

Community Health Implementation Strategy FY2023-FY2025



We all need connection.



Camber Kansas City
Previously KVC Hospitals Kansas City

GENERAL DESCRIPTION

In August 2022, KVC Hospitals, Inc. announced a rebrand and is now doing business as Camber Children's Mental Health. Our children's mental health treatment center in Kansas City, formerly known as KVC Hospitals Kansas City, is now operating as Camber Kansas City, and is accredited by the Joint Commission. In June 2022, our organization completed a Community Mental Health Needs Assessment under the KVC Hospitals Kansas City name. Throughout this document, we will refer to our organization as Camber. For over 30 years, we have provided compassionate care for thousands of children and teens while adhering to the highest industry standards for safety and security.

Our Mission is to enrich and enhance the lives of children and families with trauma-focused behavioral healthcare services that foster connection and nurture health and wellness.

Camber is recognized as an industry leader locally and nationally for its excellence in the implementation of Trauma Systems Therapy (TST) and several other evidence-based treatments and best practice models. We infuse that knowledge into our two levels of mental health treatment provided for youth ages six to 18. Our treatment programs include inpatient hospitalization and psychiatric residential treatment facility (PRTF) services, and we accept admissions for both programs 24 hours a day, 7 days a week. The PRTF program is designed to provide longer-term, intensive treatment in a structured and supervised therapeutic environment. Youth receive daily opportunities to practice emotion regulation and coping skills while also attending school onsite in Camber's accredited education program.

Camber's inpatient hospital provides acute treatment for youth throughout Kansas and Missouri and Camber acts as the State Institution Alternative (SIA) for children in Kansas. Camber is known for serving children and teens with the most complex mental health diagnoses and highest acuity symptoms, youth that other area hospitals often cannot or will not serve, or whose treatment has been unsuccessful at other facilities. Based on an agency-wide history of accepting children with high-risk needs, Camber operates with a no-eject, no-reject philosophy for admitting children. No child is turned away due to the complexity and depth of their needs. Camber's treatment models focus on quality outcomes, compassion and safety to help each client:

- Stabilize the crisis they are experiencing.
- Identify the triggers that led to challenging behaviors or emotions.
- Identify the individualized treatment approach that works best for each child to teach and support healthy and safe behaviors.
- Improve the child's ability to regulate emotions, communicate and promote healthy behavior.
- Provide resources that will continue to support the child and their family long after they discharge from Camber.

Camber's approach is built on developing individualized treatment plans customized to each child's unique needs and lifestyle. The goal of this model is for each child to discharge from Camber as soon as safely possible so they can continue treatment in less restrictive settings where they can be surrounded by family and other supports.

Youth admitted for Camber inpatient hospitalization are typically in an active mental health emergency. For example, they have a plan to attempt suicide or harm themselves or they have carried out a suicide attempt or self-harmed. These safety risks require immediate and intensive treatment, supervision, and care in a safe and secure setting. Youth in an acute state of crisis often also present with behaviors and needs that are significantly negatively impacting their home and school life, such as violence, psychosis and/or an inability to care for themselves. In addition to psychiatric diagnoses, Camber treats youth with concurrent medical conditions such as epilepsy, diabetes, multiple sclerosis and physical limitations

including speech and hearing impairments. It is common for youth to also present with significant chronic medical health needs and Camber assists in assessing the necessary medical treatment and combines physical and mental health treatment plans to meet specialized needs when possible.

Camber's specialized treatment teams include psychiatrists, psychologists, medical doctors, therapists, case managers, nurses and behavioral healthcare technicians. When children are admitted to Camber for treatment, they receive:

- Full medical, clinical and nursing assessment within the first 24 hours of admission
- Intensive psychiatric care and medication management
- Individual, family and group therapy sessions
- Case coordination
- 24/7 Support and supervision from skilled nursing staff
- Innovative treatment and education to teach them about their brains and how to regulate their emotions

Each client's treatment team meets regularly to review the child's treatment plan and progress. They collaborate closely with the youth in care, their families, and their community providers to guarantee a safe discharge and continued wellness once they leave Camber. We have established relationships with numerous hospital liaisons, community mental health centers, school personnel, case managers, and other community partners involved in a child's wellbeing, and we welcome the continued development of these partnerships to facilitate smooth community transitions for youth in our care. We are also committed to identifying continuing aftercare services to foster the successful reintegration of youth into their homes and the long-term wellness of the family system.

