Kansas Fights Addiction Board (KFA)

Landscape Analysis & Framework to Begin Planning

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Section 1
Timeline & History

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

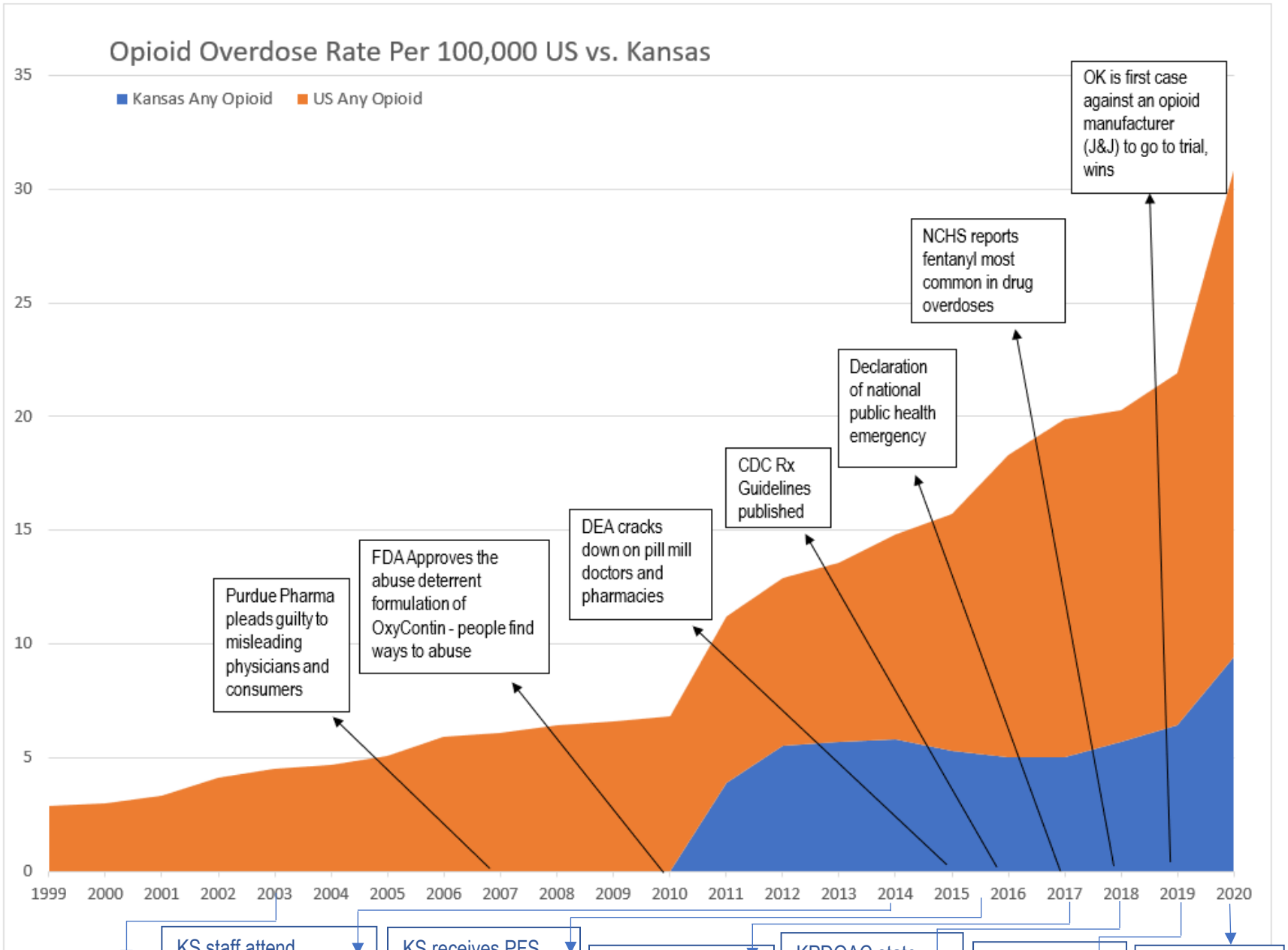
1924 – Anti-Heroin Act bans production/ sale of heroin

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



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, 1st 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

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/**
- **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/OUD 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-addition 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/
- **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, polices, 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.

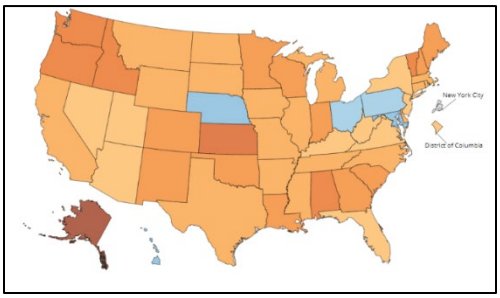
- **Indicator development and data analysis**
- **New plan estimated to be written by Nov. 10 to release at the 6th annual Kansas Opioid Conference.**

Section 2

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

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. 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.

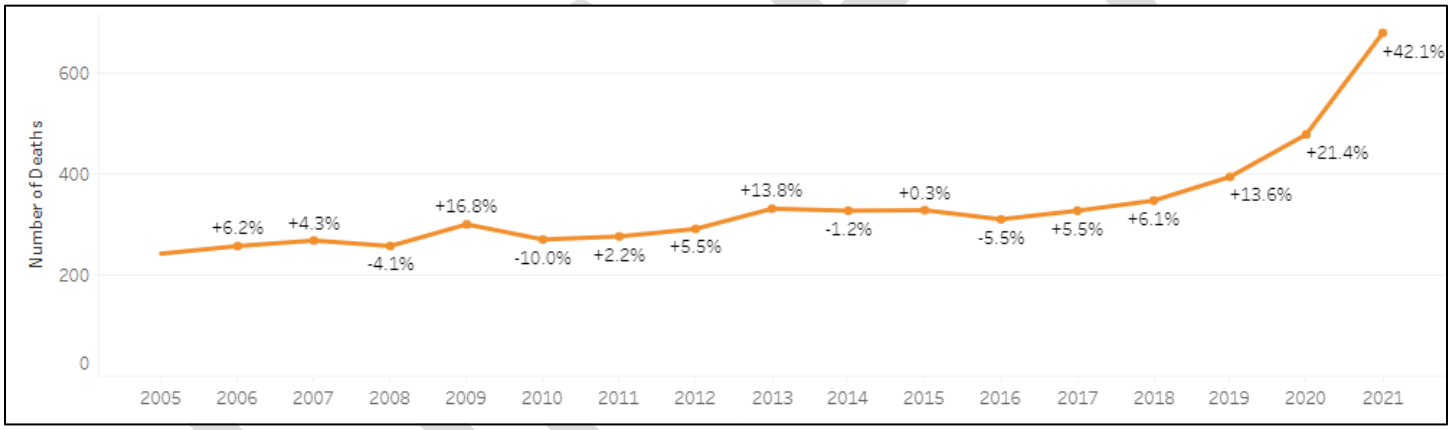


From 2018 – 2020 in Kansas our drug overdose death rate has surpassed the highest ever reported drug overdose deaths each year with 346 in 2018; 393 in 2019; and a significant increase in 2020 with 477. This significant increase worsened in 2021 with 678 drug overdose deaths reported. The leading causes of drug overdose deaths are synthetic opioids and psychostimulants.

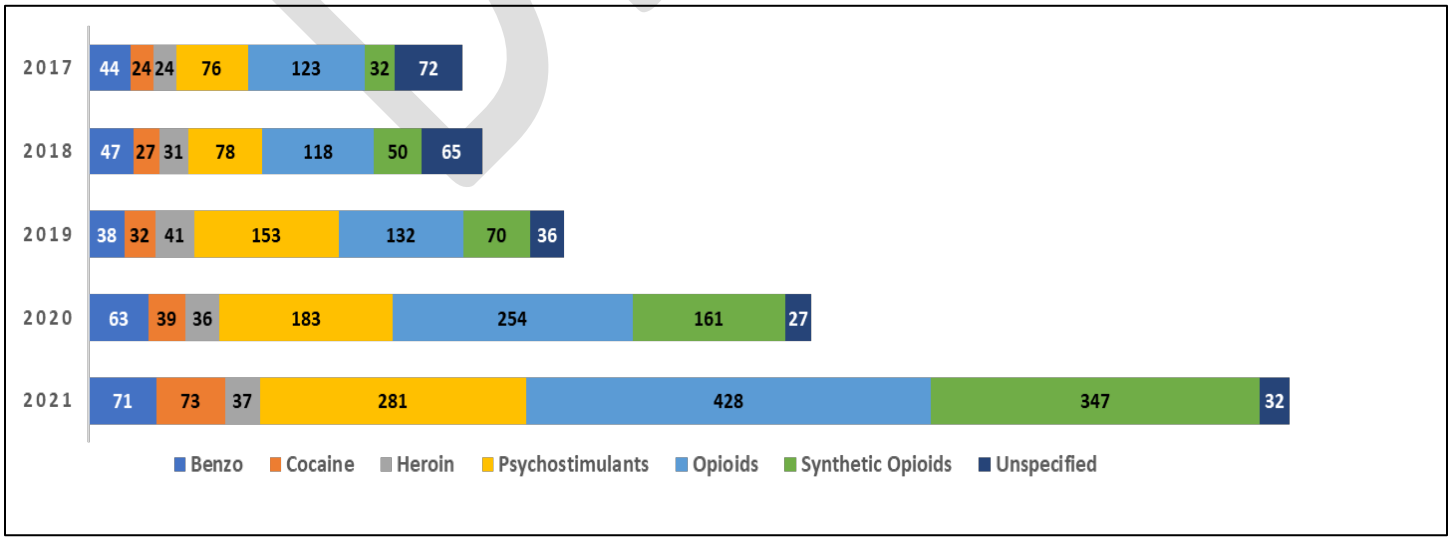
Kansas 10-Year Average All Drug Overdose Mortality Rates 2012- 2021

KDHE released the new mortality data on 9/23/22 at: kdhe.ks.gov. In 2021 there were 678 drug overdose deaths in Kansas, a 42.1% increase from 2020.

Kansas All Drug Overdose Death Totals and Percent Change by Year, 2005 – 2021

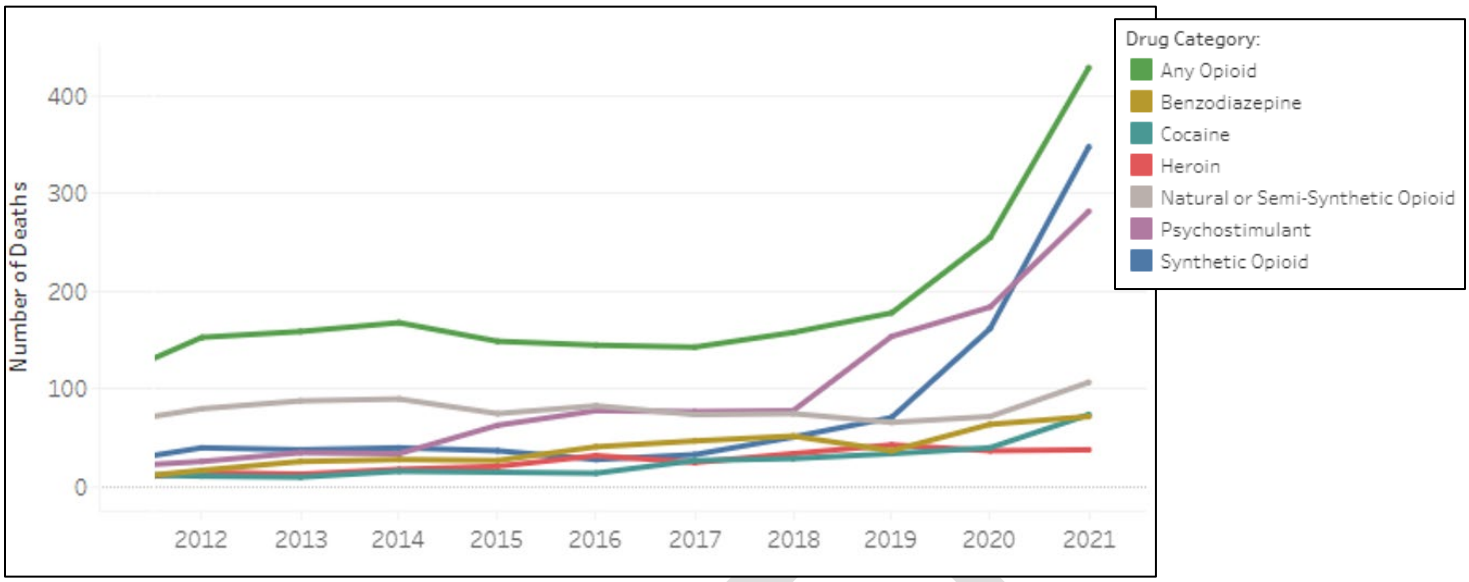


Drug Poisoning Deaths with Mentions of Selected Drugs, 2017-2021, Kansas Residents*



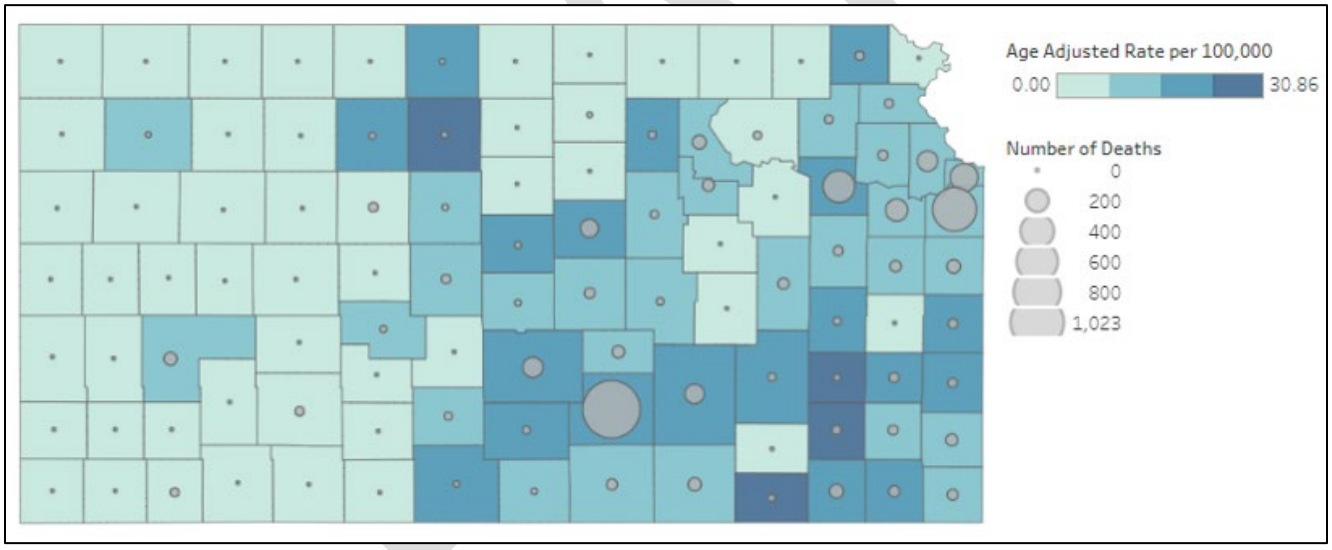
*Note: Text literal fields from the death certificates were examined to determine if specific drug types were mentioned. Years 2017-2021 are not mutually exclusive, and a decedent may have died from exposures from multiple drugs.

Kansas Age Adjusted Drug Overdose Death by Drug Type, 2019 - 2021

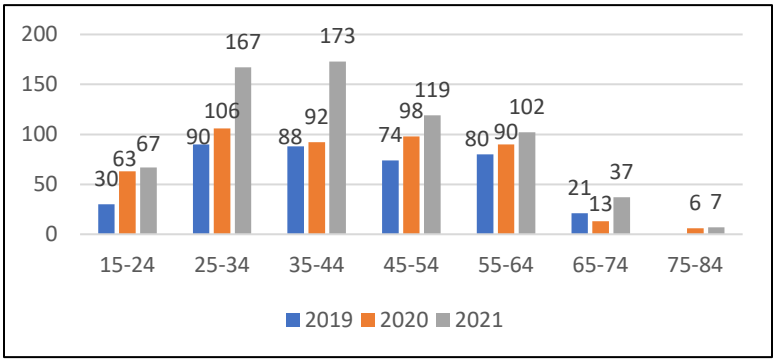


From 2012 – 2021 the counties with the highest all drug overdose mortality rates were Osborne (30.86), Chautauqua (28.59), Woodson (28.09), and Wilson (23.93). However, it is important to note that the rate for these counties is considered unstable due to the low number based on a count less than 20, which is considered unstable due to high Relative Standard Error. Caution should be used when interpreting these rates. The counties with the highest stable rates were Sedgwick (20.68), Allen (20.48), Linn (20.43), Reno (19.16), Montgomery (18.26), and Saline (17.55).

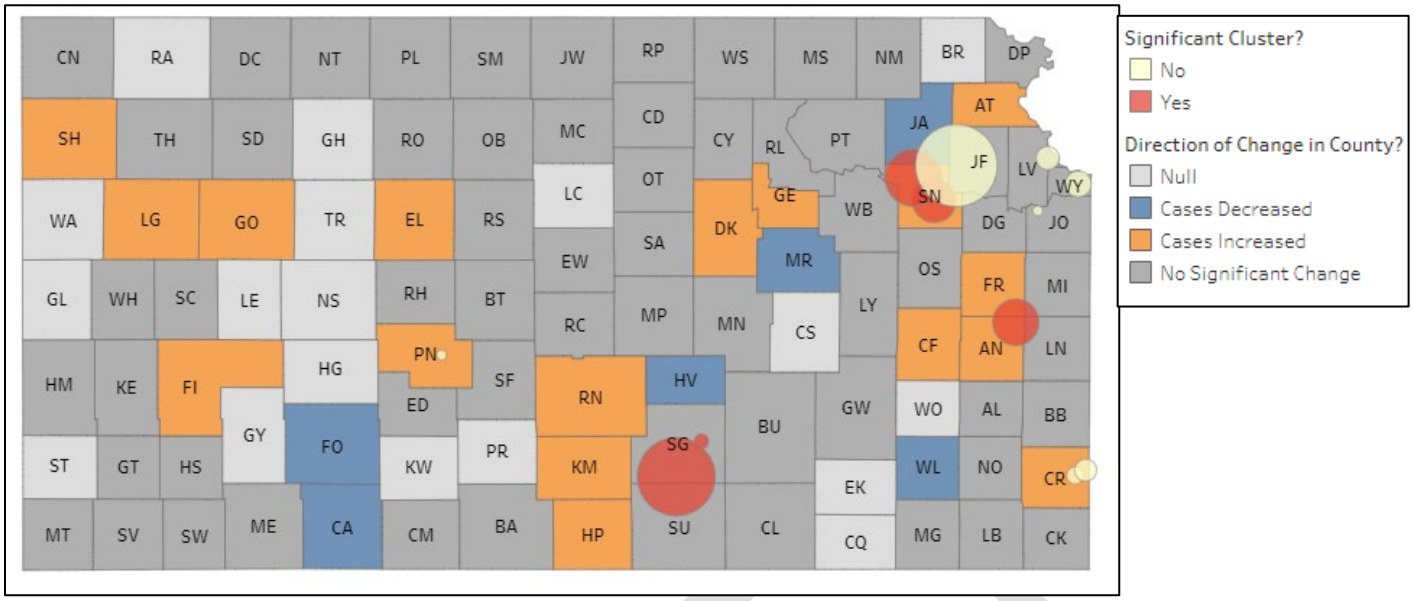
Kansas 10-Year-Average All Drug Overdose Mortality Rates by County 2012 - 2021



The chart to the right indicates the overdose death rate from all drugs by age group from 2011 – 2021. In 2021 we share a sharp increase in the age group of those 25-44. Since 2019 we have continued to see increases in overdose death among those between the ages of 15-24. Prior to 2019 there were 30 or less overdose deaths in the 15–24-year-old population and in 2020 there were 63 and in 2021 67, more than double the number than any prior year. For those between the ages of 10-18 Kansas saw a 171% increase in 2019/2020 as compared to 2011/2012 data.



