



MENTAL HEALTH PORTFOLIO REPORT

AN EVALUATION OF MENTAL HEALTH
GRANTS AWARDED IN 2017
(REPORT RELEASED IN 2020)

Health Forward Foundation is pleased to release the 2017 Mental Health Portfolio Report highlighting our 2017 Mental Health grantees. This report marks the first year of data collection and analysis around a set of common strategies, outcomes, and indicators. We are encouraged by the progress our grantees have made and are humbled by their dedication to the clients that they serve. Health Forward is using the enhanced data to better understand the needs of the community, the work of our grantees, and the impact of our investments.

INTRODUCTION

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PROCESS

The data in this report were provided by organizations* that received grant funding from Health Forward in 2017. Grantees completed a final report that described their activities and demonstrated outcomes over the grant period. All data was self-reported. To the extent possible, inconsistent or questionable data were flagged and subsequently confirmed or amended by grantees.

Once final reports were submitted in fall and winter of 2018, Informing Change, an independent consulting firm, organized and produced analyses of these data. Over the course of several months, Informing Change worked collaboratively with Health Forward to interpret the data and identify key findings to elevate in this report. This is all part of a larger learning process for Health Forward, and it will lead to further improvements in our reporting process.

**This report includes data from final grant reports from the 25 Mental Health grantees who were awarded 12-month grant terms in 2017, as well as data from annual grant reports for four multi-year grantees, for a total of 29 grantees.*

LIMITATIONS

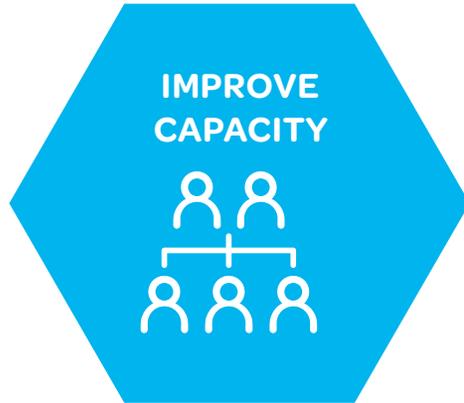
The process of gathering data on grantee activities through a single reporting form presented some challenges in organizing, analyzing, and reporting that data. At times, grantees interpreted the same question differently, making it difficult to identify core themes and findings related to the question. In some cases, grantees answered questions about outcomes in terms of the strategies they used or outputs they produced.

This report reflects only the work reported by grantees. Although we recognize that many grantees could have provided input on almost all of the outcomes and indicators, we ask them to focus only on those most relevant to the funded activity. Thus, this report understates the collective work of these organizations.

Also, this report reflects only the demographic data reported by grantees. In some instances, grantees did not uniformly collect the requested demographic information (e.g. insurance status). Based on due diligence prior to grant award, we are confident these organizations are serving Health Forward's target population.

For the present report, we aligned grantee responses to the appropriate areas of Health Forward's Mental Health theory of change and removed redundant and unrelated information. In the coming years, we will refine our Mental Health grantee reporting form, and hope to provide additional technical assistance to grantees to improve the capturing and reporting of outcome information.

THEORY OF CHANGE BACKGROUND



Health Forward developed the Mental Health theory of change in 2016-2017, in collaboration with Informing Change and in alignment with our mission to eliminate barriers and promote quality health for those most in need — the uninsured and underserved in our service area.

The theory of change provides a visual representation of how and why we expect to see change in our community, as well as a mechanism to assess progress toward outcomes across grantees. It also clarifies the desired outcomes and the strategies we believe will be necessary to achieve them. For the 2017 funding round, Health Forward asked grantees to address at least one of the three strategies of capacity, access, and quality. Portfolio reporting represents a shift and evolution in the way Health Forward understands and uses data. Prior to developing this evaluation framework, we didn't have a way to examine the grant round as a whole. Instead, we could only report about grantees and outcomes singularly. We are now able to talk more globally about the round and see themes across grants.

MENTAL HEALTH THEORY OF CHANGE

PRINCIPLES

- Understanding the conditions and adverse experiences a person has gone through can help guide treatment and care.
- Services need to be culturally responsive and equitable.
- The continuum of services includes being responsive to prevention, treatment, and recovery over the lifespan.
- Effective systems of care integrate mental/behavioral health with medical care.
- Stable, healthy organizations provide better care and services.

