GOVERNOR'S COMMISSION ON RACIAL EQUITY & JUSTICE

2021 REPORT

SOCIAL DETERMINANTS OF HEALTH - FINAL REPORT

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FROM THE CO-CHAIRS

It's hard to believe that it's been a year and a half since Governor Kelly formed the Commission on Racial Equity and Justice. That year and a half has been filled with important community conversations, discussions with experts, diligent study, and lively debate among Commission members as we developed our first recommendations, published in our December 2020 report on Law Enforcement and Policing in Kansas, and then turned our focus to the social determinants of health.

In 2021, the Commission's work grew considerably broader. We are pleased to present our final report, which makes recommendations on improving racial equity in the state of Kansas by addressing social determinants of health. This report reflects the work of the Commission's three subcommittees: Economics, Education, and Healthcare. Each area is one that has a significant impact on the lives of Kansans, and each has struggled with its own inequities and injustices.

This work would not be possible without the dedicated effort of many individuals. First, the Commission itself – an outstandingly committed, thoughtful, and intelligent group of people who have invested many hours in this work. In particular, we want to thank Commissioner David Jordan for his leadership as chair of the Healthcare subcommittee. We also couldn't have done this work without our dedicated support staff: Kate Davis, Stefan Petrovic, Sophia Johnson, and Daphne Carrillo from the Governor's office; and the team from the National Governors Association Center for Best Practices.

We also extend our appreciation to a number of groups that contributed to our work and are tackling issues of racial equity and justice in their own spaces. In particular, the Governor's Council on Education, the Governor's Council on Tax Reform, the Kansas Children's Cabinet, and the Kansas COVID Equity Task Force have each provided context, information, and advice as the Commission pursued topics this year that aligned with theirs. We are grateful for their efforts prior to this year and for their partnership as we work alongside them to center racial equity and improve outcomes for Kansans.

Though this report represents the end of the Commission's work under the Governor's Executive Order, we hope that this moment represents a new dedication for the state of Kansas to equity and inclusion – principles that strengthen our state and make it a better place for everyone to live and work.

Dr. Tiffany Anderson
Co-Chair

Dr. Shannon Portillo
Co-Chair

ABOUT THE COMMISSION

The following is a list of the Commissioners appointed by Governor Laura Kelly. Governor Kelly appointed members to the Commission from across Kansas representing a broad array of perspectives, backgrounds, and experiences.

CO-CHAIRS

Dr. Tiffany Anderson | Topeka | Superintendent, USD 501

Dr. Shannon Portillo | Lawrence | Associate Dean & Professor, University of Kansas

MEMBERS

Secretary DeAngela Burns-Wallace | Topeka | Kansas Department of Administration

Judge Monique Centeno | Wichita | District Court Judge, Div. 11 of Sedgwick County

Dr. Brandon Davis | Fort Leavenworth | Assistant Professor, University of Kansas

Ernestor De La Rosa | Dodge City | Assistant City Manager, City of Dodge City

Mark A. Dupree Sr. | Wyandotte | District Attorney, Wyandotte County

David Jordan | Hutchinson | President & CEO, United Methodist Health Ministry Fund

Dr. Anthony Lewis | Lawrence | Superintendent, USD 497 Lawrence

Mark McCormick | Leawood | Director of Strategic Communications, Kansas ACLU

Teresa Miller | Wichita | President and CEO, Kansas Health Foundation

John Nave | Topeka | Executive Vice President, Kansas AFL-CIO

Chief Gordon Ramsay | Wichita | Chief of Police, Wichita Police Department

Elyse Towey | Lawrence | Haskell Indian Nations University Board of Regents and Treasurer, Iowa Tribe of Kansas and Nebraska

Catalina Velarde | Overland Park | Attorney and Adjunct Professor, UMKC School of Law

Jackson Winsett | Kansas City | Assistant Vice President, Federal Reserve Bank of Kansas City

BACKGROUND

In the wake of national calls for justice, accountability, and reforms to address racial disparities, following the deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and many others, Governor Laura Kelly signed Executive Order No. 20-48 to establish the Governor's Commission on Racial Equity and Justice ("the Commission").

The Commission was tasked with studying issues of racial equity and justice across systems in Kansas including criminal justice, health and mental health, education, housing, and economic opportunity. The Commission was asked to develop and recommend actionable policy steps for consideration by Governor Kelly, the Legislature, and local governments to create meaningful and lasting change.

To better understand issues impacting communities of color, and the policies and practices surrounding racial equity and justice in Kansas, the Commission convened regular meetings from July 2020 to December 2021. During this period, the Commission developed a series of three reports (due: December 2020, July 2021, and December 2021). The reports were informed by community and stakeholder learning sessions, presentations to the Commission, and research and analysis at the state and national levels.

Given the public urging from Kansans that state and local leaders make fundamental changes to how police interact with the communities they are empowered to protect, Governor Kelly charged the Commission to first examine policing and law enforcement. A report containing recommendations on this subject was released in December of 2020. Beginning in January of 2021, the Commission focused on racial equity within social determinants of health, defined by the Centers for Disease Control and Prevention as conditions where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes. The Commission divided into three subcommittees to take on these topics—economics, education, and health care.

Members of the Governor's Commission on Racial Equity and Justice at the in-person meeting on Thursday, November 18, 2021

THE COMMISSION'S WORK

In 2021, the Commissioners participated in regular meetings of the full Commission and its subcommittees on Economics, Education, and Healthcare. The public was encouraged to provide feedback and information to the Commission through a designated email address, phone number, and physical mail address. All Commission meeting agendas, materials, and recordings are available on the Commission website.[1]

[1] https://governor.kansas.gov/governors-commission-on-racial-equity-and-justice/

Bi-Weekly Commission Meetings

The Commission held 23 bi-weekly meetings, rotating between full Commission meetings and subcommittee meetings, on a virtual platform open to the public through a live stream on YouTube. Meetings included presentations from stakeholders and outside experts as well as discussion of potential recommendations. Commission meetings also provided opportunities for Commissioners to discuss stakeholder feedback and information gathered from guest presentations.

Commission Meetings: Focus of Discussion	Date
Full CREJ Meeting: Subcommittee Breakout Groups	1/28/2021
Economics Subcommittee: Presentation from Kansas Department of Commerce	2/11/2021
Education Subcommittee: Presentation from KSDE and Panel of School Superintendents	2/25/2021
Healthcare Subcommittee: Presentation from KDHE and KDADS	3/11/2021
Full CREJ Meeting: Presentation from KS DEI Initiative	3/25/2021
Economics Subcommittee: Presentation from the Governor's Council on Tax Reform	4/8/2021
Education Subcommittee: Presentation from the Governor's Council on Education	4/22/2021
Healthcare Subcommittee: Presentation on Maternal and Child Health	5/6/2021
Full CREJ Meeting: Presentation on Early Childhood/Childcare	5/20/2021
Economics Subcommittee: Presentation on ARPA	6/3/2021
Education Subcommittee: Presentation on School Mascots and Post-Secondary	6/17/2021
Full CREJ Meeting: Discuss and Finalize July Report	6/24/2021
Healthcare Subcommittee: Presentation on Behavioral Health	7/1/2021
Full CREJ Meeting: Update on 2020 Report Items	7/15/2021
Economics Subcommittee: Presentation on Kansas Housing Policy	7/29/2021
Education Subcommittee: Presentation on Housing and School Partnerships	8/12/2021
Healthcare Subcommittee: Presentation on ACEs and Interfamily Violence	8/26/2021
Full CREJ Meeting: Presentation on Universal Equity Policies and Family Planning	9/9/2021
Economics Subcommittee: Presentation on Wages and High-Cost Lending	9/23/2021
Education Subcommittee: Presentation on Post-Secondary Ed and Juvenile Justice	10/7/2021
Healthcare Subcommittee: Presentation on the Healthcare Workforce in Kansas	10/21/2021
Education Subcommittee: Presentation on Teacher Diversity and Training	10/28/2021
Economics Subcommittee: Presentation on Maximizing Federal Funding	11/4/2021
Full CREJ Meeting (In Person): Discuss and Finalize December Report	11/18/2021

UNDERSTANDING THE PROBLEM

Tackling inequity at its source is a complex challenge that must start with addressing barriers to economic participation, education, and health care that are holding families of color—and the state's economy—back from their fullest potential. This report will explore the social determinants of health that lead to such inequities, defined here as the conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes.[2] The social determinants of health fall into five domains: (1) economic stability; (2) education access and quality; (3) health care access and quality; (4) neighborhood and built environment; and (5) social and community context.[3]

The most striking evidence of the extent to which racial inequities exist in the United States lie in data on economic participation, income, and wealth ownership. The median Black family has around 12.7 percent of the wealth owned by the median white family, and Black and Latinx families in the U.S. are roughly twice as likely as white families to have no wealth whatsoever.[4]

The wealth gap is also alarming for Native families in America. American Indian and Alaska Native households had just 8 cents for every dollar of wealth held by the average white American household as of 2000 - the last year that Native wealth was systematically measured, since Native households are generally not included in federal wealth data-gathering efforts. At that time, the median household net wealth of a Native family was just $5,700.[5] Like the Black and Latinx racial wealth gaps, the Native wealth gap has only widened throughout the pandemic, as each of these communities were hit hard by COVID-19 and associated job losses and lacked resources with which to support their families and communities through these challenges.[6]

Getting prepared for and connected with better jobs that can support family wealth-building is also a challenge: Black and Latinx students have lower rates of enrollment in and completion of postsecondary degree programs than their white peers, and those who do graduate tend to face higher levels of student debt—holding even postsecondary degree-holders back from income- and wealth-generating activities like starting a business or buying a home.

Racial inequity comes not just at a social cost, but also an economic one. Last year, economists estimated inequities in economic participation, wage levels, and opportunities to work and build wealth cost the United States roughly $16 trillion in GDP over the preceding two decades – and that was just accounting for inequities between Black and white Americans.[7] Advancing racial equity in educational attainment, employment, income, and wealth-building opportunities can

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[2] https://www.cdc.gov/socialdeterminants/index.htm
[3] https://health.gov/healthypeople/objectives-and-data/social-determinants-health
[4] Federal Reserve Survey of Consumer Finances, 1989-2019: https://www.federalreserve.gov/econres/scf/dataviz/scf/chart/#series:Net_Worth;demographic:racecl4;population:all;units:median;range:1989,2019
[5] Lifting as We Climb: Women of Color, Wealth, and America's Future. Insight Center for Community Economic Development, 2010. https://static1.squarespace.com/static/5c50b84131d4df5265e7392d/t/5c5c7801ec212d4fd499ba39/1549563907681/Lifting_As_We_Climb_InsightCCED_2010.pdf
[6] The Impact of Coronavirus on Households, by Race/Ethnicity. NPR, Robert Wood Johnson Foundation, Harvard T.H. Chan School of Public Health, September 2020. https://drive.google.com/file/d/1XoV6pqzvtag4E9YQeLRTvHaWAIN-s830/view
[7] Closing the Racial Inequality Gaps. Citi GPS: Global Perspectives & Solutions, September 2020. https://ir.citi.com/%2FPRxPvgNWu319AU1ajGf%2BsKbjJjBJSaTOSdw2DF4xynPwFB8a2jV1FaA3Idy7vY59bOtN2lxVQM%3D

yield substantial gains in tax revenue for state and local governments, reductions in reliance on public assistance, and increased commercial activity resulting in higher annual national GDP on the order of hundreds of billions of dollars.[8]

Kansas can address these inequities and their impacts by closing gaps in economic participation, education, and health care access. When it comes to barriers to participation in work, training or education, research has shown low-income workers and workers of color tend to find access to affordable transportation, childcare and early childhood programs, and housing to be a greater barrier than higher-income and white workers. For instance, low-income families – and disproportionately, families of color – must spend on average nearly a third of their income on childcare and early childhood programs. At the same time, childcare jobs are disproportionately held by women and especially women of color, but in many cases these jobs are not high-quality, well-paid positions.[9] Such foundational barriers to economic participation must be addressed through multi-faceted approaches that (re)center new and existing public investments around equity. This will also mean addressing barriers to accessing financial services and education, investment capital, and home ownership, and eliminating biases that may exist each of these systems, such as inaccurate valuation of homes owned by people of color that may negatively impact their property tax rates.[10]

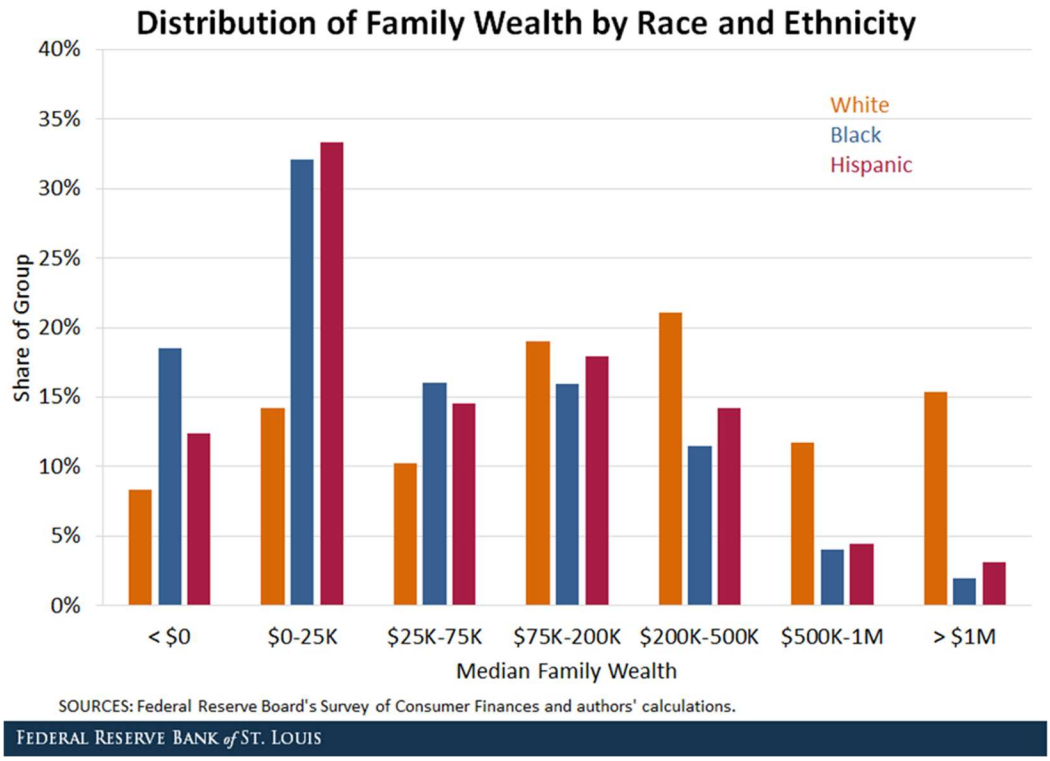

Fig. 1: Illustration from a presentation to the CREJ

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[8] Ibid.

[9] Equity Starts Early: Addressing Racial Inequities in Child Care and Early Education Policy. Center for Law and Social Policy, July 2018. https://www.clasp.org/sites/default/files/publications/2018/08/Equity%20Starts%20Early%20Executive%20Summary.pdf. An Anti-Racist Approach to Supporting Child Care Through COVID-19 and Beyond, Center for Law and Social Policy, July, 2020. https://www.clasp.org/publications/report/brief/anti-racist-approach-supporting-child-care-through-covid-19-and-beyond

[10] Reassessing the Property Tax. Christopher Berry. The University of Chicago Harris School of Public Policy and the College, February, 2021. https://cpb-us-w2.wpmucdn.com/voices.uchicago.edu/dist/6/2330/files/2019/04/Berry-Reassessing-the-Property-Tax-2_7_21.pdf; https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:95854c65-5686-44af-8638-b9adb519690a#pageNum=1

A comprehensive approach to improving racial equity in Kansas must not only address the challenges currently faced by working families but must also ensure greater equity in the educational opportunities that will set families up for future success. It is important that the state education system be committed to providing all students with equitable access to a high-quality education from early learning through to postsecondary pathways. Beginning with high-quality early childhood education opportunities, which have been shown to provide cascading, multi-generational effects for families[11], state education systems can invest in and reflect their diverse student populations. Research points to the cognitive, social, and emotional benefits realized through diversifying classrooms with students from different backgrounds, cultures, and orientations to the world.[12] This impact extends to the teachers standing in front of those classrooms, with research pointing to the positive effects of diversifying the teacher workforce as well. In one longitudinal study, Black students randomly assigned to at least one Black teacher in grades K-3 were 9 percentage points (13%) more likely to graduate from high school and 6 percentage points (19%) more likely to enroll in college than their same-school, same-race peers.[13] In addition to investing in the richness of diversity in the classroom, state leaders can examine funding structures to ensure equitable support across school districts. Longitudinal studies reveal that school finance reforms in the 1970s and 80s that resulted in increased spending for districts that served low-income students led to higher high school graduation rates, greater educational attainment, higher earnings, and lower rates of poverty in adulthood.[14]

Opportunities to open educational pathways to equitable opportunity extend beyond the K-12 setting and into postsecondary education and training. While helping students complete college is an effective strategy to promote economic mobility, students who are Black, Latinx, and Native American tend to have higher unmet financial need, higher levels of debt, and struggle financially to stay in school. Research has shown that using race-neutral strategies alone to address college affordability and access will not eliminate racial inequality.[15] Active interventions, focused on the needs of the students and families struggling to overcome financial and structural barriers to opportunity, will be needed to realize progress.

Parents and children must be healthy in order to engage in work and education, but racial disparities are also notable nationwide in health outcomes and in access to care. Racial and ethnic minority groups experience higher rates of illness and death across many conditions, including diabetes, hypertension and obesity.[16] Social and economic conditions also contribute to the racial and ethnic health inequities observed in the development of particularly chronic diseases like type 2 diabetes, in part related to the increased frequency of certain interrelated

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[11] Perry Preschool: Intergenerational Effects Academic Papers. https://heckmanequation.org/resource/perry-preschool-papers-2019/

[12] How Racially Diverse Schools and Classrooms Can Benefit All Students. Amy Stuart Wells, Lauren Fox, and Diana Cordova-Cobo, February 2016. https://tcf.org/content/report/how-racially-diverse-schools-and-classrooms-can-benefit-all-students/?agreed=1

[13] The Long-Run Impacts of Same-Race Teachers. Seth Gershenson, Cassandra M. D. Hart, Joshua Hyman, Constance Lindsay, and Nicholas W. Papageorge NBER Working Paper No. 25254 November 2018, Revised February 2021. https://www.nber.org/system/files/working_papers/w25254/w25254.pdf

[14] C. Kirabo Jackson, Rucker Johnson, Claudia Persico. November 2014. How Money Makes a Difference: The Effects of School Finance Reforms on Outcomes for Low Income Students. Stanford Center for Opportunity Policy in Education. https://edpolicy.stanford.edu/sites/default/files/publications/how-money-makes-difference-effects-school-finance-reforms-outcomes-low-income-students.pdf

[15] Hard Truths: Why Only Race-Conscious Policies Can Fix Racism in Higher Education. The Education Trust, January 2020. https://edtrust.org/resource/hard-truths/

[16] Racism is a Serious Threat to Public Health. Centers for Disease Control and Prevention, April 2021. https://www.cdc.gov/healthequity/racism-disparities/index.html

social and economic conditions like reduced access to health insurance coverage, stable housing and employment, and healthy food in communities of color.[17]

These racial disparities are particularly stark for maternal and child health. Black, non-Hispanic women have pregnancy-related mortality rates over three times higher than those noted for white women. These disparities persist across education levels as well. Among women with a college education, Black women have a five times higher pregnancy-related mortality rate than white women. These disparities have complex causes, but they can be partly attributed to disparities in access to adequate prenatal care as Black women are much less likely to receive early and regular prenatal care compared to white women. Furthermore, infants born to Black women are over twice as likely to die as infants born to white women.[18]

Through learning sessions with a variety of stakeholders, members of each subcommittee explored issues related to social determinants of health and how to address them. These stakeholders shared a broad range of ideas on how to address racial disparities in economic, educational, and health outcomes, and the recommendations of each subcommittee are presented below.

Following these discussions, and taking this information into account, the Commission developed recommendations to address racial equity in Kansas by focusing on social determinants of health, in particular looking at factors that influence the economic, educational, and health outcomes of our citizens.

The recommendations span many topics and address items that may take place on the state/agency, legislative, and/or local level. They are arranged by topic and not by priority. The Commission hopes that the Governor, Legislature, and local governmental bodies will consider the recommendations that are applicable to them and take action.

[17] Communities in Action: Pathways to Health Equity. National Academies Press, January 2017. https://www.ncbi.nlm.nih.gov/books/NBK425845/

[18] Racial Disparities in Maternal and Infant Health: An Overview. Samantha Artiga, Olivia Pham, Kendal Orgera, and Usha Ranji. November 2020. https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/

RECOMMENDATIONS BY SUBJECT

EARLY CHILDHOOD AND CHILD CARE

In 2019, thousands of Kansans contributed to an assessment conducted by the Kansas Children's Cabinet and Trust Fund to understand the early childhood and child care needs in the state.[19] The resulting strategic plan informs the work happening today, and the plan noted the importance of collaboration and action on multiple fronts to meet these goals which continues. In addition, as the economy reopens and Kansans look to return to work, access to child care has emerged as a significant barrier to returning to work for many, and racial minorities tend to have less access to quality, affordable child care. This hinders their ability to engage in work or education programs and contributes to racial employment, income, and wealth gaps.

The Kansas Department of Children and Families operates a number of programs to support child care access, such as the Child Care (CC) Subsidy, and offers public resources on finding quality child care providers. The Kansas Department of Health and Environment supports continuity of operations for licensed child care facilities, including during the COVID-19 pandemic, through a network of local child care surveyors that coordinate with local public health officials to provide guidance to community child care providers and assist providers in keeping their doors open. Improving access to affordable child care will support greater participation in education, training, and employment opportunities for all Kansans and will support the economic mobility and advancement of families of color. **The following are recommendations related to early education and child care:**

Improve the Kansas Child Day Care Assistance Credit *(Ref: Governor's Council on Education, Feb 2021)*

EC.1 | LEGISLATIVE

The Child Day Care Assistance credit is an existing tax credit, administered by the Kansas Department of Revenue and intended to encourage businesses to help their employees find childcare, either by providing childcare services directly or providing assistance in locating services as needed. Kansas can improve the program and expand utilization with a few policy changes:

- **Expand the types of businesses eligible for the credit**
  Currently C-Corporations and privileged taxpayers (financial institutions) are the only filers eligible to claim the credit.
- **Eliminate the reduction of benefits that occurs after the first year when covering the cost of on-site childcare.**
  Currently 50% of costs spent towards on-site care for employees can be written off in the first year, up to $45,000 per filer. That drops to 30% and caps at $30,000 in subsequent years.

[19] https://kschildrenscabinet.org/all-in-for-kansas-kids/strategic-plan/

- **Expand the types of eligible qualifications/activities.**
  Add payments to a shared services agency at the 50% level or pay into a shared service model that provides similar benefits to employees as the two existing eligible expenses.

Incorporate the science of toxic stress and adverse childhood experiences (ACEs) into federal, state, and local policies and programs.

EC.2 | STATE/AGENCY, LEGISLATIVE, LOCAL

Trauma-informed care and healing-centered approaches can support resilience and help mitigate the effects of toxic stress and ACEs, which affect children of all social groups but disproportionately affect children of marginalized groups.

