data and Surveillance** – real time data collection, analysis, and reporting, Integration of data sources, provide state and local level data, Overdose Fatality Review Boards, etc.
- **Policy** – implement necessary policies to allow for strategies included above.

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**Section 5**  
**Key Stakeholders, Funding, Organizations, and**  
**State Planning Status**

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## Key Stakeholders, Funding, and Organizations

- **Kansas Prescription Drug and Opioid Advisory Committee (KPDOAC)** develops and implements a coordinated multi-disciplinary statewide strategic plan that not only fulfills grant requirements, but also extends beyond current grant funding providing a comprehensive approach to the crisis in Kansas. This includes significant collaboration between state agencies and partners with a vested interest in the opioid crisis is ongoing as the advisory committee works to ensure alignment and coordination of efforts across the state to address the crisis in Kansas. Facilitated by DCCCA and funded by KDADS & KDHE, comprised of over 40 different state and local agencies/organizations in KS including:
  - KDADS
  - KDHE
  - DCCCA
  - DCF
  - KS Board of Pharmacy
  - KS State Board of Education
  - KS Department of Corrections, Board of Healing Arts
  - KS Child Death Review Board
  - KS Hospital Association
  - KS Pharmacists Association
  - KBI
  - Midwest HIDTA
  - Kansas Poison Control Center
  - KS Healthcare Collaborative
  - KS Foundation for Medical Care
  - Kansas Medical Society
  - KS Sheriffs Association
  - KS Association of Chiefs of Police
  - KUMC/Health System
  - KU
  - CKF Addictions Treatment
  - Reno County Health Department
  - Kansas Recovery Network
  - Kansas Health Institute
  - Opioid Response Network
  - Community Health Center of SEK
  - KS Alliance for Drug Endangered Children
  - Greenbush
  - WSU
  - Substance Abuse Center of Kansas (SACK)
  - Regional Alcohol and Drug Assessment Center (RADAC)
  - Johnson County Mental Health Center
  - Allen County Sheriff's Office
  - Pratt Regional Medical Center
  - Center for Change
  - KS Society of Anesthesiologists
  - Department of Agriculture
  - SAMHSA
  - Topeka Police Department
- **Overdose Data to Action (OD2A) – KDHE from CDC**
  - K-TRACS, Data/Surveillance, KPDOAC State Planning, KS Opioid Conference, Peer Navigation Pilot Project, Naloxone Policy Project, OD2A National Peer-to-Peer Stimulant Summit, funding to local communities for opioid prevention, WSU to support funded sites, KHA for academic detailing, Home Visiting projects
- **State Opioid Response (SOR) – KDADS from SAMHSA**
  - Funds 44 SUD treatment providers to provide opioid and stimulant use disorder treatment services
  - DCCCA for statewide naloxone provision and training, statewide Operation Prevention school-age curriculum implementation, Kansas Opioid Conference, Kansas tribal opioid initiative.
- **Strategic Prevention Framework Rx (SPF Rx) - KDADS from SAMHSA**
  - DCCCA and KBOP funded for statewide planning and implementation (KPDOAC), medication safe use, storage, and disposal initiatives, provider education, education and awareness, etc.
- **K-TRACS, Kansas prescription drug monitoring program – Kansas Board of Pharmacy**
- **Substance Abuse Block Grant (SABG) (KDADS from SAMHSA)**
  - 44 SUD Providers
  - Beacon Health Options – MCO for SUD providers under SABG, SOR, and SB123 funding
  - RADAC– statewide SUD assessment and referral
  - KDADS provides direct funding to community coalitions across the state and the contractors to support them.
  - Kansas Prevention Collaborative – statewide contractors that support all SUD prevention coalitions
    - DCCCA – statewide/regional training and technical assistance direct to coalitions across the state funded by KDADS, other funding, and non-funded communities