PARTNERS

- All uninsured, underserved, and vulnerable populations in our service area.
- Community mental health centers, community-based organizations, and public systems.

BARRIERS

- Individuals lack adequate coverage and access to services.
- Services are difficult to navigate and often fragmented.
- Consumers can have complex clinical and practical needs.
- The current financial environment does not match funding needs of systems and providers.
- Perpetual workforce gaps impede service stability.
- Stigma associated with mental illness deters consumers from seeking help.

PURPOSE

Improve the availability and quality of mental/behavioral health services.*

STRATEGIES

Improve Capacity

- Advance strategies that deepen workforce and leadership capacity.
- Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability.
- Develop strategic and accountable partnerships that lead to enhanced continuum of care.

Improve Access

- Promote policies, practices, and technology that increase coverage, affordability, and availability of services.
- Support place-based services and strategies.
- Encourage coordinated care and collaboration among multiple agencies and partners.
- Support outreach strategies to inform and engage target populations.

Improve Quality Practice

- Encourage the use of emerging or best practices that are evidence based.
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed.
- Support the integration of services into primary care settings.

*Mental/behavioral health services are referred to as *services* throughout this document.

OUTCOMES

SHORT-TERM

Improve Capacity

- Increased retention of quality staff and leadership.
- Improved organizational structures that promote sustainable, high-quality service.
- Enhanced partnerships that improve efficiency and sustainability.

Improve Access

- More affordable, available, and convenient treatment and preventive services.
- Consumers successfully navigate through service delivery systems.
- Improved individual and community engagement in mental/behavioral health wellness.

Improve Quality Practice

- Improved mental/behavioral health outcomes for consumers.
- Improved use of evidence-based practices in service delivery.
- Consumer satisfaction with service delivery.
- Greater integration of services.

LONG-TERM



Better Health



Better Care

ULTIMATE IMPACT

Mental/behavioral health supports will enable people to live healthy and resilient lives in the community.

PORTFOLIO OVERVIEW

In 2017, Health Forward issued awards totaling \$4.14 million to 29 grantees through the Mental Health request for proposals.

These awards represent a mix of continuing and new relationships. Among these 29 grantees, 18 received funding for grant activities that were supported in the previous year, 11 were grantees who were funded for a new project in 2017, six grantees were new to the Mental Health round, and four had multi-year awards.

2017 Grantees

- Amethyst Place
- Belton School District #124
- Child Abuse Prevention Association (CAPA)
- Child Protection Center
- Compass Health Network
- Cornerstones of Care*
- Footprints*
- Guadalupe Educational Systems*
- Genesis School
- Hope House
- Humboldt USD 258*
- Jewish Vocational Service
- KC CARE Health Center
- KidsTLC*
- Mattie Rhodes Center
- Metropolitan Organization to Counter Sexual Assault (MOCSA)
- Open Options*
- Poetry for Personal Power*
- Reconciliation Services
- reStart
- Rose Brooks Center
- Safehome
- Sheffield Place
- Southeast Kansas Mental Health Center*
- Sunflower House*
- The Family Conservancy
- Tri-County Mental Health Services
- Vibrant Health*
- YMCA of Greater Kansas City*

