

Community Health Implementation Strategy FY2017-FY2019



General Description of Hospital

KVC Prairie Ridge and Wheatland Hospital is owned by KVC Hospitals, Inc. and offers Psychiatric Residential Treatment Facility (PRTF) Services designed to provide active treatment in a structured therapeutic environment for children and adolescents with severe emotional disturbances, substance abuse, or mental illness. KVC Prairie Ridge Hospitals also serves as the state hospital alternative for children with psychiatric needs in Kansas, and serves children that other area hospitals cannot serve, 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 children with high-risk needs, KVC Hospital's operating with a no-eject no-reject philosophy for admitting children for their State Hospital Alternative Programs. No child is turned away due to the complexity and depth of his/her needs. KVC services are provided with safety and treatment as priority focuses to help clients develop the skills to succeed in less restrictive, permanent settings. KVC Prairie Ridge and Wheatland Psychiatric Hospital's treatment programs offer a behavioral management component in a safe environment and all services are delineated to meet the individual needs of the clients referred and provide 24-hour admission, 7 days a week.

Youth admitted to KVC Prairie Ridge and Wheatland Psychiatric Hospitals 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.

Introduction

IRC Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment as well as a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment (CHNA), which describes both a process and a document, is intended to document KVC Prairie Ridge and Wheatland Psychiatric Hospitals compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that KVC Prairie Ridge Psychiatric Hospital (Hospital) may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and behavioral health statistics, health care resources and client use rates.
- A survey of persons who represent a) the community served by KVC Prairie Ridge and Wheatland Hospitals b) populations of need or c) persons with specialized knowledge in children's behavioral health issues.

This document includes the results from the Evaluation of Prior Implementation Strategy, Prioritization of Identified Health Needs from 2016 CHNA data and Implementation Strategy priorities for FY2017 to FY2019.

Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ending June 30, 2013 through June 30, 2016, focused on five priorities to address identified health needs. Based on the Hospital's most recent evaluation, the Hospital has made significant progress in meeting their goals and strategies outlined in the previous Implementation Strategy as reported below.

PRIORITY 1: Coordination with other systems of care

KVC Wheatland and Prairie Ridge Hospitals has expanded coordination of care with other systems such as foster care, law enforcement, schools, community mental health centers, outpatient mental health providers, general practitioners and medical personnel, primary health care systems and the courts. The coordination of services provides support with a focus on helping children experience success at home, school, as well as 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 admission. A system has been developed to electronically connect with providers and clients to share health information electronically.

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

KVC Prairie Ridge and Wheatland Hospitals with parent company KVC Health Systems has teamed up with Dr. Glenn Saxe, Chair of the NYU Department of Child and Adolescent Psychiatry and founder of Trauma Systems Therapy (TST) to provide national expertise, promote development and adaptation of effective trauma treatments, and offer regional training opportunities for schools and social service organizations over the last three years.

PRIORITY 3: Access to services

As the state hospital alternative for children with psychiatric needs in Kansas, KVC's Prairie Ridge and Wheatland Hospital's expanded acute hospital beds to meet the state needs. In this capacity both KVC Hospitals serve as the safety-net for the most acute and at-risk population of children and adolescents in Kansas. No child meeting admission criteria is turned away due to the complexity and depth of his/her needs or ability to pay. KVC Hospitals also supports clients and parents/guardians when resources have been exhausted with interventions such as gas and lodging vouchers, video-conferencing, and transportation.

PRIORITY 4: Specialists to treat children with behavioral health needs

KVC Prairie Ridge and Wheatland Hospitals' employs numerous specialists in child and adolescent psychiatry with particular expertise in acute care treatment of youth with aggressive behaviors, traumatized history and are sexual reactive. Since 2013, KVC Hospitals have increased the number of Certified Trauma Informed/Focus clinicians and Certified

Positive Behavioral Intervention Supports (PBIS) trainers on staff. In addition, KVC has added a full time pediatrician and contract certified/licensed substance abuse counselors to enhance services.

PRIORITY 5: Coordination of care for dual diagnosis

KVC Prairie Ridge and Wheatland Hospitals coordinate care of clients' with dual diagnosis with internal and external professions. An integrated client-centered treatment plan has been implemented with input from all relevant professions. Since 2013, the Director of Integrated Health Services position has been added to focus on integrating behavioral and primary health care. In addition, KVC Hospitals has connected to the Kansas health information exchange (Khin) and directly with external providers like foster care contractors and Community Mental Health Centers to coordinate integrated care for dual diagnose clients and enhance sharing of care plans to community providers.