- Greenbush – grantee data and evaluation
- KU – grantee documentation of activities/system management
- WSU – statewide communication and website management
- **Governor’s Behavioral Health Services Planning Council (GBHSPC)** - the GBHSPC fulfills the Block Grant mandate that all states have a behavioral health services planning and advisory council. The Council is made up of a cross-section of behavioral health consumers, family members of behavioral health consumers, behavioral health service providers, state agency staff, and private citizens. The Council is actively involved in planning, implementing, monitoring, evaluating, and advising state government regarding Kansas’ behavioral health services. The council has several subcommittees that develop reports and recommendations on their priority areas on an annual basis.
  - Subcommittees:
    1. Kansas Citizens Committee on Alcohol and Other Drug Abuse (KCC) focused on SUD treatment
      - State Quality Committee for SUD provider data
    2. Prevention focused on SUD prevention – currently working on the statewide plan to address behavioral health prevention and has an evidence-based practices matrix for prevention strategies in Kansas.
    3. Children
    4. Rural and Frontier
    5. Employment Supports
    6. Housing and Homeless
    7. Evidence-Based Practices Subcommittee
    8. Justice Involved Youth and Adult Subcommittee
    9. Problem Gambling Subcommittee
    10. Suicide Prevention Workgroup
    11. Service Members, Veterans, and Families Subcommittee
    12. Aging Populations
    13. Peer Services
    14. Tobacco Cessation – coming soon, not yet established
  - Kansas Behavioral and Mental Health Profile July 2022 - [https://kdads.ks.gov/docs/librariesprovider17/csp/bhs-documents/reports/kansas-behavioral-mental-health-profile-2022.pdf?sfvrsn=382573ec\\_0](https://kdads.ks.gov/docs/librariesprovider17/csp/bhs-documents/reports/kansas-behavioral-mental-health-profile-2022.pdf?sfvrsn=382573ec_0)
- **Behavioral Health Association of Kansas (BHAK)**- a network of treatment providers in Kansas that focus on action and advocacy for BH integration to maximize our system’s resources and expand services.
- **Kansas Association of Addictions Professionals (KAAP)** - SUD Advocacy; their goal is to serve members with advocacy and support to achieve excellence in addiction treatment and prevention.

### General Stakeholders

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• SUD providers</li> <li>• SUD prevention organizations and coalitions</li> <li>• Recovery organizations</li> <li>• Individuals in recovery/lived experience and their loved ones, parents</li> <li>• Oxford Houses, Friends Of Recovery Association</li> <li>• State agencies</li> <li>• Criminal justice</li> <li>• First responders</li> <li>• Healthcare organizations, providers, dentists, hospitals</li> <li>• Pharmacies</li> <li>• Universities</li> </ul> | <ul style="list-style-type: none"> <li>• Advocacy organizations</li> <li>• FQHCs</li> <li>• CMHCs</li> <li>• Educators</li> <li>• Social workers</li> <li>• Community Health Workers</li> <li>• Social services</li> <li>• Faith based organizations</li> <li>• Health departments</li> <li>• Early childhood providers</li> <li>• Youth serving organizations</li> <li>• Media</li> </ul> |
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## KPDOAC Needs Assessment & State Planning Information