Establish a statewide public-private partnership *(Ref: Governor's Council on Education, Dec 2019).*[20]

EC.3 | STATE/AGENCY

This new organization shall be tasked with matching philanthropic and private funds to support community-informed and identified approaches designed to equitably meet the needs of Kansas children and families.

Support the continued work of the Governor's Council on Education, the Kansas Children's Cabinet, and other organizations focused on improving early childhood outcomes in Kansas.

EC.4 | STATE/AGENCY

The administration has already taken action on a number of recommendations from the Governor's Council on Education, including establishing the Kansas Children's Cabinet and Trust Fund as the Early Childhood Advisory Council in February 2020,[21] and establishing an Early Childhood Integrated Data System Agreement. Both of these steps position Kansas for success in early childhood efforts.

Implement a DC:0-5 Crosswalk

EC.5 | STATE/AGENCY

DC: 0-5 is a manual for diagnostic classification of mental health and developmental disorders for children ages 0-5. Adopting this set of classifications enhances mental health professionals' ability to accurately diagnose and treat mental health disorders in the earliest years while also capable of being cross-walked with ICD 10 codes. DC: 0-5 provides a developmentally appropriate diagnostic assessment, allows identification of medically-necessary early childhood mental health conditions, and facilitates Medicaid reimbursement for appropriate treatments. DC: 0-5 has been adopted in state Medicaid policy by at least 10 states.

Provide resources to support the use of therapeutic pre-schools that are equipped to support the healthy development of all children.

EC.6 | STATE/AGENCY, LEGISLATIVE, LOCAL

Also consider use of behavioral health consultants in early learning settings to ensure children receive age-appropriate behavioral health support rather than harsh discipline, disrupting adverse trajectories, like a preschool to prison pipeline.

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[20] https://governor.kansas.gov/governors-council-on-education-presents-policy-recommendations-to-governor-kelly/
[21] https://governor.kansas.gov/wp-content/uploads/2020/03/EO-20-02_Executed.pdf

Ensure quality initiatives in childcare systems include equity indicators in areas such as curriculum, pedagogy, inclusion, and behavior management.

EC.7 | STATE/AGENCY

Efforts to increase the overall quality of early care and education settings should include strategies that achieve equitable outcomes for children with diverse backgrounds and learning needs. This may include prioritizing evidence-based curricula that address and/or emphasize culturally responsive practice, workforce training and preparation that support implementation of equitable teaching methods, and development of inclusive early learning environments and practices that minimize inequitable behavior management practices.

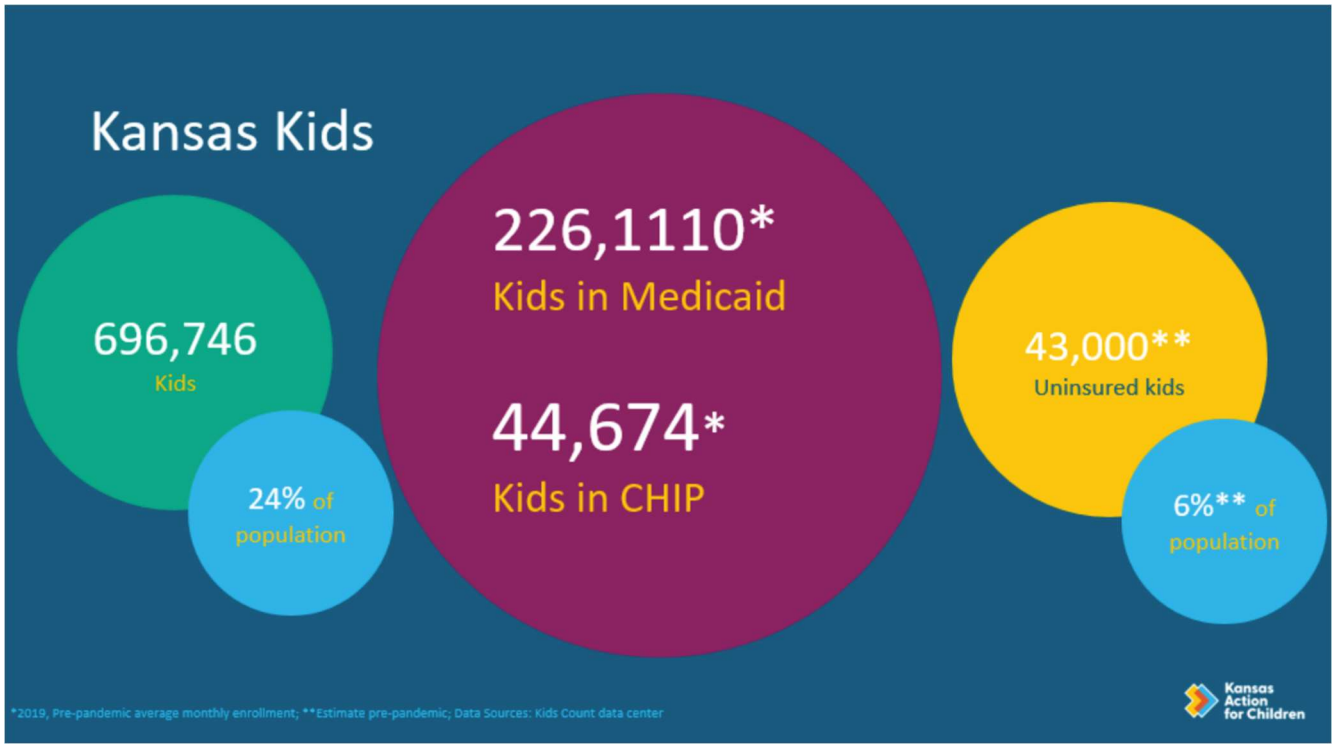

Fig. 2: Illustration from a presentation to the CREJ

MAXIMIZING FEDERAL FUNDING

Existing and anticipated federal funds administered across a range of state agencies and programs could be better coordinated and aligned to support more efficient and effective service delivery for Kansans most in need of support. The state should consider over-arching strategies and approaches to maximizing federal funds across program areas.

In particular, the American Rescue Plan Act (ARPA) and other federal recovery packages direct $350 billion to states through the State Fiscal Recovery Fund (SFRF) that can be applied to achieve a wide range of policy objectives over a three-year period. The state of Kansas is receiving $1.6 billion in ARPA funds, and Governor Kelly established the Strengthening People and Revitalizing Kansas (SPARK) Task Force to oversee the use of state dollars, while resources provided through the Local Fiscal Recovery Fund (LFRF) of ARPA will be allocated

by local governments.[22] Racial equity should be a central factor in considering how to strategically allocate these resources and a focus when implementing the initiatives and programs toward which these funds are directed. **The following are recommendations related to maximizing and targeting federal funding:**

Repeal restrictions that prevent families from accessing TANF and SNAP benefits and disproportionately impact families of color.

MFF.1 | LEGISLATIVE

The policy changes that Kansas implemented in 2015 and 2016 created barriers to accessing TANF and SNAP benefits. Data shows that families of color were heavily impacted by these changes, which directly correlated to an increase in children being placed in foster care.[23] Rolling these harmful policies back would have a number of positive effects in the state: improvements in racial equity, bringing additional federal SNAP and TANF dollars into the Kansas economy, and helping to keep families together and healthy even when facing poverty.

Focus on Social Determinants of Health and equity in the KanCare Managed Care re-procurement process.

MFF.2 | STATE/AGENCY

As the state begins the process of engaging Managed Care Organizations (MCOs) in a new state contract, the request for proposal and procurement process should include a racial equity lens, as well as a focus on leveraging Medicaid funds to support improvements in the Social Determinants of Health. Opportunities include funding for Community Health Workers, improving patient-centered care teams and delivery models, and using creative models from other states that have shown improved health outcomes.

Explore opportunities for innovation and improvements within the KanCare program.

MFF.3 | STATE/AGENCY

Kansas' Medicaid program, KanCare, is created under an 1115 waiver with the federal government. The state should review 1115 waivers from other states and identify best, promising, and emerging practices that may be a good fit for Kansas.

Improve use of care teams and alternative providers.

MFF.4 | STATE/AGENCY

Utilize state scope of practice laws and administrative policy to prioritize the use of broadened care teams and the establishment of providers like dental therapists. Also, pursue innovation models that enable implementation of demonstration projects with alternative providers without having to change scope of practice.

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[22] https://governor.kansas.gov/governor-laura-kelly-announces-local-governments-to-receive-federal-coronavirus-relief/
[23] https://www.kcur.org/government/2017-12-15/ku-study-indicates-link-between-kansas-welfare-restrictions-foster-care-case-increase

Consider the perspectives of people of color and people from groups impacted by COVID-19 in the process of distributing federal relief funds.

MFF.5 | STATE/AGENCY, LOCAL

As entities look at implementing direct relief and allocating discretionary funds, they should create structures that bring people of color and communities disproportionately impacted by COVID-19 to the table where decisions are being made and consider their perspectives.

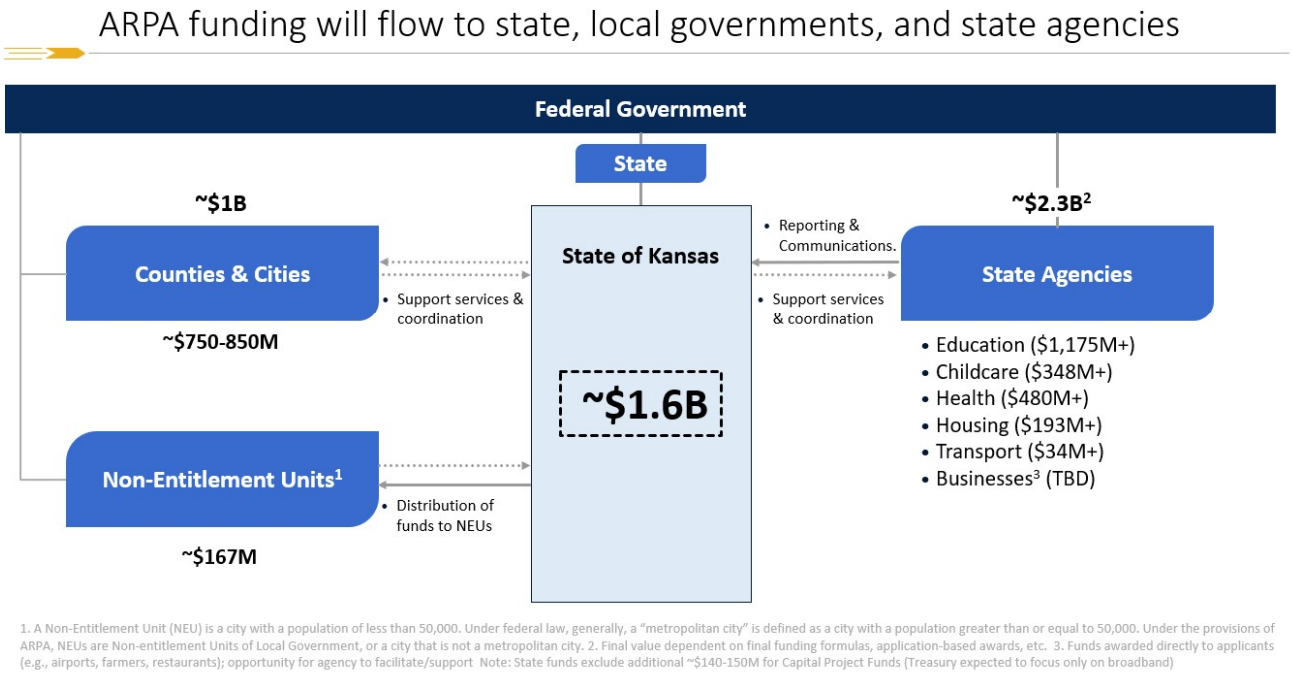

Fig. 3: Illustration from a presentation to the CREJ

Target aid to those most in need due to COVID-19 and the consequent economic crises. Additionally, leverage funds to advance policies that increase equity.

MFF.6 | STATE/AGENCY, LOCAL

The decision structures for federal relief spending should include prioritizing populations disproportionately impacted by COVID-19 and considering how funds can be used to advance priorities that Kansas has already put in place to lift up equity across the state. This should include policies that dismantle persistent racial, ethnic, gender, and economic inequities and other barriers that non-dominant groups and identities experience.

Direct federal funds using a broad interpretation of "health" that includes social determinants of health and considers health equity.

MFF.7 | STATE/AGENCY, LOCAL

Significant funds from ARPA and other federal relief packages are directed to improving health outcomes. Kansas should consider the definition of "health" to include aspects of the social determinants of health and allocate those funds accordingly. Additionally, health equity should be a primary consideration in the distribution of funds.

Ensure the lowest administrative burden possible for communities and individuals accessing funding and assistance, in particular around utility and housing assistance. Application procedures should be as simplified and accessible as possible.

MFF.8 | STATE/AGENCY, LOCAL

As government entities implement direct relief programs and discretionary spending from the federal American Rescue Plan Act and other relief packages, they should consider equity in program access. This includes offering both online and paper forms of applications; eliminating applications entirely where possible; providing navigators to help consumers access services; and providing resources to community groups who specialize in outreach and engagement to assist in connecting individuals to programs.

Explore ways that dollars may be used to provide direct assistance to workers through wage and benefit supplement programs.

MFF.9 | STATE/AGENCY, LOCAL

Essential workers have served Kansas throughout the pandemic, taking on significant personal health and safety risk. Many frontline essential workers in food service, long-term facilities, and healthcare are also among the lowest-paid and least likely to have access to health benefits. The state and local governments should explore ways to provide federal reinvestment funds directly to these essential workers, to supplement wages, benefits or both.

TAX POLICY

The Kansas Department of Revenue is the primary entity responsible for administering and monitoring tax policy and programs, with additional programs implemented through or in partnership with other agencies such as the Kansas Housing Resources Corporation. Recent national research has demonstrated how the tax burden is not evenly distributed across communities, and that often lower-income communities of color bear a disproportionately heavy tax burden due to biases in tax policy as well as in enforcement. Improving racial equity necessitates a critical examination of tax policy and tax distribution across the state. **The following are recommendations related to tax policy:**

Implement an equity assessment on tax distribution and consider how the state can collect future race and ethnicity data around tax collections and distribution.

TP.1 | STATE/AGENCY, LOCAL

The Kansas Department of Revenue and local taxing authorities should develop a plan to collect race and ethnicity data on tax collections and distribution. That data should be assessed and analyzed to determine how Kansans of different races and ethnicities are impacted by the tax structure. Analysis should include both short-term and long-term impacts of tax policy.

Eliminate the sales tax on food.

TP.2 | LEGISLATIVE, LOCAL*

Kansas is one of only seven states in the nation that fully taxes groceries, and the Kansas state sales tax rate of 6.5% on food is the second-highest in the country. The legislature should act to completely eliminate the sales tax on food.

Create an additional tax bracket for high income earners in the state to ensure a more equitable tax structure.

TP.3 | LEGISLATIVE

Kansas currently has three tax brackets for state income taxes with all families filing jointly who make over $60,000 a year paying the same rate. By creating a fourth bracket for families filing jointly with incomes over 100,000 a year the state could more equitably distribute the tax burden.

Consider how funding mechanisms shape use of services.

TP.4 | STATE/AGENCY, LEGISLATIVE, LOCAL

The shift at the state and local level to utilizing fines and fees to fund services may disproportionately affect people of color and create a structure where access to services or avoidance of punishment is contingent on access to capital. State and local governments should look for alternative penalties and funding streams that are more appropriate and equitable.

Allow Kansas taxpayers using an ITIN (Individual Taxpayer Identification Number) to claim earned income tax credit at the state level.

TP.5 | LEGISLATIVE

While taxpayers without a social security number cannot access the earned income tax credit at the federal level, multiple states allow ITIN filers to access EITC at the state level. Broadening access to the Earned Income Tax Credit (EITC) at the state level to ITIN holders would ensure more access to this resource for marginalized communities in our state.

Expand the Homestead Property Tax Credit to include renters.

TP.6 | LEGISLATIVE

The Kansas Homestead Refund program provides a rebate for property taxes paid by Kansas homeowners with a total household income of $36,300 or less. Because renters also bear the burden of property taxes, which they pay to their landlords in the form of rent payments, the program should be expanded to allow renters to receive the rebate.

TEACHER DIVERSITY

Research points to the cognitive, social, and emotional benefits realized through diversifying classrooms with students from different backgrounds, cultures, and orientations to the world. [24] This impact extends to the teachers standing in front of those classrooms, with research pointing to the positive effects of diversifying the teacher workforce as well. In one longitudinal

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* This represents an updated version of a similar recommendation in the July report.

[24] How Racially Diverse Schools and Classrooms Can Benefit All Students. Amy Stuart Wells, Lauren Fox, and Diana Cordova-Cobo, February 2016. https://tcf.org/content/report/how-racially-diverse-schools-and-classrooms-can-benefit-all-students/?agreed=1; Learning Policy Institute, Diversifying the Teaching Profession: How to Recruit and Retain Teachers of Color.

study, Black students randomly assigned to at least one Black teacher in grades K-3 were 9 percentage points (13%) more likely to graduate from high school and 6 percentage points (19%) more likely to enroll in college than their same-school, same-race peers.[25] As such, many states, districts, and teacher preparation programs have invested in strategies for recruiting and retaining a diverse educator workforce.[26] **The following are recommendations related to teacher diversity:**

Encourage expansion of the Grow Your Own (GYO) programs across the state, including incentives for GYO graduates who take positions at "hard-to-staff" schools.

TD.1 | STATE/AGENCY, LEGISLATIVE

States can create targeted, teacher recruitment programs that seek to attract high-achieving minority students to the teaching field. One model is the statewide program established in Illinois.[27] The creation of a statewide program allows a state to combine human capital reform goals with a targeted effort to recruit minority teachers. As states move to create new ways of assessing teacher effectiveness, state-sponsored programs can lead the way in recruiting minority teachers who will succeed under new evaluation systems. State-led programs can also be models for teacher preparation, training, and professional development.

Provide flexibility to student teaching programs for non-traditional students who must work and student teach.

TD.2 | LEGISLATIVE, LOCAL

Student teaching requires that candidates spend full days in schools for several months. This model was developed many years ago when most college students were "traditional." Many of today's students, including GYO candidates, are non-traditional. They attend college part-time because they are adult heads of households, have one or more jobs, and often have to care for children of their own. Remedies could include different models for student teaching experiences, with more flexibility in scheduling and credit acquisition. The state should create grant programs that districts can access to assist these individuals, and the state and districts should allow student teachers to receive work-study support.

Ensure policies can be adapted for education students who have outside jobs, families, and/or limited financial resources.

TD.3 | STATE/AGENCY, LOCAL

State and district policy should allow institutions of higher education to offer a diversity of programs for teacher preparation, offer low-cost options for teacher preparation and certification, and support statewide programs to recruit and prepare minority teachers. Training institutions should provide individualized supports for education students and adjust to their needs.

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[25] The Long-Run Impacts of Same-Race Teachers. Seth Gershenson, Cassandra M. D. Hart, Joshua Hyman, Constance Lindsay, and Nicholas W. Papageorge NBER Working Paper No. 25254 November 2018, Revised February 2021. https://www.nber.org/system/files/working_papers/w25254/w25254.pdf

[26] Governor Cooper's North Carolina Developing a Representative & Inclusive Vision for Education (DRIVE) Task Force; Washington State "Grow Your Own" Resources; Grow Your Own Illinois; Task Force on Diversifying Virginia's Educator Pipeline; South Carolina's The Center for Recruitment, Retention, and Advancement (CERRA) Pro-Team, Teacher Cadets, and Teaching Fellows Programs; Pathways2Teaching: A Grow Your Own Teacher Program.

[27] https://www.ibhe.org/assets/files/gyostatute.pdf

Provide supports to districts with high-needs schools.

TD.4 | STATE/AGENCY, LEGISLATIVE, LOCAL

The state and local school boards should explore ways to assist school districts with a high number of at-risk student populations as measured by economics, race, and ethnicity by equitably distributing resources to zip codes serving a higher at-risk population, providing mentors and instructional coaches or cohort groups to new teachers, reducing class sizes, and by providing social emotional staffing support for districts with high at-risk populations.

Incentivize second-language fluency for teachers and other staff in educational institutions.

TD.5 | LOCAL

To support students who are English language learners and encourage diversity in the educational workforce, districts should provide additional pay or other incentives for individuals who use languages other than English that are common in the school district.

Increase and fund pathways for individuals employed in school districts.

TD.6 | STATE/AGENCY, LEGISLATIVE, LOCAL

For example, provide opportunities for paraeducators to become licensed as teachers, or provide STEM training opportunities for educators in other fields.

CREJ members joined Governor Kelly for the signing of the 2021 Juneteenth proclamation

Collaborate with local educational associations or other groups who can help provide equity training and assist with recruitment efforts.

TD.7 | LOCAL

Districts should utilize resources available to them from local, state, and national groups around equity training, recruitment, and other topics.

Provide incentives and structures to engage teachers as mentors and encourage mentorship by teachers who come from underrepresented groups.

TD.8 | LOCAL

Mentoring relationships are a proven method to help new teachers succeed in their roles. In particular, teachers from underrepresented groups can benefit from a seasoned mentor to help them learn the ropes. Districts and schools should invest in programs that engage this type of mentorship.

Develop programs that incentivize the hiring of individuals who live and work in the neighborhoods where they teach.

TD.9 | LOCAL

Educators who are tied to the neighborhoods that their students come from have opportunities to build relationships and more fully understand their communities. Districts should incentivize teachers and staff to live in the district.

Districts should create policies that support and protect diversity among students, teachers, and staff.

TD.10 | STATE/AGENCY, LEGISLATIVE, LOCAL

Clear policies addressing diversity, equity, and inclusion contribute to an environment that provides the best educational experience for everyone.

POST-SECONDARY EDUCATION

The State of Kansas has a unique opportunity to align and leverage agency planning focused on racial equity in career pathway and postsecondary priorities. In 2020, the Kansas Board of Regents (BOR) launched a new strategic plan entitled Building a Future.[28] This plan prioritizes examination of access and enrollment equity gaps and has set metrics to assess progress in addressing these issues. The Kansas Children's Cabinet and Trust Fund (Children's Cabinet) also positioned equity as an organizing principle in the All in for Kansas Kids Strategic Plan.[29] This plan takes an integrated approach to education access by addressing strategies across the education and support continuum to maximize equitable participation and success in career pathway programs. With intentional alignment, state system approaches can be enhanced to further address embedded inequities, build in more inclusive strategies, and transparently measure state progress on these goals. **The following are recommendations related to post-secondary education:**

[28] https://www.kansasregents.org/resources/Building_a_Future.pdf
[29] https://kschildrenscabinet.org/

Design loan forgiveness and other student debt policy solutions to benefit students of color and help close racial wealth gaps.

PSE.1 | STATE/AGENCY

Access to post-secondary education is a determining factor in a student's future success. The state should work to ensure that funding sources are available to students from low-income backgrounds or who are first-generation college students.

Support scholarships for tuition assistance through programs such as the Kansas Promise Scholarship Act.

PSE.2 | LEGISLATIVE

The state should continue to support and expand on policies such as the Kansas Promise Scholarship Act, which provides scholarships for students attending eligible post-secondary institutions in Kansas for any two-year associate degree program, career and technical education certificate, or stand-alone program otherwise identified by the Kansas Board of Regents.

Provide resources to post-secondary institutions so that they are less reliant on student tuition, and to close enrollment and graduation gaps.

PSE.3 | LEGISLATIVE

Without appropriate funding, institutions may increase tuition and fees to cover their costs, which in turn disproportionately impacts low-income students. Include enhanced need-based student financial aid and support for student success services.