Kansas All Drug Overdose ED Visit Spike and Cluster Alert Map, July 2022

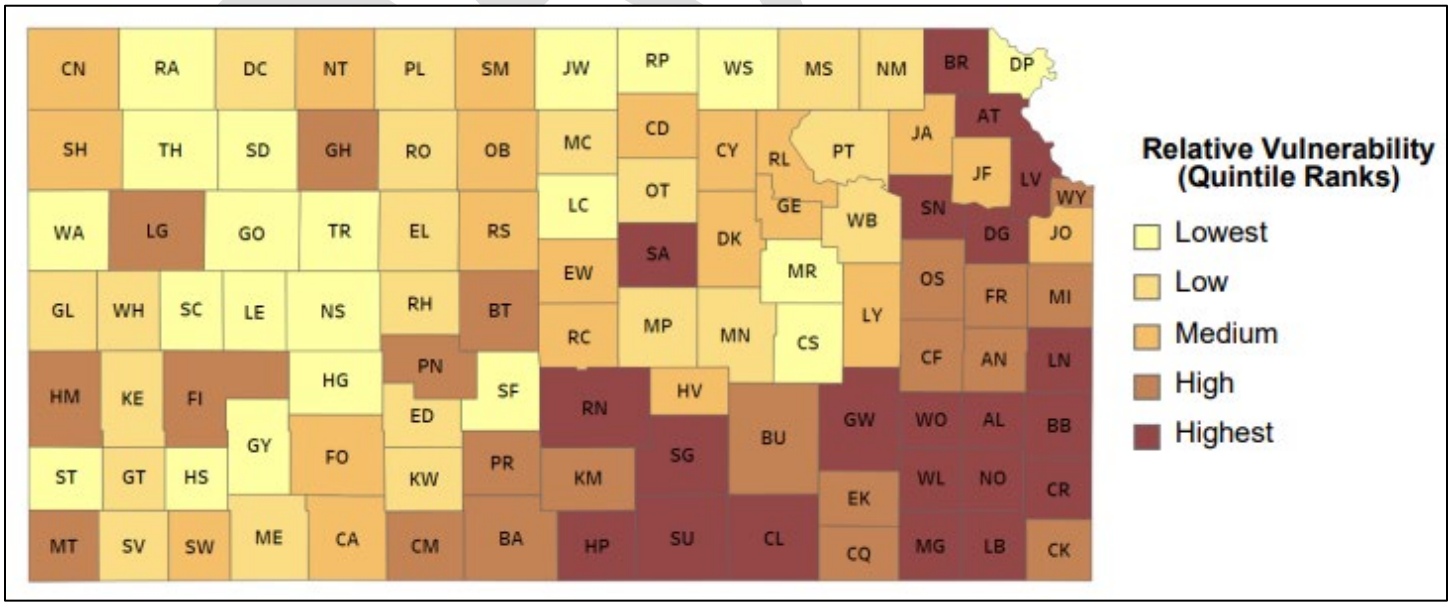


This new mapping tool KDHE has developed is tracking spikes overdose emergency department visits by month and year. Current data available for March – August 2022. Map above shows the month of July 2022.

Kansas County Opioid Mortality Vulnerability Assessment 2022

In September of 2022 KDHE released the new Kansas County Opioid Mortality Vulnerability Assessment. This assessment ranks counties that are most at-risk or with the highest vulnerability across a variety of indicators that are related to social vulnerability and opioid overdose. The report found that the counties with the highest vulnerability are Labette, Sedgwick, Allen, Harper, Crawford, Brown, Wilson, Saline, Woodson, Neosho, Greenwood, Montgomery, Reno, Leavenworth, Shawnee, Linn, Douglas, Cowley, Sumner, Bourbon, and Atchison. Below is a map that shows the vulnerability ranks of all Kansas counties.

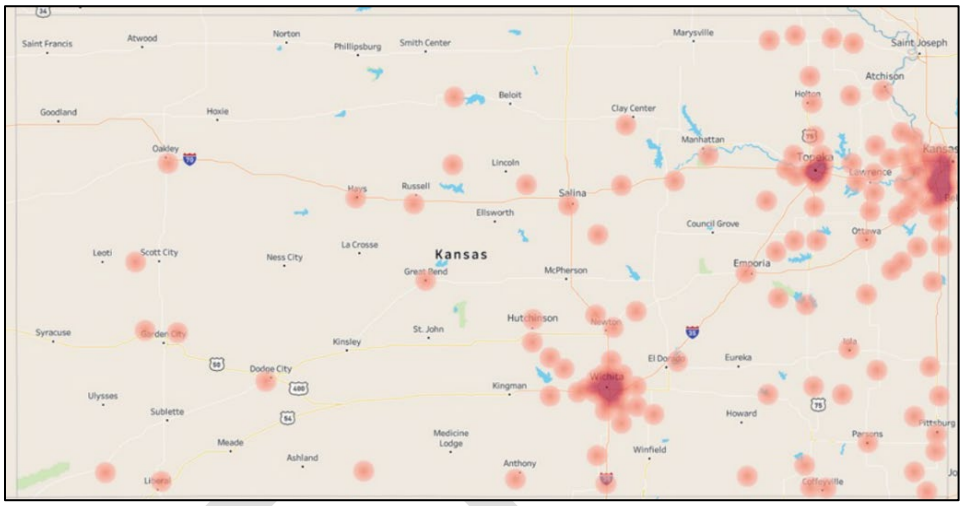
Kansas Counties by Opioid Overdose Vulnerability Rank



Indicators included to identify county vulnerability above included various data sources including five core indicators (fatal and non-fatal overdoses, drug related crimes, opioid prescription data, Hepatitis C rates, and median household income). The assessment also included 20 secondary indicators that included data on indicators such as suicide and self-

harm, rates of disability, violent and property crimes, unemployment, capacity of treatment providers and available services, and rates of sexually transmitted infections and HIV.

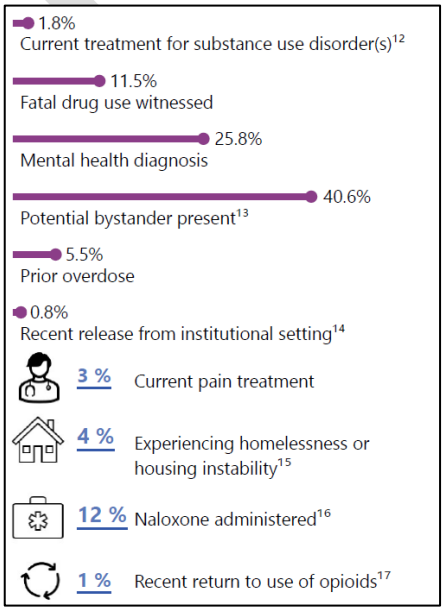
Kansas July 2020 – June 2021 State Unintentional Drug Overdose Reporting System (SUDORS) Data Report



- 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

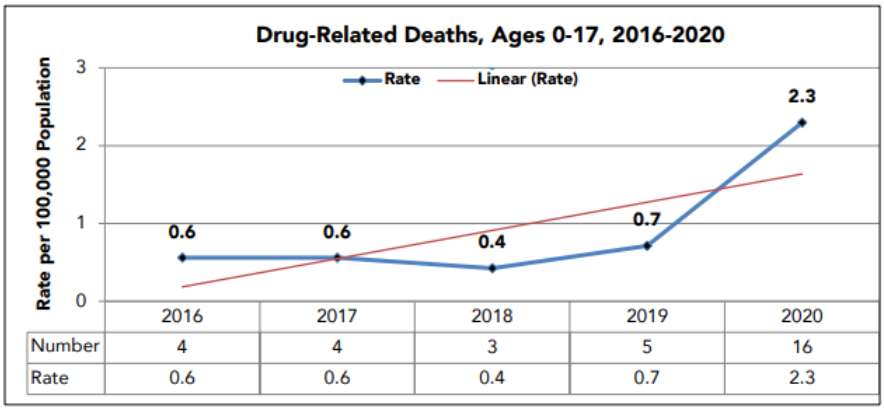
Kansas 2020 SUDORS Data Report - Unintentional and Undetermined Intent Drug Overdose Deaths

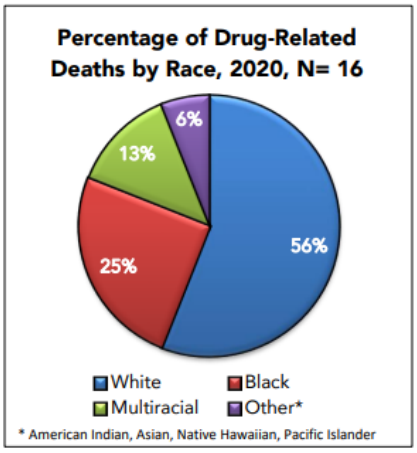
- 433 total Unintentional and Undetermined Intent Drug Overdose Deaths in 2020
- Highest numbers were Male (66%), Aged 25-34 (21.2%), and White (75.5%)
- Black, non-Hispanic population had the highest overdose death rate per 100,000 at 27.6%
- Drug Type: 56% of deaths involved at least one opioid, 52% of deaths involved at least one stimulant, 42% of deaths involved methamphetamine, 35% involved illicitly manufactured fentanyl
- 59% of drug overdose deaths had at least one opportunity for intervention with 41% of drug overdose deaths had a potential bystander present that may have had the opportunity to provide life-saving actions.
    - 2021 data shows this increased to **65.9% of drug overdose deaths had at least one potential opportunity for intervention.**
- Months with highest numbers of overdose deaths were May – August

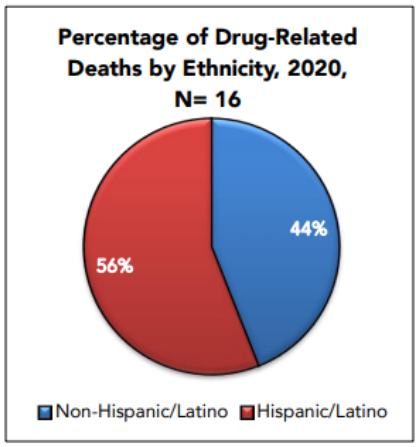


Kansas Child Death Review Board 2022 Report – Drug Related Deaths

The 2022 Kansas Child Death Review Board report found the rate of drug-related deaths tripled for children ages 0-17 in 2020 with 16 deaths as compared to 5 in 2019, 3 in 2018, and 4 in 2016 and 2017. 11 of the deaths in 2020 involved fentanyl while there were 0 fentanyl related deaths in the prior four years. From 2016 – 2020 there were a total of 34 drug-related deaths, a majority of these deaths were among those 15-17 years of age (23). These annual reports are published each year around the end of September to early October at https://ag.ks.gov/about-the-office/affiliated-orgs/scdrb. See below for related charts.





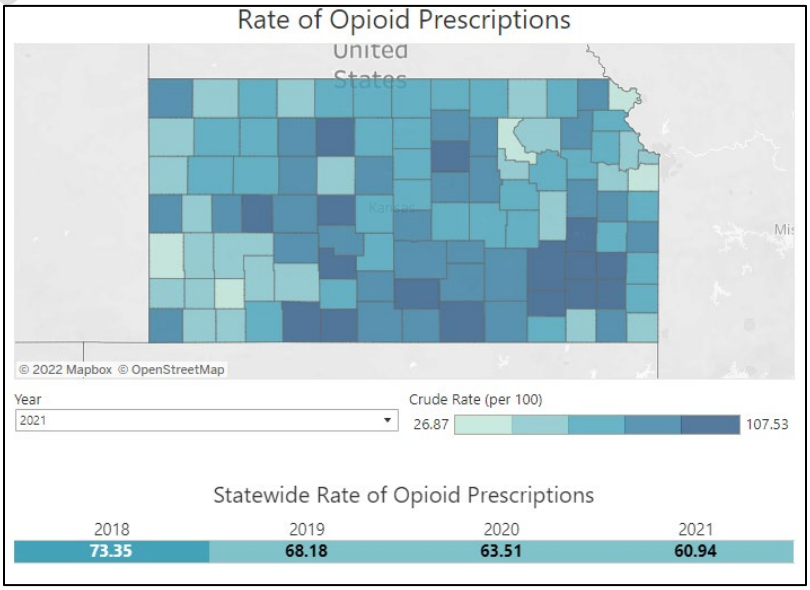


Kansas Prescribing Data

- 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

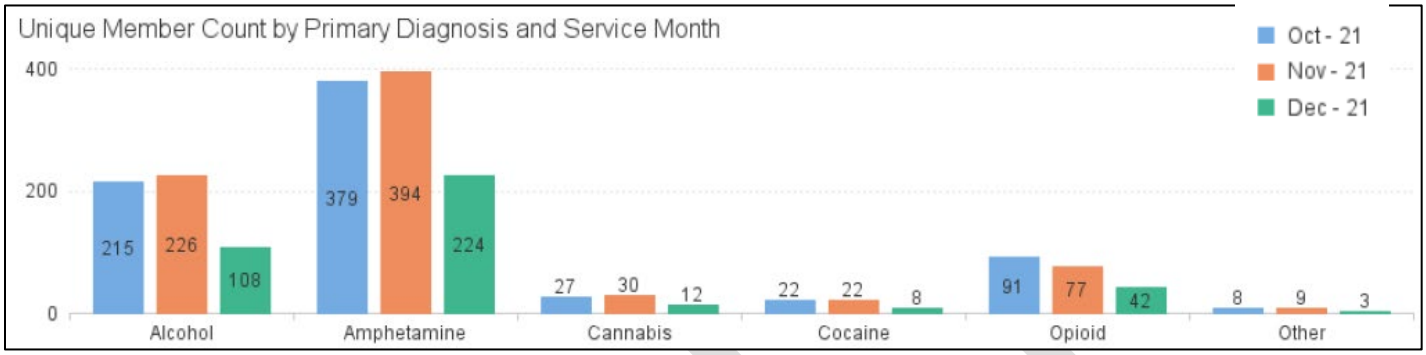
- Majority of opioids are dispensed to those aged 55-74
- Counties with highest rate per 100 persons include:
    1. Greenwood (107.53)
    2. Wilson (107.3)
    3. Elk (106.8)
    4. Ottawa (100.1)
    5. Allen (99.8)
    6. Sumner (96.1)
    7. Lane (95.7)
    8. Edwards (94.9)
    9. Rush, Kingman,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



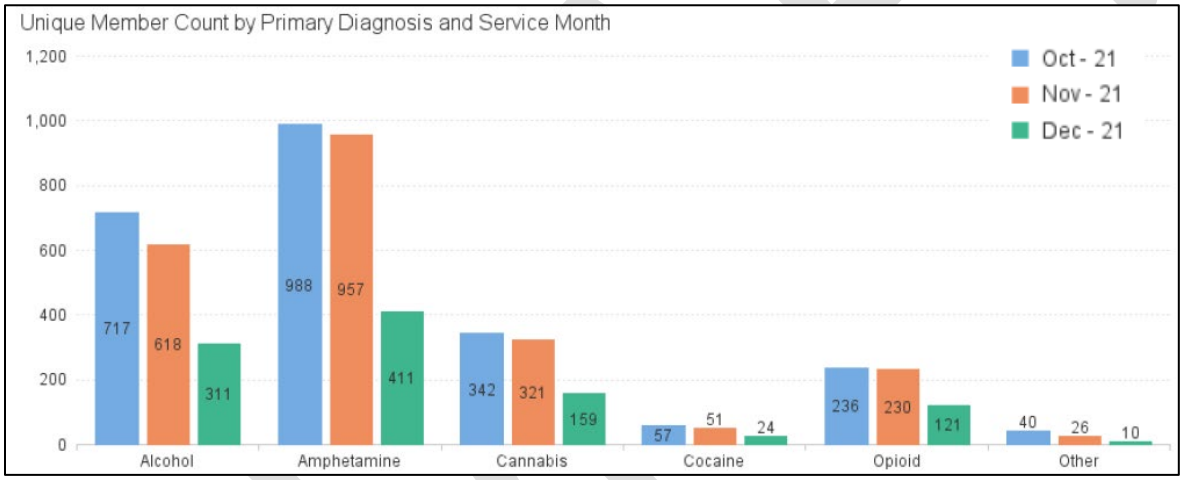
Kansas Substance Use Disorder Treatment Data – Beacon Health Options Primary Diagnosis Report October – December 2021