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- **The Kansas Prescription Drug and Opioid Advisory Committee (KPDOAC) is in the process of completing their needs assessment to develop the new five-year strategic plan to address opioids and stimulants in Kansas.** The state plan will cover all disciplines that play a role in addressing the overdose crisis such as prevention, healthcare, SUD treatment and recovery, law enforcement, first responders, and criminal justice, harm reduction, policy, and data.
  - **April – July 2022: Public Comment Survey**
    - **Received 825 responses from 85 counties**
    - **Data analysis in progress**
    - Questions included county, level of concern with drug overdose in their community, awareness of resources for drug overdose prevention in their community and how easy they are to access, and what resources, policies, or actions they believe are needed in their community and/or Kansas.
  - **July – Early August: Partner/Professionals/Key Informant survey and interviews**
    - **Key informant interviews began in July.** Interviews will be completed with individuals with subject matter expertise in each identified priority area including persons in recovery, treatment providers, law enforcement, healthcare providers, policy makers, educators, prevention professionals
    - **Survey opened July 2022 – Closed in August, had over 80 responses. Analysis in progress.**
      - **Questions include** name, organization, occupation, county, sector they represent, selection of their top 5 priority areas they feel is most important for Kansas to address, follow-up questions based on those responses to prioritize strategies related to each area they prioritized, open-ended question about what resources, policies, or actions they think is needed in Kansas to address drug overdose
    - **Interviews go more in depth than the survey. Interview Questions include** role/organization, county, unique burden questions related to each priority area about how SUD/drug overdose has impacted their organizations, themselves, or their community, what type of services they provide, what services, policies, or resources they think are needed in their community, and what recommendations they have for the state to address the epidemic.
  - **Indicator development and data analysis**
  - **New plan estimated to be written by Nov. 10 to release at the 6<sup>th</sup> annual Kansas Opioid Conference.**

### Initial results from Public Comment Survey

- 77.89% of respondents Agree or Strongly Agree that drug overdose is a problem in their community.
- 81.92% of respondents are Concerned or Very Concerned about drug overdose in their community
- 65.66% of respondents Disagree or Strongly Disagree with the statement “My community has enough resources and services available for drug overdose prevention.
- 62.86% of respondents Disagree or Strongly Disagree with the statement “Drug overdose prevention resources and services are easy to find in my community for those who need them.”

### Key Themes from Public Comment Survey - Open Text Box Responses

- **Harm reduction**
- **Fentanyl test strip decriminalization**
- **Needle exchange**
- Needle disposal sites (Separate from needle exchange if need be)
- **Naloxone**
- **More public education/awareness**
- More treatment services, access, and awareness of how to access
  - Education on how/where to access services

- **More/better access to residential services**
- Access to detox services
- More detox and residential treatment beds
- Affordable/free treatment services
- **Longer term treatment** availability and affordability
- More prevention
- **More prevention programming in schools; start them earlier/younger ages**
- Marijuana legalization and some for and some against this
- Resources for those experiencing homelessness
- Stigma reduction
- Pass Good Samaritan law
- Address issues for those with pain unable to access pain medications due to Rx practices/guidelines
- Support services after treatment – housing, job support, etc.
- Assistance in accessing healthcare post incarceration
- TIC within the legal system
- Drug courts, treatment vs. jail
- Family integration systems to assist in maintaining recovery for parents
- Enhanced payments for MAT providers
- Post OD response/support
- More CIT
- Increase pre-K, after school programs, efforts to reduce education gap
- Medication disposal sites; more frequent take back days
- Peer mentoring, peer support, peer navigation
- Medicaid expansion
- Adolescent treatment programming
- Coverage for non-opioid pain management therapies
- Community connection and events
  - More free/low cost positive community events
- Care integration across providers (health/BH)
- Decrease income inequality
- More prescribing guidelines
- Address SDH, early childhood development programs, address economic disparities

### Example of Previous State Plan Indicators

The KPDOAC will be updating their indicators for the new state plan however indicators will likely be similar to those in the previous state plan, included below.

