

Community Health Implementation Strategy 2013



KVC Prairie Ridge Psychiatric Hospital

Hope...Help...Healing

Introduction

KVC Prairie Ridge Hospital is owned by KVC Hospitals, Inc. and offers Psychiatric Acute Hospital and Psychiatric Treatment Facility (PRTF) Services designed to provide active treatment in a structured therapeutic environment for children and adolescents with severe emotional disturbances, or mental illness. KVC's Prairie Ridge Hospital also serves as the state hospital alternative for children with psychiatric needs in Kansas, and serves children that other area hospitals cannot/will not serve or prematurely discharge. In this capacity KVC serves as the state wide safety-net for the most acute and at-risk population of children and adolescents. Based on its agency-wide history of accepting hospital children with high-risk needs, KVC's Prairie Ridge Hospital operates with a no-eject/no-reject philosophy for admitting children. KVC services are provided with safety, monitoring, and treatment as priority focuses to help residents develop the skills to succeed in less restrictive, permanent settings. KVC Prairie Ridge Psychiatric Hospital's treatment program has a behavioral management component administered in a safe environment and all services are delineated to meet the individual needs of the clients referred. The KVC Prairie Ridge Psychiatric Hospital provides 24-hour/7 days a week admission.

Youth admitted to KVC Prairie Ridge Psychiatric Hospital typically have attempted, or are an active threat, to harm themselves or others. These safety threats require need for intensive treatment, supervision, and care in a safe and secure setting. Youth are generally in an acute state of crisis and also present with behaviors and special needs which negatively impact their home and school life, such as violence, psychosis and/or an inability to care for themselves. In addition to psychiatric diagnoses, KVC treats youth with concurrent medical conditions such as epilepsy, diabetes, multiple sclerosis, and physical limitations including speech and hearing impairments. It is common for children and youth to also present with significant chronic medical health needs. KVC assists in accessing necessary medical treatment services and blends the physical and mental health treatment plans to meet these special needs.

Our mission is to enrich children's lives by providing comprehensive and compassionate trauma-informed psychiatric care, behavioral healthcare, education and medical services.

Community Needs Assessment

Identifying Health Needs

A community health needs assessment was conducted in the spring of 2013. Community input was received through surveys with 10 key stakeholders that were selected based on their a) specialized knowledge or expertise in behavioral health, b) their affiliation with local government, schools, and industry, or c) their involvement with underserved and minority populations. In addition, secondary data was compiled from demographic and socioeconomic sources as well as national, state, and local sources of information on disease prevalence, health indicators, health equity, and mortality. Data was also obtained through a review of the Kansas City Regional Children's Behavioral Health Needs Assessment conducted in 2011 and the Kansas City Regional Health Care Initiative's System Change Committee (2011).

This data was analyzed and reviewed to identify mental health needs of the children and adolescents in Kansas and Missouri. As a result of the analysis described above, the following significant health needs were identified:

- Coordination of care with others, specifically schools
- Fragmentation of care for behavioral health
- Access to services (cost)*
- Foster Care Issues
- Transportation to/from services*
- Lack of Knowledge of available resources
- Lack of trauma-informed assessment and intervention strategies
- Lack of Facilities (Inpatient and PRTF's)
- Specialists to treat children with behavioral health needs
- Consent to care issues for children with no legal guardian*
- Coordination of care dual diagnosis*

**Impacts vulnerable populations*

The identified health needs were reviewed by Hospital Management and priority areas were determined based on their assessment of the qualitative and quantitative data. Identified needs were prioritized based on the following criteria:

1. How many people are affected by the issue or size of the issue?
2. What are the consequences of not addressing this problem?
3. The impact of the issue on vulnerable populations.
4. Whether or not the Hospital has existing programs to respond to the identified need.

As a result, the top five mental and/or behavioral health needs for the KVC Prairie Ridge Hospital CHNA Community were determined.

