

**RFP for GMHI Regional Recovery Centers  
Region 2  
Butler, Cowley, Sedgwick, Sumner  
8/23/13**

***Introduction***

This region consists of urban, suburban and rural populations and the needs vary greatly. Likewise, perception of needs vary. Politics can be intense within the various communities we serve as well as among law enforcement agencies and local hospitals. Likewise, processes and procedures for community partners interfacing with our consumers differ across catchment areas. State hospital designation is not the same for all CMHC's. At the same time, the region recognizes that our close proximity to one another creates opportunities to leverage funding and increase collaboration in order to greatly enhance the services provided in our communities. All of the CMHC's in the region are oriented to a strengths-based system of care and are strongly committed to the utilization of evidence based practices. However, philosophies differ among the CMHC's as to the relative importance of a specific EBP to their catchment area. The overarching goal of our regional plan is to improve the quality of life for the targeted population by first ensuring that basic needs for stability are met. This is followed by regional support and encouragement of consumer self-sufficiency and empowerment to improve the quality of life for the people that we serve.

***Statement of Need***

The needs of the region were assessed through a variety of sources. All CMHC's in the region do an annual assessment of need and collect feedback from our community partners in yearly surveys. Consumer survey information is also collected regularly from the centers. Results from these ongoing assessments of need drive programming at the CMHC's but have also led some centers to collect additional data prior to the GMHI. COMCARE commissioned a study of crisis services from WSU's Hugo Wall School. They have also participated in on-going discussions with the Substance Abuse Center of Kansas (SACK). South Central partnered with Susan B Allen hospital and the Butler County Health department on a comprehensive Community Health Needs Assessment. The local KDADS forum provided more community feedback and helped us highlight the immediacy of some issues. From that feedback the CMHC's began assessing internal data through the lens of a regionalized system. All centers reviewed hospital and PRTF screen data; data from the state hospitals; CSR data and Utilization Review information. A thorough assessment of strengths of each CMHC was also completed. Throughout the process, all CMHC's met with local stakeholders to collect feedback on ideas and plans as they were formulated. Stakeholders involved in this process included law enforcement agencies; JJA; CRO's, the court system; local hospitals; and other providers of local mental health, addictions or related services. We believe that the needs, as specified below, reflect the data reviewed and a consensus among our stakeholders.

**NEED #1: *Crisis Stabilization/After Hours Crisis Services.*** The need for additional/accessible crisis services was mentioned as a response to almost every question that was asked at the local KDADS May forum. SCMH recently participated in a Community Health Needs Assessment for Butler County and the need for more alternatives to hospitalization was identified in both the county wide survey that was

completed as well as the town hall meeting that followed. South Central, Sumner and Cowley reviewed screen data over the past year to identify the number of hospital diversions that could have occurred if more local crisis beds were available. This data indicated that 3.5 crisis beds would meet current need (2 beds for SCMH; 1 bed for CCMH; and .5 beds for Sumner). Because of their small size, South Central; Cowley; and Sumner CMHC's spend high dollar amounts providing after hours crisis services for relatively small numbers of clients. None of these 3 centers have adult crisis beds available that would enable them to divert from hospitalization. The small amount of utilization ultimately has not justified the cost of providing crisis beds when necessary. At the same time, while COMCARE has solid and diversified services for clients in crisis, there has been a demonstrated demand for more than the 4 beds available. In January, 2013 alone, 23 consumers were identified from screens that were eligible for crisis stabilization that went to the hospital due to the crisis stabilization beds being at capacity.

Much of the after-hours crisis work done by the rural CMHC's in region 2 ultimately occurs in Wichita where the disengaged clients from South Central, Cowley and Sumner present to emergency rooms and are then admitted to the local psychiatric hospital by inexperienced residents and interns with no motivation to divert or real understanding of the clientele or alternative services available. There is also a high concentration of private MH providers in our region, especially in Sedgwick County, that provide traditional out-patient services. A number of these individuals are hospitalized rather than being referred for community based services available at our CMCHs. Screens are often requested after admission and cause a financial burden on the hospital and strain relationships if the admissions are denied by the CMHC's after the fact. Via Christi Behavioral Health provides the majority of local in-patient psychiatric care for the region. Unfortunately, Via Christi does not have enough medical staff to meet the need locally and many clients are unnecessarily sent to the state hospital. At present, the majority of non-insured consumers outside of Wichita are being rejected by Via Christi with a significant number ultimately being sent to the state hospital. Liaison services are provided for these individuals and housing needs are addressed. However, 70% do not follow through with discharge plans for follow up. Employment, medical needs, and other basic necessities are thus never addressed.

