

**REGION III**  
**REGIONAL RECOVERY CENTER PLAN**  
**(Bert Nash Center, The Guidance Center, Johnson County Mental Health Center**  
**and Wyandot Center -- serving Atchison, Douglas, Jefferson, Johnson, Leavenworth**  
**and Wyandotte Counties)**  
December 23, 2013

***I. Statement of Need***

As demonstrated by our long histories of service, the four community mental health centers of Region III offer a vast array of services for children, adolescents and adults; we meet people where they are in the recovery process; we recognize their strengths and actively engage them in their treatment plans; and we accompany them on their recovery journeys.

The greatest gaps and weaknesses that exist in Region III include the need for crisis stabilization services; adult group homes; enhancement of outreach, staff and programs that serve youth and families; programs that benefit adult clients including those that have borderline personality disorders and who are difficult-to-engage and serve; and psychiatry services for both youth and adults. Within the scope of funding available, our region will address needs specific to our current population; engagement of youth and adults who could benefit from our services but who have either not entered our system or have not progressed using traditional services; and adults who are difficult-to-engage and serve.

To the extent of financial resources available, our goal is to serve all consumers – insured and uninsured – by:

- Enhanced availability of evidence-based practices (DBT, IDDT, MST, PBS, supported employment) and development of innovative modalities (intensive case management).
- Expanded availability of community-based services that engage families, community resources and natural supports in treatment and recovery (parent education, parent support, Mental Health First Aid).
- Continued emphasis on programming that is strengths-based and recovery-oriented.

Our four community mental health centers are in geographically distinct locations that have unique demographics and needs. Through this Regional Recovery Center Plan, we anticipate benefiting from one another's areas of expertise and strengths for the benefit of the people served in northeast Kansas.

#### Needs of adults—local communities

Challenges in providing the range of services requested to all consumers – insured and uninsured – are that needs and numbers of uninsured and underinsured adults outweigh financial resources available. A review of the County Health Rankings (Robert Wood Johnson Foundation) indicates significant levels of families and individuals experiencing distress in our region. Among noteworthy rankings – particularly in Atchison and Wyandotte Counties – are excessive drinking, poor mental health days, uninsured population, children living in poverty and inadequate social support. Reports from KDHE and the most recent Behavioral Risk Factor Surveillance System survey support these findings (12.9 percent of Wyandotte County adults reported mental health not good during the past 30 days; Jefferson County, 13.0; Jefferson has 31.6 percent reporting binge drinking; Wyandotte 13.6 percent.

While Johnson and Douglas Counties fared better than other counties in the overall health rankings, these service areas also had identified improvement opportunities, particularly as Johnson County is experiencing an increasing percentage of persons living in poverty. Between 2000 and 2011, the population below 100 percent FPL grew by 135 percent in Johnson County – the highest growth rate in the metropolitan area region. A good deal of this change occurred after 2008 due to the recession. Wyandotte County has continued to have a very high poverty rate with over half of its residents at or below 200 percent of the federal poverty level; 40 percent of children living in poverty; and 26.1 percent uninsured. For socio-economic factors in the Robert Wood Johnson Foundation rankings, Wyandotte ranked 102, lowest among our region; Atchison, 87<sup>th</sup>; Leavenworth, 75<sup>th</sup>; and Jefferson 39<sup>th</sup>.

As cited in the 2011 CDC report, *Mental Illness Surveillance among Adults in the United States*, about 25 percent of all U.S. adults have a mental illness, and nearly 50 percent of U.S. adults will

develop at least one mental illness during their lifetimes. Many people suffer from more than one mental disorder at a time.

Based on a study published by Health Care Foundation of Greater Kansas City in 2012, approximately one in every 10 adults in the Greater Kansas City area has a serious mental illness (SMI), and approximately 40 percent of cases are untreated. The study indicates that the annual cost burden of untreated SMI to Greater Kansas City is estimated to be \$624 million, largely due to unrealized earnings for the employers and the individuals, and medical expenses incurred. (*The Costs of Untreated Mental Illness in Greater Kansas City*) Citing a national study, the report also noted that persons with severe mental illness are 10 times more likely to become incarcerated than the general population. They also face significant barriers to obtaining and retaining employment.

Based on these findings, we identified the following needs specific to adults in our region:

- We will enhance DBT services that have proven effective for persons with borderline personality disorders.
- We will also maintain services to enroll persons with mental illness in benefits through SOAR, a program that helps enroll eligible consumers in either SSI/SSDI.
- We will provide ready access to psychiatric services for adults across the region.
- We will offer supported employment services that meet evidence-based standards.
- We will develop intensive case management services targeted to adults who are difficult to engage and to serve.

