

Kansas

UNIFORM APPLICATION

FY 2021 Mental Health Block Grant Report

COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022
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Center for Mental Health Services
Division of State and Community Systems Development

A. State Information

State Information

State DUNS Number

Number 878195098

Expiration Date

I. State Agency to be the Grantee for the Block Grant

Agency Name Kansas Department for Aging and Disability Services

Organizational Unit Behavioral Health Services

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Zip Code 66603

II. Contact Person for the Grantee of the Block Grant

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III. State Expenditure Period (Most recent State expenditure period that is closed out)

From 7/1/2019

To 6/30/2020

IV. Date Submitted

NOTE: This field will be automatically populated when the application is submitted.

Submission Date

Revision Date

V. Contact Person Responsible for Report Submission

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0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

B. Implementation Report

MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #: 1
Priority Area: Reduce underage drinking in Kansas
Priority Type: SAP
Population(s): PP

Goal of the priority area:

Reduce the percentage of students in grades 6, 8, 10, and 12 that report drinking alcohol in the past 30-days.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide, aside from our "It Matters" media campaign, rather communities complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that identify with their particular community needs and capacity. All strategies must be evidence based and Kansas utilizes SAMHSA's definition when reviewing individual strategic plans.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: On how many occasions, if any, have you had beer, wine, or hard liquor in the past 30 days? (at least once)
Baseline Measurement: State = 16.36%; KPCCI Communities 14.20%
First-year target/outcome measurement: State = 16.12%; KPCCI Communities = 13.45%
Second-year target/outcome measurement: State = 15.91%; KPCCI Communities = 12.8%
New Second-year target/outcome measurement(if needed):

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source(if needed):

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

In 2015 active consent legislation was passed, initially creating challenges for local school districts to obtain the required parental consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention system has worked with both school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are however a few districts that are outliers and the state is working continuously to engage them and significant progress has been made within the last year. Funded communities are required to achieve a 60 percent participation rate; if at time they are not at 60 percent they must create specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 2

Priority Area: Reduce adolescent marijuana use in Kansas

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Reduce the percentage of students in grades 6, 8, 10, and 12 that report using marijuana in the past 30-days.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide, aside from our "It Matters" media campaign. Communities complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that identify with their particular community needs and capacity. All strategies must be evidence-based and Kansas utilizes SAMHSA's definition when reviewing individual strategic plans.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: On how many occasions, if any, have you used marijuana in the past 30 days? (at least once)

Baseline Measurement: State = 7.24%; KPC Communities = 8.70%

First-year target/outcome measurement: State = 7.00; KPC Communities = 8.20%

Second-year target/outcome measurement: State = 6.50%; KPC Communities = 7.45%

New Second-year target/outcome measurement(if needed):

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source(if needed):

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

In 2015 active consent legislation was passed, initially creating challenges for local school districts to obtain the required parental consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention system has worked with both school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are however a few districts that are outliers and the state is working continuously to engage them and significant progress has been made within the last year. Funded communities are required to achieve a 60 percent participation rate; if at time they are not at 60 percent they must create specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 3
Priority Area: Reduce low perception of harm from alcohol and marijuana use among Kansas youth
Priority Type: SAP
Population(s): PP

Goal of the priority area:
Reduce percentage of students in ages 6, 8, 10, and 12 that report there is "no risk" of harm from taking one or two drinks of an alcoholic beverage nearly every day.

Strategies to attain the goal:
Kansas does not implement any one strategy statewide, aside from our "It Matters" media campaign. Communities complete the planning phase of the SPF and utilize their needs assessment to create a logic model and identify strategies that identify with their particular community needs and capacity. All strategies must be evidence-based and Kansas utilizes SAMHSA's definition when reviewing individual strategic plans.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: How much do you think people risk harming themselves, physically or in other ways, if they take one or two drinks of an alcoholic beverage nearly every day? (no risk)
Baseline Measurement: State = 14.41%; KPC Communities = 16.92%
First-year target/outcome measurement: State = 13.91%; KPC Communities = 16.42%
Second-year target/outcome measurement: State = 13.41%; KPC Communities = 15.92%
New Second-year target/outcome measurement(if needed):

Data Source:
Kansas Communities That Care (KCTC) Student Survey

New Data Source(if needed):

Description of Data:
The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:
In 2015 active consent legislation was passed, initially creating challenges for local school districts to obtain the required parental consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention system has worked with both school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are however a few districts that are outliers and the state is working continuously to engage them and significant progress has been made within the last year. Funded communities are required to achieve a 60 percent participation rate; if at time they are not at 60 percent they must create

specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Indicator #:

2

Indicator:

Reduce percentage of students in ages 6, 8, 10, and 12 that report there is "no risk" of harm from regular marijuana use.