*NEED #2: Additional Regional Detox/Sobering Beds.* This need was articulated as a response to several questions at the local KDADS forum. Data from Osawatomie State Hospital catchment meetings with KDADS last year as well as data that the Substance Abuse Center of Kansas (SACK) has on the number of patients with co-occurring disorders indicate a severe shortage of detox beds in the Wichita area. Our region experienced a significant decrease in social and acute levels of detox beds with the closing of the 30 bed unit at Parallax several years ago. Currently there are only 8 detox beds in Sedgwick County (4 for men and 4 for women). A 4 bed unit is available at Preferred Family Health in Cowley County. As a result, a large number of individuals end up being admitted to Via Christi who present at the ER intoxicated and verbalizing suicidal ideation. There are also long waits for residential treatment beds in all parts of the state for those without insurance coverage. SACK has estimated that our region needs an additional 15-20 detox beds at a minimum in order to appropriately treat this population.

*NEED #3: Continuation of Services to Children with SED.* The FCSC money in our region has been utilized to serve 1515 children and their families according to the April, 2013 CSR report. The Governor articulated the need for services to youth and families that would prevent tragedies similar to the one experienced in New Town. Local Juvenile Justice Authorities (JJA's) have become dependent upon

services to these children and have expressed concern about the reduction in services as a result of regionalization. The JJA's have all expressed the need for more in-home family therapy and parent support services. At present, all four CMHC's indicate that home based family therapy (HBFT) is under-utilized in their catchment areas and have struggled with engaging the families of some of our most at risk youth. Two of the centers are short staffed on trained HBFT providers due to turnover. All four centers in our region recognize that the services being provided to these most at-risk children will need to increase. Review of PRTF screening data over the past year indicated that the majority of admissions to PRTF's have occurred with families that were not actively engaged in CMHC services. It is estimated that that parent support services and in-home family therapy would need to double current utilization. In addition, alternative strategies are needed to better engage these families in mental health services. We believe strongly that we will need to enhance the full array of intensive community based services that we provide to this population. Cowley CMHC and community partners have identified the need for therapeutic services to pre-school aged children in that area.

**NEED #4: *Need for Respite Services.*** This need was also articulated in the May 17 KDADS RRSC forum that was held in Wichita and has consistently been mentioned over the past several years in CMHC consumer surveys. Our region has experienced a need for respite services that can be available to families who are caring for children with challenging behaviors. The centers in our region need to identify resources for this respite care so that parents can continue to care for their children at home rather than in more restrictive environments with reprieve that is necessary from time to time so that they can attend to other family members and family matters as well. It is well documented that respite care can reduce hospitalizations as well as the need for more intensive out-patient care. At present, COMCARE contracts with DCCCA for respite care. Cowley does have a 4 bed residential facility that is currently under-utilized for both crisis and respite care. South Central and Sumner have contracted with outside sources for respite needs but have been unable to effectively meet the demand. The need for respite varies greatly over short periods of time. Review of utilization data at the CMHC's compared recommended respite care to the amount of respite actually provided. It is estimated that a minimum of 50 additional respite providers are needed for the region to meet current demand.

**NEED #5: *Public Education on Mental Illness.*** Participants at the May 17 forum indicated that greater understanding of mental health conditions was necessary for the general public and would build skills of participants who attended so that they could better recognize early onset of symptoms of common mental health conditions and learn how to better interact with those experiencing them while getting them to needed professional help. The Community Health Needs Assessment for Butler County likewise identified the need for more public awareness regarding mental health issues. Our local NAMI groups have verbalized the need for Public Education as an on-going issue. The region recognizes the need to increase public education and outreach.

### ***Regional Recovery Initiative Design***

Region 2 centers have demonstrated the desire and ability to utilize Evidence Based Practices (EBPs) and these practices have been incorporated into our plan. The EBP's listed below are those currently utilized by the CMHC's and will be supported by the region for further growth. Individual CMHC's will continue to utilize additional EBP's and Emerging Practices such as Cognitive Behavioral Therapy; Trauma Focused CBT; and EMDR. Through ongoing dialogue and monitoring of data, consensus decisions for expanding

other EBP's will be considered. First and foremost, all CMHC's in the region will continue to support a recovery oriented strengths based system of care. For instance, COMCARE will continue to financially support MHA's Chatline which hires peer support workers who take non urgent calls from consumers primarily after-hours. COMCARE is also in the process of hiring two peer support workers to help those transitioning from OSH over the weekend of their return to the community to help keep them engaged during that difficult transition period home when most other community services may not be available. Additional Peer Support workers; Parent Support; Supported Employment; and Supported Housing specialists will be hired by all CMHC's to support our regional design.

