2024-2027

Kansas Prevention Collaborative Strategic Plan

KANSAS PREVENTION COLLABORATIVE

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Introduction and Purpose

VISION

The vision for the Kansas Prevention Strategic Plan (KPSP) was that of Stephanie Rhinehart's, Prevention Program Manager for Kansas Department for Aging and Disability Services (KDADS), **to summarize and prioritize data-driven goals and objectives identified in various KDADS Prevention-supported behavioral health strategic plans and guidance documents.**

INTERNAL PURPOSES

The KPSP will be used by KDADS Behavioral Health Services (BHS) leadership and those subcontractors and grantees of KDADS BHS funds to keep the department's focus on data-informed behavioral health priorities across Kansas. The KPSP focuses on preventing substance use, suicide, and problem gambling and promoting behavioral health. This plan will be used to guide program resources and as an anchor for prevention and promotion funding, and to include already existing prevention priorities and outcome goals, consolidating and unifying them under one plan for ease of summarizing KDADS BHS efforts across departments. The KPSP will clearly articulate the department's prevention goals, needs assessment data indicators, and current strategies to facilitate desired change. The KPSP will also provide output and outcome data, which will be used for ongoing evaluation of the plan and KDADS programming.

EXTERNAL PURPOSES

The KPSP will be used by KDADS BHS for communicating to external partners and the public about the State prevention and promotion programs, goals, and outcomes of related strategies. The KPSP will highlight the priorities of the KDADS BHS Prevention program. The KPSP will demonstrate how Kansas uses data-informed strategic planning to prioritize behavioral health needs and respond with resources and programming made available to meet and reduce or eliminate these needs. Another purpose of the plan is to demonstrate the rationale for the investment of KDADS fiscal and personnel resources and funding opportunities made available to community organizations.

GUIDE DATA-MONITORING AND DATA-DRIVE STRATEGIES

KDADS BHS Prevention program staff will review the KPSP goals and progress at least annually with subcontractors and grantees of KDADS BHS funds. As the most current data available for each of the identified goals and objectives, KDADS will review data and make decisions on mid-course corrections as needed for ongoing performance improvements and innovative adaptations and strategies to achieve stated goals.

Statement of Need in Kansas

PREVENTION LANDSCAPE IN KANSAS

According to the Data Dashboard on the Kansas Department of Health and Environment's website for the Division of Public Health:

- In 2021, 17.7% of adults responding to the BRFSS, reported binge drinking on one occasion in the past 30 days
- In 2020, 16.6% of adults aged 18 years and older reported currently smoking cigarettes
- In 2020, 16.6% of Kansas adults aged 18 years and older currently smoked cigarettes. In addition, higher percentages of adults who currently smoke cigarettes were seen among: males, adults aged 25 to 65 years old, uninsured adults, adults with lower income and education, adults with arthritis, or those living with a disability.
- In 2020, 5.2% of Kansas adults ages 18 years and older reported current use of smokeless tobacco. In addition, higher percentages of adults who were currently using any smokeless tobacco products were seen among: males, adults less than 54 years old, or people with educational levels lower than a college degree.
- In 2020, 5.5% of Kansas adults aged 18 years and older reported currently using e-cigarettes. Data indicated higher use among males, 34-year-olds and younger, or adults with less than a college degree.
- In 2020, 17.1% (about 1 in 6) of Kansas adults (18 and older) were binge drinkers. The percentage of Kansas adults who were binge drinkers was significantly higher among males, younger adults, compared with older adults, those living without a disability, compared with adults living with a disability, and those with no insurance, compared with adults with insurance.
- In 2020, approximately 2 in 100 Kansas adults aged 18 years and older were drinking and driving in the past 30 days.

According to the Kansas Department of Health and Environment, Division of Public Health's Suicide Dashboard, in Kansas, there were 6,610 known deaths by suicide between 2011 and 2023. This was a statistically significant increase of 43.6%.

According to America's Health Rankings,

- In 2024, Kansas ranked 10th in the nation with 12.7% of adults who reported using prescription drugs non-medically (including pain relievers, stimulants, and sedatives) or illicit drugs (excluding cannabis) in the last 12 months.
- According to 2023 data, Kansas ranked 38th in the nation with 8.9% percent of adults who reported using e-cigarettes or other electronic vaping products at least once in their lifetime and now use daily or some days
- According to 2023 data, Kansas ranked 33rd in the nation with 13.9% of adults who reported smoking at least 100 cigarettes in their lifetime and currently smoke daily or some days
- According to 2023 data, Kansas ranked 31st in the nation with 17.4% of adults who reported binge drinking (four or more drinks on one occasion in the past 30 days for females or five or more for males) or heavy drinking (eight or more drinks per week for females or 15 or more for males)
- According to 2022 data, Kansas ranked 14th with 25.7 deaths due to drug injury (unintentional, suicide, homicide or undetermined) per 100,000 population (1-year)
- According to 2022 data, Kansas ranked 37th with 20.3 deaths due to intentional self-harm per 100,000 population

KANSAS PREVENTION COLLABORATIVE KPCCI

The Kansas Department for Aging and Disability Services (KDADS) Behavioral Health Services Commission manages mental health services in Kansas, working with 26 community mental health centers across the state. In addition, it oversees addiction and prevention service programs for the State of Kansas, including targeted workforce development initiatives. In addition, the commission works in close collaboration with the Governor's Behavioral Health Services Planning Council. The commission is also charged with overseeing the state's two psychiatric hospitals. Supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), KDADS is responsible by statute and holds the authority and responsibility to coordinate and provide substance use and mental health services in Kansas. They promote effective public policy and develop and evaluate programs and resources for behavioral health prevention, treatment, and recovery services. With an intentional effort to move toward a more integrated and community-focused approach to substance use prevention, in 2016, KDADS started the Kansas Prevention Collaborative (KPC). The new system supports KDADS-funded community coalitions. The KPC is funded by the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG or SUBG).