Baseline Measurement:

State = 16.66%; KPC Communities = 22.32%

First-year target/outcome measurement:

State = 16.16%; KPC Communities = 21.82%

Second-year target/outcome measurement:

State = 15.66%; KPC Communities = 21.32%

New Second-year target/outcome measurement(if needed):

Data Source:

Kansas Communities That Care (KCTC) Student Survey

New Data Source(if needed):

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

In 2015 active consent legislation was passed, initially creating challenges for local school districts to obtain the required parental consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention system has worked with both school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are however a few districts that are outliers and the state is working continuously to engage them and significant progress has been made within the last year. Funded communities are required to achieve a 60 percent participation rate; if at time they are not at 60 percent they must create specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Across the state, the percentage of students that reported 'no risk' of harm from regular marijuana use remained relatively unchanged, however KPCCI communities with direct funding to implement prevention strategies showed a reduction below 1st year target rate.

How first year target was achieved (optional):

Priority #: 4
Priority Area: KPCCI at-risk population identification and implementation of appropriate evidence-based strategies
Priority Type: SAP
Population(s): PP

Goal of the priority area:

Apply the data-driven Strategic Prevention Framework process to identify and address sub-populations with gaps in service or at high risk to improve behavioral health outcomes.

Strategies to attain the goal:

Communities will utilize their KCTC data to identify and target at risk populations and identify appropriate evidence based strategies. Each community's assessment will be unique to their individual needs and data outcomes. All strategies must be evidence-based as Kansas utilizes SAMHSA's definition when reviewing individual strategic plans.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of KPCCI communities completing at risk population assessment
Baseline Measurement:
First-year target/outcome measurement: All (100%) funded KPCCI communities will complete assessment to identify one 'at risk' population within their community and plan for appropriate prevention strategies to reduce risk. Community-level data will be used to measure progress.
Second-year target/outcome measurement: All (100%) funded KPCCI communities will implement prevention strategies to reduce risk among identified at risk population. Community-level data will be used to measure risk reduction.

New Second-year target/outcome measurement(if needed):

Data Source:

Kansas Communities That Care (KCTC) Student Survey; Behavioral Health Report

New Data Source(if needed):

Description of Data:

The Kansas Communities That Care (KCTC) youth survey has been administered annually free of charge throughout the state since 1994. The survey tracks teen use of harmful substances such as alcohol, tobacco and other drugs. In addition, the survey provides a baseline for teen participation in, perception of, and attitudes toward both prosocial and antisocial behavior at the peer, school, family and community levels. It provides a measurable level of risk and protective factors that influence behavior, attitudes, and opinions of Kansas teens.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

In 2015 active consent legislation was passed, initially creating challenges for local school districts to obtain the required parental consent and significantly impacting statewide participation rates as well as many local participation rates. Since then, the prevention system has worked with both school districts across the state to implement strategies to streamline the consent process and increase participation; this focused effort has led to increased participation statewide and among many school districts. There are however a few districts that are outliers and the state is working continuously to engage them and significant progress has been made within the last year. Funded communities are required to achieve a 60 percent participation rate; if at time they are not at 60 percent they must create specific action plans demonstrating that they will implement strategies to increase participation.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Priority #: 5

Priority Area: Provide access to community-based services for children/youth with SED allowing them to remain in their homes and communities with services and supports

Priority Type: MHS

Population(s): SED

Goal of the priority area:

Children with SED are able to remain in home by building a community-based system of care to meet their needs.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide. Continue to identify culturally-competent, person-centered services to meet the child's/youth's needs.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of children/adolescents, age 17 or younger, that received crisis intervention services (30) calendar days prior to a screen resulting in inpatient psychiatric admission, excluding PRTF.

Baseline Measurement: Establishing a baseline for FY2020

First-year target/outcome measurement: Establishing a baseline for FY2020

Second-year target/outcome measurement: Based upon the baseline, determine a realistic target/outcome measurement

New Second-year target/outcome measurement(if needed):

Data Source:

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System) AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

New Data Source(if needed):

Description of Data:

Numerator: Number of children/adolescents that received crisis services (30) calendar days prior to crisis screen resulting in admission within reporting period. The following codes will be utilized: H2011, H2011-HK and/or H2011-HO (code numbers are subject to change by CMS)

Denominator: Number children/adolescents with a screen resulting in admission to inpatient within reporting period

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

This measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Baseline (FY2020): 46/600 = 7.67%

We now have data structured to allow a comparison between SFY2019 and SFY2020. In SFY2020, fewer children received crisis services 30 calendar days prior to crisis screen resulting in admission. Because we do not have historical data prior to SFY2019 structured in a way to allow us to make a comparison with SFY2019, we cannot compare with SFY2020 to make a clear determination that more children stayed in their home communities or if the COVID-19 Pandemic played a role in the decrease.