Connect career and technical educational systems with workforce needs and develop public-private partnerships to provide learning opportunities to students.

PSE.4 | STATE/AGENCY, LOCAL

The state should invest in infrastructure that supports education for high-demand occupations. Schools and businesses can partner to provide on-the-job training opportunities in critical skills.

Ensure we have accessible transfer pathways from two-year to four-year post-secondary educational institutions within the state.

PSE.5 | STATE/AGENCY, LOCAL

This includes updating KBOR policy manual Chapter 111.A.9 Degrees B. 2a-d to treat transfer credits from two year and four institutions equally, while maintaining upper level and residency requirements for bachelor's degrees. Students attending two-year schools are more racially and ethnically diverse than students at four-year colleges and universities. When we accept more transfer credits from four-year institutions and do not accept the same courses from two year institutions, we end up institutionalizing a disadvantage for students who are more likely to be students of color. A recent Government Accountability Office Report found that transfer students lose roughly 40% of their credits when moving between institutions.[30] This comes at a significant financial cost for students, extends their time to degree, and discourages their completion process. Regent schools are all looking to improve retention and graduation rates. This proposal is a student-centered approach to higher education that ensures KBOR institutions create and

[30] https://www.insidehighered.com/news/2017/09/14/reports-highlight-woes-faced-one-third-all-college-students-who-transfer

maintain transfer pathways between community colleges and four-year institutions while maintaining the rigor of our four-year degrees. The board should implement this policy universally at all four-year post-secondary educational institutions.

Create an improved Free Application for Federal Student Aid (FAFSA) completion process for students and to ensure a smoother process for students from a two-year college to increase access to baccalaureate programs.

PSE.6 | STATE/AGENCY, LEGISLATIVE

Students must submit a FAFSA in order to qualify for federal student aid for postsecondary education. An improved process for FAFSA completion will benefit students, particularly first-generation college students and others who may not be familiar with the process. The state should support the KBOR efforts in this area.

Encourage initiatives aimed at providing more access to college for incarcerated individuals.

PSE.7 | STATE/AGENCY, LEGISLATIVE

Programs like Second Chance Pell and others bring postsecondary education opportunities into state correctional facilities. The Kansas Department of Corrections should continue to pursue programs that allow individuals who are incarcerated to access higher education, including job skills training that increase their chance for success upon release.

CREJ members discuss report recommendations

SCHOOL RESOURCE OFFICERS

The presence of school resource officers (SROs) or law enforcement officers in schools varies among schools and communities, with approximately 68 percent of high school students across the U.S. experiencing the presence of a school resource officer.[31] Education, public safety, and human services officials may consider the impact of police presence in schools on the racial disparities in school discipline and referrals to the justice system. The Commission on Racial Equity and Justice made several recommendations related to SROs in its first report in December 2020.[32] **The following are additional recommendations related to school resource officers:**

If law enforcement is utilized in school districts for any purpose, districts should create sustainable partnerships and formalize Memoranda of Understanding (MOUs) between school districts, law enforcement agencies, and stakeholders.

SRO.1 | LOCAL

> A formal agreement between the school district and law enforcement agencies, developed in conversation with other stakeholders, can help ensure clarity between various parties on the intention of the engagement and the guidelines of law enforcement involvement in the educational institution.

If law enforcement is used in schools, institutions should provide training to SROs, including but not limited to restorative justice, anti-racism, implicit bias training, and school-based strategies to support social and emotional health and de-escalation.

SRO.2 | LOCAL

> Districts should be involved in the recruitment and hiring of effective SROs and school personnel that are trained in educational practices that support students. All school personnel should be educated on the role of SROs in districts that choose to utilize them so that they can be properly engaged.

If law enforcement is used in schools, implement policies that restrict SROs from addressing student discipline or enforcing school rules.

SRO.3 | LOCAL

> If SROs are utilized in a school or school district, their role should be mentorship of students and enforcement of laws. SROs should not enforce rules or be used to discipline students.

SCHOOL MASCOTS

The time is right for the state of Kansas to take intentional steps to remove the use of Native American mascots and related imagery in public education settings. The work has already begun, with Wichita school board members voting in February 2021 to get remove the controversial Redskins mascot at North High School.[33] Four schools in the Shawnee Mission School District will select new mascots after the district's board of education voted unanimously

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[31] https://www.urban.org/urban-wire/prevalence-police-officers-us-schools.
[32] https://governor.kansas.gov/wp-content/uploads/2020/12/CREJ-Report-December-1-2020_FINAL-1.pdf
[33] https://www.kmuw.org/post/wichita-public-schools-drops-redskins-name-north-high

in favor of a policy that bans derogatory or offensive mascots.[34] Additional steps can be taken at the state level to accelerate and encourage these district-level actions. **The following are recommendations related to school mascots:**

Review and eliminate the use of Native American mascots, imagery, and names by educational institutions and sports teams, unless used by a tribal school or educational institution.

SM.1 | LEGISLATIVE, LOCAL

This action can be taken at the local or state level. Nevada passed a law in 2021 that could be used as a model for a state legislative action.[35]

If imagery remains (for example, is a permanent part of an architectural structure), educational resources should be included and conversations with the community and appropriate tribal and Native American organizations should be held to ensure imagery is appropriately contextualized.

Institutions and entities should collaborate with the Kansas Office of Native American Affairs (KONAA) and the Kansas Association for Native American Education (KANAE) to identify resources and to educate and assist in assessing their Native American representations.

SM.2 | LOCAL

KONAA can assist in coordinating conversations with Kansas tribes and other stakeholders in the state. KANAE at Kansas State University can help connect entities with additional perspectives and knowledges of tribal nations.

Schools should recognize and respect Tribal sovereignty and acknowledge and build partnerships with federally recognized tribes in their school district.

SM.3 | LOCAL

The Commission recognizes and respects local control by elected boards of education and encourages active involvement of local communities, students, and citizens around the topic of Native American mascots with information provided regarding the harmful effects of Native American mascots.

School districts should re-examine their anti-bullying and anti-discrimination policies and should include culturally-relevant instructional resources are inclusive of all groups and present culturally, historically, linguistically, and socially accurate information and representations. All resources should be historically accurate and free of glorifying oppressive constructs, beliefs, and ideas.

SM.4 | LOCAL

These efforts should include Native American history and educational opportunities, as well as supports for Native American students within the district's state educational plan under the Every Student Succeeds Act (ESSA).

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[34] https://www.kcur.org/news/2021-01-26/four-shawnee-mission-schools-will-have-new-mascots-after-years-of-using-native-american-imagery

[35] https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7369/Overview

MATERNAL AND CHILD HEALTH

Improving the health and well-being of mothers, infants and children is critically important, especially as it significantly influences the health and welfare of the next generation. Maternal and child health is an early indicator of future public health challenges for families, communities, and the health system.[36] Unfortunately, significant racial disparities exist in maternal and child health. A recent Kaiser Family Foundation brief highlighted:[37]

- Black and American Indian and Alaska Native (AIAN) women have higher rates of pregnancy-related death compared to white women.
- Black, American Indian, and Alaska Native (AIAN), and Native Hawaiian and Other Pacific Islander (NHOPI) women are more likely compared to white women to have births with risk factors that increase likelihood of infant mortality and can have long-term negative consequences for children's health.
- Reflecting increased birth risks, infants born to Black, AIAN, and NHOPI women have markedly higher mortality rates than those born to white women.

These disparities, in part, reflect increased barriers to health care among people of color. The recommendations in this report aim to improve access to health care for people of color in Kansas and we expect the future report to highlight policy recommendations that focus on early learning and social emotional development during the critical prenatal to three-year time frame. **The following are recommendations related to maternal and child health:**

Expand Medicaid. ***(See recommendation AH.1 under Access to Healthcare)***

MCH.1 | LEGISLATIVE

Offer comprehensive maternal benefits through Medicaid.

MCH.2 | STATE/AGENCY, LEGISLATIVE

Many states have effectively leveraged federal Medicaid funds to provide broader services to mothers and children, including offering home visits, funding for clinical training on health equity and implicit bias, developing broader networks of maternity care providers in rural areas, and research on the potential benefits of Medicaid coverage for doula care. Kansas should adopt such programs that have been proven to improve health outcomes.

[36] https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health
[37] https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-maternal-infant-health-overview/

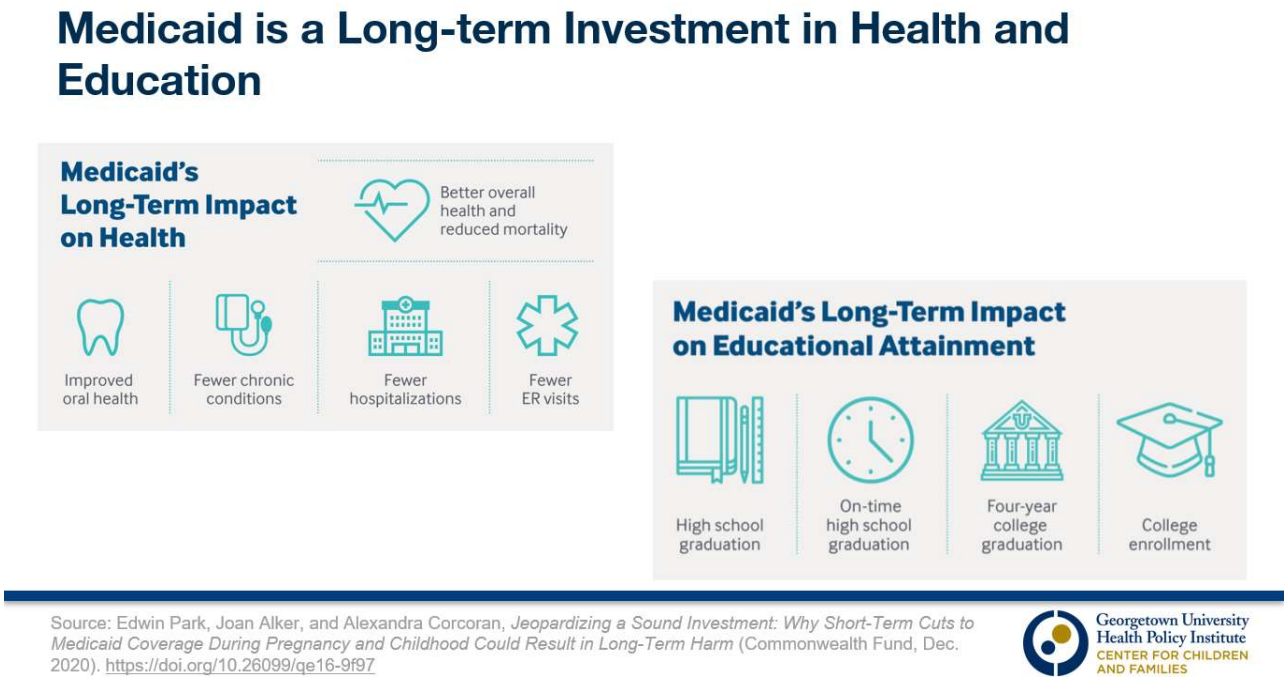


Fig. 4: Illustration from a presentation to the CREJ

Extend Medicaid coverage for mothers to 12 months postpartum.

MCH.3 | STATE/AGENCY, LEGISLATIVE

On average, each year over 9,000 mothers in Kansas are dropped from Medicaid enrollment/coverage 60 days after the end of pregnancy. Ensuring Medicaid coverage for a continuous 12 months postpartum (extending an additional 10 months) can significantly improve health outcomes for mothers, children, and families across the state.

Publicly report measures of child health by race and ethnicity and service location (region, plan, provider), starting with the developmental screening measure for children ages 0–3.

MCH.4 | STATE/AGENCY

Medicaid and CHIP require states to collect a range of children's quality measures encompassing both physical and mental health. Requiring KDHE to collect and report child core set measures de-segregated by race/ethnicity and service location for children ages 0-3 would provide data needed to track progress in the state's effort to address disparities.

Develop payment policy to support the health of the child/caregiver relationship, utilizing a model of "two-generation" care.

MCH.5 | STATE/AGENCY

KDHE should adopt programs and payment policies that prioritize infant-early childhood mental health by paying for evidence-based dyadic care or family therapy and parenting programs. Additionally, KDHE should explore team-based primary care, high-performing medical homes, and comprehensive home visiting as strategies to support "two-generation" care.

Utilize quality programs as part of Managed Care Organization (MCO) contracts to improve quality of care.

MCH.6 | STATE/AGENCY

Require and/or provide incentives to Medicaid managed care plans to focus on areas important to maternal and child health, such as behavioral health screenings and interventions, developmental screenings, prenatal care, or well-child visits.

Train partners to utilize a birth equity framework.

MCH.7 | STATE/AGENCY, LOCAL

State and local health departments and health providers across the state should utilize the birth equity framework to educate providers, parents and community members on how to create and assure conditions of optimal births for all people. The framework aims to address racial and social inequities in a sustained way.

Establish First 1,000 day "health homes" for new mothers and children ages 0-3.

MCH.8 | STATE/AGENCY

Kansas should establish health homes for the first 1,000 days of a child's life[38] and utilize comprehensive care coordination services to better connect new mothers and children to needed physical and behavioral health care. KDHE should explore how to leverage the pediatric visit to pay for care coordination services as well as utilize community-based providers, like Community Health Workers, to provide care and critical wrap-around services to ensure mothers and children's physical, behavioral, social, and emotional needs are met during the child's first 1,000 days.

Develop payment policies to reimburse community-based providers such as community health workers, home visitors, doulas, and lactation consultants.

MCH.9 | STATE/AGENCY

Kansas Department of Health and Environment's Division of Health Care Finance, also known as the state Medicaid agency, has authority to recognize and reimburse credentialed members of the health care team such as community health workers, home visitors, doulas, and lactation consultants. To improve access to culturally competent, quality, community-based care, the commission recommends that KDHE pursue state plan amendments, payment policies, and MCO contract language that recognizes and reimburses health care teams for the maternal and child health services provided by these community-based providers. KDHE should also explore how innovative payment models and programs such as health homes and targeted case management could be used to improve health for new mothers and infants.

Improve health of children by reducing the number of uninsured children through enabling continuous coverage for children ages 0-5.

MCH.10 | LEGISLATIVE

Kansas is one of the states with a growing number of uninsured children. In 2019, there were 9,000 fewer Kansas children who had health coverage than in 2016. Black, Indigenous, and children of color are nearly twice as likely to be uninsured than white children (7.8% vs 4.2%) in

[38] https://health.ny.gov/health_care/medicaid/redesign/first_1000.htm

Kansas. Kansas can reduce the number of children who churn off Medicaid due to red tape/ administrative reasons by implementing a policy that ensures all Kansas children have continuous coverage for ages 0-5. Increased access to coverage will result in more consistent access to pediatrician-recommended well-child visits. Such regular check-ups, as recommended by the American Academy of Pediatrics, are more frequent during early years of development to ensure delays or health problems are addressed as early as possible. This can help to put a child on the path for success in kindergarten and well beyond into adulthood.

Raise income level for the Children's Health Insurance Program (CHIP) and pregnant women to 240% of the Federal Poverty Level (FPL).

MCH.11 | LEGISLATIVE

Ensuring pregnant mothers have access to prenatal care is critical to improving health and outcomes for both mothers and infants. Expanding eligibility for coverage to 240% FPL will provide access to health coverage for more Kansas mothers. Raising eligibility to 240% FPL for CHIP and pregnant women would align income eligibility for pregnant women and children in the state.

Support telehealth policies to improve maternal and child health outcomes and maintain access to telehealth services post-COVID 19.

MCH.12 | STATE/AGENCY, LEGISLATIVE

Ensuring that all Kansas mothers have access to telehealth services established during the public health emergency will require legislative action to establish payment parity, ensure mothers can access services from home or other setting of choice and their provider has flexibility of where their providing the service (originating and distance site issues), can use audio devices and personal devices to access telehealth services. The state should ensure telehealth covers services for new mothers and children ages 0-5. Such services should be available in Spanish and other languages statewide.

Partner with state groups to offer best practices and education for mothers and families during and after pregnancy.

MCH.13 | STATE/AGENCY, LOCAL

KDHE should partner with local health departments and school districts to support the use of evidence-based prenatal, postpartum, and parenting programs as a strategy to improve health outcomes and reduce disparities.

VACCINE EQUITY

As of May 2021, about 241 per 1,000 Black Kansans and 120 per 1,000 Native American Kansans had been vaccinated, compared to approximately 338 per every 1,000 white people.[39] To address these disparities in vaccination rates, Governor Kelly has convened the COVID-19 Vaccine Equity Task Force, a group consisting of leaders across diverse organizations, including academics, community organizers, physicians, nurses and faith leaders, as well as

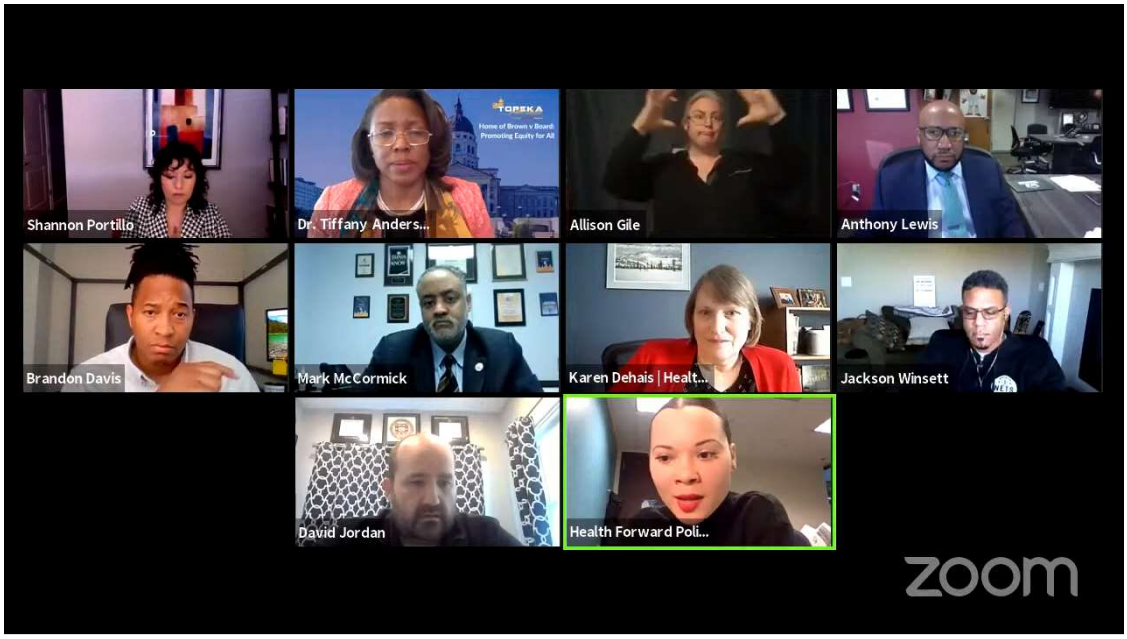
[39] https://kansasreflector.com/2021/05/29/equity-task-force-looks-to-continue-push-as-covid-19-vaccination-racial-disparity-improves-in-kansas/

representatives from state government.[40] Barriers to vaccine equity include reduced access to transportation in communities of color, language barriers and gaps in culturally competent messaging about the vaccine. **The following are recommendations related to vaccine equity:**

Provide COVID-19 vaccines and treatment to uninsured individuals in exchange for 100 percent federal matching rate for these services.

VE.1 | STATE/AGENCY

The American Rescue Plan (ARP) requires coverage of COVID-19 vaccines and treatment without cost sharing for Medicaid and CHIP beneficiaries throughout the public health emergency and for one full year after the emergency has ended. States can also choose to provide COVID-19 vaccines and treatment to uninsured individuals, in exchange for 100 percent federal matching rate for these services. Kansas should take advantage of this option to ensure all Kansas can access vaccinations and treatments.



The CREJ hears a presentation on Social Determinants of Health from the Health Forward Foundation

Provide grants to trusted partners and community-based organizations that could both educate people about the importance of data collection and collect data at vaccination sites.

VE.2 | STATE/AGENCY, LOCAL

Collecting and reporting disaggregated data is the only way we will know if vaccine distribution is equitable and we know who is getting vaccinated. However, data collection can create barriers for individuals who fear misuse of that data. Kansas should work with community partners to ensure that data collection is implemented in a way that does not create unintended barriers.

Beyond collecting and reporting data, Kansas should also:

- **Provide grants to trusted partners and community-based organizations** that could both educate people about the importance of data collection and collect data at vaccination sites.

[40] https://governor.kansas.gov/governor-laura-kelly-launches-first-covid-19-vaccine-equity-taskforce-meeting/

- **Ensure clarity about how people's personal data will be used**, both in vaccine communications and at the vaccination site. Individuals who refuse to provide personal data should not be turned away.
- **Collect racial, ethnic, and other demographic data**, including on people incarcerated broken out by federal, state, and local levels, as well as by gender and race. Data should be publicly available and updated every weekday, with appropriate privacy safeguards in place.

Utilize culturally competent messaging about vaccine efficacy and availability. Make sure materials and communications are available in a variety of languages.

VE.3 | STATE/AGENCY, LOCAL

Communication from state and local governments about vaccines and vaccine availability should be clear, timely and culturally competent. In relation to the COVID-19 vaccine, messages should also highlight that the vaccines are safe, effective, and free, and that individuals who refuse to share personal data will not be turned away from getting a vaccine. Use a variety of media, including social media, ethnic media, traditional media, and mainstream media. States can also employ phone banking, door-to-door canvassing, and texting campaigns.

Permit Medicaid enrollees to use the Medicaid Non-Emergency Medical Transportation (NEMT) benefit to access transportation to get vaccinated. Work to ensure this benefit is easily accessible.

VE.4 | STATE/AGENCY

KDHE should permit Medicaid enrollees to use the Medicaid Non-Emergency Medical Transportation (NEMT) benefit to access transportation to get vaccinated. States can also make accessing this benefit easier for Medicaid enrollees.

Develop a strategy for reaching people who are confined, using existing home visiting infrastructure, such as medical house calls, visiting nurses, or even programs like Meals on Wheels, can help reach this population.

VE.5 | STATE/AGENCY, LOCAL

Kansas should utilize community-based providers like community health workers, home-visitors, and other home-based services and programs to assist people who are confined in accessing vaccinations and care. For instance, community health workers could help make appointments, provide transportation and coordinate care. The state should explore leveraging ARPA funding, grant funding and other Medicaid reimbursement for these services. Similarly, set up mobile vaccine clinics in neighborhoods/census tracts with high populations of communities of color and others most impacted by the COVID-19 virus.

Identify strategies to distribute vaccines to the most impacted communities.

VE.6 | STATE/AGENCY

The state should develop innovative distribution models to distribute vaccines to the most impacted communities. Communities of color have been disproportionately impacted by the pandemic and utilizing local clinics and mobile clinics as well as culturally competent providers, like community health workers, to reach these communities should be a priority.

Employ phone banking, canvassing and municipal emergency alert systems or reverse 911 infrastructure to notify people of vaccine availability.

VE.7 | LOCAL

To ensure municipalities are reaching everyone in their communities they should employ a multi-channel direct communications and outreach strategy to reach residents. Municipalities should leverage their reverse 911 infrastructure or emergency alert systems in this effort.

Set up partnerships with Community-Based Organizations (CBOs) and schools that reach targeted populations to conduct neighborhood-based vaccination clinics.

VE.8 | LOCAL

School-based clinics, community organizations, safety-net clinics and community groups have strong community connections. Local health departments should work in partnership with trusted community organizations as well as provide funding to these groups to assist with vaccine education and distribution.

