



Sunflower Foundation

Request for Applications (RFA)

Kansas Fights Addiction 2023 – Comprehensive Needs Assessment

Key Dates

RFA Release: August 16, 2023

Application Deadline: 5:00 p.m. CDT on October 2, 2023

Funding Announcements: Anticipated to be on or before November 1, 2023

To ensure a timely and appropriate response to all inquiries, please send questions in writing to anava@sunflowerfoundation.org.

Application Title:	Kansas Fights Addiction Comprehensive Needs Assessment of Substance Use Disorder (SUD) Systems and Related Work in Kansas
Description:	Sunflower Foundation is accepting applications for the Kansas Fights Addiction (KFA) Comprehensive Statewide Needs Assessment of Substance Use Disorder (SUD) Systems and Related Work in Kansas. The purpose of the KFA program is to prevent, reduce, treat, or mitigate the effects of substance abuse and addiction. The Kansas Fights Addiction (KFA) program is funded by the Kansas opioid settlements.
Eligibility:	Eligibility is limited to entities that have proven experience and expertise in conducting large-scale needs assessments and an understanding of the purpose of preventing, reducing, treating, or otherwise abating or remediating substance abuse or addiction.
Total Available Funding:	\$1,500,000.00
Length of Project:	12 months
Match Required:	No

Interested applicants are encouraged to schedule a one-on-one meeting with Sunflower Foundation staff to discuss the content and required components of this RFA. Please email Alyssa Nava, Kansas Fights Addiction Program Manager, at anava@sunflowerfoundation.org to schedule a meeting.

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

Request for Applications

Project Goals

1. Identify key gaps within the Kansas substance use disorder (SUD) system(s) with a focus across the continuum of care, lifespan, and disciplines.
2. Assess the impact of the state's current SUD-related investments.
3. Outline transformative, innovative approaches to SUD systems-related work available through the literature and those strategies being implemented in other states and countries.

PURPOSE AND OVERVIEW

Introduction

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 Kansas SUD system. This information served as the basis for the KFA board's first two requests for proposals (RFPs) released earlier this year. 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 application will move beyond existing data and information (reports, recommendations, state plans, etc.) to focus on new data collection and information gathering to augment what is already known and to shed light on what is not. The KFA board sees the opportunity for this larger cross-systems assessment to reciprocally inform upcoming state SUD initiatives and investments. In addition to the assessment conducted by the Kansas Prescription Drug and Opioid Advisory Committee, Sunflower Foundation has developed a comprehensive landscape analysis on relevant state efforts related to the SUD system in Kansas, and these findings shall be leveraged for this needs assessment. The needs assessment process will integrate and synthesize all data and information (current and new) into a final assessment with associated recommendations.

To support this more comprehensive statewide needs assessment, the KFA board has approved up to \$1.5 million for the anticipated 12-month project. The board has requested Sunflower Foundation manage the process and develop the required guidance to help the selected vendor(s) better understand the breadth of the work and the type of information the board hopes to capture through this project.

In preparing for this project, the board reviewed many different assessments recently conducted in Kansas in the hopes of finding a structure and framework similar to what they envision. Upon review,

the recently completed [Kansas Early Childhood Needs Assessment](#) (KECN) proved most similar both in scale and breadth to what the board desires. The board especially liked that the final product highlights important geographical factors and findings that can be used to guide decision-makers in the field. Given the similarities, the KECN assessment served as a useful template to the board in developing the project timeframe and budget.

This needs assessment shall represent a comprehensive view of the state's SUD system across the lifespan, including all sectors from early childhood and prevention through treatment and long-term recovery. In addition, the assessment should include relevant research into the more innovative, cutting-edge practices and approaches being implemented in other states and countries to address the breadth of SUD-related needs. Ultimately, the results of the needs assessment will guide the long-term investments of the KFA board and potentially be used by all SUD funders in Kansas to fuel implementation of strategies for real systems change to reduce substance use initiation and SUDs, save lives, and improve the SUD systems of care.

