



2023

# Southeast Kansas Mental Health Center Certified Community Behavioral Health Clinic Year 2 Final Programmatic Report



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# Southeast Kansas Mental Health Center Certified Community Behavioral Health Center (CCBHC) Year 1 Programmatic Report March 2022

## Summary of Key Program Accomplishments To-Date

SEKMHC has accomplished many things since receiving the NOA:

### Year 1 Accomplishments

- Key personnel transitioned into their CCBHC roles and implementation efforts were initiated;
- Change in pay scale for SEKMHC staff to improve retention and recruitment;
- Initial deliverables such as the Disparity Statement, Marijuana Attestation, etc. were completed and submitted timely;
- Implementation of NOMs data collection and monthly reporting on indicators;
- Revision of EHR and SEKMHC processes to collect required quality indicators;
- Establishment of CCBHC Advisory Committee with five meetings held;
- Successful in hiring Patient Navigators for all six counties that are served by SEKMHC;
- Enhanced training for staff through Relias;
- Increased capacity by adding therapist and case managers to ensure SEKMHC can serve increased numbers;
- Maintained Advisory Committee;
- Exploring new EHRs to have improved report capabilities;
- Established community partners and started conversation about how the CCBHC grant will help improve access and expand services;
- Increased marketing to improve awareness of 24/7 crisis services, availability of Assessment and comprehensive services, and targeted marketing toward sub-populations to make them aware of all available services;
- Recently added a public relations specialist to help get the SEKMHC Mission and Vision out into the communities, as well as educate the public about services that are provided. The public relations position will be working to create updated brochures and signage across the six counties;
- Started Assertive Community Treatment Team and explored what is working well and what needs improving;
- Completed State of Kansas CCBHC application
- Completed Community Needs Assessment

### Year 2 Accomplishments

- Team of 63 case managers and therapists who went through a 15-session cognitive therapy training.
- SEKMHC is in 12 school districts with a team that includes a therapist and a case manager in each district. **SEKMHC is also adding 2 additional school districts for a total of 14 for the 2023-2024 school year.**
- **SEKMHC has 10 play therapists and 1 finishing the play therapy certification.**
- Added **two additional advanced practice therapists** and have **four therapists who have their training hours in and are preparing to take the advanced practice test.**

- Marketing team has partnered with Veteran Affairs volunteers to secure items for Veterans. For example, blankets, gloves, and other needed items.
- Assertive Community Team has been developed and accepting referrals.
- As of May 1, 2022, SEKMHC received their provisional CCBHC certification from the State of Kansas.
- SEKMHC is offering Saturday and Sunday routine hours along with after 5:00 PM hours during the week. **Because of the high utilization with case management and therapy on Saturdays and Sundays, SEKMHC is adding psychiatry to the list of services for consumers.**
- SEKMHC's marketing team has been partnering with Veteran Community Partnership, VFWs, and American Legions to connect with veterans and veteran agencies for better community interaction.
- **During the first quarter of 2022, 14 therapists went through Accelerated Resolution Therapy training. SEKMHC also went through a center-wide training for Trauma Informed Center.**
- **SEKMHC added two crisis coordinators and an additional crisis screener to help expand mobile crisis.**
- **If a consumer becomes incarcerated, the jail is responsible for their therapy support. In order to ensure the consumer's needs are met, SEKMHC provides a discounted rate of 50% and also provides SEKMHC interns who are able to provide services for free.**
- **SEKMHC provided sponsorships to staff interested in obtaining a Master's degree in Social Work. This was an approach the Center determined may help with the shortage of therapists in Kansas. As of 5/23, four staff will have earned this degree.**

## Description of Difficulties and/or Problems Encountered in Achieving Planned Goals and Objectives

### Year 1 Barriers

- We anticipate reduced attrition and hope the enhanced salary will recruit additional applicants.
- A rise in the Delta variant resulted in fewer in-person visits this summer than anticipated. There is concern about transmission from some staff and patients. This has resulted in some patients receiving modified visits which are not always ideal for the patients who need the most support.
- The Veteran's Administration (VA) in the area has yet to sign a Care Coordination agreement. The current leadership has expressed that such an agreement is not necessary since they provide behavioral health services in-house and have a referral process for out-of-house services.
- In-person meetings continue to be a challenge, due to Covid-19 and weather.
- Explanation of the Health Studies and working them into the workflow has been difficult because change is hard for some staff and clients. This seems to be improving.
- Recruiting continues to be difficult for master's Level and Advanced Practice Clinicians. Hoping to see improvement since market analysis was completed in December 2021 and adjustments were implemented for the last quarter in 2021.
- Individuals discharged from a correctional facility often find themselves homeless.

Many of these individuals have felonies are not allowed into low-income housing and may not have insurance or the SSDI/SSI application process completed before being released.

#### Year 2 Barriers

- Due to a rural catchment area, ensuring that SEKMHC offers a greater care approach to all consumers.
- **COVID issues still remain even three years later.** Consumers are still hesitant to return to the office for in-person care that is needed.
- Increase need for affordable housing. For instance, a consumer comes out of prison with no place to go.
- **Four SEKMHC therapists were given the opportunity to complete a training plan for Advanced Practice Licensure, 2 have tested (neither have passed) and 2 have not. Because none of the therapists have gained licensure, the center deems this as a barrier.**
- **In order to help serve the volume of the five and under population, more staff need to be comfortable with that particular age group.**

## Detailed Summary of Progress for Performance Measures as Reflected in Original Application

Goal 1: The mental health center will increase its capacity to meet the mental health needs of all individual living within its catchment area by serving additional 300 individuals during the first year and an additional 500 individuals the second year by adding clinicians. The mental health center will focus on marketing and employing clinicians that can serve the targeted populations effectively and comprehensively.

#### Objectives/Outcomes:

Objective 1a: Add at least 10 additional clinicians by the end of the second year of this grant for a total of 35 full time equivalent clinicians.

- SEKMHC added **19 new clinicians since receiving the grant to include: 4 advance practice clinician and 15 entry-level clinicians.**
  - **Exceeded Year 2 objective goal**
- SEKMHC has had 2 clinicians pass their advance practice exam and receive an advance practice licensing since applying for the CCBHC grant. **Four have** completed advanced practice requirements, except for completion of licensing exam.
- SEKMHC **has 45 current clinicians to include: 9 advance practice clinicians and 36 entry level clinicians.**
  - **Exceeded Year 2 objective goal**

Objective 1b: Serve at least 4,500 individuals during the first year of the grant.

- From February 15, 2021 to February 14, 2022, **4,207** unduplicated clients were served.

Objective 1c: Serve at least 5,000 individuals during the second year of the grant.

- From February 15, 2022 to February 14, 2023, **4,648** unduplicated clients were served.
  - **Exceeded Year 2 objective goal**

Objective 1d: Serve at least 9,500 individuals during the two-year period of the grant.

- From February 15, 2021 to February 14, 2023, **8,855** individuals were served.

Objective 1e: Employ 10 additional case managers (increasing from 25 to 35).

- **SEKMHC has fully employed all 10 case managers/patient navigators.** Case managers/Patient Navigators are bachelor level staff and will not be obtaining Advanced Practice licenses.
  - **Exceeded Year 2 objective goal. In addition to the 10, SEKMHC has added 10 more case managers/patient navigators.**

Goal 2: Increase the capacity of the mental health center to meet and serve the mental health needs of individuals 65 years or older living in the center's catchment area by employing advanced practice clinicians that can serve the targeted populations effectively and comprehensively.

#### Objectives/Outcomes:

Objective 2a: Employ at least 10 advanced practice clinicians (licensed clinical social worker or doctorate level psychologist) by the end of the second year of the grant.

- SEKMHC currently has **10 FTE clinician** equivalents with advanced practice standing.
  - **Met grant goal**
- SEKMHC has **3 staff** that have completed hours and are approved to take their advance practice test.
- SEKMHC has **1 staff** working on their hours to be eligible for advanced practice standing.
- SEKMHC will continue to market and advertise to attract advanced practice clinicians.

Objective 2b: Have 10 advanced practice clinicians trained in the evidenced-based practice of Cognitive Behavioral Psychology by the end of the second year of the grant.

- **Exceeded grant goal.**
- Training began in September 2021 with the University of Kansas for the Cognitive Behavior Treatment, 15-session certification. **Completed in March 2022.**
- SEKMHC has also decided to put Children and Adult Case Managers through the certification process. SEKMHC had a **total of 63 staff complete the training.**

Objective 2c: Serve at least 150 individuals age 65 or older during the first year of the grant.

- From February 15, 2021 to February 14, 2022, **185 individuals age 65 or older** have been served.
  - **Exceeded Year 1 objective goal.**

Objective 2d: Serve at least 250 individuals age 65 or older during the second year of the grant.

- From February 15, 2022 to February 14, 2023, **372 individuals age 65 or older** have been served.
  - **Exceeded Year 2 objective goal.**

Objective 2e: Provide at least 2,000 services during the second year of the grant to individuals 65 years of age or older.

- SEKMHC provided **2,546 services** from February 15, 2021 to February 14, 2022 to individuals 65 years and older to include, but not limited to the following: Intake and Assessment, Therapy, Case Management, Psychoeducational Group, Crisis Intervention, etc.
- SEKMHC provided **5,666 services** from February 15, 2022 to February 14, 2023 to individuals 65 years and older to include, but not limited to the following: Intake and Assessment, Therapy, Case Management, Psychoeducational Group, Crisis Intervention, etc.
  - **Exceeded Year 2 objective goal.**

Objective 2f: Provide services to at least 400 individuals age 65 or older during the grant.

