

Kansas' System of Care (KSOC) for Mental Health Services to Children and Their Families

KSOC Strategic Finance and Sustainability Plan – September 2018

Grant Number: 6H79SM063401

Jurisdiction for Cooperative Agreement Activities (if state award, include local jurisdictions)

Kansas System of Care (KSOC) is a partnership of the Kansas Department for Aging and Disability Services (KDADS), Wichita State University's Community Engagement Institute (CEI), Keys for Networking, and four local jurisdictions/Community Mental Health Centers (CMHCs): Compass Behavioral Health, South Central Mental Health Counseling Center, Sumner Mental Health Center, and Wyandot Center for Behavioral Healthcare/PACES.

Section I: Planning Process for Development of Finance & Sustainability Plan

A KSOC Strategic Finance and Sustainability Planning Committee was formed to execute the development and implementation of the KSOC Strategic Finance and Sustainability Plan. Membership includes:

KSOC Strategic Finance & Sustainability Plan Committee			
Name	Affiliation	Title	Role
Kim Fisher	Compass BH	SOC Project Coord.	Professional
Lisa Southern	Compass BH	Executive Dir.	Professional
Marla Lira	Compass BH	CBS Director	Professional
Jeanne Urban-Wurtz	KDADS	Behavioral Health Dir.	Professional
Kelsee Torrez	KDADS	SOC Project Dir.	Professional
Sam Philbern	KDADS	SED/Autism Pgm Mgr.	Professional
Susan Fout	KDADS	Deputy Secretary	Professional
Tim Keck	KDADS	Secretary	Professional
Jane Adams	Keys for Networking	Executive Dir./GBHSPC	Parent
Wayne Headrick	Keys for Networking & Wyandot	CMHC Board Member	Parent
Debra Garcia	South Central	SOC Project Coord.	Professional
Tim Hein	South Central	CBS Dir.	Professional
Angela Baker	Sumner MHC	CBS Dir.	Professional
Briana Searight	Sumner MHC	Youth Peer Support	Youth
Janelle Kennedy	Sumner MHC	Parent Support	Parent
Jeanne Brown	Sumner MHC	Clinical Dir.	Professional
Kaitlin Heaton	Sumner MHC	SOC Project Coord.	Professional
Rick Gaskill	Sumner MHC	Executive Dir.	Professional
Nicole Freund	WSU/CEI	Research Scientist	Professional
Scott Wituk	WSU/CEI	Executive Dir.	Professional
Simon Messmer	WSU/CEI	SOC Project Coord.	Professional
Tara Gregory	WSU/CEI	Research Dir.	Professional
Judi Rodman	Wyandot/PACES	CBS Dir.	Professional
Nicole Stafford	Wyandot/PACES	SOC Project Coord.	Professional
Randy Callstrom	Wyandot/PACES	Executive Dir.	Professional

The Committee began the planning process by completing the *Self-Assessment of Strategies for Expanding the System of Care Approach* (May 2015). Collectively, the Committee reviewed the KSOC Listening Tour Summary Report (2017), KSOC Advisory Council SWOT Analysis (2018), Youth Focus Group Report (March 2018), Parent Focus Group Report (April 2018), SAMHSA SOC Site Visit Report (2018), SAMHSA's Funding Opportunity Announcement for the Cooperative Agreement Award (#SM-16-009, 2016), and the Joint CMCS and SAMHSA Informational Bulletin (May 7, 2013).

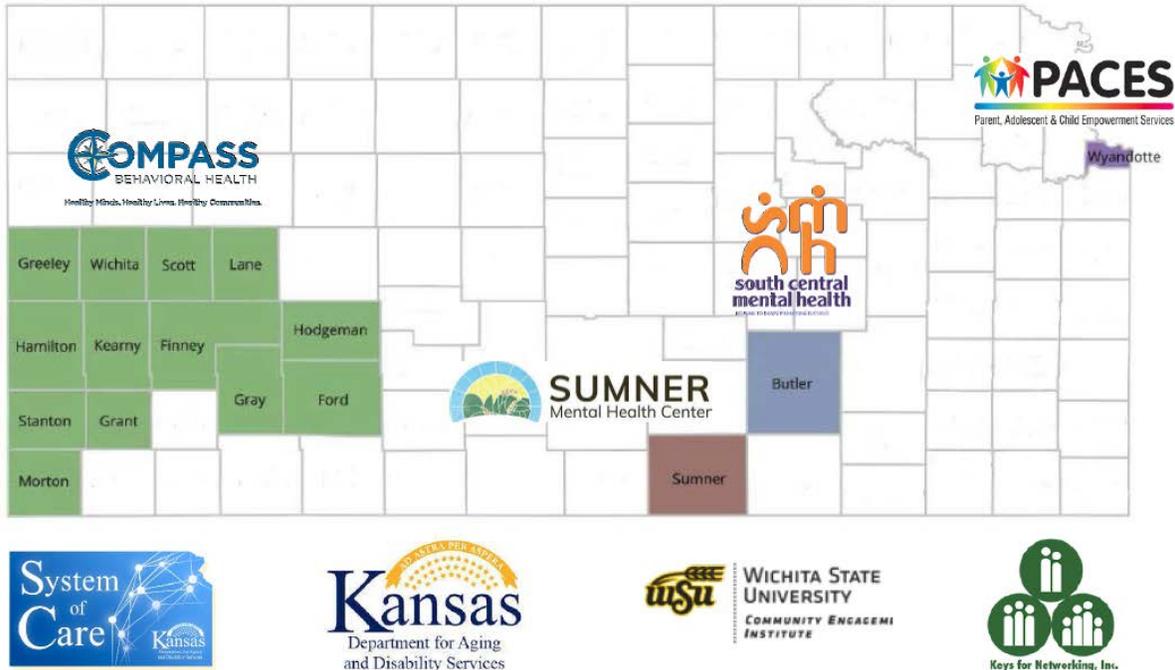
Section II: Cooperative Agreement Population of Focus