UNIVERSAL EQUITY POLICIES

Policies that encourage universal equity in all ways are essential to promote dialogue and improved access to benefits and services among a wide range of stakeholders. Considering the need for universal equity when developing and reviewing policies and programs creates opportunities to build culturally inclusive perspectives within existing practices as well as new efforts. Harnessing these opportunities to incorporate equity considerations into existing policies, data utilization, and planning are a central component of ensuring universal equity. **The following are recommendations related to universal equity policies:**

Encourage government policies and enact legislation that requires bias and equity analysis of policy decisions and legislation at all levels.

UE.1 | STATE/AGENCY, LEGISLATIVE, LOCAL

Similar to the process of reviewing fiscal notes that inform policymakers about the financial impact of proposed legislation, or requesting economic impact statements on relevant bills, the legislature should adopt a procedure for developing and considering equity analysis and impacts of any policy change.

Encourage government entities to incorporate land acknowledgements in their facility planning efforts.

UE.2 | STATE/AGENCY, LEGISLATIVE, LOCAL

A Land Acknowledgment is a formal statement that recognizes and respects Indigenous Peoples as traditional stewards of this land and the enduring relationship that exists between Indigenous Peoples and their traditional territories.[41]

[41] https://www.northwestern.edu/native-american-and-indigenous-peoples/about/Land%20Acknowledgement.html

Provide language interpretation and translation services so that Kansans have access to their government.

UE.3 | STATE/AGENCY, LEGISLATIVE, LOCAL

All government entities in the state should take steps ensure that meetings, offices, and services are available to all of their constituents, regardless of their English language proficiency. This should include translation of documents as well as live interpretation for meetings or conversations, including American Sign Language (ASL).

See recommendation AH.3 for specific recommendations for the healthcare field.

HOUSING AND HOMELESSNESS

Many state housing programs for lower-income households, including emergency rental assistance, eviction prevention, homeless services, and first-time homebuyer programs, are administered by the Kansas Housing Resources Corporation.[42] Governor Kelly has also commissioned a housing study to assess the state of housing policy and programs in Kansas and areas for improvement. Stable access to safe and affordable housing is foundational to a person's ability to live with dignity, engage in the labor market and achieve economic mobility. As such, it is crucial that racial equity be at the center of housing program development and service provision. **The following are recommendations related to housing and homelessness:**

Explore community land trusts as a path to making homeownership more accessible.

HH.1 | STATE/AGENCY, LOCAL

Community land trusts (CLT) are not-for-profit entities, organized and run by community members, that hold land in a trust for the benefit of the community. Under a CLT model, land may be used for community gardens, affordable housing projects, parks and green spaces, or other initiatives. Through cooperative agreements, CLTs make homeownership achievable for individuals who may not be able to purchase a home through more standard means.

Develop stipend or loan programs for code enforcement and small replacements.

HH.2 | LOCAL

To avoid situations where homeowners may be evicted for minor code violations, local governments should develop programs to provide loans or stipends that can help resolve the issues. Programs should be accessible and include protections against foreclosure.

[42] https://kshousingcorp.org/

Explore options to assist homeowners in paying for utilities and property taxes.

HH.3 | STATE/AGENCY, LEGISLATIVE, LOCAL

Property taxes and utility payments can fluctuate and create significant burdens for homeowners. Assistance programs can help bridge the gap for homeowners experiencing temporary need.

Explore options to provide access to counsel for individuals involved in eviction cases.

HH.4 | STATE/AGENCY, LEGISLATIVE, LOCAL

Low-income homeowners and renters often find themselves disadvantaged in eviction and foreclosure proceedings due to a lack of familiarity with the legal system and housing law. Access to legal counsel ensures that no individual is evicted or foreclosed on simply because they weren't aware of options available to them. The state should consider options to provide access to council, up to and including a presumptive right to counsel in housing cases.

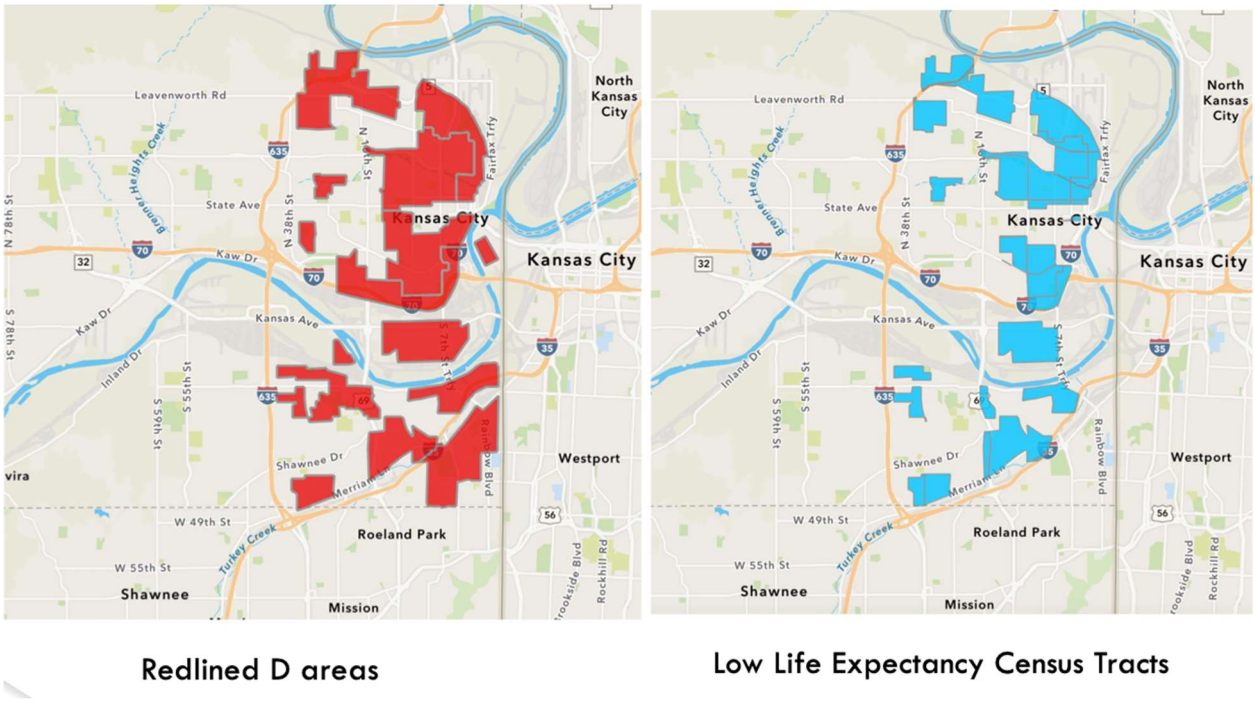


Fig. 5: Illustration from a presentation to the CREJ

Update discrimination statutes to include protection against income discrimination.

HH.5 | LEGISLATIVE, LOCAL

Kansas landlords can legally discriminate against individuals based on their source of income, primarily by refusing to rent to individuals who use non-wage income like Social Security or Section 8 Housing Vouchers to pay for their housing. In reality, discrimination against lawful sources of income can be a proxy for racial discrimination.

Address the appraisal process to allow a more cohesive understanding of a buyer's position in the housing market as compared to their surrounding area and competition.

HH.6 | LEGISLATIVE

Real estate appraisers use comparable sales ("comps") data to establish the appraised value for a home. It can be difficult, particularly in low-income neighborhoods or those impacted by

foreclosures, to accurately determine the value of a home. The state should establish clear guidelines on how to fairly assess home values that do not unfairly disadvantage communities of color.

Hold banks responsible for foreclosed properties and their upkeep.

HH.7 | LEGISLATIVE, LOCAL

When foreclosed properties are not properly maintained, their presence has a negative impact on the surrounding neighborhood. Banks should be responsible for ensuring that properties they own are clean and cared for.

Support the use of the Collective Impact Model to reduce homelessness through intentional partnerships.

HH.8 | LEGISLATIVE, LOCAL

Cities, school districts, housing providers, funders, local agencies, and the state all play a role in providing resources and assisting unsheltered families and students. By building relationships and coordinating efforts, separate entities can have a wider impact to improve the lives of Kansans.

Replicate and fund models with a proven track record of reducing homelessness.

HH.9 | LEGISLATIVE, LOCAL

Programs like Impact Avenues, which has been implemented in Topeka and Wyandotte County reduce student homelessness and improve the educational outcomes of those students by leveraging philanthropic funding and removing barriers to student accomplishment.[43]

Braid Medicaid funding with other federal and state funding, including prevention investments by MCOs, to support access to safe, adequate, permanent housing as a foundational social determinant of health.

HH.10 | STATE/AGENCY, LEGISLATIVE

Other states have leveraged federal Medicaid funding to help support housing efforts, acknowledging the important role that housing plays in the health of individuals and communities. Kansas should follow suit and find creative ways to engage Medicaid services more broadly.

Encourage lending entities to allow individuals with employment authorization to seek a home loan.

HH.11 | LEGISLATIVE

Individuals who are authorized to live and work in the United States, but are not citizens, often have difficulty securing a home loan from a traditional lender, making homeownership impossible for many families. The state should explore ways to encourage flexibility in employment authorizations or statuses that lending institutions consider in the home loan process.

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[43] https://www.topeka.org/impact-avenues/about-impact-avenues/

BROADBAND

The Kansas Office of Broadband Development was established in 2020 within the Kansas Department of Commerce to help ensure all Kansans can live, work, learn and compete in a global economy by improving universal access to quality, affordable and reliable broadband. Among their initiatives is the Broadband Acceleration Grant program - Kansas' first state-funded competitive broadband grant opportunity to fund projects that facilitate access to high-quality internet service to Kansas homes, businesses and communities.[44] Improving broadband connectivity for all communities, including and especially for communities of color, is essential to reducing racial disparities in access to information, health and human services, education, civic engagement and employment opportunities. **The following are recommendations related to broadband development:**

Support the Kansas Office of Broadband Development in its efforts to expand broadband access across the state.

BB.1 | STATE/AGENCY, LEGISLATIVE

Broadband development is critical for the educational and economic success of all communities in Kansas, including communities of color. The state should continue to support and invest in broadband access for all Kansans.

Maintain a perspective that supports equity in the implementation of broadband development.

BB.2 | STATE/AGENCY, LEGISLATIVE, LOCAL

State and local governments that are making investments in broadband should ensure that their work centers equity and accessibility for underserved communities.

WAGES AND LENDING PRACTICES

Profound disparities in earned wages and biases or limitations in lending practices have historically barred racial minorities from experiencing upward socio-economic mobility by limiting access to wealth-building activities such as home ownership. Low wages and lending practices continue to pose major barriers to closing the racial wealth gap across the country, including in Kansas. Targeted and strategic improvements to wage and lending regulations will help improve these conditions and, by increasing the wealth-building capacity of minority families, will render the other recommendations in this report more effective in improving racial equity across the state. **The following are recommendations related to wages and lending practices:**

Increase the state minimum wage and index it to adjust for inflation.

WL.1 | LEGISLATIVE

The Kansas minimum wage is currently $7.25 per hour. It was last changed in 2009 and represents $14,500 per year for Kansans working 40 hours per week and 50 weeks per year. Minimum wage workers in Kansas are disproportionately people of color.[45] An increase in the minimum wage would particularly impact current labor shortages in the state in childcare workers, healthcare workers, and other critical sectors.

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[44] https://www.kansascommerce.gov/community-development/infrastructure-assistance/broadband-development/
[45] https://governor.kansas.gov/wp-content/uploads/2021/11/MinWage20210921.pdf

Fig. 6: Illustration from a presentation to the CREJ

Establish limits on high-cost lending practices in Kansas.

WL.2 | LEGISLATIVE

2021 HB 2189 and 2021 SB 218 contain changes to the state's lending law that would cap open-end credit finance charges at 36%, limit fees on such loans, and add disclosure requirements to make the cost of loans more transparent. Additionally, legislators should consider model legislation from Colorado, where a 2010 bill limited maximum interest rates and enabled borrowers to repay loans in reasonable installments.[46]

Create stipend opportunities with realistic repayment forms while holding loan recipients accountable to reduce the risk of program exploitation.

WL.3 | LEGISLATIVE

The state could replace the predatory lending model with a program that allows Kansans to borrow and repay funds when needed for emergency situations. Repayment of loans should be reported to credit agencies.

[46] https://legiscan.com/CO/text/HB1351/2010

WORKFORCE

The Kansas Department of Commerce administers workforce services connecting Kansas job seekers and employers via KANSASWORKS, the state's public workforce assistance system, and convenes partnerships with industry, academia, and technical education partners via the Workforce AID (Aligned with Industry Demand) program (a partnership between the Kansas Department of Commerce and the Kansas Board of Regents).

The KANSASWORKS State Board (KWSB) serves as the state's federally-recognized state workforce development board, comprised of industry, education, and human services partners appointed by the governor to provide strategic direction for the state's workforce development investments, partnership development, and program implementation across the state's designated local areas.[47] There are several opportunities to embed a greater focus on racial equity across the numerous training and employment programs and funding streams administered via the KANSASWORKS system and to bolster these investments to help close racial employment, income and wealth gaps. **The following are recommendations related to workforce development:**

Support recommendations in the Kansas Registered Apprenticeship (RA)/Work Based Learning Expansion Initiative Report.

WF.1 | STATE/AGENCY, LEGISLATIVE

The group, convened by the Kansas Department of Commerce, included representatives from the business community, labor unions, and educational institutions. Their recommendations were that the state:

- **Increase staffing resources and enhance technology tools**
- **Develop and implement a robust and effective Marketing & Communications Plan to increase awareness among both employers and job seekers/students**
- **Create an Incentive Program and encourage employers to develop Registered Apprenticeship programs**
- **Provide RA Intermediary development grants for multi-employer consortiums**
- **Expand use of Pre-Apprenticeship and Youth Apprenticeship Programs**
- **Identify financial support to leverage funds and align services to sustain RA expansion strategies**

Invest in a culturally competent and diverse workforce, particularly in the healthcare sector.

WF.2 | STATE/AGENCY, LEGISLATIVE, LOCAL

Policies should include professional development requirements for frontline staff on implicit bias, race, and working with families; supporting a pipeline for recruitment and training of BIPOC providers; and exploring state scope of practice laws and training programs to align with creation of career pathways. Consider leveraging ARPA dollars and other federal funds to support these efforts.

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[47] https://ksworksstateboard.org/

The state should conduct a needs assessment specific to the healthcare workforce and implement recommendations indicated by the results.

Update statute to allow for hiring of more Kansans in healthcare fields.

WF.3 | LEGISLATIVE

The Board of Nursing and other healthcare licensing bodies in Kansas should be allowed to license qualified individuals who have met all requirements set by the boards, and who have legal authorization to work in the United States but are not citizens. Arkansas passed a similar measure in 2019.[48]

Build systems and structures to support deployment of Community Health Workers to bridge access gaps in underserved communities.

WF.4 | STATE/AGENCY, LEGISLATIVE, LOCAL

A Community Health Worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.[49] Policies to support CHW models include:

- Develop **payment and credentialing policies** to recognize and sustain culturally competent care team providers like Community Health Workers.
- Develop **research and fund public awareness campaign** to ensure that stakeholders—community, clinical, payers, state—understand the role and value of CHW.
- Provide **funding to community-based organizations** to support community-based programs utilizing CHWs.
- State policymakers and local government should work with clinical partners to **understand how to work with CHWs** to close gaps in care and achieve optimal clinical outcomes.
- The state should **develop payment policy and managed care contract language** to incentivize payers and clinical partners to work with community-based organizations who utilize CHWs to improve health and coordinate services outside of the health care system.
- Support the provision of **technical assistance to CBOs** to partner with health payers/providers on the use of CHWs.

ACCESS TO HEALTHCARE

Ensuring individuals have access to comprehensive and affordable healthcare is essential to overall health. Developing policies that improve access to and coverage of comprehensive care for all individuals within a variety of coverage structures, including Medicaid and private insurance, are key to achieving this goal. A crucial step in developing policy solutions is gaining a better understanding of existing data and what disparities exist to help inform improved access to healthcare and gathering information on race and ethnicity can help both identify and

[48] https://www.arkleg.state.ar.us/Bills/Detail?ddBienniumSession=2019%2F2019R&measureno=HB1552
[49] https://www.apha.org/apha-communities/member-sections/community-health-workers/

address these health inequities. The improvement of data collection and reporting of race and ethnicity data, providing clear and consistent policies that reflect state demographics, and strengthening data infrastructure further increases understanding of health inequities and ways to improve access to healthcare. **The following are recommendations related to improving access to healthcare:**

Expand Medicaid.

AH.1 | LEGISLATIVE

Expanding Medicaid eligibility to 138% of the federal poverty is the single most impactful thing that the state of Kansas could do to increase access to care, as well as improve health equity and health outcomes. Expansion would positively impact many areas of study for the Commission, including healthcare, education, and economic systems. If Kansas were to expand its Medicaid program, approximately 82,700 uninsured nonelderly adults would become eligible for coverage, 38% of the state's uninsured nonelderly adult population.[50]

Collect data in the state around racial equity and access to healthcare services.

AH.2 | STATE/AGENCY, LOCAL

The state, local governments, and providers should track service deployment using race and ethnic data and use data to deploy services and resources to communities with the largest disparities.

Improve language access and interpretation services in the healthcare field.

AH.3 | STATE/AGENCY, LEGISLATIVE, LOCAL

Navigating healthcare services is even more difficult for individuals who are most comfortable using a language other than English. The state can improve access to healthcare for Kansans who use another language by implementing these policies:

- **Disseminate information to healthcare institutions** regarding importance, need for and requirements around interpretation services.
- Explore the **creation of a language access department** within state Medicaid office of the Kansas Department of Health and Environment.
- Develop an accessible system for **patients to file complaints** about problems with interpretation services or lack of services.
- Enact state versions of Title VI or ACA Sec. 1557 to **clarify requirements for services**.
- Create legislation that clarifies **interpreter competency definitions** and requires all healthcare interpreters to be qualified.
- Build capacity to **disseminate public health messaging** to residents who use minoritized languages, including disseminating messages in Spanish and other languages spoken locally. Localities should also consider appropriate modalities and literacy levels.
- Investigate current process for **Medicaid reimbursements for interpretation services** and conduct statewide needs assessment on language access needs in each service area.
- Conduct comparative effectiveness study on a **language access intervention.**

[50] https://files.kff.org/attachment/fact-sheet-medicaid-expansion-KS

- Fund trainings and programs to support individuals to get **interpreter training** or universities/nonprofits to provide trainings, including medical Spanish at high schools and other professional development.
- Fund infrastructure and training for **video remote interpreting** in addition to telephone.
- Fund public education and outreach around the **rights of patients and responsibilities of providers** with respect to language access.

Support express lane eligibility to streamline access to Medicaid and CHIP.

AH.4 | STATE/AGENCY, LEGISLATIVE

Increase access to services by reducing burdens on families by using available information from other benefit programs to establish eligibility for Medicaid and CHIP.

Eliminate the five-year waiting period for legal immigrant children and pregnant women to access Medicaid and CHIP.

AH.5 | LEGISLATIVE

Ensure more children and pregnant women in Kansas have access to affordable health insurance by removing barriers to Medicaid and CHIP eligibility for legal immigrants.

FAMILY PLANNING

The availability of family planning services allows individuals to achieve desired birth spacing and family size and contributes to improved health outcomes for infants, children, women, and families. Increasing access to family planning services can help prevent unintended pregnancies, reduce the number of infant deaths and the number of infants born too early, reduce sexually transmitted diseases, and improve the health of women and men of all ages. For many women, a family planning clinic is their entry point into the health care system. Family planning services help protect women from many health risks before, during, or after childbirth. These risks can include high blood pressure, gestational diabetes, infections, miscarriage, and stillbirth. **The following are recommendations related to family planning:**

Ensure the availability of affordable and accessible contraceptive care and contraceptive methods.

FP.1 | STATE/AGENCY

In order to increase access to family planning services and reduce unintended pregnancies, KDHE and the state Medicaid programs should pursue a family planning services State Plan Amendment (SPA) or Innovation Waiver (1115 Waiver) that:

- Expands access to **Family Planning Services Program**, including expanding access to LARCs.
- Provide easily **accessible alternative contraceptive coverage** for women who receive health insurance through employers and plans exempted from the contraceptive coverage requirement.
- Funds **care coordination and referral systems** to an appropriate health care provider, nurse navigators and to programs that support family planning and post-partum services.
- Funds coordination between hospital agencies and university research facilities to identify strategies to **reduce health inequities** in unintended pregnancy and access to contraception.

- Establish a **family planning workgroup** to coordinate outreach and education programs regarding family planning services.
- Implement **Long Acting Reversible Contraception (LARC) reimbursement rate increase** and unbundle LARC drugs and devices from other rates.
- Utilize **presumptive eligibility** for family planning services and no longer requires a Prior Authorization for LARCs under KanCare.
- **Expand Title X** program, including funding LARCs.

Increase eligibility for family planning services under Medicaid to 171% of the Federal Poverty Level.

FP.2 | LEGISLATIVE

Federal law allows expansion of Medicaid, specific to family planning services, up to 171% of the Federal Poverty Level. In Kansas, pregnant women are covered by Medicaid up to this level; family planning services should match.

Improve access to contraception under private health insurance plans.

FP.3 | LEGISLATIVE

Require new and revised private health insurance plans to cover U.S. Food and Drug Administration (FDA)-approved contraceptives without cost sharing. Require insurers to cover over-the-counter family planning methods without a prescription.

CREJ members discuss report recommendations

BEHAVIORAL HEALTH

Behavioral health, encompassing mental health and the treatment of substance use disorders, is key to a healthy and productive life as well as resilient and vibrant communities. Focusing on preventing, detecting, and treating behavioral health conditions has impacts on individuals, their families, and their communities, as well as the overall health and vitality of each.[51] Data shows racial disparities in the impacts of behavioral health systems on communities of color. For example, despite reporting a lower prevalence of substance use disorder than their white counter parts, Black and Brown communities experience greater problems associated with substance use, such as legal issues, justice system involvement, and social consequences. [52] [53] Policies that strengthen access for all individuals across communities to diagnose and treat a range of behavioral health conditions improve overall health and wellness. Improved access to telehealth, new innovations such as app-based mental health solutions, and crisis response mechanisms support existing behavioral health frameworks. Relationship-building across and within systems, departments, and programs also increases the likelihood that more individuals have access to appropriate supportive services that are culturally-, age-, and situationally-appropriate in a variety of settings. **The following are recommendations related to behavioral health:**

Expand telehealth access and codify regulations that expanded telehealth for mental health.

BH.1 | STATE/AGENCY, LEGISLATIVE

Kansas, like many states, expanded access to telehealth services in response to the COVID-19 pandemic. These policy changes, including payment parity, use of personal devices, and ability to initiate services at distant sites, make it easier for patients to access services and for providers to provide services, and should be made permanent.

See recommendations on broadband.

Utilize app-based mental health services in Medicaid to improve access for young adults.

BH.2 | STATE/AGENCY, LEGISLATIVE

Following the lead of private payers, the state should study how app-based mental health can be integrated in Medicaid services so that young adults enrolled in Medicaid are not left behind.

Support and finance the use of mobile crisis response models, including co-responder and virtual co-responder models to assist law enforcement in responding to behavioral health calls and stops. *(Ref Governor's Commission on Racial Equity and Justice Report, December 2020)*[54]

BH.3 | LEGISLATIVE, LOCAL

Mental health professionals who ride with and work alongside law enforcement officers can contribute to positive outcomes and promote treatment over incarceration for individuals experiencing mental health crisis. Kansas communities should implement appropriate co-responder programs where possible.