1. Coordination with other systems of care
2. Lack of trauma-informed assessment and intervention strategies
3. Access to services
4. Specialist to treat children with behavioral health needs
5. Coordination of care dual diagnosis

PRIORITIES OF FOCUS AREAS for 2014 to 2016

1. PRIORITY: Coordination with other systems of care

Currently: KVC Prairie Ridge Hospital coordinates care with other systems such as permanency (foster care), law enforcement, schools, outpatient mental health providers, general practitioners, medical personnel, and the courts. The coordination of services provides support with a focus on helping children experience success at home, school, and throughout the community. Intervention is designed to prevent the need for hospitalization and assist in a child's successful transition back to home after a hospital or residential stay. Prairie Ridge meets some of the needs to coordinate with other systems of care in the following ways:

- Prairie Ridge routinely opens its campus for Liaison Meetings with Community Mental Health Centers (CMHCs), conducts community training, conducts tours, and discusses trends and solutions for youth with area providers.
- Prairie Ridge leaders are active participants in metro- and state-wide initiatives designed to improve and coordinate care for patients. For example, we work with groups including but not limited to, the Kansas and Missouri Coalition of Children's Agencies, Kansas City Mid Area Regional Council (MARC, Psychiatric Residential Treatment Facility (PRTF) Stakeholders group, and Kansas and Missouri legislature groups.

Goal 1: To improve flow of health information from stakeholder to the provider's bidirectionally for enhancement the of care coordination.

- Strategies:**
- A. To implement electronic health records which can communicate with other systems.
 - B. To partner with other providers (CMCHs, PRTFs, Hospitals, primary care physicians) to be a part of a Health Information Exchange (HIE).
 - C. Offer a patient connects program for parents and youth to access their treatment care plan from home.

2. PRIORITY: Lack of trauma-informed assessment and intervention strategies

Currently: To achieve the most effective treatment possible, KVC Prairie Ridge provides an integrated trauma-centered approach utilizing evidence-based treatment and best practice models. We adhere to the highest and most stringent safety standards. Our specialized trauma-centered approach to care provides a supportive environment that assists children with developing self-regulatory skills and equips caregivers with the knowledge and tools to assist children to be successful in the community. The entire KVC Prairie Ridge's multi-disciplinary team is trained in multiple evidence-based, trauma-informed interventions that are applied throughout the entire continuum of care.

Goal 1: KVC Prairie Ridge, New York University, along with, Dr. Glenn Saxe, Chair of the NYU Department of Child and Adolescent Psychiatry and founder of Trauma Systems Therapy (TST), are teaming up to provide national expertise, promote development and adaptation of effective trauma treatments, and offer regional training opportunities for schools and social service organizations.

- Strategies:**
- A. Deepen the bench with more Trauma Certified Clinicians to better able to assess and provide intervention coping skills for youth.
 - B. Create awareness by presenting trauma informed information to community group forums, the stake holder group, and legislative meetings.
 - C. Conduct a Community Wide Trauma Focus Workshop Training for social services, school, and juvenile justice organizations.

3. PRIORITY: Access to services

Currently: KVC's Prairie Ridge Hospital serves as the state hospital alternative for children with psychiatric needs in the eastern part of Kansas. In this capacity, KVC serves as the hospital safety-net for the most acute and at-risk population of children and adolescents in the eastern part of the state. No child meeting admission criteria is turned away due to the complexity and depth of his/her needs or ability to pay. Prairie Ridge Staff advocate for clients transportation services that they are due them through other resources. Prairie Ridge also supports clients and parents/guardians when resources have been exhausted with interventions such as gas and lodging vouchers, video-conferencing, and use through a contracted transportation service.

Goal 1: Focus on first maintaining services to those who have limited access due to costs and acuity. Then add other creative ways through technology for better access for parents to engage more in their child's treatment.

- Strategies:**
- A.** Maintain the ongoing state hospital alternative grant to serve those without fiscal means and who have been turned away by other providers in the region.
 - B.** Enhance tele-psychiatry options to provide ease of access for parents/guardians to participate in treatment with their child.

4. PRIORITY: Specialists to treat children with behavioral health needs

Currently: KVC Prairie Ridge employs numerous specialists in child and adolescent psychiatry with particular expertise in acute care for young children, treatment of youth with aggressive behaviors, traumatized history, and are sexual reactive. The entire KVC Prairie Ridge’s multi-disciplinary team is trained in multiple evidence-based, trauma-informed interventions that are applied throughout the entire continuum of care.

Goal 1: Prairie Ridge will increase the number of clinicians who are “certified” specialists in certain treatment modalities.