KSOC is a collaborative effort to improve behavioral health outcomes for children and youth, (birth-21), with serious emotional disturbances (SED) and their families by ensuring that youth and families receive the services and support needed to thrive in their communities. The four participating CMHC service areas are comprised of urban, rural, and frontier communities. The CMHCs developed independently operated SOC services and supports based on their local community needs. KSOC leadership is actively working to establish a unified SOC approach, with the recommendation and support of SAMHSA.

KS County	Under18	White	Hispanic	Black	Native	Asian	2+Races	Lang. ¹	Poverty
Wyandotte	28.1%	67%	28.3%	23.7%	1.3%	4.3%	3.1%	25.5%	21.9% ²
Finney	30.9%	42.1%	49.5%	3.3%	1.4%	4.6%	1.6%	40.1% ²	14.6%
Sumner	24.4%	94.5%	5.4%	1.3%	1.3%	0.5%	2.4%	2.1%	11.7% ²
Butler	25.7%	93.2%	4.7%	2%	1%	1.3%	2.4%	3.7%	10.6% ²

1. Language other than English spoken at home.

2. Data not comparable to other sources due to geographical differences.



- **Compass'** service area covers thirteen counties, which is approximately the size of Massachusetts in square miles, and includes both rural and frontier communities. Compass is represented by Finney County in the above data table. Compass' population of focus is school-aged (5-18) youth and their families. The SOC is designed to provide opportunities, mostly in schools, for early intervention by increasing access to care and availability of both formal and informal supports for families.
- **South Central's** service area is Butler County, which is the largest Kansas county. Butler County is a mix of agriculture, manufacturing, and suburban "bedroom communities" for the Wichita, KS area workforce. South Central's population of focus is adolescent youth and young adults (14-21) and their families. There has been an increase in suicide deaths and attempts by population in this area. South Central has focused on developing a SOC that increases access to care and the availability of both formal and informal supports for both youth and families to decrease the number of suicide deaths and attempts.
- **Sumner's** service area is Sumner County, which is largely a suburban and rural agriculture area. Sumner's population of focus is school-aged (5-18) youth and their families. The SOC is also designed to provide opportunities, mostly in schools, for early intervention by increasing access to care and availability of peer support services for transitional aged youth.
- **PACES'** service area is Wyandotte County, which is the smallest Kansas county, and is an urban community. Wyandotte County has a 23.9% poverty rate, and it was reported that more than 94% of youth qualify for free or reduced cost school lunch. PACES identified breaks across the continuum of care. The SOC identifies youth who are transitioning in or out of psychiatric hospitalization and/or psychiatric residential treatment facilities (PRTF), are on the PRTF waitlist, and have a Child and Adolescent Functional Assessment Scale (CAFAS) of 120 or higher. The SOC is focused on providing more intensive community based services to maintain placement in the community, improve functionality, and reduce recidivism for out of home treatment.

Section III: System of Care Description

To ensure that youth and families receive the services and support needed to thrive in their communities, a review of all child-serving agencies roles was conducted. Child-serving agencies are structured at the state level. Each state agency administers contracts with private providers to ensure the needs of Kansas' youth and families are met.