Evidence Based Practices Currently Utilized and Supported by CMHC's in the Region

| Evidence Based Practice        | CMHC's Meeting Fidelity | CMHC's working on Fidelity |
|--------------------------------|-------------------------|----------------------------|
| Beating the Blues              | 1                       | 3                          |
| Strength Based Case Management | 4                       |                            |
| Supported Employment           | 3                       | 1                          |
| Positive Behavioral Support    | 0                       | 3                          |
| IDDT                           | 2                       | 1                          |
| Dialectical Behavioral Therapy | 1                       |                            |

*Goals #1& #2: Regionalized Crisis Services and Expanded Detox Services.*

The opportunity exists to leverage the money spent by all of the CMHC's on after-hours crisis services to increase capacity at COMCARE and meet the crisis needs for all of the centers in the region. Virtual screens will be completed at local hospitals, law enforcement agencies and CRO facilities via Virtual Visit, a software program with protected video conferencing capabilities. As all crisis calls, assessments and screens would be completed by CMHC staff it is expected that hospital diversion rates will improve for South Central, Cowley and Sumner CMHC's with designated crisis staff at COMCARE completing all of them for the region. Discussions with CRO's are also occurring to expand hours on the weekend as additional support for consumers.

Cost savings from regionalized crisis services would then be utilized for beefing up other needed services such as crisis and detox beds that are identified in the needs statement of this document. Increasing the capacity for these services would increase the diversion rate for all CMHC's in the region and ultimately maintain the client in the least restrictive environment while receiving the appropriate level of care. A report COMCARE commissioned with WSU's Hugo Wall School shows the cost avoidance if a Community Crisis Center concept was implemented in our area. This concept has also been recommended by NAMI and various other stakeholders. This facility would have 15-20 acute and social detox beds and stabilize individuals rather than admit them to more restrictive and expensive inpatient care whenever possible. SACK, in Wichita, has expressed a desire to run this unit in the Community Crisis Center which would be available to clients from all four centers in the region. Negotiations will also occur with Preferred Family Health for expanding capacity for detox beds in Cowley County. Two of our four centers meet fidelity for IDDT programming and another is currently working on this. IDDT case managers from COMCARE and South Central will work closely with the detox units to ensure transition into appropriate treatment following discharge to include placement of Cowley residents into other center IDDT programs when

possible. Center staff will also assist Sumner as needed as they work towards meeting IDDT fidelity. COMCARE is currently participating in Heartland's Intensive Case Management initiative for individuals hard to engage with co-occurring disorders. All other centers in our region desire to be included in this initiative as well when it is expanded. SOAR; Supported Employment specialists; Peer Support and Supported Housing staff will be added at each CMHC to interface with consumers at the CCC to assess needs and assist with transition back into our communities. By engaging and developing relationships while at the CCC it is expected that these relationships can more easily continue after discharge.

South Central Mental Health and COMCARE will also develop crisis beds that will be available to clients from the region in 2014. All centers will assist in staffing these residential crisis facilities that will include Peer Support, SOAR, and Supported Housing and Vocational specialists to assist with a smooth transition back into our communities. Staffing assistance will also be given to Cowley to support the children's crisis facility located there. We recognize that safe and affordable housing is critical for our population and we will continue to work with the Mental Health Association regarding housing needs.

*Goal #3: Increased Services to children with SED:*

Given the recent changes in vendors in the child welfare system, our region will be working more closely with the newly appointed child welfare providers rather than United Methodist Ministries. It is critical that all four centers have sufficient capacity to engage children that are referred for behavioral health issues to all of our centers. All CMHC's will provide appropriate staffing to support Cowley's 4 bed Crisis facility for Children when a child from their catchment area is placed there. Additional Parent Support staff will actively engage the families of these children while in placement to identify needs for a smooth transition back into the home and to ensure effective and appropriate follow-up services. This would include the initiation of family therapy at the facility prior to discharge.

