



**Kansas Fights Addiction
Comprehensive Statewide Needs Assessment of Substance Use Disorder
Systems and Related Work in Kansas**

Draft Proposal of Needs Assessment Framework

Key Assessment Questions

What gaps exist within the Kansas substance use disorder (SUD) systems across the lifespan and continuum of care? How successful/impactful are the state's current investments in SUD related work? What innovations are needed to transform the behavioral health system of care in Kansas over the next 18-20 years?

PURPOSE AND OVERVIEW

Introduction

At the December 2022 meeting, the KFA board approved the development of a framework to guide implementation of a comprehensive statewide needs assessment of substance use disorder (SUD) systems in Kansas. Findings from the needs assessment will assist the board in identifying areas of critical importance to focus science and data-driven abatement efforts and inform development of a long-term funding strategy to prevent, reduce, treat, or otherwise abate or remediate substance abuse or addiction in Kansas. With a more complete understanding of the current gaps across the various SUD related disciplines, the KFA board can advocate for and invest in more innovative strategies and approaches to yield the best return on investment (ROI) in the long-term.

The KFA board is fortunate to have access to a solid foundation of quality data and information that sheds light on many of the basic needs that exist across the SUD system. KFA is using this data to support the development and release of two requests for proposals (RFPs) later this spring. While this current data is extremely helpful to jump start the work of the KFA board, the more comprehensive cross-systems needs assessment described in this proposal will move beyond existing data and information (reports, recommendations, state plans, etc.) to focus on new data collection and information gathering to augment what we already know and shed light on what we do not. The needs assessment process will integrate and synthesize all data and information (current and new) into a final assessment with associated recommendations.

As the KFA board reviewed more recent needs assessment projects implemented across the state, the recently completed Kansas Early Childhood Needs Assessment proved very helpful. This assessment

appeared most similar in scale to what the KFA board envisioned, providing a final product that highlights important geographical factors and findings that are being used to guide decision makers in the field. Given the similarities, this assessment was particularly helpful in considering a realistic timeframe and budget to guide KFA's assessment proposal.

The KFA assessment is anticipated to take up to one year to complete. With this longer timeframe the KFA board can be more intentional with the process and the vendor(s) selected to support the work. The cost of the needs assessment will not exceed \$1,500,000, the amount approved by the board in the December 2022 meeting.

Vendor Considerations and Requirements

With the extended timeframe and the complexity of the proposed needs assessment, Sunflower Foundation (SF) recommends the board develop and release a separate RFP to support completion of the needs assessment.

The selected vendor shall be able to demonstrate the following:

- Knowledge of and experience with Medicaid rules, regulations and covered services
- Competency and knowledge of the Kansas mental and behavioral health systems
- Competency and knowledge of SUD priority populations

The selected vendor shall be responsible for the following:

- Comply with all privacy and security standards as stipulated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996
- Must have a minimum of two (2) years' experience in needs assessments at the state level
- Must have the organizational capacity to provide the services described in the RFP

SF recommends the board allow the selected vendor to contract with third parties in order to perform the entirety of the Scope of Services which will be included in the RFP. Third party consultants would be required to abide by all terms of the RFP and those included in the vendor's letter of grant agreement (LOA). Third party consultants might assist the vendor with the following:

- Augment the expertise of the vendor to ensure the timely completion of specific tasks required to complete the needs assessment
- Access databases and/or analyze data to obtain de-identified data. Examples could include:
 - May be issues with obtaining MCO, SUD, data due to 42 CFR Part 2.
 - Would MCOs and Beacon need funding to do analyses of data they have for us to share the deidentified data we would need?
 - KDHE can see di-identified data on their end for morbidity and mortality – would they need funding to provide data analyses on the timeline needed for the assessment? If it's a simple request maybe not.
 - ODMAP data – can statewide data be shared?
 - Law enforcement data – most up to date data that exists?
 - KDOC data?
 - Early childhood/education field data?