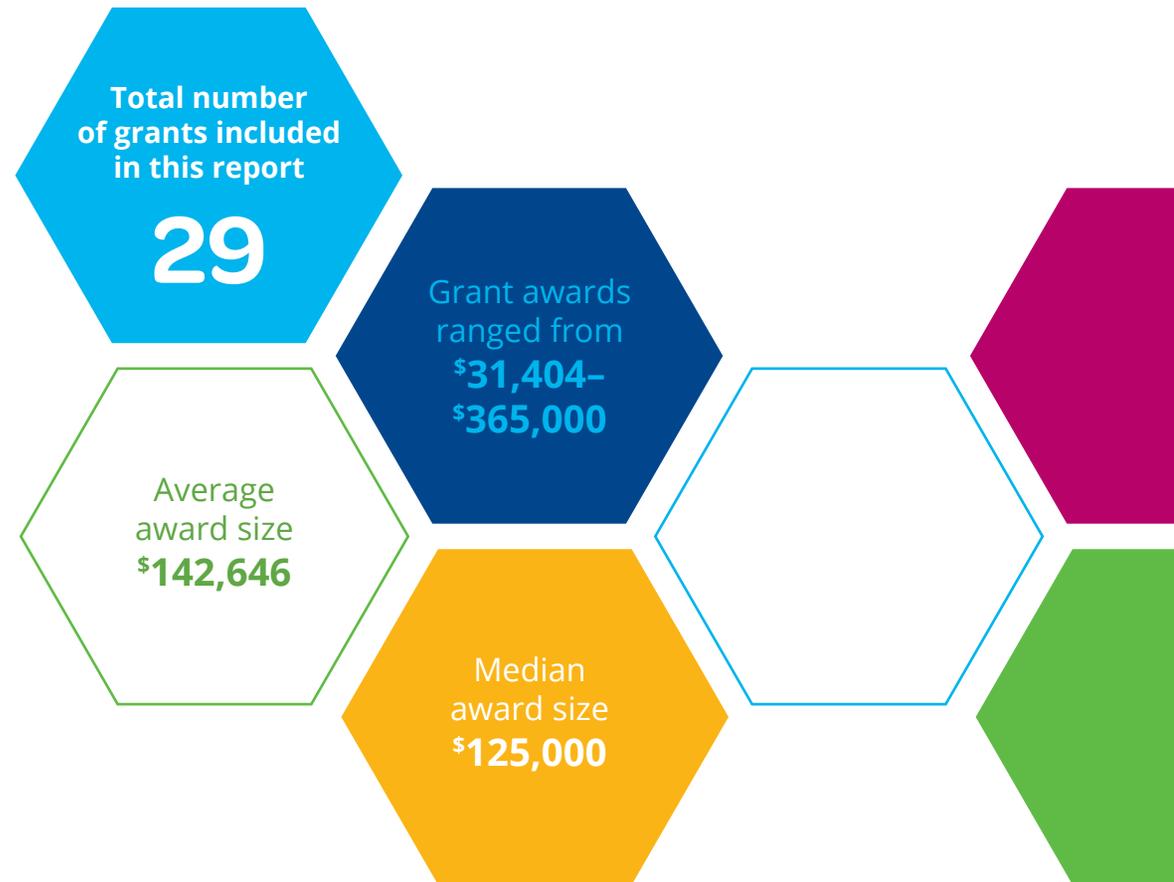
Asterisk [] indicates new grant (not continuation of previous grant).*

PORTFOLIO OVERVIEW

Summary of grants

Organizations ranged in annual budgets from \$210,000 to \$160 million, with a majority (18) of grantees reporting organizational budgets between \$1 million and \$10 million.

Staff size ranged from fewer than 10 to more than 200 employees, and 40 percent of grantee organizations employed fewer than 50 staff members. Although on average, staff are predominantly female (78 percent of staff) and Caucasian (62 percent), organizations' staff ranged from 31–100 percent female and 21–97 percent Caucasian.



PORTFOLIO OVERVIEW

Grantee reach and client demographics

Behavioral health care services often require long-term relationship building and intensive care with a relatively small number of individuals (as compared to safety net services). Mental Health grantees estimated that their Health Forward-funded activities reached 16,586 individuals during this grant cycle. In total however, these same organizations reached approximately 375,598 individuals in 2017 through all of their programming. Mental Health grantees represent a wide range of activities and services, including direct mental health care and preventive services.

Grantees reported the individuals served were on average 42 percent Caucasian, 23 percent African American, and 21 percent Hispanic. This racial mix reflects work among populations in both urban and rural settings.

Grantees largely reach low-income, uninsured, and Medicaid populations. Grantees working in communitywide (e.g., raising awareness of mental health issues at community events), school-based, and other settings were not able to provide information on the socioeconomic and insurance status of the populations served.

**Health Forward-funded activities
reached 16,586 individuals
during this grant cycle.**

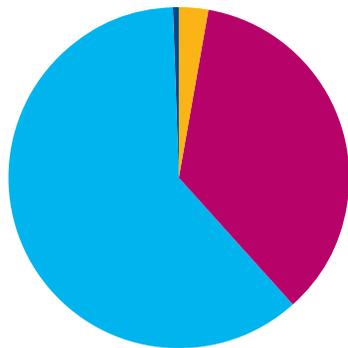
**In total however, these same
organizations reported
reaching approximately
375,598 individuals in 2017
through all of their programming.¹**

¹ This figure does not account for duplicated individuals who may have accessed services from multiple organizations.