Vendor Considerations and Requirements

The selected vendor shall be able to demonstrate the following:

- Knowledge of and experience with Medicaid and other payor rules, regulations, and covered services.
- Competency and knowledge of the Kansas mental and behavioral health systems.
- Competency and knowledge of SUD priority populations.
- Competency and knowledge of existing stakeholders, reports, recommendations, and state plans relevant to SUD systems in Kansas.
- If the vendor is a non-Kansas-based organization, the prospective vendor shall describe the methodology to effectively complete the assessment and collect necessary local data, information, and engagement to fully understand local issues.
- Local issues require local solutions, thus the vendor shall be able to demonstrate how it will be able to effectively assess local systems.

The selected vendor shall be responsible for the following:

- Compliance 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 and/or provide oversight for any qualified subcontractors/third-party consultants to provide the services described in this RFA.

It is the expectation that the selected vendor(s) will contract and/or partner with subcontractors/third-party consultants to perform the entirety of the Scope of Services included in the RFA. Subcontractors/third-party consultants will be required to abide by all terms of the RFA and those included in the vendor's contract of agreement. Subcontractors/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:
 - Managed Care Organizations (MCO), other payors, SUD data (Beacon Health Options and others)
 - Kansas Department for Aging and Disability Services (KDADS) data
 - Kansas Department of Health and Environment (KDHE) morbidity and mortality data
 - Kansas Board of Pharmacy data
 - Overdose Detection Mapping Application Program (ODMAP)
 - Law enforcement data
 - Kansas Department of Corrections and other justice-related data
 - Early childhood/education field data
 - Prevention data
 - Behavioral Science Regulatory Board (BSRB) data
- Conduct literature reviews to better understand innovation and transformation in SUD systems.

Description of Work

The KFA board has requested the following factors be considered within the comprehensive needs assessment:

- Identify and better understand existing gaps and barriers.
- Describe the programs and services available and needed across the state.
- Identify the gaps that exist and the steps we need to take to strengthen our SUD system and where to invest for greater accessibility and availability.
- Identify areas where existing efforts and current funds are not adequate to meet the need and/or desired outcomes.
- Primary focus on new data collection with a secondary focus on integration of existing data, reports, recommendations, state plans, and other resources.
- Identify opportunities for innovation that will have a significant return on investment long-term, pointing to promising and effective strategies for navigating and providing a comprehensive SUD system from prevention through recovery.
- Identify what investments can be made to support and strengthen our workforce and eliminate navigation barriers for services across the lifespan.
- Identify practical phased approaches to address gaps and reach system transformation.
- Assist our state in intentionally aligning and maximizing our infrastructure, resources, and funding.
- Keep equity (all factors) front and center.

Scope of Work

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, ensuring appropriate geographical

representation and relevant sector representation. This comprehensive assessment should cover all population groups and disciplines, as well as focus across the full continuum of SUD-related care, including, but not limited to, the following:



The entity conducting the needs assessment should:

- Integrate all quantitative data sources available at the local and state level.
- Become familiar with all existing data, information, reports, and state plans to leverage work that has already been done (including items listed in Appendix II).
- Focus efforts on new data and information collection to integrate and synthesize all data and information (existing and new) into one fully comprehensive final assessment with associated recommendations to guide long-term investments.
- Collect qualitative data through community engagement and feedback.
- Ensure quantitative and qualitative data are collected across the continuum of care, lifespan, and disciplines (including indicators listed in Appendix I).
- Analyze collected quantitative and qualitative data, including sub-population analyses by various demographic variables.
- Consult with Sunflower Foundation and the associated advisory team to develop processes and approach, as well as to identify stakeholders to engage.
- Identify benchmarks to be used to guide the needs assessment process, as well as benchmarks to be utilized by the KFA board to guide long-term investment approaches as a result of the needs assessment.

The components of the needs assessment include but are not limited to:

- Statistical profile, including new data and existing data, state plans, reports, and recommendations (including items listed in Appendix II).