- From February 15, 2021 to February, 2023, **557 individuals age 65 or older** have been served.
  - **Exceeded grant objective goal.**

Goal 3: SEKMHC will increase capacity in order to meet the mental health needs of individuals age 5 and younger living in the center's catchment area by ensuring therapists receive evidence-based training to best serve this population.

Objectives/Outcomes:

Objective 3a: SEKMHC will have therapists placed in at least 12 school districts by the end of the first year of the grant.

- SEKMHC is included in **12 school districts at this time.**
- SEKMHC has partnerships in place with the 2 school districts in its catchment area that currently do not have school-based staff, and SEKMHC is pursuing staffing.
- **SEKMHC has partnered with Fort Scott Community College to have a therapist on campus.**

Objective 3b: SEKMHC will have least 12 therapists trained in the evidenced-based play practice of Play Therapy by the end of the second year of the grant.

- SEKMHC has **10 therapists** that have completed the evidence-based play therapy program certification in December 2022.
- **SEKMHC also has 2 certified play therapist who is working on becoming a registered play therapist.**
- **SEKMHC has two other clinicians who started the evidenced-based program in August 2022.**
- **SEKMHC had 1 play therapist move out of the catchment.**

Objective 3c: SEKMHC will serve at least 150 children age 5 or under during the first year of the grant.

- From February 15, 2021 to February 14, 2022, **139 children 5 and under** have been served.

Objective 3d: SEKMHC will serve at least 250 children age 5 or under during the second year of the grant.

- From February 15, 2022 to February 14, 2023, **318 children 5 and under have been served.**
  - **Exceeded Year 2 objective goal.**

Objective 3e: SEKMHC will serve at least 400 children age 5 or under during the two year period of the grant.

- From February 15, 2021 to February 14, 2023, **467 children age 5 or under have been served.**
  - **Exceeded grant objective goal.**

Objective 3f: SEKMHC will provide at least 1500 services to children age 5 or under during the second year of the grant.

- SEKMHC has currently provided **3,979 services** from February 15, 2021 to February 14, 2022, to children 5 years and younger to include, but not limited to the following: Intake and Assessment, Therapy, Case Management, Psychoeducational Group, Crisis Intervention, etc.
- SEKMHC has currently provided **8,544 services** from February 15, 2022 to February 14, 2023, to children 5 years and younger to include, but not limited to the following: Intake and Assessment, Therapy, Case Management, Psychoeducational Group, Crisis Intervention, etc.
  - **Exceeded Year 2 objective goal.**



## Description of Progress, Successes, Barriers and Challenges in Implementing Required Activities

**Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization.**

As is documented in the Southeast Kansas Mental Health Center, Inc. CCBHC Certification Attestation document, SEKMHC provides outpatient clinical services Monday through Friday. This includes extended evening hours until 8:00 p.m. two days per week to accommodate the needs of consumers. Hours are posted on the agency website, the entrance of all major locations, and are included in marketing materials. Saturday hours currently include Substance Abuse School. Additional Saturday hours are being considered as part of the CCBHC-Expansion program. Crisis services are available 365 days per year, 24 hours per day, as per KDADS contract as Participating CMHC, and are provided by qualified, credentialed professional staff. SEKMHC reviews hours of operation in other programs based on consumer and community needs.

SEKMHC offers outpatient mental health, medical services, and crisis diversion services via telehealth. Services for SPMI and SED patients are routinely offered in-home and, in the community, as well as through telehealth when necessary due to the Covid-19 pandemic. SEKMHC bills telehealth codes to Medicaid and commercial insurance when allowed. It also offers originating site options for contract tele psych vendors. SEKMHC offers outpatient and community-based services in the school setting.

SEKMHC crisis services offers outreach, engagement, and follow-up services as part of Crisis Services Policy and Procedures. Outreach and engagement services are offered in multiple programs including services offered for SPMI adults, SED children/families (which includes outreach to both families and school staff). ACT (team will be established) practices care within the defined model of care.

In accordance with K.S.A. Statute 59-29 and Kansas CMHC regulations, SEKMHC follows processes for assessing and recommending admission to inpatient facilities including involuntary treatment when criteria is met and confirmed by the court systems. SEKMHC provides liaison services to ensure continuity of care upon discharge with all individuals hospitalized voluntarily or involuntarily. A crucial role of the hospital liaison is to begin discharge planning upon hospital admission, continuing through discharge, and providing community follow-up. SEKMHC offers services as part of care and treatment statutes (Outpatient Treatment Orders) and works directly with the local court systems in this process. Clients are provided with the "Client Rights" document at initial assessment.

SEKMHC maintains a Continuity of Operations Plan (Coop) and Continuity of Operation plans. The Co-Op is updated annually, and as significant changes occur. The Program Directors and Quality Management Team have shared oversight over this document.

SEKMHC offers 24/7, 365 days a year, crisis services to individuals in urgent and emergent situations including screening, case management, and crisis resolution/stabilization beds in three locations. Crisis services are available within 3 hours and are triaged based on urgent or emergent status as defined by Kansas CMHC licensing standards. SEKMHC crisis therapist and crisis coordinator provide screenings Monday-Friday from 8am-5pm. SEKMHC contracts with HealthSource for after hour and weekend coverage; a Business Associates Agreement is in place. On the weekend, a SEKMHC therapist is also on standby to ensure coverage.

SEKMHC Crisis Services Policy and Procedures and Policy CRS-002 outline the continuum of crisis and post-crisis services. The KDADS public website outlines crisis services in Kansas. This includes liaison services which are required under CMHC licensing and the CMHC Participating Contract Agreement. The liaison coordinates discharges between state hospitals, private hospitals, and other inpatient facilities. Crisis Standard of Care requires contact within 24 hours of all inpatient discharges.

All clients receive SEKMHC Welcome brochure and Client Rights form which includes instructions on how to access

crisis services. Appointment cards are available at all front desk check-ins and provided to all staff members and include crisis information on the back. Information about crisis services is also published on the agency website ([www.sekmhc.org](http://www.sekmhc.org)). SEKMHC has an agency care that is wrapped which includes a main line that accesses a 24/7 crisis line. SEKMHC will use language line services if needed, as well as accommodations for TDD and TTY for the hearing impaired.

SEKMHC has collaborative working relationships with four local Emergency Departments (ED). Protocols are in place including instructions for all EDs on how to access crisis services and request face-to-face or telehealth response. SEKMHC has provided local EDs with a laptop for the purpose of telehealth screenings when needed. SEKMHC is meeting with ED staff to gain feedback on improving procedures. SEKMHC has had one meeting since the grant started.

SEKMHC has protocols in place with local law enforcement agencies that allow for mobile response, telehealth screenings, or transportation of clients in crisis to an agency location or a local ED. CMHCs and law enforcement agencies are subject to K.S.A. Statute 59-29 as it relates to emergency care and treatment statutes, including transportation to treatment facilities. FCMHC has Standards of Care related to inpatient discharges and responses after an ED admission. SEKMHC has provided and/or offered each law enforcement facility/jail a laptop for telehealth screenings to improve access times.

Following a crisis, SEKMHC works with the client establish and/or resume routine services with a treatment team. Crisis safety plans are utilized following a crisis event and kept in the EHR. The client is encouraged to identify precursors or triggers to prevent a crisis in the future. Paper versions are utilized if the EHR is not accessible due to connectivity issues in rural areas. The crisis safety plan includes strategies to prevent future crisis situations.

SEKMHC directly provides all nine required services. Monitoring of key health indicators and health risks (V) will be provided by FQHC and/or family practices if these services cannot be provided fully by SEKMHC. Additional clarification is needed from SAMHSA so that DCO arrangements may be established in the event that SEKMHC cannot provide these services directly. Additional guidance may be contingent upon Kansas becoming a CCBHC-state to determine exactly what is required.

SEKMHC directly provides crisis behavioral health services to adults and youth in emergent and urgent situations (staffing documented in the SEKMHC Staffing Plan and Evidence-Based Training Matrix). This includes 24/7 mobile crisis teams, emergency crisis intervention services and offers crisis resolution beds for both children and adults. These services include a suicide crisis response and addresses crises related to substance use disorders. SEKMHC meets all of the requirements of the CMHC participating contract, as well as CMHC licensing regulations as defined by the state of Kansas. SEKMHC endorses and trains all clinicians on the State Screening Assessment and Crisis Intervention plans.

SEKMHC piloted a crisis/routine case manager to help better serve the severely persistently mentally ill population that frequently need higher levels of care. Due to the success, SEKMHC is adding to our Crisis team through a couple avenues; adding 3 additional Crisis/Routine Case Managers and 10 additional Crisis Intervention/attendant care staff to ensure we are responding to clients' needs in time of a crisis and to further implement Assertive Community Treatment approach. **In addition, SEKMHC added crisis intervention basic staff to help with the Assertive Community Treatment team during Year 2.**

In accordance with K.S.A. Statute 59-29 and Kansas CMHC regulations, SEKMHC follows processes for assessing and recommending admission to inpatient facilities including involuntary treatment when criteria is met and confirmed by the court systems. SEKMHC provides liaison services to assure continuity of care upon discharge with all individuals hospitalized voluntarily or involuntarily. A crucial role of the hospital liaison is to begin discharge planning upon hospital admission, continuing through discharge, and provide community follow-up. SEKMHC offers services as part of care and treatment statutes (Outpatient Treatment Orders) and works directly with the local court systems in this process. Clients are provided with the "Client Rights" document at initial assessment.

**The State of Kansas adopted 988, an emergency line. SEKMHC will provide an indirect role by being a resource for client safety planning and local outreach.**

### **Screening, assessment, and diagnosis, including risk assessment**

As outlined by CMHC Participating Contract, Kansas AIMS manual, and SEKMHC Policies, new consumers requesting services are classified into three acuity classifications of Urgent, Emergent, and Routine.