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[51] https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf
[52] https://www.sciencedirect.com/science/article/abs/pii/S0376871619302443?via%3Dihub
[53] https://www.vera.org/publications/for-the-record-unjust-burden
[54] https://governor.kansas.gov/wp-content/uploads/2020/12/CREJ-Report-December-1-2020_FINAL-1.pdf

Increase use of Mental Health First Aid Training, Crisis Intervention Training, and other behavioral health trainings for new and existing officers. ***(Ref Governor's Commission on Racial Equity and Justice Report, December 2020)***[55]

BH.4 | STATE/AGENCY, LOCAL

Increasingly, law enforcement officers are being asked to respond to mental health crisis situations. All officers should be equipped to de-escalate and safely resolve emergency mental health incidents.

Build relationships between local governments, law enforcement agencies, and other entities to provide robust behavioral services in communities.

BH.5 | LOCAL

Explore opportunities to develop public private partnerships between local government, law enforcement, health care and community-based organizations to utilize social workers, care coordinators, and other community based mental health providers to address mental health needs and prevent interaction with law enforcement, child welfare and crisis services.

Improve access to mental health care in educational settings.

BH.6 | STATE/AGENCY, LEGISLATIVE, LOCAL

Kansas has developed initiatives like the Mental Health Intervention Teams pilot program to bring behavioral health care into schools and improve access to care for students in need. These efforts represent important positive movement and the state and local governments should continue to focus on improvements, including:

- **Coordinate with local governments and school systems** to ensure school-based services are available to the broader community, including out-of-school youth and young parents.
- **Expand hours** of School Behavioral Health Clinics to include youth friendly after-school, weekend, and summer hours. Ensure students and community members know how they can access services if the school is closed.
- **Ensure that schools become Medicaid providers** that can bill the agency directly, or by participating in the Medicaid School-Based Services program. This program covers care for students with an Individualized Education Program (IEP) but can also help cover administrative costs for all students.
- **Leverage national and state-level resources and trainings** that are offered through organizations like National Center for School-based Mental Health (NCSMH), School Based Health Association (SBHA), among others, to expand school-wide supports and policies that promote trauma informed systems.
- **Partner with a strong and supportive sponsoring agency**, such as Federally Qualified Health Centers (FQHCs), behavioral health organizations, universities, or other qualified entities to maximize Medicaid reimbursement. These partnerships free up limited county and philanthropic dollars to serve uninsured students. State should explore how payment policies can incent collaboration to improve service delivery.
- **Offer services in multiple languages** so that students and community members can receive assistance in the language that they are most comfortable with.

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[55] Ibid.

- **Fund and support policies** that establish, maintain, and expand school based mental health services.
- **Increase state investments** in Early Head Start and similar programs to ensure that eligible families with young children have access in the communities where they live and work.

Research and develop strategies to successfully integrate mental and behavioral health services with physical health care.

BH.7 | STATE/AGENCY, LEGISLATIVE, LOCAL

By addressing behavioral health in routine checkups or emergency medical visits, the state can promote early intervention and more stable care for individuals. Planning should effectively engage stakeholders to assess how prepared the existing provider network is for integration and to make decisions about integration models and strategies.

Ensure confidentiality is maintained for all Kansans seeking behavioral health care.

BH.8 | STATE/AGENCY, LOCAL

Develop confidentiality policy and procedures to ensure children and teenagers experiencing behavioral health issues can confidentially access services to ensure they get the care they need.

Employ strategies to broaden coverage so that Kansans have access to preventative behavioral health services.

BH.9 | STATE/AGENCY, LEGISLATIVE, LOCAL

Policies that should be considered include:

- Use state dollars to provide mental health coverage for youth **regardless of their immigration status**.
- Strengthen existing **hospital presumptive eligibility (HPE) policy** through pilot partnerships between hospitals and behavioral health providers to qualify youth for HPE at the hospital and provide behavioral health services onsite.
- Avoid or remove **citizenship questions** on the presumptive eligibility application; not all states include a citizenship question in their HPE/PE screening.
- Update Medicaid state plans to permit **same-day billing** of different services across physical and mental health.
- Carve behavioral health care into **Medicaid managed care contracts**, rather than carving it out.
- Pass state-level **parity provisions** that include reporting and enforcement mechanisms.
- Allow preventive behavioral health care to be provided **without a diagnosis**, especially for infants and toddlers.
- Provide resources to early childhood learning and behavioral health providers to provide services in **culturally-appropriate languages and settings**.

Conduct a statewide assessment to identify gaps in funding and services as well as best practices and proven models.

BH.10 | STATE/AGENCY, LEGISLATIVE, LOCAL

The state should perform a comprehensive assessment to guide future investments and offerings. For example, evidence-based programs like Mental Health First Aid and the Attachment Bio-Behavioral Catch-Up Program have been proven to improve prevention and early intervention efforts. Suicide prevention programs like the 988 hotline and Zero Reasons Why should also be assessed and expanded as appropriate.

Assist individuals seeking behavioral health care to enroll in Medicaid if eligible.

BH.11 | STATE/AGENCY

Develop policies for state hospitals and other behavioral health treatment facilities to automatically enroll eligible patients in Medicaid at the time of discharge.

Improve data tracking and coordination between systems within behavioral health.

BH.12 | STATE/AGENCY, LEGISLATIVE, LOCAL

Support better collaboration between behavioral health system, legal system and law enforcement around behavioral health services, trainings and data tracking by race and ethnicity. Specifically, the state should maintain race and ethnicity data on behavioral health incidents involving parents and young children to inform necessary interventions.

Increase the availability of infant/early childhood mental health consultation services in the state.

BH.12 | LEGISLATIVE

Preschoolers are three times more likely to be expelled from preschool than K-12 schools according to a Yale University study. Experts posit that preschool staff are not equipped to deal with behavioral problems in the same way as K-12 staff. The lack of resources to provide screening or counseling has resulted in punishing mental health-related bad behavior with expulsion. Utilization of mental health consultants can address these challenges.

See recommendation WF.2 on workforce diversity, to include behavioral health workforce.

ACEs AND INTERFAMILY VIOLENCE

Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood. These may include violence, abuse, neglect, or other environmental factors that cause a child to experience instability or that interfere with bonding with their parental figures.[56] Higher exposure to ACEs has been linked with an increased risk for heart disease, diabetes, poor academic achievement, smoking, substance abuse, and even early death. ACEs are common across sociodemographic groups; however, they do not impact all sociodemographic subgroups equally. According to the Centers for Disease Control (CDC[57], about 61% of adults reported at least one ACE, and racial and ethnic minorities are at greater risk for experiencing 4 or more ACEs. In addition to personal outcomes, ACEs carry a significant economic burden,

[56] Higher exposure to ACEs has been linked with an increased risk for heart disease, diabetes, poor academic achievement, smoking, substance abuse, and even early death. https://www.cdc.gov/violenceprevention/aces/fastfact.html
[57] Ibid.

including for state governments. Kansas can take action that will promote safe, stable, and nurturing relationships and environments for all children and families and also increase economic productivity across the state by adopting ACEs- or trauma- informed policies. **The following are recommendations related to ACEs and interfamily violence:**

Improve coordination and partnerships to increase prevention services and guard against ACEs.

ACE.1 | STATE/AGENCY, LEGISLATIVE

Promote and fund partnerships between early childhood sector, behavioral health professionals, private sector, and law enforcement to improve access to services, use of preventive services, and reduce interaction with justice and child welfare system. This should include payment policies and funding for care coordination services, pediatric care coordinators, community health workers (CHWs) and other culturally competent professionals to coordinate services for young children and their caretakers.

Additionally, the state should develop and support programs that employ models that utilize reflective questions, creating a holding environment, cultivate cultural awareness, exploring contextual influences, and support lived experience as well as that utilize culturally competent providers like CHWs and home-visitors as well as faith leaders.

Support the social and emotional development of young children and their caregivers to prevent and respond to ACEs.

ACE.2 | STATE/AGENCY, LEGISLATIVE

Build financing strategies, quality performance strategies, and managed care contract language that supports the relational health and the social emotional development of young children and their caregivers using evidence-based interventions like, universal screening, universal home-visiting, and early literacy models. Leverage Medicaid funds and Medicaid contract language to ensure access.

Invest in building resilience to address ACEs in Kansas children.

ACE.3 | STATE/AGENCY, LEGISLATIVE

Develop policies, programs and financing strategies that focus on the safe, stable, and nurturing relationships (SSNRs) that buffer adversity and build resilience to address adverse childhood experiences and mitigate the impact of toxic stress. Policies and programs should explore how to leverage the pediatric well-child visit and primary care providers as well as build capacity in infant and early childhood mental health system.

Create guidance and structures for all program types to reach and support families that use a language other than English at home.

ACE.4 | STATE/AGENCY, LEGISLATIVE

With sensitive subjects like interfamily violence, individuals are less likely to come forward if they are not able to express themselves in their native language. Efforts should include hiring individuals who use languages other than English and providing materials in other languages.

Provide accessible screening of parents and children for behavioral health and development needs.

ACE.5 | STATE/AGENCY, LEGISLATIVE, LOCAL

Utilize Medicaid contracts and other structures to promote and incentivize screenings. Ensure payment models, quality measures and contract language align to promote universal screening.

Engage strategies to specifically address interfamily violence.

ACE.6 | STATE/AGENCY, LEGISLATIVE, LOCAL

- Implement consistent data tracking methods that **measure the prevalence of domestic violence** in Kansas Child Protective Services cases, including by race and ethnicity.
- Develop and implement child protective services policies, procedures, and practices that safely address domestic violence by **holding offenders accountable** instead of non-abusive, protective parents.
- Invest in **collaborative partnerships and programs** between child welfare and domestic violence service providers.
- Invest in approaches that are responsive to the **connection between family violence and other forms of oppression** that impact people's lives.
- Invest in **primary prevention efforts** focused on healthy and equitable relationships such as home-visiting services, education services, safety-net services like the Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF), and behavioral health services.
- Invest in training and education about **evidence-based trauma informed practices** that support relationship between children/youth and their non-abusive protective parents and caregivers.
- Expand **access to health care, housing supports, and safety net services** for survivors/victims and their children.

JUVENILE JUSTICE SYSTEM

In the past two decades, trends in state-level reform across the country have focused on raising the maximum age for juvenile detention and ensuring that incarcerated youth remain in the juvenile justice system instead of the adult correctional system. An emerging "school to prison pipeline" (where school disciplinary issues are increasingly criminalized) has been identified as a driver of juvenile incarceration, and policy makers have turned their focus on the role of schools in addressing the disproportionate sentencing of minority youth. Research shows that "zero-tolerance" and suspension/expulsion policies disproportionately affect disabled and minority children. As such, experts now advise that incarceration and out of home placements should only be used as a last resort when youth do not pose an immediate public safety risk. Employing out-of-home placements, fostering connections between youth and family, and ensuring connections to the community and availability of positive youth programming, especially in schools, is vital for youth success and to combat recidivism. **The following are recommendations related to juvenile justice:**

Eliminate "zero tolerance" policies and promote alternatives to suspensions for discipline such as alternative schools, behavioral interventionists, family case managers, and restorative justice programs.

JJ.1 | STATE/AGENCY, LEGISLATIVE, LOCAL

Students who are suspended or expelled are more likely to interact with the juvenile and criminal justice system, and these disciplines disproportionately impact students of color.[58] Alternative

[58] https://www.ncsl.org/Portals/1/Documents/educ/School-to-Prison-Pipeline_v02.pdf

methods of discipline and treatment that allow students to still access education can provide a more productive response to behavioral issues.

Remove subjective language such as "disobedience," "intolerance," and "disrespect" from school and school district behavior matrices or discipline codes of conduct.

JJ.2 | LOCAL

Subjective policies result in children of color being disproportionately disciplined for perceived violations. In addition, disciplinary policies that are clear about specific behaviors and actions that result in punishment are easier for both students and teachers/staff to understand and implement.

Disaggregate statewide juvenile detention center data by race and county to further examine the pipeline and to invest supports and education efforts in schools in neighborhoods feeding the pipeline.

JJ.3 | STATE/AGENCY

In order to address the root cause of juvenile offending, the Kansas Department of Corrections should collect data on juveniles who are incarcerated by race and county. This will allow the state to target interventions in the regions that have the highest rates of juvenile incarceration.

Encourage partnership and mentoring between schools that feed the pipeline and educators who work in the Kansas Juvenile Correctional Complex.

JJ.4 | STATE/AGENCY, LOCAL

Juveniles who are incarcerated attend school within the Kansas Juvenile Correctional Complex (KJCC). Partnership between educators at KJCC and those in the students' home districts can help ensure that education is minimally disrupted during their incarceration, and help districts develop strategies to improve outcomes for those students.

Support and promote pilot and proven programs to help individuals in the juvenile justice system and reduce recidivism upon which offenders re-enter the criminal justice system.

JJ.5 | STATE/AGENCY, LEGISLATIVE, LOCAL

Particularly for juvenile offenders, programs that address behavioral health issues, job skills, and housing supports have a strong positive impact on the individual's future. Early investment in rehabilitation can improve outcomes for juveniles and save the state money in the long term.

Expand the investment in mental health resources at schools in Kansas.

JJ.6 | LEGISLATIVE, LOCAL

See recommendation BH.6 on behavioral health in educational settings.

Invest in early childhood development programs.

JJ.7 | LEGISLATIVE, LOCAL

Strong early childhood programs result in lower juvenile adjudications later in life. One example is Hawaii's Healthy Start program.[59] ***See recommendations under Early Childhood and Child Care.***

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[59] https://health.hawaii.gov/mchb/home/healthy-start-program/

The legislature should gain a better understanding of problems facing juveniles by setting regular meetings with school counselors.

JJ.8 | LEGISLATIVE

School counselors are the front-line workers with juveniles in Kansas on behavioral health and disciplinary issues. The legislature should set regular annual or bi-annual meetings with school counselors in order to hear about issues that juveniles are facing and potential policy or funding improvements.

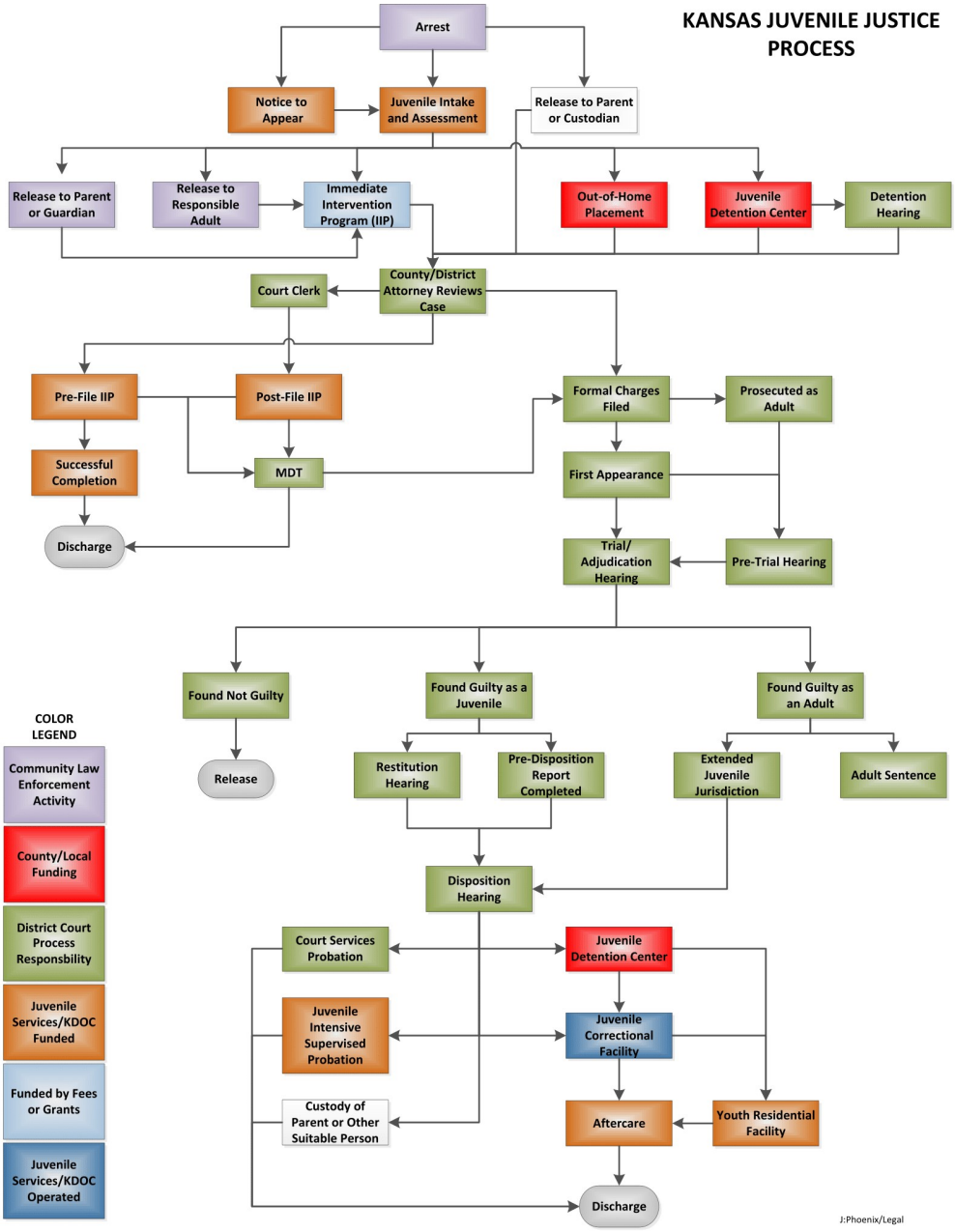

Fig. 7: Illustration from a presentation to the CREJ

RECOMMENDATIONS BY ENTITY

STATE/AGENCY

EARLY CHILDHOOD AND CHILD CARE

EC.2: Incorporate the science of toxic stress and adverse childhood experiences (ACEs) into federal, state, and local policies and programs.

EC.3: Establish a statewide public-private partnership *(Ref: Governor's Council on Education, Dec 2019)*

EC.4: Support the continued work of the Governor's Council on Education, the Kansas Children's Cabinet, and other organizations focused on improving early childhood outcomes in Kansas.

EC.5: Implement a DC:0-5 Crosswalk

EC.6: Provide resources to support the use of therapeutic pre-schools that are equipped to support the healthy development of all children.

EC.7: Ensure quality initiatives in childcare systems include equity indicators in areas such as curriculum, pedagogy, inclusion, and behavior management.

MAXIMIZING FEDERAL FUNDING

MFF.2: Focus on Social Determinants of Health and equity in the KanCare Managed Care re-procurement process.

MFF.3: Explore opportunities for innovation and improvements within the KanCare program.

MFF.4: Improve use of care teams and alternative providers.

MFF.5: Consider the perspectives of people of color and people from groups impacted by COVID-19 in the process of distributing federal relief funds.

MFF.6: Target aid to those most in need due to COVID-19 and the consequent economic crises. Additionally, leverage funds to advance policies that increase equity.

MFF.7: Direct federal funds using a broad interpretation of "health" that includes social determinants of health and considers health equity.

MFF.8: Ensure the lowest administrative burden possible for communities and individuals accessing funding and assistance, in particular around utility and housing assistance. Application procedures should be as simplified and accessible as possible.

MFF.9: Explore ways that dollars may be used to provide direct assistance to workers through wage and benefit supplement programs.

TAX POLICY

TP.1: Implement an equity assessment on tax distribution and consider how the state can collect future race and ethnicity data around tax collections and distribution.

TP.3: Create an additional tax bracket for high income earners in the state to ensure a more

TP.4: Consider how funding mechanisms shape use of services.

TEACHER DIVERSITY

TD.1: Encourage expansion of the Grow Your own programs across the state, including incentives for GYO graduates who take positions at "hard-to-staff" schools.

TD.3: Ensure policies can be adapted for education students who have outside jobs, families, and/or limited financial resources.

TD.4: Provide supports to districts with high-needs schools.

TD.6: Increase and fund pathways for individuals employed in school districts.

TD.10: Districts should create policies that support and protect diversity among students, teachers, and staff.

POST-SECONDARY EDUCATION

PSE.1: Design loan forgiveness and other student debt policy solutions to benefit students of color and help close racial wealth gaps.

PSE.4: Connect career and technical educational systems with workforce needs and develop public-private partnerships to provide learning opportunities to students.

PSE.5; Ensure we have accessible transfer pathways from two year to four year post-secondary educational institutions within the state.

PSE.6: Create an improved Free Application for Federal Student Aid (FAFSA) completion process for students and to ensure a smoother process for students from a two year college to increase access to baccalaureate programs.

PSE.7: Encourage initiatives aimed at providing more access to college for incarcerated individuals.

MATERNAL AND CHILD HEALTH

MCH.2: Offer comprehensive maternal benefits through Medicaid.

MCH.3: Extend Medicaid coverage for mothers to 12 months postpartum.

MCH.4: Publicly report measures of child health by race and ethnicity and service location (region, plan, provider), starting with the developmental screening measure for children ages 0–3.

MCH.5: Develop payment policy to support the health of the child/caregiver relationship, utilizing a model of “two-generation” care.

MCH.6: Utilize quality programs as part of MCO contracts to improve quality of care.

MCH.7: Train partners to utilize birth equity framework.

MCH.8: Establish First 1,000 day “health homes” for new mothers and children ages 0-3.

MCH.9: Develop payment policies to reimburse community-based providers such as community health workers, home visitors, doulas, and lactation consultants.

MCH.12: Support telehealth policies to improve maternal and child health outcomes and maintain access to telehealth services post-COVID 19.

MCH.13: Partner with state groups to offer best practices and education for mothers and families during and after pregnancy.

VACCINE EQUITY

VE.1: Provide COVID-19 vaccines and treatment to uninsured individuals in exchange for 100 percent federal matching rate for these services.

VE.2: Provide grants to trusted partners and community-based organizations that could both educate people about the importance of data collection and collect data at vaccination sites.

VE.3: Utilize culturally competent messaging about vaccine efficacy and availability. Make sure materials and communications are available in a variety of languages.

VE.4: Permit Medicaid enrollees to use the Medicaid Non-Emergency Medical Transportation (NEMT) benefit to access transportation to get vaccinated. Work to ensure this benefit is easily accessible.

VE.5: Develop a strategy for reaching people who are confined, using existing home visiting infrastructure, such as medical house calls, visiting nurses, or even programs like Meals on Wheels, can help reach this population.

VE.6: Identify strategies to distribute vaccines to the most impacted communities.

UNIVERSAL EQUITY POLICIES

UE.1: Encourage government policies and enact legislation that requires bias and equity analysis of policy decisions and legislation at all levels.

UE.2: Encourage government entities to incorporate land acknowledgements in their facility planning efforts.

UE.3: Provide language interpretation and translation services so that Kansans have access to their government.

HOUSING AND HOMELESSNESS

HH.1: Explore community land trusts as a path to making homeownership more accessible.

HH.3: Explore options to assist homeowners in paying for utilities and property taxes.

HH.4: Explore options to provide access to counsel for individuals involved in eviction cases.

HH.10: Braid Medicaid funding with other federal and state funding, including prevention investments by MCOs, to support access to safe, adequate, permanent housing as a foundational social determinant of health.

BROADBAND

BB.1: Support the Kansas Office of Broadband Development in its efforts to expand broadband access across the state.