- Indicators listed in Appendices.
- Input from people with lived experience.
- Input from key stakeholders, experts, and organizations across disciplines.
- Input from the public.
- Review of successful/promising innovations occurring in other states/countries that could be replicated in Kansas, and which are feasible, appropriate, and best fit Kansas' needs.
- Analysis of findings and results.
- Recommendations and Strategic Planning.
- Final Document.

Final Document Deliverable

Within twelve (12) months, the entity will provide Sunflower Foundation with a full report, which should include all raw data (qualitative and quantitative; de-identified) and sources, as well as comparisons of data collected with benchmarks and a summary of findings. The report should be submitted in both electronic format and supplemented by a PowerPoint presentation for use in presentations, as well as a one- to two-page brief outlining the key findings and recommendations. When completed, the entity will present its report(s) to the KFA board.

The final report shall:

- Describe the programs and services available and needed across the state.
- Identify areas where existing efforts and current funds are not adequate to meet the need and/or the desired outcomes.
- Point to promising and effective strategies for navigating a comprehensive SUD system from prevention through recovery.
- Highlight opportunities for innovation that will have a significant return on investment long-term, pointing to promising and effective strategies for navigating and providing a comprehensive SUD system(s).
- Identify strategies to support Kansas' system infrastructure and recommend opportunities for system alignment to maximize the infrastructure, resources, and funding in the state.
- Identify the gaps and barriers that exist and the steps Kansas needs to take to strengthen the SUD system.
- Identify where to invest for greater accessibility and availability.
- Identify what investments can be made to support and strengthen Kansas' workforce, aid in eliminating stigma, and decrease navigation barriers for services across the lifespan.
- Recommend practical, phased approaches to address gaps and achieve systemwide transformation.
- Consider the sustainability of all recommendations.

Application Instructions

All applicants who wish to apply must do so through the online system. The application form will be available for online submission at https://ksfightsaddiction.fluxx.io/user_sessions/new.

Application Response Requirements

Please prepare a written document/application which includes the following components.

- A. Describe your organization and its capabilities, highlighting any prior involvement with assessments of comparable size. Identify similar projects that your organization has overseen. Expound upon your subject matter expertise as it would apply to the matters described in this RFA and appendices. Describe the proposed staff assigned to this project, their background, and their availability.
- B. Describe the organization's existing relationships, partnerships, and networks with key stakeholders in the SUD space in Kansas.
- C. Subcontractors/third-party consultants likely will be needed to support key aspects of this project. Please describe the organization's capacity to oversee and direct the work of potential subcontractors/third-party consultants.
- D. Provide a project summary/abstract that includes an overview of the proposed approach and expected outcomes.
- E. Describe the methodology, tools and/or techniques that would be utilized to conduct the comprehensive needs assessment detailed in this RFA and appendices. This description should minimally include, but not be limited to:
 - a. A description of relevant techniques that you propose utilizing to complete this assessment.
 - b. Clarify types of techniques, proposed quantities, proposed timelines, target audiences, and recruitment strategies to engage target audiences, as well as staffing resources and capacity to accomplish tasks.
 - c. Methodology for clarifying the key assessment questions, new data collection and analysis, stakeholder engagement strategies, and timelines.
 - d. A description of how data will be collected and compiled.
 - e. A description of the final report deliverables that will be produced, and how it will be developed in a manner that can be used to guide long-term strategy, investments, and system transformation.
- F. Provide a schematic of the timeframe needed to complete this assessment.
- G. Budget

Recommendation: Application responses should be no more than 20 pages in length, single-spaced, with 11 or 12 point-font.

Application Deadline

Applications must be submitted online by 5:00 p.m. CDT on October 2, 2023.

Funding Announcements

For applications received by the October 2, 2023, deadline, funding announcements are tentatively expected by **Wednesday, November 1, 2023**.

IMPORTANT TIPS

- Always write the draft of your application offline and save in a Word document, then copy and paste into the online application when you are ready to submit. This reduces the chance of losing any work if your online submission process gets interrupted.
- Sunflower Foundation online application platform **does NOT auto-save your work**. **Make sure you save often**. Once you save your work, you are able to leave the session and return to it at a later date. If you do NOT save, your work will be lost.