#### Needs of children and families – local communities

Based on data collected by the CDC between 1994 and 2011, the number of children being diagnosed with mental disorders has been growing steadily. The office of the U.S. Surgeon General reports that of children ages 9 to 17, 21 percent have a diagnosable mental or addictive disorder that causes at least minimal impairment. Others suffer from a serious mental disorder that causes significant functional impairments at home, at school and with peers.

NAMI reports that youth with unidentified and untreated mental disorders also tragically end up in jails and prisons. According to a study funded by the National Institute of Mental Health, an alarming 65 percent of boys and 75 percent of girls in juvenile detention have at least one mental illness.

Many of the youth we serve (ages 3 to 19) have diagnoses including attention deficit, anxiety, mood and psychotic disorders, and depression. These consumers often have two or more psychiatric diagnoses and experience the effects of trauma caused by physical or sexual abuse, or from growing up in violent and unstable environments. From Kids Counts statistics, Johnson County had 1.8 per 1,000 child hospital discharges of mental health diagnoses (under age 18) in 2011, and 12.21 percent of youth in grades 6, 8, 10, and 12 who reported taking five or more consecutive drinks on at least once occasion in the two weeks prior to completing the Communities That Care Survey on substance use and other social behaviors.

Based on this data – national and county-specific – our region identified opportunities specific to children:

- Expanded capacity of psychiatric services in our region to serve children and adolescents.
- Availability of parent education/support.
- Provision of structured interventions for parents who are struggling with their children’s behavior.
- Early intervention for pre-schoolers.

#### Community input into planning, implementation and evaluation processes

During the planning phase, we received:

- Feedback from states’ regional meetings within our respective counties with input by representatives of local hospitals, schools, law enforcement, the criminal justice system, consumers.
- Feedback from local leaders, law enforcement and consumer service providers.
- Feedback from Boards of Directors that have consumer representation.
- Input by clinicians, staff.
- Feedback from consumers and parents/families of consumers.

During the implementation and evaluation processes, we will draw upon the above groups, and in addition seek input from school counselors, parents receiving services or attending classes, parent advisory councils and consumer-run organizations.

#### Methods used to identify the unique needs of the community (ies)

- Review of feedback from states' regional meetings with our respective counties, local hospitals, schools, law enforcement, criminal justice system and consumers.
- Review of local needs assessment documents (United Way, county-specific assessments and health plans, Health Care Foundation of Greater Kansas City, REACH Foundation).
- Use of Robert Wood Johnson Foundation County Health Rankings.
- Identification of needs by our clinicians and staff.
- Response to feedback from the SRS/KDADS during contract review.

#### Consideration of methodologies/services identified by KDADS

##### *1. Parent support and educational and resource support*

- Our centers offer parent support services. However, the availability of flex funds to help facilitate this has been diminished due to funding cuts. One of the centers has identified parent support as an improvement opportunity.
- Our centers demonstrate varying levels of parent education. PACES (affiliated with Wyandot Center) offers a strong parenting education program; The Guidance Center is participating in a grant for parent education through the Atchison School District.

##### *2. Peer support*

- We have successful peer support involvement.

##### *3. Intensive case management; options for housing, medical care, mental health, SUD treatment*

- Supportive housing team support is available.
- Medication assistance remains a challenge.
- Availability of funds to assist clients with meeting basic needs remains a challenge.

- We offer IDDT and also have partnerships with substance abuse providers to address substance use disorder needs of clients. Services for co-occurring disorders will be enhanced.
- Our centers currently and successfully offer SOAR case management, and we are seeking opportunities to enhance these services in our region.
- We need intensive case management to assist consumers who are either difficult-to-engage and serve or at high risk for criminal justice system contacts and/or hospitalization; and to help ensure and sustain the success of these consumers following release from state hospitals and/or jails.
- Wyandot Center has a Health and Wellness Clinic that integrates primary care, behavioral health and prevention programs for adult consumers with severe mental illness.

4. *Crisis stabilization -- the largest gap in our region*

- Our centers have varying levels of active involvement with law enforcement and justice systems ranging from placement of case managers in the jails to intensive case management following release from jails. These efforts have demonstrated success in reducing recidivism.
- Tremendous opportunity exists for collaboration across our region in developing crisis stabilization services based on availability of funding.

5. *Specialists who will develop employment opportunities and housing options throughout the region.*

- We have specialists on staff that seek to develop and offer supported employment and education opportunities – a critically important need identified by consumers who want to work. However, availability of jobs is an issue. One center is seeking to regain fidelity in this area.
- Wyandot Center has a related organization – Kim Wilson Housing – that is specifically focused on developing housing opportunities with staff available for consulting services on housing options for consumers within our region and across Kansas.