- Behavioral Health – KDADS; contracts with 26 CMHCs to ensure all behavioral health services and supports required by state statute are provided to Kansas' youth and families. This includes, but is not limited to, evaluation and diagnosis, case management services, mental health inpatient and outpatient services, prescription and management of psychotropic medication, prevention, education, consultation, treatment and rehabilitation services, twenty-four-hour emergency services, and assistance in securing employment services, housing services, medical and dental care, and other support services. CMHCs also serve as the community-based public mental health services safety net and as gatekeepers for admission to state mental health hospitals.
- Child Welfare – Kansas Department of Children and Families (DCF); contracts with two agencies to provide family preservation and foster care services.
- Juvenile Justice – Kansas Department of Corrections (KDOC), Juvenile Services; provides funding and technical assistance to judicial districts who provide intake and assessment, intensive supervision probation, and community case management services.
- Medicaid (KanCare) – The KanCare program is the States' managed care program. Kansas Department of Health and Environment (KDHE) contracts with a private company to manage the KanCare Clearinghouse, which is responsible for processing, reviewing, and making changes to KanCare applications for eligibility purposes. KDHE is responsible for purchasing health services for children, people with disabilities, and the Children's Health Insurance Program (CHIP). Health services are purchased through either a managed care model or a fee-for-service model. KDHE has contracts with three managed care organizations (MCOs) to coordinate health care for all beneficiaries.

As there are several entities involved in the care and treatment of Kansas' youth and families, it is essential that effective coordination and a full array of services are available across the continuum. A parent further described, "when people want help, they want help right then. They don't want information on how to get help." KSOC emphasizes increasing access to community-based services and supports, especially youth and parent peer support, so early interventions can occur. When youth and families receive individualized services at the time that they need it, the need for out of home treatment and/or placement significantly reduces.

Section IV: System of Care Components Supported by Finance & Sustainability Plan

KSOC Services and Supports

As stated, the KSOC CMHCs developed independently operated SOC services and supports based on their local community needs. In addition to "traditional" community based services (psychotherapy, medication management, Community Psychiatric Support and Treatment (CPST), crisis intervention, psychosocial rehabilitation, targeted case management, etc.), and 1915(c) SED Waiver services (parent support and training, independent living skills, short term respite care, wraparound facilitation, professional resource family care, and attendant care) provided by all CMHCs in Kansas, the KSOC CMHCs offer the following services, supports, and/or opportunities:

- **Compass:** Love and Logic parenting classes and a Youth Advisory Council
- **South Central:** Love and Logic parent classes, the Incredible Years programs, individual youth peer support, truancy support, early intervention for school refusal, Youth Leaders in Kansas (YLink) group, Applied Suicide Intervention Skills Training (ASIST), and the Family Acceptance Project
- **Sumner:** Youth support groups, Conscious Discipline training, and the Family Acceptance Project
- **PACES:** Youth support groups and trauma-informed care training
- **All KSOC CMHCs:** Local SOC Advisory Councils, on-demand training to community partners, educational outreach to improve access to services, increased awareness, and skill building

KSOC partners and stakeholders identified the following as gaps in services and service array expansion needs:

- Lack of coordination across the continuum and between system partners. There is a disruption in services and supports between transitions in levels of care: psychiatric hospitalization, PRTF, and community-based services.

Additionally, coordination and collaboration between system partners, especially behavioral health, child welfare, and juvenile justice, needs to improve.

- Parent support services, including training and education, is currently restricted to SED Waiver parents. KSOC recommends making this a State Plan service, so more families can access the service.
- PRTF waitlist: there has been an increase in the number of youth waiting for treatment and the length of time it takes for a PRTF bed to become available to youth who have met admissions criteria. Providers are also seeing an increase in recidivism for out-of-home treatment (PRTF and psychiatric hospitalization).
- SB367, Juvenile Justice Reform, allows for community-based programming to be utilized as an intervention opposed to placement in a detention center. A lack of community-based placements appears to have contributed to these youth being diverted from detention center but into the child welfare system. The highest reason for primary removal from the home in July 2018 was “lack of supervision” (18%, 55 youth). This was the third highest reason for removal in SFY18 (16%, 661 youth), just behind physical neglect (18%, 738 youth) and physical abuse (17%, 718 youth).
- There has also been an increase in the length of time of involvement in the child welfare system, and in the number of placement disruptions. The average length of time in the child welfare system in SFY17 was 18.9 months; in July 2018, 332 youth’s length of stay in child welfare out of home placement concluded. The average time spent in the child welfare system for these youth was 22.5 months.
- There are ongoing challenges in staff recruitment, training, and retention at all behavioral health service delivery levels. Additionally, providers specifically identified community intervention services, cultural and linguistic competent services, and services for youth with conduct disorder as training needs.
- Pending SED Waiver changes will soon impact CMHCs, as SED Waiver services provided prior to the waiver eligibility determination/approval will no longer be reimbursed through KanCare. There is currently a lengthy delay in the time between the SED Waiver functional eligibility determination assessment and the financial eligibility determination; youth who meet functional eligibility will not immediately have access to SED Waiver services, or State Plan services if the youth is not already enrolled in KanCare, unless the CMHC chooses to provide services without receiving reimbursement through KanCare.
- There is a lack of availability of the following services and supports: after-school programming, respite/professional resource family care options, long-term structured living settings, and transportation.