Components of the Online Application

A. Online Fields *(applicants may copy and paste into the online application)*

- Applicant Information
- Project Information
- Description and Narrative Application

B. Attachments - Additional Forms & Supporting Documents

(Uploaded by applicant as part of the final submission process)

Documents

- Budget Form and Budget Narrative

Organizational Documents:

- W-9 with EIN

Documentation Due Upon Award

- Signed contract of agreement between the applicant entity and Sunflower Foundation
- ACH electronic payment processing form

Notice of Public Disclosure

Sunflower Foundation and the Kansas Fights Addiction Board are subject to the Kansas Open Meeting Act (K.S.A. 75-4317 et seq.) and the Kansas Open Records Act (K.S.A. 45-215 through 45-223). Consequently, all materials received in this application process may be subject to public release pursuant to these statutes.

Appendix I: New Data Collection and Analysis

The following sections are an initial list of potential items for inclusion in the comprehensive needs assessment. The first category is comprised of items that span across all SUD priority areas, and the following sections are lists related to each specific area of focus.

General Needs and Considerations

Below is an initial list of potential items for inclusion in the comprehensive needs assessment. This is an overarching list that spans all SUD priority areas:

- Review of and compliance with Kansas Fights Addiction Act.
- Assessment 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 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, opportunities for improvements, indicators, and 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.)
 - Consider mapping existing financial investments occurring across the state, disciplines, etc. Example from Colorado: <https://pcmh.org/wp-content/uploads/2020/05/Childrens-Behavioral-Health-Financial-Map-Report.pdf>
- Data on emerging trends overall and across disciplines/populations, as well as by geography.
 - Need to consider that 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?
- Identify new innovations, strategies, and 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.
 - What can we improve to create a more effective and coordinated system of care?
- 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 return on investment 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 items located in Appendix II.*
- Gaps/opportunities/facilitators related to policy, funding, resources, availability, systems infrastructure, etc.
- Payor data – Medicaid, Kansas Insurance Department (KID), and other payors’/insurers’ data related to Behavioral Health (BH).
 - Assessment of payor coverage and rates across service types, level of care, MATs, etc.
 - Assessment of payor rates in other states, compared to Kansas.
 - Length of stay payor authorization data.
- Assessment of risk and protective factors related to behavioral health.
- 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 the services/system in Kansas.
- Include a 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.
- 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? Example: crisis lines or other helplines that could help facilitate access/referral to treatment.
 - How can we increase cross-agency collaboration and decrease silos?
 - Payment models? Feasibility of value-based, prospective payment models?
- 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?
- 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)?
 - What will help reduce stigma across all areas, disciplines, geographies, populations, etc.?
- 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 Municipalities Fight Addiction Fund (MFAF) communities.
 - Consider mapping funding amounts/activities.
- How do we address sustainability and continuity of funding for this field?
 - *There has been 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 must start new with new grants.

- Sustainability consideration for any strategy/funding recommendations.
- What impact does legalizing medical marijuana have on SUD and overdose in Kansas?
- May consider assessment by congressional district.
- Are there opportunities for collaboration with 988 initiatives to facilitate solutions to SUD issues?
- Workforce gaps/opportunities/facilitators.
- Barriers re: wage inflation, lack of qualified professionals, etc.
- Infrastructure gaps/opportunities/facilitators.
- Rural access to services across the continuum of care.
- How do we bridge the gap between the services a person can obtain vs. what they need?

Treatment

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

- Workforce capacity and other workforce-related issues.
 - Workforce shortages, issues with recruitment/retention.
 - Burnout.
 - Number of different position/provider types (clinicians, therapists, case managers, peer support, etc.) by location.
 - Staffing costs and reimbursement rates per role/service.
 - Barriers associated with siloed licensure types.
- Treatment service availability, capacity, and gaps.
 - Current wait lists by providers/areas, average waitlist length of time.
 - Assessment by payor type of waitlist times for entry into services, including for uninsured and underinsured Kansans.
 - Number of beds.
 - Residential treatment services available: reintegration beds, crisis beds, gaps, etc.
 - Number of people experiencing need that are not receiving treatment.
 - Assessment by service type/level and payor type, such as the number of uninsured and underinsured Kansans in need of residential SUD treatment unable to receive it.
 - 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.
 - Medical detox availability, especially in non-urban areas and by payor types.
 - Medication Assisted Treatment (MAT) system capacity with new Certified Community Behavioral Health Center (CCBHC) requirements.
- What would it take to have the ability to offer walk-in access to services?