Individuals classified as Urgent and Emergent are handled by Crisis Team or Health Source for risk assessment screenings or emergency admission procedures. Urgent and Emergent are often handled in the Emergency Departments or in conjunction with a law enforcement agency. Individuals identified as routine are handled through Outpatient services and are referred for an initial evaluation which must be completed within 10 days of the initial contact. Kansas allows “client-choice” giving the consumer the opportunity to choose a date outside of the 10-day standard. If SEKMHC is unable to comply with the requirements of this regulation, the appropriate clerical staff shall document this in the patient’s electronic AIMS record or Request for Services form. When SEKMHC is unable to provide the requested services in the timeframe deemed necessary, the information will be forwarded to the Quality and Compliance manager. All clients determined to be a CCBHC client will adhere to the 10-day standard.

Access to Care standards specify timing of screening, evaluation, and provision of services. SEKMHC’s Access to Care standards mandate consumers be assessed within 3 hours for Urgent needs, within 72 hours for Emergent needs, and within 10 business days for Routine needs. Per CMHC licensing standards/Participating Agreement and internal policies, an initial Treatment Plan is due within 30 days of the admission evaluation. The Treatment Plan is comprehensive, person-centered, family-centered, and includes diagnostic information. Treatment Plan reviews are due every 90 days or more frequently when clinically-indicated or requested by the consumers. Consumers and/or family members are involved in the development and on-going review of the Treatment Plan. SEKMHC EHR records historic Treatment Plan information and relevant information allowing the document to be built upon from one event to the next. In emergent and urgent scenarios, crisis screening and triage may be done telephonically but in-person or telehealth evaluation is highly emphasized and required if admission to a psychiatric institution is necessary. Due to the Covid-19 pandemic, KDADS has temporarily allowed evaluation and screening events to occur telephonically.

SEKMHC supports walk-in services at all primary locations to be served in cancellation openings. This allows consumers to potentially be seen the same day as the date of initial contact. If a consumer presents with an urgent or emergent need, they are referred to the Crisis Coordinator for risk assessment and emergency admission on the same day. All Qualified Mental Health Professionals, QMHPs, are trained in crisis risk assessment to address crisis issues if a member of the crisis team is unavailable.

SEKMHC integrates screening, assessment, diagnosis, and risk assessment into all admission procedures. This includes a standardized assessment for both children and adults. The assessment includes screening for suicide risk, trauma history, physical health problems, and substance use disorders. The substance use disorder assessment includes screening for mental health in addition to the screening areas already mentioned. SEKMHC provides psychological testing internally and has an internal referral process for these services. External referrals are made to private providers for neurological needs, psychological

testing and developmental assessments. MOUs are established as needed. Four MOUs have been established since the grant was awarded: Ashley Clinic, LLC, Family Physicians, Bacanni-McKenney Clinic, and Community Health Center of Southeast Kansas. SEKMHC is currently working on one with Saint Lukes. Currently, there are MOUs in place for Hope Unlimited-Domestic Violence Center/Child Advocacy Center, SEK-CAP early development, and ECKAN-early development.

Access to Care standards specify timing of screening, evaluation, and provision of services. SEKMHCs Access to Care goal is to engage consumers is assessment within 3 hours for urgent needs, within 72 hours for emergent needs, and within 10 business days for routine needs. SEKMHC offers same day access if client calls to be put on cancelation list and cancelation arises that day at all locations and has hours posted on website and agency

documentation. In emergent and urgent scenarios, crisis screening and triage may be done telephonically but in-person or telehealth evaluation is highly emphasized and required if admission to a psychiatric institution is necessary. Due to the Covid-19 pandemic, KDADS has temporarily allowed evaluation and screening events to occur telephonically or telehealth.

The SEKMHC's initial assessment includes: 1) diagnosis (including background medical and psychiatric information); 2) referral source; 3) presenting problem including principle reason for visit as stated in the consumer's own words; 4) collateral information provided by family members and significant others as identified by patient; 5) current symptoms and needs as it relates to presenting problem\diagnosis; 6) medication list including over-the-counter medications; 7) substance use including other substances as reported by the consumer; 8) risk assessment including risk to self (suicidal ideation/gestures and attempts), risk to others, and access to means; 9) other concerns for their safety; 10) medical and psychiatric history with referral options as needed; and 11) military history which includes detailed information about service history.

SEKMHC provides a comprehensive assessment process that meets all CCBHC standards (as evidenced by the FCMHC Assessment and Treatment Plan samples). These standards are based on Kansas CMHC licensing standards, Medicaid requirements, and other elements of evidence-based practices.

SEKMHC uses a variety of standardized and validating screening and assessment tools across multiple programs. SEKMHC uses the following screening and assessment tools: PHQ-9, PHQ-2, AUDIT, SASSI-4, DLA-20, CAFAS, PECFAS, Child Behavior Checklist, MAST, Kansas SPMI determination criteria, and Kansas SED determination criteria. SEKMHC encourages staff in orientation and throughout employment to complete training on Motivational Interviewing, which is utilized across multiple programs and areas, including Outpatient Mental Health, Substance Use Disorder Services, adults with SPMI, children and adolescent services, and healthcare services.

SEKMHC utilizes evidence-based, reliable and valid screening tools that are matched for the catchment area and needs assessment. Screening tools have been selected that are culturally, linguistically and developmentally appropriate. SEKMHC uses language line services, contracted providers, and bilingual staff when available. SEKMHC uses TDD and TTY services and SEKMHC's website is TTY/TDD user friendly.

All patients who are seen for an intake assessment for Mental Health and/or Substance Abuse are screened for unsafe substance use including alcohol and other substances. Patients who meet criteria for risk of substance use/abuse at assessment receive Brief Intervention at time of assessment. If it is a Mental Health assessment the patient will be referred for Substance Use Disorder (SUD) services, most of which are provided internally. Patients can decline SUD treatment services. Various substance use screening tools can be utilized to help support the reason for additional services, such as: Substance Abuse Assessment, Substance Use Case Management, and/or more intensive supports like medical detox or inpatient treatment.

### **Patient-centered treatment planning or similar processes, including risk assessment and crisis planning**

SEKMHC's Welcome Brochure and Client Rights form addresses the patient's right to choice. Patients may choose to receive services from any provider regardless of their CCBHC affiliation. This form is reviewed at intake with all patients and signed by the patient and then scanned into the EHR. It is also reviewed annually with 100% of the target population and to the extent possible for patients who are not members of the target population across the organization.

SEKMHC utilizes Person-Centered Treatment Planning to identify the needs, preferences, desires and cultures of patients in their service delivery. Patients and their Treatment Teams review plans every 90 days or more frequently when clinically-indicated or requested by the consumers. Consumers and/or family members are involved in the development and on-going review of the Treatment Plan. SEKMHC Policy CLN-003 indicates client's involvement and their choice to have anyone involved in their treatment that the client desires. Release of information is obtained for anyone who is not the parent or guardian. Veterans services meet requirements 4.k, which includes

but is not limited to: connecting veterans with primary care managers and services, ensuring enrollment and access to eligible benefits, and enrolling in VHA for the delivery of health services.

Person-centered and family-centered planning, including crisis planning, is provided during the treatment planning processes and documented consistent with CCBHC requirements and Kansas CMHC licensing requirements. Each patient is assigned a primary QMHP who is responsible for the development and/or coordination of the development of the treatment plan.

All treatment plans are developed in collaboration with the patient, the patient's parent/guardian/family, and others identified by the patient, and is required in both policy and CMHC licensing standards. SEKMHC integrates health and medication management needs as part of standardized practice, which includes integration of information gained from the DLA-20 or the CAFAS/PECFAS or Child Behavior Checklist.

SEKMHC involves the patient and/or other representatives in the treatment plan development and review process. SEKMHC utilizes the DLA-20, CAFAS/PECFAS, Child Behavior Checklist, and/or the Strengths Assessment to inform the services needed and goals, objectives, and action steps.

SEKMHC treatment plan includes strengths, patient preferences, goals, and allows for the utilization of consumer language throughout the document. SEKMHC uses the concepts of SMART goals with the consumer in the development of goals. A SMART goals worksheet may be used to help consumers in the development of the goals. Consumers are encouraged to give input on each goal during the treatment planning process.

The SEKMHC Treatment plan is a comprehensive document and integrates all required services across departments and programs. Members of the target population have coordinated plans and a designated Treatment Team lead which often coordinate joint meetings between providers across different programs to encourage shared decision-making. Goals are monitored and documented against in the EHR. Progress towards goals is evaluated in each progress note and updated at Treatment Plan review and discharge.

If SEKMHC identifies special challenges through assessment and treatment plan development, SEKMHC will utilize care coordination activities to ensure specialty challenges are addressed when clinically indicated.

Psychiatric Advanced Directives services, including wishes related to treatment and crisis management, are offered at the time of the initial intake self-assessment for adults and as appropriate for children/adolescents. If the patient declines, the decision is documented in the EHR when the intake self-assessment is scanned in. Psychiatric Advanced Directives may be used during crisis assessments as appropriate.

SEKMHC Treatment Planning follows Kansas licensing standards as defined in SEKMHC Policy # CLN-003. Treatment planning components include assessment of needs, target population considerations, and various life domains including social, health, legal, and educational.

### **Comprehensive outpatient mental health and substance use services**

SEKMHC directly provides outpatient behavioral and substance use disorder services. Outpatient mental health services are provided in 7 primary locations and **12 school districts**. SEKMHC is licensed to provide SUD services in seven (7) locations. When specialized services are required outside the expertise of SEKMHC, referrals are made to various providers depending on that need. Referrals are documented in the electronic health record. Examples include the University of Kansas Autism Team, specialized sexual offender treatment programs, Children Mercy, Greenbush, and residential inpatient SUD services.