6. Array of services needed in the region guided by evidenced-based or emerging practices.

Evidence-based practices currently offered (for more complete list, see accompanying cover letter):

- Positive Behavioral Supports

- Dialectical Behavior Therapy
- IDDT
- Parent Management Training
- Multi-systemic Therapy home-based
- PCIT
- Strengths-based case management
- Mental Health First Aid training
- School-based psychosocial programs

**Needed:**

- Intensive case management for difficult-to-engage and serve adults.
- DBT for clients with borderline personality disorders.
- Psychiatric services for children and adults.
- Parent Management Training.
- Parenting classes.
- Supported employment.
- SOAR.
- Mental Health First Aid.

**II. *Regional Recovery Initiative Design***

**Goals and Objectives (Logic Model follows on page 10)**

<b>Goal #1: Region 3 will develop an intensive case management team to engage difficult to serve adult consumers by June 30, 2014.</b>	
Objective #1: Expand services for 30 difficult-to-engage and difficult-to-serve adult Wyandotte County consumers with 50 percent of these consumers meeting one treatment goal by the end of FY 2014 that demonstrates behavioral improvements (Wyandotte County).	<p><u>Activities:</u></p> <ul style="list-style-type: none"> <li>● Identify 30 difficult-to-engage consumers as a cohort by Nov. 1, 2013.</li> <li>● Implement intensive case management by Nov. 15, 2013 with interventions that include crisis case management and psychiatry services.</li> <li>● Identify the measurement instrument by Nov 30, 2014.</li> <li>● Track, measure and report outcomes.</li> </ul> <p><u>Stakeholder involvement:</u> Clinicians, consumers, case managers, psychiatrist, law enforcement, criminal justice system</p> <p><u>Progress:</u></p>

<b>Goal #2: Region 3 will increase and sustain availability of evidence-based practices (DBT; supported employment and Parent Management Training) to consumers by June 30, 2014.</b>	
Objective #1: Sustain and expand availability of DBT services for persons with borderline personality disorders with behavioral improvements demonstrated through improved scores on the Outcome Rating Scale or another evaluation instrument by 50 percent of these consumers by June 30, 2014 (Douglas, Atchison, Jefferson and Leavenworth Counties).	<p><u>Activities:</u></p> <ul style="list-style-type: none"> <li>• Support salary and benefits of one DBT therapist.</li> <li>• Provide DBT training for three additional therapists by Dec. 31, 2013.</li> <li>• Educate consumers about DBT to improve engagement.</li> <li>• Track, measure and report outcomes, using either the ORS (Outcome Rating Scale) from Miller and Duncan or another evaluation instrument.</li> </ul> <p><u>Stakeholder involvement:</u> Consumers, families, other natural supports in the community</p> <p><u>Progress:</u></p>
Objective #2: Offer supported employment services to 20 additional consumers in Atchison, Jefferson and Leavenworth Counties with 10 engaged in competitive employment by end of FY 2014.	<p><u>Activities:</u></p> <ul style="list-style-type: none"> <li>• Train 1 FTE to provide this service by Dec. 31, 2013.</li> <li>• Meet fidelity.</li> <li>• Track, measure and report outcomes.</li> </ul> <p><u>Stakeholder involvement:</u> Consumers, employers</p> <p><u>Progress:</u></p>
Objective #3: a) Engage 53 consumers by June 30, 2014 with a SOAR case manager in Douglas County in applying for SSI/SSDI benefits for which they may qualify. b) Engage 30 consumers by June 30, 2014 with a SOAR case manager in Johnson County in applying for SSI/SSDI benefits for which they may qualify.	<p><u>Activities:</u></p> <ul style="list-style-type: none"> <li>• Cover salary and benefits of 1 FTE SOAR case manager in Douglas County and .5 FTE in Johnson County through June 30, 2014.</li> <li>• Determine eligibility of consumers; and track submission of applications; appeal denials, if warranted.</li> <li>• Track, measure and report outcomes.</li> </ul> <p><u>Stakeholder involvement:</u> consumers, family members, Social Security Administration</p> <p><u>Progress:</u></p>
Objective #4: Increase the number of children by 30 who with their families are benefiting from Parent Management Training in Atchison, Jefferson and Leavenworth Counties with improved relationships demonstrated by 40 percent of the families as indicated by the Child Behavior Check List subscales that measure internalizing, externalizing and rule-breaking.	<p><u>Activities:</u></p> <ul style="list-style-type: none"> <li>• Train at least 6 therapists in this modality by Jan. 31, 2014.</li> <li>• Use the Child Behavior Check List for outcome measurement.</li> <li>• Track, measure and report outcomes.</li> </ul> <p><u>Stakeholder involvement:</u> parents, children, school counselors, school liaisons</p> <p><u>Progress:</u></p>