COMCARE, South Central and Sumner are currently being trained in Positive Behavioral Supports (PBS) for youth. COMCARE has been designated a Facilitator Service Area and South Central as an Area of Regional Collaboration. These centers will be able to provide assistance to Cowley in meeting the needs of that county. High risk children/families appropriate for PBS will be identified by PRTF liaisons and Parent support staff in the crisis facilities.

In the region, 15 therapists are currently certified to provide Home Based Family Therapy. However, it appears that these therapists are not providing services to full capacity in our communities because of the high cost due to travel time and high "no show" rates. Staff turnover has also been an issue. The region will calculate the cost in providing these services and dedicate money in bolstering these services. While there are not sufficient funds to implement expensive and intensive EBP's such as FFT and MST, Kansas State University plans to incorporate FFT and MST philosophy into the HBFT training this fall and all regional centers plan to train more clinicians. The region will also utilize funding for increasing the number of Parent Support staff for families that can improve engagement of families that are in need of these services. COMCARE, Sumner and South Central provide therapeutic services to pre-school aged children and will provide technical assistance to Cowley in order to develop those services locally.

*Goal #4: Respite Services:*

Cowley has a 4 bed crisis facility that can be used for respite care and COMCARE currently has an arrangement with the Wichita Children's Home for additional respite activities. South Central will assist in the development of a Children's Home in Butler County to be built by the summer of 2014. This will be a 15 bed facility. South Central will provide respite training and supervision for staff at the Butler County Children's Home. Cowley and South Central will make these respite resources available to all centers in the region. It is recognized that this significant increase in respite availability is still short of the need. South Central will be partnering with Sunlight Children's Advocacy and Right's Foundation (SCARF) for the screening, training and supervision of volunteers to provide additional respite care for the region. CMHC's in the region will continue to monitor this need. In addition, it is hoped that the increase of HBFT; Parent Support; and PBS programming will reduce the need for these services.

*Goal #5: Public Education and Prevention:*

All four Region #2 centers currently provide Mental Health First Aid services (MHFA). We believe this investment in education and prevention is critical to our communities and we will allocate some of the money designated to the regions to expand the number of trainings we offer for both adult and children's MHFA. Training will be provided to all CRO's to better equip them in providing support to consumers in our communities. The region will also dedicate funding to the development of Y-Link programming and provide MHFA training to the parent component of that group.

AN on-line, self-paced depression treatment program, "Beating the Blues" will be offered region wide through COMCARE. Brochures and posters will be distributed to PCP's and other community partners throughout the region as a free service to persons that might otherwise not seek out mental health services. With a 70% success rate for individuals with mild to moderate levels of depression and/or anxiety, this program is expected to reduce the occurrence of more severe symptoms. While this program is not successful for individuals with underlying trauma or substance abuse issues it will be a way to initially engage this population for other CMHC services. Protocols will be developed to assist with CMHC referrals to appropriate services and follow up by peer support and case management staff when necessary.

*FUTURE REGIONAL CONSIDERATION:*

Having a local inpatient facility (Via Christi Behavioral Health) in our region has distinct advantages and disadvantages. Via Christi considers any patient open to CMHCs in our region (from those in long term rehab services to those with a one-time face to face screen in our crisis programs) as patients of our centers and expect us to provide medical (psychiatric) oversight to these individuals while they are in the inpatient facility. COMCARE is currently the only center in the region that provides inpatient staff at Via Christi Behavioral Health and they consistently lose approximately \$400,000 annually on this activity. Via Christi made it clear earlier this year to Sumner, Butler and Cowley county CMHCs that individuals with no payer source will no longer be admitted to the unassigned (KU) service there. We maintain that having inpatient staff coverage is beyond the scope of responsibility as a CMHC. The region will soon enter discussions with Via Christi regarding this lack of a hospitalist to provide medical oversight to those admitted to the facility and we maintain that KDADS should also be at the table when those discussions occur; as if we cannot reach a viable solution and our regional centers no longer provide inpatient medical coverage, the number of patients from our region going to Larned and Osawatomie

State Hospitals would be unsustainable for those hospitals.