- BSRB data on # of providers/types in Kansas and geographic locations

STATEWIDE NEEDS ASSESSMENT

Description of Work

In prior discussions related to the needs assessment, the board requested the following factors be considered:

- Identify and better understand existing gaps and barriers
- Identify areas where existing efforts and current funds are not adequate to meet the need and/or the desired outcomes
- Highlight opportunities for innovation
- Keep equity (all factors) front and center

The selected vendor(s) will be expected to deploy a variety of engagement tools, including interviews, focus groups, surveys, etc., to various audiences across Kansas with a focus on city, county, regional and statewide work. This comprehensive assessment should cover all disciplines across the full continuum of SUD related care, including, but not limited to, the following:

- Early childhood
- Prevention
- Intervention
- Harm reduction
- Treatment
- Recovery
- Healthcare
- Criminal justice
- Law enforcement
- Policy and Finance

General Needs and Considerations

Below is an initial list of potential items for inclusion in the comprehensive needs assessment. This is an overarching list which spans all SUD priority areas. The list below is an initial brainstorming of items, in no order, to begin discussions as a board for what to include in the assessment. Eventually, we will need to prioritize the board's needs/wants related to the assessment in order to develop a scope of work for the RFP that is realistic and achievable within a 12-month timeframe.

- Review of and compliance with Kansas Fights Addiction Act.
- Shall not include any confidential identifying patient information, all information reported within the needs assessment shall be de-identified and be shared publicly upon completion and approval by the Kansas Office of the Attorney General, Kansas Fights Addiction Board, and the Sunflower Foundation.
- Assessment shall focus on topics and services with the purpose of preventing, reducing, treating, or otherwise abating or remediating substance abuse or addiction.

- Assess the outcomes of current SUD related grants and other related funding currently available in Kansas. Assess how the current funding and work are impacting the state, successes, opportunity for improvements, indicators, other items.
 - Substance Abuse and Mental Health Block Grants, State Opioid Response (SOR), Overdose Data to Action (OD2A), Strategic Prevention Framework Prescription Drug (SPF Rx), Bureau of Justice Administration (BJA), Senate Bill 123, COVID, American Rescue Plan Act (ARPA), Drug Free Communities, etc.
 - Include analysis/breakdown of funding by type. (I.e., treatment, prevention, recovery, harm reduction, health systems, etc.)
- Data on emerging trends overall and across disciplines/populations as well as by geography.
 - Over 80% of Kansans live in cities, how do we best assess their capacity as well as in smaller towns while considering that they all work differently.
- What are new strategies/solutions to pilot/implement
 - Strategies that do not supplant other sources of funding.
 - Science and data-driven substance abuse prevention, reduction, treatment, or mitigation strategies.
 - Innovative opportunities for improvement of existing strategies?
- Potential innovative solutions/strategies that could be impactful based on the findings of this needs assessment across the continuum of care. Sustainable solutions?
 - What strategies could have the biggest ROI in the long run
 - What innovative solutions are occurring in other states or countries in this area?
- Review and compilation of all data and existing reports, recommendations, state plans, etc.; *see below under header - Data and Information/Reports for Inclusion*
- Gaps/opportunities/facilitators related to policy, funding, resources, availability, systems infrastructure, etc.
- Payor data – Medicaid, KID, and other payors'/insurers' data related to Behavioral Health (BH)
- Assessment of risk and protective factors related to BH
- Current state of prevention, treatment, recovery and other services for SUDs and related issues as well as other wrap around supports including peer support, housing, employment, etc.
- Need to include input from persons with lived experience and their loved ones. Including experience with services/system in Kansas.
- Include broad array of input to ensure accurate representation of the entire state geographically and its populations. Including input from subject matter experts across disciplines. Consultation with Kansas Prescription Drug and Opioid Advisory Committee.
 - Consider community engagement/listening sessions or other opportunities for public comment/input, etc. to achieve statewide representation.
 - Need to also consider that over 80% of the Kansas populations lives in cities, we need to make sure to consider our cities and their capacity as well as how they all work differently.
- What system level barriers or facilitators exist that could improve service delivery across the full continuum of care?
 - What resources already exist that could be leveraged/connected to improve service delivery? Ex: crisis lines or other help lines that could help facilitate access/referral to treatment?