<b>Goal #3: Region 3 will reduce risk factors and enhance protective factors for youth, individuals and families through expanded outreach and engagement by June 30, 2014.</b>	
Objective #1: Increase follow through and participation in Community Based Services by providing onsite assessment and referrals within Early Head Start in the Olathe School District in Johnson County.	<u>Activities:</u> <ul style="list-style-type: none"> <li>Develop an MOU with the school district to place a full-time clinician at the Early Head Start facility by November 30, 2013.</li> <li>Track, measure and report referrals to establish a baseline by June 30, 2014.</li> </ul> <u>Stakeholder involvement:</u> school district liaisons, children and families. <u>Progress:</u>
Objective #2: Provide additional parent education and support for 20 non-waiver children in Atchison, Jefferson, Leavenworth and Johnson counties) by June 30, 2014.	<u>Activities:</u> <ul style="list-style-type: none"> <li>Provide parent support for 20 additional non-waiver children by June 30, 2014.</li> </ul> <u>Stakeholder involvement:</u> parents, media, pediatricians, other agencies, school counselors, school district liaisons <u>Progress:</u>
Objective #3: Expand availability of Mental Health First Aid training for youth and adults with 100 persons attending by June 30, 2014 in Atchison, Jefferson, Leavenworth and Johnson Counties.	<u>Activities:</u> <ul style="list-style-type: none"> <li>Train staff in the youth curriculum of Mental Health First Aid.</li> <li>Schedule and promote availability of Mental Health First Aid curricula for youth and for adults.</li> <li>Host classes.</li> <li>Evaluate sessions.</li> </ul> <u>Stakeholder involvement:</u> community members, schools, law enforcement agencies, churches. <u>Progress:</u>
<b>Goal #4: Region 3 will increase the availability of psychiatric services to adults and children to increase timely access by June 30, 2014.</b>	
Objective #1: Increase the availability of youth medication check appointments and the capacity to serve more children in Johnson County by 10 percent by June 30, 2014	<u>Activities:</u> <ul style="list-style-type: none"> <li>Restructure med clinic schedules in Johnson County to increase the number of medication check appointments available.</li> <li>Cover salaries and benefits of one FTE child psychiatry provider in Johnson County.</li> <li>Track, measure and report the number of new clients.</li> </ul> <u>Stakeholder involvement:</u> adult consumers, family members, youth, parents, school counselors, school liaisons <u>Progress:</u>
Objective #2 Increase the availability of psychiatric services by 2 to 3 percent for adult consumers served in Atchison, Jefferson and Leavenworth Counties by June 30, 2014.	<ul style="list-style-type: none"> <li>Cover salaries and benefits of one adult provider in Atchison, Jefferson and Leavenworth Counties.</li> <li>Track, measure and report the number of new clients.</li> </ul>

	<p><u>Stakeholder involvement</u>: adult consumers, family members, youth, parents, school counselors, school liaisons</p> <p><u>Progress</u>:</p>
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### Logic Model

<b>Inputs</b>	<b>Activities – Annual</b>	<b>Participation</b>	<b>Outcomes</b>
<p><b><u>GOAL 1, OBJECTIVE 1</u></b> <i>Staff to provide intensive case management</i></p>	<p>Salary and benefits for 2 crisis case managers</p> <p>Partial salary and benefits for psychiatrist</p> <p>Salaries and benefits of an intensive case management team</p>	<p>High need, difficult-to-engage consumers</p>	<p><b><u>First year</u></b>: By June 30, 2014, 30 difficult-to-engage consumers will be served in Wyandotte County; 50 percent of these clients will report increased ability in managing their emotions and behaviors as identified by a measurement tool (to be determined) and meeting one treatment goal.</p> <p><b><u>Long-term</u></b>: Difficult to engage consumers benefit from services; days spent in jails and hospitals will be reduced indicative of recovery for these consumers.</p>
<p><b><u>GOAL 2, OBJECTIVE 1</u></b> <i>Therapists</i></p>	<p>Training for additional therapists; salary and benefits for one</p> <p>Client education, particularly with clients identified as hard-to-engage</p>	<p>Identification and referral of high-need, hard to engage clients, particularly including the un- and underinsured, who could benefit from DBT</p> <p>DBT groups, clients served.</p>	<p><b><u>First year</u></b>: DBT services within the region will be sustained in Douglas County benefiting 20 clients and expanded for Atchison, Jefferson and Leavenworth Counties to serve 15 new patients by June 30, 2014.</p> <p>By June 30, 2014, 50 percent of the DBT clients will demonstrate increased ability in managing their emotions through improved scores on the Outcome Rating Scale or another evaluation instrument</p> <p><b><u>Long-term</u></b>: Improved quality of life for clients served and reduction in days hospitalized.</p>