PORTFOLIO OVERVIEW

Grantee reach and client demographics

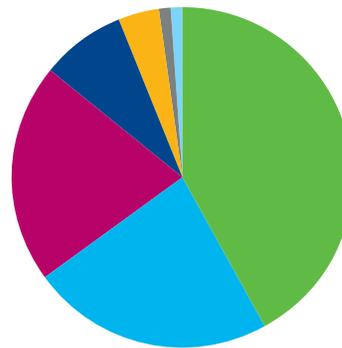
Grantees use a variety of approaches and systems to count clients and track data. However, it is impossible to get an unduplicated count of individuals served across multiple agencies, since a single patient can access services from multiple organizations in a given year. Still, these numbers illustrate the great need for these vital health care services and the agencies that provide them.



● 36% Male
● 62% Female
● 3% Unknown
● 0.4% Other

GENDER

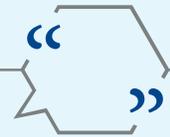
Nearly two-thirds of grantees' clients are female (62%).



● 42% Caucasian
● 23% African American
● 21% Hispanic
● 8% Unknown
● 4% Other
● 1% Asian/Pacific Islander
● 1% American Indian

RACE/ETHNICITY

Most clients are either Caucasian (42%), African American (23%), or Hispanic (21%).



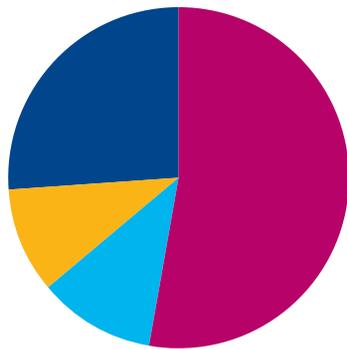
“The individuals/families that are served under this program face multiple obstacles, including financial barriers that prevent many of them from receiving the clinical services they need and deserve. Funding from Health Forward Foundation allows the agency to meet this growing demand for clinical services for our most vulnerable neighbors.”

Compass Health Network

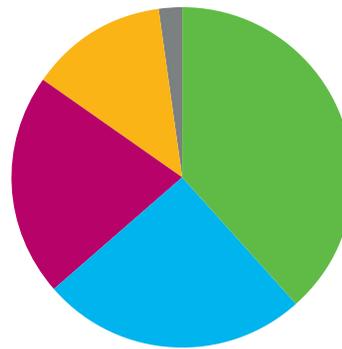
PORTFOLIO OVERVIEW

Grantee reach and client demographics

Grantees serve some of the most vulnerable individuals in the Kansas City area, with roughly half of clients uninsured or on public insurance. While 13 percent of clients have private insurance, private insurers often do not cover much-needed mental health services.



- 53% Below FPL
- 11% Up to 2x FPL
- 10% >2x FPL
- 26% Unknown/Not Captured



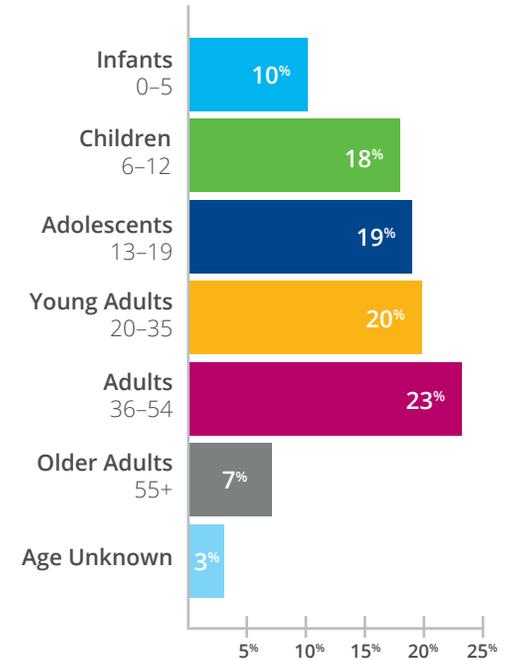
- 38% Unknown
- 25% Medicaid
- 21% Uninsured
- 8% Private Insurance
- 4% Medicare

SOCIOECONOMIC STATUS

More than half of clients live below the federal poverty line (FPL). Only one in 10 clients makes more than twice the federal poverty level income.