**Implementation Plan**

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| <p><b>GOAL #1:</b></p> <p><b>Through the centralization of after-hours services and screens clients will have more timely access to services by June 30, 2014.</b></p>                         |  |
| <p><b>Objective#1</b></p> <p>Develop a plan for COMCARE crisis staff to do screens and afterhours/holiday on-call services for Cowley, South Central, and Sumner CMHCs by October 1, 2013.</p> | <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>➤ CIS managers from all 4 centers will meet to discuss plan for centralized screening and after-hours services on August 6.</li> <li>➤ Workgroups will share plan details with Region #2 EDs.</li> <li>➤ CIS managers from all 4 centers will meet monthly to discuss progress and corrections once this is implemented</li> </ul> <p><b>Stakeholder involvement:</b> Region #2 CMHCs EDs, KDADS field staff, CIS, local hospital managers, SACK, Law enforcement at all 4 communities, Judges, and CRO's by September 1.</p> <p><b>Progress:</b></p> |
| <p><b>Objective#2</b></p> <p>Identify all primary stakeholders currently involved in screening and afterhours activities that need information on the proposed changes by October 1.</p>       | <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>➤ CIS managers will meet with Via Christi and Prairie View staff to inform them of the plan</li> <li>➤ ED's to sign afterhours contracts by October 1.</li> <li>➤ Inform KHS of plan by September 1.</li> <li>➤ Hospital Liaison; PRTF Liaison; Parent Support; Peer Support; Vocational Support; Supported Housing; and SOAR</li> </ul>  |

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|   | <p>staff from each CMHC will meet in sub-groups to develop work flows by September 1.</p> <ul style="list-style-type: none"> <li>➤ Inform LSH &amp; OSH of changes by October 1.</li> <li>➤ Inform local RADAC before October 1.</li> <li>➤ Butler, Cowley and Sumner CMHC staff to notify local stakeholders regarding procedural changes before October 1.</li> <li>➤ Set up Virtual Visit software or similar medium to facilitate emergency assessments from a distance at identified locations in the various communities before October 1.</li> </ul> <p><b>Stakeholder involvement:</b></p> <p>Region #2 CMHCs EDs, KDADS field staff, CIS, local hospital managers, SACK, Law enforcement at all 4 communities, Judges, CROs.</p> <p><b>Progress:</b></p> |
| <p><b>Objective #3</b></p> <p>Develop a communication plan regarding changes for law enforcement, judges, St. Francis Child Welfare contractor and identified others when plan is completed by September 2, 2013.</p> | <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>➤ CIS managers will distribute the plan to involved parties before September 2, 2013.</li> </ul> <p><b>Stakeholder involvement:</b></p> <p>Region #2 CMHC ED's; KDADS field staff, CIS, local hospital managers, SACK, law enforcement in all 4 communities, judges, CRO's</p>   |

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|   | <b>Progress:</b>   |
| <b>Notes:</b>   |  |
| <p><b>GOAL #2: Region #2 CMHCs will develop and implement a sustainable 15 bed Community Crisis Center (CCC) that provides detox beds that can be utilized by all CMHCs in the region by June 30, 2014</b></p> <p><b>Expand crisis stabilization beds from 4 to 12 to the existing crisis stabilization unit, to provide regional options and reduce use of state and local mental health hospitals admissions by 5%.</b></p> |  |
| <p><b>Objective #1:</b></p> <p>COMCARE ED will continue to develop the detox component of the Community Crisis Center in Wichita to serve all 4 counties working with SACK to identify space and staffing needs by November 29, 2013</p> <p>In the needs assessment it was estimated that 12.5 beds would be needed.</p>  | <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>➤ Meet with RADAC to go over business plan, renovation costs, and business plan.</li> <li>➤ Develop staffing pattern</li> <li>➤ Develop and communicate bidirectional referral process</li> <li>➤ Develop a business plan</li> </ul> <p><b>Stakeholder involvement:</b> Current CCC team involving, law enforcement, NAMI, VA, CMHC staff, CDDO, Aging staff , Via Christi, Commissioner, attorneys, SACK, VO</p> <p><b>Progress:</b></p> |
| <p><b>Objective #2:</b></p> <p>COMCARE ED to identify and obtain a facility for the Community Crisis Center (purchase or lease costs, zoning issues conditional use permits) by December 31, 2013.</p>  | <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>➤ Pursue architectural schematics for space needs</li> <li>➤ Develop a white paper to concisely present project to local funders and stakeholders</li> <li>➤ Purchase building or develop lease</li> <li>➤ Initiate renovations after appropriate permits are obtained.</li> </ul> <p><b>Stakeholder involvement:</b></p> <p>Region #2 EDs and appropriate facility and planning staff, RADAC, Metropolitan Area</p>                      |