- Client outcome measures.
 - Client satisfaction.
- Issues with childcare/respite in client's ability to engage in treatment.
- Reimbursement rates and the 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 are unable to due to cost or other barriers? What do they think would make the biggest difference?
- Employment supports/services availability, options?
- 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 types (healthcare, mental health, and substance use disorder).
- How can SUD providers fit into the CCBHC model? Facilitators for care integration.
 - How can we ensure the robustness of the providers throughout the state who specialize in SUD treatment are not left behind in the CCBHC process?
 - Assess wage disparities between what CCBHCs are now able to pay vs. what other members of SUD provider networks can pay and how that impacts the SUD workforce.
 - Identify strategies to mitigate that disparity.
 - More than just a partnership between CCBHC and SUD providers, how can SUD providers obtain equity in their service provision? For example, 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, Community Mental Health Centers (CMHC) 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.
- Issues 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 and other post-overdose outreach initiatives in Kansas?
- Assess strategies to provide intervention for individuals who encounter law enforcement and or emergency medical staff due to overdose.
- Family interventions available and associated gaps/facilitators.
- SUD services within long-term care facilities gaps/facilitators.

- Alumni programming gaps/facilitators.
- What would it take to fully expand peer support services in SUD, Mental Health (MH), as well as integration of peer support positions in all disciplines/areas?
- Barriers/facilitators related to stigma about opening a new service site (zoning issues, stigmatized misconceptions).
- Assess strategies for longitudinal tracking of outcomes for individuals in SUD treatment and recovery services.
- Identify how to sustainably cover the reimbursement gap during grant transitional periods, such as the first quarter of the SFY for SOR-funded clients who qualify during those months only for MAT services and no treatment services.
- Barriers related to complicated regulations.
- How do we increase the ability to provide services earlier rather than waiting until the person is in crisis?
 - Barriers related to payor authorizing services (Example: Treatment not approved if a person has not used a substance in the past two weeks – barriers caused by predetermined requirements like this).
 - Patient to provider ratios – issues with changes post-covid? Example: 1 clinician to 12 patients during covid pandemic and post-pandemic moving back to 1/8 ratio.

Examples of Key Stakeholders in Treatment: KDADS, Beacon Health Options, BHAK, KAAP, RADAC, SACK, CKF Addictions Treatment, DCCCA, Valley Hope, Mirror, other treatment provider organizations, individuals with lived experience, etc.

Recovery

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

- Workforce capacity and other workforce-related issues.
 - Workforce shortages, issues with recruitment/retention.
 - Burnout.
 - Staffing costs and reimbursement rates per role.
- Recovery service availability, capacity, and gaps.
 - Current waitlists by providers/areas, average waitlist length of time.
 - Number of people experiencing need but are not receiving recovery services.
 - Types of services offered/available.
 - Populations served/gaps.
 - Length of services provided/reimbursed vs. what's needed.
 - Longer-term recovery supports.
 - Capacity by level of care/type of services.
 - MAT acceptance across SES model (individuals in treatment, family, community, service providers, etc.).
- Recovery supports and services available/needed.
- Recovery-friendly workplace initiatives.

- How can we create a stronger recovery ecosystem?
- Sober living resources available/needed.
- Reimbursement rates and the 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 are 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.
 - Types of housing options available/needed? i.e., supported housing model, harm reduction or respite housing, recovery housing, etc.
 - Barriers/facilitators to MAT within recovery housing.
- What is needed to expand Recovery Centered Organizations (RCOs) or consumer-run organizations (CROs)? Only 2 are active on the SUD side and 9 on the MH side in Kansas.
- Alumni programming gaps/facilitators.