<p><b>GOAL 2, OBJECTIVE 2</b> <i>Supported employment staff member</i></p>	<p>Training for 1 FTE staff to provide vocational consultation, coaching for job interviews, job development and job placement</p>	<p>Adult consumers</p>	<p><b>First year:</b> 20 additional adult consumers will be engaged in the process of job preparation, application, initial employment in Atchison, Jefferson and Leavenworth Counties; 10 of whom will be competitively employed by the end of FY 2014.</p> <p><b>Long-term:</b> Clients receiving supportive employment case management will experience increased successful outcomes.</p>
<p><b>GOAL 2, OBJECTIVE 3</b> <i>SOAR case managers (1.5 FTEs)</i></p>	<p>Salary and benefits for 1.5 FTEs SOAR case manager</p>	<p>Eligible consumers enrolled in benefits</p>	<p><b>First year:</b> The level of SOAR services to clients will be maintained for Douglas County, engaging 53 consumers by June 30, 2014 in applying for SSI/SSDI benefits for which they may qualify. Johnson County will engage 30 consumers by June 30, 2014 in applying for SSI/SSDI benefits for which they may qualify.</p> <p><b>Long-term:</b> Consumers lives will be enhanced through access to benefits.</p>
<p><b>GOAL 2, OBJECTIVE 4</b> <i>Therapists for Parent Management Training (PMT)</i></p>	<p>Parent Management Training for at least six therapists; identification and referral of families with high parent-child conflict and low parent-child enjoyment</p>	<p>Children/parents</p>	<p><b>First year:</b> 30 additional children and their parents will be served through Parent Management Training during FY 2014.</p> <p>Improved relationships will be demonstrated by 40 percent of the families as indicated by the Child Behavior Checklist subscores for internalizing, externalizing and rule-breaking.</p> <p><b>Long-term:</b> Relationships will be improved between parents/children, with positive outcomes in children's behavior.</p>

<p><b>GOAL 3, OBJECTIVE 1</b> 2 FTEs to work with Early Head Start in Olathe School District</p>	<p>Salary and benefits for 1 FTE clinician and 1 FTE team leader for early identification and outreach and engagement.</p>	<p>Children, parents, Head Start team, clinician</p>	<p><b>First year:</b> Successfully refer and engage 10 families into services at the MHC.</p> <p><b>Long-term:</b> Early intervention and treatment to minimize or prevent major mental illness.</p>
<p><b>GOAL 3, OBJECTIVE 2</b> 1.5 FTEs to provide parent education and support</p>	<p>Salary and benefits for .5 FTE in Atchison, Jefferson and Leavenworth Counties and 1 FTE parent support specialist in Johnson County</p>	<p>Parents, grandparents</p>	<p><b>First year:</b> 20 non-waiver children in Atchison, Jefferson, Leavenworth and Johnson counties will receive services by June 30, 2014.</p> <p><b>Long-term:</b> Natural support systems will be developed for families.</p>
<p><b>GOAL 3, OBJECTIVE 3</b> Mental Health First Aid training Staff and training for Mental Health First Aid curriculum – youth and adult</p>	<p>Expansion of MHFA training to include youth curriculum along with adult curriculum.</p>	<p>Persons attending: law enforcement officers, teachers, other providers and concerned citizens and community members</p>	<p><b>First year:</b> To train persons to recognize signs and symptoms of mental health crises and to reduce the stigma of mental illness, four counties of the region will engage 100 more persons in MHFA training that applies adult and youth curricula by June 30, 2014.</p> <p><b>Long-term:</b> Members of the community have increased skills to respond to a mental health crisis among youth.</p>
<p><b>GOAL 4, OBJECTIVE 1</b> Maintain and expand availability of Child psychiatry in Johnson County. 1 FTE Child Psychiatrist.</p>	<p>In Johnson County, the salary and benefits for 1 FTE child psychiatrist for assessment and prescribing for youth.</p>	<p>Youth, families</p>	<p><b>First year:</b> Increase capacity by 10 percent to serve a total of 400 children by June 30, 2014.</p> <p><b>Long-term:</b> Clients will succeed at home, in school and socially.</p>
<p><b>GOAL 4, OBJECTIVE 2</b> Adult psychiatry, Atchison, Jefferson and Leavenworth Counties Adult psychiatry provider (1)</p>	<p>Addition of APRN will allow for more availability of psychiatry services for adults</p>	<p>Adults</p>	<p><b>First year:</b> To enhance access to adult psychiatric services, Atchison, Jefferson and Leavenworth Counties will have increased availability of psychiatry appointments for adult consumers with the addition of an APRN by Nov. 30, 2013 resulting in a 2 to 3 percent increase of adults receiving these services by</p>

			<p>June 30, 2014.</p> <p><b>Long-term:</b> Clients will succeed at home, in the community and socially.</p>
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Our proposed activities meet the needs of the region as identified in the previous needs assessment section:

- Opportunities for children and adults with mental health concerns to have access to expanded psychiatry services and recovery services.
- Expanded access of parents to support, education and training.
- Specific outreach to difficult-to-engage and serve consumers through intensive case management with the intent of successfully engaging consumers in recovery services.
- Expanded availability of DBT services to clients with borderline personality disorders.
- Efforts directed to gain employment and benefits for adult consumers to support efforts directed toward their recovery.