The SAMHSA/CMMS joint bulletin is being used as a guide when determining and developing a KSOC unified approach. KSOC has received technical assistance on expansion of the children’s behavioral health service array; ongoing assistance is needed to ensure KSOC leadership, the current KSOC network, and all child-serving system partners are aware of the possibilities, strategies, and development of the identified services and supports. The following services as a summary of discussions, progress, and vision of stakeholders:

- Intensive Care Coordination (wraparound approach)
 - Stratification levels for care coordination are being developed and will be implemented on January 1, 2019 through the new KanCare MCO contracts. Stratification will include four levels of service coordination: Level I: Member Education/Resourcing, Level II: Short-Term/Transition of Care Needs, Level III: Chronic Long-Term Needs, and Level IV: Complex/High Risk. KDHE and KDADS will collaborate with MCOs and service coordinators to develop training infrastructure on the wraparound approach, which would be the approach utilized for youth and families receiving Level IV: Complex/High Risk service coordination.
 - KSOC CMHCs have included components of the wraparound approach into their service delivery. Systemwide training on wraparound philosophy and principles is needed as a “refresher.”
- Mobile Response and Stabilization Services (MRSS)
 - KDADS, KDHE, DCF, and KDOC leadership meets on a regular basis to collaborate on placement and treatment needs of youth who are involved in multiple systems. KDADS then issued a Request for Proposals (RFP) for “Crisis Services,” which includes a 24/7 Behavioral Health Crisis Hotline, MRSS, and inpatient screens (statutory requirement) and for PRTF admissions screens for non-KanCare members. More information can be made available once a contract with the bidder(s) is fully executed. KSOC has

received technical assistance throughout this process; assistance will need to continue during any development and implementation phases.

- KSOC CMHCs have also included component of MRSS models into their service delivery. PACES responds to youth and family defined crisis in community settings for those youth and families receiving services in their Intensive Outpatient Program (IOP), and an Intensive Case Manager at South Central responds to crisis calls in community settings.
- KSOC partners determined an initial targeted population should be youth involved in the child welfare system and others who are at risk of out of home placement or treatment.
- Youth and Family Peer Support
 - Youth peer support is only available at KSOC CMHC sites, and each site has determined if they will provide the service in an individual or group setting (or both). Technical assistance is needed to develop infrastructure for training, certification, and KanCare reimbursement to expand the service.
 - As previously mentioned, parent peer support service availability should be expanded so more parents can benefit from the service. The required training and criteria certification needs to be reviewed and restructured to be more in-line with the National Certification.
- Intensive In-Home Services
 - Technical assistance is needed by KSOC partners to determine components of this service. There were questions about the definition of “intensive” and caseload ratios.
 - Based on the information available in the Joint Bulletin, KSOC CMHCs believe they currently provide the following: Compass provides intensive case management and parent support and plans to explore including therapy; South Central and Sumner provides intensive case management and parent support; Sumner provides intensive case management, and PACES provides intensive case management and therapy.
- Respite Services
 - All Kansas CMHCs make available both planned and crisis respite services. Through KSOC, PACES also offers day respite services.
 - There is a systemwide need to increase respite options.
- Flex Funds (customized goods and services)
 - Currently only made available through KSOC. This needs to be expanded, so all Kansas youth and families receiving behavioral health services can access.

KSOC partners identified the services and supports to be sustained after SOC funding concludes and has included action planning for such in the attached table.

KSOC Infrastructure

The KSOC Advisory Council serves as the governing body for KSOC. The Advisory Council was established under the auspice of the Governor’s Behavioral Health Services Planning Council (GBHSPC), which is required by statute. This structure and formalized communication process was created for sustainability reasons. Additionally, KSOC has developed a virtual meeting practice. Beginning in April 2018, the Council began hosting decentralized meetings via videoconferencing. These meetings, which rely on low-cost conferencing software, make it possible for youth, families, and stakeholders to attend Council meetings from anywhere. The virtual meeting approach is a more sustainable practice in a rural state, as it reduces the required resources (e.g., travel costs, stipends, and time commitment) needed to attend meetings. Other sustainability strategies include inclusion of various communication methods (text, cards, phone calls, etc.), to expand membership, create other opportunities for youth and families to provide input other than attending a meeting, and formalize a feedback loop.