SEKMHC assessments, treatment plans, and treatment services are oriented around the needs, desires, and developmentally-appropriate indicators of youth and family/caregivers. SEKMHC has a policy that outlines minors consent to receive treatment.

SEKMHC offers outpatient mental health, medical services, and crisis diversion services via telehealth. Services for

SPMI and SED patients are routinely offered in-home and in the community, as well as through telehealth when allowed due to Covid-19 pandemic. SEKMHC bills telehealth codes to Medicaid and commercial insurance when allowed. It also offers originating site options for contract telepsych vendors. SEKMHC offers outpatient and community-based services in the school setting.

SEKMHC service locations are conveniently located across the catchment area to meet the needs of consumers and the community. SEKMHC ensures physical access for customers, staff, and the general public by having buildings equipped with ramp(s), automatic opening doors, wheelchair accessible halls and pursuing construction contracts to ensure accessible bathrooms. Services are also provided in the community, in consumer homes, hospital systems, education and criminal justice settings to ensure accessibility to services.

SEKMHC provides rides through a state-assisted grant program through the Kansas Department of Transportation (KDOT) called General Public Transportation. SEKMHC also utilizes non-KDOT vehicles for non-emergency coordination needs. Transportation vouchers have been arranged to support clients in accessing medically needed care. Staff assist clients with arranging Medicaid transportation when the service is available, and a 72-hour notice can be provided.

Thrive Allen County, one of SEKMHC partners, opened a recovery house in March 2022 for the SUD population that SEKMHC has been able to assist consumers with accessing.

### Outpatient primary care screening and monitoring of key health indicators and health risk

SEKMHC is responsible for outpatient clinic primary care screening and monitoring of the following key health indicators as required by the CCBHC Expansion Grant and as referenced in Appendix A. These indicators include Adult BMI Screening and follow-up, weight assessment and counseling for nutrition and physical activity for children/adolescents, preventative care and assessing for tobacco use, preventive care and screening for alcohol use, in addition to the other required CCBHC reported measures. SEKMHC has trained Patient Navigators who are responsible for gathering and monitoring these measures at intake and required follow-up intervals. These measures are embedded in various forms and profiles in the EHR and will be reported using the Clinical Quality Measures (CQM). Since SEKMHC is a new grantee, these processes will require additional development and revision utilized in the CQI process. SEKMHC is tracking data for client suicide attempts, deaths by suicide, and 30-day acute rehospitalization and is completed a more thorough needs assessment this fall to continue to guide the CQI plan. SEKMHC also has a Quality Management team along with a treatment team to process all deaths by suicide. Age-appropriate screenings and considerations will be developed during the course of the grant project. For youth, the center is using the CBCL and CAFAS/PEFCAS, and for adults, it is using the DLA-20 and PHQ-9 when appropriate.

SEKMHC integration of the health studies and meetings with patient navigators has assisted its clients in being more proactive in following through with both physical and mental health needs because they know the patient navigators are checking in on them for both. The clients have started to request information from the patient navigators on how to become healthier overall and improve their quality of life.

### Clinical monitoring for adverse effects of medications including monitoring for metabolic syndrome consistent with published guidelines

All SEKMHC medical providers address adverse effects of medications as part of routine medication visits. AIMS assessments are completed prior to the start of any antipsychotic medications and documented in the Electronic Health Record, EHR. SEKMHC nurses also screen for abnormal movements and side effects when injections are administered and document this in the electronic health record. Lab work is routinely used to monitor metabolic concerns. Labs are scanned in the electronic record and must be reviewed by prescribers. Actions taken because of lab work are documented in the EHR.

### Targeted case management

SEKMHC has an established care coordination program known as Integrated Health Services (IHS) which focuses on



care coordination across the spectrum of physical and behavioral healthcare needs. Multiple facets of the organization coordinate care with social services agencies, housing, schools/colleges, and employment opportunities. SEKMHC has an MOA in place with a FQHC that allows for integrated primary care and behavioral healthcare. SEKMHC is in the process of establishing MOUs with VA offices which serve Service Member, Veterans, and their Families, (SMVF), in the area. SEKMHC has established protocols communicating with primary physicians using the CCBHC Partner Referral letter. Physical health issues are assessed during the intake process and addressed in treatment plans as needed.

SEKMHC maintains all required documentation to satisfy the requirements of HIPAA, CRF42, and CMHC state licensing regulations. The SEKMHC Welcome brochure and Client Rights form expresses the rights of the individual to have a family member involved in care and language around informed consent. Patient's preferences and family member involvement are documented in Treatment Plan fields, as well as progress notes. SEKMHC has standardized procedures and trainings for obtaining consent to release information, as well as to revoke it. SEKMHC has protocols in place for obtaining consent required for care coordination specifically as part of the Integrated Health Services program. A release of information would be obtained for anyone involved in client's (minor or adult) care that is not a parent or guardian.

It is standard practice across multiple programs to assist consumers in obtaining appointments, including Community Support Services (Adult), CCS, CBS Community Based Services (Children), CBS, referrals in medical services, referrals for specialty services, testing, and crisis services. Referrals are made to a multitude of providers throughout the region. In crisis services, referrals require confirmation of the appointment.

Consumer preferences and family/caregiver supports are included in SEKMHC Treatment Planning documents. Consumers are encouraged to have anyone from their natural supports to be part of their treatment. If this natural support is not a parent or guardian a release of information would be obtained.

Medications prescribed by other providers are documented in the EHR medical profile. Protocols are in place for releasing medication lists, as needed, across multiple provider types. Medical records staff are trained in this protocol. SEKMHC ROI documentation specifies whether or not medication lists can be released or obtained from external providers, which triggers the medical records team to act on consent.

SEKMHC offers targeted case management (TCM) services to children with SED and adults with SPMI, crisis services, and veterans. TCM key components include assessment for any medical, educational, or other services. In addition, key components include development of specific care plans (health action plans), referral and related activities, and monitoring/follow-up activities. TCM includes state-mandated trainings required to deliver this service based on Kansas Medicaid requirements. Liaison services are required between the state hospital and the Kansas CMHC system.

### Psychiatric rehabilitation services

SEKMHC is responsible for providing psychiatric rehabilitation services for adult with SPMI and children with SED. These services are outlined in the Kansas CMHC Participating Agreement.

Eligibility and service criteria are based on state-defined standards. SEKMHC provides psychiatric rehabilitation services that address self-management, education/employment, and housing. Core psychiatric rehabilitation services are Community Psychiatric Support and Treatment (CPST), psychosocial rehabilitation (individual and group), attendant care, and Targeted Case Management, (TCM), SEKMHC has specialized programming to address the needs of youth and adults in need of these services. These programs include Pathways, Better Days, and other psychoeducational groups, supported housing programs, and integrated dual- diagnosis programs for adults. Children's programming includes Southeast Kansas Achievers summer and after-school psychosocial programs using the Second Step material, cooperative educational partnership for children with SED needs, and school-based case management and attendant care.

Social support opportunities through established models such as clubhouses that provide therapeutic individual and group interactions, assistance with employment, housing, and other community recovery supports and development of comprehensive community recovery supports including peer support, counselor services, and family supports

SEKMHC employs peer support workers and peer recovery mentors. Currently, separate certifications are required for mental health-based peer support staff and SUD-based peer support staff. SEKMHC has employed both, but currently just have mental-health based. These services are embedded in the Community Supports and Services program for adults, crisis services in locations where it is available, and SUD outpatient/intensive outpatient programs. In addition, SEKMHC offers parenting classes and utilizes the Active Parenting program.

**SEKMHC has added to its peer support/mentor team. One is peer support and mentor, and the other two are peer support specialists. SEKMHC continues to be invested in growing the peer support program.**

SEKMHC will be using the Second Steps Curriculum, designed by the Committee for Children. This curriculum will be used throughout the 6-county catchment area for the Children and Adolescent psychosocial group summer program. This evidence-based curriculum has been used and proven to benefit the children and adolescent that we serve be more successful in goal attainment.

Intensive community-based mental health care for members of the armed forces and veterans, particularly those members and veterans located in rural areas, provided the care is consistent with minimum clinical mental health guidelines promulgated by the Veterans Health Administration, including clinical guidelines contained in the Uniform Mental Health Services Handbook of such Administration

The vast majority of clients served by SEKMHC do not reside within 50 miles of a VA medical facility with the exception of 3 satellite locations (Fort Scott, Garnett, and Chanute). SEKMHC will utilize the Uniform Mental Health Services Handbook as guidelines and build into procedures and workflows as appropriate. Clinical guidelines are addressed in MOUs with VA medical facilities as needed. SEKMHC will ensure that SEKMHC staff that serve veterans have been compliant with the Psych Armor training and other veteran trainings are offered through Relias. SEKMHC staff will provide specialized care to veterans as clinically indicated and coordinate with the VA. Each veteran entering services will be assigned a Principle Behavioral Health Provider. Intensive community-based behavioral healthcare will be available to US Armed Forces and Veterans for those who meet clinical criteria. Eligibility will be based on existing criteria to receive intensive services.

All individuals seeking services are asked about personal and family military experience and veteran's status. This data is recorded in the NOMS data set and is required reporting for Kansas AIMS state reporting data set. Persons who affirm current military service are offered assistance in connecting with primary care managers (PCMs) and provide referrals outside the military treatment facility (MTF) through the VA's Community Care program. Assigned care coordinators will work with active-duty service members and their MTF PCM to ensure enrollment and access to eligible benefits as outlined

4.k.2. Care coordinators will be assigned for the same purpose for members of the selected reserves. Persons affirming former military services are offered assistance to enroll in VHA for the delivery of health services. Veterans who decline are served with by the CCBHC consistent with minimal mental health guidelines required by the VA.