INSURANCE STATUS

Roughly half of clients are uninsured or on public insurance (25% on Medicaid, 23% uninsured, 2% on Medicare). About one-third could not report on this data.



AGE (n=16,537 clients)

The breakdown of the age of clients indicates that grantees serve people across the lifespan. More than 65 percent of clients are under age 35. Services for children, youth, and young adults target higher-risk populations. The numbers for the young adult category are especially high as grantees are addressing gaps in the system and available services.

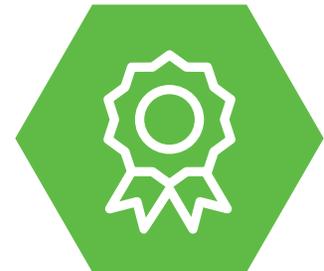
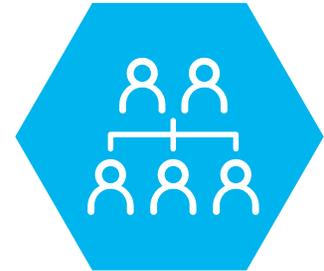
THEORY OF CHANGE OVERVIEW

The Mental Health theory of change describes three areas through which Health Forward funding and grantee activities are intended to foster long-term change in better health and care:

- **Improving capacity within mental health service organizations**
- **Improving individual and community access to mental health resources and care**
- **Improving quality practice among mental health providers and systems**

Health Forward requires grantees to select at least one strategy and one outcome from our theory of change. Grantees use a number of sub-strategies and report gains in outcomes within and across their organizations and for their consumers.

In the following pages, we provide an analysis of each of the three strategy areas — capacity, access, and quality — across this portfolio. We outline the sub-strategies reported on by grantees and provide some details on specific activities implemented in relation to some, but not all, of those strategies. We also examine certain outcomes achieved by grantees and identify themes across the portfolio. This report highlights only some of the work supported by Health Forward and by no means communicates the entire impact of grantees and their funded grants.





**IMPROVING
CAPACITY**



IMPROVING CAPACITY

Twenty-one grantees reported on capacity strategies and outcomes associated with Health Forward funding.

STRATEGIES



OUTCOMES



Some grantees selected multiple strategies and outcomes related to improving capacity.



IMPROVING CAPACITY



STRATEGY:

Advance strategies that deepen workforce and leadership capacity

Five grantees hired additional employees to relieve overburdened staff and bring new skills, expertise, and diversity to improve and expand their service offerings. For example, Child Protection Center used internal promotions as a strategy to retain talented and experienced staff and to build a leadership pipeline.

Six grantees hosted or sponsored staff to attend professional development opportunities, particularly trainings and workshops, to build skills, gain certifications, and disseminate learnings to other staff.

Five grantees bolstered staff supports and benefits, including increasing supervision and mental health care, and expanding or adding remote working.



“CPC has increased the number of staff in supervisory positions, who are available for advice, support, and guidance. Promoting from within ensures that clients receive consistent quality care ... staff retention is now a focus, which acknowledges the contribution of staff to the assets and capacity of the organizational structure and sustainability.”

Child Protection Center

“The YMCA is now directly conducting train-the-trainer activities ... Three of the four pillars of Trauma Smart are now able to be directly performed by our staff (staff education, parent education, and teacher coaching). 116 out of 160 staff (73 percent) have been trained on the Trauma Smart model.”

YMCA of Greater Kansas City



IMPROVING CAPACITY



OUTCOME:
Increased retention
of quality staff and
leadership

Eleven grantees are continuing to strengthen their staff retention efforts, creating policies and practices that promote healthy workplaces and adequately support staff with skill-building opportunities.

Mattie Rhodes Center created a task force (including the CEO, human resources director, vice president of family services and support, and clinical director) to evaluate the salary scale for staff. They determined that an increased salary scale was needed and moved to make this increase companywide for all positions, including starting salaries.

