

Community Health Needs Assessment Implementation Strategy



CAMBER KANSAS CITY

Fiscal Years FY2026 – FY2028

GENERAL DESCRIPTION

KVC Hospitals, Inc dba Camber Children’s Mental Health Kansas City (Camber Kansas City) is an 84-bed treatment center located on a serene, 75-acre campus in Kansas City, Kansas offering a safe and child friendly design to instill positive connections and improve resiliency skills in both the acute inpatient hospitalization (22 beds) and PRTF treatment (62 beds) programs. Some of the many features of the campus include an indoor gymnasium, outdoor activity space, private family visitation rooms, a Learning Lab for therapeutic groups and activities, and a K-12 alternative school.

Camber Kansas City is a part of Camber Children’s Mental Health (Camber) which is a network of nonprofit children’s psychiatric hospitals and residential treatment centers in Kansas. Each year, we help thousands of youth ages 6 to 18 who are experiencing depression, anxiety, suicidal thoughts, the impacts of childhood trauma, and other behavioral and mental health needs. Our compassionate team of healthcare professionals uses neuroscience-based treatment resources to teach patient about their brains so they can develop skills for emotion regulation and build resilience.

Our multi-disciplinary team across all locations includes:

- Psychiatrists & psychologists
- Medical physicians
- Registered & advanced practice nurses
- Licensed master-level therapists
- Certified teachers
- Dietitian

Camber’s parent company, KVC Health Systems is a family of private, nonprofit organizations that strengthen families, prevent child abuse and neglect, and help people achieve mental health wellness. As a national leader in behavioral and mental health treatment, our experienced psychiatric, medical, and behavioral health professionals create a nurturing and therapeutic experience to help patients achieve mental health wellness. We ensure that each child has a positive and successful treatment experience that supports and strengthens the entire family. Each Camber’s treatment center is accredited by the Joint Commission and designed to encourage positive interactions and creativity to help young people reach their full potential while in treatment with us. We equip patients and their families with hands-on tools that help them continue to grow and experience success long after they discharge from our care.

The Camber Network provides two types of treatment across three locations in Kansas – inpatient acute hospitalization and psychiatric residential treatment facilities (PRTFs).

- Inpatient acute hospitalizations: A youth is actively in a mental health crisis and needs immediate stabilization. The average length of stay is four to six days.
- Psychiatric Residential Treatment Facility (PRTF): A youth receives residential intensive clinical services in a structured, home-like environment to practice coping skills and emotion regulation. The average length of stay is 90 to 120 days.

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 on 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 people 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 (Hospital) compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized ***so that the Hospital may adopt an implementation strategy to address specific needs of the community.***

The process involved:

- An evaluation of the implementation strategy from the previous needs assessment which was adopted by the Hospital Board of Directors in 2023.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources.
- A survey of people who represent a) the community served by Camber Kansas City b) populations of need or c) people with specialized knowledge in children's behavioral health issues.

This document includes the Identified Health Needs from the 2025 Camber Children's Mental Health CHNA needs and implementation Strategy priorities that were done for FY2023 to FY2025.

PRIORITIZATION OF IDENTIFIED HEALTH NEEDS

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the Community Health Needs Assessment (CHNA) must provide a prioritized description of the community health needs identified and include a description of the process and criteria used in prioritizing the health needs. Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these to identify community health needs. The full Camber Kansas City CHNA identified community health needs can be found on the Camber Mental Health Site at <https://www.cambermentalhealth.org/about/commitment-to-quality/>

The Summary of related health needs identified in the CHNA include:

- Mental Health Services (Knowledge and Coordination of Care)
- Poverty/Cost of Healthcare/ lack of financial resources (Access to Care)
- Lack of Providers (mental health, dentists)

- Transportation (appointments)
- Access to Care
- Lack of Services for rural communities
- Programs for Youth
- Poor Food Environments and Obesity
- Access to Exercise
- Access to Substance Abuse Resources
- lack of specific/trained resources for LGBTQ and IDD Services

MANAGEMENT'S PRIORITIZATION PROCESS

For the health needs prioritization process, the Hospital engaged a hospital leadership team to review the most significant health needs reported on the CHNA as well as information from the COVID-19 Mortality table using the following criteria:

- Current area of hospital focus.
- Established relationships with community partners to address health needs.
- Organizational capacity and existing infrastructure to address health needs.
- What are the consequences of not addressing this problem?
- The impact of the issue on vulnerable populations

After analyzing primary causes for inpatient hospitalization as well as reviewing health needs identified through the CHNA; the following health needs for the 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, Location)
4. Coordination of Care with other systems of care (e.g., school, community services, health facilities)

Some of the priorities above were also included in the Hospital's 2022 CHNA report. As described in the *Evaluation of Prior Implementation Strategy section of the 2025 CHNA* report, progress has been made on these priorities; however, the needs of the community remain.

The Hospitals' next steps include developing an implementation strategy to address these priority areas for FY2026 through FY2028.

PRIORITIES OF FOCUS AREAS FOR FY2026 TO FY 2028

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

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

Continuing Initiatives:

- ✓ Continue to enhance the care communication between mental health and medical providers within Camber system of care.
- ✓ Continue to improve care coordination with Hospital emergency department providers on admissions/transfers.

New or Expanded Initiatives/Strategies:

- ✓ Improve care coordination between Camber and External Medical and Mental Health providers to ensure efficient and effective care.

Anticipated Impact

The anticipated impact of these initiatives is for providers to provide more efficient and effective coordinated integrated care to simultaneously address medical and mental needs of patients.