Indicator #:

2

Indicator:

The percentage of children/adolescents that received therapeutic intervention services (includes more than initial assessment and diagnosis such as Peer Support, Psychosocial individual/group, Community Psychiatric Support and Treatment, Therapy and/or Intake) within thirty (30) calendar days prior to a screen resulting in an inpatient psychiatric admission, excluding PRTF.

Baseline Measurement:

Establishing a baseline for FY2020.

First-year target/outcome measurement:

Establishing a baseline for FY2020.

Second-year target/outcome measurement:

Based upon the established baseline, determine a realistic target/outcome measure.

New Second-year target/outcome measurement(if needed):

Data Source:

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System) AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

New Data Source(if needed):

Description of Data:

Numerator: Number of children/adolescents receiving a therapeutic intervention within 30 calendar days prior to a screen resulting in admission within reporting period. Services codes are as follows: 90791, H0036-HA, H0036-HB, H0036-HH, H0036-HJ, H0036-HK, H2017, H2017-HQ, H2017-TJ, H0038, H0038-HG, 90832, 90834, 90837, 90839, 90840, 90847, 90847HK, 90853, 90832, 90834, 90837, 90839, and/or 90840. (code numbers are subject to change by CMS)

Denominator: Total number of children/adolescents with a screen resulting in an inpatient psychiatric admission, excluding PRTF, within reporting period

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

This measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.

New Data issues/caveats that affect outcome measures:

We are developing our baseline and have found that the social security numbers of children/youth need to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts. While we were able to verify many most of the children/youth for the baseline but will need to include the social security number for future outcome measures.

Report of Progress Toward Goal Attainment

First Year Target:



Achieved



Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Baseline (FY2020): 98/600 = 16.33%

We now have data structured to allow a comparison between SFY2019 and SFY2020. The percentage of children/adolescents that received therapeutic intervention services (includes more than initial assessment and diagnosis such as Peer Support, Psychosocial individual/group, Community Psychiatric Support and Treatment, Therapy and/or Intake) within thirty (30) calendar days prior to a screen

resulting in an inpatient psychiatric admission decreased. Because we do not have historical data prior to SFY2019 structured in a way to allow us to make a comparison with SFY2019, we cannot compare with SFY2020 to make a clear determination that more children stayed in their home communities or if the COVID-19 Pandemic played a role in the decrease.

Priority #: 6
Priority Area: Provide access to community-based services for adults with SMI allowing them to remain in their homes and communities with services and supports
Priority Type: MHS
Population(s): SMI

Goal of the priority area:

Adults with SMI are able to maintain community living and build a support system of care to improve their quality of life.

Strategies to attain the goal:

Kansas does not implement any one strategy statewide. Continue to identify culturally-competent, person-centered services to meet the person's needs.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Percentage of adults, age 18 and older, that received crisis intervention services (30 calendar days prior to a screen resulting in admission to a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF).
Baseline Measurement: Establishing a baseline for FY2020.
First-year target/outcome measurement: Establishing a baseline for FY2020.
Second-year target/outcome measurement: Based upon the baseline, determine a realistic target/outcome measurement.
New Second-year target/outcome measurement(if needed):

Data Source:

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System) AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

New Data Source(if needed):

Description of Data:

Numerator: Number of adults that received crisis services within (30) calendar days of a crisis screen resulting in admission within reporting period. The following codes will be utilized: H2011, H2011-HK and/or H2011-HO (code numbers are subject to changes by CMS)

Denominator: Screens resulting in admission to inpatient within reporting period

New Description of Data(if needed)

Data issues/caveats that affect outcome measures:

This measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.

New Data issues/caveats that affect outcome measures:

We are developing our baseline and have found that the social security numbers of adults need to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts. While we were able to verify many most of the adults for the baseline but will need to include the social security number for future outcome measures.