We selected evidence-based practices or EBP-like programs to assist consumers on their road to recovery because:

- DBT is a proven beneficial therapy for our adult population, and there is increasing evidence that it is helpful with persons experiencing chemical dependency.
- Intensive case management was identified by staff and clinicians as the approach to serve hard-to-engage clients.
- Parent Management Training (a PCIT-like model) was identified because it has proven successful with parents and children experiencing this modality.
- SOAR and supported employment are both nationally recognized evidence-based models.

Work to improve collaboration across all child, youth, family and adult organizations

- Engagement of adult consumers through our consumer-run organizations and their newsletters.
- Input from members of our parent advisory councils.
- Active involvement with local law enforcement and justice systems.
- Engagement with substance abuse treatment agencies, e.g., Heartland RADAC.
- Continued engagement with child welfare agencies, e.g., Sunflower House.
- Outreach to pediatricians.
- Referrals to housing agencies.
- Interdisciplinary councils in each county served by The Guidance Center.
- Newsletters.

The above will support a recovery-oriented, strengths-based system of care in that our community mental health centers will :

- Choose interventions and meet clients where they are in the stages of recovery, e.g., SOAR for clients dealing with the early stages; intensive case management for those who are disconnected and overrun by their illness.
- Apply the strengths-based approach as clients begin to accept that change is possible and that they can build on their strengths.
- Continue to apply the strengths-based approach throughout the recovery process.

- Work with clients to be more independent and to use community resources, e.g., through supported employment, SOAR, Parent Management Training, parenting classes.
- Focus on helping individuals improve their overall health and wellness, live self-directed lives and strive to reach their full potential.
- Offer opportunities for supportive housing through collaboration with other community organizations (e.g., Kim Wilson Housing, local housing authorities).
- Use peer support in different settings to reinforce each client's hope for recovery.

#### Innovative and non-traditional approaches

- Jail diversion specialists in place in both Wyandotte County (Wyandot Mental Health Center) and Douglas County (Bert Nash Center) for cross-referencing bookings with our client populations.
- Frank Williams Outreach Center of Wyandot Center serving persons who are homeless and/or in need with mental health and substance abuse services on site and outreach to persons who are homeless.
- Adaptation of evidence-based practices through less expensive approaches (e.g., Parent Management Training at The Guidance Center).
- Placement on child therapist on site at Sunflower House (PACES). Sunflower House is a child advocacy center in Shawnee, Kan., that brings together people and resources to provide a collaborative response to child abuse. It coordinates investigations, child-sensitive interviews, and medical and counseling services for child victims.
- Bilingual parenting classes.
- Kim Wilson Housing offering innovative housing options for persons in Central and Eastern Kansas.
- ArtMakers' Place of Wyandot Center offering a place and programs built on art therapy and art psychosocial groups.
- Decision Support Center computer-assisted program to engage clients in their personal medicine and recovery plans (Bert Nash Center).

#### Outreach and engagement strategies to assist individuals with behavioral health disabilities with obtaining needed supports and services

Specific to outreach, our CMHCs will build upon established collaborative relationships with community organizations including schools, law enforcement and criminal justice, substance abuse treatment agencies, churches, local governments and others. We will offer Mental Health First Aid.

Specifically and in some cases dependent on our locations, we will enhance or further develop:

- Opportunities to educate clients about efficacy of treatment modalities.
- Publicity and use of social media.
- The SOAR program to enroll eligible consumers for disability benefits.
- Outreach through our consumer-run organizations and other groups.
- Newsletters.

### III. Implementation Plan

Date completed by	Activity or service
8/15/2013	Submit initial Region III plan to KDADS.
8/27/2013	Pete Zevenbergen participate in teleconference with KDADS to review Region III plan.
12/11/2013	Meet with KDADS staff to review, revised Goals, Objectives based on SMART process
Ongoing	Cover salary and benefits of 1 DBT therapist.
Ongoing	Cover salary and benefits of 1.5 SOAR case managers.
Ongoing	Offer Mental Health First Aid training to include adult and youth curricula.
11/15/2013	Initiate intensive case management team complemented by crisis case management and adult psychiatry.
11/30/2013	Cover salary and benefits of 1 psychiatry APRN for adults.
11/30/2013	Develop MOU with Olathe School District to provide onsite assessment and referrals with Early Head Start.
12/31/2013	Provide DBT training for 3 therapists.
12/31/2013	Train 1 case manager dedicated to supported employment.
1/31/2014	Offer Parent Management Training to at least 6 therapists.
3/31/2013	CEOs of CMHCs in Region III meet to review progress to date.
4/15/2014	CMHCs submit quarterly reports to Wyandot Center.
4/30/2014	Wyandot Center submits quarterly Region III report to KDADS
6/30/2014	CEOs of CMHCs in Region III meet to review progress to date.
6/30/2014	Complete training for staff to offer MHFA youth curriculum.
6/30/2014	Provide parent support to families of 20 additional non-Waiver youth.
6/30/2014	Cover salary and benefits of 1 child psychiatry provider
7/15/2014	CMHCs submit quarterly reports to Wyandot Center.
7/30/2014	Wyandot Center submits quarterly Region III report to KDADS.