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|  | <p>Planning Commission</p> <p><b>Progress:</b></p>  |
| <p><b>Objective #3:</b></p> <p>ED's to work on funding of the CCC with Foundations; MCOs; local city and county government; and KDADS to ensure sustainability in an ongoing manner with December 31, 2013 goal for understanding funding gaps that need to be filled to move forward. On-going until completion date.</p> | <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>➤ Share cost avoidance study done by WSU with potential funders to obtain their support</li> <li>➤ Seek support from various stakeholders</li> <li>➤ Develop a plan to ensure sustainability</li> </ul> <p><b>Stakeholder involvement:</b></p> <p>ED's, foundations, MCO's, KDADS, law enforcement</p> <p><b>Progress:</b></p> |
| <p><b>Objective #4:</b></p> <p>Market the facility to referring providers, local media and staff by April 30, 2014.</p>  | <p><b>Activities:</b></p> <p>Develop communication plan</p> <p><b>Stakeholder Involvement:</b></p> <p>COMCARE marketing staff working with CMHC partners</p> <p><b>Progress:</b></p>  |
| <p><b>Notes:</b></p>   |   |
| <p><b>GOAL #3: Region #2 CMHCs will increase the availability of Home based family therapy, parent support, and positive behavioral supports to at risk children with SED to reduce hospital/PRFT stays and strengthen natural community supports and protective factors by June 30, 2014.</b></p>                         |   |
| <p><b>Objective #1:</b></p> <p>The region will increase the array of community based services (including waiver, HBFT, parent support and positive behavioral support services) to children and families identified who are most at risk of utilizing a</p>  | <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>➤ The region will send 6 staff for HBFT training in the fall of 2013. 26 additional families are expected to be served.</li> </ul>   |

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| <p>level of care higher than outpatient. This will be an ongoing objective as evidenced by hospital and PRTF data for FY 2014 compared to 2013.</p>  | <ul style="list-style-type: none"> <li>➤ Parent support staff will be hired based upon internal needs assessment by March, 2014.</li> <li>➤ PBS leads will meet by October 1 to begin developing strategies to effectively serve the region. Baseline data will be collected through June 2014. the region.</li> <li>➤ Parent support baseline data will be collected through June 2014.</li> </ul> <p><b>Stakeholder involvement:</b></p> <p>St. Francis, JJA, schools, local referring providers</p> <p><b>Progress:</b></p> |
| <p><b>Objective #2:</b></p> <p>Outreach to schools, day care centers, child welfare, medical providers and other potential sources to help them identify children with SED and how to refer these children to the array of services they may need.</p> | <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>➤ .</li> <li>➤ Provide a minimum of 8 Children’s MHFA training sessions to teachers and school counselors at in-service trainings before May, 2014.</li> </ul> <p><b>Stakeholder involvement:</b> CMHC staff, school personnel</p> <p><b>Progress:</b></p>  |
| <p><b>Objective #3:</b></p> <p>Expand use of therapeutic services to preschool aged children by developing one additional site within the region by June 30, 2014.</p>   | <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>➤ Cowley to develop a program in their area by June 30,2014 with technical support from the other CMHC’s in the region</li> </ul> <p><b>Stakeholder involvement:</b></p> <p>CDDO’s, Rainbows, Head Start, Wichita Opportunity Project staff</p>   |

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|  | <b>Progress:</b>   |
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| <b>Notes:</b>  |  |
| <b>Goal # 4: Region # 2 CMHCs will increase the capacity of respite beds and accessibility of those beds for families with children with SED who have challenging behaviors by 5% by June 30, 2014 through the expanded utilization of beds in Cowley County. Work to increase capacity of beds through collaboration with Sunlight Children Advocacy and Rights Foundation will continue.</b> |  |
| <b>Objective # 1:</b><br><br>Develop protocols for each center in the region on how to refer to respite services if these services are full in their county by December 31, 2013.  | <b>Activities:</b> <ul style="list-style-type: none"> <li>➤ CBS staff from each center to begin meeting by October 1, 2013 to develop protocols</li> <li>➤ Butler County to open additional respite beds by the summer, 2014.</li> </ul> <b>Stakeholder involvement:</b><br><br>Sunlight Child Advocacy and Rights Foundation, Wichita Children’s Home, St. Francis, Transitions Program<br><br><b>Progress:</b> |
| <b>Goal # 5: Region # 2 centers will expand prevention activities by educating our communities on behavioral health issues by June 30, 2013.</b>   |  |
| <b>Objective # 1:</b><br><br>Increase the number of adult and children’s Mental Health First Aid Sessions offered in the region by June 30-1, 2014   | <b>Activities:</b> <ul style="list-style-type: none"> <li>➤ Each center in the region will expand the number of offerings to this training to their local communities beginning September 1.</li> <li>➤ The region will offer a minimum of 10 MHFA training per month for youth and/or adults</li> </ul> <b>Stakeholder involvement:</b><br><br>Law enforcement; CRO’s; PCP’s; FQHC’s; Probation/Parole          |