Children’s behavioral health financial decisions can be made by KDADS, legislatures/legislative action, and by MCOs based on recommendations by all constituents, Councils, workgroups, etc. Kansas does not currently have an identified youth-run organization. There are Youth Leadership in Kansas (YLink) groups across the state, but not all are youth-run groups. YLink is currently funded by State General Funds (SGF). The family-run organization, Keys for Networking, receives blended funding through contract with KDADS; funding sources include SGF, SAMHSA Block Grant, and SOC. A

more specific contract scope of work needs to be developed based on system and family needs. Once a clear, specific scope is identified, more sustainable funding sources can be reviewed.

Through contract with KDHE, MCOs are responsible for developing a behavioral health provider network. KDHE and KDADS have licensing authority and are responsible for managing the provider network. MCOs are also responsible for quality monitoring and continuous quality improvement, with the Ombudsman's Office providing opportunity for grievances/complaints.

Training, technical assistance, and workforce development requires review and restructuring. Currently, online provider training is made available through Kansas TRAIN and by each CMHC. KSOC recommends increasing in-person training opportunities and ongoing training opportunities and for the KSOC Training and Workforce Development Committee to operate like the former Universal Training Advisory Group (UTAG). UTAG served as the decision-making authority to oversee and approve training materials. Membership included KDADS, MCOs, CMHCs, and state university training staff.

KSOC social marketing activities are fulfilled through the collaborative work of the KSOC Social Marketing Committee and the Social Marketing Task Lead, a WSU staff member. All social marketing activities are monitored and managed by KDADS Communications Office. To date, KSOC CMHCs have created some of their own social marketing materials, as they are responsible for outreach and engagement activities. The strategic communication plan is being updated to include strategies for centralized marketing development and SOC branding.

Various CMHC staff members facilitate the health insurance application and enrollment process for eligible uninsured clients. Clerical and/or parent support staff make applications available to youth and families, help complete the applications, and then submit on their behalf.

Section V: Use of System of Care Grant Dollars

Most of Cooperative Agreement dollars have been allocated to KSOC CMHCs for local-level infrastructure development. Funds were used for initial staffing, workforce development, formalizing community partnerships, and expansion of youth and parent peer support services. Consequently, there is a lack of infrastructure developed at the state-level. Through consultation with SAMHSA and the Technical Assistance Network, KDADS will focus on infrastructure development when implementing a unified SOC approach. KDADS leadership is also reviewing all SAMHSA grant/Cooperative Agreements to determine infrastructure/sustainability needs for all programs.

Cooperative Agreement match dollars have been used in various ways to leverage further SOC expansion and sustainability goals:

- **Compass:** personnel expenses and flex funds
- **South Central:** personnel expenses and a building – the county commission identified a vacant, county owned building. This building will be used for a transitional aged youth drop-in center.
- **Sumner:** behavioral health services space in schools and providing training to community partners
- **PACES:** personnel expenses

All KSOC CMHCs have developed designated billing structures to ensure that Cooperative Agreement funds are only used for services to individuals who are not covered by public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individuals' health insurance plan. The billings systems will first determine if private insurance is available, then KanCare, then Cooperative Agreement funds. In all KDADS contracts require that KSOC partners use Cooperative Agreement funds as "payment of last option."

Section VI: Financing & Sustainability Strategies

The attached KSOC financing and sustainability strategies are subject to change, as state-level executive changes might occur based on the outcome of the upcoming gubernatorial election. These changes could result in a shift of priorities, fiscal strategies, and KSOC Champions. Change shall not impede progress in providing "the right care, at the right time,

in the right place” to Kansas’ youth and families. It is crucial for families to have access to and receive quality services and supports in every urban, rural, and frontier community in Kansas.

Section VII: Financing Plan Implementation & Monitoring

KSOC planning, recommendations, implementation steps, and ongoing monitoring strategies are included in the attached table. The KSOC Advisory Council, through governance, and KDADS, through fiscal responsibility of federal cooperative agreement funds, will oversee the execution of the KSOC Strategic Finance and Sustainability Plan. The Plan will be reviewed and revised on a semi-annual basis, with the next review occurring in February 2019. Stakeholders shall include youth, families, KSOC contracted partners, and child-serving system partners.

Section VIII: Anticipated Technical Assistance Needs

KSOC has identified the following as technical assistance needs:

- The SAMHSA/CMMS joint bulletin is being used as a guide when determining and developing a KSOC unified approach. KSOC has received technical assistance on expansion of the children’s behavioral health service array; ongoing assistance is needed to ensure KSOC leadership, the current KSOC network, and all child-serving system partners are aware of the possibilities, strategies, and development of the identified services and supports.
- KSOC has received technical assistance throughout the MRSS RFP development process; assistance will continue to be needed during implementation.
- The development of infrastructure for training, certification, and financing of youth peer support services.
- Technical assistance is needed by KSOC partners to determine components of intensive in-home services. There were questions about the definition of “intensive” and caseload ratios.