Prioritization of Identified Health Needs from 2016 Data

The mental health needs of children and adolescents are increasing in Kansas. Addressing these needs is important to the communities. Based on the data from our assessment, the following community mental/behavioral health needs for children and adolescents were identified:

Secondary Data

- Lack of mental health providers/workforce availability
- Lack of consistent insurance for children with emotional behavioral development issues
- Teen violent deaths
- Child abuse and neglect
- Lack of trauma-informed assessment and intervention strategies

Primary Data

Health needs identified through key stakeholder interviews were included as health needs. Needs for vulnerable populations were separately reported in the analysis in order to facilitate the prioritization process.

- Lack of funding for mental health services and preventive programs*
- Lack of community-based services
- Coordination with other systems of care (e.g. school)
- Access to services (cost)*
- Lack of health knowledge regarding the impact of trauma on mental health/lack of trauma treatment
- Increase in children who self-harm or harm others
- Cost of medication
- Need for increased integration between primary care and mental health services
- Need for increased integration of families into treatment and education of families, schools and others who interact with the client post-discharge

**Impacts vulnerable populations*

To facilitate prioritization of identified health needs, KVC Hospitals' management prioritized the needs identified above based on the following four factors.

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 three mental and/or behavioral health needs for the KVC Prairie Ridge and Wheatland Hospital CHNA Community were determined.

1. Lack of trauma-informed assessment and intervention strategies
2. Access to services (cost)
3. Need for increase integration of families into treatment and education of families, schools and others who interact with the client post-discharge

The Hospitals' next steps include developing an implementation strategy to address these priority areas.

PRIORITIES OF FOCUS AREAS for FY2017 to FY2019

1. PRIORITY: Lack of trauma-informed assessment and intervention strategies and Lack of health knowledge regarding the impact of trauma on mental health/lack of trauma treatment

Currently: To achieve the most effective treatment possible, KVC Prairie Ridge and Wheatland Hospitals provide an integrated trauma-centered approach utilizing evidence-based treatment and best practice models. Our specialized trauma-centered approach to care to provide assessments and assistance for children to develop self-regulatory skills and equips caregivers with the knowledge and tools to assist children to be successful in the community.

Goal 1: Both KVC Hospitals will partner with the KVC Institute of Health Systems Innovations to conduct Trauma-Informed Research and Development to provide outreach education and training opportunities for the community KVC serves.

- Strategies:**
- A. Research and evaluate innovative methods to assess and treat Trauma related symptoms for children and teens affected by trauma, depression and anxiety.
 - B. Create awareness by presenting trauma informed information to community group forums, the stake holder group, and legislative meetings.
 - C. Conduct Community Wide Trauma Focus Workshop Training for social services, school, and juvenile justice organizations.

2. PRIORITY: Access to services

Currently: Both KVC Prairie Ridge and Wheatland Hospitals serve as the state hospital alternative for children with psychiatric needs in the eastern and western 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.

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. Continue to enhance tele-psychiatry options to provide ease of access for parents/guardians to participate in treatment with their child, especially in central and western Kansas.
 - C. Prioritize expansion into programs which have been identified as having shortages and difficult to access.

3. PRIORITY: Need for increase integration of families into treatment and education of families, schools and others who interact with the client post-discharge

Currently: KVC Prairie Ridge and Wheatland Hospitals coordinate patient discharge plans with children parents and will community resources.

Goal 1: Enhance processes to better integrate families and other support systems into the treatment pre and post discharge.

- Strategies:**
- A. Implement a “Hospital to Home” process for hospital staff to integrate families and community supports in the treatment pre and post discharge.
 - B. Work closely with designated providers like Foster Care Contractors, and Community Mental Health Center to educate and coordinate appropriate treatment.

Goal 2: Provide educational treatment resources for families, schools and other community supports to access post discharge.

- Strategies:**
- A. Educate parents to connect to the patient electronic health record portal to access their child’s treatment history post discharge.
 - B. Connect to a health information exchange (HIE) to better coordinate and move over care plans to an integrated care network of community providers.
 - C. Provide treatment educational resources on KVC Hospitals and Health Systems website to support providers post discharge.

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 KVC Hospitals. 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
Lack of community-based services	Community based services are being addressed by Community Mental Health Centers (CMHC) and the private sector.
Lack of funding for mental health services and preventive programs*	The Governor's Behavioral Health Services Planning Council (GBHSPC) identifies specific, effective practices to facilitate collaboration, coordination and the use of evidence-based practices across all child and family-serving sectors to address the behavioral and mental health needs of all children across the continuum of care statewide in Kansas. The GBHSPC presents this information to the Kansas Governing bodies for funding options.

Next Steps

This Implementation Plan will be rolled out over the next three years, from June 30, 2017 through June 30, 2019. 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 Hospitals, Inc. is committed to conducting another community health needs assessment and implementation strategy within three years.