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



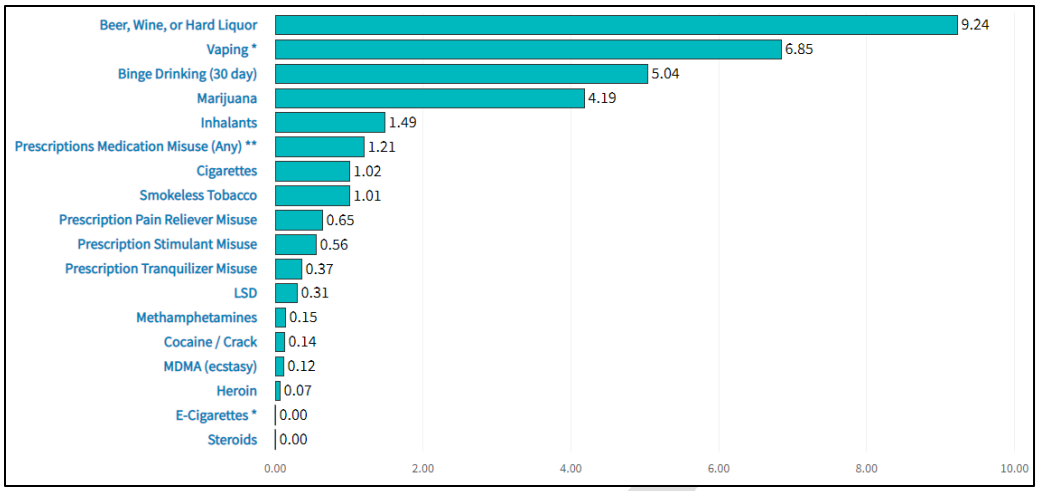
LLOC – All Regions



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



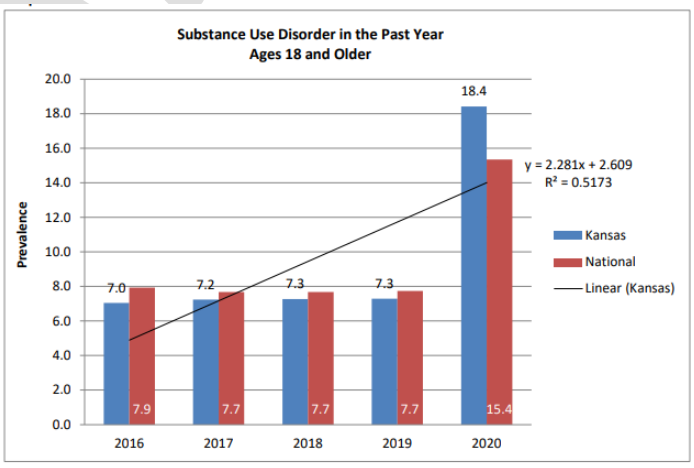
- Substances with lowest perceived risk of harm from use - meaning substances with highest rates of youth reporting that there is no risk of harm from using these substances, included:
    1. Marijuana, 2. Alcohol, 3. Cigarettes, 4. Vaping, 5. Prescription drug misuse
- Majority of youth that have misused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

<u>Kansas Young Adult Survey Data (18-25) 2021</u>

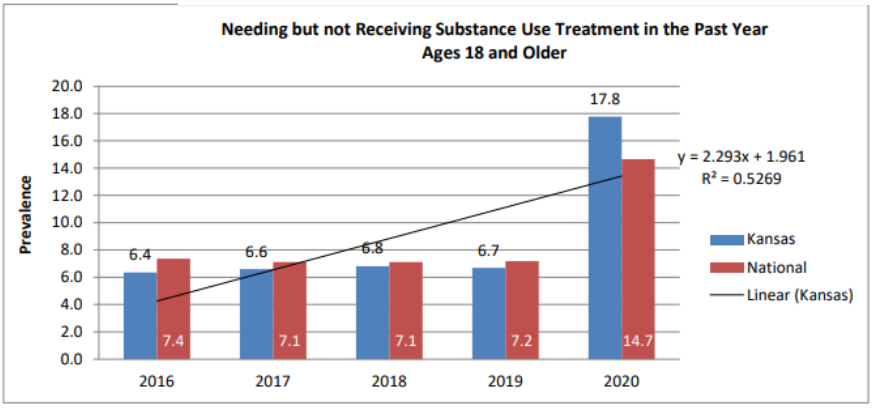
- Past 30-day substance use top 5 substances reported: 1. Alcohol (64.7%), 2. Marijuana (30.8%), 3. E-cigarettes (23.20%), 4. Cigarettes (9.4%)

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

The NSDUH 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 relivers; 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 inf the past year for those 18 and older. The chart to the right shows that 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.



The second chart to the right shows that 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

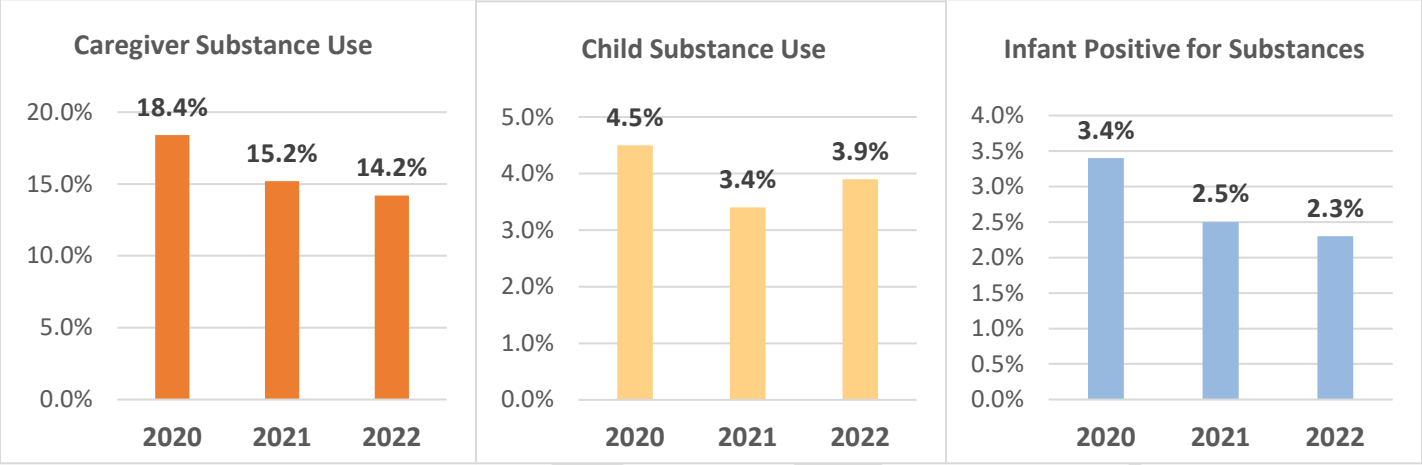


adults and youth reported needing but not receiving substance use treatment than the national average, with the largest percentage being those in the 18 to 25 age group.

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.

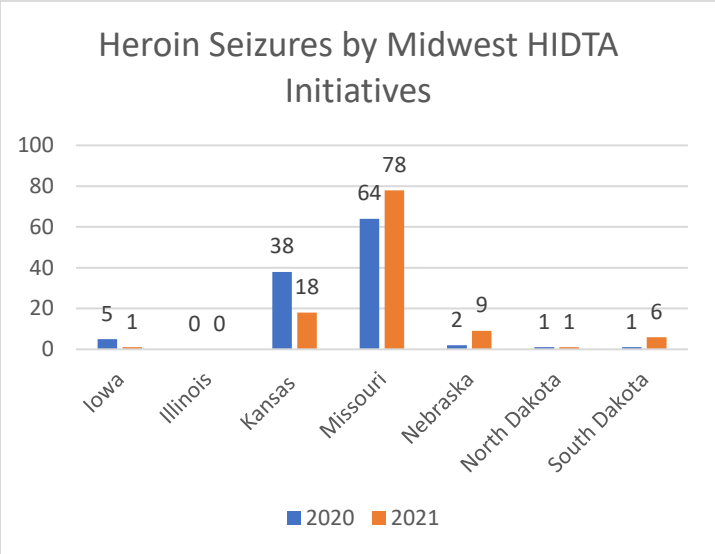
DCF Presenting Situations for Assigned CPS Reports - Statewide Percentage

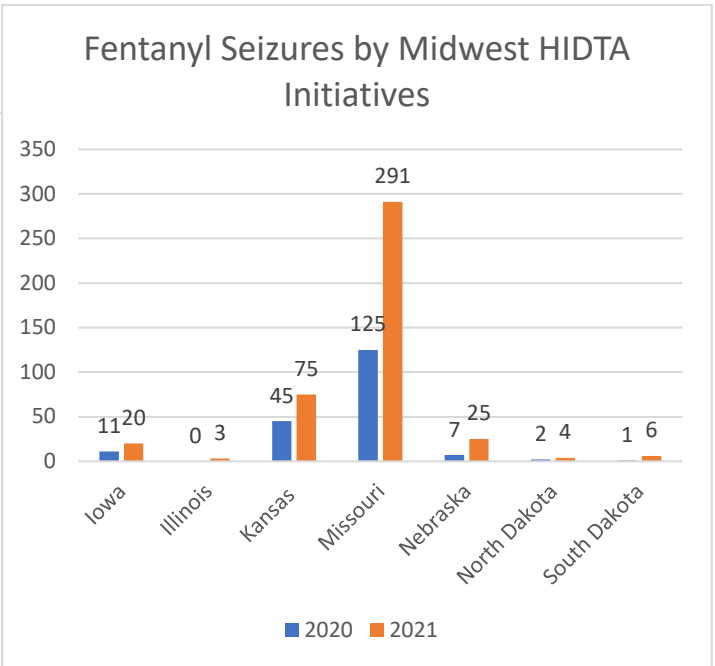


2022 Midwest HIDTA Threat Assessment

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 are shown below.

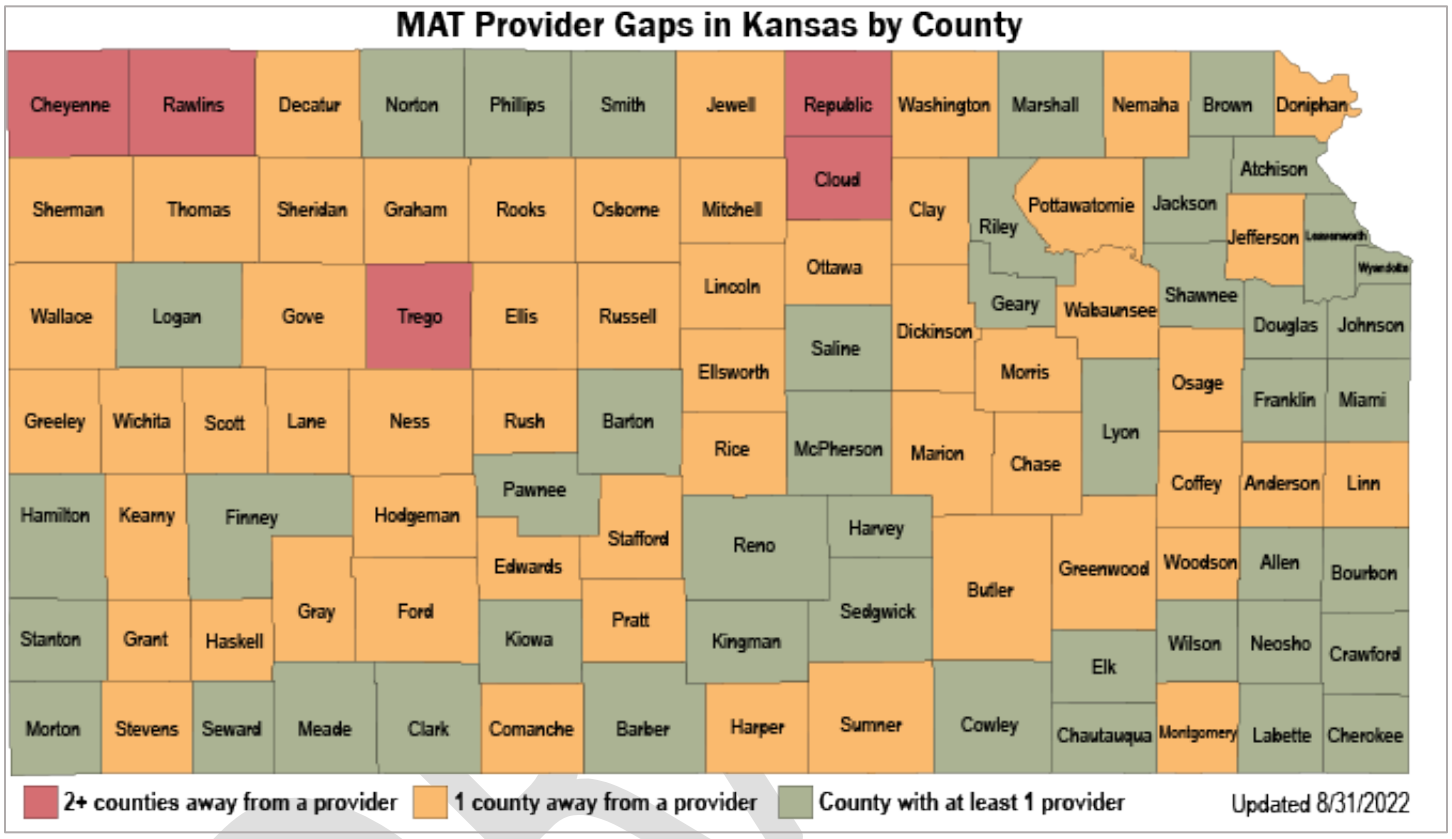


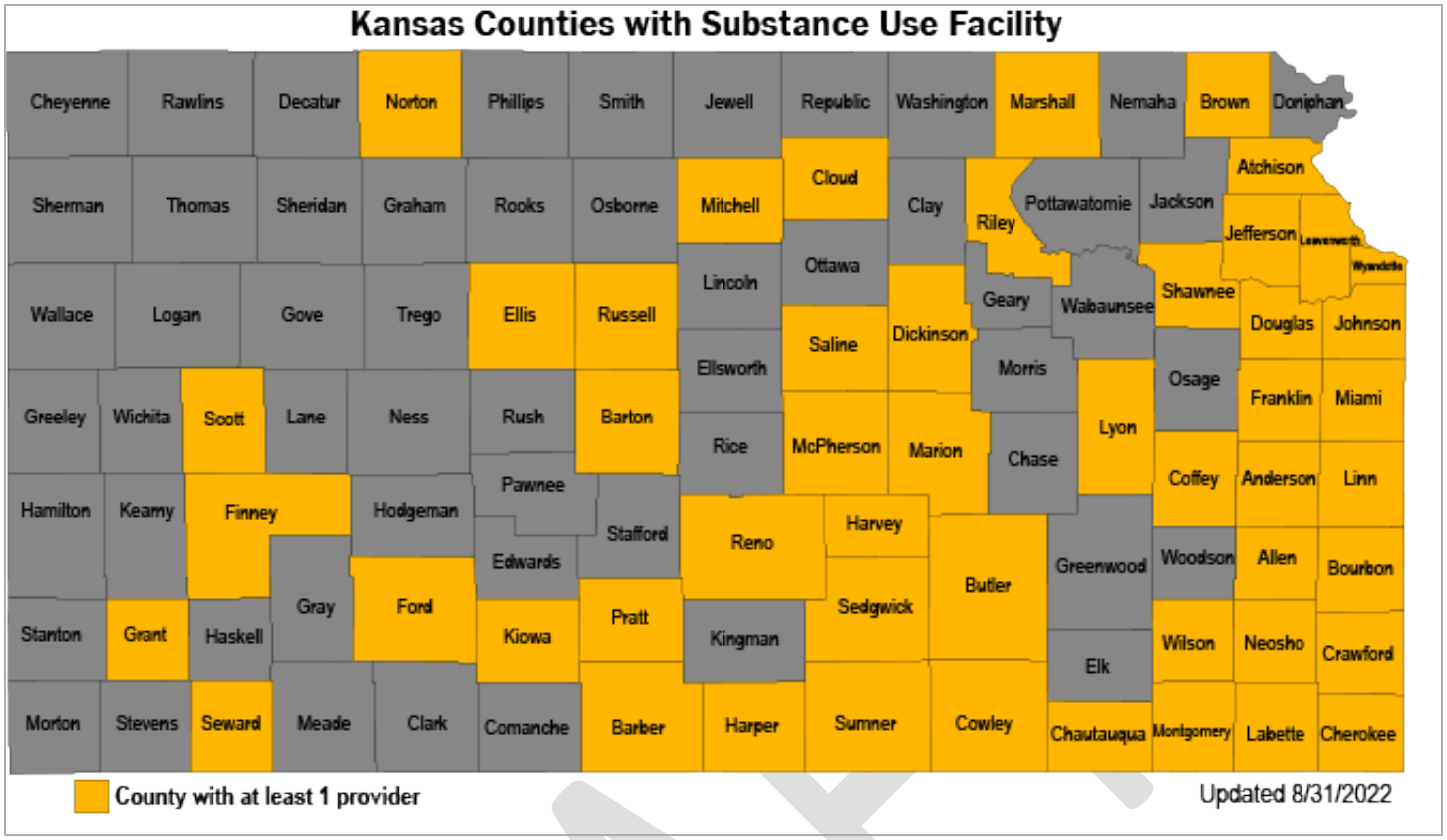


The report found that Kansas has 65 Drug Trafficking Organizations (DTOs) identified with 27 or 42% of those DTOs being categorized as violent.

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 ODMap Data and Information

Information from Midwest HIDTA/ODMap Data from DJ Gering, Public Health Analyst

Starting in February 2022, Board of EMS started sharing their near real-time suspected overdose information with qualifying agencies in ODMAP. These qualifying agencies are EMS, Fire Departments, Law Enforcement, non-profit Hospitals, and Health Departments. The data goes back to January 2018.

We have created several location layers to help make sense of the high density overdose areas. Depending on the County and City, overdose hotspot areas line up and are associated with several different types of facilities. In the more populated areas, we tend to see more correlation between overdose hotspots and lodging facilities such as hotels, motels, and inns. We also see several overdoses in the area of gas stations. We have also identified several apartment complexes, homeless shelters, and inpatient treatment facilities that are notably in the overdose hotspots. This has been helping inform outreach, naloxone distribution, and youth prevention work.

We have also identified schools that are in overdose hotspot areas and assessed the socioeconomic data in the area of those school locations. In many instances, these neighborhoods have a high proportion of children, many of them the largest demographic are children under the age of 5. The areas also tend to be higher than average in poverty and crime. We also notice that the more injury prone employment types are more prevalent in these neighborhoods. The employment types are manufacturing/production, construction, and transportation/moving.