The Family Conservancy increased staff training and certification, including two staff becoming EMDR I and II trained, two staff participating in a year-long PlayTherapy training certificate program, and six staff attending the Conscious Discipline Summer Institute training.

Overall, there were small-to-modest gains in retention in 2017 compared to the prior grant year. On average, the percentage of total staff retained increased by 15 percent for credentialed staff, 3 percent for non-credentialed staff, and 1 percent for credentialed staff in managerial roles.



IMPROVING CAPACITY



STRATEGY:
Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability

Six grantees are adapting their service delivery models, including internal processes and tactics, to increase efficiency and respond to community needs.

Four grantees invested in data system infrastructure to evaluate and improve their services, as well as maximize staff capacity and organizational effectiveness.

Four grantees used funding to hire new or sustain existing staff in order to meet the growing demand for their services and expand their reach to new communities.

Three grantees funded staff training – particularly train-the-trainer models – to increase the dissemination of best practices, new skills, and knowledge.



“During the last semester of the school year, we revised our approach to how in-school suspensions (ISS), consequences, and disciplinary measures are implemented. We started the process of changing the ISS room to a recovery room where students are provided more and faster therapeutic support within the room from the counseling team. We are tracking student traffic into the recovery room in order to address patterns and trends and create student-tailored therapeutic/behavioral interventions and strategies. The goal was for the model to evolve to being therapeutic so that students that are struggling are getting mental health treatment and a way to effectively change behavior.”

Genesis School

“MOCSA has successfully increased capacity for expanded counseling services by enhancing core operations, ensuring administrative compliance with government grant reporting, and data management. The office manager and receptionist have implemented processes that streamline the check-in for clients, improve confidentiality, and support scheduling of meeting spaces for the counseling team. At the same time, the new program data specialist, under the supervision of the program services coordinator, has enhanced data entry and analysis and decreased the time to data reporting. These efforts have assisted the director of counseling and vice president of operations in overall improved quality assurance, increased analysis of client/program data to ensure timely service access and effectiveness, improved client access, and counseling service quality measures.”

MOCSA



IMPROVING CAPACITY



OUTCOME:
Improved organizational structures that promote sustainable, high-quality service

Grantees strengthened their fiscal sustainability efforts through organizational changes and improvements, including increasing staff capacity for fund development by hiring new staff or contractors to spearhead fundraising and major gifts initiatives.

Thirteen grantees implemented a wide variety of internal policies and processes to improve organizational capacity, including:

- Improving data entry processes to streamline and increase data collection on client care
- Undergoing strategic planning and fund development processes with their boards
- Updating policies and procedures to meet accreditation standards
- Implementing HR policies to better support employees (e.g., offering a four-day, 10-hour work week option; creating a directory of human resources positions)

Six grantees reported receiving or renewing an accreditation or certification, including renewal of Patient-Centered Medical Home designation from the National Committee for Quality Assurance, accreditation through AdvancED, and three-year certification from the Commission on Accreditation of Rehabilitation Facilities.

Five grantees cultivated new revenue streams or grew existing revenue sources, including securing increased government grants, increasing service reimbursement rates, and maintaining endowments.



“As a result of becoming eligible for FQHC rates of reimbursement, Vibrant Health received higher levels of reimbursement for patients insured through Medicaid (KanCare) and Medicare plans than in prior years, contributing to significant improvements in fiscal sustainability.”
Vibrant Health



IMPROVING CAPACITY



OUTCOME:
Improved organizational structures that promote sustainable, high-quality service

Two grantees reported new affiliations with partner organizations and local communities that grew or improved their organization’s capacities.

Four grantees increased staff efficiency and reduced costs by introducing technology, data analysis, and organizational processes to streamline their work, as well as right-sizing clinical services and reducing administrative staffing.

Five grantees have improved spaces where they provide services to make them more comfortable and useful for staff and clients and established new service sites to expand their capacity to serve even more clients.

Eight grantees created new positions or restructured existing staff hierarchies to address critical gaps in staff capacity or skill or to meet new client needs.



“The clinical team added a new position of shelter support specialist/substance abuse counselor. This position aims to improve clinical presence in [the] shelter by adding additional evening hours to provide support. This position also serves to provide a credentialed resource for substance issue-related services, particularly for those residents that are not seeking out supportive services and whose use might be impacting the shelter community as a whole.”