SEKMHC staff serving as the Principle Behavioral Health Provider (PBHP) will assess for SUD needs and refer internally to SEKMHC SUD services if clinically appropriate. If services are required that are not available at SEKMHC, staff would coordinate and refer to external providers including VA medical facilities in Kansas as well as other service providers who are able to meet the need. SEKMHC offers co-occurring treatment curriculum as part of the intensive outpatient treatment program, as well as Level 1 outpatient programs. SEKMHC also has an Integrated Dual Disorders Treatment Team (IDDT) services available to veteran's who would qualify based on clinical criteria. Staff ensure individuals have a primary care physician established with the VA or local clinic and



coordinate as needed for physical health concerns.

All Veterans receiving SEKMHC services are assigned a primary provider who serves as the Principle Behavioral Health Provider (PBHP) for that individual in the event the VA has not already assigned a PBHP. The PBHP will establish with the VA if they are already an approved in-network provider through Council of Affordable Quality Healthcare, (CAQH), and the Community Care request program through the VA. This provider is documented in the EHR and the veteran's individual treatment plan of which he/she receives a copy of if requested. The PBHP is considered the primary point of contact on the veteran's case and participates in the coordination and development of the treatment plan and assures that all requirements related to consent and consumer involvement are met. Treatment plans are monitored and progress towards goals and achievement of goals is documented during the treatment plan review. Treatment plans are required to be updated at least every 90 days as outlined previously. If medication and psychiatric services are provided internally, the PBHP assures that appointments are kept and that the prescriber is aware of the required standards of care. Treatment plans include goals/preferences and require signature by the veteran or a legal representative. Individuals believed to lack decision-making capacity are referred to a psychiatrist (internally or through the VA system) and may be referred for psychological testing to determine competency as needed. Psychiatric Advanced Directives are available and addressed. Psychiatric Advanced Directives services, including wishes related to treatment and crisis management, are offered at the time of the initial intake self-assessment for adults and as appropriate for children/adolescents. If the patient declines, the decision is documented in the EHR when the intake self-assessment is scanned into the EHR. Psychiatric Advanced Directives may be used during crisis assessments as appropriate. In the Adult self-assessment, the Kansas self-directive website is provided: Kansas Advance Directives ([wichitamedicalresearch.org](http://wichitamedicalresearch.org)).

Recovery-oriented language is embedded in the SEKMHC policy manual and is specifically addressed in sections related to coordination and community involvement and requires basic community support services. Recovery-based services are integrated through the CQI process. The SEKMHC Veteran's Services Pathway document assures that members of the veteran's service team utilizes these principles as part of their treatment and approach in addition to privacy, security, and honor.

Kansas Department of Aging and Disability Services established a contract with PsychArmor for Kansas CMHCs to become a "Veterans Ready Organization." PsychArmor Training Institute provides training on military and veteran's culture. SEKMHC will receive designation as a Veteran's Ready Organization during year one of the grant project. All clinical and support staff are required to attend this training within 60 days of new hire and must complete one additional PsychArmor training annually thereafter. SEKMHC staff are required to complete cultural competency training annually.

SEKMHC requires a treatment plan to be in place for all veterans receiving behavioral health services which meets the requirements of this standard. The plan is developed with input the veteran and requires signature and consent from the veteran or their legal representative.

SEKMHC has ensured that they are an eligible entity with Optum Health, which is the current insurance provider for service members and their families. They continue to look for improved ways to serve this population and opportunities to partner with the Veterans Affairs. Many service members will reach out for assistance with applying for their benefits, due to lack of access to a Veteran Affairs representative locally. SEKMHC's staff is always willing to help a service member regardless if they are pursuing treatment with their agency.

### Assertive Community Treatment

SEKMHC has been collaborating as a team to best serve clients that need a higher level of care and/or support. This team will wrap services around the individual to prevent acute hospitalization or readmittance to an acute hospital if the individual is willing to contract for safety. The team consist of multiple providers to ensure the client has support daily if needed. The team may include the following staffs: case manager, crisis case manager, peer support specialist, SOARs case manager, therapist, psychiatry staffs, attendant care, and/or crisis therapist based on the medical necessity.

The ACT team works cohesively with one another through daily contact to ensure the best support and services are put in place for the client. The model of care is offered to our highest risk clients; multiple hospitalizations, in and out of jail, co-occurring disorders, and/or homelessness. The goal is to keep the client in the least restrictive environment as possible.

SEKMHC crisis services offers outreach, engagement, and follow-up services as part of Crisis Services Policy and Procedures. Outreach and engagement services are offered in multiple programs including services offered for SPMI adults, SED children/families (which includes outreach to both families and school staff). ACT principles are being implemented, and the team is expanding to offer more support for the targeted population.

**SEKMHC has seen tremendous client improvements throughout the grant cycle. One example comes from a SEKMHC Children Adolescent Case Manager working with a middle schooler who was struggling greatly with social anxiety and depression. Due to the depression, it was also creating issues with the client's self-care and hygiene. For two years, the client would zoom only into therapy, would not leave her house or room, and would isolate herself up to 20 hours per day. Grades and attendance were suffering as well.**

**Over the summer, this client was referred to case management and became a SEKMHC client. The client began in-person therapy and switched to an in-person therapy with a school-based QMHP. Because of the improved access to care, this client is flourishing. Not only has she joined the football cheer squad, but she is also plays with confidence in the band. The client has started to develop close friends, able to travel out-of-town, and talk to strangers. Although the client still gets anxious from time to time, she is now able to be part of a community.**

**SEKMHC has seen a drastic change in this client's quality of life and is proud that her rounded access to care has helped her become a new person.**

### **Advisory Work Group comprising individuals with mental and substance use disorders, and family members, to provide input and guidance to the CCBHC on implementation, service, and policies**

SEKMHC Board normally has 2 representatives for each county (Allen, Anderson, Bourbon, Linn, Neosho, and Woodson) for a total of 11 Board members. SEKMHC's current Mental Health Board of Directors consists of 10 members (1 vacancy for Anderson County). Currently, 46% of the Board is comprised of family members and consumers or people in recovery from behavioral health conditions. SEKMHC has 5 individuals that identify as females and 6 individuals that identify as males currently on the board; there is 1 individual that identifies as black. SEKMHC's Advisory Committee is comprised of at least 50% of individuals who represent patients and families of patients to place a more dedicated patient/family focus in guiding agency services and supports. The Advisory Committee will report to the SEKMHC's CCBHC Project Director, Executive Director, and the Board of Directors for SEKMHC. Kansas has no current requirements for Board or Advisory Committee compensation for CCBHCs.

CMHC licensing requires, to the extent possible, that representatives from numerous groups from within the community be included within the membership. Currently, SEKMHC board of Directors Membership includes family members of consumers, county attorney, city commissioner, pastor, schools, healthcare, farming, real estate, senior citizens, and ex-military.

SEKMHC meets all current CMHC standards in the State of Kansas. Currently, SEKMHC has received their provisional license and met standards put forth by the State of Kansas for CCBHCs.

### **Other Activities Implemented by SEKMHC CCBHC**

SEKMHC was able to offer sign-on and/or incentive bonuses to recruit staff to improve access to various programs. The State of Kansas is experiencing a shortage across the State for Qualified Mental Health Professionals, so the bonus and improved salary schedule for therapists has helped with recruitment and retention. Other improvement activities that have been significant are improved access and expanded training opportunities. One thing that SEKMHC has received feedback on through exit interviews is a lack of local training opportunities. Our expansion of the Relias learning program makes professional development accessible to staff at their convenience. Supervisors

can assign trainings or staff can search and take a training of their interest or area of needed professional growth.

The community is becoming more aware of SEKMHC services as some of the CCBHC funds have given SEKMHC the opportunity to increase advertising through radio, television, and billboard ads. Marketing efforts have started bringing more people into the agency.

SEKMHC is currently providing in-school services in 12 districts. The in-school team includes a Qualified Mental Health Professional (Licensed therapist) and a case manager. This improves access as parents can take less time off work and the child does not leave school, so the child misses less time of school.

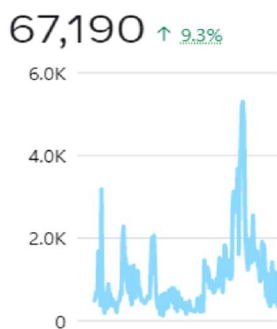
SEKMHC is currently partnering with three Primary Care Clinic, the Community Health Center of Southeast Kansas, and working on a more formal agreement with hospitals. Ongoing discussion with nursing facilities, assisted living facilities, and preschools have begun to improve access and services to the targeted subpopulations.

SEKMHC was able to fill all Community Based positions very quickly and hired a floating Patient Navigator to ensure the CCBHC model is followed when staff are out sick or on vacation. SEKMHC is looking forward to many more opportunities for the community to expand and improve access to services.