Kansas Maternal Mortality Review Committee Report – Preliminary Results

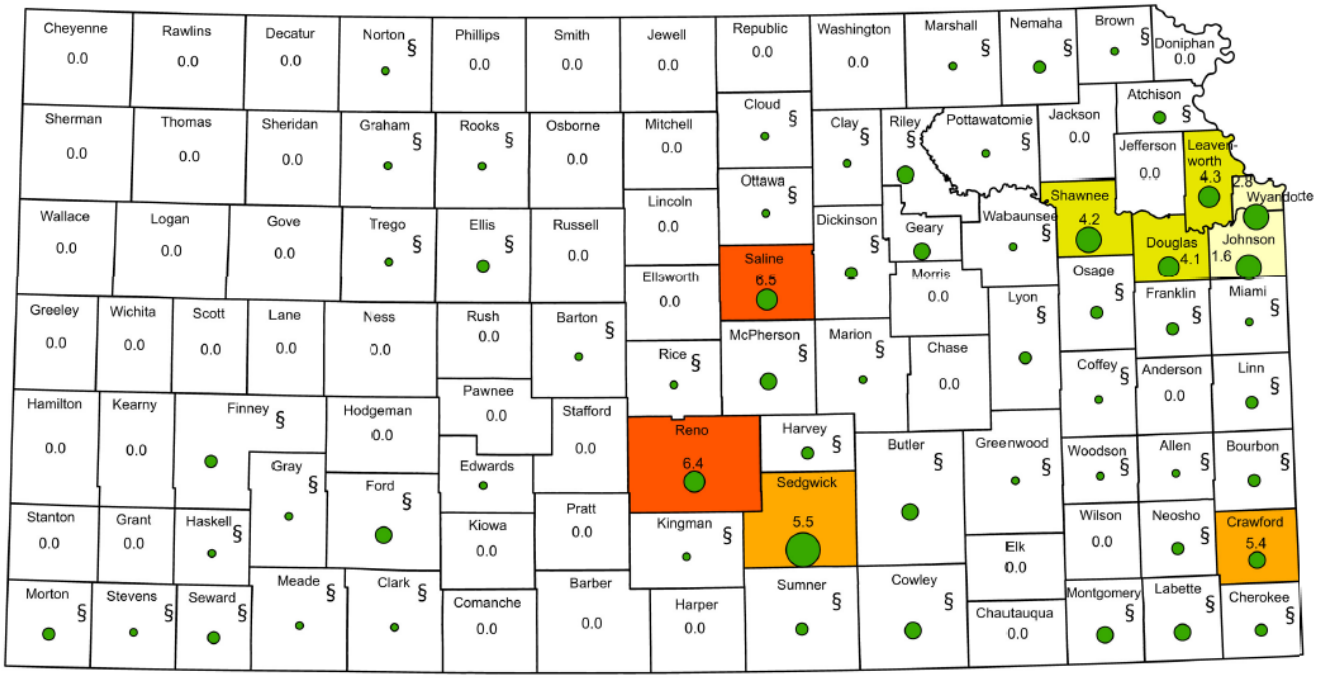
** DRAFT – Preliminary Data Reported by KDHE – Subject to Change:*

The report found that eleven of the 105 pregnancy-associated deaths (10.5%) resulted from substance poisoning/overdose: two intentional and nine unintentional (including one death due to fire or burns with tetrahydrocannabinol (THC) intoxication and probably substance use disorder contributed). The poisoning/overdose deaths were one pregnancy-related, six not-related, and four unable to determine pregnancy-relatedness. The ten poisoning/overdose deaths accounted for 13.2% of the 76 non-pregnancy-related deaths. Of the 11 overdose deaths, two involved intentional: one mixed drug toxicity (fentanyl, heroin, and methamphetamine) and one polypharmacy

(diphenhydramine, ephedrine, loperamide); nine unintentional: one mixed (alprazolam, buprenorphine and ethanol), one mixed (clonazepam and oxycodone), one mixed (heroin and methamphetamine), one mixed (hydrocodone and morphine), one mixed (methamphetamine and opioid), one benzodiazepine, one hydrocodone, one Kratom, and one THC. The average age at death was 27.9 years (range 21 to 32 years). Approximately all substance overdose deaths occurred among women who were non-Hispanic White (9 deaths, 81.8%), one involved a non-Hispanic Black woman (9.1%), and one involved a non-Hispanic woman of other race (9.1%). Two-thirds occurred among women who were Medicaid insured, a marker of low-income (7 deaths, 63.6%), three private insurance (27.3%), and one self-pay (9.1%). The majority of overdose deaths occurred among women who were never married at the time of deaths (9 deaths, 81.8%), one divorced (9.1%), and one married (9.1%). Approximately a half were to women with a high school education or less (5 deaths, 45.5%), four with some college, no degree (36.4%), and two with associate or bachelor's degree (18.2%). Nearly two-thirds lived in a metropolitan area (6 deaths, 60.0%), three in a micropolitan (30.0%) and one in rural (10.0%). In ten of the 11 cases, mental health conditions were contributed to the deaths (90.9%). All 11 of the overdose victims had history of substance use disorder (including one probably contributed). All overdose occurred in the postpartum period. Approximately three out of four overdose deaths occurred between 43 to 365 days postpartum (8 deaths, 72.7%) and three occurred within 42 days postpartum (27.3%). The year after delivery is a vulnerable period for women with substance use disorder. **Longitudinal supports and interventions tailored to women in the first year postpartum are needed to prevent and reduce overdose events.** Access to affordable healthcare is imperative during the first year following childbirth, when many women struggle with challenges such as sleep deprivation and postpartum depression.

Substance use disorder (SUD) is characterized by recurrent use of alcohol and/or illicit/prescription drugs causing clinically and functionally significant impairment, such as health problems or disability. The Kansas Maternal Mortality Review Committee may determine that substance use disorder contributed to the death when the disorder directly compromised a woman's health status (e.g., acute methamphetamine intoxication exacerbated pregnancy-induced hypertension, or women was more vulnerable to infections or medical conditions). Of the four conditions, SUD contributed to the largest percentage of pregnancy-associated deaths. A little over one-quarter (26.7%) of all pregnancy-associated deaths had SUD as a contributing factor. Of the SUD contributed pregnancy-associated deaths, the large majority (71.4%, 20 deaths) were pregnancy-associated, but not-related or pregnancy-associated but unable to determine the pregnancy-relatedness, such as poisoning/overdose, suicide, cardiovascular conditions, mental health conditions, infection, embolism, fire or burns, or motor vehicle crash. Approximately two-thirds (60.7%, 17 deaths) of these deaths occurred in the late post-partum period, 43 days to one year after the end of pregnancy. The majority were to non-Hispanic White women (60.7%, 17 deaths), women with a high school education or less (64.3%, 18 deaths), women with Medicaid coverage (78.6%, 22 deaths), women who have never been married or divorced (89.3%, 25 deaths), and women who lived in metropolitan areas (57.7%, 15 deaths).

Neonatal Abstinence Syndrome (NAS) Case Counts and Rates* by County of Residence, Kansas, 2016-2020



Rates 0.0 | 0.1 - 2.8 | 2.9 - 4.3 | 4.4 - 5.5 | 5.6 - 6.5

NAS cases 1 - 2 | 3 - 6 | 7 - 12 | 13 - 22 | 23 - 54 | 55 - 183

(Data classed using natural breaks)

Kansas Rate: 3.5 cases per 1,000 birth hospitalizations
Kansas Count: 565

US: 6.7 cases per 1,000 birth hospitalizations in 2018

* NAS cases per 1,000 birth hospitalizations

§ Relative Standard Error (RSE) is defined as the estimate divided by its standard error. RSE is an indicator for statistical reliability. Rates with a RSE of greater than 30% are replaced with a § and are suppressed.

US estimate is calculated using the available State data and is not nationally weighted. Reference: Maternal and Child Health Bureau. Federally Available Data (FAD) Resource Document. September 21, 2021; Rockville, MD.

Source: Kansas Department of Health and Environment, Kansas hospital discharge data

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

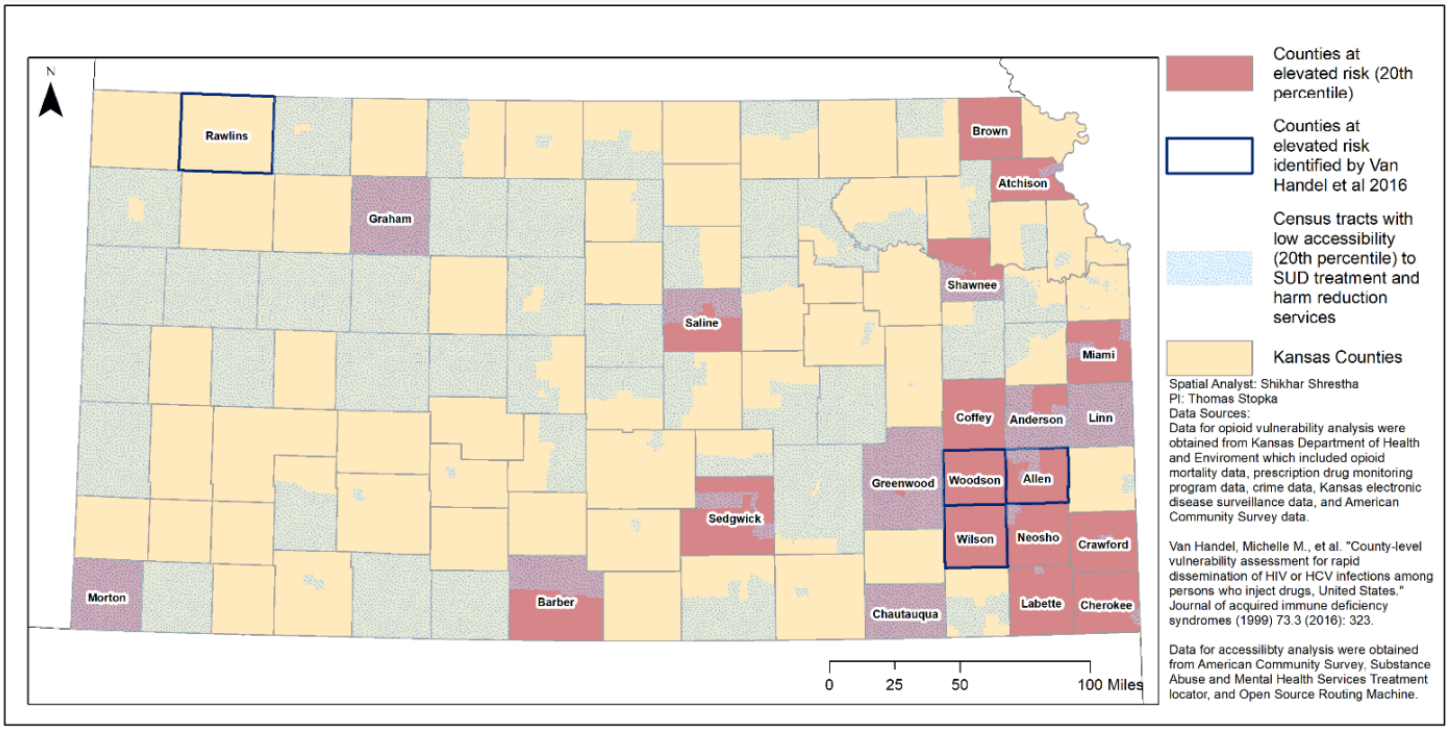
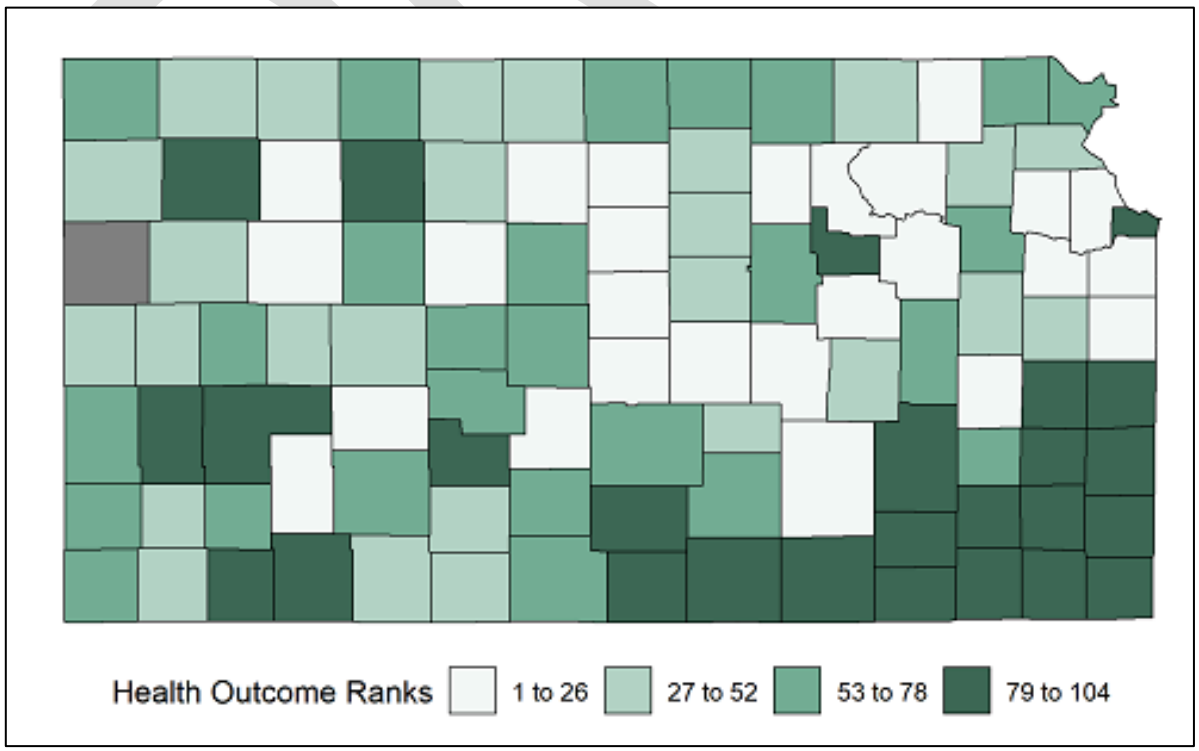


Figure 1: Opioid Vulnerability Assessment and Accessibility to Substance Use Treatment Services, Kansas, 2020

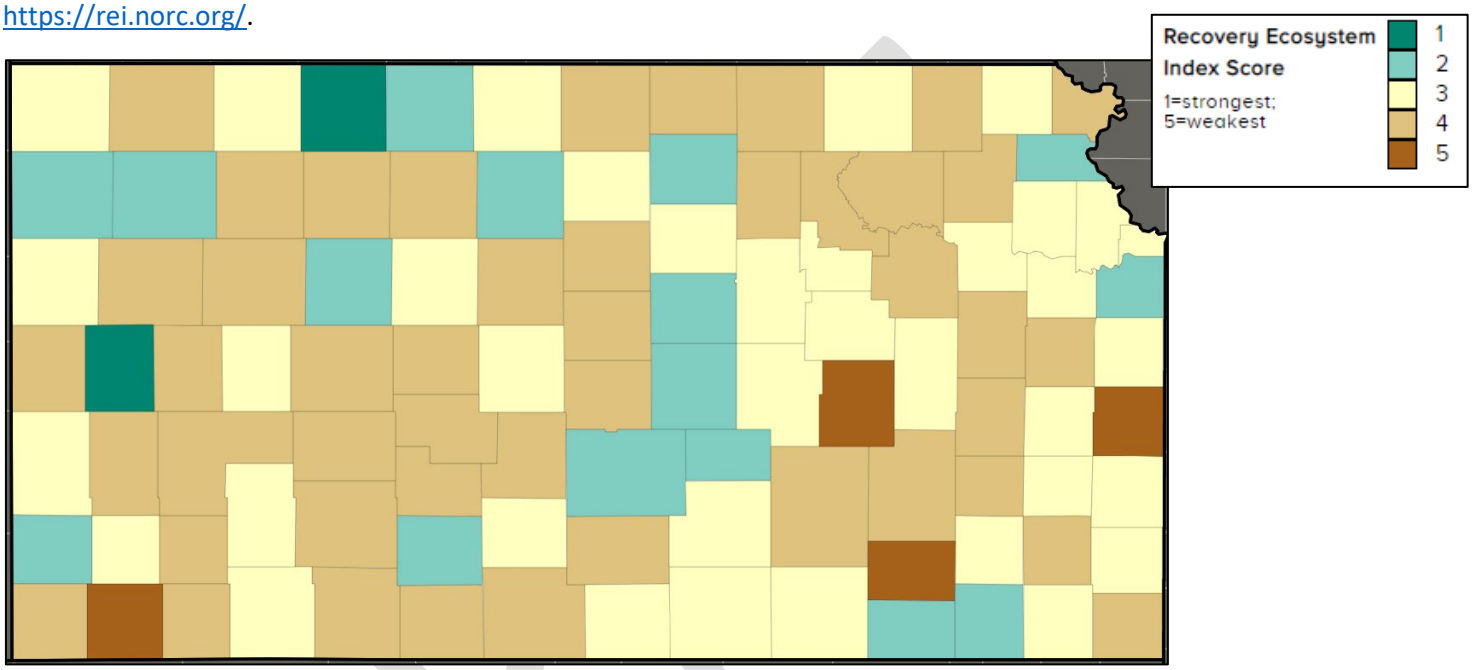
Kansas 2022 County Health Rankings



Using the Recovery Ecosystem Index (REI) Mapping Tool

The term "Recovery Ecosystem" is used to describe the community-level factors that are in place to support individuals in recovery from substance use disorder (SUD). Insights derived from this tool can be used to identify where resources are most needed and to target resources and interventions to enhance recovery ecosystems providing support to individuals in recovery.

The map includes the overall Recovery Ecosystem Index score, comprised of 14 indicators across three domains, and domain specific sub-scores including the Substance Use Disorder Treatment score, Continuum of SUD Support score, or the Infrastructure and Social Factors score. The data utilized in the current version of the tool, spans through 2020. Sample data for Kansas are included below. These maps and county reports can be found at https://rei.norc.org/.