As we treat a child throughout their stay at KVC, our team is also focusing on techniques that help heal and strengthen the entire family unit. We embrace a family-centered approach to care, and we believe that parents and guardians are a major factor in driving treatment outcomes. We involve primary guardians in all aspects of treatment and discharge planning, and we provide opportunities for family therapy sessions.

In addition to individual and family therapy, youth have opportunities to engage in group therapies with other youth receiving treatment at Camber. This includes a range of expressive therapies, such as art, dance, music, virtual reality, play, and more, to help address a range of behavioral or emotional challenges. For example, topics they may discuss to work on creative expression include how to manage feelings of anger, healthy and safe boundaries, strengthening resilience, social skills, and coping with grief and loss, among others. This lends to a comprehensive approach that works to help youth achieve overall mental and physical wellness, strengthened life skills, and more resilience against adversity.

Camber Children's Mental Health is a subsidiary of KVC Health Systems, a family of private, nonprofit 501(c)3 organizations providing a wide continuum of medical and behavioral healthcare, education, and social services to children and families. KVC Health Systems began in 1970 in Kansas as Wyandotte House, a single group home for boys, and has grown its reach with locations throughout Kansas as well as Missouri, Nebraska, West Virginia and Kentucky. Nationwide, KVC has positively impacted the lives of more than 300,000 people through in-home family strengthening services, foster care, adoption, mental health treatment, and other life-changing services.

INTRODUCTION

Introduction Internal Revenue Code (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 and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital, including those with special knowledge of or expertise in public health. The hospital must make the community health needs assessment widely available to the public.

This community health needs assessment, which describes both a process and a document, is intended to document Camber Kansas City's (Camber's) compliance with IRC Section 501(r). The health needs of the community have been identified and prioritized so that Camber may adopt an implementation strategy to address the specific needs of the community.

The process involved:

- An evaluation of the implementation strategy from the previous needs assessment which was adopted by the Camber Board of Directors in 2016.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, and health care resources.
- A survey of persons who represent a) the community served by Camber, 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 2022 CHNA data, and Implementation Strategy priorities for FY2023 to FY2025.

EVALUATION OF PRIOR IMPLEMENTATION STRATEGY

The section below describes how Camber has made progress in each of the priority areas during the last three years FY2020 to FY2022.

PRIORITY 1: Lack of trauma-informed assessment and intervention strategies

Goal: Partner with and educate community stakeholders on trauma-informed assessment and intervention strategies

Strategies:

- 1) Create awareness by presenting trauma-informed information to community group forums, the stakeholder group, and legislative meetings.
- 2) Provide trauma-informed resources, information, and tools for parents, schools, and community mental health centers (CMHCs) to implement with children and adolescents.
- 3) Partner with other children's organizations to expand the reach for trauma-informed intervention strategies.

Actions on Strategies:

- ✓ Camber participated in several conferences presenting trauma-informed information to the public and community partners.
- ✓ Presented trauma-informed engagement practices to the School Mental Health Advisory Council.
- ✓ Camber leaders participated in local community efforts to bring awareness to the mental health needs of the community (I.e., Overland Park Mental Health Task Force).
- ✓ Camber partnered with the USD 500 School District on their Trauma Sensitive & Resilient Schools to help promote best practices in being trauma-sensitive and responsive. As a part of that initiative, Camber provided several trainings to a variety of UDS 500 stakeholders.
- ✓ Camber built and maintained a website that provided trauma-informed tools and resources for children and families.
- ✓ Camber partnered with Sesame Street in Communities to provide trauma-informed and resiliency-based information and resources to clients and their families.

PRIORITY 2: Access to services (cost)

Goal: To provide care to patients regardless of socioeconomic status by offering diverse payor options

Strategies:

- 1) Maintain the ongoing state hospital alternative grant to serve those without financial means and who have been turned away by other providers in the region.
- 2) Maintain and develop new contracts and agreements with diverse payor sources throughout the catchment area.
- 3) Offer financial assistance as determined by resources available to guarantors.