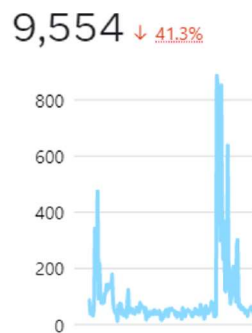
**SEKMHC is working with Thayer USD 447 to add in-school behavior health supports through a therapist and case manager team.** The school district is motivated to add this support for their students. The center is also continuously communicating with the other partners established in previous quarters. SEKMHC has boosted the social media post and been able to push more resources out to the entire community. When looking at the data trends, they are able to identify what the audience tends to react more to on social media vs the website. The posts that have a high engagement rate on social media are those that are about available local resources, such as mental health first aid training opportunities, needs assessment survey, transportation options, and food bank information, as well as staff highlights such as staff employment anniversaries, staff retirement, and staff achievements (winning contest, etc). On the website, the users tend to view the careers page and locations page. With increased presence on the radio, television, and billboards, the traffic is being diverted to SEKMHC's website. **The community research is continuing to have a significant impact. Since the beginning of the grant, the Facebook reach has gone from 23,470 views to 67,190 views, a 186.2 percent increase from the first six months. Instagram had seen a noteworthy increase from 717 followers/views to 16,271, a 2,200 percent increase in the first six months; however, it saw a significant drop to 9,554 views, a 41.3 percent decrease during the last six months. Moving forward, SEKMHC hopes to continue to provide information about events, trainings, and increased services to keep the audience engaged and returning to its online presence. Due to an update in SEKMHC's system, it caused a break in the code on the backend of the system and was unknown for several months. Therefore, current analytics were not available at the time of this report.**

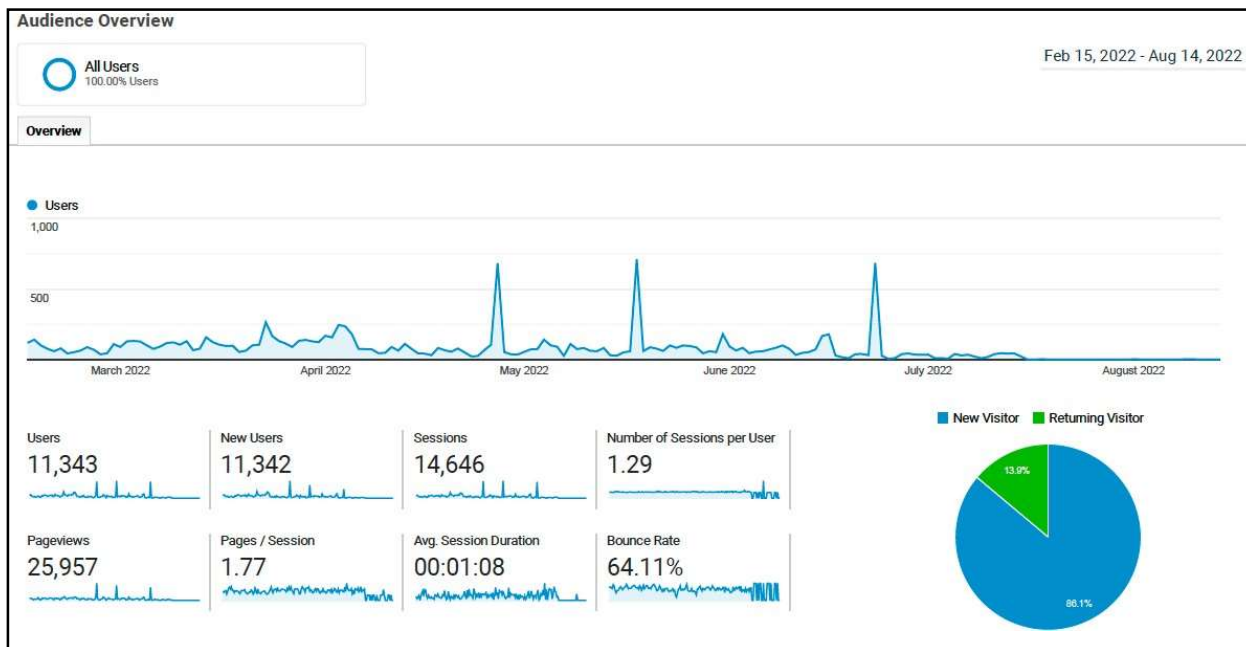
#### Reach

Facebook Page reach ⓘ



Instagram reach ⓘ





## Total Number of Clients Served to Date by Program Year by the CCBHC Model

From February 15, 2021, to February 14, 2023, **6,923 adults and 3,744 children were served.**

## Discussion of Challenges or Successes Related to Grant Project GPRA Reporting Requirements

### IPP Performance

IPP performance indicators for measures S1 (number of individuals screened for mental health, substance use, or related interventions), WD2 (number of people in the MH and related workforce trained in MH related practices and activities), PC2 (number of new organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant), and A4 (number and percentage of work group/advisory group/council members who are consumers/family members) were successfully reported via SPARS prior to the deadlines. Four out of four IPP goals were achieved or exceeded during the selected timeframe.

WD 2: The number of people in the mental health workforce trained in mental health related practices was reported by quarter throughout the grant, and numbers are in the tables below.

FFY	FFQ	Number of staff trained in mental health related practices
2021	3	9
2021	4	13
2022	1	74
2022	2	98
2022	3	49
2022	4	26
2023	1	22
2023	2	25

PC2: The number of organizations collaborating as a result of the grant.

FFY	FFQ	The number of organizations collaborating as a result of the grant
2021	3	4
2021	4	No new result
2022	1	1
2022	2	No new result
2022	3	5
2022	4	1
2023	1	2
2023	2	1

A4: The total number of work group/advisory group/council members who are consumers/family is five out of eight. There are eight members, so the rate is 62.5%, with the exception of Quarter 3 in 2022. During that time period, SEKMHC dropped to four out of eight.

S1: The total number of individuals screened for mental health and related intervention.

FFY	FFQ	The total number of individuals screened for mental health and related intervention
2021	3	258
2021	4	541
2022	1	768
2022	2	719
2022	3	813
2022	4	667
2023	1	968
2023	2	564

### NOMs data collection/reporting including reassessment rates, quarterly health reassessments, and clinical discharges

NOMs data collection began June 15, 2021. Prior to data collection, a workflow was established to ensure staff awareness and to limit burden on individuals being assessed. Health assessments are completed for those receiving NOMs. Regular health assessment data is collected as individual treatment plans are updated.

December 20, 2022, the NOMS tool was replaced with a new NOMS tools and CCBHC grantees were required to enter administrative NOMS only. NOMS report in SPARS are still not available at the time of this report.

Final Grant NOMS data collection:

NOMS combined Adult and Child over the course of the full two-year grant cycle. This includes the old and new NOMS tools, as well as with interviews conducted and administrative entries.	
Baseline Assessment	2,091
3-Month Assessment	621
6-Month Assessment	1,402
Discharge	1,014

## Client-level outcomes as reflected in SPARS outcomes reports

Outcome data was reviewed monthly and cumulatively at the end of each quarter. Until December 9, 2022, the evaluator downloaded child and adult data from the NOMS system around the 15<sup>th</sup> of each month. A monthly report was created, key findings were identified, and the evaluator submitted the NOMs report to Southeast Kansas Mental Health Center for review. With the administrative only NOMS after December 9, 2022, this was not possible.

The matching baseline and reassessment data analysis represents the first full year of client-level NOMs data collection. NOMs data included in this analysis was collected for adult clients between the beginning of Jun 15, 2021 through December 9, 2022. Respondents include only those with both a baseline and six-month reassessment interview where interviews were conducted. No administrative surveys (those where a client interview was not conducted) were included. Three-month health data reassessments and discharges were not included.

Data analysis shows that for most measures, improvement was seen from baseline to six-month reassessment. The measures that did not improve remained stable with few falling below 90.0%. The tables below include data collected through December 9, 2022 with the original NOMS tool.

### Adult

Adult Perception of Care- NOMS	Six-Month Reassessment	Twelve-Month Reassessment
Staff here believe that I can grow, change and recover.	92.0% (n=439/477)	90.6% (n=164/181)
I felt free to complain	94.3% (n=451/478)	93.9% (n=171/182)
I was given information about my rights	94.6% (n=370/391)	100.0% (n=73/73)
Staff encouraged me to take responsibility for how I live my life.	92.4% (n=442/478)	94.5% (n=172/182)
Staff told me what side effects to watch out for.	89.0% (n=358/402)	92.0% (n=138/150)
Staff respected my wishes about who is and who is not to be given information about my treatment.	96.4% (n=456/473)	95.5% (n=171/179)
Staff were sensitive to my cultural background.	96.0% (n=457/476)	94.9% (n=170/179)
Staff helped me obtain the information I needed so that I could take charge of managing my illness.	96.3% (n=455/472)	95.6% (n=174/182)
I was encouraged to use consumer run programs.	89.1% (n=404/453)	93.1% (n=163/175)
I felt comfortable asking questions about my treatment and medication.	97.0% (n=461/475)	95.0% (n=173/182)
I, not staff, decided my treatment goals.	88.0% (n=419/476)	91.1% (n=165/181)
I like the services I received here.	97.2% (n=463/476)	96.7% (n=176/182)
If I had other choices, I would still get services from this agency.	96.6% (n=461/477)	95.6% (n=174/182)
I would recommend this agency to a friend or family member.	97.6% (n=466/477)	97.2% (n=177/182)