#### A description of how stakeholders will be involved during implementation.

- Community partners and referral sources will be informed of service developments and availability.
- Where applicable, community partners will be involved in the process of program development (developing a coordinated referral system with pediatricians; implementing intensive case management process; developing parent support and education opportunities).
- Evaluation of parenting support.
- Input through parent advisory councils and consumer-run organizations.
- Evaluation tools used to measure progress against desired outcomes.

### How fidelity in implementation of evidence-based programming will be ensured

We will continue to collaborate with the University of Kansas School of Social Welfare for consultation to ensure that we meet fidelity in strengths-based case management and supported employment. KU rigorously measures evidence-based programs at least annually, holding our practices up against the particular evidence-based fidelity scale. SOAR is an emerging practice, but there is no fidelity scale yet just recommended practices that we follow.

There are some evidence-based practices that have already or will be implemented that will not be fidelity-based: DBT, ACT-like program, PICT, Parent Management Training, MST and others. The philosophy behind these evidence-based programs will drive these services.

### How data used to manage the project and assure goals and objectives are met will be tracked and achieved

- We will develop a form for tracking purposes that encompasses information specific to each outcome.
- Each center will be responsible for tracking and reporting to the Regional Recovery Center on a quarterly basis. Tracking will include both outcomes and budget information.
- During quarterly conference calls of the four CEOs/executive directors, we will discuss progress against goals and objectives and desired outcomes.
- Respective community mental health centers will submit performance measures by the 15<sup>th</sup> day of the month following the calendar quarter to Wyandot Center. Wyandot Center will compile measures into a comprehensive report for the region. Report will be submitted to KDADS by the 30<sup>th</sup> day of the month following the calendar quarter.

### Process and outcomes will be routinely reported to stakeholders.

- Reports in community newsletters when fidelity is met in evidence-based practices.
- Reports to parent advisory councils and consumer-run organizations.

#### **IV. Regional Structure**

Senior leadership of the respective mental health centers will convene quarterly to review progress to date on performance measures, to share successes and continued challenges, and to explore continued opportunities for collaboration across the region. As respective CMHCs implement particular activities specific to goals and objectives, we will share learnings electronically. Consumer-specific information will not be shared. All four centers are HIPAA-compliant and will explore development of business associate agreements with one another.

CMHCs will receive funding based on needs identified relevant to their consumers and the budgets submitted to the regional hub. CMHCs will identify funding opportunities that support goals and objectives. While local foundation funds may be limited by geography, collaborative opportunities will be identified with statewide foundations and government funding sources.

Through already existing communication channels, CMHCs will maintain open dialogue with community partners to discuss progress, barriers, challenges and successes.

- Wyandot Center, Bert Nash Center and Johnson County Mental Health Center have regular meetings with law enforcement and criminal justice representatives to review progress/challenges specific to consumers.
- Supported employment staff at The Guidance Center will maintain connectivity with employers to ensure consumer success and job retention.
- Johnson County Mental Health Center will develop a memorandum of understanding with the Olathe School District to facilitate the provision of early intervention to pre-schoolers.

**V. Performance/Outcome Measures**

OUTCOME/PERFORMANCE MEASURES—FY 2014						
Measure Description	Baseline Current	Q1	Q2	Q3	Q4	Total for the year
<p><b>GOAL 1, OBJ 1</b></p> <p>Needs of difficult-to-engage/serve consumers are addressed</p> <p>Days hospitalized/in jail reduced for difficult-to-engage/serve consumers</p>	<p>0 clients</p> <p>Wyandot Center</p> <p>TBD based on identification of consumers</p> <p>Wyandot Center</p>	10 clients	20 clients	30 clients	30 clients	30 clients
<p><b>GOAL 2, OBJ 1</b></p> <p>Increased number of DBT groups</p> <p>Increased number of clients in DBT groups</p> <p>Percent of DBT clients reporting increased ability in managing their emotions</p>	<p>2 groups</p> <p>The Guidance Center</p> <p>10 clients</p> <p>TGC</p> <p>18 clients</p> <p>Bert Nash</p>	<p>3 groups</p> <p>15 clients</p> <p>TGC</p> <p>4 clients</p> <p>Bert Nash</p>	<p>3 groups</p> <p>15 clients</p> <p>TGC</p> <p>5 clients</p> <p>Bert Nash</p>	<p>3 groups</p> <p>15 clients</p> <p>TGC</p> <p>5 clients</p> <p>Bert Nash</p>	<p>3 groups</p> <p>15 clients</p> <p>TGC</p> <p>6 clients</p> <p>Bert Nash</p> <p>By year-end, 50 percent of DBT clients will demonstrate behavioral improvements as evidenced by improved scores on the Outcome Rating Scale or another evaluation</p>	<p>3 groups</p> <p>The Guidance Center</p> <p>15 clients</p> <p>TGC</p> <p>20 clients</p> <p>Bert Nash</p>