Example County Level Report Data

Shawnee County, KS

Recovery Ecosystem Index Score

3.0 1=strongest; 5=weakest

177,293 Population (Urban)

Hover over a variable in the data table, and its definition will appear below

Select data table: Recovery Ecosystem Index

Print Data

Component	Score	Sub-Component	Shawnee County, KS	Kansas	United States
SUD Treatment	2	Substance Use Treatment Facilities per 100k	4.5	5.4	4.3
		Buprenorphine Providers per 100k	6.2	7.7	15.2
		Average Distance to Nearest MAT Provider (miles)	5.7	N/A	N/A
		Mental Health Providers per 100k	360.4	214.4	284.4
Continuum of SUD Support	3	Recovery Residences per 100k	1.1	1.0	1.0
		Average Distance to Nearest SSP (miles)	60.1	N/A	N/A
		NA or SMART Meetings per 100k	16.9	14.4	8.1
		Is there a Drug-Free Communities Coalition?	No	8.6%	15.6%
		Is there a Drug Court?	Yes	10.5%	48.2%
		State SUD Policy Environment Score (10=highest; 0=lowest)	0.0	0.0	N/A
Infrastructure and Social	3	One or More Vehicles	92.7%	94.8%	91.5%
		Broadband Access	76.6%	84.5%	85.2%
		Social Associations per 10k	15.2	12.1	8.7
		Severe Housing Cost Burden	10.0%	10.3%	13.0%

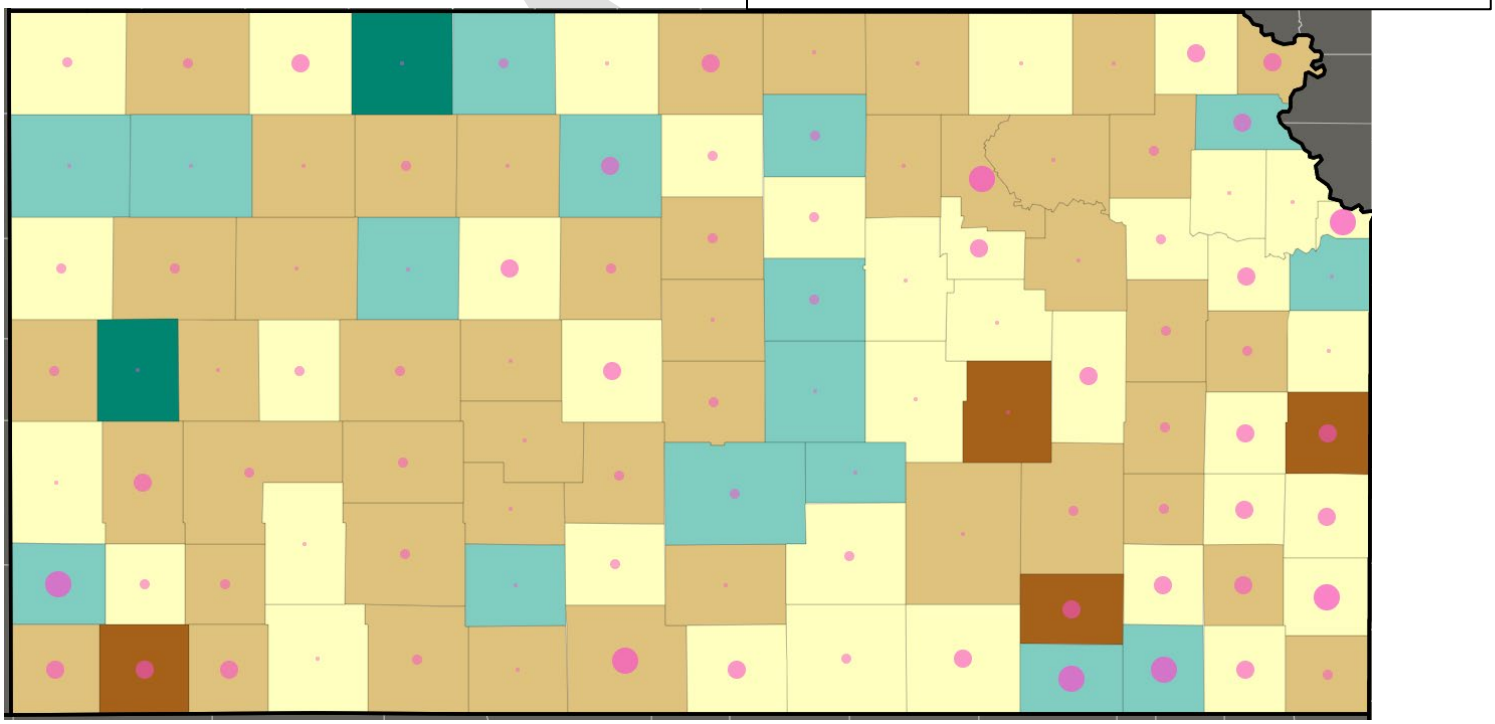
Report on State Policies

State Policies:

Note: Some policy information may be outdated. Please review the Methodology & Data Sources page for more information on the source for each policy and the year the data were most recently updated.

Policy	Kansas
Does the law provide protection from probation or parole violations?	No data
Does the jurisdiction have a drug overdose Good Samaritan Law?	No
Is reporting an overdose considered a mitigating factor in sentencing?	No data
Does the state require commercial insurers to provide coverage for MOUD?	No
Does the state Medicaid plan include coverage for behavioral health supports for MOUD?	No
Does the state have an approved Medicaid State Plan Amendment to facilitate the provision of MOUD?	No
Are licensed SUD programs required to facilitate access to MOUD programs?	No
Does state law allow for the operation of syringe service programs (SSPs)?	Not Legal
Does state law allow for the possession of syringes by SSP participants?	No data

Recovery Ecosystem Index Score with Poverty Level Overlay



Section 3
Current Kansas Opioid and SUD Related Funding Overview

Kansas SUD Related Funding Overview

- **$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**
- **$8,159,000 - Kansas Problem Gambling and Addictions Grant Fund (PGAGF)**
- **$4,047,286/yr. - State Opioid Response (SOR), KDADS**
    - 2022-2024 amount of $4,185,285/yr total of $8,370,570
- **$500,000 - Tribal Opioid Response from SAMHSA to Kickapoo Tribe in Kansas (KTIK)**
- **$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**
- **$2,993,488 –Drug Endangered Children in Kansas (DECK) from BJA to KDHE**
- **$3,630,814 estimated in local 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 finalizing the plan. 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 includes 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

$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 October 2020 – September 2022; Newest round of funding announced September 23, 2022 more details below.

Current 2020 – 2022 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.
- ~$1 million of the funds go to the statewide naloxone program (which does not meet the need for the state).
- $300,000 SOR II and $400,000 SOR III allocated to community reentry from long-term facilities including jails and prisons (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' SOR III Award announced on 9/23/22 for an amount of $8,370,570 for a project period of October 2022 – September 2024 or $4,185,285/yr. SOR III will continue to fund treatment services and community re-entry programs. This grant also includes funding for prevention/awareness with KU and K-State coach spokespersons, statewide distribution of Naloxone, school-based prevention programs, safe medications prevention programs, and workforce training support (Opioid and Stimulant Conference).

***SOR III will not be able to fund social detox services as it has in the past due to SAMHSA's new funding restrictions.

This new funding cycle does not cover tribal communities but Kansas did receive a Tribal Opioid Response (TOR) grant from SAMHSA. **The Kickapoo Tribe in Kansas (KTIK) was awarded $500,000** under the TOR begins September 30, 2022 for two years of funding. KTIK will develop a holistic Tribal Opioid Response program, KTIK Return to Community (R2C), that includes prevention; screening; treatment; and peer-led recovery for opioid, stimulant, and other substance use.

$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 EMS regions of the state: Northwest, Southwest, North Central and Southeast (Region 1, 2, 4, 6). 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. Newest round of funding confirmed and activities remain similar to those indicated below from 2022 activities.

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 waivered 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 30th.
- 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.

$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 storge 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.

$1,914,394 KTRACS Funding at the 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 at $921,264, SPF Rx for around $143,776, and KFAF at $200,000/yr.
- Pharmacy fee fund $10,454

$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.

$2,243,795 Est. 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

$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** (est. $534,000 in community prevention grants in FY22)
            - Clay Counts
            - Franklin County Substance Abuse Prevention Coalition
            - Grant County Community Foundation
            - KCK Life Recovery Coalition
            - Leavenworth County Youth Achievement Center
            - 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.

Kansas Problem Gambling and Addictions Grant Fund (PGAGF) – estimated at $8,159,000 for FY22 and $8,257,000 for FY23. 2% of the gaming revenue from state-owned casinos is transferred to the PGAGF and moneys may be used to treat alcoholism, drug abuse and other addictive behaviors.

$3,499,998 Est. - KDOC SUD Related Funding

- FY21 adult population budget for SUD treatment was **$2,126,441** (reentry and programs budget).
- **$996,679 U.S. DOJ grant to KDOC** to expand SUD programming and case management for 150 residents in restrictive housing at the El Dorado and Lansing correctional facilities. The four-year grant partners KDOC with the University of Cincinnati Corrections Institute (UCCI) in an intensive adult reentry program called Innovations in Reentry Initiative: Building System Capacity and Testing Strategies to Reduce Recidivism. Awarded FY21.
- **$376,878 RSAT BJA grant** (description below).

$6,692,597 Est. - Bureau of Justice Assistance (BJA) Funding in Kansas

- **$376,878 – Residential Substance Abuse Treatment for State Prisoners (RSAT) award to KDOC** – FY22 formula grant (48 months) to provide a job specialist position in Topeka, a couple of peer mentors around the state, MAT services, as well as master leases for housing around the state.
- **$2,993,488 – KDHE Drug Endangered Children in Kansas (DECK)** - funded under the BJA FY 2022 Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program: 3-year grant.
    - All Hands on DECK is a project designed to prevent and mitigate adverse childhood experiences, specifically targeting drug endangered children (DEC), who are those found in environments where illegal drugs are manufactured, sold, distributed, used or where there is other significant evidence of illegal drugs. DECK will develop and implement a comprehensive statewide program, All Hands on DECK (Drug Endangered Children in Kansas) which addresses substance use and misuse; promotes public safety; reduces overdose deaths; and supports access to prevention, harm-reduction, treatment, and recovery services in Kansas communities and multiple systems including the justice system. The goals of this project are to 1) improve identification of and response to drug endangered children in Kansas by providing training; increasing collaboration and multidisciplinary approaches; and implementing a robust subaward component; 2) increase awareness of drug endangered children in Kansas through development of a statewide media campaign; an increase in real-time data collection and dissemination; and integration of DEC awareness into existing initiatives like drug take back days; and 3) build the capacity of project partners to implement a statewide DEC initiative. The project divides the state into six regions to ensure geographic equity and will target all four Kansas tribes-- Iowa, Kickapoo, Potawatomi, and Sac and Fox.
- **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.

$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.

$2.3 Million – Opioid Research Grant (KU from NIDA) - to help find a solution to resolve the opioid epidemic plaguing the United States. KU researcher awarded was Zijun Wang, assistant professor of pharmacology & toxicology. The premise of Wang's work investigates the idea that opioid addiction is a psychiatric disorder caused by molecular changes within our brains that affect our behavior. Her research, specifically, looks closely at the DNA break-and-repair process. Repeated drug use can "change the gene expression, cell function, and lead to abnormal drug addiction-related behaviors." She aims to provide a "clearer idea of the neurobiology underlying this opioid addiction" so that we could then develop a therapy to improve one's addictive-related behaviors that would most likely come in the form of a drug or genetic therapy.

$1,295,127 - Federal Edward J. Byrne Memorial Justice Assistance Grant Program, awarded by the Kansas Criminal Justice Coordinating Council for projects related to SUD; list included below.

County/ Service Area	Organization	Amount	Description

Wyandotte	Avenue of Life	$193,536	Reentry programs support for family of formerly incarcerated individual
Wyandotte	Villages Initiative	$163,821	Reentry program addictions services
Douglas	Douglas County Sheriff's Office	$37,777	Opioid epidemic investigative strategy expansion
Douglas	Kansas Holistic Defenders (Social Impact Fund)	$56,947	Pilot program to incorporate MH EBPs in criminal justice system
Saline	Community Corrections	$23,375	SUD/BH programming
Pratt	Pratt Police Department	$56,940	Establish Pratt Drug Interdiction Unit
Statewide	Kansas Judicial Branch	$151,886	support specialty courts, including drug courts & veterans courts
Statewide	National Alliance on Mental Illness Kansas (NAMI)	$129,285	Pilot evidence-based NAMI mental health support and suicide prevention programs in KDOC facilities and Kansas county jails.
Leavenworth	Brothers in Blue Reentry	$198,749	Provide prevention, education, corrections, drug treatment and enforcement programs at state correctional facilities
Lyon	Lyon County	$43,212	Support Drug Court and Home Court programs to ID SUD and treatment responses
Johnson	Gardner Police Department	$12,876	Training two peer support members and subscription for a mobile mental health support application.
Johnson	Merriam Police Department	$82,500	Support the mental health co-responder
Johnson	Spring Hill	$30,178	Purchase hand-held narcotics analyzers.
Ellis, Gove, Rooks, Trego	Northwest Kansas Community Corrections	$114,045	Substance abuse programs, meth abuse programs and increased drug testing and supervision

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/

- **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.
- **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 has 3 NSPL certified call centers (with one more to be certified by September 2022), the current 3 call centers are averaging a 79% in-state answer rate, when the 4th center is active Kansas hopes to achieve a 90% in-state answer rate.
- **Crisis Stabilization Units (CSU) –** 6 fully operational located in Hays, Kansas City, Salina, Manhattan, Topeka and Wichita. Two more CSUs are in development in Lawrence and Leavenworth. All CSUs function under a community mental health center. CSUs are reported to have rapid drop-off and walk-in availability and they also provide sobering beds with peer supports for up to 23 hours. Kansas is also working on drafting regulations for Crisis Intervention Centers (CIC), once finalized one will be ready to provide services in Douglas county.
- **Problem gambling fund**
  - **79-4805. Problem gambling and addictions grant fund.**
  - Moneys in the problem gambling and addictions grant fund may be used to treat alcoholism, drug abuse and other addictive behaviors.
  - 2.0 percent of expanded gaming revenue from state-owned casinos is transferred to the PGAGF fund
  - FY22 approved budget amount of $8,159,000
  - FY23 approved budget amount of $8,257,000
- **Other KDOC Initiatives/Funding**
  - Contracts with RADAC/SACK to provide SUD services such as MAT, peer mentors/recovery coaches, etc. Including around $15,000 to each entity for barrier reduction which includes services to assist with meeting a person's basic needs such as housing, transportation to appointments, food, clothing, etc. They assist with drug/alcohol evaluations and assist with connecting to community services upon release. Their overarching goal is to start them on treatment/MAT when they come in and connect them with treatment when they get out. With connection to services upon release being the most difficult aspect, especially in rural areas like western Kansas where it's difficult to find providers as well as issues with waitlists. When funding from this source is exhausted there are some SOR dollars to help fill gaps.
  - Reporting meth is still the primary drug of concern they are seeing in their populations.
  - They are implementing a new unit at the Winfield Correctional Facility for chronic care residents (nursing care and SUD treatment center) which will have about 30 beds for SUD and will provide SUD services and training to become a companion to the other chronic care residents for example those with dementia.
  - They hope to expand peer mentors/recovery coaches and provide training for individuals to become one in the Lansing Correctional Facility for the residents.
  - Re: MAT, they are seeing more resident interest in suboxone than naltrexone or vivitrol for treatment options.
  - Major gaps identified were with housing/sober living – removing this barrier and meeting this basic needs is crucial. Funding for something like the deposit or first couple months of rent would be a very low risk investment with a very high yield. KDOC has seen tremendous success with a program in Topeka where they worked with a landlord for sober living options for women clients that complete outpatient treatment for 3-6 months.
  - Another gap identified is early access to treatment upon release – often it takes weeks for them to get into their first appointment which can lead to relapse while they are waiting to get into services. Transportation is also a need associated with this.
  - 2021 annual report from KDOC

    - shows adult population budget for SUD treatment as $2,126,441.
    - Substance Abuse Recovery Program (SARP) $1,279,849 to RADAC and Topeka Correctional Facility for moderate to high-risk female residents. Reported 42 participants with 39 completions (93%) for FY21.
    - Substance Abuse Program (SAP) to SACK and RADAC for all KDOC facilities for residents that are moderate to high-risk to reoffend on the SUD domain of the risk assessment. Reports in FY21 693 participants with a completion rate of 81% or 562.
    - SUD Program Outcomes for Kansas Juvenile Correctional Complex for FY21 included 85 participants with 64 successful outcomes (75%), and 21 unsuccessful meaning refused/terminated/other (25%).
- **Recovery supports? Oxford houses?**
- **1115 waiver?**
- **CITs?**
- **Financial impact of Medicaid expansion?**
- **Kansas Commission on Veterans Affairs?**

Section 4

Overarching Areas for Potential Funding Considerations

Overarching Areas for Potential Funding Considerations

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 waivered 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.

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

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
- **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

- SUD providers
- SUD prevention organizations and coalitions
- Recovery organizations
- Individuals in recovery/lived experience and their loved ones, parents
- Oxford Houses, Friends Of Recovery Association
- State agencies
- Criminal justice
- First responders
- Healthcare organizations, providers, dentists, hospitals
- Pharmacies
- Universities
- Advocacy organizations
- FQHCs
- CMHCs
- Educators
- Social workers
- Community Health Workers
- Social services
- Faith based organizations
- Health departments
- Early childhood providers
- Youth serving organizations
- Media

KPDOAC Needs Assessment & State Planning Information

The Kansas Prescription Drug and Opioid Advisory Committee (KPDOAC) has completed their needs assessment and are finalizing 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**
  - 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. More details below.
- **July – Early August: Partner/Professionals/Key Informant survey and interviews**
  - **Survey opened July 2022 – Closed in August, 274 responses.**
    - **Questions included** 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, polices, or actions they think is needed in Kansas to address drug overdose. More details below.
  - **Key informant interviews**. Interviews were 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
    - **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 has been drafted and is pending approval from KDHE and KDADS**

<u>Results from the Public Comment Survey</u>

- 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

Treatment and Recovery

- Access, availability, and cost of SUD treatment, including longer term treatment options
- Access to MAT
- Access to mental health resources
- Expand peer support/mentoring and outreach
- Increase availability of detoxification services (medically managed and social)
- Increase access to and availability of sober living
- SUD provider workforce development

Harm Reduction

- Expand naloxone availability and access
- Expand access and availability of Fentanyl Test Strips (FTS)
- Resources and education regarding the safe use of drugs
- Syringe exchange programs/Syringe services programs (SSPs)
- Syringe disposal resources

Prevention

- Prevention/education targeted to youth
- Media campaigns
- Medication disposal programs
- Stigma reduction

Education

- General education and awareness
- Education about state/community resources and efforts
- Education about drugs, drug use, and SUD
- Education about overdose prevention and response

Public Safety/First Responders

- Prosecution for distributors
- Drug trafficking interdiction
- Naloxone policies and training
- Diversion/drug court programs

Policy

- Harm reduction policies (e.g. FTS, SSPs)
- 911 Good Samaritan Law
- Decriminalization/legalization of cannabis and other drugs (some in favor and some opposed)
- Medicaid expansion
- Drug policy violations (more and less punitive)
- Healthcare policy

Medical Care

- Judicious prescribing of pain medications
- Under prescribing of pain medications/unmet pain management needs for those that need it
- Capacity, coverage, and access to healthcare services
- Provider education/training

Address Social Determinants of Health/Adverse Childhood Experiences

Other gaps/needs not otherwise specified in categories such as workforce issues, disparities, housing, employment supports, etc.