- How are people able to find/access services? What would be the best method to streamline and increase awareness of services?
 - Where are the opportunities to intervene across the continuum of care (from early childhood across the full continuum)
 - Where might individuals be falling through the cracks in service provision/outreach?
- Assess early childhood landscape as it relates to prevention of behavioral health issues and other issues, funding and programming available/needed.
- Identify factors contributing to stigma against SUD/drug overdose in Kansas
 - How can we make progress on decreasing stigma (in addition to standard media campaigns)
- Development of a scoring matrix for strategies/solutions for funding that are weighted on impact (Immediate, intermittent, and long-term), urgency, and feasibility.
- Activities and funding amounts of MFAF communities
 - Consider mapping of funding amounts/activities
- How do we address sustainability and continuity of funding for this field? *Concern voiced related to turn over with grants which means staff turnover as well; this can make it difficult to recruit and sustain initiatives. Dampers continuity of care and sustainability of care. Staffed and funded for 1-2 years but then have to start new with new grants.*
 - Sustainability consideration for any strategy/funding recommendations
- What impacts might medical marijuana have on the landscape that might increase some of these issues/concerns?
- May consider assessment by congressional district
- Are there opportunities for collaboration with 988 initiatives to facilitate solutions to SUD issues?

Treatment and Recovery

Below is an initial list of potential items to include in the assessment specific to Treatment and Recovery.

- Workforce capacity and other workforce related issues
 - Workforce shortages, issues with recruitment/retention
 - Burnout
 - # of different position/provider types (clinicians, therapists, case managers, peer support, etc.) by location
- Treatment service availability, capacity and gaps
 - Current wait lists by providers/areas, average waitlist length of time
 - # of beds
 - # that need not receiving treatment
 - Types of services offered/available
 - Populations served/gaps
 - Length of treatment provided/reimbursed vs. what's needed
 - Longer term recovery supports
 - Capacity by level of care/type of services
 - Medial detox availability, especially in non-urban areas
 - MAT system capacity with new CCBHC requirements
- What would it take to have the ability to offer walk-in easy access to services?

- Client outcome measures
- Recovery supports and services available/needed
- Sober living resources available/needed
- Reimbursement rates and actual cost of services
- Gaps in existing funding and service provision
 - What additional services could be provided/expanded if funding existed?
 - Are there populations that are not being served due to funding barriers? Uninsured/underinsured?
 - What sort of services are providers wanting to provide but unable to due to cost or other barriers? What do they think would make the biggest difference?
- Employment supports/services availability, options?
- Housing supports/services availability, options?
 - What is needed to increase infrastructure related to sober living houses that exist in the transitional period between treatment and oxford houses? I.e., housing supports that have some level of staffing for this transitional period.
- Telehealth related successes, gaps, barriers, etc.
 - What is the current telehealth landscape/needs? How do we improve reciprocity across states for licensure to recruit new staff and to utilize clinicians in other states with telehealth services if unable to provide in-state.
- Assessment of uninsured/those unable to access services due to cost
- Assessment of facilitators to improve parity across provider type (healthcare, mental health, and substance use disorder)
- How can SUD providers fit into the CCBHC model? Facilitators for care integration
 - More than just partnership between CCBHC and SUD providers, how can SUD providers obtain equity in their service provision? I.e., SUD providers are required to refer to two additional treatment options outside of their own services upon intake, CCBHCs do not have this requirement. Also, CMHCs can access many more codes than an SUD treatment organization can, even if they have the same qualified mental health professional billing.
- Services and collaboration for co-occurring disorders
- Crisis services available, gaps/facilitators
- What is needed to expand recovery centered organizations (RCOs) or consumer run organizations (CROs). Only 2 active on SUD side and 9 on MH side in Kansas.
- Issue regarding a systemic block to MAT for Kansas Medicaid patients. MAT providers are limited in numbers in our state, and Medicaid will not pay for MAT prescriptions unless written by a Medicaid participating provider. How does this impact access to care for patients? What impact does this sort of policy have on the providers?
- What efforts exist in the realm of overdose response teams other post overdose outreach initiatives in Kansas
- Issues with childcare/respite in client ability to engage in treatment
- Family interventions?