BB.2: Maintain a perspective that supports equity in the implementation of broadband development.

WORKFORCE

WF.1: Support recommendations in the Kansas Registered Apprenticeship (RA)/Work Based Learning Expansion Initiative Report.

WF.2: Invest in a culturally competent and diverse workforce, particularly in the healthcare sector.

WF.4: Build systems and structures to support deployment of Community Health Workers to bridge access gaps in underserved communities.

ACCESS TO HEALTHCARE

AH.2: Collect data in the state around racial equity and access to healthcare services.

AH.3: Improve language access and interpretation services in the healthcare field.

AH.4: Support express lane eligibility to streamline access to Medicaid and CHIP.

FAMILY PLANNING

FP.1: Ensure the availability of affordable and accessible contraceptive care and contraceptive methods.

BEHAVIORAL HEALTH

BH.1: Expand telehealth access and codify regulations that expanded telehealth for mental health.

BH.2: Utilize app-based mental health services in Medicaid to improve access for young adults.

BH.4: Increase use of Mental Health First Aid Training, Crisis Intervention Training, and other behavioral health trainings for new and existing officers. *(Ref Governor's Commission on Racial Equity and Justice Report, December 2020)*

BH.6: Improve access to mental health care in educational settings.

BH.7: Research and develop strategies to successfully integrate mental and behavioral health services with physical health care.

BH.8: Ensure confidentiality is maintained for all Kansans seeking behavioral health care.

BH.9: Employ strategies to broaden coverage so that Kansans have access to preventative behavioral health services.

BH.10: Conduct a statewide assessment to identify gaps in funding and services as well as best practices and proven models.

BH.11: Assist individuals seeking behavioral health to enroll in Medicaid if eligible.

BH.12: Improve data tracking and coordination between systems within behavioral health.

ACEs AND INTERFAMILY VIOLENCE

ACE.1: Improve coordination and partnerships to increase prevention services and guard against ACEs.

ACE.2: Support the social and emotional development of young children and their caregivers to prevent and respond to ACEs.

ACE.3: Invest in building resilience to address ACEs in Kansas children.

ACE.4: Create guidance and structures for all program types to reach and support families that use a language other than English at home.

ACE.5: Provide accessible screening of parents and children for behavioral health and development needs.

ACE.6: Engage strategies to specifically address interfamily violence.

JUVENILE JUSTICE SYSTEM

JJ.1: Eliminate "zero tolerance" policies and promote alternatives to suspensions for discipline such as alternative schools, behavioral interventionists, family case managers, and restorative justice programs.

JJ.2: Remove subjective language such as "disobedience," "intolerance," and "disrespect" from school and school district behavior matrices or discipline codes of conduct.

JJ.3: Disaggregate statewide juvenile detention center data by race and county to further examine the pipeline and to invest supports and education efforts in schools in neighborhoods feeding the pipeline.

JJ.4: Encourage partnership and mentoring between schools that feed the pipeline and educators who work in the Kansas Juvenile Correctional Complex.

JJ.5: Support and promote pilot and proven programs to help individuals in the juvenile justice system and reduce recidivism upon which offenders re-enter the criminal justice system.

LEGISLATIVE

EARLY CHILDHOOD AND CHILD CARE

EC.1: Improve the Kansas Child Day Care Assistance Credit *(Ref: Governor's Council on Education, Feb 2021)*

EC.2: Incorporate the science of toxic stress and adverse childhood experiences (ACEs) into federal, state, and local policies and programs.

EC.6: Provide resources to support the use of therapeutic pre-schools that are equipped to support the healthy development of all children.

MAXIMIZING FEDERAL FUNDING

MFF.1: Repeal restrictions that prevent families from accessing TANF and SNAP benefits and disproportionately impact families of color.

TAX POLICY

TP.2: Eliminate the sales tax on food.

TP.3: Create an additional tax bracket for high income earners in the state to ensure a more equitable tax structure.

TP.4: Consider how funding mechanisms shape use of services.

TP.5: Allow Kansas taxpayers using an ITIN (Individual Taxpayer Identification Number) to claim earned income tax credit at the state level.

TP.6: Expand the Homestead Property Tax Credit to include renters.

TEACHER DIVERSITY

TD.1: Encourage expansion of the Grow Your own programs across the state, including incentives for GYO graduates who take positions at "hard-to-staff" schools.

TD.2: Provide flexibility to student teaching programs for non-traditional students who must work and student teach.

TD.4: Provide supports to districts with high-needs schools.

TD.6: Increase and fund pathways for individuals employed in school districts.

TD.10: Districts should create policies that support and protect diversity among students, teachers, and staff.

POST-SECONDARY EDUCATION

PSE.2: Support scholarships for tuition assistance through programs such as the Kansas Promise Scholarship Act.

PSE.3: Provide resources to post-secondary institutions so that they are less reliant on student tuition, and to close enrollment and graduation gaps.

PSE.6: Create an improved Free Application for Federal Student Aid (FAFSA) completion process for students and to ensure a smoother process for students from a two year college to increase access to baccalaureate programs.

PSE.7: Encourage initiatives aimed at providing more access to college for incarcerated individuals.

SCHOOL MASCOTS

SM.1: Review and eliminate the use of Native American mascots, imagery, and names by educational institutions and sports teams, unless used by a tribal school or educational institution.

MATERNAL AND CHILD HEALTH

MCH.1: Expand Medicaid. (See recommendation AH.1 under Access to Healthcare)

MCH.2: Offer comprehensive maternal benefits through Medicaid.

MCH.3: Extend Medicaid coverage for mothers to 12 months postpartum.

MCH.10: Improve health of children by reducing the number of uninsured children through enabling continuous coverage for children ages 0-5.

MCH.11: Raise income level for the Children's Health Insurance Program (CHIP) and pregnant women to 240% of the Federal Poverty Level (FPL).

MCH.12: Support telehealth policies to improve maternal and child health outcomes and maintain access to telehealth services post-COVID 19.

UNIVERSAL EQUITY POLICIES

UE.1: Encourage government policies and enact legislation that requires bias and equity analysis of policy decisions and legislation at all levels.

UE.2: Encourage government entities to incorporate land acknowledgements in their facility planning efforts.

UE.3: Provide language interpretation and translation services so that Kansans have access to their government.

HOUSING AND HOMELESSNESS

HH.3: Explore options to assist homeowners in paying for utilities and property taxes.

HH.4: Explore options to provide access to counsel for individuals involved in eviction cases.

HH.5: Update discrimination statutes to include protection against income discrimination.

HH.6: Address the appraisal process to allow a more cohesive understanding of a buyer's position in the housing market as compared to their surrounding area and competition.

HH.7: Hold banks responsible for foreclosed properties and their upkeep.

HH.8: Support the use of the Collective Impact Model to reduce homelessness through intentional partnerships.

HH.9: Replicate and fund models with a proven track record of reducing homelessness.

HH.10: Braid Medicaid funding with other federal and state funding, including prevention investments by MCOs, to support access to safe, adequate, permanent housing as a foundational social determinant of health.

HH.11; Encourage lending entities to allow individuals with employment authorization to seek a home loan.

BROADBAND

BB.1: Support the Kansas Office of Broadband Development in its efforts to expand broadband access across the state.

BB.2: Maintain a perspective that supports equity in the implementation of broadband development.

WAGES AND LENDING PRACTICES

WL.1: Increase the state minimum wage and index it to adjust for inflation.

WL.2: Establish limits on high-cost lending practices in Kansas.

WL.3: Create stipend opportunities with realistic repayment forms while holding loan recipients accountable to reduce the risk of program exploitation.

WORKFORCE

WF.1: Support recommendations in the Kansas Registered Apprenticeship (RA)/Work Based Learning Expansion Initiative Report.

WF.2: Invest in a culturally competent and diverse workforce, particularly in the healthcare sector.

WF.3: Update statute to allow for hiring of more Kansans in healthcare fields.

WF.4: Build systems and structures to support deployment of Community Health Workers to bridge access gaps in underserved communities.

ACCESS TO HEALTHCARE

AH.1: Expand Medicaid.

AH.3: Improve language access and interpretation services in the healthcare field.

AH.4: Support express lane eligibility to streamline access to Medicaid and CHIP.

AH.5: Eliminate the five-year waiting period for legal immigrant children and pregnant women to access Medicaid and CHIP.

FAMILY PLANNING

FP.2: Increase eligibility for family planning services under Medicaid to 171% of the Federal Poverty Level.

FP.3: Improve access to contraception under private health insurance plans.

BEHAVIORAL HEALTH

BH.1: Expand telehealth access and codify regulations that expanded telehealth for mental health.

BH.2: Utilize app-based mental health services in Medicaid to improve access for young adults.

BH.3: Support and finance the use of mobile crisis response models, including co-responder and virtual co-responder models to assist law enforcement in responding to behavioral health calls and stops. *(Ref Governor's Commission on Racial Equity and Justice Report, December 2020)*

BH.4: Increase use of Mental Health First Aid Training, Crisis Intervention Training, and other behavioral health trainings for new and existing officers. *(Ref Governor's Commission on Racial Equity and Justice Report, December 2020)*

BH.6: Improve access to mental health care in educational settings.

BH.7: Research and develop strategies to successfully integrate mental and behavioral health services with physical health care.

BH.9: Employ strategies to broaden coverage so that Kansans have access to preventative behavioral health services.

BH.10: Conduct a statewide assessment to identify gaps in funding and services as well as best practices and proven models.

BH.12: Improve data tracking and coordination between systems within behavioral health.

BH.13: Increase the availability of infant/early childhood mental health consultation services in the state.

See recommendation WF.2 on workforce diversity, to include behavioral health workforce.

ACEs AND INTERFAMILY VIOLENCE

ACE.1: Improve coordination and partnerships to increase prevention services and guard against ACEs.

ACE.2: Support the social and emotional development of young children and their caregivers to prevent and respond to ACEs.

ACE.3: Invest in building resilience to address ACEs in Kansas children.

ACE.4: Create guidance and structures for all program types to reach and support families that use a language other than English at home.

ACE.5: Provide accessible screening of parents and children for behavioral health and development needs.

ACE.6: Engage strategies to specifically address interfamily violence.

JUVENILE JUSTICE SYSTEM

JJ.1: Eliminate “zero tolerance” policies and promote alternatives to suspensions for discipline such as alternative schools, behavioral interventionists, family case managers, and restorative justice programs.

JJ.5: Support and promote pilot and proven programs to help individuals in the juvenile justice system and reduce recidivism upon which offenders re-enter the criminal justice system.

JJ.6: Expand the investment in mental health resources at schools in Kansas.

JJ.7: Invest in early childhood development programs.

JJ.8: The legislature should gain a better understanding of problems facing juveniles by setting regular meetings with school counselors.

LOCAL

EARLY CHILDHOOD AND CHILD CARE

EC.2: Incorporate the science of toxic stress and adverse childhood experiences (ACEs) into federal, state, and local policies and programs.

EC.6: Provide resources to support the use of therapeutic pre-schools that are equipped to support the healthy development of all children.

MAXIMIZING FEDERAL FUNDING

MFF.5: Consider the perspectives of people of color and people from groups impacted by COVID-19 in the process of distributing federal relief funds.

MFF.6: Target aid to those most in need due to COVID-19 and the consequent economic crises. Additionally, leverage funds to advance policies that increase equity.

MFF.7: Direct federal funds using a broad interpretation of "health" that includes social determinants of health and considers health equity.

MFF.8: Ensure the lowest administrative burden possible for communities and individuals accessing funding and assistance, in particular around utility and housing assistance. Application procedures should be as simplified and accessible as possible.

MFF.9: Explore ways that dollars may be used to provide direct assistance to workers through wage and benefit supplement programs.

TAX POLICY

TP.1: Implement an equity assessment on tax distribution and consider how the state can collect future race and ethnicity data around tax collections and distribution.

TP.2: Eliminate the sales tax on food.

TP.4: Consider how funding mechanisms shape use of services.

TEACHER DIVERSITY

TD.2: Provide flexibility to student teaching programs for non-traditional students who must work and student teach.

TD.3: Ensure policies can be adapted for education students who have outside jobs, families, and/or limited financial resources.

TD.4: Provide supports to districts with high-needs schools.

TD.5: Incentivize second-language fluency for teachers and other staff in educational institutions.

TD.6: Increase and fund pathways for individuals employed in school districts.

TD.7: Collaborate with local educational associations or other groups who can help provide equity training and assist with recruitment efforts.

TD.8: Provide incentives and structures to engage teachers as mentors and encourage mentorship by teachers who come from underrepresented groups.

TD.9: Develop programs that incentivize the hiring of individuals who live and work in the neighborhoods where they teach.

TD.10: Districts should create policies that support and protect diversity among students, teachers, and staff.

POST-SECONDARY EDUCATION

PSE.4: Connect career and technical educational systems with workforce needs and develop public-private partnerships to provide learning opportunities to students.

PSE.5; Ensure we have accessible transfer pathways from two year to four year post-secondary educational institutions within the state.

SCHOOL RESOURCE OFFICERS

SRO.1: If law enforcement is utilized in school districts for any purpose, districts should create sustainable partnerships and formalize MOUs between school districts, law enforcement agencies, and stakeholders.

SRO.2: If law enforcement is used in schools, institutions should provide training to SROs, including but not limited to restorative justice, anti-racism, implicit bias training, and school-based strategies to support social and emotional health and de-escalation.

SRO.3: If law enforcement is used in schools, implement policies that restrict SROs from addressing student discipline or enforcing school rules.

SCHOOL MASCOTS

SM.1: Review and eliminate the use of Native American mascots, imagery, and names by educational institutions and sports teams, unless used by a tribal school or educational institution.

SM.2: Institutions and entities should collaborate with the Kansas Office of Native American Affairs (KONAA) and the Kansas Association for Native American Education (KANAE) to identify resources and to educate and assist in assessing their Native American representations.

SM.3: Schools should recognize and respect Tribal sovereignty and acknowledge and build partnerships with federally recognized tribes in their school district.

SM.4: School districts should re-examine their anti-bullying and anti-discrimination policies and should include culturally-relevant instructional resources are inclusive of all groups and present culturally, historically, linguistically, and socially accurate information and representations. All resources should be historically accurate and free of glorifying oppressive constructs, beliefs, and ideas.

MATERNAL AND CHILD HEALTH

MCH.7: Train partners to utilize birth equity framework.

MCH.13: Partner with state groups to offer best practices and education for mothers and families during and after pregnancy.

VACCINE EQUITY

VE.2: Provide grants to trusted partners and community-based organizations that could both educate people about the importance of data collection and collect data at vaccination sites.

VE.3: Utilize culturally competent messaging about vaccine efficacy and availability. Make sure materials and communications are available in a variety of languages.

VE.5: Develop a strategy for reaching people who are confined, using existing home visiting infrastructure, such as medical house calls, visiting nurses, or even programs like Meals on Wheels, can help reach this population.

VE.7: Employ phone banking, canvassing and municipal emergency alert systems or reverse 911 infrastructure to notify people of vaccine availability.

VE.8: Set up partnerships with Community-Based Organizations (CBOs) and schools that reach targeted populations to conduct neighborhood-based vaccination clinics.

UNIVERSAL EQUITY POLICIES

UE.1: Encourage government policies and enact legislation that requires bias and equity analysis of policy decisions and legislation at all levels.

UE.2: Encourage government entities to incorporate land acknowledgements in their facility planning efforts.

UE.3: Provide language interpretation and translation services so that Kansans have access to their government.

HOUSING AND HOMELESSNESS

HH.1: Explore community land trusts as a path to making homeownership more accessible.

HH.2: Develop stipend or loan programs for code enforcement and small replacements.

HH.3: Explore options to assist homeowners in paying for utilities and property taxes.

HH.4: Explore options to provide access to counsel for individuals involved in eviction cases.

HH.5: Update discrimination statutes to include protection against income discrimination.

HH.7: Hold banks responsible for foreclosed properties and their upkeep.

HH.8: Support the use of the Collective Impact Model to reduce homelessness through intentional partnerships.

HH.9: Replicate and fund models with a proven track record of reducing homelessness.

BROADBAND

BB.2: Maintain a perspective that supports equity in the implementation of broadband development.

WORKFORCE

WF.2: Invest in a culturally competent and diverse workforce, particularly in the healthcare sector.

WF.4: Build systems and structures to support deployment of Community Health Workers to bridge access gaps in underserved communities.

ACCESS TO HEALTHCARE

AH.2: Collect data in the state around racial equity and access to healthcare services.

AH.3: Improve language access and interpretation services in the healthcare field.

BEHAVIORAL HEALTH

BH.3: Support and finance the use of mobile crisis response models, including co-responder and virtual co-responder models to assist law enforcement in responding to behavioral health calls and stops. *(Ref Governor's Commission on Racial Equity and Justice Report, December 2020)*

BH.4: Increase use of Mental Health First Aid Training, Crisis Intervention Training, and other behavioral health trainings for new and existing officers. *(Ref Governor's Commission on Racial Equity and Justice Report, December 2020)*

BH.5: Build relationships between local governments, law enforcement agencies, and other entities to provide robust behavioral services in communities.

BH.6: Improve access to mental health care in educational settings.

BH.7: Research and develop strategies to successfully integrate mental and behavioral health services with physical health care.

BH.8: Ensure confidentiality is maintained for all Kansans seeking behavioral health care.

BH.9: Employ strategies to broaden coverage so that Kansans have access to preventative behavioral health services.

BH.10: Conduct a statewide assessment to identify gaps in funding and services as well as best practices and proven models.

BH.12: Improve data tracking and coordination between systems within behavioral health.

ACEs AND INTERFAMILY VIOLENCE

ACE.5: Provide accessible screening of parents and children for behavioral health and development needs.

ACE.6: Engage strategies to specifically address interfamily violence.

JUVENILE JUSTICE SYSTEM

JJ.1: Eliminate “zero tolerance” policies and promote alternatives to suspensions for discipline such as alternative schools, behavioral interventionists, family case managers, and restorative justice programs.

JJ.2: Remove subjective language such as “disobedience,” “intolerance,” and “disrespect” from school and school district behavior matrices or discipline codes of conduct.

JJ.4: Encourage partnership and mentoring between schools that feed the pipeline and educators who work in the Kansas Juvenile Correctional Complex.

JJ.5: Support and promote pilot and proven programs to help individuals in the juvenile justice system and reduce recidivism upon which offenders re-enter the criminal justice system.

JJ.6: Expand the investment in mental health resources at schools in Kansas.

JJ.7: Invest in early childhood development programs.

EXECUTIVE ORDER NO. 20-48

Establishing the Governor's Commission on Racial Equity and Justice

WHEREAS, Kansas is committed to a shared vision of increased prosperity and improved well-being for all Kansans;

WHEREAS, Kansas was founded as a Free State and was the home of prominent abolitionists and advocates for racial justice;

WHEREAS, Kansas is the home of Brown v. Board of Education of Topeka and the Dockum Drug Store sit-in- events that highlight the state's commitment to and struggles with racial equity and justice;

WHEREAS, racial inequity and injustice that impacts any Kansan is a threat to the well-being of all Kansans;

WHEREAS, trust between law enforcement and the people they protect and serve is essential in a society, and is key to the security of our communities, the safe and effective delivery of policing services, and the rectitude of our criminal justice system;

WHEREAS, citizens expect law enforcement officers to serve the public and conduct themselves with the highest standards of civility, fairness, and honor toward citizens, while maintaining respect for the rule of law;

WHEREAS, it is in the interest of all Kansans to seek best practices for hiring and training of law enforcement and maintaining transparency and accountability to build greater trust between police and communities;

WHEREAS, people of color are disproportionately more likely to be stopped, detained, or killed by police; and

WHEREAS, the killings of George Floyd, Breonna Taylor, Ahmaud Arbery, and others have caused worldwide protests and calls to action.

NOW, THEREFORE, pursuant to the authority vested in me as Governor of the State of Kansas, I hereby establish the Governor's Commission on Racial Equity and Justice ("Commission"):

1. The Commission shall comprise no more than 15 Kansans representing broad perspectives on racial equity and justice. All members will be appointed by the Governor and serve at the Governor's pleasure.

2. The Governor shall select a chair and vice-chair, or co-chairs, from the Commission's membership, and the Commission may establish rules for the Commission's meetings and conduct of business.

3. Members shall receive no compensation and shall serve voluntarily. Members other than the chair, vice-chair, or co-chairs shall not be reimbursed for expenses or mileage. Officers or employees of state agencies who are appointed to the Commission as part of their duties shall be authorized to participate on the Commission and may claim subsistence, allowance, mileage, or associated expenses from their respective agency budgets as permitted by law.

4. The Commission shall be subject to the Kansas Open Records Act and the Kansas Open Meetings Act.

5. Plans, reports, or recommendations of any nature adopted by the Commission shall be considered advice to the Governor, and shall not be construed as official policies, positions, or interpretations of laws, rules, or regulations by any department or agency of state government, nor shall any such department or agency be bound in any manner to consider such advice when conducting their advisory and regulatory affairs.

6. The Commission shall:

    a. Study issues of racial equity and justice in Kansas, focusing first on policing and law enforcement then expanding the work to other systemic problems determined by members of the Commission;

    b. Perform outreach and hold listening sessions with Kansans, including community members, local elected officials, law enforcement, state legislators, educators, mental health professionals, social workers, people impacted by systemic racism, and other Kansans with experience and expertise in various aspects of racial equity and justice;

    c. Research and analyze the state of policing in Kansas as it relates to racial equity and justice, including the availability of adequate data on the topic;

    d. Review research on actions that have been proven effective in increasing racial equity and justice in policing;

    e. Analyze racial equity and justice in the context of various systems in Kansas, including mental health, education, housing and economic opportunity;

    f. Make recommendations to the Governor, the Legislature, and local governments on concrete and immediate steps that can be taken to increase racial equity and justice in Kansas.

7. By December 1 of 2020, the Commission shall submit to the Governor an initial report detailing assessments, recommendations, and any proposals for the Commission's further work. By July 1, 2021, the Commission shall submit to the Governor a second report detailing assessments, recommendations, and any proposals for the Commission's further work. By January 1, 2022, the Commission shall submit a final comprehensive report to the Governor detailing assessments, recommendations and relevant findings of the Commission. The Commission may also, at any time, choose to submit a letter to the Governor or the Legislature with any information or recommendation that the Commission believes requires immediate action or attention.

8. The Commission shall be staffed by the Governor's Office with assistance from other experts or organizations as appropriate.

9. The Commission shall meet virtually, or in-person as recommended by public health guidance.

This document shall be filed with the Secretary of State as Executive Order No. 20-48. It shall become effective immediately.