Partner Survey Results

This survey targeted those with professional and/or personal subject matter expertise in this area. There were 274 respondents. Various sectors responded however nearly half of respondents represented healthcare sector organizations at 48.6%. Response rate declined with subsequent survey questions.

Prioritized Areas of Focus – respondents were asked to prioritize areas they believe are most important to be addressed in the next state plan. Highest priorities included:

1. **Treatment and recovery (82.4%)**
2. **Linkages to care (65.6%)**
3. **Prevention (60.7%)**
4. **Harm Reduction (52.5%)**
5. **Providers and health systems (46.3%)**
6. Policy implementation, evaluation, and advocacy (38.1%)
7. Public safety (34.0%)
8. Stigma reduction (33.6%)
9. Data and surveillance (16.8%)

Partner Survey Top 3 Prioritized Strategies by Priority Area

Respondents were asked to select their top three strategies in each priority area in which they feel are more important for Kansas to address in the next state overdose prevention plan. The top three selected by all respondents are listed in order for each priority area.

Prevention

1. Universal primary prevention strategies that increase protective factors and address overall health and wellness including SUD/suicide prevention/resilience/mental health
2. Expand public awareness of the drug overdose epidemic and state/local resources
3. Expand implementation of school-based programming

Linkages to Care

1. Expand and coordinate overdose/behavioral health outreach teams
2. Develop and implement a statewide treatment navigation system
3. Post-overdose linkage to care polices in hospitals/EDs

Harm Reduction

1. Targeted naloxone distribution
2. Expand social detoxification programs
3. Fentanyl test strips

Treatment and Recovery

1. Expand access to SUD treatment services for those who are uninsured/underinsured
2. Facilitate integration of mental health and SUD services
3. Expand peer recovery/support services (certified peer mentors)

Public Safety

1. Expand mental/behavioral health and drug courts
2. Expand diversion programs as an alternative to incarceration for nonviolent drug offenders
3. Expand law enforcement and first responder access to naloxone and associated resources, including education and policy resources

Providers and Health Systems

1. Facilitate patients' continuity of care by increasing service integration between healthcare disciplines, effective care coordination, and referrals management

2. Expand provider and preprofessional education opportunities (e.g., trainings on SUD prevention/treatment, screening processes, controlled substances prescribing, medication disposal programs, wrap around services, clinical support tools)
3. Implement clinical quality improvement initiatives directed towards more effective pain management, standard of care for controlled substances prescribing and dispensing, and/or risk reduction

Policy

1. Expand Medicaid
2. Require healthcare providers licensed to prescribe and/or dispense controlled substances in Kansas to use the prescription drug monitoring program
3. Legalize fentanyl test strip distribution and use

Data and Surveillance

1. Prioritize real time data collection, analysis, and dissemination
2. Link state datasets (to the extent possible) to identify trends, inform prevention efforts, and focus resources
3. Expand primary data collection on overdose risk factors, protective factors, and efficacy of interventions in Kansas

Stigma Reduction

1. Public awareness campaigns around stigma reduction
2. Targeted education to various audiences (e.g., providers, first responders)
3. Conduct an assessment to identify factors contributing to stigma against SUD/drug overdose in Kansas

Key Informant interview Key Recommendations

Audience	Key Recommendations
Behavioral Health/ Treatment Providers	Increase funding to increase treatment services and resources
	Increase under- and un-insured patients access to social and medical detox
	Increase funding to increase naloxone distribution
	Increase access to SUD/MAT services to rural and frontier areas
	Increase availability and accessibility of recovery housing
	Identify "startup" funding opportunities to encourage organizations to open new treatment facilities
	Expand Medicaid in Kansas
Providers	Require all inpatient and outpatient SUD centers to accept patients on medicated assisted treatment
	Implement medicated assisted treatment medications in EDs
	Provide targeted education materials to health care providers on key issues related to SUD assessment and treatment
	Expand community understanding that pain and discomfort are part of medical care (i.e., encourage coping skills and non-medication pain management)
Law Enforcement	Identify successful strategies in other states and replicate at the community level
	Expand staff at the state and local level to increase law enforcement agencies capacity to create task forces related to illicit substance use
	Focus on prosecuting drug dealers at the state-level
Legislators	Increase legislative education materials on evidence-based strategies that will decrease
Those with Lived Experience	Expand recovery support services, harm reduction resources, and peer mentors throughout the treatment and recovery process
	Celebrate that "recovery is possible" through positive media campaigns
	Continue to connect with people with lived experience to meet their needs and understand their stories

	Develop state-level advocacy activities that highlight the experience of recovery and support legislative initiatives regarding SUD
Preventionists and Public Health	Reduce SUD/illicit drug use stigma
	Increase general awareness and education surrounding SUD
	Increase education on and distribution of harm reduction resources
	Expand health equity initiatives in at-risk communities

Overall Strategy Prioritization

The following tables indicate the strategy prioritization across the results from the partner survey, Subject Matter Expert (SME) subcommittee, the SME estimated level of impact of that strategy, and if the strategy was also indicated as a public comment survey theme and/or recommendation identified in the key informant interviews.

Treatment and Recovery Strategy in Partner Survey Rank Order of Priority	SME Ranking	SME Level of Impact	Public Comment &/or Interview
1. Expand access to SUD treatment services for those who are uninsured/underinsured	High	Moderate	X
2. Facilitate integration of mental health and SUD services	Medium	Moderate/High	X
3. Expand peer recovery/support services (certified peer mentors)	High	Moderate	X
4. Expand medication assisted treatment/medications for opioid use disorder (MAT/MOUD)	High	Moderate	X
5. Coordinate a continuity of care model for justice-involved populations (jail-based SUD treatment and effective re-entry programs)	Medium	Moderate	X
6. Expand access to recovery housing	High	Moderate	X
7. Target treatment and recovery resources to high impact, low capacity geographical areas (rural/frontier)	Medium	Moderate	X
8. Expand medically-managed withdrawal services	High	Moderate/Low	X
9. Naloxone distribution in treatment centers and criminal justice settings	High	High	X
10. Expand telehealth services for SUD treatment services, including MAT/MOUD	High	Moderate	

Linkages to Care Strategy in Partner Survey Rank Order of Priority	SME Ranking	SME Level of Impact	Public Comment &/or Interview
1. Expand and coordinate overdose/behavioral health outreach teams	High	High	X
2. Develop and implement a statewide treatment navigation system	Medium/High	Moderate	X
3. Post-overdose linkage to care policies in hospitals/EDs	High	Moderate/High	
4. Implement SUD screening and referral processes (e.g., SBIRT)	Medium	High	X
5. Community health worker (CHW)/peer navigation for those with SUD	High	High	
6. Implement/expand referral management systems	Medium	Low/ Moderate	

Prevention Strategy in Partner Survey Rank Order of Priority	SME Ranking	SME Level of Impact	Public Comment &/or Interview

1. Universal primary prevention strategies that increase protective factors and address overall health and wellness including SUD/suicide prevention/resilience/mental health	High	Moderate/ High	X
2. Expand public awareness of the drug overdose epidemic and state/local resources	High	Moderate	X
3. Expand implementation of school-based programming	High	Moderate	X
4. Expand state and local polysubstance use prevention initiatives	High	Moderate	
5. Expand medication disposal interventions	Medium	Moderate	X
6. Community-level strategic planning	Medium	Moderate	
7. Youth-led prevention activities	High	Moderate	

Harm Reduction Strategy in Partner Survey Rank Order of Priority	SME Ranking	SME Level of Impact	Public Comment &/or Interview
1. Targeted naloxone distribution	High	Moderate/High	X
2. Expand social detoxification programs	Medium	Moderate	X
3. Fentanyl test strips	High	Moderate	X
4. Programs for sterile syringe exchange and other injection supplies	High	*	X
5. Supervised consumption and wraparound services	High	*	X
6. Expand access to HIV and HCV/HBV testing and treatment (e.g., PrEP)	Medium	Moderate/Low	
7. Condom distribution/safe sex education among IV drug users	Low	Low	
8. Safe smoking supplies	Low/Medium	Moderate	

**Indicates that response was not elicited nor captured from workgroup discussion*

Providers and Health Systems Strategy in Partner Survey Rank Order of Priority	SME Ranking	SME Level of Impact	Public Comment &/or Interview
1. Facilitate patients' continuity of care by increasing service integration between health care disciplines, effective care coordination, and referrals management	High	High	
2. 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)	Medium	Moderate	X
3. Implement clinical quality improvement initiatives directed toward more effective pain management, standard of care for controlled substances prescribing and dispensing, and/or risk reduction	Medium	High	X
4. Training and provision of trauma-informed care	Medium	Moderate	X
5. Screen for fentanyl in routine clinical toxicology testing	Medium	Low	
6. Expand implementation of best practices for treating women of childbearing age, including safe and effective pain management, pregnancy testing, preconception counseling, and contraception access (including long-acting reversible contraception)	Medium	Moderate/Low	
7. Expand telehealth services for SUD treatment services, including MAT/MOUD	High	High	
8. Expand utilization of the prescription drug monitoring program, K-TRACS	Medium	Moderate/Low	
9. Increase the number of DATA 2000-waivered providers and expand utilization of existing waivers to treat MAT/MOUD patients	Medium	Moderate	X

10. Expand implementation of CDC opioid prescribing guidelines within Kansas health systems	High	Moderate	
11. Identify and disseminate best practices for prescribing psychotropic medication (e.g., anxiolytics, psychostimulants)	Medium	High	
12. Neonatal abstinence syndrome/neonatal opioid withdrawal syndrome education and resources	Low/ Medium	Low	

Policy Strategy in Partner Survey Rank Order of Priority	**SME Ranking & Impact**	**Public Comment &/or Interview**
1. Expand Medicaid	*SME subcommittee not established for this area*	*X*
2. Require healthcare providers licensed to prescribe and/or dispense controlled substances in Kansas to use the prescription drug monitoring program		
3. Legalize fentanyl test strip distribution and use		X
4. Establish billing parity for SUD and mental health centers		
5. Enact a 911 Good Samaritan law		X
6. Establish a sustainable funding source for statewide naloxone programming		
7. Expand continuing education requirements for healthcare providers licensed to prescribe and/or dispense controlled substances in Kansas in Kansas (e.g., MD, DO, PA, APRN, dentists, pharmacists)		
8. Legalize syringe exchange programs		X
9. Eliminate prior-authorization requirements for MAT/MOUD		
10. Expand access to telehealth and establish policies for payment parity		
11. Enact a state-level Overdose Fatality Review Board (OFRB)		

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

*****Indicates considerations needed, these items were ranked as a low priority due to the sub-committee being comprised of only law enforcement personnel without expertise in strategies in the courts, jails, prisons, and corrections.*

Stigma Reduction Strategy in Partner Survey Rank Order of Priority***	**SME Ranking & Impact**	**Public Comment**

		&/or Interview
1. Public awareness campaigns around stigma reduction	*SME subcommittee not established for this area*	*X*
2. Targeted education to various audiences (e.g., providers, LE/first responders)		X
3. Conduct an assessment to identify factors contributing to stigma against SUD/drug overdose in Kansas		
4. Expand capacity and support for stigma reduction initiatives		

Data and Surveillance Strategy in Partner Survey Rank Order of Priority	SME Ranking & Impact	Public Comment &/or Interview
1. Prioritize real-time data collection, analysis, and dissemination	*SME subcommittee not established for this area*	*X*
2. Link state datasets (to the extent possible) to identify trends, inform prevention efforts, and focus resources		
3. Expand primary data collection on overdose risk factors, protective factors, and efficacy of interventions in Kansas		
4. Expand use of drug overdose surveillance data for state/local planning and evaluation efforts (e.g., ODMAP, Kansas Syndromic Surveillance Program)		
5. Develop and disseminate research on drug use/misuse policies and interventions		

Current State Plan Indicators

The KPDOAC has developed the initial indicators for the new state plan however the state plan is still in draft format pending KDHE and KDADS approval. Draft indicators are included below.

Kansas Overdose Prevention Strategic Planning Outcome Measures			
Mortality			
State-level Indicator	**Baseline 2021**	**Target**	**Data Source**
Age-adjusted All Drug Overdose Death Rate per 100,000 population	24.2	21.8	Kansas Office of Vital Statistics
Age-adjusted Natural or Semi-Synthetic Drug Overdose Death Rate per 100,000 population	3.8	3.4	Kansas Office of Vital Statistics
Age-adjusted Synthetic Opioid (excluding methadone) Overdose Death Rate per 100,000 population	12.7	11.4	Kansas Office of Vital Statistics
Age-adjusted Psychostimulant (excluding cocaine) Overdose Death Rate per 100,000 population	10.2	9.1	Kansas Office of Vital Statistics

Morbidity			
State-level Indicator	**Baseline 2021**	**Target**	**Data Source**
Age-adjusted Non-Fatal All Drug Overdose Emergency Department Admission Rate per 100,000 population	163.0	TBD	Kansas Hospital Association (KHA) Emergency Department (ED) Admissions
Age-adjusted Non-Fatal Opioid Overdose Emergency Department Admission Rate per 100,000 population	39.0	TBD	KHA ED Admissions

Age-adjusted Non-Fatal Psychostimulant Overdose (excluding cocaine) Emergency Department Admission Rate per 100,000 population	7.0	TBD	KHA ED Admissions
Age-adjusted Non-Fatal All Drug Overdose Hospitalization Rate per 100,000 population	112.5	TBD	KHA Hospital Discharge
Age-adjusted Non-Fatal Opioid Overdose Hospitalization Rate per 100,000 population	21.4	TBD	KHA Hospital Discharge
Age-adjusted Non-Fatal Psychostimulant Overdose (excluding cocaine) Hospitalization Rate per 100,000 population	10.8	TBD	KHA Hospital Discharge
Hospitalization associated with opioid abuse or dependence (Age-Adjusted rate per 100,000 population)	91.0	TBD	KHA Hospital Discharge

Treatment and Recovery			
State-level Indicator	**Baseline**	**Target**	**Data Source**
Number of unduplicated clients who have received treatment services for OUD through SOR funding	5,374 (9/2021 – 4/2022)	6,500	Beacon Health Options Records
Number of unduplicated clients who have received treatment services for StimUD through SOR funding	1,334 (9/2021 – 4/2022)	1,600	Beacon Health Options Records
Number of unduplicated clients who have received recovery support services through SOR funding	330 (9/2021 – 4/2022)	400	Beacon Health Options Records
Number of Buprenorphine waivered prescribers practicing in Kansas	218 (2022)	350	SAMHSA
Percentage of substance use disorder treatment providers in Kansas that accept clients on opioid medication (MAT)	TBD	TBD	SAMHSA
Percentage of detoxification facilities in Kansas that accept clients on opioid medication (MAT)	TBD	TBD	SAMHSA
Number of Kansas patients who had at least one buprenorphine prescription dispensed	5,590 (2021)	6,000	K-TRACS

Linkage to Care			
State-level Indicator	**Baseline**	**Target**	**Data Source**
Annual number of calls made to the Kansas Substance Use Disorder Hotline (1-866-645-8216)	2,401	3,000	Beacon Health Options
Number of certified Kansas Certified Peer Mentors	TBD	TBD	KDADS Program Records

Prevention			
State-level Indicator	**Baseline**	**Target**	**Data Source**
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	1.2% (2022)	0.9%	Kansas Communities That Care (KCTC) Student Survey
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.	9.2% (2022)	7.5%	KCTC Student Survey
Percentage of youth in Kansas in grades 6th, 8th, 10th, and 12th who report it is “very easy” to get prescription drugs not prescribed for you	8.7% (2022)	7.0%	KCTC Student Survey
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*	1.7% (2021)	1.0%	Kansas Young Adult Survey

Percentage of young adults between the ages of 18-25 in Kansas who report it is "very easy" to get prescription drugs not prescribed for you*	10.7% (2021)	9.5%	Kansas Young Adult Survey
Percentage of Kansas adults ages 18 years and older who report having used prescription pain medication that was not prescribed specifically to them by a doctor	1.1% (2020)	0.5%	Kansas Behavioral Risk Factor Surveillance System (BRFSS)
Prevalence of Kansas adults ages 18 years and older who report having used prescription narcotics more frequently or in higher doses than as directed by a doctor in the past year	4.8 (2020)	3.5	BRFSS
Percentage of young adults between the ages of 18-25 in Kansas who report they do not know how to properly dispose of unneeded, unused, or expired prescription medications*	47.4% (2021)	30.0%	Kansas Young Adult Survey

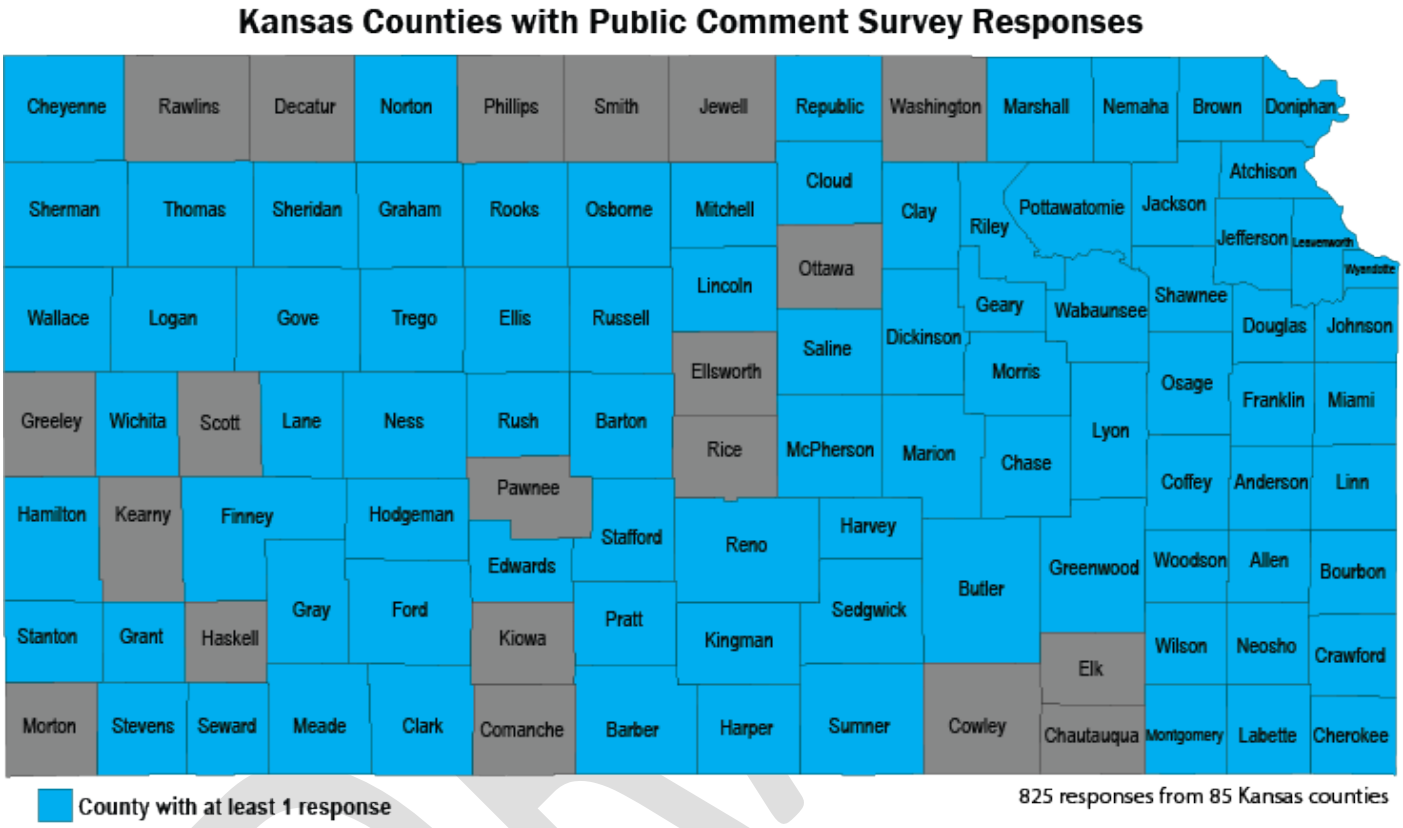
Harm Reduction			
State-level Indicator	**Baseline**	**Target**	**Data Source**
Annual total number of naloxone kits distributed through State funding mechanisms	14,596 (FFY 22)	50,000	DCCCA Grant Reporting Records
Number of pharmacists permitted to dispense naloxone to patients without a prescription pursuant to 2016 HB 2217 and K.A.R. 68-7-23	1,469 (2022)	1,700	KBOP Administrative Records
Percent of adults ages 18 years and older who report "having heard of the medication naloxone"	54.1% (2020)	75.0%	Kansas Behavioral Risk Factor Surveillance System (BRFSS)