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|  | <b>Progress:</b>  |
| <p><b>Objective # 2:</b></p> <p>COMCARE will make the on line EBP Beating the Blues available to all centers in Region # 2 by August 30, 2013.</p> | <p><b>Activities:</b></p> <ul style="list-style-type: none"> <li>➤ Beating the Blues will be explained to the regional partners and made available to them on 7/8/13. Brochures and posters marketing the program were also distributed at that time.</li> <li>➤ The number of persons initiating “Beating the Blues” programming will increase by 25%.</li> </ul> <p><b>Stakeholder involvement:</b></p> <p>COMCARE BTB coaches, Center EDs; PCPs, Community individuals self-referring, FQHCs, Probation &amp; parole staff</p> <p><b>Progress:</b></p> |

The Executive Directors at each CMHC will meet monthly during implementation to ensure that all activities are being met on schedule. Staff from each CMHC will be assigned to each goal and will report progress and potential difficulties with implementation. Fidelity for most of the evidence based practices utilized is monitored by the University of Kansas. Senior management staff at each CMHC will also monitor compliance. While goals and objectives as a region are of primary importance, each CMHC is held accountable for demonstrating progress. Support will be provided by the other CMHC’s should any CMHC incur challenges in implementation.

| <b>OUTCOME/PERFORMANCE MEASURES</b>    |                   |           |           |           |           |
|--|-------------------|-----------|-----------|-----------|-----------|
| <b>Measure</b>                         | <b>Baseline</b>   | <b>Q1</b> | <b>Q2</b> | <b>Q3</b> | <b>Q4</b> |
| <b>Description</b>                     | <b>Q4 2013</b>    |           |           |           |           |
| Emergent Screen Time                   | 1 Hour, 42minutes |           |           |           |           |
| MHFA trainings                         | 6                 |           |           |           |           |
| Consumers initiating Beating the Blues | 25                |           |           |           |           |

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|--|---------|--|--|--|--|
| Pre-school children receiving therapeutic services | 160     |  |  |  |  |
| Number of children receiving respite services      | 84      |  |  |  |  |
| Parent Support and peer support hours              | 4066.50 |  |  |  |  |
| PRTF Admissions                                    | 26      |  |  |  |  |

**Regional Structure**

The CMHC's of Region 2 recognize the need for on-going communication to assess progress, difficulties and to identify additional needs of the region. The Executive Directors of the region will meet at least monthly early in the implementation process and eventually on a quarterly basis. Business partner agreements following HIPPA and MOA's are in development and will be modified as necessary as structure is built.

Through existing communication channels, CMHCs will maintain open dialogue with community partners to discuss progress, barriers, challenges and successes. Various sub groups in the region will likewise meet on a regular basis to include crisis staff, peer support, parent support, vocational specialists, and housing specialists to identify potential problems with the plan and to develop/modify existing protocols and programming. All goals will require additional staffing for both programming and sustained outreach. Staffing needs will be assessed monthly through the first year of the project. CRO's are being encouraged to meet regularly as a way to strengthen those groups and identify additional needs of the region.

Our region recognizes that in order to ensure active participation of all CMHC's in the region, there must be a sense of fairness. We begin with the premise that each CMHC has the same amount of money as originally allocated in FCSC. Decisions on program changes and implementation of new programming are then made based upon potential savings and improved outcomes to each CMHC. It is understood by each CMHC that leveraging the money allocated for GMHI implementation will result in success for all of us.

The region is developing a CQI process for tracking concerns and successes. Data will be collected and distributed to all CMHC subgroups and community partners for analysis and feedback. Data is then given to the executive directors of the region for implementing necessary changes.