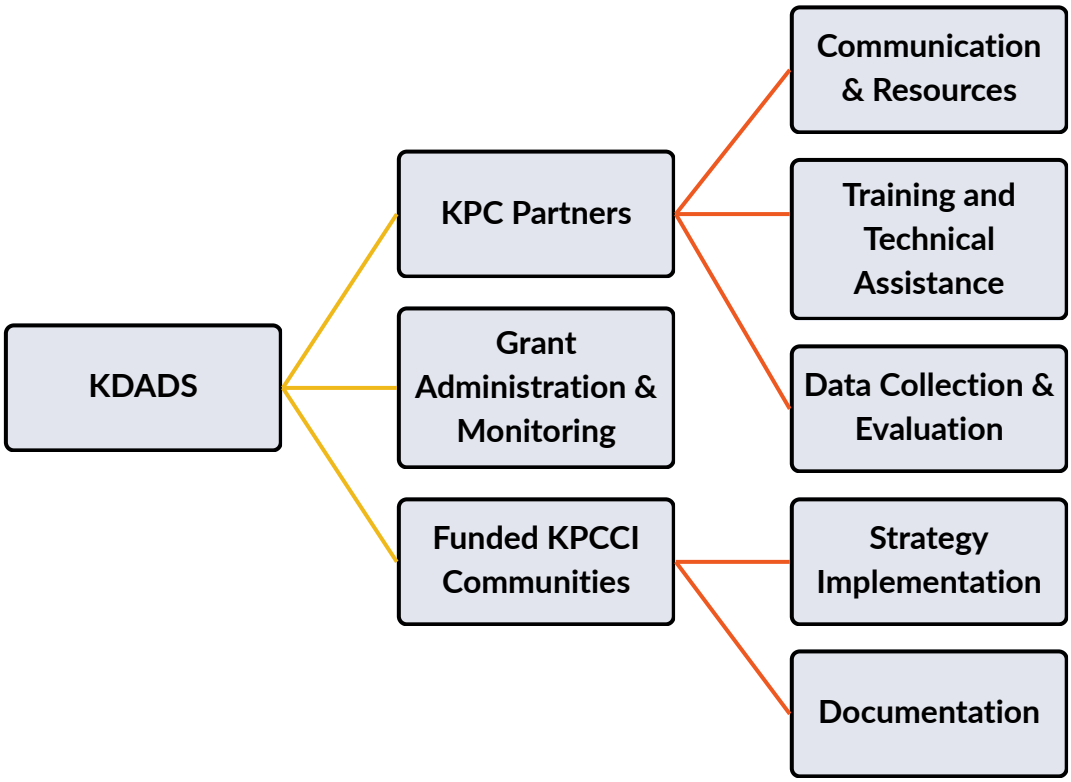
In June of 2015, four Kansas contractors were selected to provide state and local services and support as part of the Collaborative. Services provided by the Collaborative partners were designed to support capacity development, increase engagement and involvement, and expand opportunities, including fiscal and other resources to communities across the state. A description can be found in Table 1.

Table 1: Kansas Prevention Collaborative Contractors and Roles

Contractor	Role
DCCCA, Inc.	**Community Training and Technical Assistance** - Provision of statewide training and technical assistance to community coalitions, community initiatives, and KDADS projects that may be focused on one or more behavioral health concerns (prevention of substance abuse, problem gambling, and suicide, and mental health promotion)
Learning Tree Institute at Greenbush	**Behavioral Health Data Collection, Analysis, and Evaluation** - Provision of statewide, regional, and local-level behavioral health data collection, analysis and evaluation including pre/post strategy evaluation, capacity assessment, and administration of the Kansas Communities That Care (KCTC) Student Survey.
University of Kansas Center for Community Health and Development	**Community Documentation Evaluation System** - Provision of statewide, regional, and local-level behavioral health data collection, analysis and evaluation including the administration and support of the Community Check Box evaluation system and the Kansas Prevention Collaborative WorkStation
Wichita State University Community Engagement Institute	**Communication and Connection** - Provision of statewide behavioral health education, resource and information dissemination, consumer outreach and advocacy including the development of a communication's hub and the development and facilitation of a statewide prevention coalition.

Oversight of the Kansas Prevention Collaborative is provided by KDADS Prevention Manager and Prevention Specialists. In addition to guiding the work of the KPC contractors and KDADS-funded KPCCI communities, the role of KDADS is grant administration, fiscal accountability, and monitoring. Funded community coalitions are responsible for developing and implementing a tailored strategic prevention plan for their communities, collecting data, and documenting their accomplishments. The flowchart in Figure 1 shows the infrastructure supporting the KPC.

Figure 1: Flowchart of the Infrastructure Supporting the Kansas Prevention Collaborative



Each year a KPCCI group or cohort of KPC community coalitions was funded by KDADS for a year-long planning grant. This ensures time for training to apply the Strategic Prevention Framework (SPF) planning process, including comprehensive needs assessment, capacity development, and appropriate strategy selection. Successful KPCCI Planning grantees then have the opportunity for a three-year implementation grant to put their tailored strategic plan into action, including monitoring and annual evaluation of activities and outcomes.

STRATEGIC PREVENTION FRAMEWORK FOR PRESCRIPTION DRUGS (SPF-RX)

In 2020, Kansas received a five-year SPF Rx grant from SAMHSA. The purpose of the Kansas SPF Rx program is to provide resources to help prevent and address prescription drug misuse within the State. The program is designed to raise awareness about the dangers of sharing medications and to educate about proper medication storage and disposal options. Another goal is to increase the use of the Kansas Prescription Drug Monitoring Program, K-TRACS, to help health professionals prioritize patient safety. The program focuses on reducing prescription drug misuse and ultimately, the number of prescription opioid-related overdose deaths and hospitalizations/emergency department visits. Data is tracked and incorporated into strategic planning and future programming.

GARRETT LEE SMITH (GLS)

The Kansas Garrett Lee Smith (GLS) State/Tribal Suicide Prevention and Early Intervention Program grant, which was recently awarded to KDADS for the first time, is a multi-component initiative that will utilize evidence-based trainings to reduce suicide deaths, behaviors, and ideation in youth and young adults aged 10-24. The program goals are tied to the Kansas Suicide Prevention Plan, revised in 2021 with a focus on addressing the four strategic directions identified by the National Strategy. The program goals and objectives are also aligned with recommendations created by the Kansas Governor's Mental Health Task Force (2017) and the Special Committee on Mental Health Modernization and Reform (2021-2022).

TRANSFORMATION TRANSFER INITIATIVE (TTI)

KDADS (Kansas Department for Aging and Disability Services) has contracted with Wichita State University's Community Engagement Institute (CEI) on a project for a national grant funded by the National Association of State Mental Health Program Directors' (NASMHPD) Transformation Transfer Initiative (TTI). This TTI project is focused on improving crisis and suicide care in Kansas and is called Caring Across Cultures; Suicide Prevention Readiness Training (CACSPRT)

A purpose of the CACPRT project is to address the need for more inclusive suicide and crisis care in Kansas. KDADS's goal is to improve our cultural humility and responsiveness to other cultures to facilitate effective collaboration, provide more equitable resources for populations experiencing marginalization, and address behavioral health disparities related to suicide. CACSPRT emphasizes culturally informed support-seeking and intentional consideration of diverse attitudes and beliefs within high-risk populations.

CACSPRT acknowledges the importance of learning from individuals within underserved communities. These communities include Black, Indigenous, People of Color, individuals with disabilities, service members, veterans, and their families, and others. It is our sincere intention to avoid harmful tokenization of anyone. CACSPRT is emphasizing with presenters and trainers that we understand the beliefs of people who share a certain cultural identity do not represent all views and opinions of others within their community or identities, and would like to reiterate that sentiment now.

However, KDADS and CEI want to provide an opportunity for others to have their voices heard in a respectful, open-learning environment.

These 12+ sessions will involve speakers from communities of people in Kansas who have often been marginalized, experience behavioral health disparities, are at higher risk for suicide, and/or have cultural identities shared with a community, and will discuss beliefs and perspectives on suicide and crisis services. Sessions will include panels and individual local and national experts sharing their passions, hopes, ideas, and culture to promote healing and improve behavioral health and behavioral healthcare for all. While each session will be focused on a specific cultural community, it is our intention to provide transferable skill-building, knowledge, and approaches that can benefit anyone seeking crisis care. KDADS and CEI hope participants remain open-minded, engage in self-reflection, and take away valuable information about the perspectives discussed.

With initial funding from the National Association of State Mental Health Program Directors (NASMHPD), this initiative will be sustained through KDADS with State General Funds that have been secured and are dedicated to suicide prevention efforts. WSU CEI and KDADS will also work with the Kansas Suicide Prevention Coalition (KPSC) to expand their membership to include representation by members of these communities.

KANSAS COMMUNITY SUICIDE PREVENTION

About Suicide

Suicide is a preventable public health concern that can affect all ages.

Suicide is a death resulting from an injury to oneself with the intent of ending their life. A suicide attempt occurs when one makes an effort to end their life but does not die. Suicidal thoughts occur when one experiences thoughts and feelings of no longer wanting to live.

Suicide prevention requires a comprehensive, multifaceted, and public behavioral health approach. It must include both public and private partnerships and be inclusive of the voices from those with lived experience of suicidal thoughts, attempts, and loss. Understanding various perceptions, attitudes, and beliefs regarding suicide can help us be more effective in our work. It also assists us in combating the stigma associated with suicide. Because of this complexity, efforts must be adapted to consider the cultural differences of the individuals being served.

Community roles

For suicide prevention within communities to be successful, it requires the collective work of individuals, organizations, and institutions. It is important for communities to implement prevention strategies and activities that aim to foster a supportive environment and create a sense of belonging. Building social connectedness and social support within communities can help protect vulnerable persons from suicide.

To reduce suicide and suicide risk, address risk and protective factors related to suicide, raise awareness, and produce sustainable systems change for vulnerable populations, a level of understanding is required by those trying to effect change. Efforts must be appropriate to the community's culture and fit the community's needs.

About the grant

The Kansas Community Suicide Prevention Grant is intended to address the ongoing crisis of suicide in Kansas through community-driven suicide prevention programs that seek to reduce and prevent suicidal behaviors through the implementation and sustainability of effective, culturally competent suicide prevention strategies and activities. The grant is intended to serve individuals across the lifespan. Funds come from the allocation of $1.5 million in State General funds for community efforts. The Kansas Community Suicide Prevention Grant awards are intended for populations that local communities have identified as most at risk.

Applicants are asked to provide a community description, identify their population and areas of need, their plans related to suicide prevention activities, and challenges and/or barriers to accomplishing their goals. They must be able to speak to their organizational capacity, their experience with strategic planning, and their experience working with grants. Grantees are chosen based on their ability to describe and carry out their proposal.

PROBLEM GAMBLING COALITIONS AND TASK FORCES

In 1987, Kansas launched the Kansas Lottery, which was followed by four tribal casinos opening in the late 1990s. In 2007, the Kansas Legislature was presented with the Kansas Expanded Lottery Act (KELA). This act allowed for the state of Kansas to own and operate a destination casino resort in four Kansas gaming zones, including the Northeast, Southeast, South Central, and Southwest Gaming Zones. Additionally, the Problem Gambling and Other Addictions Fund (PGAF) was established with casino revenue. PGAF funds a helpline with text messaging and chat capabilities, and funding for treatment, recovery, research, education, or prevention of pathological gambling (gambling addiction). In 2022, sports wagering was legalized and allowed at state-owned lottery gaming facilities, and over the internet through websites and mobile device applications. In 2023, historical horse racing machines were legalized, with one facility currently set to open in 2025 in the South Central Gaming Zone in Sedgwick County. Sports betting revenue is separate from casino revenue. However, a portion of the sports betting review is credited to the PGAF.

- Located in the Southwest Kansas Gaming Zone, Boot Hill Casino and Resort in Ford County opened in December 2009.
- Located in the South Central Kansas Gaming Zone, Kansas Star Casino, Hotel, and Events Center in Sumner County opened in December 2011.
- Located in the Northeast Kansas Gaming Zone, Hollywood Casino at Kansas Speedway in Wyandotte County opened in February 2012.
- Located in the Southeast Kansas Gaming Zone, Kansas Crossing Casino and Hotel in Crawford County opened in March 2018.

PGAF allows for the Kansas Department for Aging and Disability Services (KDADS) to award grant funding to four community task forces, one within each gaming zone. They are tasked with raising awareness about problem gambling and gaming, providing education about problem and responsible gambling and gaming, promoting the helpline services, and promoting the treatment resources available in Kansas.

The Kansas Coalition on Problem Gambling (KCPG) was established in 1996 and has also been awarded grant funding. KCPG is a not-for-profit organization of statewide stakeholders whose mission is to reduce the onset and progression of problem gambling.

Currently, there are four KDADS Gambling Specialists who work directly with the task forces, the communities they serve, and the KCPG. Their work includes building collaborative partnerships, consultation and technical assistance, training and education, community outreach about the impact of problem gambling, available services and resources, data interpretation, monitoring grant deliverables, and outcome evaluation. The specialists serve on gambling initiatives at the local, state, and national levels.

The federal government mandates that all states have a mental health services planning and advisory council. The Governor's Behavioral Health Services Planning Council fulfills that mandate for Kansas. Problem Gambling is one of the Sub-Committees within the council. Its members may include task force members, KCPG members, prevention specialists, treatment providers, or citizen volunteers. The sub-committee helps to achieve the state's goal of reducing gambling-related harms in Kansas and integrating mental health and addiction services by increasing the capacity of all Kansas Behavioral Health Services funded programs to address problem gambling and gaming through enhanced screening assessment, awareness, intervention, recovery, and health promotion strategies by advocating for problem gambling services throughout the state, identifying potential gaps in service, and presenting recommendations to the governor's office regarding the need for funding to provide these services.

In 2012, the Kansas Department for Aging and Disability Services (KDADS) funded the Gambling Behaviors and Attitudes Among Adult Kansans survey. This survey found that 75% of survey respondents gambled in the past year, and 44% stated they had gambled in the past 30 days. Problem gambling screening questions were asked to 44% of respondents who had gambled in the past 30 days. Approximately 19% of this group responded "yes" to at least one of these questions. Although this study did not include a diagnostic instrument to assess problem gambling prevalence, the range of endorsements to problem gambling screening questions suggests that there may be persons considered at-risk for problem gambling. When respondents were asked directly if they thought they had a gambling problem, 1% said that "most of the time" they felt that they "have a problem with gambling," and 6% said "sometimes," suggesting some level of concern among thousands of Kansans if these results were to be extrapolated to the state population.

The consequences of problem gambling can be emotional, physical, and financial. These consequences can extend to the friends, families, co-workers, and even the employers of those affected. About 26% of 2012 survey respondents said they had been personally affected by the gambling of others.

As a follow-up to the 2012 survey, KDADS funded another prevalence study in 2017 to assess gambling prevalence, type, frequency, myths, perception, public opinion about gambling, and awareness of problem gambling treatment. To help expand the understanding of conditions associated with problem gambling, the 2017 Kansas Gambling Survey also asked broader behavioral health questions related to depression, suicide, and substance use.

Participants of the 2017 survey engaged in gambling activities that they may not have considered gambling. For example, about 25% of participants who said 'no' when asked if they gambled in the past 30 days, also said 'yes' when asked if they played a state lottery or multi-state lottery.

Similarly, 6.4% of participants who reported not gambling reported paying for phone or computer credits or upgrades.

Forty-eight percent (48%) of participants reported engaging in gambling activity in the 30 days prior to the survey. Nine problem gambling screening questions were used to categorize participants into three problem gambling risk categories (low, moderate, and high). Of those who reported any gambling in the past 30 days, just over six percent (6.1%) were in the high problem gambling risk category, 17.4% were at moderate risk, and 76.5% low risk. Almost thirteen percent (12.8%) of participants indicated they felt like they would like to stop gambling in the past year, but didn't think they could.

In 2017, 10% of participants reported being personally affected by the gambling behavior of a family member, 6% by a friend, and 3% by a co-worker. The percentages differ widely across risk categories. For example, 33.5% of participants in the high-risk category reported being personally affected by gambling behavior or a family member, compared to 8% in the low-risk category

When asked supplemental general health questions, 90.5% of participants reported their health was either 'excellent,' 'very good,' or 'good,' and 9.5% reported their health was 'fair' or 'poor.' When asked about mental health and depression, 48.8% of participants reported their mental health was not good on at least one day in the past 30 days. While 54% of participants in the high-risk for problem gambling category reported their general health was good, over 82% reported their mental health was not good on at least one day in the past 30 days, and 10% reported their mental health was not good on any day of the past 30 days. Almost 10 percent (9.6%) of all participants reported depression in the past year. The percentage of participants reporting depression increased as the risk of problem gambling increased, such that 7.9% in the low-risk category, 18.3% in the moderate risk category, and 32.5% in the high-risk category reported experiencing depression in the past year.

When asked about substance use, alcohol was reported as the substance most often used. Almost 58% (57.9%) of participants reported using alcohol in the past 30 days, 18.5% reported using cigarettes or electronic cigarettes, and 6.1% reported using marijuana. Cigarette smoking increased with risk category, with the lowest use found in the low-risk participants (12.5%), and the highest use found in the high-risk participants (41.1%). High-risk participants showed the highest rates of use of marijuana (21.1%) and the misuse of prescription drugs (23.2%). In comparison, only 5.6% of low-risk participants reported marijuana use, and only 2.5% reported prescription drug misuse.

The Kansas Problem Gambling Helpline is 1-800-GAMBLER, which provides 24-hour assistance for information and referrals to treatment. Table 1 below provides historical data showing the total number of calls received by the helpline before the 2009 opening of Kansas's first state-owned casino (2001-2008). Table 2 provides the total number of calls received by the Kansas Problem Gambling Helpline from 2009 to 2023, with notes indicating specific milestones in Kansas.

Table 1: Kansas Problem Gambling Helpline Calls: 2001-2008

Year	Total Number of Calls
2001	140
2002	531
2003	397
2004	416
2005	366
2006	347
2007	407
2008	403

Table 2: Kansas Problem Gambling Helpline Calls: 2009-2023

Year	Total Number of Calls	Notes
2009	363	Boot Hill Casino and Resort opened
2010	298	
2011	236	Kanas Star Casino opened
2012	345	*Hollywood Casino at Kansas Speedway opened *2012 survey administered
2013	344	
2014	324	
2015	283	No data available for the months of September and October
2016	556	
2017	317	2017 survey administered
2018	322	*U.S. reversal of the Professional and Amateur Sports Protection Act (PASPA) *Kansas Crossing Casino opened
2019	335	
2020	175	
2021	225	
2022	263	Kansas legalized and implemented sports betting.
2023	377	

The state of Kansas provides free training for a licensed counselor residing in Kansas to become a Kansas Certified Gambling Counselor (KCGC). This program was developed through KDADS' Behavioral Health Services Commission's Problem Gambling department. Currently, Kansas has 38 KCGCs.

- During fiscal year 2021, 204 individuals received outpatient problem gambling treatment, and 10 individuals entered residential problem gambling treatment.
- In fiscal year 2022, 194 individuals received outpatient problem gambling treatment, and 7 individuals entered residential problem gambling treatment.
- In fiscal year 2023, 229 individuals received problem gambling treatment, and 3 entered residential problem gambling treatment. Using these numbers, each KCGC sees an average of 16.5 individuals for outpatient problem gambling treatment in addition to other clients receiving counseling services.

Legalized forms of gambling, both in-person and through mobile apps, have expanded rapidly across the state. Consequently, Kansas has an increased duty of care to prevent and address gambling-related harm to individuals, families, and communities. Kansas promotes healthy communities, and problem gambling is a preventable and treatable public health issue that negatively impacts individuals, families, and communities. Providing education, prevention, and treatment for problem gambling is required to strengthen both general health and well-being, and mental health for all Kansans across the state.

Strategic Planning Process

The Kansas Prevention Collaborative operates using SAMHSA's Strategic Prevention Framework (SPF). The SPF is a data-driven planning process that prevention practitioners use to understand and more effectively address the substance abuse and related mental health problems facing their communities. The SPF was designed to: prevent and reduce substance use and abuse, reduce problems in communities related to substance use, and enhance state and community prevention capacity and infrastructure. The framework includes five steps to ensure a comprehensive prevention plan. The first step in the development of a comprehensive strategic plan is to conduct a needs assessment and to prioritize areas of need based on data.

OTHER PREVENTION STATE PLAN REVIEW

In Kansas, there were several statewide committees and subcommittees that developed their prevention plans based on their unique areas of focus. These committees include the Governor's Behavioral Health Planning Council (GBHSPC) Prevention Subcommittee, the Kansas Suicide Prevention Coalition, and the Kansas Prescription Drug and Opioid Advisory Committee. Each committee had its own set of goals and objectives based on its respective focus and priorities. In addition, KDADS Behavioral Health Services leadership prepared a commission objective for prevention.

The intent of the 2024-2027 Kansas Strategic Prevention Plan (KSPP) was to review the diverse goals and objectives of the other statewide prevention plans and align where possible to create a single document that could guide prevention planning and implementation across the state. The KPC formed a small subcommittee of members to complete a crosswalk of the various relevant goals and objectives to determine if there were similarities. The Crosswalk Subcommittee met to complete this task. To create efficiency, this group started the data review and initial prioritization process, which was then shared with all KPC contractors for final input and to set targeted milestones for objectives within each prioritized goal area.

DATA INDICATOR PRIORITIZATION PROCESS

With a directive to use data to inform decision-making, the Crosswalk Subcommittee used data gathered and reported in the Kansas Behavioral and Mental Health Profile (https://kdads.ks.gov/kdads-commissions/behavioral-health/publications-and-reports), which combines data and information from multiple sources into a comprehensive document. Indicators were updated when newer data was available than what was published in the most recent Profile.

Where possible, the Profile disaggregated data by gender, race, ethnicity, and age to help identify disparate populations. Data review included over 75 data indicators related to the prevalence, impact, and consequences of substance use, mental health, gambling, and treatment. The process of prioritizing significant areas of concern was based on the following criteria and considerations:

- Significant Magnitude describes the number of people affected by a problem. Using magnitude to prioritize problems seeks to address problems that affect the greatest number of people.
- Significant Impact describes the severity or result of a problem. For example, while underage drinking has a larger magnitude than youth suicide, the impact of suicide is much larger than underage drinking.
- Trend describes the general direction an indicator is developing or changing. Five years of data is used to create a trend line indicating whether an indicator is increasing, decreasing, or staying the same across that timespan. A behavior is more likely to be targeted if it shows an increase or decrease in an undesired direction than a behavior that is showing an increase or decrease in the desired direction.
- Comparison to National Average. State indicator data is compared to national data when possible. This provides an important point of reference to help determine the status and significance of a problem or behavior. State data that is higher or lower than the national average in an undesired direction could represent an area of concern, depending on the size of the gap between the two measures.
- Changeability describes the degree to which an indicator may be changed. Issues related to access, availability, and capacity can impact changeability. Policy, social, and cultural norms may also impact the feasibility of change.
- Health Disparities adversely affect groups of people who have systematically experienced greater obstacles to health (including behavioral health) care based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion. Disparities relating to behavioral health status refer to differences in the rate of behavioral health problems (e.g., substance use disorders, emotional health problems, suicide rates) as well as higher levels of illness and death compared with the behavioral health status of the general population.
- Data Gaps. Data available for prioritization were from reliable sources with ongoing data collection. The Prevention Subcommittee acknowledges there are gaps in data availability, quality, and reliability that might interfere with the identification and prioritization of problems, behaviors, or sub-population challenges existing in the state.
- Funding. State prevention funds come from designated federal block grant money.

SELECTION OF PLAN PRIORITIES

The Crosswalk Subcommittee members were provided with a Data Review Guidance document and a prepopulated worksheet that showed for each indicator: indicator definition/source, percentage or rate of prevalence, Kansas rate compared to national average (when available), and the five-year data trend. To review the potential differential impact of behavioral health on age, the data for each indicator were presented for youth (11-18), young adults (18-25), and adults (18+) separately. After reviewing each indicator, the Crosswalk Subcommittee discussed how much the indicator could be changed and how much effort was or would be needed to address the issue. Finally, the group made a list of current programs being implemented to address the issue.

The Subcommittee determined that current block grant priorities would automatically be included in the State's prevention plan. While data for adults 18+ were reviewed, the Subcommittee also determined, based on the current funding structure, that the Kansas Prevention Plan would make priorities that focused on youth aged 11-18 and young adults aged 18-25.

Based on the data, the Subcommittee made recommendations for the State to prioritize the following substance use concerns for both youth and young adults: Underage drinking, marijuana use, vaping, and increased awareness of fentanyl. See Section IV for resulting goals and objectives.

With substance use priorities decided, the Subcommittee identified the need to include mental health and problem gambling as part of a comprehensive prevention plan. A group of state experts met to review and pare down the mental health indicators to prioritize. A list of eight indicators was sent to the Crosswalk Subcommittee to rank order based on the criteria discussed earlier. Similarly, a list of problem gambling indicators was sent to the KDADS team and the Problem Gambling Coalition to identify goals.

The KPC Crosswalk Subcommittee presented the substance use goal areas to KPC partners at the March 2024 KPC Retreat. The KPC collaboratively set targets for each objective and actively discussed the mental health and problem gambling indicators. Final indicator selection for all priorities is outlined in Section IV.

Goals, Objectives, and Strategies

The KPC prioritized the following goals and objectives for the Kansas Prevention Plan. These priorities will be monitored annually for improvement between 2024 and 2027.

Goals	Objectives
Reduce Underage Drinking	**Objective 1:** Reduce the % of youth aged 12-17 who report past 30-day alcohol use from a baseline of 7.5% in 2023/24 to 4.1% in 2027. **Objective 2:** Reduce the % of young adults aged 18-20 who report past 30-day alcohol use from a baseline of 48.7% in 2023/24 to 45.0% in 2027.
Reduce Marijuana Use	**Objective 1:** Reduce the % of youth aged 12-17 who report past 30-day marijuana use from a baseline of 3.2 % in 2023/24 to 3.0% in 2027. **Objective 2:** Reduce the % of young adults aged 18-20 who report past 30-day marijuana use from a baseline of 30.6% in 2023/24 to 28.4% in 2027.
Reduce Vaping	**Objective 1:** Reduce the % of youth aged 12-17 who report past 30-day vaping from a baseline of 5.2% in 2023/24 to 3.5% in 2027. **Objective 2:** Reduce the % of young adults aged 18-25 who report past 30-day vaping from a baseline of 29.2% in 2023/24 to 28.0% in 2027.
Increase Fentanyl Awareness	**Objective 1:** Increase the % of youth who report they have heard of fentanyl and know what it is from a baseline of 50.1% in 2023/24 to 75.0% in 2027. **Objective 2:** Increase the % of young adults who report they have heard of fentanyl and know what it is from a baseline of 81.9% in 2023/24 to 90.0% in 2027.
Reduce Suicide by Increasing Prevention Strategies	**Objective 1:** Increase KDADS-funded suicide-specific prevention strategies for youth (activities and resources) from 0 in 2023 to 50 in 2027. **Objective 2:** Increase KDADS-funded suicide-specific prevention strategies for young adults (activities and resources) from 0 in 2023 to 50 in 2027.
Increase Problem Gambling Treatment Support	**Objective 1:** Increase the three-year average number of calls to the Gambling Helpline by 20%, from 288 in 2023 (2021-2023) to 346 in 2027 (2024-2027). **Objective 2:** Increase the number of licensed Kansas Certified Gambling Counselors by 15%, from 38 in 2023 to 44 in 2027 (by over 15%).

Evaluation Plan

Purpose of the Evaluation

The Kansas Department for Aging and Disability Services (KDADS) Behavioral Health Services Commission manages mental health services in Kansas and oversees addiction and prevention service programs for the State of Kansas. Supported by the Substance Abuse and Mental Health Services Administration (SAMHSA), KDADS holds the authority and responsibility to coordinate and provide substance use and mental health services in Kansas. KDADS promotes effective public policy and develops and evaluates programs and resources for behavioral health prevention, treatment, and recovery services.

As a statewide system, KDADS supports efforts to mobilize communities using data to target high-risk areas for youth use of alcohol and drugs. It implements an integrated and community-focused approach to behavioral health through the Kansas Prevention Collaborative (KPC) and directly funds numerous community coalitions for the prevention of substance misuse.

KDADS has decades decades-long and effective history of implementing systematic prevention initiatives in Kansas. It has funded over 100 coalitions in the past 15 years in most of the 105 counties in Kansas.

Stakeholders are interested in how prevention efforts impact targeted goals and objectives of reducing substance use and promoting behavioral and mental health. The information from the evaluation plan will be used to monitor progress, promote adequate training and technical assistance, improve capacity for prevention work, and assess the impact on outcomes.

The following table outlines the goals and objectives identified by the Kansas Prevention Collaborative for the Kansas State Prevention Plan for the years 2024-2027. KDADS and the KPC Contractors will be responsible for the annual update of data and review of goals and objectives.

Data Collection Plan and Timeline

Goal 1: Reduce Underage Drinking		
Objectives	***Data Sources***	***Frequency***
1.1 - Reduce the % of **youth** that report past 30-day alcohol use from a baseline of 3.2% in 2023/24 to 3.0% in 2027.	Kansas Communities That Care (KCTC) Student Survey	Annual, April
• # strategies addressing youth alcohol use	Community Check Box (CCB)	Annual, Sept.
• # people (aged 12-18) served	CCB	Annual, Sept.
1.2 Reduce the % of **young adults** who report past 30-day alcohol use from a baseline of 30.6% in 2023/24 to 28.4% in 2027.	Kansas Young Adult Survey (KYAS)	Annual, April
• # strategies addressing youth adult (aged 19-20) alcohol use	CCB	Annual, Sept.
• # people (aged 19-20) served	CCB	Annual, Sept.

Goal 2: Reduce Youth and Young Adult Vaping		
Objectives	***Data Sources***	***Frequency***
2.1 Reduce the % of **youth** who report past 30-day vaping from a baseline of 5.2% in 2023/24 to 3.5% in 2026.	Kansas Communities That Care (KCTC) Student Survey	Annual, April
• # strategies addressing youth (aged 12-18) vaping	CCB	Annual, Sept.
• # people (aged 12-18) served	CCB	Annual, Sept.
2.2 Reduce the % of **young adults** who report past 30-day vaping from a baseline of 29.2% in 2023/24 to 28.0% in 2026.	Kansas Young Adult Survey (KYAS)	Annual, April
• # strategies addressing youth adult (aged 19-25) alcohol use	CCB	Annual, Sept.
• # people (aged 19-25) served	CCB	Annual, Sept.

Goal 3: Reduce Youth and Young Adult Marijuana Use		
Objectives	***Data Sources***	***Frequency***
3.1 Reduce the % of **youth** who report past 30-day marijuana use from a baseline of 3.2% in 2023/24 to 3.0% in 2027.	Kansas Communities That Care (KCTC) Student Survey	Annual, April
• # strategies addressing youth (aged 12-18) alcohol use	CCB	Annual, Sept.
• # people (aged 12-18) served	CCB	Annual, Sept.
3.2 Reduce the % of **young adults** who report past 30-day marijuana use from a baseline of 30.6% in 2023/24 to 28.4% in 2027.	Kansas Young Adult Survey (KYAS)	Annual, April
• # strategies addressing youth adult (aged 19-25) marijuana use	CCB	Annual, Sept.
• # people (aged 19-25) served	CCB	Annual, Sept.

Goal 4: Increase Youth and Young Adult Awareness of Fentanyl		
Objectives	***Data Sources***	***Frequency***
4.1 Increase the % of **youth** who report they have heard of fentanyl and know what it is from a baseline of 50.1% in 2023/24 to 75.0% in 2027.	Kansas Communities That Care (KCTC) Student Survey	Annual, April
• # strategies addressing youth (aged 12-18) fentanyl awareness.	CCB	Annual, Sept.
• # people (aged 12-18) served	CCB	Annual, Sept.
4.2 Increase the % of **young adults** who report they have heard of fentanyl and know what it is from a baseline of 81.9% in 2023/24 to 90.0% in 2027.	Kansas Young Adult Survey (KYAS)	Annual, April
• # strategies addressing young adult (aged 19-25) fentanyl awareness.	CCB	Annual, Sept.
• # people (aged 19-25) served	CCB	Annual, Sept.

Goal 5: Reduce Death by Suicide		
Objectives	***Data Sources***	***Frequency***
5.1 Increase KDADS-funded suicide-specific prevention strategies for **youth** (activities and resources) from 0 in 2023 to 50 in 2026.	CCB Garrett Lee Smith Grant	Annual
5.2 Increase KDADS-funded suicide-specific prevention strategies for **young adults** (activities and resources) from 0 in 2023 to 50 in 2026.	CCB Garrett Lee Smith Grant	Annual

Goal 6: Increase Problem Gambling Supports		
Objectives	***Data Sources***	***Frequency***
6.1 Increase the three-year average number of calls to the Gambling Helpline by 20%, from 288 in 2023 (2021-2023) to 346 in 2026 (2024-2026).	Kansas Problem Gambling Helpline Report Kansas Problem Gambling Coalition	Annual
6.2 Increase the number of licensed Kansas Certified Gambling Counselors by 15%, from 38 in 2023 to 44 in 2026 (by over 15%).	Kansas Department for Aging and Disability Services (KDADS)	Annual

Data Analysis, Use, and Dissemination

Data analysis and use are conducted in several ways. Process data related to the number of prevention strategies implemented and the number of people served through these strategies are reviewed regularly by the KPC to understand how well prevention efforts are working and to make necessary adjustments. Outcome data is tracked to inform progress toward goals and objectives. Results will be reviewed by KPC stakeholders and disseminated through reports, meeting presentations, and conferences such as NPN and the Kansas Prevention Conference.

Appendices

APPENDIX 1: ACRONYMS AND TERMS

Acronym	Full Name
AA	Alcoholics Anonymous
AAMFT	American Association for Marriage and Family Therapy
AAS	American Association of Suicidology
ABC	Alcohol Brief Counseling
ABCD	Asset Based Community Development
ABH	Advanced Behavioral Health
ACA	American Council on Alcoholism
ACEs	Adverse Childhood Experiences
ACMHCK	Association of Community Mental Health Centers of Kansas
ACoA	Adult Children of Alcoholics
ADAPT	Alcohol and Drug Abuse Prevention and Treatment
ADC	Alcohol and Drug Counselor
ADFM	Active-Duty Family Member
ADPC	Alcohol and Drug Policy Council
ADT	Active-Duty Training
AHA	American Hospital Association
AIC	American Incarceration Center
ALA	American Lung Association
AMA	American Medical Association
AMSR	Assessing and Managing Suicide Risk

Acronym	Full Name
AOD	Alcohol and Other Drugs
APA	American Psychiatric Association
APA	American Psychological Association
ARRC	Adult Risk Reduction Center
APIS	Alcohol Policy Information System
ASAM-PPC	American Society of Addiction Medicine, Patient Placement Criteria
ASPIRE	Assessment of Prevention Indicators & Resources
ATOD	Alcohol, Tobacco, and Other Drugs
ATR	Access to Recovery
AU	Advocacy Unlimited
BAC	Blood Alcohol Content
BAL	Blood Alcohol Level
BHP	Behavioral Health Partnership
BHS	Behavioral Health Services
BHTTA	Behavioral Health Training and Technical Assistance
BRC	Blue Ribbon Commission (on Mental Health)
BRFSS	Behavioral Risk Factors Surveillance Survey
CADCA	Community Anti-Drug Coalitions of America
CASA	Center on Addiction and Substance Abuse

Acronym	Full Name
CCB	Community Check Box
CCMHO	Council of Community Mental Health Organizations
CCP	Crisis Counseling Assistance and Training Program
CDC	Centers for Disease Control and Prevention
CEDARR	Comprehensive Evaluation, Diagnosis, Assessment, Referral, and Re-evaluation
CINC	Child in Need of Care
CINC-NAN	Child in Need of Care Non-abuse/neglect
CIS	Children's Intensive Services
CMAP	Community Medication Assistance Program
CMHC	Community Mental Health Center
CMHS	Community Mental Health Services
CMS	Centers for Medicare and Medicaid Services
COA	Children of Alcoholics
COA	Council on Accreditation
CPA	Child Placing Agency
CPP	Certified Prevention Professional
CRM	Capacity, Readiness, and Mobilization
CRO	Consumer Run Organization
CSAP	Center for Substance Abuse Prevention
CSAT	Center for Substance Abuse Treatment
CUP	Conditional Use Permit
DARC	Drug and Alcohol Rehabilitation Counselor
DARE	Drug Abuse Resistance Education

Acronym	Full Name
DATA	Data and Alcohol Treatment Association
DBT	Dialectical Behavioral Therapy
DCF	Department for Children and Families
DD	Developmental Disabilities
DDS	Department of Developmental Services
DDRP	Drug Demand Reduction Program
DEA	Federal Drug Enforcement Administration
DFAF	Drug Free America Foundation
DFC	Drug Free Community
DFSCA	Drug-Free Schools and Communities Act
DHHS	Department of Health and Human Services
DPT	Division of Pharmacologic Therapy
DSS	Decision Support System
DUI	Driving Under the Influence
DUR	Drug Utilization Review
DWI	Driving While Intoxicated
EAP	Employee Assistance Program
EBP	Evidence Based Program (or Practice)
EBS	Evidence Based Strategies
EC	Emotional Competency
EPSDT	Early, Periodic Screening and Diagnosis Testing
ERG	Educational Reference Group
FT	Family Therapy
GA	Gamblers Anonymous

Acronym	Full Name
GAL	Guardian ad Litem
GLSMA	Garrett Lee Smith Memorial Act
HIDTA	High Intensity Drug Trafficking Area
HRD	Human Resource Development
HUD	Housing and Urban Development
I/DD	Intellectual and Developmental Disabilities
ICAA	International Council on Alcohol and Addictions
ICCPUD	Interagency Coordinating Committee on the Prevention of Underage Drinking
IC&RC	International Certification and Reciprocity Consortium
ICR	Institute for Community Research
IHS	Indian Health Services
IIAA	International Institute for Alcohol Awareness
IOM	Institute of Medicine
IOP	Intensive Outpatient
IRIS	Integrated Referral and Intake System
ISPN	Interagency Suicide Prevention Network
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
KAMFT	Kansas Association of Marriage and Family Therapists
KASW	Kansas Association of Social Workers
KBHID	Kansas Behavioral Health Indicators Dashboard
KCTC	Kansas Communities That Care
KDOA	Kansas Department of Administrative
KDADS	Kansas Department of Aging and Disability Services

Acronym	Full Name
KDOC	Kansas Department of Corrections
KDOE	Kansas Department of Education
KDHE	Kansas Department of Health and Environment
KDOT	Kansas Department of Transportation
KPC	Kansas Prevention Collaborative
KPCCI	Kansas Prevention Collaborative Community Initiative
KRGC	Kansas Racing and Gaming Commission
K-TRACS	Kansas Tracking and Reporting of Controlled Substances
LAC	Licensed Addiction Counselor
MADD	Mothers Against Drunk Driving
MAT	Medication Assisted Treatment
MCO	Managed Care Organization
MDS	Minimum Data Set
MHA	Mental Health Association
MI	Motivational Interviewing
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MST	Multi-Systemic Therapy
MSTBSF	Multi-Systemic Therapy – Building Stronger Families
NA	Narcotics Anonymous
NAADAC	National Association of Alcoholism and Drug Abuse Counselors
NAC	National AIDS Clearinghouse
NACoA	National Association of Children of Alcoholics

Acronym	Full Name
NAMI	National Alliance on Mental Illness
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NASMHPD	National Association of State Mental Health Program Directors
NASW	National Association of Social Workers
NCADI	National Clearinghouse for Alcohol and Drug Information
NCAP	National Center for the Advancement of Prevention
NECAPT	Northeast Centers for the Application of Prevention Technologies
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute of Alcohol Abuse and Alcoholism
NIDA	National Institute of Drug Abuse
NIMH	National Institute of Mental Health
NPN	National Prevention Network
NPS	National Prevention System
NREPP	National Registry of Evidence-based Programs and Practices
NSSP	National Strategy for Suicide Prevention
OJJDP	Office of Juvenile Justice and Delinquency Prevention
OMH	Office of Minority Health
ONDCP	Office of National Drug Control Policy
PBPS	Performance Based Prevention System
PCP	Primary Care Provider
PFS	Partnership for Success
PG	Problem Gambling
PGCI	Problem Gambling Community Initiative

Acronym	Full Name
POE	Principles of Effectiveness
PRISM	Partnership Resource and Infrastructure Support Monies
PSA	Public Service Announcement
PSA	Personal Service Agreement
QMHP	Qualified Mental Health Professional
RADAR	Regional Alcohol and Drug Awareness Resources Centers
RESPECT	Recovery-Oriented, Empathic Services Proactively Empowering Consumers in Treatment
RFA	Request for Application
RFP	Request for Proposal
RSS	Recovery Support Services
RSVP	Retired Senior Volunteer Program
RYASAP	Regional youth/Adult Substance Abuse Project
SADD	Students Against Destructive Decisions
SAMHSA	Substance Abuse and Mental Health Services Administration
SAP	Student Assistance Program
SAPST	SPF (Strategic Prevention Framework) Application for Success Training
SAS	Substance Abuse Services (Treatment/Prevention)
SAT	Student Assistance Team (or School Assistance Team)
SBI	Screening and Brief Interventions
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SDFSC	Safe and Drug-Free Schools and Communities

Acronym	Full Name
SED	Serious Emotional Disturbance
SEOW	State Epidemiological Outcomes Workgroup
SIG	State Incentive Grant
SMI	Serious Mental Illness
SODA	State Opioid Treatment Authority
SPDC	Suicide Prevention Data Center
SPF	Strategic Prevention Framework
SPF Rx	Strategic Prevention Framework Prescription Drug Misuse Grant
SPMI	Serious and Persistent Mental Illness
SSA	Single State Agency
SSI	Supplemental Security Income

Acronym	Full Name
SUD	Substance Use Disorder
Synar	Not an acronym, refers to Amendment and Program to reduce retail access to
TA	Technical Assistance
TPCP	Transition from Prison to Community Program
TRAC	Transformation Accountability System
TTI	Transformation Transfer Initiative
VEP	Voluntary Exclusion Program
WIT	Women in Transition
YAR	Youth as Resources
YRBS	Youth Risk Behavior Survey
YSAB	Youth Suicide Advisory Board
YSB	Youth Service Bureau

APPENDIX 2: REFERENCES

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APPENDIX 3: CONTRIBUTORS

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APPENDIX 4: EVIDENCE-BASED STRATEGIES

Evidence-based prevention strategies (programs, practices, and policies) are validated by documented evidence of effectiveness. The Kansas Evidence-Based Strategies Workgroup (EBSW) has adopted the SAMHSA Center for Substance Abuse Prevention's three tiers of criteria for determining if a strategy is evidence-based:

Tier 1 – Strategy appears on a national registry of evidence-based strategies.
Tier 2 – Strategy appears in a peer-reviewed publication with positive effects.
Tier 3 – Strategy includes documented effectiveness that is supported by other sources of information and the consensus judgment of informed experts

The Kansas EBSW recommends that communities develop comprehensive prevention plans using the Strategic Prevention Framework (SPF) as guidance, including all components of this effective process. The SPF includes the overarching factors of cultural competence and sustainability, to be considered within each step, and the five steps of the SPF: assessment, capacity, planning, implementation, and evaluation. Strategies should be selected and implemented based on community-level needs assessment data and the development of a logic model and action plans.

The Evidence-Based Strategies Matrix has been developed to support Kansans by promoting evidence-based strategies to better integrate promotion, prevention, treatment, and recovery services. The matrix is offered to the public with community coalitions in mind as a tool to support planning for effective and comprehensive prevention efforts.

APPENDIX 5: ANNUAL PROGRESS REPORT ON KANSAS PREVENTION STRATEGIC PLAN GOALS

- 2025
- 2026