Actions on Strategies:

- ✓ The grant for the state hospital alternative program was discontinued. But new program funding was developed called the State Institutional Alternative (SIA). It is defined as facilities that provide inpatient psychiatric treatment and are authorized by the Kansas Department for Aging and Disability Services (KDADS) to serve as an alternative to placement in a state mental health institution. Camber was certified as an SIA provider at our Kansas City and Wichita facilities and is able to serve those without financial means and who have been turned away by other providers.
- ✓ Camber has expanded and updated contracts with payor sources through private, Medicaid, and state funding to create an enhanced diverse payor source to provide more options for stakeholders.

PRIORITY 3: Access to services (availability of acute & PRTF beds in the community)

Goal: Increase availability of access to acute and PRTF beds within our catchment area

Strategies:

- 1) Access trends in referral patterns to determine access needs.
- 2) Increase bed capacity of acute and PRTF facilities within the catchment area based on need.
- 3) Provide telepsychiatry options to increase access for parents/guardians to participate in treatment with their child, particularly for those from rural and frontier areas.
- 4) Increase community awareness of available beds and services.

Actions on Strategies:

- ✓ Camber identified a shortage of children's psychiatric beds in Wichita, Kansas "...the most populated city of Kansas," and a shortage of support service program placements such as PRTFs. To meet these needs the following actions have been taken or are in process:
 - Expanded PRTF beds at Camber Kansas City from 36 to 48 in FY21
 - Opened a 54-bed acute children's psychiatric hospital in Wichita in FY20
 - Expanded PRTF beds at Camber Hays from 30 to 50 in FY20
- ✓ Added additional resources for telepsychiatry and telemedicine equipment at both Camber Kansas City and Wichita facilities. This has provided additional services and increased flexibility for parents, guardians, and other stakeholders to participate in treatment.
- ✓ Started weekly meetings on patient referral flow.
- ✓ Participated in focused local news station interviews to provide mental health education and awareness and provide information about services and resources available.

PRIORITY 4: Coordination with other systems of care

Goal: To enhance the transition of care between providers

Strategies:

- 1) Increase presence on state sub-committees with other systems of care.
- 2) Partner with other providers (i.e., CMHCs, PRTFs, hospitals, primary care physicians) to be a part of the Kansas Health Information Network (KHIN).

- 3) Enhance relationships with other systems of care by including their representatives in Camber-hosted workshops and forums.

Actions on Strategies:

- ✓ The staff of Camber Kansas City has worked closely with KVC Kansas (the Eastern Kansas Foster Care Contractor), Wyandotte Center, Inc. (Wyandotte County), Johnson County Community Mental Health Center (Johnson County), ComCare (Sedgwick County), and other CMHCs in Eastern, Southeast and Central Kansas to provide education on treatment and coordinate the transition of patients back into the community after their hospital stay.
- ✓ Camber leadership participated in the following community committees: PRTF Stakeholders Committee, School Mental Health Advisory Council, Governor's Behavioral Health Children's Sub-Committee, Governor's Rural and Frontier Sub-Committee, Kansas Mental Health Coalition, and PRTF Process Improvement Workgroup.
- ✓ We continue to be part of the KHIN.
- ✓ Camber has facilitated two three-part webinar series for community professionals focused on children's mental health and wellbeing.

PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Priority setting is a required step in the community health needs assessment process. The IRS regulations indicate that the needs assessment must provide a prioritized description of the community health needs identified through the assessment and include a description of the process and criteria used in prioritizing health needs.

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

Secondary Data

- Poor mental health days
- Youth anxiety and depression
- Poor physical health

Primary Data

Health needs identified through key stakeholder interviews were included as health needs. Needs for vulnerable populations are included in the analysis to facilitate the prioritization process. Many of the following needs were included in Camber's 2019 CHNA report; however, while progress has been made the needs of the community remain.

- Lack of funding for mental health services and preventive programs
- Substance use and addiction
- Negative effects of the COVID-19 pandemic on mental health (e.g., isolation, stress, unhealthy coping)
- Lack of community-based services (transportation barrier)
- Lack of appropriate resources (e.g., insurance coverage, providers and/or treatment facilities)
- Coordination with other systems of care (e.g., school, local non-profit agencies, health facilities)
- Access to services (cost, availability)
- Lack of health knowledge regarding the impact of trauma on mental health/lack of trauma treatment
- Increase in children with a mental health condition
- High cost of healthcare
- Need for increased integration between primary care and mental health service
- Racism/discrimination

MANAGEMENT'S PRIORITIZATION PROCESS

For the health needs prioritization process, Camber prioritized the needs identified above based on the following factors:

- Current area of hospital focus
- How many people are affected by the issue or the size of the issue
- What are the consequences of not addressing this problem
- The impact of the issue on vulnerable populations
- Organizational capacity, existing infrastructure, and community partners available to address the health need

After analyzing primary causes for inpatient hospitalization as well as reviewing health needs identified through key stakeholder interviews, the following mental and behavioral health needs for Camber Kansas City were identified:

1. Need for increased integration/coordination between primary care and mental health services
2. Need for increased community education/awareness regarding available mental health services
3. Access to services (cost, availability)
4. Coordination with other systems of care (e.g., school, local nonprofit agencies, health facilities)

Some of the priorities above were also included in Camber's 2019 CHNA report. Progress has been made on these priorities, as described previously in the Evaluation of Prior Implementation Strategy section; however, the needs of the community remain.

Camber's next steps include developing an implementation strategy to address these priority areas for FY2023 to FY2025.

PRIORITIES OF FOCUS AREAS FOR FY2023 TO FY2025

PRIORITY 1: Need for increased integration/coordination between primary care and mental health services

Goal: Improve integration and coordination between medical and mental health providers to enhance the overall quality of care provided to patients.

Strategies:

- ✓ Enhance the cooperation between mental health and medical providers within Camber's system of care.
- ✓ Improve communication about patient needs during the admission process with internal and external partners.

PRIORITY 2: Need for increased community education/awareness regarding available mental health services

Goal: Provide educational opportunities to community mental health providers to enhance awareness about the current mental health needs of the community and Camber services.

Strategies:

- ✓ Facilitate virtually based webinars on mental health topics for community members.
- ✓ Provide presentations at conferences focused on mental health.
- ✓ Publish mental health education and resources through various channels including blogs on Camber's website, email newsletters, print and digital handouts, educational videos, etc.
- ✓ Invest in advertising to create awareness of services and locations.

PRIORITY 3: Access to services

Goal: Increase access to acute and PRTF beds within our catchment areas regardless of socioeconomic status by offering diverse payor options.

Strategies:

- ✓ Assess trends in referral patterns to determine access needs.
- ✓ Increase bed capacity of acute and PRTF facilities within the catchment area based on need.
- ✓ Provide telepsychiatry options to increase access for parents/guardians to participate in treatment with their child, particularly for those from rural and frontier areas.
- ✓ Increase community awareness of available beds and services.
- ✓ Continue to be a State Institution Alternative provider.
- ✓ Maintain and develop new contracts and agreements with diverse payor sources throughout the catchment area.
- ✓ Offer financial assistance as determined by resources available to guarantors.

PRIORITY 4: Coordination with other systems of care

Goal: To enhance the transition of care between providers

Strategies:

- ✓ Have a presence on state sub-committees with other systems of care.
- ✓ Provide Care Calls to guardians of recently discharged patients to ensure a safe transition of care.
- ✓ Partner with other providers (i.e., CMHCs, PRTFs, hospitals, primary care physicians).
- ✓ Enhance relationships with other systems of care by including their representatives in Camber-hosted workshops and forums.

NEEDS NOT ADDRESSED

Some issues identified through the community health needs assessment have not been addressed in this plan. In the initial discussion and subsequent prioritization, the Camber 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 Camber. 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 (Transportation barrier)	Community-based services are being addressed by community mental health centers (CMHCs) and the private sector. Certified community behavioral health clinics (CCBHCs) are also assisting with more access to outpatient and prevention services.
Substance use and addiction	This is outside of our scope of practice. New CCBHCs are assisting with more access to outpatient and prevention services.
Increase in children with a mental health condition	The Governor’s Behavioral Health Services Planning Council (GBHSPC) subcommittees 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 children and families across the continuum of care in Kansas. The GBHSPC presents this information to the Kansas Governing bodies for funding options.
Lack of funding for mental health services and preventive programs and high cost of health care	This is outside of our scope and is addressed by insurance, government agencies and legislative efforts.

NEXT STEPS

This Implementation Plan will be rolled out over the next three years from October 1, 2022, to June 30, 2025.

Our team will work with community partners and health issue experts on the following steps for each approach 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 ongoing status and results of these efforts to improve community health.

Camber is committed to conducting another community health needs assessment and implementation strategy within three years.