KSOC Financing & Sustainability Strategies					
Identified Gaps/Needs	Service/Support Strategy	Action Steps	Timeline	Responsible Party	Monitoring Plan
Ongoing monitoring & governance of the KSOC	KSOC Advisory Council	Continue the ongoing monitoring and continuous quality improvement of the virtual meeting practice based on member and stakeholder feedback.	Ongoing	KDADS & KSOC Advisory Council	KSOC Advisory Council
		KSOC Advisory Council shall continue its relationship with the Governor's Behavioral Health Services Planning Council and follow the formal communication process established.	Ongoing	KDADS & KSOC Advisory Council	KSOC Advisory Council
		Adopt various communication methods (phone calls, text, emails, etc.) to ensure KSOC Advisory Council members have up-to-date information on KSOC operations.	January 2019	KDADS & KSOC Advisory Council/KSOC Social Marketing Committee	KSOC Advisory Council
		Create a formalized communication feedback loop process to ensure KSOC Advisory Council members have up-to-date information on KSOC operations.			
		Expand KSOC Advisory Council membership.	January 2019	KSOC Advisory Council & KSOC Social Marketing Committee	KSOC Advisory Council
		Develop a specific KSOC Advisory Council expansion marketing/communications strategy.			
		Create other opportunities for youth, families, community partners, and other stakeholders to provide input and get involved without attending a meeting.	March 2019	KSOC Advisory Council & KSOC Social Marketing Committee	KSOC Advisory Council
		Identify resources, at both the state and local level, to ensure the continuance of youth and family involvement in governance and decision-making. Childcare, food, travel stipends, etc. need to be made available to youth and families to support their attendance and participation.	July 2019	All KSOC partners	KSOC Advisory Council
		Expand and/or explore community partnerships to identify donations or shared resource opportunities to support these critical functions.			
Decrease the need for out-of-home treatment options.	Expand Community-Based Service Array	Review the SAMHSA/CMMS joint bulletin, as the services identified in the bulletin help increase stability in community settings, with all child-serving stakeholders. <ul style="list-style-type: none"> Intensive Care Coordination (wraparound approach) – included as specific action step Intensive In-Home Services – included as specific action step Mobile Response and Stabilization Services – included as specific action step Youth and Family Peer Support – included as specific action step Flex Funds – included as specific action step 	January 2019	KDADS	KSOC Advisory Council
		Evaluate interests and needs of system partners; establish partnerships to serve shared targeted populations. Identify effective services and supports, create a shared sustainability strategy, and monitor outcomes.	July 2019	KDADS & KSOC Local Advisory Councils	KDADS & KSOC Advisory Council
		Youth and families should have access to the same services, at the same quality, no matter where they live in Kansas. When considering expanding service array, establishing an ongoing monitoring plan.	Ongoing	KDADS	KDADS, KDHE, & KSOC Advisory Council

Lack of coordination across the continuum & between system partners.	Intensive Service Coordination (wraparound approach)	Implement stratification levels for service coordination, as established in KanCare 2019 contracts.	January 2019	KDADS, KDHE, & MCOs	KDADS and KDHE through MCO contract & reporting
		Develop training, coaching, and fidelity infrastructure for intensive service coordination.	January 2019	KDADS, KDHE, & MCOs	KDADS and KDHE through MCO contract & reporting
		Provide a refresher training on the current wraparound service philosophy and principles for the current workforce responsible for the plan of care development.	March 2019	KSOC Training & Workforce Development Committee	KDADS & KSOC Advisory Council
		Expand local advisory council membership to include system partners (hospitals, PRTFs, child welfare, juvenile justice, etc.). Local advisory councils should identify and resolve community breaks and barriers across the continuum and across system partners.	December 2018	KSOC CMHCs	KDADS & KSOC Advisory Council
		Identify funding available for flexible funds (goods and services) to support individualized service coordination plans. Consider funds available through MCOs, special interest state revenue dollars (taxes on alcohol, tobacco, etc.), and funds allocated specifically for child advocacy and/or programming.	July 2019	KDADS & KDHE	KDADS & KDHE
Decrease the number of youth on the PRTF waitlist & out-of-home treatment recidivism rates.	Intensive In-Home Services	Conduct an analysis of current intensive in-home services available in the state. Analysis should include the therapeutic treatment models used, location of the services provided (in-home, community-setting, office, etc.), service delivery type (individual, family, group, etc.), and utilization based on claims data. Analysis should be reviewed by all stakeholders to determine: <ul style="list-style-type: none"> if access and quality of intensive in-home services is consistent across the state, and if the current intensive in-home service array meets the needs of youth and families or if other states' service structures should be reviewed/considered. 	December 2019	KDADS	KSOC Advisory Council
Decrease the number of youth entering the child welfare system immediately after diversion from a detention center. Increase early intervention services to reduce the out-of-home treatment demand and/or length of episode.	Mobile Response & Stabilization Services (MRSS)	KDADS issued a RFP for crisis services. Specific action steps with supporting information will be included once a contract is fully executed.	October 2018	KDADS	KDADS
	Respite Services	Conduct an analysis of current respite services available in the state. Analysis should describe the setting/conditions of service: planned, emergency, in-home, community-based, etc., length of time: hours, days, waitlists (if applicable), and utilization based on claims data. Analysis should be reviewed by all stakeholders to determine: <ul style="list-style-type: none"> if access and quality of respite services is consistent across the state, and if the current respite service array meets the needs of youth and families or if other states' service structures should be reviewed/considered. 	December 2019	KDADS	KSOC Advisory Council