THE GOVERNOR'S OFFICE
June 24, 2020

BIOGRAPHIES

CO-CHAIRS

Dr. Tiffany Anderson

Dr. Tiffany Anderson, a long-time Kansas resident, has been a public-school educator for over almost 30 years, with most of that time as superintendent. Dr. Anderson has been nationally recognized as one of Education Week's 16 Leaders to Learn From. She has improved achievement and closed achievement gaps for students in rural, urban and suburban public-school districts. In 2016 she became the first African-American female superintendent of Topeka Public Schools, in Topeka, Kansas. In 2019, the Governor appointed Dr. Anderson to the Postsecondary Technical Authority as part of the Board of Regents. Since she arrived in Topeka, the district has earned three national Magna Awards, one of which is for their work in equity. Dr. Anderson serves on numerous boards in Topeka which include the Topeka Community Foundation and The Greater Topeka Partnership. Prior to Kansas, as superintendent, Dr. Anderson led Montgomery County School District in Virginia and Jennings School District in Missouri to full accreditation resulting in recognition from the Governor in the respective states. There are several documentaries and articles that have been produced about Dr. Anderson's leadership and the Washington Post referred to Dr. Anderson as, "The Woman who made schools work for the poor." Dr. Anderson also led the turnaround efforts following the Ferguson unrest in Jennings, Missouri, resulting in the establishment of new community policing initiatives and improved academic achievement. Dr. Anderson earned her undergraduate degree, and later her doctorate, from Saint Louis University in 2001. Dr. Anderson received her second doctorate, the Doctor of Humane Letters degree from Eden Theological Seminary, for her service to community and society and her Masters in Divinity will be completed in 2022 at Nazarene Theological Seminary. Dr. Anderson has served as adjunct faculty at various universities in Missouri, she is a Professor of Practice for K-State and she is adjunct faculty for ASCD (Association for Schools and Curriculum Development). Some of the recognitions Dr. Anderson has received include the Lifetime Achievement Award for volunteerism from President Obama; the Public Health in Action Award from the Kansas Public Health Association in 2021, the Salute to Excellence for Women awarded by the Urban League; the Stellar Performance Award by the St. Louis American, the 2020 Kansas Icon in Education by Ingram, and she was honored at the 2017 Oscars for the People with Purpose Award.

Dr. Shannon Portillo

Shannon Portillo, Ph.D. serves as associate dean of academic affairs for the University of Kansas Edwards Campus and the School of Professional Studies and as a professor in the School of Public Affairs and Administration at the University of Kansas. After graduating from KU, she served as a faculty member in the Criminology, Law & Society Department at George Mason University just outside of Washington D.C. before returning home to Lawrence. Dr. Portillo's scholarship explores how formal policies and rules and informal social norms and societal hierarchies shape the work of public organizations. She is specifically interested in how racism and sexism impact organizations and workers' experiences both historically and currently. Her work helps scholars and practitioners understand how inequities have been institutionalized in public organizations, including courts, policing, city management, higher education, and the military. Her

research has been funded by the National Science Foundation, Women's Foundation, the Army Research Institute, and other entities. Her work has appeared in a broad array of academic and popular outlets, and she is currently working on her second book. Community service is core value. Dr. Portillo currently serves as Chair of the County Commission in Douglas County, as the Commissioner from the 3rd District.

MEMBERS

Secretary DeAngela Burns-Wallace

Dr. DeAngela Burns-Wallace serves as the Secretary of the Department of Administration and the Chief Information Technology Officer for the Executive Branch. Prior to Governor Kelly's appointment, Dr. Burns-Wallace served as the Vice Provost for Undergraduate Studies at the University of Kansas. She serves as a national trainer and curriculum developer for various professional development organizations, nonprofits, and higher ed institutions on issues ranging including micro-aggressions, multigenerational workplace differences, diversity and inclusion, change management, professional development pathways, and strategic planning. Dr. Burns-Wallace holds a dual bachelor's degree in International Relations and African American studies from Stanford University, a master's in Public Affairs from Princeton University, and a doctorate in education from the University of Pennsylvania.

Judge Monique Centeno

Judge Monique Centeno is a dedicated public servant of Sedgwick County District Court. Judge Centeno is passionate about fairness and impartial justice for everyone that steps into court. She believes judges must guarantee a level playing field, and not favor those with economic means or socioeconomic status. Judges must serve the whole community and make independent decisions based on the rule of law and the Constitution. Judge Centeno's passion for fairness and justice is immediately apparent when you step into her courtroom. She gives each person a reasonable amount of time to make their arguments. She intently listens and takes notes. She calmly enforces the rules of courtroom decorum to ensure that everyone is heard. Her rulings are based on commonsense and the rule of law. Judge Centeno inherited

her zeal for justice from her family. Her father was a noncommissioned soldier in the United States Army. He protected the rights of citizens for twenty-three years. Her mother was a stay-at-home mom that instilled the importance of listening and not pre-judging others. When the family settled in Kansas, Judge Centeno continued those principles. Judge Centeno attended the University of Kansas in Lawrence, KS. She took part in several equal justice organizations and graduated with a Bachelor of Arts degree in political science in 2000. She worked for Shook, Hardy & Bacon, a large law firm in Kansas City for two years. She attended Washburn School of Law in Topeka, KS. She graduated with a juris doctorate in 2005. In 2006, Judge Centeno started her legal career in Wichita, KS. Her career was focused on helping people obtain justice. She fought and won for clients whose civil liberties were at stake in front of state courts and federal courts. She represented clients in employment discrimination, pedestrians hurt by careless drivers, consumers harmed by commercial businesses, car accident victims and loved ones in wrongful death cases. She successfully tried countless jury trials and bench trials. Judge Centeno is active in the community. She speaks regularly at elementary and middle schools. She mentors young adults and college students. She is an active member of the Wichita Bar Association, Inns of Courts, and the Kansas Trial Lawyers Association. She is a member of St. Thomas Aquinas Catholic Church.

Dr. Brandon Davis

Brandon R. Davis is a native of Alabama. He earned an M.S.W. from Alabama A&M University and an M.A. in Women's Studies and a Ph.D. in Political Science from The University of Alabama. Brandon is a former Predoctoral and Postdoctoral Research Associate at Brown University. His research focuses on American Politics and Public Policy, Race and Ethnicity, and Law and Society. Brandon is interested in normative and empirical approaches to institutions, participation, and criminal justice.

Ernestor De La Rosa

Ernestor has been the assistant city manager for Dodge City, Kansas since January 2019. He oversees the Public Transportation, Human Resources Department and continues to serve as the City's legislative affairs director. He works diligently with Kansas representatives on legislative affairs issues including immigration, transportation and in areas that impact Dodge City's renewable energy project revenues. Ernestor was born and raised in Mexico and immigrated to the United States at the age of 13. He is a Deferred Action for Childhood Arrivals (DACA) recipient. He graduated from Wichita State University with a Master of Public Administration and a graduate certificate in non-profit management.

Mark A. Dupree Sr.

Mark A. Dupree, Sr., is the District Attorney of Wyandotte County, KS, the 4th largest county in the State of Kansas, and the first Black elected District Attorney in the State of Kansas. Mr. Dupree leads an office of over 60 employees and manages a significant budget each fiscal year. The office is focused on equitably charging and prosecuting crime, being proactive, attacking violent crimes and crimes that affect the standard of living in the community. Mr. Dupree was successful in creating the first ever "Conviction Integrity Unit" in the state of Kansas. This unit is responsible for ensuring that convictions obtained previously still hold integrity today. Wyandotte community involvement is the bedrock of the Dupree Administration. Community involvement builds community trust, and it is that trust that greatly assists in crime prevention and bringing justice when a crime occurs.

David Jordan

David Jordan is the President of the United Methodist Health Ministry Fund, joining the Fund in February 2018. Before joining the Fund, David served as the executive director of the Alliance for a Healthy Kansas, a coalition of over 100 organizations working to improve health and access to health care in Kansas. David oversaw the Alliance's operations and the effort to expand KanCare, Kansas' Medicaid program. David joined the Alliance after spending nearly seven years at Community Catalyst, a leading national consumer health advocacy organization, as the Dental Access Project Director. David holds a master's in public administration from the University of Kansas and Bachelor of Science in Speech Communication from Emerson College.

Dr. Anthony Lewis

Anthony Lewis received his bachelor's and master's degrees from Alabama State University and a Ph.D. in Educational Leadership and Policy Analysis from the University of Missouri. He began his educational career in Montgomery, Alabama as a special education teacher, assistant principal, and principal. Because of his successes in Alabama, he was recruited to work in the Kansas City, Missouri School District where he served as principal, director of elementary schools, and assistant superintendent where he assisted the district in receiving enough points to be fully accredited – which had not happened in over thirty years. In 2017, Dr. Lewis was selected,

completed and received certification from the American Association of School Administrators (AASA)/The School Superintendents Association's Urban Superintendents Academy in partnership with Howard University. In January 2018, the Lawrence Public Schools School Board unanimously approved Dr. Lewis to become the Superintendent of Lawrence Public Schools. In November 2019, Governor Laura Kelly appointed Dr. Lewis to the Kansas African American Affairs Commission. The commission devises strategies to address the public policy concerns of the African American community through partnerships with state agencies, corporations and foundations. It also assists with programs, grants and research.

Mark McCormick

Mark McCormick joined the ACLU of Kansas in April 2018 as the Director of Strategic Communications. Previously, he served as the Executive Director of the Kansas African American Museum in Wichita, Kansas. Mark is a New York Times best-selling author with over 20 years of experience as a reporter, editor, and columnist. He serves as a trustee at the University of Kansas School of Journalism and has served as a professional in residence at the University of Oklahoma. He is the proud recipient of over 20 industry and community awards, including five gold medals from the Kansas City Press Club. In 2015, Mark co-authored African Americans of Wichita and in 2017, he published Some Were Paupers, Some Were Kings: Dispatches from Kansas. In 2021, Mark was awarded the Mike and Joyce Shinn Leaders and Innovators Award from the University of Kansas Black Alumni Network.

Teresa Miller

Miller comes to KHF following more than six years serving in state government in Pennsylvania, most recently as Secretary for the Department of Human Services. In this role, Miller led a department working to address health disparities and racial inequities, finding innovative ways to address social determinants of health like food insecurity, housing and employment, connecting Medicaid enrollees to work supports, redesigning employment and training programs for Pennsylvania's lowest income residents and supporting Pennsylvania's most vulnerable residents through the pandemic. As the leader of the department, Miller oversaw a staff of approximately 16,000 and a total budget of more than $45 billion. Prior to her time at Pennsylvania DHS, Miller served as the state's insurance commissioner, beginning in 2015. As commissioner, Miller renewed the department's commitment to consumer protection and re-established an emphasis on consumer education and financial literacy in partnership with other state agencies, consumer groups, and advocates across Pennsylvania. Miller led the Insurance Department through attempts to replace the Affordable Care Act and advocated across Pennsylvania and to the United States Congress in defense of the law and how it has helped more than a million Pennsylvanians directly access health coverage and countless others through its consumer protections. Before coming to Pennsylvania, Miller held leadership roles in the federal government's Centers for Medicare & Medicaid Services and was administrator of the insurance division at the State of Oregon's Department of Consumer and Business Services. Currently, Miller is serving on the Congressional Budget Office's Panel of Health Advisers, providing feedback on federal policies and legislation that affect health care consumers. A native of Oregon, Miller received a juris doctor from Willamette University College of Law and a Bachelor of Arts in Political Science and Psychology from Pacific Lutheran University.

John Nave

John Nave has been the executive vice president of the Kansas AFL-CIO since January 2018. John comes from the United Steel Workers Local 307 where he served as Goodyear union rep for the past six years and as COPE chairman for the past three years. John was also a Teamster member from 1978 to 1983 when he worked for United Parcel Service. John's extensive political history began in the early nineties working on local and state campaigns for public servants still serving at the local, and state level. Soon after expanding on his own political experience, John served as district four councilman for the City of Topeka from 2003-2007. John Nave currently sits on the Topeka Police Department Citizen's Advisory Council. The purpose of the Council is to meet with Topeka Police Chief Bill Cochran to discuss changes, new programs, and initiatives within the Topeka Police Department. It is also an opportunity for members to give feedback, whether it is good or bad, about the direction the department is headed. When John Nave was on the City Council, he was also on the Law Enforcement Partnership panel. He developed a program for the Shawnee County juvenile jail and all Corrections officers. He taught from a safety mindset that police protect the public using deadly force if necessary, and if all options are gone including de-escalation techniques. Once an officer put cuffs on an individual, you then are to protect them from all harm and perform a mental and physical assessment immediately.

Chief Gordon Ramsay

Chief Gordon Ramsay was appointed as the Wichita Police Chief in January 2016 and has served as a police officer since 1993. Chief Ramsay is nationally recognized for his work and expertise with citizens oversight boards, co-responders models, police-community relations, and the use of technology and crime reduction. Due to his work in these areas, Chief Ramsay was selected to serve as a Commissioner on the Presidential Commission on Law Enforcement and the Kansas Governor's Commission on Racial Equity and Justice. Overall, WPD has experienced a decrease in part one crimes under Chief Ramsay's leadership. In partnership with his staff, he has implemented innovative methods to reduce crime, including shot spotter technology, Operation Save a Casing, and created the first Crime Gun Intelligence Center in Kansas. Additionally, they have added several embedded case workers who assist families in crisis, caseworkers who assist with housing stabilization, and a co-responder model for mental health response. Chief Ramsay implemented Wichita's first Citizen Review Board in 2018. Under Chief Ramsay's leadership, federal grants have quadrupled in dollar amounts and are helping reduce gun violence and fund important crime reduction initiatives. Chief Ramsay is currently an executive board member with the Major City Police Chiefs Association representing the central U.S. and has his Bachelor's Degree in Criminology and Sociology and a Master's Degree in Management. He previously served as the General Chair of the Mid-Seized Agency Section of the IACP, President of the Minnesota Chiefs of Police Association and is currently an Advisory Board Member of the Council of State Governments-Justice Center and is on the Board of the Wichita area YMCA's, the Boys and Girls Clubs of South Central Kansas and Rise Up for Youth. He is a graduate of the FBI National Academy session 222. Chief Ramsay lives in Wichita with his wife of over 20 years and their two children.

Elyse Towey

Elyse Towey is an enrolled member of the Iowa Tribe of Kansas and Nebraska. She is also Otoe and Menominee. Towey graduated from Haskell Indian Nations University in 1995, received her bachelor's in elementary education from University of Kansas in 1999, and her master's degree focusing in Tribal Government and Tribal Law from University of Kansas in 2009. Towey was elected to the Executive Committee of the Iowa Tribe in 2019 and will serve a four-year term as the tribal treasurer. Her company, Independently Indigenous, is a woman owned business and she has been working for over 20 years to assist Tribal Nations and communities in building tribal sovereignty through expansion of tribal vision, design, and capacity. She has experience in Indigenous environmental and regenerative Nation building movements to re-develop ecologically, culturally, and economically thriving and resilient Native Nations.

Catalina Velarde

Catalina Velarde, JD, MBA, resides in the Kansas City metropolitan area. An immigrant and native of Mexico who became a U.S. citizen in high school, Catalina is uniquely poised to understand the perspective of the noncitizen, Latinx community, and as such, is a technical advisor to the Kansas Hispanic & Latino American Affairs Commission. Previously in private practice, Ms. Velarde focused on immigration and family law, including as a certified civil and family law mediator and guardian ad litem, using her Spanish language fluency to guide persons unfamiliar with U.S. law enforcement and justice systems. Since 2012, Catalina has served as an Adjunct Professor at UMKC School of Law, teaching Multicultural Lawyering and Spanish for Lawyers, a course focused on teaching prospective attorneys the cross-linguistic and cross-cultural nuances of serving Spanish-speaking clientele. Since 2015, Catalina has served on the Overland Park Police Department Independent Citizen Advisory Board for Racial Profiling and Nonbiased Policing. The board, which meets quarterly, reviews the findings of the investigations of OPPD's Professional Standards Unit pursuant to citizen complaints of racial profiling or biased policing. Since 2018, Catalina has been a board member at El Centro, Inc., a nonprofit corporation whose mission is to strengthen communities and improve the lives of Latinos and others through educational, social, and economic opportunities. She is also a graduate of the 2021 class of Leadership Overland Park.

Jackson Winsett

Jackson Winsett is Assistant Vice President and deputy business leader in the Treasury and Payment Services Division with oversight of the Debt Management Services programs, including the Do Not Pay program, Treasury Offset Program, and key Debt Information Management initiatives. Mr. Winsett provides product and project and relationship management oversight to ensure successful delivery of all products and services in support of the Debt programs. Mr. Winsett joined the Bank in 2015 after holding various leadership positions at Navy Federal Credit Union and the IBM Corporation. For more than 20 years, Jackson has utilized his blend of business and technical knowledge across a broad range of industries by defining and implementing technology, business and operational improvement solutions that aligned with business strategies and objectives to grow revenue and strengthen performance.

COMMISSION MEETING NOTES

Full CREJ Meeting: Subcommittee Breakout Groups

January 28, 2021

Economics Subcommittee: Breakout Group
Shannon Portillo, Chair

Commissioners Attending

- Dr. Shannon Portillo
- Dr. Brandon Davis
- D.A. Mark Dupree
- John Nave
- Jackson Winsett

Topics Discussed

The conversation focused on short and long-term goals of the subcommittee, topics the subcommittee would like to engage in future meetings, future speakers for subcommittee meetings, and future organizations to work with. The subcommittee decided their short-term goals would include focusing on housing and loss of housing due to COVID-19, the childcare crisis, and short-term economic recovery from COVID-19. Their long-term goals included a long-term piece around economic growth, focusing on how housing and homeownership contribute to the wealth gap, and ensuring students are aware of skilled labor jobs without tracking people of color into specific roles. They engaged with such topics as state funding, Kansas minimum wage in relation to racial equity, Governor Kelly's transportation package, our need for skilled jobs, job loss with COVID-19, and implications that come with having a criminal justice background.

Other items discussed:

- A potential listening session for the expungement process
- Business incentives and who should be receiving them
- Ending the border war in Kansas City
- Kansas being a right-to-work state

Actionable Items

- Invite a representative from the Governor's office to speak on their plan for the state level housing study and see how they will take race into account.
- Invite Lieutenant Governor Dave Toland and/or someone from the Kansas Department of Commerce to bounce off broader questions.
- Invite a representative from the Kansas Board of Regents to discuss data and request further data.

- Work with experts at NGA to provide data on funding in other states and provide answers on how funding can be used.

Education Subcommittee: Breakout Group
Dr. Tiffany Anderson, Chair

Commissioners Attending

- Dr. Tiffany Anderson
- Secretary DeAngela Burns-Wallace
- Dr. Anthony Lewis
- Hon. Monique Centeno
- Mark McCormick

Topics Discussed

The conversation focused on each subcommittee member's areas of interest for topics and guest speakers. The subcommittee decided to focus on teacher recruitment and removing barriers from the teaching field, pre-k through post-secondary education, and creating credential opportunities for those who do not seek out a bachelor's degree. Policies they would like to focus on include: the opportunity gap, overidentification of special education, and looking at policies that contribute to the school to prison pipeline. In terms of practices, the subcommittee decided to focus on diversity/bias related training and systemic practices for recruitment and retention of staff of color. Their overall goals are to improve equity, access, and opportunities for pre-k to post secondary systems alongside identifying the barriers that prevent equitable access.

Actionable Items

- The subcommittee would like future speakers to give examples of specific areas that are doing a good job in creating equitable education.

- As a follow up to this meeting, Dr. Tiffany Anderson will send out goals and topics to the subcommittee members for feedback.

Healthcare Subcommittee: Breakout Group
David Jordan, Chair

Commissioners Attending

- David Jordan
- Chief Gordon Ramsay
- Catalina Velarde

Topics Discussed

The conversation focused on the goals for this subcommittee to study, specific topics they would like to engage with, and speakers they would like to hear from.

Topics to Study:

- Behavioral Health
- Substance Abuse Issues
- Workforce Development
- Maternal and Child Health
- Prenatal Health
- Insurance Coverage Issues
- Mental Health
- Intrafamilial violence
- Foster Care

Actionable Items

- Look into CLASP Center for Budget Policy & Priorities for health in an early childhood space.
- Invite groups that are licensing boards from different professions, try to engage state boards and commissions.

Economics Subcommittee: Kansas Department of Commerce

February 11, 2021

Commissioners Attending

- Dr. Shannon Portillo
- Dr. Brandon Davis
- D.A. Mark Dupree
- John Nave
- Mark McCormick
- Jackson Winsett
- Catalina Velarde
- Ernestor De La Rosa

Topics Discussed

The conversation focused on the guest speakers; Stanley Adams from the Kansas Office of Broadband Development, Mike Beene from the Kansas Workforce System, and Rhonda Harris from the Office of Minority and Women Business Development.

Potential Recommendations:

- Promoting career exploration opportunities
- Promoting broadband fairness and digital inclusion
- Supporting Rhonda's bill for women and minority businesses
- The effect of criminalizing marijuana
- Racial equity within housing

Other items discussed:

- Short-term goals for the subcommittee were discussed. It was decided that they should be quick and easy wins that have gotten little attention previously, urgent barriers that need to be addressed in a timely manner and before federal money comes in, and that we should look into the framework for federal spending that may be needed long-term.
- The idea of separating goals in terms of funding and infrastructure came up in regard to extending hours of childcare, since it still remains an access issue because we do not have the services.
- The potential of creating a funding program for Kansas businesses.
- Informing high school counselors to promote career opportunities within their communities as well as four year degrees. Additionally, it is important to ensure we do not trap students of color into certificate programs instead of pursuing a four year degree.

Education Subcommittee, KSDE and School Superintendents

February 25, 2021

Commissioners Attending

- Dr. Tiffany Anderson
- Dr. Anthony Lewis
- Hon. Monique Centeno
- Mark McCormick
- Catalina Velarde

Topics Discussed

The conversation focused on the guest speakers, Randy Watson of Kansas Can-Educational Equity and Innovation, and Mike Fulton of the Shawnee Mission school district. The main topics of discussion involved ensuring that Kansas does not have implicit bias affecting grades, the school to prison pipeline, creating a statewide survey with superintendents for structural feedback, starting community surveys to create individual strategic plans, prioritizing recommendations that are low cost, and reaching out to partners outside of the school district to help in the support and stabilization of students.

Potential Recommendation Topics:

- Lessening the broadband access gap
- Funding for community transportation to help children stay at the same school if they move around homes
- Encouragement of partnerships with housing and healthcare

Other items discussed:

- Amanda Winters, the Program Director for Post-Secondary Education at NGA, presented research on diversifying the teacher pipeline, a list of equity educational pipeline models that have been tried in other states, and the strategy of successful models. She also presented research on the unique impact of the students of color debt crisis and research on early childhood access to education.

Actionable Items

- Dr. Tiffany Anderson will work with Kate Davis and her team to categorize Amanda Winters' research and find recommendations to bring back to the subcommittee.
- Include the discussion of early childhood specifically in a future meeting.
- Include the discussion of post-secondary education specifically in a future meeting.
- Work with the economic subcommittee about rent jumping and housing stabilization. This could also be a good opportunity for an economic prosperity learning session about education and employability.

Healthcare Subcommittee: KDHE and KDADS

March 11, 2021

Commissioners Attending

- David Jordan
- Ernestor De la Rosa
- Chief Gordon Ramsay
- Elyse Towey
- Catalina Velarde

Topics Discussed

The conversation focused on the guest speakers; Dr. Joan Duwve of the Kansas Department of Health and Environment, Marci Nielsen- Chief Advisor for COVID-19 Coordination for the Governor, Kasey Sorrell of the Kansas Department of Health and Environment, and Andrea Clark of the Kansas Department for Aging and Disability Services. Sweta from NGA also shared a presentation on addressing the social determinants of health to improve health outcomes. The subcommittee members reviewed topics from their previous breakout session at the 1/28 meeting. Their topics include: maternal and child health, behavioral health, ACE's and intrafamily violence, and workforce. Other areas of interest included a broader ACE's discussion, financing SDOH services, and child welfare prevention services.

Other items discussed:

- Misdiagnosis; what is the medical industry doing about the disparities that exist in the medical field. The subcommittee would like Dr. Smith to present on this subject matter for future policy recommendations.

- How does domestic violence play a part in the healthcare conversation?