Linkages to Care

Below is an initial list of potential items to include in the assessment specific to Linkages to Care.

- Facilitators and barriers to screening and referring to treatment across all disciplines (criminal justice, law enforcement, healthcare, corrections, prevention, community organizations, recovery organizations, etc.)
 - Inability to refer to services (lack of services available, patient eligibility, etc.), lack of capacity of service providers to engage patients in a timely manner (waitlists), other issues?
 - Stigma
- Barriers and facilitators to accessing services and/or locating services
- Warm hand-off programming, facilitators, needs, etc.
- Outreach teams to engage in treatment

Policy and Finance

Below is an initial list of potential items to include in the assessment specific to Policy and Finance.

Review polices that may be hindering the field and policies that could help:

- 911 Good Samaritan Law
- Harm reduction – SSPs and fentanyl test strips
- Parity across provider types for reimbursement and access to codes
- Overdose fatality review board
- Medicaid expansion
- Drug policy violations
- Healthcare policy

Develop a more accurate picture of the SUD related funding coming to the state and how/where those funds are being invested

Harm Reduction

Below is an initial list of potential items to include in the assessment specific to Harm Reduction.

- Availability and need for naloxone (DCCCA's statewide naloxone program, pharmacy access/cost, Kansas Recovery Network, EMS, and others) and sustainable solutions
- Policies (fentanyl test strips, SSPs, Good Samaritan Law, etc.)

Prevention

Below is an initial list of potential items to include in the assessment specific to Prevention.

- Assessment of community, school, local, regional and state level prevention initiatives including primary, secondary, and tertiary prevention initiatives
- Assessment of school-based education related to behavioral health
- ACEs data and existing/potential solutions to prevent, identify and address ACEs
- Awareness and educational campaigns occurring in the state, impact?
 - Learn.Lock.Lead, Hope Starts Now, ItMatters, CDC Rx Awareness, FDA One Pill Can Kill, etc.

- Early childhood initiatives related to SUD, needs, gaps?

Healthcare

Below is an initial list of potential items to include in the assessment specific to Healthcare.

- Assessment of curriculum related to behavioral health in higher education in the healthcare sector/medical schooling
- Assessment of facilitators, barriers, stigma, etc. related to screening and referring to treatment services and/or providing behavioral health treatment services
- Physical health comorbidities, disease prevention, etc.
- Provider education initiatives related to SUD occurring or needed
- Needs related to neonatal opioid withdrawal syndrome treatment, prevention, education, etc.
 - SUD and Maternal outcomes gaps, facilitators, etc.
 - Background information: KDHE applied for MAT expansion grant for this population but was not awarded. However, they have identified there is a need for this and noted that SUD and increasing MAT access among this population as a priority to reduce mortality and improve maternal outcomes. Data example of concern – drop off of methadone treatment during the prenatal period and even larger decline postpartum was associated with increased rates of overdose. KFMC conducted a KanCare SUD provider survey to assess the needs of this population and provider identified the following needs: expanded access to medical and behavioral health care, naloxone prescribing, continuation of Medicaid benefits (12 months postpartum), childcare services/assistance to engage in services, transportation to services. Poorer health outcomes for new mothers are reported when healthcare benefits end prematurely and the first year after delivery is critical time for treatment/services, having benefits for the first year would help improve all outcomes for new mothers and their babies.
 - Sex/gender-based differences in pain management, access to contraceptives, screening and referral to treatment, etc.
- Capacity, coverage, and access to healthcare services
- Behavioral health (MH and SUD) integration
- Diversion policies/protocols, opioid stewardship programming within hospitals (KHA can assist with data related to this).

Law Enforcement, Criminal Justice, First Responders

Below is an initial list of potential items to include in the assessment specific to Law Enforcement, Criminal Justice and First Responders.

- Data on drug-related crimes, drug seizures, etc.
- ODMAP assessment? EMS inputs data into ODMAP within 24 hours of an overdose, law enforcement organizations, local health departments, and other first responders can access the data to see local trends.
- How can we most effectively prevent individuals with an SUD from coming into the justice system?