**\*Missing data, not applicable, and refuse answer options have been removed from the count.**

Child

<b>Child Perception of Care- NOMS</b>	<b>Six-Month Reassessment</b>	<b>Twelve-Month Reassessment</b>
<b>Staff here treated me with respect.</b>	96.6% (n=319/330)	98.3% (n=118/120)
<b>Staff respected my family's religious/spiritual beliefs.</b>	96.0% (n=314/327)	100.0% (n=119/119)
<b>Staff spoke to me in a way that I understood.</b>	96.6% (n=319/330)	97.5% (n=117/120)
<b>Staff were sensitive to my cultural background.</b>	95.1% (n=313/329)	98.3% (n=117/119)
<b>I helped to choose my services.</b>	91.5% (n=302/330)	94.1% (n=113/120)
<b>I helped to choose my treatment goals.</b>	94.8% (n=311/328)	94.1% (n=113/120)
<b>I participated in my treatment.</b>	97.5% (n=321/329)	99.1% (n=119/120)
<b>Overall, I am satisfied with the services I received.</b>	94.8% (n=313/330)	95.8% (n=115/120)
<b>The people helping me stuck with me no matter what.</b>	97.5% (n=322/330)	95.8% (n=115/120)
<b>I felt I had someone to talk to when I was troubled.</b>	94.5% (n=312/330)	91.6% (n=110/120)
<b>The services I received were right for us.</b>	96.0% (n=317/330)	93.2% (n=111/119)
<b>I got the help I wanted.</b>	96.0% (n=318/331)	88.2% (n=105/119)
<b>I got as much help as I needed.</b>	93.0% (n=307/330)	90.7% (n=108/119)
<b>*Missing data, not applicable, and refuse answer options have been removed from the count.</b>		

## Disparities Impact Statement Update

### Number of clients served according to the subpopulations identified

The population served consisted primarily of individuals in need of safety net behavioral health services in Southeast Kansas for residents (Allen, Anderson, Bourbon, Linn, Neosho, and Woodson Counties). The 6 counties served by this project are among the poorest and most underserved counties in Kansas. Each of these counties is included in the State of Kansas's Project 17 program. Project 17 focuses on improving the economic vitality and quality of life in impoverished communities. The 17 counties identified in Kansas have pervasive poverty, high unemployment, lack of skilled workers, and which score the lowest on public health indicators.

The entire service area is considered rural.

All six counties demonstrate an above average percentage for childhood poverty compared to Kansas's state average according to the Kansas Behavioral Health Indicators Dashboard. Which guide SEKMHC to serve the 5 and under population as all indicators pointed to this sub-group being underserved. Children 5



and under have the most potential to build skills that will last them a lifetime and help them be more resilient as challenges present in their lifetimes. The population being served includes individuals with mental health disorders and substance use disorders. All individuals were served by the CCBHC; with an emphasis to primarily to provide services to the uninsured and to individuals; 5 and under and 65 and older who do not have coverage plans to provide the services they need (underinsured). The services provided included crisis intervention, screening and assessment, medical, psychiatry, medication assisted treatment, and rehabilitation services. Emphasis was placed on behavioral health and physical health integration for individuals and families regardless of race, ethnicity, gender, and sexual orientation. Enhanced services were offered to achieve program outcomes along with increased efforts to engage subpopulations who have been less likely to engage in services in the past. SEKMHC coordinated training with the University of Kansas's Telemedicine to provide training in Cognitive Behavior Treatment model of care to over 60 of our staff (therapist, case managers, psychiatry staff). Cognitive Behavioral Therapy is an evidenced based program for individuals experiencing a mental health and/or substance use challenge. Play Therapy Certifications were obtained by therapist serving the early childhood subpopulation. Also, care coordination was provided with emphasis on behavioral and physical integration for the overall population and targeted work with the SMVF population.

#### Underserved subpopulations

	<b>FY 2 Goal (new patients only)</b>	<b>2 Year Report New Patient Unduplicated Total</b>	<b>18 Month Report New Patient Unduplicated Total</b>	<b>FY 1 Goal (new patients only)</b>	<b>6 Month Report- New Patient Unduplicated Total</b>
<b>Numbers Served 5 and under</b>	<b>250</b>	<b>318</b>	<b>219</b>	<b>150</b>	<b>91 (Y1—139 total)</b>
<b>Numbers Served 65 and older</b>	<b>250</b>	<b>372</b>	<b>190</b>	<b>150</b>	<b>148 (Y1—185 total)</b>

\*Figures based on new patients served each year and would not include retention.

#### Demographic Description of Individuals Served Numbers served by Race/Ethnicity and Preferred Gender Numbers from June 15, 2021 through February 14, 2023

<b>Demographic Descriptions</b>	<b>Project Year 1</b>	<b>6 Month Report- New Patient Unduplicated Total</b>	<b>Year 1 Actual Number Served (as of 3/4/22)</b>	<b>18-month Number Served (as of 8/16/22)</b>	<b>Year 2 Actual Number Served (as of 2/14/23)</b>
<b>New patients served through direct services</b>	<b>300</b>	<b>239</b>	<b>608</b>	<b>1,187</b>	<b>1,371</b>
<b>By Race/Ethnicity</b>					
American Indian/Alaska Native	3	1	9	12	18
Asian	0	0	1	1	3
Black/African American	6	5	19	26	30
Native Hawaiian/Other Pacific Islander	3	2	1	2	2
White (Non-Hispanic)	279	230	521	1,037	1210
Hispanic Origin (White or Other)	3	0		49	3
Other/Unknown	6	1	24	48 + 1 Missing	48 + 2 Missing
Multiracial			30	56	59
REFUSED			3	4	5
<b>By Preferred Gender Status</b>					
Female	156	136	342	643	739



Male	140	103	260	533	621
Transgender Male to Female	1	0	1	1	5
Transgender Female to Male	3	0	3	4	1
Other			2	5	5
**Data is gathered from the old NOMs tool and added to the data in the new NOMs tool. Information may have discrepancies based on the transition from the old to new tool.					

### Quality improvement plan and strategies used to improve processes and/or programmatic adjustments to support efforts to reduce disparities for the identified sub-populations.

SEKMHC Policy CTR-023 in conjunction with Kansas CMHC regulations K.A.R. 30-60-17 and K.A.R. 30-60- 64 clearly outline policies and procedures regarding service access, inability to pay, and sliding scale fees. Crisis services including screening, case management, and attendant care are available to all consumers regardless of their ability to pay.

Crisis services are available to individuals who are homeless or lack a permanent address and cannot be denied due to CMHC licensing standards. The CMHC Participating Agreement also requires specific programming targeting homeless populations including Supported Housing services and crisis case management services.

SEKMHC offer services for individuals who live in rural and frontier areas. SEKMHC offers crisis courtesy screening services for individuals who reside out of state or out of the CMHC catchment area (screenings performed according to protocols outlined by KDADS' Mental Health Screeners training). Outpatient mental health and medical services may be delivered with individuals (clients/patients who live outside or our catchment who live outside of the catchment area but do not currently qualify for sliding scale fees. SEKMHC staff attempt to coordinate services with non-residents in the catchment area in which they reside to ensure the best access to care. SEKMHC staff obtain a Release of Information before sharing information. If Kansas becomes a CCBHC-Expansion State, additional policies will be developed to comply with this standard under the PPS.

### Quality improvement plan and the methods for the development and implementation of policies and procedures to enhance adherence to the Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards and the provision of effective care and services that are responsive to: a) Diverse cultural health beliefs and practices; b) Preferred languages; and c) Health literacy and other communication needs of all sub- populations within the proposed geographic region.

As the program provides a heavy emphasis on outreach, engagement and positive outcomes for clients served, it will be imperative that the plan continues to increase adherence to the National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. To accomplish this, the program continues to implement: diverse cultural health beliefs and practices, preferred languages, health literacy, and other community needs of all sub-populations identified.

Client's Rights are posted in each lobby and mailed to clients prior to the initial appointment explaining accommodations needs that can be accompanied and are translated in both English and Spanish. The Advisory Committee and SEKMHC Board include diversity and members who have had or have had a family member with mental health or behavioral health challenges. The website has been updated with TTY compatibility. SEKMHC has also added a Public Relations position to enhance the agency's social media and community presence.

### Diverse Cultural Health Beliefs and Practices

Recruitment, hiring, training, and continuing education activities will be continued and implemented to support the culture and language in all subpopulations. This includes annual cultural competency training for all employees, specialized cultural training for working with SMVF through the PsychArmor platform, and specialized training as needed to reach members of each subpopulation. In addition, the CCBHC advisory committee includes at least 50% of the workgroup being comprised of consumers or consumers of family members.

SEKMHC is proud to share that its team has taken an additional 1,165 training modules in Relias learning in 2021. In 2020, SEKMHC's team completed 1,255 training modules. During its first year of the CCBHC grant, they were able to expand training modules to staff through Relias learning. Staff successfully completed 2,420 training modules during this first year. The training modules cover cultural health and focus on best practice when serving individuals with mental health and/or substance use challenges.

Additionally, two staff have been trained in the Adult Mental Health First Aid Instructors course. This will assist in training community members and partners to feel more comfortable managing a crisis situation and building their health literacy, by being able to identify and understand signs that indicate someone might need support or help.

### Preferred Languages

Interpreters are available, along with translated materials for non-English speaking clients, in all locations. Appropriate specialized accommodations will be made for individuals who have visual and/or hearing impairments. As the area continues to become more diverse, key client documents have been translated into Spanish, and this practice will continue throughout the grant.

### Health Literacy and Other Communication Needs of All Sub-Populations Identified in the Proposal

Programs and services will address the needs of individuals with limited ability to speak English or who have limited ability to read and write. Adjustments will be made as needed to assure these individuals are served effectively through program activities. In addition to specialized training, the CCBHC will develop a veteran's resource team comprised of staff members who are veterans or family members of veterans for consultation as needed to help staff members best serve this population.