Commitment to Resources:

- ✓ Clinical and non-clinical staff
- ✓ Resources and supplies to implement and coordinate to connect with community providers.

Planned Collaborators:

- ✓ Hospital Emergency Departments
- ✓ Local Primary Care Physicians (PCP)
- ✓ Community Mental Health Providers

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

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

Continuing Initiatives:

- ✓ Facilitate free virtual based webinars on mental health topics to community members.
- ✓ Provide awareness and education by conducting formal and informal presentations at conferences/community forums and committees focused on mental health topics.
- ✓ Provide free education materials and resources on the Camber website for parents, guardians, patients and families.
- ✓ Work with local media outlets on public announcements for mental health awareness and education.

New or Expanded Initiatives/Strategies:

- ✓ Partner with Children’s Medical Hospitals to promote community awareness on mental health needs and services.
- ✓ Join and support regional and/or national organizations who support mental health education and awareness initiatives.

Anticipated Impact

The anticipated impact of these initiatives is improved identification of mental health concerns and provision of referrals to appropriate mental health care and treatment services.

Commitment to Resources:

- ✓ Clinical and non-clinical staff time
- ✓ Resources and supplies to implement and coordinate marketing.
- ✓ Training, promotion, and education

Planned Collaborators:

- ✓ Community and Children’s Medical Hospitals
- ✓ Children’s Hospital Association
- ✓ Kansas Suicide Prevention Coalition

PRIORITY 3: Access to services

Objectives: Increase availability of access to acute youth inpatient and PRTF services within the Camber catchment areas regardless of socioeconomic status.

Continuing Initiatives:

- ✓ Continue to assess trends in referral patterns to determine access needs.
- ✓ Continue to provide tele-psychiatry 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 an authorized State Institution Alternative provider.
- ✓ Continue to develop new contracts and agreements with diverse payor sources throughout the Camber catchment area.
- ✓ Continue to offer financial assistance (Charity Care) options.

New or Expanded Initiatives/Strategies:

- ✓ Increase access to identified Acute inpatient and PRTF services within the catchment area based on need.
- ✓ Work with state mental health departments and community mental health stakeholders to identify access barriers.

Anticipated Impact

The anticipated impact of these initiatives is to provide more access to appropriate mental health care and treatment services.

Commitment to Resources:

- ✓ Clinical and non-clinical staff time
- ✓ Resources and supplies
- ✓ Training, promotion, and education of services

Planned Collaborators:

- ✓ Kansas Department of Aging and Disabilities (KDADS)
- ✓ Community Mental Health Centers (CMHC)
- ✓ Psychiatric Residential Treatment Centers (PRTFs) Stakeholder Committee
- ✓ Kansas Hospital Association (KHA) Behavioral Health Committee

PRIORITY 4: Coordination with other systems of care

Objective: To enhance the transition of care between systems of care

Continuing Initiatives:

- ✓ Continue to have a presence on state sub-committees with other systems of care.
- ✓ Provide post discharge “Care Calls” to guardians of recently discharged patients to ensure a safe transition of care.
- ✓ Continue to participate in the Kansas Health Information Network (KHIN) which shares with consent health information for coordination of care for patients.

New or Expanded Initiatives/Strategies:

- ✓ Enhance relationships with other systems of care by including their representatives in Camber hosted workshops and forums.
- ✓ Camber Staff collaborate closely with parents and schools to enhance transition of patients back into the community after their hospital stay.

Anticipated Impact

The anticipated impact of these initiatives is enhanced care coordination during transition to community, and other placements and services.

Commitment to Resources:

- ✓ Clinical and non-clinical staff time
- ✓ Resources and supplies to implement connections with other systems of care.
- ✓ Promotion

Planned Collaborators:

- ✓ Collaborate with other providers (CMHCs, PRTFs, Hospitals, PCPs, outpatient).
- ✓ Parents and guardians
- ✓ Schools

NEEDS NOT ADDRESSED

Some issues identified through the community health needs assessment have not been addressed in this plan. In initial discussion and subsequent prioritization, the Camber Needs Assessment Team considered the levels to which some needs are already being addressed in the service area. Additionally, some community needs will fall outside the scope of expertise and resources of Camber Services. The following chart outlines how some of the needs identified in the assessment are being addressed in different ways by other entities:

Community Need	How Need is Addressed
Lack of community-based services (Transportation barrier)	Certified Community Behavioral Health Clinics (CCBHC) is also assisting with more access to outpatient and prevention services.
Substance abuse and addiction	CCBHCs assists with more access to outpatient and prevention services.
-More Mental Health Services for Youth - lack of specific/trained resources for LGBTQ and IDD Services -Lack of Providers (Mental Health and Dentists) Lack of services in rural Communities	<p>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 sectors to address the behavioral and mental health needs of Kansans across the continuum of care statewide in Kansas. The GBHSPC presents their information to the Kansas Governing bodies for funding options to support these needs.</p> <p>Kansas Mental Health Coalition consists of membership of 60 nonprofit organizations, providers organizations, consumer advocacy groups and families actively advocates and provides testimony to Kansas Legislature on mental health issues, funding and to reduce stigma supports these needs.</p> <p>Kansas Department of Aging and Disabilities (KDADS) assists with supporting these needs.</p>
Poor Food Environments, Obesity and access to exercise	Health Departments, School Districts, Kansas Department of Aging and Disabilities (KDADS) Kansas Department of Health & Environment (KDHE) assist with this need.

NEXT STEPS

This Implementation Plan will be rolled out over the next three years, from November 15, 2026, through June 30, 2028.

The Team will collaborate with community partners and health issue experts on the following for each of the approaches to address the identified health needs:

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

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