- Drug courts and diversion programming that exist, gaps/facilitators
- Emergency response protocols associated with OD and community trends
- Re-entry supports and linkages to care/warm hand-offs
 - How can we get first responders/LE to connect to treatment services
 - What activities are already occurring in this area, gaps/facilitators
- Screening, Diagnosis, Treatment and other relevant services offered in jails and prisons
- Drug trafficking interdiction
- Naloxone policies and training
- Mental health first aid and other relevant trainings
- CIT, co-responder programming that exist, gaps/facilitators
 - Rural/frontier considerations for programming
- Impact of trauma and how it intersects with SUD in the justice involved populations
- How can we bring more family interventions into our SUD programming
- Legal assistance and other services available/gaps

Health Equity

Below is an initial list of potential items to include in the assessment specific to Health Equity.

Health equity and identification of disparities across racial and ethnic populations, geographic regions, and special populations in Kansas. Including but not limited to:

- Social determinants of health
- Race/Ethnicity
- Geographic
- Religious
- Socioeconomic status
- LGBTQIA+
- Age
- Disability status, comorbidities

Existing Data, Information and Reports to include in the Completed Assessment

- KDHE Kansas County Opioid Mortality Vulnerability Assessment – September 2022
www.preventoverdoseks.org
- KFA Landscape Analysis and Framework Document
 - Includes:
 - History/timeline of the opioid epidemic nationally and in Kansas
 - Kansas data on morbidity, mortality, prescribing, treatment admissions, youth use, child protective services report related to SUD, Midwest HIDTA law enforcement data, geographical treatment gaps, county health rankings, and a statewide opioid vulnerability assessment.
 - Current opioid and SUD related funding in Kansas
 - Overarching areas of priority
 - Key stakeholders and organizations
 - Initial results from the Kansas Prescription Drug and Opioid Advisory Committee state plan and needs assessment
- Kansas Prescription Drug and Opioid Advisory Committee State Plan and Annual Reports
www.preventoverdoseks.org
 - 2018-2022 State Plan
 - 2019 Annual Report
 - 2020 Annual Report
 - 2021 Annual Report
 - 2023-2027 State Plan (in development as of October 2022, anticipated completion November 2022)
 - Includes needs assessment
 - Subject matter expert survey, interviews, and sub-committee input
 - Public comment (over 800 responses)
 - Strategy prioritization
 - Strategies ranked by priority area and also ranked by strategy within each priority area
 - Assessment of level of impact and priority for each strategy
 - Data and outcome indicators
- Governor’s Behavioral Health Services Planning Council documents and reports, 2022. Reports from all subcommittees including the Kansas Citizens Committee on Alcohol and Other Drug Abuse (KCC) and Prevention subcommittee. Reports should be available on the KDADS website by the end of October 2022 after they have been presented to the Secretary.
<https://kdads.ks.gov/kdads-commissions/behavioral-health/gbhspc/gbhspc-subcommittees>
- BHAK and KAAP reports/documents
- Kansas Behavioral and Mental Health Profile July 2022 <https://kdads.ks.gov/kdads-commissions/behavioral-health/publications-and-reports>
- Other relevant Kansas state plans (Unintentional Injury Prevention, Healthy Kansans, Suicide Prevention, etc.) and needs assessments
 - Housing needs assessment 2021: <https://kshousingcorp.org/kansas-statewide-housing-needs-assessment-2021/>

- MCH Title V and other Early Childhood Needs Assessments
- Data from available sources including morbidity and mortality, KTRACS, KBHID, KCTC, YRBS, BRFSS, SUDORS, ODMAP, DCF, Early Childhood, EMS, law enforcement, corrections, etc.
- Provider data
- MCOs, Payor data
- Beacon Health Options, KSURS, and other treatment related data
 - GPRA <https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra>
- BSRB data for workforce
- University data for workforce recruitment/pipeline
- Medical university data on curricula related to SUD
- Relevant plans and needs assessments from other states

DRAFT