Additional Resources

- https://kmmrc.org/
- https://kansaspqc.org/

Actionable Items

- Sweta from NGA will send along a resource list with case studies for social determinants of health projects to subcommittee commissioners.
- Intra Family violence, Chief Ramsay will help look for speakers.
- Add local mental health providers to the behavioral health discussion, Chief Ramsay will help in finding speakers.

Full CREJ Meeting: Kansas DEI Initiative

March 25, 2021

Commissioners Attending

- Dr. Shannon Portillo
- John Nave
- Dr. Brandon Davis
- D.A. Mark Dupree
- Dr. Tiffany Anderson
- Secretary DeAngela Burns-Wallace
- Dr. Anthony Lewis
- Mark McCormick
- David Jordan
- Chief Gordon Ramsay
- Hon. Monique Centeno
- Catalina Velarde

Topics Discussed

The conversation focused on Secretary DeAngela Burns-Wallace's presentation on DEI initiatives and report-outs from each subcommittee. The subcommittee report-outs included updates on past guest-speakers as well as future meeting topics. The full commission also decided that early childhood, workforce, housing, and finance are topics that all subcommittees are interested in and could benefit from future speakers as a full group. The commissioners agreed on having the next full commission meeting focus on early childhood and ARP.

Economics Subcommittee Report-Out Topics:

- Broadband access
- Workforce
- Tax Policy
- Housing Policy & Homeownership
- Childcare
- Transportation
- Financing

Education Subcommittee Report-Out Topics:

- Teacher Diversity
- Early Childhood
- Post-Secondary
- SRO's
- School Finance

Healthcare Subcommittee Report-Out Topics:

- Maternal and Child Health
- Behavioral Health
- ACE's and Intrafamily Violence
- Workforce

Economics Subcommittee: Governor's Council on Tax Reform

April 8, 2021

Commissioners Attending

- Dr. Shannon Portillo
- Dr. Brandon Davis
- D.A. Mark Dupree
- John Nave
- Mark McCormick
- David Jordan
- Catalina Velarde

Topics Discussed

The conversation focused on select tax policy changes from 2012-2015, income tax reform, and progressivity versus regressivity of taxes.

Potential Recommendations:

- Supporting the food sales tax rebate
- Promoting the ability to file I10's to claim earned income tax credit in the state
- A first-time homeownership credit as a way to encourage first-time homeowners
- Extending data gathering and transparency among racial and ethnic lines in regard to tax expenditure
- Implementing equity assessments on our tax distribution
- Removing specific sales tax exemptions for specific entities

Other items discussed:

- The ongoing costs of COVID-19 are staggering and may last upwards of 10 years. Going forward, the dollar amount of tax cuts in Kansas may be minimal, but they need to be targeted towards people who need them the most.
- IRS and state departments of revenue do not require filers to identify race or ethnicity, which makes understanding how racial disparities intersect with taxes a challenge. This also means that tax exemptions and credits are not broken out in terms of race.
- Most tax policy changes we may want to evaluate, such as income taxes, are more progressive with more brackets. Additional brackets are proven to be more effective at closing gaps on income levels and racial and ethnic income groups.
- Taxes are not only an issue of targeting, they also largely involve electoral politics.
- Fines and forfeitures are some of the most discriminatory and punitive kinds of revenues that are raised. They may also suppress voter participation, especially in those who have outstanding fees.
- 81% of Kansas state taxes go into a general fund
- Medicaid is a large contributor to our declining Federal dollars
- Court systems tend to rely on fines and fees to fund themselves, as well as local governments, how do we assist the legislature in taking these funds and placing them where they need to go? If we can get the local governments to rely less on the fines put into place, we could help mitigate incentives of trying to use the criminal justice system to raise money.

Actionable Items

- Working further with the Council on Tax Reform regarding equitable taxes in Kansas, they would like a CREJ Economic Subcommittee member to attend their next meeting.
- Discuss Biden's Executive Order on Advancing Racial Equity and Support for Underserved Communities Through the Federal Government.
- An upcoming event: The Colorado Fiscal Institute Webinar on Racist Roots of Tax Policy, April 20th, 2021.
- Look further into DC and California tax policies for examples of equitable tax policies to change the tax system and try to encourage and discourage certain behaviors that have disparate impacts.

Additional Resources

- Kansas Action for Children- John Wilson, Emily Fetsch, Adrienne Olejnik, Karuva Kaseke
- Sisters of Charity of Leavenworth- Sister Therese Bangert
- This link lays out 20 different ways in which race and taxes intersect
- A resource with tax breakdown info by state
- https://www.brookings.edu/research/closing-the-racial-wealth-gap-requires-heavy-progressive-taxation-of-wealth/

Education Subcommittee: Governor's Council on Education

April 22, 2021

Commissioners Attending

- Dr. Tiffany Anderson
- Secretary DeAngela Burns-Wallace
- Chief Gordon Ramsay
- Dr. Anthony Lewis
- Catalina Velarde
- Mark McCormick

Topics Discussed

The conversation focused on the guest speakers and a discussion of topics and recommendations from the subcommittee members. The meeting began with a presentation from Dr. Bill Parrett and Dr. Kathleen Budge on high performing and high poverty schools. A short Q&A followed this presentation, which then led into the Governor's Council on Education presentations.

Joint Goals Discussed:

- Future speaker on school mascots
- Discussing how history is taught in schools
- University tuition costs

Healthcare Subcommittee: Maternal and Child Health

May 6, 2021

Commissioners Attending

- David Jordan
- D.A. Mark Dupree
- Chief Gordon Ramsay
- Dr. Tiffany Anderson
- John Nave
- Ernestor De La Rosa
- Catalina Velarde
- Secretary Burns-Wallace

Topics Discussed

The conversation focused on the guest speakers; Dr. Joan Duwve of the Kansas Department of Health and Environment, Marci Nielsen- Chief Advisor for COVID-19 Coordination for the Governor, Kasey Sorrell of the Kansas Department of Health and Environment, and Andrea Clark of the Kansas Department for Aging and Disability Services. Sweta from NGA also shared a presentation on addressing the social determinants of health to improve health outcomes. The subcommittee members reviewed topics from their previous breakout session at the 1/28 meeting. Their topics include: maternal and child health, behavioral health, ACE's and intrafamily violence, and workforce. Other areas of interest included a broader ACE's discussion, financing SDOH services, and child welfare prevention services.

Potential Recommendations:

- Ensure navigation/care coordination is available in Spanish and other languages; ensure care coordination/navigations services are available statewide; suggestion that communities/school districts engage in birth education as well as home visiting; ensure these programs have adequate funding.
- Medicaid expansion
- Healthcare, Behavioral health, Dental
- Reimbursement for community health workers
- Team that is culturally responsive and trauma informed
- Office hours that are non-traditional
- Prenatal care leading to pediatric care
- Social determinants of health

Other items discussed:

- Importance of early investment in children -- first 1,000 days of children's lives are critical to long term health and earnings outcomes.
- Stroda recommends strategic funding and planning regarding home visiting.
    - School districts and public health organizations need to fully utilize navigators and home visiting resources.
- The importance of lived experience; institutionalized racism impact on health outcomes; Birth Equity Network curriculum.
- Racism as a public health crisis
- Impact of Medicaid expansion on maternal health outcomes
- Need for better data

- Need for more culturally competent workforce
- Delayed discontinuation of Medicaid has had a positive impact on health outcomes -- success by accident because of COVID
    - Because of the public health crisis, there has been no discontinuation of enrollment in Medicaid.
- Collaboration between law enforcement and health care providers.

Additional Resources

- Kansas Birth Equity Curriculum: https://redcap.kumc.edu/surveys/?s=C7PAHM8W3P

Full CREJ Meeting: Early Childhood/Childcare

May 20, 2021

Commissioners Attending

- Dr. Shannon Portillo
- John Nave
- Dr. Brandon Davis
- D.A. Mark Dupree
- Dr. Tiffany Anderson
- Secretary DeAngela Burns-Wallace
- Dr. Anthony Lewis
- Mark McCormick
- David Jordan
- Chief Gordon Ramsay
- Hon. Monique Centeno
- Catalina Velarde

Topics Discussed

The conversation focused on our guest speaker and the discussion around the July 1st report. Each subcommittee came prepared with their outlined recommendations and read them aloud to the entire group. Commissioners then voted as a group on recommendations and discussed what would be needed from each subcommittee in the upcoming weeks before the report is due.

Economics Subcommittee: Federal Legislation and ARPA

June 3, 2021

Commissioners Attending

- Dr. Shannon Portillo
- Dr. Brandon Davis
- D.A. Mark Dupree
- John Nave
- Mark McCormick
- David Jordan
- Catalina Velarde

Topics Discussed

The conversation was around the guest speakers' presentations and continuing to discuss recommendations for the July 1st report. The subcommittee focused on refining the recommendations that have already been made and discussing workload for each committee member. Members were delegated due dates and made aware of the July 1st report timeline.

Other items discussed:

- How to finance our recommendations

- Collaborating with the education subcommittee on promoting certificate programs

Education Subcommittee: School Mascots and Post-Secondary Education

June 17, 2021

Commissioners Attending

- Dr. Tiffany Anderson
- Secretary DeAngela Burns-Wallace
- Chief Gordon Ramsay
- Mark McCormick
- Dr. Shannon Portillo
- David Jordan
- Dr. Anthony Lewis

Topics Discussed

The conversation focused on the guest speakers and a discussion of topics and recommendations from the subcommittee members. Guest speakers included Professor Shawn Watts, Charmine Chambers, and Scott Smathers. Kate Davis created a "Potential Mascot Suggestions" document throughout the meeting as the commissioners discussed the issue at hand. The rest of the meeting was spent discussing and reviewing recommendations for the final report.

Actionable Takeaways:

- Future speaker on school mascots
- Discussing how history is taught in schools and educating students on appropriate behaviors
- Discuss university tuition costs

Healthcare Subcommittee: Behavioral Health

July 1, 2021

Commissioners Attending

- David Jordan
- Ernestor De La Rosa
- Catalina Velarde
- Chief Gordon Ramsay

Topics Discussed

The conversation focused on the guest speakers and a discussion of topics and recommendations from the subcommittee members relating to Behavioral Health in Kansas. Guest speakers included Nia West-Bey and Isha Weerasinghe from the Center of Law and Social Policy in Washington D.C., Michelle Ponce from the Association of Community Health Centers, Tim Deweese from the Johnson County Community Health Center, and Kari Bruffett from the Kansas Health Institute, Amittia Parker from the Georgetown Center of Community Health and Safety.

Actionable Takeaways:

- Develop legislation that expands Medicare in Kansas.
- Expand telehealth access and codify regulations in Kansas.
- Increase access to mental health in schools.
- Increase mental health funding in Kansas.

Full CREJ Meeting: Update on First Report Items

July 15, 2021

Commissioners Attending

- Dr. Tiffany Anderson
- Dr. Shannon Portillo
- Ernestor De La Rosa
- Dr. Anthony Lewis
- Dr. Brandon Davis
- Jackson Winsett
- John Nave
- Mark McCormick
- Hon. Monique Centeno
- David Jordan

Topics Discussed

The conversation focused on the guest speakers and a discussion of topics and recommendations from the commission and guest speakers, as well as an update on the commission's December 2020 Report. Guest speakers included Darin Beck from the Kansas Law Enforcement Training Center (KLETC) and Gary Steed from the Commission on Peace Officer Standards and Training (CPOST), and an update on the report's rollout.

Actionable Takeaways:

- Increase public accessibility to the report and improve feedback mechanisms.
- Connect CPOST with Tribal Nations to improve report roll-out and benefit CPOST'S vetting process.
- Implement software to improve investigation procedures.
- Consider increasing Goodtime Credits.
- Consider legislation to reform the state's prison system.

Economics Subcommittee: Housing

July 29, 2021

Commissioners Attending

- Dr. Shannon Portillo
- Mark McCormick
- Dr. Brandon Davis
- John Nave
- D.A. Mark Dupree

Topics Discussed

The conversation focused on the guest speakers and a discussion of topics and recommendations from the subcommittee members. Guest speakers included Michelle Ewert and Morgan Lawrence from Washburn University Law School.

Actionable Takeaways:

- Create housing policy to support low income populations in Kansas.
- Account for housing disparities in Kansas Housing Policy that makes homeownership unattainable.
- Develop housing program to address historical inequities.
- Reassess the appraisal and loan approval process in Kansas.
- Reassess housing policies specific to tenants in court procedures.
- Create legislation focused on energy efficiency upgrades.
- Increase loan availability through grants, stipends, etc.

Education Subcommittee: Housing and School Partnerships

August 12, 2021

Commissioners Attending

- Dr. Tiffany Anderson
- Catalina Velarde
- Secretary DeAngela Burns-Wallace
- John Nave

Topics Discussed

The conversation focused on the guest speakers and a discussion of topics and recommendations from the subcommittee members. Guest speakers included Carrie Higgens and Regina Franklin from the City of Topeka, Trey George from the Topeka Housing Authority, Sarah Sharp from the United Way.

Actionable Takeaways:

- Increase resources available to students affected by impact avenues.
- Utilize language in legislation that directly refers to the economic impact housing has on education access to families, through the generational report.
- Increase access to housing to improve access to education.
- Consider utilizing Housing Authority's 2% offline to further collaborate with education reforms in Kansas.
- Promote language regarding collective impact actions to increase access to emergency housing vouchers or grants.

Healthcare Subcommittee: ACEs and Interfamily Violence

August 26, 2021

Commissioners Attending

- David Jordan
- Mark McCormick
- Teresa Miller
- Dr. Anthony Lewis
- Chief Gordon Ramsay
- Ernestor De La Rosa
- Catalina Velarde

Topics Discussed

The conversation focused on the guest speakers and a discussion of topics and recommendations from the subcommittee members. Guest speakers included Francisca Jimenez from Russell Childhood Development Centers, Kathy Ray from the Kansas Coalition for Domestic Violence, and Monica Murnan from Greenbush.

Actionable Takeaways:

- Allocate state funding to further improve development and domestic violence resource centers.
- Consider developing policies that maximize the benefits of Medicaid in Kansas.
- Consider agency collaboration between law enforcement and health resource centers.
- Provide resources to expand multicultural resources in the workforce and overcome language barriers in healthcare.
- Improve access to technology that expands the use of language interpreters in Kansas Healthcare.
- Improve language access.

Full CREJ Meeting: Universal Equity Policies and Family Planning

September 9, 2021

Commissioners Attending

- Dr. Tiffany Anderson
- Dr. Shannon Portillo
- David Jordan
- Dr. Brandon Davis
- Chief Gordon Ramsay
- Teresa Miller
- D.A. Mark Dupree
- DeAngela Burns
- Mark McCormick
- Ernestor De La Rosa
- Dr. Anthony Lewis
- Hon. Monique Centeno

Topics Discussed

The conversation focused on the guest speakers; Dr. Janice Underwood from the Commonwealth of Virginia and Angela Feller LeMire from the Colorado Department of Public Health and Environment.

Potential Recommendations:

- Develop and utilize a Health Equity Commission Group.
- Remove racist and discriminatory language from existing state legislation.
- Increase funding for state family planning programs.
- Develop a DE&I plan that explicitly outlines 5 goals.

Other items discussed:

- Short-term goals for the State of Kansas were discussed that focused on the development of legislative support groups. The recommendation for these groups was made with the intent to place a specific emphasis on the verbiage of state legislation and its references and discussion of people of color.
- The idea of revising the existing family planning structure in the state to account for demographic disparities that affect its accessibility.
- The potential creation of a plan like the ONE Virginia Plan to aid state entities and subcommittees in achieving their goals.

Economics Subcommittee: Wages and High-Cost Lending

September 23, 2021

Commissioners Attending

- Dr. Shannon Portillo
- Teresa Miller
- Dr. Brandon Davis
- D.A. Mark Dupree
- John Nave
- Jackson Winsett
- Mark McCormick

Topics Discussed

The conversation focused on the pitfalls of the Payday Loan system in the State of Kansas, and more specifically the implications related to the system of loan borrowing and repayment amongst the demographic that they are intended to serve. The conversation then shifted to a discussion of minimum wages and their subsequent effects on individuals and counties across the state.

Other items discussed:

- Existing payday loan reforms in Colorado and other states.
- Existing reform measures that are actively taking place in Kansas.
- Reality of minimum wage in reference to inflation and implementation.
- Demographic differences related to minimum wage.

Actionable Items

- Adopt a payday loan reform that does not eliminate them from the status quo, but instead makes them a realistic fit and beneficial resource in the lives of the demographic they serve.
- Review existing legislation pertaining to payday loans and provide support for future reforms and legislation.
- Establish a minimum wage that is indexed for inflation.

Education Subcommittee: Post-Secondary Education and Juvenile Justice

October 7, 2021

Commissioners Attending

- Dr. Tiffany Anderson
- Dr. Shannon Portillo
- Mark McCormick
- Hon. Monique Centeno
- D.A. Mark Dupree

Topics Discussed

The conversation focused on the guest speakers and a discussion of topics and recommendations from the subcommittee members. Guest speakers included Kansas Board of Regents Chair Cheryl Harrison-Lee, CEO and President Blake Flanders, Judge Kellie Hogan and Retired Judge Jim Burgess. The rest of the meeting was spent discussing and reviewing recommendations for the December Report.

Actionable Takeaways:

- Increase the amount of financial aid available to students entering and actively in post-secondary education.
- Continue discussion on the cost of university tuition
- Discuss possible changes in the education system for underprivileged students.

Healthcare Subcommittee: Healthcare Workforce

October 21, 2021

Commissioners Attending

- David Jordan
- Ernestor De La Rosa
- Mark McCormick
- Chief Gordon Ramsay
- Catalina Velarde

Topics Discussed

The conversation focused on the Healthcare Workforce in Kansas and the presentations of guest speakers, Christina Friedt from the Northwest Portland Area Indian Health Board, Lucia Jones-Herrera from United Health Care Community and State, Kansas, Rachel Showstack from Wichita State University, and Geovannie Gone from Genesis Family Health.

Other Topics Discussed:

- Existing legislation prevents DACA Recipients and other immigrants from obtaining licensure that allows them to practice in the medical field despite their ability to obtain and complete the necessary education.
- A discussion pertaining to a long-term solution to support immigrant families with the resources to communicate with their community effectively, specifically in the healthcare and other professional settings.
- The role of healthcare workers and their ability to provide a more empathetic level of care was discussed by the presenter and subcommittee members. Specifically, a discussion focused on the importance of empathetic health workers in Kansas took place.
- The importance of Dental Therapists in Tribal Communities and other minority populations.

Actionable Items

- Draft and enact a piece of legislation that overrules the prohibitions made by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1966.
- Begin supporting Spanish Language Education for bilingual children in the State of Kansas.
- Rachel Showstack from Wichita State University provided the following recommendations as a part of her presentation on language access in the State of Kansas:
    - For State Agencies:
        - Disseminate information to healthcare institutions
        - Improve management of reimbursements for interpreting
        - Create language access department within state Medicaid office of KSDE
        - Develop an accessible system for patients to file complaints
    - For Legislation:
        - Enact State versions of TITLE VI or ACA Section 1557
        - Require all healthcare interpreters to be qualified with proper certification.
        - Require that healthcare institutions have language access plans.
    - For Budget:
        - Funding for individuals to get interpreter training or for universities/nonprofits to provide it, medical Spanish at high schools

        - Infrastructure and training for video remote in addition to telephone
        - Public education and outreach: rights of patients & responsibilities of providers.
    - For Local Government:
        - Build capacity to disseminate public health messaging to residents who speak minoritized languages
        - Disseminate messages in Spanish and other languages spoken locally
        - Consider appropriate modalities and literacy levels
    - For Research:
        - Investigate current process for Medicaid reimbursements
        - Assess language access needs in each service area
        - Conduct comparative effectiveness study on a language access intervention

Lucia Jones-Herrera from the United Health Care Community provided the following recommendations for sustainability:

- Ensure that stakeholders understand the role and value of Community Health Workers:
    - Community
    - Clinical
    - Payers
    - State
- Funnel funds to community-based organization to support community-based programs.
- Work with clinical partners to understand how to work with Community Health Workers to close gaps in care and achieve optimal clinical outcomes.
- Incentivize payers and clinical partners to work with community-based organizations.
- Technical assistance to CBOs to partner with health payers/providers.
- Do not allow or settle with the idea that Community Health Workers cannot exist if providers are not the ones prescribing the care.
- Avoid payment models that are based on pay per hourly work.

Education Subcommittee: Teacher Diversity and Training

October 28, 2021

Commissioners Attending

- Dr. Tiffany Anderson
- Hon. Monique Centeno
- Ernestor De La Rosa
- John Nave

Topics Discussed

The conversation focused on guest speakers and a discussion of topics and recommendations from the subcommittee members. The meeting began with a presentation from Sherri Schwanz, Angie Powers, and Jamila Walton on the work of Kansas National Education Association (KNEA) and their current initiatives. A short Q&A followed this presentation.

Other Topics Discussed:

- Teacher Diversity
- The Kansas NEA Just Imagine Justice Initiative
- An Honest Approach to Education
- Policies that limit public school education curriculum

Actionable Items:

- Incentivize second-language fluency for Kansas Educators
- Increase pathway opportunities for individuals employed in school education while providing funding for these pathways.
- Collaborate with other educational agencies for equity training and to increase recruitment efforts.
- Provide incentives to promote teachers engaging in mentor/mentee opportunities.
- Potentially develop and incentivize a pipeline to increase teacher retention in Kansas, specifically focusing on hiring educators in their own neighborhoods.

Economics Subcommittee: Maximizing Federal Funding

November 4, 2021

Commissioners Attending

- Dr. Shannon Portillo
- D.A. Mark Dupree
- John Nave
- Teresa Miller
- Mark McCormick

Topics Discussed

The conversation focused on the guest speakers and a discussion of topics and recommendations from the subcommittee members. Guest speakers included Donna Ginther from the University of Kansas and Adrienne Olejnik from Kansas Action for Children. The rest of the meeting was spent discussing and reviewing recommendations for the December Report.

Actionable Takeaways:

- Do away with restrictive policies on TANF.
- Allocate financial resources from the federal government to preserve existing families and avoid children entering foster care.
- Provide income support for families to avoid falling into the foster care system.
- Potentially close the coverage gap
- Increase pregnancy income eligibility level.
- Extend Medicaid benefits to resident immigrants, specifically pregnant women and children.
- Re-emphasize the resources that are already publicly available.
- Extend post-partum coverage to a full 12 month period for those on Medicaid.

Full CREJ Meeting: Review December Report

November 18, 2021; In Person

Commissioners Attending:

- Dr. Shannon Portillo
- Dr. Tiffany Anderson
- David Jordan
- Dr. Brandon Davis
- Chief Gordon Ramsay
- Teresa Miller
- Mark McCormick
- Dr. Anthony Lewis
- Hon. Monique Centeno
- DeAngela Burns-Wallace
- D.A. Mark Dupree
- Ernestor De La Rosa

Topics Discussed:

The conversation focused on the approval of the sub-committees' recommendations in preparation for the upcoming CREJ December Report. The presentation in today's meeting was given by Commissioner Teresa Miller and focused on the mission and work of the Kansas Health Foundation.

Other Topics Discussed:

- The distinction between health and healthcare, and how these individual areas are influenced by the demographic identities of individuals with marginalized identities.
- Geographical location of marginalized individuals determines their level of susceptibility to poor health.
- The correlation between historically redlined areas and a decreased life expectancy.

Actionable Items

- Explore partnerships to expand policy in an effective and direct manner.
- Engage in the criminal justice reform to better understand the connection between systemic racism and health disparities in marginalized populations.

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