Long-Term Outcomes (5+ years)						
State-level Indicator	Baseline (2016)	2017	2018	2019	2020	Target (2022)
<b>Morbidity</b>						
Age-adjusted All Drug Non-Fatal Overdose Emergency Department Admission Rate per 100,000 population	129.2	133.4	135.9	130.3	136.7	115.5
Age-adjusted Non-Fatal Opioid Overdose (excluding heroin) Emergency Department Admission Rate per 100,000 population	19.0	19.3	17.6	14.2	27.5	17.2
Age-adjusted Non-Fatal Heroin Emergency Department Admission Rate per 100,000 population	2.5	3.1	3.7	4.1	5.4	2.2
*Age-adjusted All Drug Non-Fatal Overdose Hospitalization Rate per 100,000 population	91.1	94.1	98.7	100.9	72.39	82.4
*Age-adjusted Non-Fatal Opioid Overdose (excluding heroin) Hospitalization Rate per 100,000 population	19.8	17.6	15.6	13.9	11.61	18.0
*Age-adjusted Non-Fatal Heroin Hospitalization Rate per 100,000 population	2.1	1.4	2.2	2.0	1.1	1.9
<b>Mortality</b>						
Age-adjusted All Drug Overdose Deaths Rate per 100,000 population	10.9	11.5	12.4	13.9	17.4	10.2
Age-adjusted Drug Overdose Deaths Involving Opioids (excluding heroin) Rate per 100,000 population	5.0	5.0	5.6	6.4	9.4	4.6
Age-adjusted Drug Overdose Deaths Involving Natural and Semi-Synthetic Opioids Rate per 100,000 population	2.8	2.5	2.6	2.2	2.7	2.6
Age-adjusted Drug Overdose Deaths Involving Synthetic Opioids Other than Methadone Rate per 100,000 population	0.98	1.21	1.75	2.6	6.0	.9
Age-adjusted Drug Overdose Deaths Involving Methadone Rate per 100,000 population	0.3	0.6	0.5	.6	0.3	.06
Age-adjusted Drug Overdose Deaths Involving Heroin Rate per 100,000 population	1.2	0.8	1.2	1.6	1.3	1.0

Intermediate Outcomes (2-5 years)						
State-level Indicator	Baseline (2017)	2018	2019	2020	2021	Target (2022)
<b>Misuse and Abuse of Prescription Drugs</b>						
Percentage of youth in Kansas in grades 6th, 8th, 10th and 12th reporting use of prescription medications not prescribed to them in the past 30 days	3.70%	3.88%	3.96%	3.7%	1.59%	1.20%
Percentage of young adults between the ages of 18-25 in Kansas reporting use of prescription medications not prescribed to them on one or more days*	6.40%	*	5.78%	*	*	3.90%
Prevalence of adults ages 18 years and older who report using prescription narcotics more frequently or in higher doses than as directed by a doctor in the past year	3.44%	3.45%	4.80%	4.80%	TBD	3.01%
Prevalence of adults ages 18 years and older at risk for opioid use disorder in the past year**	2.99%	2.49%	1.90%	1.60%	TBD	2.64%

Prevalence of adults ages 18 to 24 years who report using prescription narcotics more frequently or in higher doses than as directed by a doctor in the past year	4.86%	2.96%	***	***	TBD	4.31%
Prevalence of adults ages 18 to 24 years at risk for opioid use disorder in the past year*	6.77%	***	***	***	TBD	5.51%
<b>Use of Illicit Opioids</b>						
<b>State-level Indicator</b>	<b>Baseline (2016)</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>Target (2022)</b>
Hospitalization associated with drugs with potential for abuse and dependence; all drugs, heroin poisoning, cocaine poisoning, prescription opioid poisoning, benzodiazepine-based tranquilizer poisoning, amphetamine poisoning, cocaine abuse or dependence, opioid abuse or dependence (Age Adjusted rate per 100,000 population)	226.4	249.5	261.7	289.7	203.69	208.8
Hospitalization associated with Opioid abuse or dependence (Age Adjusted rate per 100,000 population)	60.1	59.7	60.0	60.1	40.93	55.6
<b>Neonatal Opioid Withdrawal Syndrome (NOWS)</b>						
Incidence of NOWS in Kansas, per 1,000 birth hospitalizations	3.4	3.7	3.4	3.6	2.9	2.6

<b>Short-term Outcomes (1-2 years)</b>						
<b>State-level Indicator</b>	<b>Baseline (2017)</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Target (2022)</b>
<b>Prevention</b>						
Percentage of youth in Kansas in grades 6th, 8th, 10th and 12th who report there is “no risk” of harm in taking a medication not prescribed for you	10%	9.73%	10%	9.92%	7.35%	6.80%
Percentage of young adults between the ages of 18-25 in Kansas who report there is “no risk” of harm in taking a medication not prescribed for you*	2.70%	*	3.70%	*	*	1.5%
Number of community coalitions addressing prescription drug misuse	10	10	17	18	23	15