## Results of and Changes to Needs Assessment, Staffing, Quality Improvement, and Training Plans

### Needs Assessment

SEKMHC utilized a gap analysis using patient telehealth surveys (October 2020), staff surveys (October 2020), Kansas Behavioral Health Indicators Dashboard, and Mental Health Task Force-Kansas Report to Legislature (January 2019) to develop SEKMHC's CCBHC Needs Assessment. SEKMHC is not within a CCBHC-state, but the KDADS is aware that a statewide Needs Assessment will need to be prepared, as legislation recently adopted a CCBHC model for Kansas. SEKMHC will maintain and review SEKMHC's Staffing and Training Plan Matrix every year during the annual budget process and make changes based on community and administrative/program needs. SEKMHC completed a six-county wide Community Needs Assessment to guide goals and practices to best serve the community. **This needs assessment was completed in December 2021-January 2022 and has guided decision making for year 2 of the grant.**

### Staffing Plan

All required CCBHC services are provided by CCBHC-staff and specified throughout this document. Staffing for veteran services is addressed in section 4.k, which includes but is not limited to: staff who are compliant with the PsychArmor training along with other veteran trainings, be assigned a PBHP, and provide specialized care to veterans in coordination with the VA.

SEKMHC and provider networks are comprised of qualified staff to provide an array of services to meet the needs of consumers. Staffing capacity is based on the number of consumers served; compliance with KDADS timeliness standards for access to services; assessment of the cultural, ethnic, racial and linguistic needs of consumers served; current staffing availability; and capacity and specialty areas of SEKMHC and all contracted provider agencies, including DCOs.

SEKMHC Staffing Plan and Evidence-Based Training Matrix ensures that all necessary Mental Health and Substance Use Disorder credentials are met to meet the needs of consumers. Staffing (clinical and non-clinical) is determined

by location need, requirements of target populations, and fidelity to evidence-based practice (EBPs) models (e.g., Strengths-Based Case Management, Assertive Community Treatment, Motivational Interviewing).

### Quality Improvement Plan

SEKMHC has developed a CQI Plan as part of the project evaluation for the CCBHC Expansion Grant. SEKMHC has established a Quality Management Team to be led by the Manager of Quality and Compliance as well as the Chief Operations Officer. SEKMHC will utilize the “Plan, Do, Check, and Act” approach to document projects implemented, reasons for the projects, and progress related to those projects. All CQI projects will be evaluated and reviewed annually as part of the CQI Plan.

The CQI Plan will include consumer suicide attempts and 30-day hospital readmissions in addition to required state reporting data. **SEKMHC is continuing to track suicide attempts data more effectively, and the Quality and Compliance Manager has developed a CQI Plan.**

SEKMHC has a Continuity of Operations Plan which addresses each office. SEKMHC conducts satisfaction surveys at least annually per CMHC licensing requirements regarding their satisfaction with SEKMHC facilities and/or services. Additional surveys may be conducted throughout the year to gain feedback from consumers, community, or staff for additional service access or community needs. SEKMHC will conduct an annual Environmental Scan Assessment using peer support or Advisory Committee members and implement changes as available. SEKMHC has a cleaning contract to ensure sites are clean and welcoming.

SEKMHC identifies in the Client Rights and the Welcome Brochure that SEKMHC will make all reasonable accommodations to ensure clients have access to care. Currently, SEKMHC is underway with securing construction contracts to complete some ADA updates to SEKMHC’s offices.

### Training Plan

SEKMHC Staffing Plan and Evidence-Based Training Matrix will continue to specify the required trainings completed for all SEKMHC staff and contractual staff. Training reports are completed and signed by the supervisor and maintained in the organization’s personnel records. Training is available internally through each of SEKMHC’s departments, Relias (an online learning company), SAMHSA webinars, Psych Armor and through organizational and community opportunities. SEKMHC performs annual quality monitoring for all direct operated service programs and contracted provider agencies, to monitor for compliance with training requirements. Competency for trainings taken will be administered through Relias by having the “Brain Sparks,” which sends out notification via email with a question each week for a number of weeks (some 4 some 6) to test retention of the course that was taken through Relias learning. Training requirements include a focus on culturally competent services. SEKMHC will work toward partnering with the Veteran’s Administration to provide military cultural training and utilizes PsychArmor training platform to address military cultural training for all core treatment staff.

### Description of Efforts in Meeting Each HIT/EHR Requirement

SEKMHC has a health information system in place, which is Essentia Electronic Health Record by LWSI and is now owned by Netsmart. Essentia has the capacity to capture and report on all the required data for the CCBHC as most will be reported in SPARs too. SEKMHC will be using the Custom Report tab to pull various Quality Measures (program req. #5). SEKMHC also participates in Kansas Health Information Network (KHIN) that over 97% of Kansas Hospital and Family Practices participate in too. Additional reporting tools were developed during the certification process. Essentia has a component called Essentia Rx to electronically transmit prescriptions to pharmacies.

Currently SEKMHC has no DCOs that will be exchanging data. SEKMHC gathered data from partners as needed through excel spreadsheets, community referral form, and through data entry tables. FQHC provided outcome measures using dashboard features, interfaces, or traditional exchange files (CSV, secure fax, Excel, etc.) when applicable. SEKMHC is transitioning to a new Electronic Health Record that has more robust reporting measures and allows us to add partners, such as FQHC to have more inner-facing opportunities.

SEKMHC is working on developing a multi-tiered reporting system that generates data at the organizational, departmental, team, and individual provider level with the evaluator. **SEKMHC has moved forward with NetSmart for their My Avatar product. Netsmart is a company that develops and sells Health Information Exchanges System. SEKMHC's Electronic Medical Record will be transition from Essentia to MyAvatar, which is also a product of Netsmart in early 2024.**

## Description of Efforts at Sustaining CCBHC-E Services

Southeast Kansas Mental Health Center (SEKMHC) remains committed to the CCBHC model to enhance and provide integrated care services in Southeast Kansas. SEKMHC will continue to assess and evaluate the ability to maintain improved access and growth of services. SEKMHC has established good working partners to ensure comprehensive and affordability of care to ensure the whole person is treated. The State of Kansas has adopted the CCBHC model, and the bill was signed in April 2021, which will assist with sustaining this model in Kansas. SEKMHC has completed the State of Kansas CCBHC application. Kansas Legislators are aware of the Community Mental Health Centers that received the CCBHC grant funding and the State worked closely with SEKMHC to obtain their provisional license as a CCBHC on May 1, 2022. SEKMHC will continue to focus on improving access, increasing staffing, maintain competitive wages, and providing whole person care through partnerships with primary care facilities, local hospitals, and community partners. SEKMHC is also committed ensuring the hiring or advancement of current staff through providing supervision to gain qualified clinicians for the 65 and above population.

<u>Planned Components</u>	<u>Action Steps</u>	<u>Time Expectation</u>
Review Vision and Mission	1. Management team	<b>Annually—Met.</b>
Establish Key Personnel to carry out the CCBHC model to improve access and serve underserved populations (5 years old and younger, and 65 years old and over).	1. Hire and maintain Program Director and Evaluator 2. Hire and maintain key staff (therapist, case managers, and patient navigators) to	<b>Within first 6 months, ongoing-Met.</b>
	carry our CCBHC model goals 3. Other Program Directors to ensure services are being carried out to model's fidelity and integrity. 4. Train a psychiatry staff in Medication Assisted Treatment to expand our services for Substance Use population	

Partnerships with Designated Collaborating Organizations	<ol style="list-style-type: none"> <li>1. Establish Memorandum of Understanding/Agreement (MOU) with a Primary Care Clinic in all 6 counties.</li> <li>2. Establish MOUs with Medication Assisted Treatment Provider</li> <li>3. Establish MOUs with hospital for emergent needs.</li> <li>4. Establish MOUs with key partners in our community to ensure we are reaching the underserved population.</li> </ol>	<p><b>Within first 6 months of receiving grant for Primary Care and Medication Assisted Treatment Provider, and then maintain partnerships.-Met</b></p> <p><b>Within first year of receiving grant for Hospitals and other community partners.-Met</b></p> <p>Ongoing for Partnerships to continue to grow.</p>
Market to Underserved Populations	<ol style="list-style-type: none"> <li>1. Commercial Ads</li> <li>2. School Directory Ads</li> <li>3. Incentive for staff referrals.</li> <li>4. Billboards for access to services.</li> <li>5. Participation in consultation with ECKAN and SEKCAP for services for youth 5 and under.</li> </ol>	<p><b>Started in the first month; ongoing efforts to support access, underserved, and awareness.-Met.</b></p>
Improve Sites	<ol style="list-style-type: none"> <li>1. ADA compliant access</li> <li>2. Tobacco-free sites</li> </ol>	<ol style="list-style-type: none"> <li>1. <b>Ongoing-Met.</b></li> <li>2. <b>Effective January 1, 2022-Met.</b></li> </ol>
Evaluation/Data Collection	<ol style="list-style-type: none"> <li>1. Partnered with Greenbush for evaluation of data being collected</li> </ol>	<p><b>Immediately; then ongoing.-Met.</b></p>
	<ol style="list-style-type: none"> <li>2. Management team will review data and utilize it to guide future practices.</li> </ol>	
Community/Agency Needs Assessment	<ol style="list-style-type: none"> <li>1. Survey staff, consumers, and community to assess the needs of our community for Physical and Behavioral Health Services</li> </ol>	<p><b>Within 1<sup>st</sup> year; then annually if feasible or every 3 years at a minimum-The Community Needs Assessment was completed in January 2022-Met.</b></p>
Potential Stake Holders	<ol style="list-style-type: none"> <li>1. Follow State of Kansas plan for the CCBHC model to be carried out in Kansas.</li> <li>2. Promote CCBHC model to legislators, county commissioners, and city commissioners.</li> </ol>	<p><b>Within 1<sup>st</sup> year. The State of Kansas adopted the CCBHC model.-Met.</b></p>

Analyze Program Cost	<ol style="list-style-type: none"> <li>1. Chief Financial Officer will share program cost with management team, so SEKMHC can analyze and have clear understanding what cost are to carry out program.</li> </ol>	<b>At 1-year mark-Cost analysis was done as part of the State application; this process is being reviewed at this time-Met.</b>
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