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Kansas Addiction Grant Review Board

Framework for Strategic Plan 4Q2022

Disclaimer

- The information herein is simply meant as a placeholder to generate ideas and provoke conversation and thought. It is not meant to be a strategic plan for The Board. It is simply a starting point to help move us a direction and to help save lives.

Mission & Vision Statements

- Vision Statement
 - To materially reduce those with Substance Use Disorder (SUD) in the State of Kansas.
- Mission Statement
 - To thoughtfully grant capital to organizations that can make **sustainable**, **scalable**, change in the areas of prevention, harm reduction, treatment, & recovery.

Background

- The Kansas Addiction Grant Making Board [The Board] was formed to receive requests and approve grants from the opioid settlement litigation.
- The Board has 11 members, serving at the pleasure of their respective sponsors. The Board will generally represent various geographic regions of the state and members will be knowledgeable about the disease of addiction.
- The State of Kansas will receive the funds over an 18 year period, with the majority of the capital front loaded. Total capital is estimated to be \$240MM.
- The Board has full authority to grant the funds to respective parties operating within the State of Kansas. The attorney general's office hired Sunflower Foundation to act as administrator of the capital.
- Importantly, the capital will help to mitigate all SUDs, not simply Opioid Use Disorder.
- Seventy five percent of the capital will be within the purview of the Board, while twenty five percent will be at the discretion of the 105 counties in Kansas. The Board desires to collaborate with those counties to leverage each counties' respective capital.

Key Legislative Guidance

- One-eighth of the total amount of monies granted each calendar year shall be for services in each of the state's 4 congressional districts.
- “Qualified Applicant” means any state entity, municipality, or not-for-profit entity that provides services for the purpose of preventing, reducing, treating, or otherwise abating or remediating substance abuse or addiction and that has released its legal claims arising from covered conduct against each defendant that is required by opioid litigation to pay into the fund.
- In general:
 - Science and data driven
 - The Board has the authority to set conditions to receive a grant
 - May give preference to:
 - Qualified applicants that are not otherwise seeking/receiving funds from opioid litigation
 - Expand availability of certified drug abuse treatment programs under K.S.A 2021 Supp. 21-6824. Essentially treatment over jail.



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Principles for the Use of Funds from the Opioid Litigation

John Hopkins University, in collaboration with many other organizations, created the “Principals for the Use of Funds From the Opioid Litigation”. The Board will use that document to help guide our decisions. The five principles are:

1 Spend Money to Save Lives

2 Use Evidence to Guide Spending

3 Invest in Youth Prevention

4 Focus on Racial Equity

5 Develop a Fair and Transparent Process

<https://opioidprinciples.jhsph.edu/the-principles/>

Implementation of the Board's Mission & Vision – Rigorous Processes

- Approach
- Input
 - Expertise
 - Diversity
- Prioritization
 - Timing
 - Strategy
- Reporting
 - Transparency
- Outcomes/Metrics