Providers and Health Systems			
State-level Indicator	**Baseline**	**Target**	**Data Source**
Percentage of patients with 90+ Daily MME of opioids	6.0% (2022 Q3)	5.0%	K-TRACS
Rate of patients with 5+ prescribers and 5+ dispensers in a 6-month period	1.5 (2022 Q3)	1.0	K-TRACS
Percentage of patients prescribed long-acting/extended-release opioids who were opioid-naïve	4.8% (2022 Q3)	4.0%	K-TRACS
Percentage of days with overlapping opioids/ benzodiazepines	15.2% (2022 Q3)	13.6%	K-TRACS
Crude opioid prescribing rate	60.9 (2021)	54.8	K-TRACS
Crude psychostimulant prescribing rate	34.6 (2021)	31.1	K-TRACS
Percentage of buprenorphine prescriptions dispensed compared to the total number of opioid prescriptions dispensed	2.5% (2022)	3.0%	K-TRACS

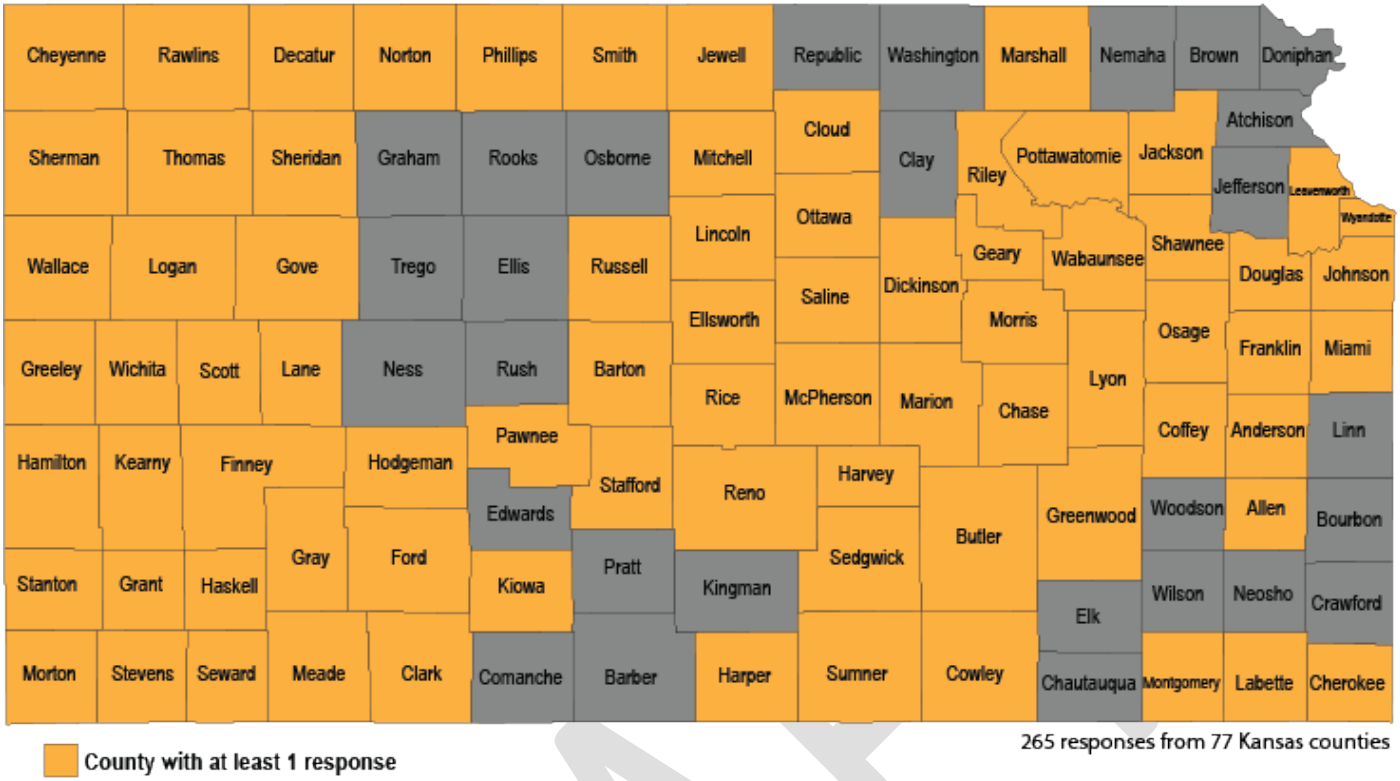
Public Safety and First Responders			
State-level Indicator	**Baseline**	**Target**	**Data Source**
Percentage of high-density counties in Kansas that are utilizing ODMAP	TBD	TBD	Overdose Detection Mapping Application Program
Percentage of Kansas law enforcement agencies responding to the statewide Naloxone survey that indicated they allowed carry and use of Naloxone*	65.3% (2021)	85.0%	Kansas Law Enforcement Naloxone Survey
Total number of unduplicated Kansas law enforcement officers who received the Kansas Law Enforcement Training Center's (KLETC) opioid crisis training	394 (2021)	1,000	Kansas Law Enforcement Training Center Course Records

Number of Crisis Intervention Teams (CITs)**	TBD	TBD	Under Development

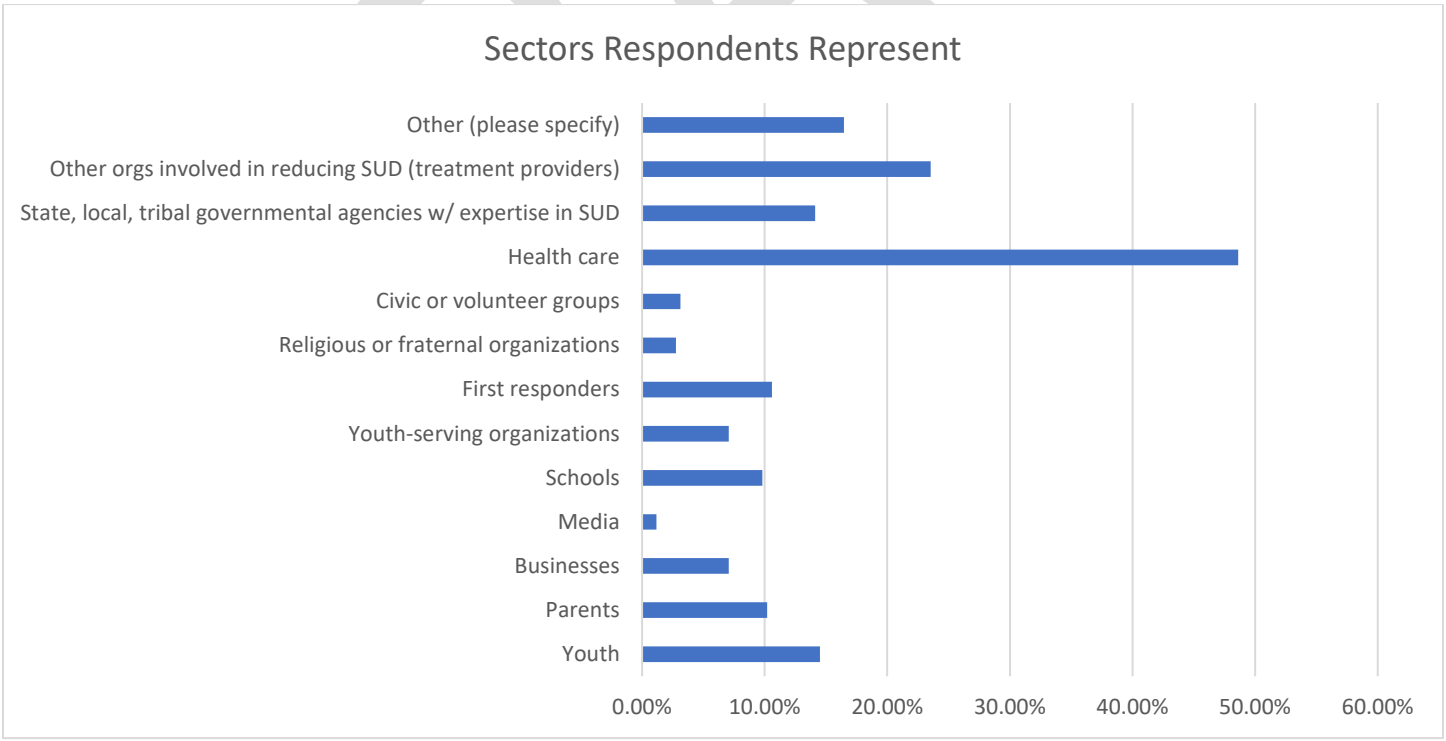
Additional State Plan Needs Assessment Survey Response Details