<b>GOAL 2, OBJ 2</b> 20 additional adult consumers are engaged in the process of job preparation, application, initial employment—40 total to be served in coming year	20 consumers The Guidance Center	5 consumers	5 consumers	5 consumers	5 consumers	5 consumers By year-end, 10 of the additional consumers will have competitive employment	40 consumers
<b>GOAL 2, OBJ 3</b> Clients that are eligible gain access to disability benefits through SOAR program	53 clients Bert Nash  30 clients JCMHC	13 clients  15 clients JCMHC	13 clients  15 clients JCMHC	14 clients  15 clients JCMHC	13 clients  15 clients JCMHC	53 clients Bert Nash  30 clients JCMHC	53 clients Bert Nash  30 clients JCMHC
<b>GOAL 2, OBJ 4</b> 30 additional children who with their parents are being treated in Parent Management Training with 40 percent of the total number served demonstrating improved relationships	54 children The Guidance Center	10 children	5 children	5 children	10 children	84 children	84 children
<b>GOAL 3, OBJ 1</b> Number of Early Head Start children accessing services	No baseline New initiative	2 clients JCMHC	2 clients JCMHC	3 clients JCMHC	3 clients JCMHC	Successfully refer and engage 10 families in to services at JCMHC	Successfully refer and engage 10 families in to services at JCMHC
<b>GOAL 3, OBJ 2</b> Parent Support be provided to 20 families with non-Waiver children	No baseline The Guidance Center  10 families JCMHC				Parents' accomplishment of 50% of parent support-specific treatment objectives	10 families by end of calendar year The Guidance Center  10 families by end of calendar year JCMHC	10 families by end of calendar year The Guidance Center  10 families by end of calendar year JCMHC

<b>GOAL 3, OBJ 3</b>	3 classes (adult, youth) The Guidance Center	2	1	2	0	5 classes (adult, youth) The Guidance Center
Number of MHFA classes with youth/adult curriculum offered	No baseline (youth) JCMHC	2	1	2	0	5 classes (youth) Johnson County
Number of persons attending youth/adult MHFA training	30 participants The Guidance Center	20	10	20	0	50 participants The Guidance Center
Number of persons attending youth MHFA training	No baseline JCMHC	20	10	20	0	50 participants Johnson County
<b>GOAL 4, OBJ 1</b>	360 JCMHC	100	100	100	100	400
Number of children accessing psychiatry services						
<b>GOAL 4, OBJ 2</b>	1,101 The Guidance Center	1,101	1,115	1,130	1,153	1,153
Number of adults accessing psychiatry services						

Respective community mental health centers will submit performance measures by the 15<sup>th</sup> day of the month following the calendar quarter to Wyandot Center. Wyandot Center will compile measures into a comprehensive report for the region. Report will be submitted to KDADS by the 30<sup>th</sup> day of the month following the calendar quarter.

## VI. Budget Narrative

Region III will receive \$1,281,490 for the purpose of implementing our approved Regional Recovery Center Plan. Funds will be distributed based on Goals and Objectives identified above.

Goal, objectives	Allocations, projected expenses
Goal 1: <ul style="list-style-type: none"> <li>Objective 1—intensive case management</li> </ul>	\$442,646
Goal 2: <ul style="list-style-type: none"> <li>Objective 1 – DBT services</li> <li>Objective 2– Supported employment</li> <li>Objective 3 – SOAR</li> <li>Objective 4 – Parent Management Training</li> </ul> <p style="text-align: right;">SUBTOTAL</p>	\$ 96,792 \$ 43,395 \$ 75,577 \$ 350 \$216,114
Goal 3: <ul style="list-style-type: none"> <li>Objective 1 – Early Head Start</li> <li>Objective 2 – parent education, support</li> <li>Objective 3 – Mental Health First Aid training</li> </ul> <p style="text-align: right;">SUBTOTAL</p>	\$178,576 \$101,975 \$ 9,460 \$290,011
Goal 4: <ul style="list-style-type: none"> <li>Objective 1 – youth psychiatric services</li> <li>Objective 2 – adult psychiatric services</li> </ul> <p style="text-align: right;">SUBTOTAL</p>	\$213,386 \$ 69,333 \$282,719
Administrative fee – Regional Center	\$50,000
<b>TOTAL</b>	<b><u>\$1,281,490</u></b>