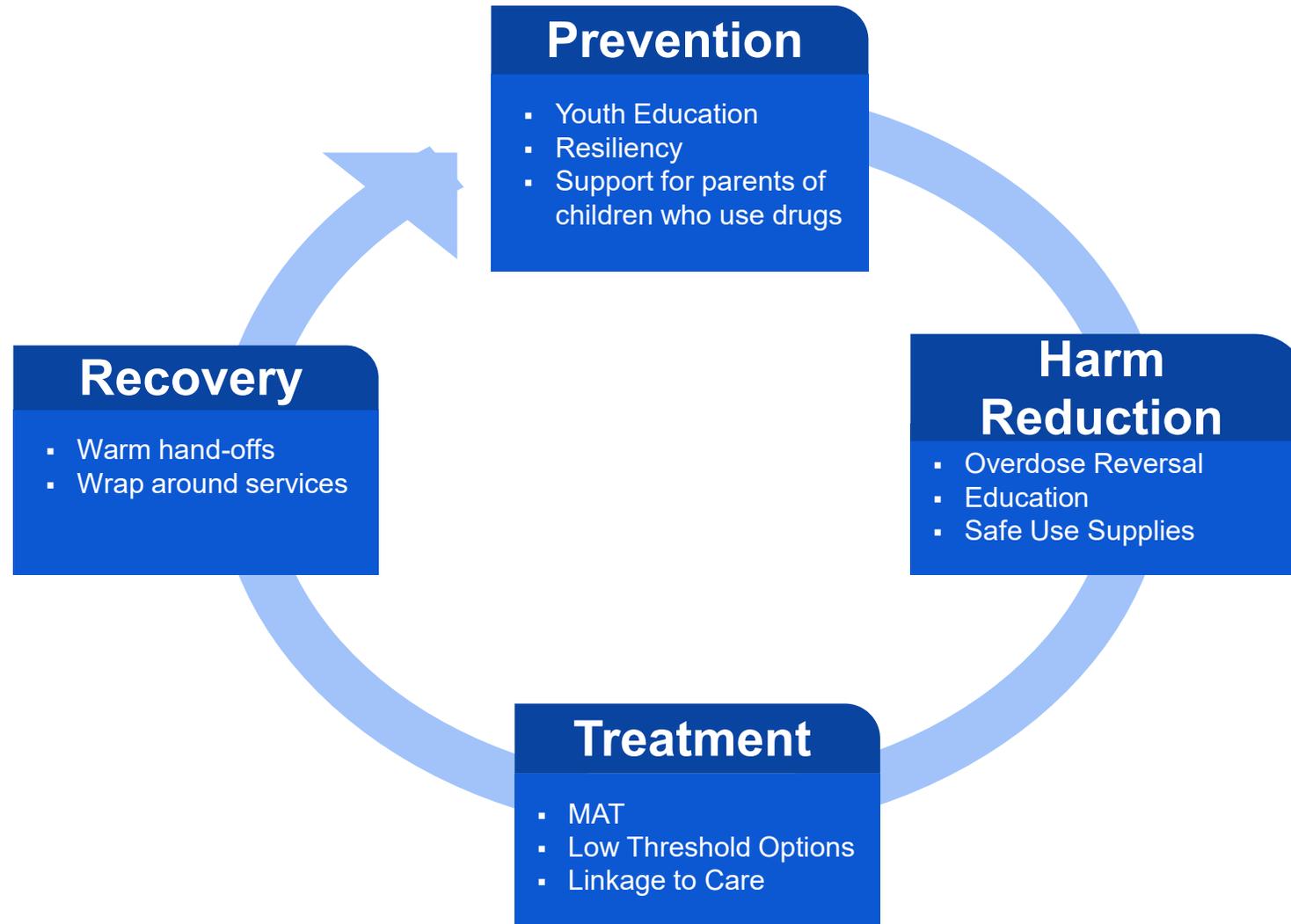


Collaboration

- It will be the Board's desire to collaborate with Kansas counties to assess needs and leverage existing programs.
- Open Question:
 - Will the Board wish to work with contiguous states?
 - Could we obtain matching grants from various states?
 - E.G.: Kansas and Missouri fund a grant to an agency that serves both states

Implementation of the Board's Mission & Vision – Four Broad Pillars

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Comments to the Board -

- The next four slides go deeper into the pillars
- We will need to prioritize strategies within each pillar. The board's expertise and needs assessment will help support the prioritization
- The bullets on the four slides are simply placeholders and ideas.
- Arguably, we could set aside a board meeting to discuss each pillar, bringing in experts to help support prioritization

Going Deeper - Prevention

- Primary – Evidence-based programs for youth, public education, stigma reduction.
- Secondary – Universal screening, medication initiation

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Going Deeper – Harm Reduction

- Primary - Naloxone Training & Distribution
- Secondary - Supportive of Fentanyl Strips
- Tertiary – Syringe Service Programs

Going Deeper - Treatment

- Primary - Work quickly with established treatment centers to fund in-patient scholarships
- Secondary – Support MAT within the treatment center community
- Tertiary – Ease/Simplify the decision to seek treatment. Work to ensure accessibility, and that treatment is comprehensive. Follow the ASAM levels of Care. <https://www.asam.org/asam-criteria/about-the-asam-criteria>

Going Deeper - Recovery

- Primary – Housing & Transportation
- Secondary – Employment training & education
- Tertiary – Positive recovery communities and peer support systems

Open Questions

- The statute clearly states that grants can be made to non-profits. Can the Board make a grant to a non-profit attached to a for-profit?
- Of the four pillars, which should take priority?
- It will take at least six months to collaborate and build the appropriate plan. Are there immediate steps we could take, e.g. Narcan funding, to make a quick impact.

Significant Tactical Items to Allow the Board to Move Forward

- Needs Assessment
- Grant Submissions
 - Need clean, simple, but effective form.
 - Science and data driven
 - Electronic, through website?
 - Enhance current website?
 - Should we outline the four pillars?
 - Frequency of submissions? Frequency of review.
 - When does Sunflower hand submissions to the Board.
 - All submissions?
 - Or filtered?
- How will the public know?
 - Press release?
 - Kansas Opioid Conference
- Monitoring processes
 - Data Base?
 - What metrics?
 - How do we ensure we hit our Mission/Vision Statement?

Conclusion

- In the U.S., the SUD crisis is so significant and vast that mitigating the crisis will be challenging.
- Top down strategies, e.g. reducing stigma, and bottom up strategies, e.g., supporting those seeking treatment, will both be necessary.
- The Board must balance moving quickly to reduce deaths, while being pragmatic, and use the settlement funds wisely.
- Prioritization, governance, and efficiency will be keenly important.