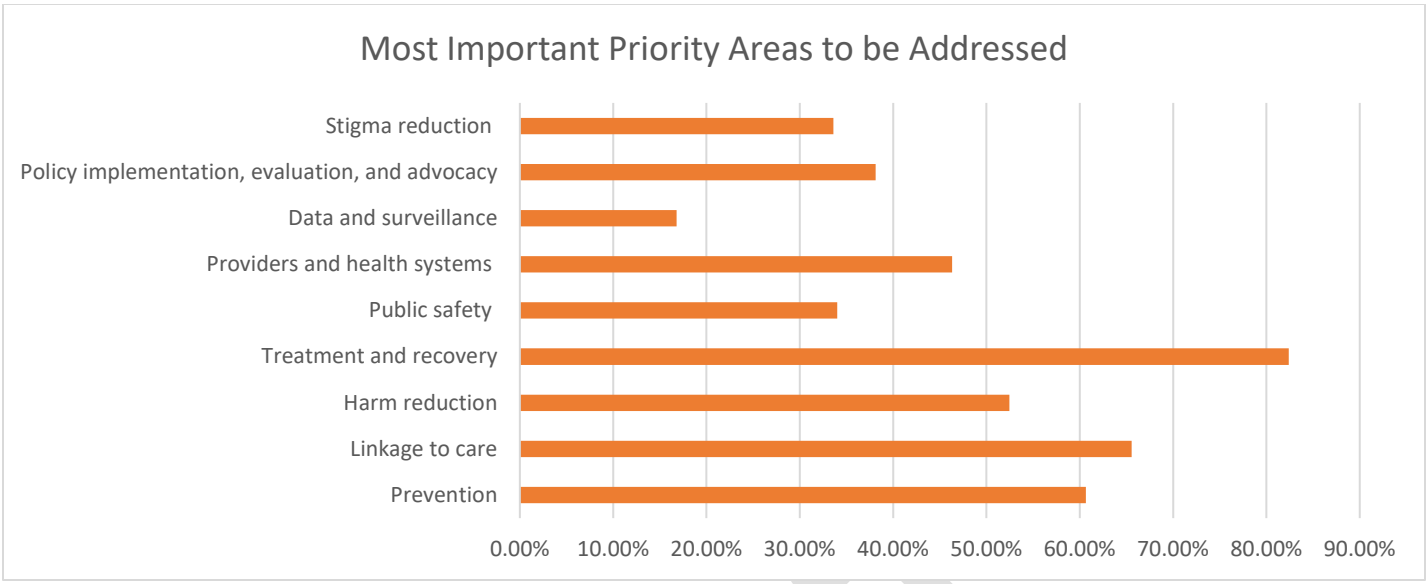


Kansas Counties with Subject Matter Expert Survey Responses



Results from SME Survey




Most Important Priority Areas to be Addressed
Stigma reduction
Policy implementation, evaluation, and advocacy
Data and surveillance
Providers and health systems
Public safety
Treatment and recovery
Harm reduction
Linkage to care
Prevention
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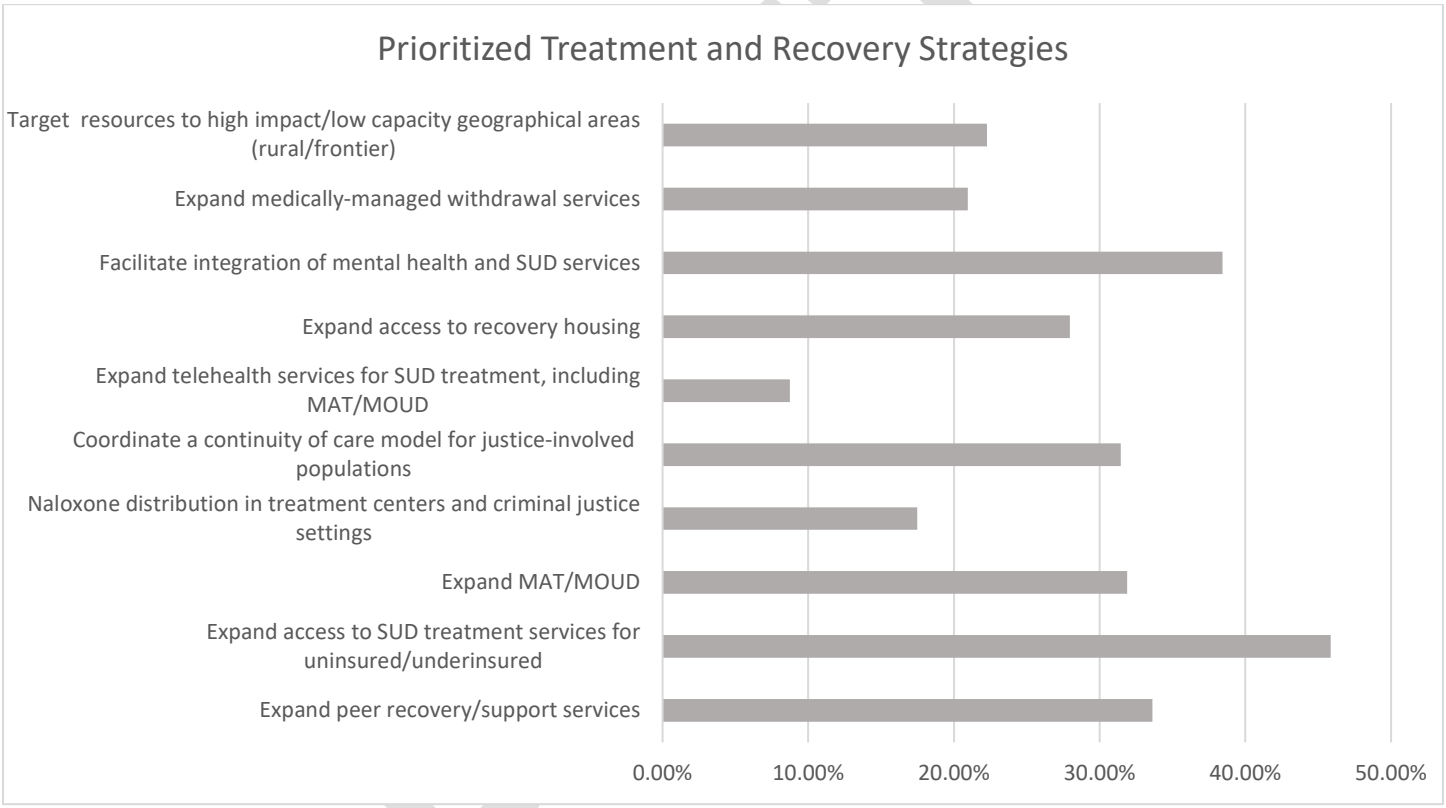
Prioritized Treatment and Recovery Strategies
Target resources to high impact/low capacity geographical areas (rural/frontier)
Expand medically-managed withdrawal services
Facilitate integration of mental health and SUD services
Expand access to recovery housing
Expand telehealth services for SUD treatment, including MAT/MOUD
Coordinate a continuity of care model for justice-involved populations
Naloxone distribution in treatment centers and criminal justice settings
Expand MAT/MOUD
Expand access to SUD treatment services for uninsured/underinsured
Expand peer recovery/support services
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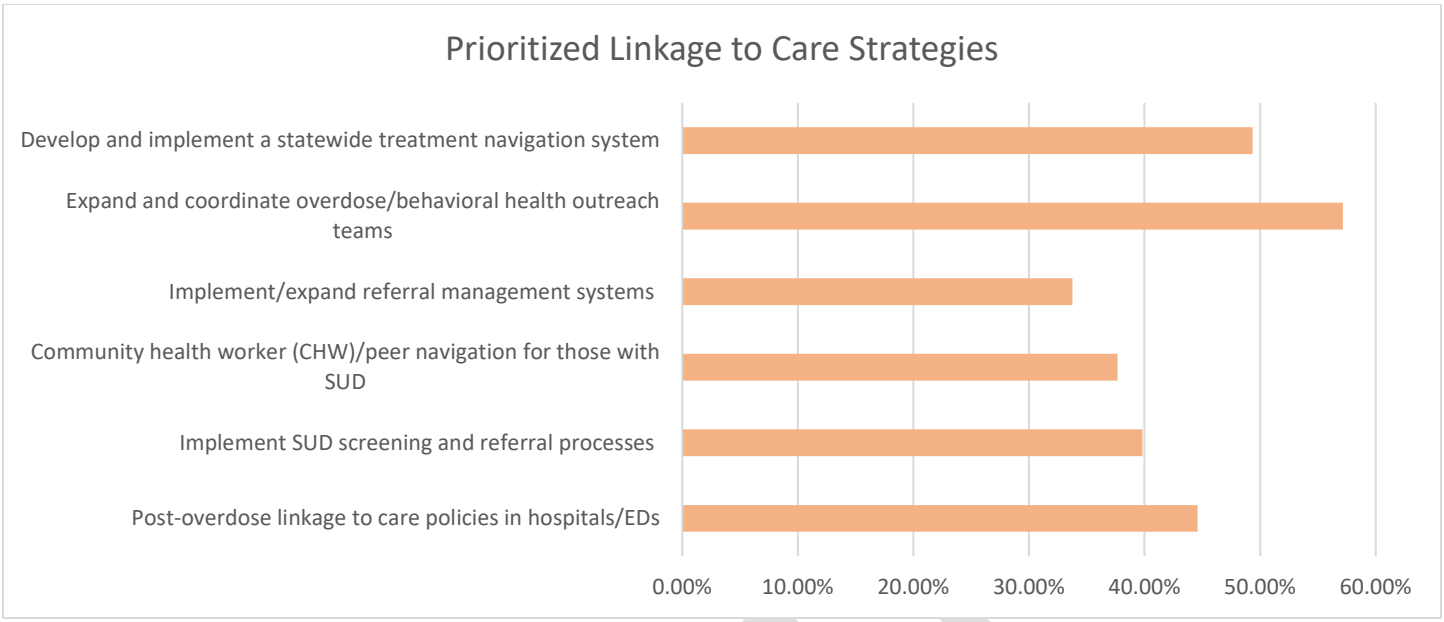
Prioritized Linkage to Care Strategies
Develop and implement a statewide treatment navigation system
Expand and coordinate overdose/behavioral health outreach teams
Implement/expand referral management systems
Community health worker (CHW)/peer navigation for those with SUD
Implement SUD screening and referral processes
Post-overdose linkage to care policies in hospitals/EDs
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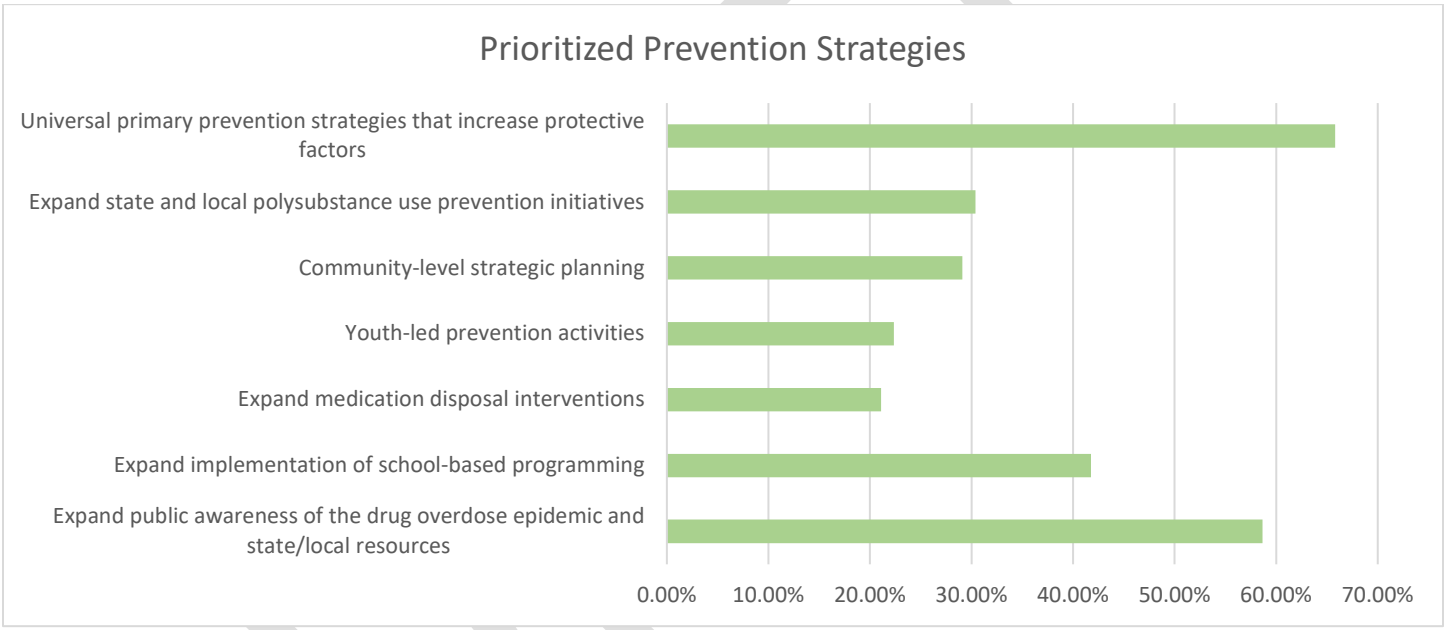
Prioritized Prevention Strategies
Universal primary prevention strategies that increase protective factors
Expand state and local polysubstance use prevention initiatives
Community-level strategic planning
Youth-led prevention activities
Expand medication disposal interventions
Expand implementation of school-based programming
Expand public awareness of the drug overdose epidemic and state/local resources
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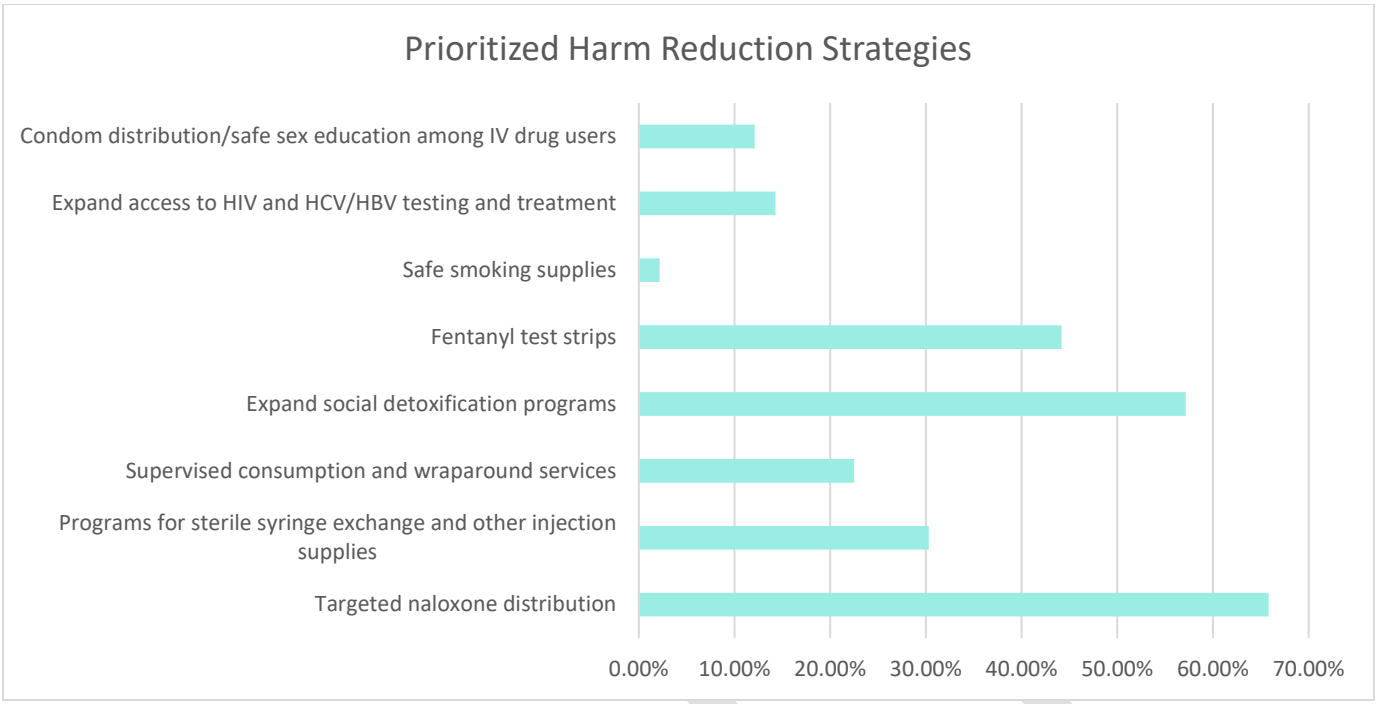
Prioritized Harm Reduction Strategies
Condom distribution/safe sex education among IV drug users
Expand access to HIV and HCV/HBV testing and treatment
Safe smoking supplies
Fentanyl test strips
Expand social detoxification programs
Supervised consumption and wraparound services
Programs for sterile syringe exchange and other injection supplies
Targeted naloxone distribution
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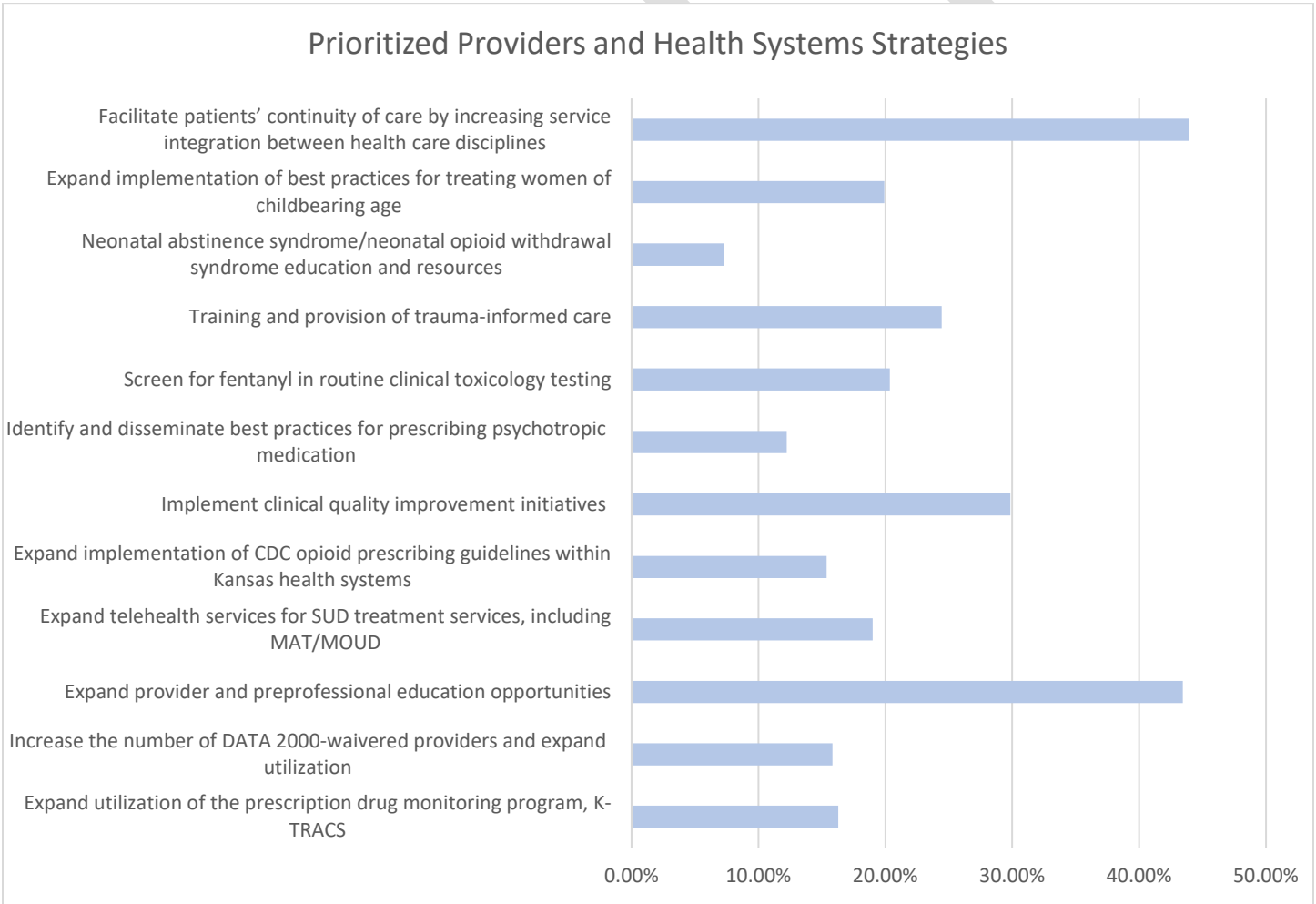
Prioritized Providers and Health Systems Strategies
Facilitate patients' continuity of care by increasing service integration between health care disciplines
Expand implementation of best practices for treating women of childbearing age
Neonatal abstinence syndrome/neonatal opioid withdrawal syndrome education and resources
Training and provision of trauma-informed care
Screen for fentanyl in routine clinical toxicology testing
Identify and disseminate best practices for prescribing psychotropic medication
Implement clinical quality improvement initiatives
Expand implementation of CDC opioid prescribing guidelines within Kansas health systems
Expand telehealth services for SUD treatment services, including MAT/MOUD
Expand provider and preprofessional education opportunities
Increase the number of DATA 2000-waivered providers and expand utilization
Expand utilization of the prescription drug monitoring program, K-TRACS
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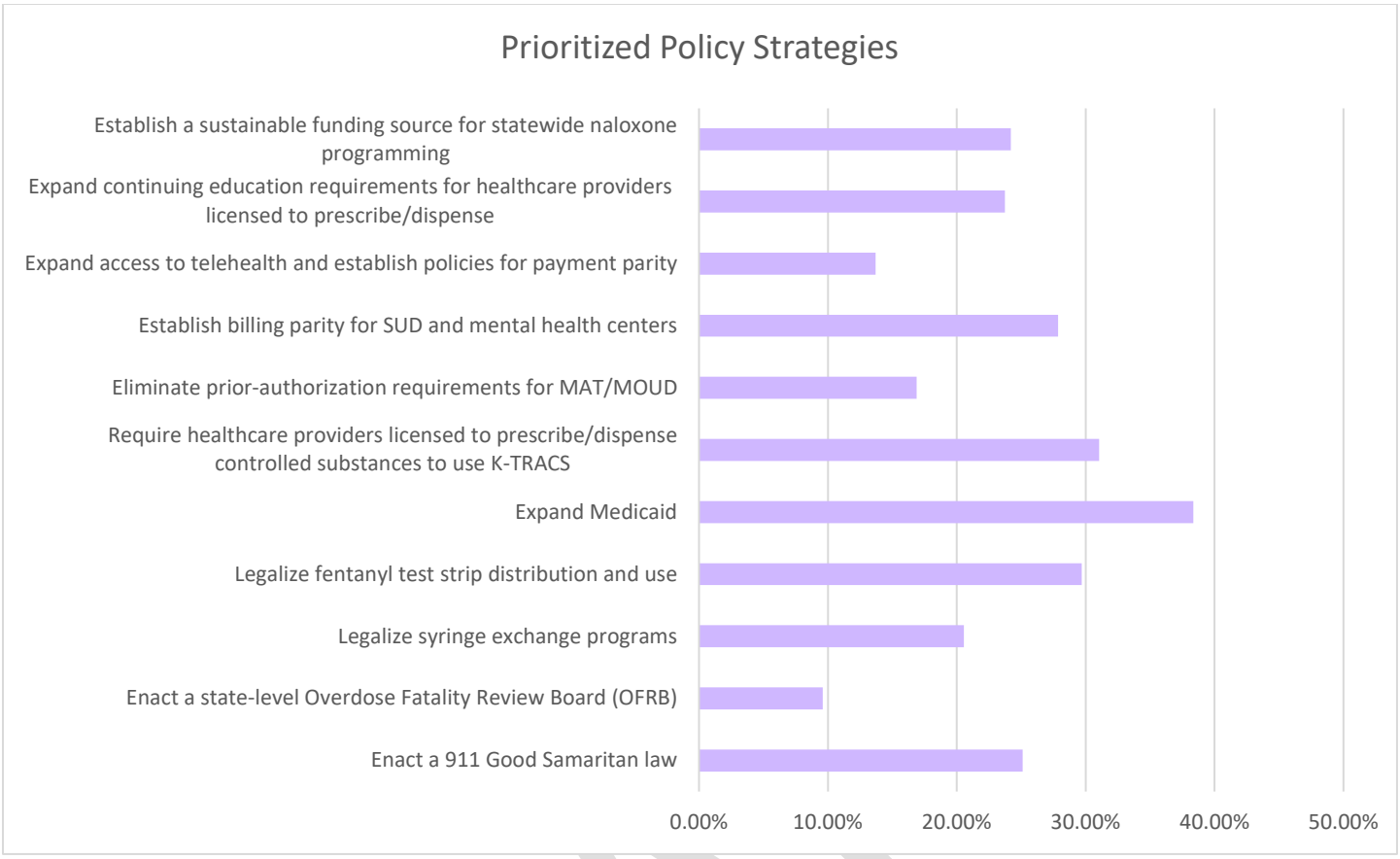
Prioritized Policy Strategies
Establish a sustainable funding source for statewide naloxone programming
Expand continuing education requirements for healthcare providers licensed to prescribe/dispense
Expand access to telehealth and establish policies for payment parity
Establish billing parity for SUD and mental health centers
Eliminate prior-authorization requirements for MAT/MOUD
Require healthcare providers licensed to prescribe/dispense controlled substances to use K-TRACS
Expand Medicaid
Legalize fentanyl test strip distribution and use
Legalize syringe exchange programs
Enact a state-level Overdose Fatality Review Board (OFRB)
Enact a 911 Good Samaritan law
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Prioritized Public Safety Strategies
Expand implementation of Crisis Intervention Teams (CIT)
Expand first responder/public safety use of ODMap
Enhance public safety collaboration with community-based organizations
Increase capacity of law enforcement and first responders to effectively respond to individuals with SUD
Implement standardized SUD screening & services into the criminal justice system
Enhance efforts to reduce the illicit drug supply/interdiction
Expand mental/behavioral health and drug courts
Expand diversion programs as an alternative to incarceration for nonviolent drug offenders
Expand law enforcement and first responder access to naloxone
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