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Baseline (FY2020): 40/1694 = 2.36%
We now have data structured to allow a comparison between SFY2019 and SFY2020. Percentage of adults, age 18 and older, that received crisis intervention services thirty (30) calendar days prior to a screen resulting in admission to a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF) decreased. Because we do not have historical data prior to SFY2019 structured in a way to allow us to make a comparison with SFY2019, we cannot compare with SFY2020 to make a clear determination that more adults stayed in their home communities or if the COVID-19 Pandemic played a role in the decrease.

Indicator #: 2

Indicator: The percentage of adults that received therapeutic intervention services (includes more than initial assessment and diagnosis such as Peer Support, Psychosocial individual/group, Community Psychiatric Support and Treatment, Therapy, and/or Intake) within seven calendar days of discharge from a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF).

Baseline Measurement: Establish a baseline for FY2020.

First-year target/outcome measurement: Establish a baseline for FY2020.

Second-year target/outcome measurement: Based upon the baseline, determine a realistic target/outcome measurement.

New Second-year target/outcome measurement(if needed):

Data Source:

Contractor of the Crisis Triage & Screening (CTS) contract and AIMS (Automated Information Management System) AIMS is a centralized database managed by KDADS and entered into by CMHC staff. AIMS tracks a comprehensive data set including consumer demographic information and mental health services provided by the CMHCs to Kansans.

New Data Source(if needed):

Description of Data:

Numerator: Number of adults receiving CSS services who had a therapeutic intervention within seven business days of discharge from a SMHH within reporting period. Services codes are as follows: 90791, H0036-HA, H0036-HB, H0036-HH, H0036-HJ, H0036-HK, H2017, H2017-HQ, H2017-TJ, H0038, H0038-HG, 90832, 90834, 90837, 90839, 90840, 90847, 90847HK, 90853, 90832, 90834, 90837, 90839, and/or 90840. seven calendar from start the day after discharge however if a CMHC provides one of these services the same day as discharge then that will count toward the seven days. (code numbers are subject to changes by CMS)

Denominator: Total number of adult discharges from SMHH or SHA within the reporting period.

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Measurement relies upon contractor data, so ensuring the contractor's data is complete and accurate.

New Data issues/caveats that affect outcome measures:

We are developing our baseline and have found that the social security numbers of adults need to be included in our data and the data we receive from our vendor to verify that we are not duplicating counts. While we were able to verify many most of the adults for the baseline but will need to include the social security number for future outcome measures.

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

Baseline (FY2020): 147/2050 = 7.17%

We now have data structured to allow a comparison between SFY2019 and SFY2020. The percentage of adults that received therapeutic intervention services (includes more than initial assessment and diagnosis such as Peer Support, Psychosocial individual/group, Community Psychiatric Support and Treatment, Therapy, and/or Intake) within seven calendar days of discharge from a State Mental Health Hospital (SMHH) or State Hospital Alternative (SHA) as utilized by the Osawatomie Temporary Census Diversion Funds (OTCDF) decreased. Because we do not have historical data prior to SFY2019 structured in a way to allow us to make a comparison with SFY2019, we cannot compare with SFY2020 to make a clear determination that more adults stayed in their home communities or if the COVID-19 Pandemic played a role in the decrease.

Priority #: 7

Priority Area: Pregnant Women and Women with Dependent Children receive treatment that targets the PWWDC population

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Ensure that pregnant women and women with dependent children have access to specialty services.

Strategies to attain the goal:

Increase DWF program information and interim services information to referral sources.
Encourage greater collaboration and sharing of program success within network of DWFs.
Increase intra-agency collaboration with other state programs for families.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of pregnant women and women with dependent children admitted to a Designated Women's Facility (DWF)

Baseline Measurement: Proportion of total pregnant women and women with dependent children (PWWDC) served with Block Grant funds in SFY18 by designated women's facilities.

First-year target/outcome measurement: 5% increase from baseline

Second-year target/outcome measurement: 10% increase from baseline

New Second-year target/outcome measurement(if needed):

Data Source:

Administrative Services Organization (ASO) Designated Women's Facility Report

New Data Source(if needed):

Description of Data:

Designated Women's Facility Report - Summary/Total Admitted to DWF percentage to increase

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Kansas is developing a new substance use disorder data system. The outcomes of the data that will be collected within the system is still being determined at this time.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

Kansas has developed a new substance use disorder data collection system (KSURS). The first phase of the new system includes a minimal data set of required fields, primarily TEDS data. The new system includes a field indicating whether a woman is pregnant at admission; the system does not have a field to indicate women with dependent children.
The new system captures data on all payor sources. There is not a field for manual entry to indicate which payor source to separate out Block Grant from other payor sources.
Providers continue to update back data into KSURS also impacting the data reported.