***Performance/Outcome Measures***

Each CMHC in the region will provide data for FY 2012 on the number of consumers that were 1) admitted to local and state hospitals; 2) admitted to PRTF’s; 3) utilized Crisis beds; 4) utilized detox beds; 5) children and adults trained in Mental Health First aid; 6) served in Beating the Blues program; and 7) number of hours of respite care utilized; number of Peer Support hours utilized; number of Parent Support hours utilized. This data will be used as a baseline for tracking improvements on each of these measures each quarter. During quarterly meetings, the executive directors of the region will review outcomes as well as the objectives and activities identified in the Regional Recovery Center Reporting Template. Improvements are expected for each outcome in each consecutive quarter. If a problem is identified in the performance of any particular center over time or with the region as a whole the reason for poor performance will be identified and corrected. Poor performance is defined as no improvement in identified performance measures for two consecutive quarters.

***Deliverables/Reporting Requirements***

The CMHC region will submit quarterly program and financial reports on the template provided. The report will be submitted to KDADS on or before the 30th day of the month following the calendar quarter.

***Budget Detail Worksheet and Budget Narrative/Justification***

It is expected that expenses to implement this plan will exceed funds allocated. Preliminary estimates of the funding necessary to implement each goal are as follows:

| <b>Expenses Goal 1</b>         | <b>COMCARE</b> | <b>Cowley</b> | <b>South Central</b> | <b>Sumner</b> | <b>Total</b> |
|--------------------------------|----------------|---------------|----------------------|---------------|--------------|
| -Personnel                     |                | \$50,000      | \$76,000             | \$50,000      | \$150,000    |
| -Fringe Benefits and taxes     |                | \$4,350       | \$6,612              | \$4,350       | \$13,050     |
| -Mileage/Auto Expenses         |                | \$7,000       | \$5,000              | \$6,000       | \$18,000     |
| -Telephone                     |                | \$1,500       | \$1,500              | \$1,500       | \$4,500      |
| -Computers and software        |                | \$20,000      | \$1,578              | \$10,000      | \$60,000     |
| <b>Expenses Goal 2</b>         |                |               |                      |               |              |
| -Personnel                     |                | \$26,000      |                      | \$13,000      | \$39,000     |
| -Fringe Benefits and taxes     |                | \$2,262       |                      | \$1,131       | \$3,393      |
| -Mileage/Auto Expenses         |                | \$7,000       |                      | \$6,000       | \$18,000     |
| <b>Expenses Goal 3</b>         |                |               |                      |               |              |
| -Personnel                     | \$439,032      | \$13,000      | \$26,000             | \$13,000      | \$491,032    |
| Fringe Benefits and taxes      | \$160,774      | \$1,131       | \$2,262              | \$1,131       | \$165,298    |
| Mileage/Auto expenses          | \$45,622       | \$6,000       | \$8,000              | \$4,000       | \$63,622     |
| Staff Development and Training | \$6,326        | \$1,500       | \$20,000             | \$10,000      | \$37,826     |
| Travel Expense                 | \$4,453        |               |                      |               | \$4,453      |
| Medications                    | \$3,840        |               |                      |               | \$3,840      |

|                            |                  |                  |                  |                  |                    |
|----------------------------|------------------|------------------|------------------|------------------|--------------------|
| Incidental Client Services | \$4,250          |                  |                  |                  | \$4,250            |
| <b>Expenses Goal 4</b>     |                  |                  |                  |                  |                    |
| Personnel                  |                  | \$30,000         | \$10,000         |                  | \$40,000           |
| Contractual                |                  |                  | \$20,800         |                  | \$20,800           |
| Training                   |                  | \$14,000         |                  |                  | \$14,000           |
| <b>Expenses Goal 5</b>     |                  |                  |                  |                  |                    |
| Personnel                  |                  | \$1,000          | \$2,000          | \$1,000          | \$4,000            |
| Fringe Benefits and taxes  |                  | \$87             | \$174            | \$87             | \$348              |
| Administrative Costs       |                  | \$4,050          | \$5,550          | \$2,700          | \$12,300           |
| <b>TOTALS</b>              | <b>\$664,297</b> | <b>\$188,880</b> | <b>\$184,676</b> | <b>\$123,899</b> | <b>\$1,161,752</b> |

Regional providers will submit to the Regional Center quarterly budget/expense data utilizing the KDADS-approved budget/expense reporting worksheet. The Regional Center will compile the individual budget/expense data into a regional worksheet and submit the same to the State of Kansas within 30 days of the end of each calendar quarter.