Examples of Key Stakeholders in Recovery: KDADS, Friends of Recovery Association, Oxford Houses, Kansas Recovery Network, recovery service providers, support groups, peer support specialists, individuals with lived experience, etc.

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.
- How do we engage with and stay engaged with more people across the continuum of care?
- Identify gaps at medium and small hospitals that prevent individuals from receiving SUD assessment while in hospital services.

Examples of Key Stakeholders in Linkages to Care: KDADS, KDHE, IRIS communities, hospitals, law enforcement, corrections, individuals with lived experience, etc.

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.
 - Naloxone saturation (KDADS reporting to SAMHSA).
- Policies (fentanyl test strips, SSPs, Good Samaritan Law, etc.).
- Availability and access to various harm reduction services and associated gaps and facilitators.
- Barriers and facilitators to implement fentanyl test strip programming.

Examples of Key Stakeholders in Harm Reduction: Kansas Recovery Network, DCCCA, Safe Streets Wichita, KDADS, KDHE, treatment providers, harm reduction grantees, individuals with lived experience, etc.

Prevention and Early Childhood

Below is an initial list of potential items to include in the assessment specific to prevention and early childhood.

- Assessment of community, school, local, regional, and state-level prevention initiatives, including primary, secondary, and tertiary prevention initiatives.
- Assessment of school-based education and other prevention-related programming in communities related to behavioral health.
- ACEs data, SUD prevalence data, and existing/potential solutions to prevent, identify and address ACEs.
- Awareness and educational campaigns occurring in the state, and associated impact.
 - Learn.Lock.Lead, Hope Starts Now, ItMatters, CDC Rx Awareness, FDA One Pill Can Kill, etc.
- Early childhood initiatives related to SUD, needs, and gaps.
- Assess early childhood landscape as it relates to the prevention of behavioral health issues and other issues, funding and programming available/needed.
- Parent education/engagement of youth and their parents and/or caregivers – gaps/facilitators.
- Prevention outcome data, NOMS, and others.

Examples of Key Stakeholders in Prevention: KDADS, KDHE, Kansas Prevention Collaborative (KPC) contractors, schools, community coalitions, prevention grantees, individuals with lived experience, etc.

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 a 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 is a priority to reduce mortality and improve maternal outcomes. Data example of concern – The drop off of methadone treatment during the prenatal period and an even larger decline during the postpartum period were associated with increased rates of overdose. Kansas Foundation for Medical Care (KFMC) conducted a KanCare SUD provider survey to assess the needs of this population, and providers 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 a critical time for treatment/services, having benefits for the first year would help improve all outcomes for new mothers and their babies.
 - Note: Legislation approved in 2022 to expand Medicaid benefits through 12 months postpartum
 - Sex/gender-based differences in pain management, access to contraceptives, screening, 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).

Examples of Key Stakeholders in Healthcare: KDHE, Kansas Hospital Association, Kansas Healthcare Collaborative, Kansas Board of Healing Arts, Kansas Board of Nursing, Kansas Pharmacists Association, University of Kansas Health System, Project ECHO, Kansas Grantmakers in Health, pain management quality improvement groups, Kansas Foundation for Medical Care, individuals with lived experience, etc.

Law Enforcement, Criminal Justice, and 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 participation, opportunities, gaps.
 - Note: 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?
 - Naloxone and OD training/programming pre-release.
- Screening, diagnosis, treatment, and other relevant services offered in jails and prisons, including MAT.
- OD data in prisons/jails.
- 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.

Examples of Key Stakeholders in Law Enforcement, Criminal Justice, First Responders: KDOC, Midwest HIDTA, Kansas Sheriff's Association, Kansas Association of Chiefs of Police, Kansas Peace Officers Association, Kansas Board of EMS, Fire/EMS, police departments, sheriff offices, drug courts, judges, prosecutors, defense attorneys, jails, individuals with lived experience, etc.

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.
 - Syringe Services Programs (SSP).
 - Fentanyl test strips (legislation passed April 2023).