How first year target was achieved (optional):

Priority #: 8
Priority Area: Recovery Oriented System of Care
Priority Type: SAT
Population(s): PWWDC, PWID, TB

Goal of the priority area:

Kansas Behavioral Health system supports a recovery-oriented system of care.

Strategies to attain the goal:

Increase the peer mentoring workforce capacity.

Annual Performance Indicators to measure goal success

Indicator #: 1
Indicator: Number of Kansas Certified Peer Mentors increase.
Baseline Measurement: Set a baseline (FY19)
First-year target/outcome measurement: Increase the percentage of Kansas Certified Peer Mentors by 10% in FY20
Second-year target/outcome measurement: Increase the percentage of Kansas Certified Peer Mentors by 10% in FY21 from FY20
New Second-year target/outcome measurement(if needed):

Data Source:

Adult Consumer Affairs tracking spreadsheet

New Data Source(if needed):

Description of Data:

Certified Peer Mentor roster

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Training contractor reporting timeliness and accuracy.

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

SFY2019 Baseline = 58 Peer Mentors certified
SFY2020 = 50 Peer Mentors certified (decrease of 13.8%)
The decrease of Peer Mentors certified is the result of the decrease of in-person trainings offered due to COVID-19 the last few months of SFY2020. KDADS is now offering the Peer Mentor Level 1 training online. KDADS is also researching options to offer the Peer Mentor

Level 2 training virtually to avoid any further delays in achieving our target for FY2021.

How first year target was achieved (optional):

Priority #: 9

Priority Area: Expand access to youth experiencing their first psychotic episode and offer treatment and support within two years of the episode.

Priority Type: MHS

Population(s): ESMI

Goal of the priority area:

Youth who have experienced their first psychotic episode are free from the adverse effects of their mental illness.

Strategies to attain the goal:

Identify opportunities to increase access to services for ESMI.

Examine adequacy of ESMI-related service rates.

Establish care coordination and case management requirements for our contractors that are provided through treatment and continuing care.

Identify potential partners who may have contact with young people in this age group to educate and build awareness around early intervention and treatment availability such as the Kansas Department of Children and Families, colleges, schools and social media.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: ESMI served with Block Grant funded intervention.

Baseline Measurement: Number of youth experiencing ESMI served with Block Grant funded intervention in SFY19.

First-year target/outcome measurement: 5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY20

Second-year target/outcome measurement: 5% increase in number of youth experiencing ESMI served with Block Grant funded intervention in SFY21 from number in SFY20.

New Second-year target/outcome measurement(if needed):

Data Source:

KDADS' Automated Information Management System (AIMS)

New Data Source(if needed):

Quarterly provider reports

Description of Data:

Proportion of total number of youth experiencing ESMI served with Block Grant funded intervention in a given State Fiscal Year (SFY).

New Description of Data:(if needed)

Data issues/caveats that affect outcome measures:

Individuals not correctly identified as being ESMI

New Data issues/caveats that affect outcome measures:

Report of Progress Toward Goal Attainment

First Year Target: Achieved Not Achieved (if not achieved, explain why)

Reason why target was not achieved, and changes proposed to meet target:

How first year target was achieved (optional):

SFY2019 Baseline: 54 youth experiencing ESMI served with Block Grant funded intervention
SFY2020: 68 youth (increase of 14 youth or 26%)
Increase can be attributed to the implementation of a new program (Four County) and increased outreach by existing programs resulting in more youth served.

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Footnotes:

NOT FINAL

C. State Agency Expenditure Reports

MHBG Table 3 - Set-aside for Children's Mental Health Services

Reporting Period Start Date: Reporting Period End Date:

Statewide Expenditures for Children's Mental Health Services			
Actual SFY 1994	Actual SFY 2019	Estimated/Actual SFY 2020	Expense Type
\$2,843,496	\$18,605,872	\$0	<input type="radio"/> Actual <input type="radio"/> Estimated

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

States and jurisdictions are required not to spend less than the amount expended in FY 1994.

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Footnotes:

NOT FINAL

C. State Agency Expenditure Reports

MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Reporting Period Start Date: Reporting Period End Date:

Period	Expenditures	<u>B1(2018) + B2(2019)</u> 2
(A)	(B)	(C)
SFY 2018 (1)	\$144,031,559	
SFY 2019 (2)	\$167,934,943	\$155,983,251
SFY 2020 (3)	\$0	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2018 Yes X No _____
 SFY 2019 Yes X No _____
 SFY 2020 Yes _____ No _____

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA: _____

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Footnotes:

