

SUD TASK FORCE MEETING OUTCOMES: CHARACTERIZATION OF RECOMMENDATIONS

Treatment & Recovery Recommendations

- I. **Expand access and utilization of medication assisted treatment (MAT) by: Increasing the number of buprenorphine-waivered prescribers practicing in Kansas; Incentivizing buprenorphine training for providers; Removing prior authorization requirements for MAT, and; Subsidizing Subloclade and Vivitrol (Long-acting injectable forms of buprenorphine and naltrexone):**
 - i. Include third party payers to remove prior authorizations or allow for emergency fill

Characterization:

The Task Force anticipates this recommendation could yield immediate benefits (within the first two years) and could affect a large number of Kansans. The group discussed that while there is a network of providers, support for this system does not exist. Additionally, the group discussed that rural access to medication assisted treatment (MAT) is limited. Given that, the group concluded that there is not a system in place to support this recommendation. This recommendation could require a high initial investment as well as a continuous high investment. This recommendation could reduce costs by reducing emergency department visits, reducing incarceration and increasing years of lives saved among other downstream benefits.

I. Expand access and utilization of medication assisted treatment (MAT)		
CRITERIA	CHARACTERIZATION	NOTES
First expect to see high impact	Immediate (1-2 years)	
Existing system or process to support implementation	No	There is a network of providers, but support for the system is not in place. Additionally, there is not rural access.
Level of initial investment required	High	
Level of ongoing investment required	High	
How many people affected	Large number	
Would reduce other costs	Yes	By reduced ED visits, reduced incarceration, years of life saved, increased earning potential, and others

- II. **Provide additional behavioral health services (e.g., substance use disorder and mental health) to individuals currently eligible for Medicaid.**

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III. Seek a waiver to provide Medicaid services to more individuals with substance use disorder

Characterization:

The Task Force discussed the language and intent of recommendation II and III at length. The Task Force decided to revisit the recommendations via survey. An adapted recommendation will be characterized in the July survey.

IV. Increase access to residential and medically managed withdrawal treatment services

Characterization:

The Task Force anticipates this recommendation could yield immediate benefits (within the first two years). There is not an existing system in place to support the implementation of this recommendation. The Task Force discussed that some pieces of a future system currently exist, but these pieces are disconnected. This recommendation was projected to require a high level of both initial and ongoing investment. The Task Force anticipated that this recommendation would reduce other costs downstream and benefit a large number of Kansans.

IV. Increase access to residentially managed withdrawal treatment services		
CRITERIA	CHARACTERIZATION	NOTES
First expect to see high impact	Immediate (1-2 years)	
Existing system or process to support implementation	No	Some existing capacity, but the pieces are disconnected
Level of initial investment required	High	
Level of ongoing investment required	High	
How many people affected	Large number	
Would reduce other costs	Yes	Reduce downstream costs

V. Support insurance coverage across the full continuum of care for behavioral health services (e.g., Community Psychiatric Support and Treatment and others).

Characterization:

The Task Force discussed and edited the language of this recommendation, but decided to characterize its impacts via survey

VI. Expand access to sober living programs across the state via expanded insurance coverage

Characterization

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The Task Force discussed and edited the language of this recommendation and decided to describe its impacts via survey. The group also identified a few pending questions regarding this recommendation, such as: What is capacity for sober living programs in Kansas? Are there sober living options that also provide MAT? The Task Force also discussed that sober living is largely unregulated which is a consideration as they serve a vulnerable population. The Task Force discussed options for pilot programs to explore the opportunity for expanded access to sober living programs across Kansas.