<b>State-level Indicator</b>	<b>Baseline (2017 Q1)</b>	<b>2019 Q1</b>	<b>2019 Q2</b>	<b>2019 Q3</b>	<b>2019 Q4</b>	<b>2020 Q1</b>	<b>2020 Q2</b>	<b>2020 Q3</b>	<b>2020 Q4</b>	<b>2021 Q1</b>	<b>2021 Q2</b>	<b>Target (2022 Q4)</b>
<b>Provider Education</b>												
Total morphine milligram equivalents (MME) dispensed to patients per capita	196.8	127.9	134.2	129.5	126.7	121.3	118.0	116.1	116.1	97.2	88.13	75.0
Percentage of patients with 90+ Daily MME of opioids	11.1%	9.6%	9.1%	6.8%	6.7%	6.7%	6.5%	6.1%	6.7%	6.6%	6.1%	2.2%
Rate of patients with 5+ prescribers and 5+ dispensers in a 6-month period	15.4	6.1	6.2	6.1	5.8	5.0	3.5	3.2	3.3	2.7	2.9	0.42

Percent of patients prescribed long-acting/extended-release opioids who were opioid-naïve	8.7%	5.6%	5.6%	4.1%	4.5%	4.6%	4.3%	4.5%	4.5%	3.8%	4.2%	5.2%
Percent of days with overlapping opioids/benzodiazepines	17.7%	17.2%	16.4%	15.3%	14.2%	13.6%	16.3%	15.9%	16.0%	15.9%	15.5%	10.6%
Percent of days with overlapping opioid prescriptions	17.5%	16.3%	15.7%	15.5%	15.2%	14.8%	15.1%	14.8%	14.7%	14.9%	14.1%	10.5%

Short-term Outcomes (1-2 years)						
State-level Indicator	Baseline (2018)	2019	2020	2021	Target (2022)	
<b>Treatment and Recovery</b>						
Number of Buprenorphine waived prescribers practicing in Kansas	97	176	230	218	150	
Ratio of substance use disorder treatment providers in Kansas that accept clients on opioid medication	0.57	.78	.59	.61	0.65	
Ratio of detoxification facilities in Kansas that accept clients on opioid medication	0.42	.95	.46	.48	0.63	
State-level Indicator	Baseline (2017)	2018	2019	2020	Target (2022)	
<b>Treatment and Recovery</b>						
Rate of Kansas prescribers who prescribed buprenorphine opioids indicated for Medication-assisted Treatment (MAT) per 100,000 residents	7.1	10.2	10.5	19.9	22.36	9.08
Rate of Kansas patients who filled buprenorphine opioids indicated for Medication-assisted Treatment (MAT) per 100,000 residents	90.2	97.5	108.8	114.7	126.96	87.70
Percentage of Kansas counties with prescribers who prescribed buprenorphine opioids indicated for Medication-assisted Treatment (MAT)	27%	39%	31%	35%	35%	100%
State-level Indicator	Baseline (2017)	2018	2019	2020	2021	Target (2022)
<b>Law Enforcement</b>						
Number of law enforcement agencies carrying Naloxone	-	-	53.3%*	TBD	TBD	50%
Number of Kansas law enforcement officers who receive the Kansas Law Enforcement Training Center's (KLETC) opioid crisis training	0	62	368	300	TBD	750
State-level Indicator	Baseline (2017)	2018	2019	2020	2021	Target (2022)
<b>Neonatal Opioid Withdrawal Syndrome</b>						
Ratio of birthing centers in Kansas in which the Vermont Oxford Network (VON) NOWS Universal Training Program is implemented	0%	49.2%	52.4%	55%	55%	76.9%