Increasing access & engagement with community-based supports for youth, reducing stigma.	Youth Peer Support	Build infrastructure at the state-level to manage the development of service implementation and delivery. Infrastructure development includes both personnel and policy. Personnel would also be responsible for expanding youth leadership opportunities.	October 2018	KDADS	KSOC Advisory Council
		Complete a cost analysis to determine the fiscal impact to the state. (Targeted Population/Current Utilization*Expense) Determine eligibility criteria for services (targeted population). Utilize SOC participatory data to determine current utilization. KDADS discuss findings with KDHE.	October 2018	KDADS	KSOC Advisory Council/Training & Workforce Development Committee through reporting from KDADS
		Identify funds to be used due to the anticipated increase in Medicaid state match. Consider redirecting funds from high cost treatment options, blended/braided/shared funding with DCF and KDOC-JS, requesting additional funds from the legislature, or providing it as an in lieu of/valued-added service.	May 2019	KDADS & KDHE	KDADS, KDHE, & KSOC Advisory Council
		Create a youth peer support service description for the targeted population (12-21). Determine provider qualifications and supervision standards/requirements.	December 2018	KSOC Training & Workforce Development Committee	KDADS, KDHE, & KSOC Advisory Council
		Identify and adopt a youth peer support training and set certification requirement standards.	January 2019	KSOC Training & Workforce Development Committee	KDADS, KDHE, & KSOC Advisory Council
		Provide trainings to all identified service providers.	July 2019	KSOC Training & Workforce Development Committee	KDADS & KSOC Advisory Council
		Develop a marketing strategy to increase awareness of the available service.	July 2019	KSOC Social Marketing Committee	KSOC Advisory Council
		Determine ongoing monitoring/quality assurance of youth support services to ensure services are effective and consistent across the state.	Ongoing	KDADS, KDHE, & MCOs	KDADS, KDHE, & KSOC Advisory Council
		Review claims and encounter data analysis to ensure projected fiscal impact is accurate. Evaluate any return on investment. Evaluate service outcomes.	Ongoing	KDADS	KDADS, KDHE, & KSOC Advisory Council
Parents/caregivers unable to access parent peer support services, unless their youth qualifies for the SED Waiver	Parent Peer Support	Identify funds that could be used due to the anticipated increase in expense, as more individuals will be utilizing the service. Consider redirecting funds from high cost treatment options, blended/braided/shared funding with DCF and KDOC-JS, and requesting additional funds from the legislature. For consideration: determine if MCOs can offer Parent Support Services as an in lieu of service; work with CMS to move Parent Support Services from the 1915c Waiver to State Plan.	January 2019	KDADS & KDHE	KDADS, KDHE & KSOC Advisory Council