- Naloxone access/over-the-counter availability.
- Parity across provider types for reimbursement and access to codes.
- Coverage and reimbursement rates for services.
- 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.
 - Opportunities to ensure equitable access to information regarding the availability of all funding programs throughout the state.
- Assess feasibility of relevant policy implementation in Kansas.

Examples of Key Stakeholders in Policy/Finance: State and federal agencies, advocacy organizations, BHAK, KAAP, KHI, funders, individuals with lived experience, etc.

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 region.
- Religion.
- Socioeconomic status.
- LGBTQIA+.
- Age.
- Disability status, comorbidities.

Examples of Key Stakeholders in Health Equity: Various partners, Advocacy organizations, organizations with expertise in health equity, Kansas Grantmakers in Health, Health Forward Foundation, REACH Healthcare Foundation, individuals with lived experience, etc.

Appendix II: Existing Data, Information and Reports for Inclusion

The following are examples of existing resources, data, state plans, and reports to be integrated into the needs assessment process. The vendor shall be expected to be familiar with and integrate these existing resources into the needs assessment process with the primary function being to leverage the work that has already been done in our state, focus most of the assessment resources on new data collection, and integrate all information into one fully comprehensive needs assessment and guide to long-term investments. The needs assessment process will integrate and synthesize all data and information (current and new) into one final assessment with associated recommendations.

- KDHE Kansas County Opioid Mortality Vulnerability Assessment – September 2022.
[2022-Opioid-Vulnerability-Analysis-PDF \(ks.gov\)](#)
- [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.
[Funding & Activities | KDHE, KS](#)
 - [2023-2027 State Plan](#) includes:
 - Statewide needs assessment.
 - Subject matter expert survey, interviews, and sub-committee input.
 - Public comment (over 800 responses).
 - Strategy prioritization:
 - Strategies ranked by priority area, as well as by strategy within each priority area.
 - Assessment of level of impact and priority for each strategy.
 - Data and outcome indicators.
 - Historical documents:
 - [2018-2022 State Plan](#)
 - [2019 Annual Report](#)
 - [2020 Annual Report](#)
 - [2021 Annual Report](#)
 - [Governor’s SUD Task Force Report](#) – September 2018.

- 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 are available on the KDADS website at: <https://kdads.ks.gov/kdads-commissions/behavioral-health/gbhspc/gbhspc-subcommittees>
- Behavioral Health Association of Kansas (BHAK) and Kansas Association of Addictions Professionals (KAAP) reports/documents (needs to be requested from BHAK/KAAP).
- 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](#), [Early Childhood](#), and other needs assessments.
- [Medicaid Expansion’s Impact on the Kansas Behavioral Health System](#) report from Kansas Health Institute (KHI) – January 2023.
- Data from available sources including [morbidity and mortality](#), [KTRACS](#), [KBHID](#), [KCTC](#), [YRBS](#), [BRFSS](#), SUDORS, ODMAP, DCF, Midwest HIDTA, Early Childhood, EMS, law enforcement, corrections, etc. (some data will need to be requested).
- Provider data (will need to be requested).
- MCOs, Payor data (will need to be requested).
- Consultation with the Kansas State Epidemiological Outcomes Workgroup (SEOW).
- Beacon Health Options, KSURS, and other treatment-related data.
 - GPRA <https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra>
- BSRB data for workforce (will need to be requested).
- University data for workforce recruitment/pipeline (will need to be requested/researched).
- Medical university data on curricula related to SUD (will need to be requested/researched).
- Relevant plans and needs assessments from other states.
- Consultation with existing groups working on these issues, such as KDADS, KDHE, KDOC, KPDOAC, GBHSPC and subcommittees, Kansas Prevention Collaborative, Kansas Hospital Association, Kansas Board of Pharmacy, BHAK, KAAP, Association of Community Mental Health Centers (ACMHC), FQHCs, statewide SUD grant evaluators, etc.
 - Selected vendor will work closely with Sunflower Foundation and the associated advisory team throughout the needs assessment process and to identify stakeholders and groups to engage.