- Strategies:**
- A.** Increase the number of certified Trauma Informed/Focus clinicians
 - B.** Increase the number of Certified Positive Behavioral Intervention Supports (PBIS) trainers
 - C.** Increase the number of certified Eye Movement Desensitization and Reprocessing (EMDR) therapist on staff
 - D.** Hire or contract out with a certified and/or licensed substance abuse counselor to enhance services at Prairie Ridge Hospital.

Goal 2: Have behavioral specialists provide training to other disciplines providing services to enhance and standardize behavioral health care practices.

- Strategies:**
- A.** Have behavioral specialists provide annual and ongoing training to all direct care staff on specialized treatment for special populations.

Goal 3: KVC Prairie Ridge Hospital will increase opportunities for area students to gain behavioral health specialties.

- Strategies:**
- A.** Through partnerships, KVC Prairie Ridge Hospital will sponsor more clinical rotations with area schools for a specialist training site. This will include but is not limited to students in nursing (BSN), social work (undergrad and graduate levels), pharmacy, pediatrics, psychology (graduate), counseling (graduate), dietitian, psychiatry (fellows), and health administration (graduate). These students come from area universities such as Kansas University (KU), Kansas University Medical Center, Saint Mary University, and the Kansas City University of Medicine and Biosciences (KCUMB).

5. PRIORITY: Coordination of care dual diagnosis

Currently: KVC Prairie Ridge Hospital coordinates care of patients with dual diagnosis with internal and external professions.

Goal 1: Implement an interdisciplinary health team for integrated care of dual diagnosis patients.

- Strategies:**
- A.** The interdisciplinary health team will need to be hired and should consist of medical specialists (physicians), nurses, pharmacists, dieticians, social workers, as well as, substance use disorder prevention and treatment providers.
 - B.** An integrated patient-centered treatment plan will be implemented with input from all relevant professions.

Goal 2: Enhance coordination and transition of care with external providers.

- Strategies:**
- A.** Connect to a health information exchange (HIE) to better coordinate and move over care plans to an integrated care network of community providers.
 - B.** Work closely with designated providers like Foster Care Contractors, Community Mental Health Center, and Health Homes to coordinate integrated care for dual diagnosis patients.

Needs Not Addressed

Some issues identified through the community health needs assessment have not been addressed in this plan. In initial discussion and subsequent prioritization, the KVC Hospital's Needs Assessment Team considered the levels to which some needs were already being addressed in the service area. Additionally, some community needs fall out of the scope of expertise and resources of the KVC Hospital. The following chart outlines how some of the needs identified in the assessment are addressed by others or in different ways:

Community Need	How Need is Addressed
Foster Care Issues	The state of Kansas and Missouri has implemented programs to address foster care issues. The state of Kansas as of July of 2013 awarded contracts to two organizations who will oversee the foster care operations. Missouri's health home initiative will encourage the coordination of care for the health of those youth in foster care who have the most severe health needs.
Lack of Knowledge of available resources	The healthcare reform not only has promised mental health parity, but also affordable insurance through health exchanges. Health insurance reform information centers online once fully implemented, is suppose to provide users available insurance and provider resource information for services.

Next Steps

This Implementation Plan will be rolled out over the next three years, from FY2014 through the end of FY2016. The Team will work with community partners and health issue experts on the following for each of the approaches to address the identified health needs:

- Develop work plans to support effective implementation
- Create mechanisms to monitor and measure outcomes
- Develop a report card to provide on-going status and results of these efforts to improve community health.

KVC Hospital is committed to conducting another health needs assessment within three years.

Adoption/Approval

KVC Hospital's Board of Directors approves the Implementation Strategy that has been developed to address the priorities of the recent Community Health Needs Assessment.

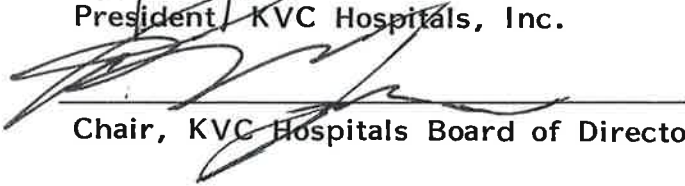
KVC Hospital will utilize this Implementation Strategy as a roadmap to collaborate with their communities to address the priorities, particularly for the most vulnerable.



President, KVC Hospitals, Inc.

11/26/13

Date



Chair, KVC Hospitals Board of Directors

11/26/13

Date