		<p>Complete a cost analysis to determine the fiscal impact to the state. (New Targeted Population/Current Utilization*Expense)</p> <p>Determine new eligibility criteria for services (new targeted population).</p> <p>Utilize KanCare claims and encounter data to determine current utilization.</p> <p>KDADS discuss findings with KDHE.</p>	October 2018	KDADS	KSOC Advisory Council/Training & Workforce Development Committee through reporting from KDADS
		Review/revise the current parent peer support service description.	December 2018	KSOC Training & Workforce Development Committee	KDADS, KDHE, & KSOC Advisory Council
		Review/revise parent peer support training/certification requirements.	January 2019	KSOC Training & Workforce Development Committee	KDADS, KDHE, & KSOC Advisory Council
		Ensure infrastructure (personnel and policy) is developed at the state-level.			
		Develop a marketing strategy to increase awareness of the available service.	December 2019	KSOC Social Marketing Committee	KSOC Advisory Council
		Strengthen the monitoring of parent support services to ensure services are effective and consistent across the state.	Ongoing	KDADS, MCOs, & Keys for Networking	KDADS, KDHE, & KSOC Advisory Council
		Review claims and encounter data analysis to ensure projected fiscal impact is accurate.	Ongoing	KDADS	KDADS, KDHE, & KSOC Advisory Council
		Evaluate any return on investment.			
		Evaluate service outcomes.			
Staff recruitment, training, & retention at all behavioral health service delivery levels. Is needed.	Workforce Development	Review infrastructure currently in place and current efforts at the state level.	May 2019	KDADS & KSOC Advisory Council/Training and Workforce Development Committee	KSOC Advisory Council
		Organize the information in a clear format, so all opportunities and efforts are available to all stakeholders (list of all currently available trainings, training methods, training standards, evidence-based practices/programs, etc.)			
		Explore possibilities of expanding the KSOC Training and Workforce Development Committee to model the former Universal Training Advisory Group (UTAG). UTAG served as the decision-making authority to oversee and approve training materials. Membership included KDADS, MCOs, CMHCs, and state university training staff.	March 2018	KSOC Training & Workforce Development Committee	KSOC Advisory Council
		Determine training needs for the system, especially related to community intervention services, cultural and linguistic competency, SOC values, youth and family leadership, and specific diagnosis. Ensure that trainings are evidence-based, and that infrastructure is in place for sustainability and fidelity.	July 2019	KSOC Training & Workforce Development Committee	KSOC Advisory Council
		Work with system partners to explore cross-training opportunities, including youth and families participating in training facilitation.			
Increase youth & family leadership opportunities.	Youth-Run Organization	<p>Gather information on all current youth-run organizations and youth leadership organizations/programs to determine:</p> <ul style="list-style-type: none"> • if existing programs support the SOC philosophy, and • infrastructure needs to support implementation of the SOC philosophy within existing programs/organizations 	December 2019	KDADS	KSOC Advisory Council

	Family-Run Organization	Develop a strategic plan, supported by a specific scope of work, between KDADS and Keys for Networking. Current efforts are fragmented and shared across different contracts. Once there is clear inclusion in the state' child-serving system, more sustainable funding should be reviewed/secured to maximize outcomes.	June 2019	KDADS & Keys for Networking	KSOC Advisory Council
Increase involvement, engagement, & awareness of KSOC.	Social Marketing	Conduct a review of the current KSOC Strategic Communications Strategy to determine if changes need to be made to support increasing involvement, engagement, and awareness of the KSOC. Consider strategies to ensure the KSOC brand is recognizable across the state and to sustain the KSOC approach.	December 2018	KSOC Social Marketing Committee	KSOC Advisory Council
Provide ongoing monitoring of the child-serving system to identify gaps/needs, effectiveness, & outcomes.	Evaluation/Data Analysis	Identify other evaluation, data analysis, outcomes monitoring, etc. groups for all populations. Collaboratively determine shared effort opportunities through partnership and/or integration of existing groups. Consider formalizing a collaborative workgroup under the auspice of the Governor's Behavioral Health Services Planning Council.	December 2019	KSOC Evaluation Committee	KSOC Advisory Council
There is a lack of availability of after-school programming services and supports.	Drop-In Centers	Engage stakeholder groups to determine areas of interest or demand of after-school programming. Conduct an analysis to determine which systems are currently serving the targeted population (school-aged, transitional aged youth, young adult, etc.). Discuss collaborative approaches for providing effective services and supports to the targeted population through local partnerships, including a shared financial strategy. Determine services, supports, and programmatic needs to be provided at a drop-in center location.	December 2019	KSOC Local Advisory Councils	KSOC Advisory Council
There is a lack of transportation services available to youth & families.	Transportation	Conduct an analysis of the location that services are provided based on claims data.	December 2019	KDADS	KSOC Advisory Council
		Consider other strategies to reduce the need of transportation services such providing services in the family's home or by telehealth based on the analysis conducted.	July 2020	KDADS	KSOC Advisory Council
		Explore use of MCO Value Added Benefits for non-medical transport to increase social determinants of health.	December 2019	KDADS & KDHE	KSOC Advisory Council
There is currently a lengthy delay in the time between the SED Waiver functional eligibility determination assessment & the financial eligibility determination.	Administrative Process Change	<p>Review the current financial eligibility determination process, and determine if there are any efficiency improvements that can be made.</p> <p>Identify provider training and/or technical assistance needs to ensure applications are completed accurately and include all required supporting documentation.</p> <p>Determine methods, like presumptive financial eligibility, for expediting the financial eligibility determination process.</p>	December 2018	KDHE/Kancare Clearinghouse	KDADS & KDHE