Rose Brooks Center



IMPROVING CAPACITY



STRATEGY:
Develop strategic and accountable partnerships that lead to enhanced continuum of care

Grantees used their partnerships to enhance the continuum of care in several ways. For instance, six grantees developed and strengthened partnerships to improve or expand healthcare delivery.

Nine grantees reported strengthened partnerships with over 40 unique organizations.

Seven grantees reported establishing new partnerships with 15 unique organizations.

Four grantees used their partnerships to provide greater access to care and resources.

Three grantees created stronger networks for referrals, both internally and externally.

Three grantees shared and analyzed data with their partners.



“We have an ongoing partnership with Health Partnership Clinic. They continue to come to our agency once per month to provide health care services for all clients and dental care for our shelter residents. This partnership is extremely important to helping clients maintain their physical health, which is a key component to having healthy mental health outcomes. We have taken steps to increase these visits to twice per month.”

Safehome

“This project has significantly improved the link and coordination between the Allen county drug court and SUD providers. Additionally, communication and coordination of services between the jail and SUD providers has significantly improved. New access to the jail has been gained by providing technology to link the mental health center with the jail. Additionally, the case manager associated with this project has assisted consumers in accessing health care through local medical providers and accessing necessities of life such as housing, clothing, and food resources.”

Southeast Kansas Mental Health Center



IMPROVING CAPACITY



OUTCOME:
Enhanced partnerships
that improve
efficiency and
sustainability

Through their new and strengthened partnerships, **seven grantees** increased community outreach and access to services through referrals or shared events and trainings.

Partnerships played a key role in **three grantees'** development of more robust wraparound services for clients.

By working with partners, **five grantees** strengthened health care service delivery.

Three grantees improved communication and coordination with partners.

Three grantees reported improved internal processes for both themselves and their partners as a result of working together.



“Since January, we have offered eleven presentations, reaching over 239 individuals. Presentations were requested by partners on topics including cultural considerations of mental health with refugees, ethics with refugee populations, and effectively utilizing interpreters. JVS trained new staff and conducted refresher trainings, which allowed us to have an easy referral process and be a point of contact for agencies as questions arise. During the past year, JVS presentations have increased the visibility of our program, which has led to a 20 percent increase in referrals from outside agencies.”

Jewish Vocational Services

“BSD partners with Compass Health Network who continues to work together to promote the ACCESS program, implement technological and reporting practices and procedures, and provide availability to all staff and students in the Belton School District. A significant change has been Medicaid billing practices/procedures.”

Belton School District 124



IMPROVING CAPACITY



OUTCOME:
Enhanced partnerships
that improve
efficiency and
sustainability

Other outcomes included leveraging shared resources (e.g., space, hygiene products, volunteers) and increased knowledge of partners (via grantee-facilitated trainings and workshops).

Grantees listed a total of 58 partners connected to Health Forward-funded activities and services. This includes 15 new partnerships and 43 strengthened partnerships, which are listed in Exhibit 1. As described above the benefits and impact of these new and enhanced partnerships varied significantly across organizations.

Exhibit 1 | Strengthened Partner Organizations (as reported by grantees)

- Catholic Charities
- Children’s Mercy Kansas City
- City Union Mission
- Community LINC
- Compass Health Network
- Crittenton Children’s Center
- Elizabeth Layton Center
- Fox 4 Love Fund for Children
- Giving the Basics
- Harvesters
- Health Partnership Clinic
- Hillcrest Transitional Housing
- Hope Faith
- Hope House
- Ivanhoe Neighborhood Council
- Jewish Family Services
- Johnson County Christmas Bureau
- Johnson County Mental Health Center
- Kansas City area domestic violence shelters
- Kansas City’s Medicine Cabinet
- Kansas City Public Schools
- Kansas City Recovery Coalition
- KC CARE Health Center
- KVC Niles
- Lakemary Center
- Local housing authorities
- Manheim Park Association
- Marlborough Community Coalition
- Metropolitan Organization to Counter Sexual Assault (MOCSA)
- Mid America Assistance Coalition (MAAC)
- Opioid Epidemic Task Force
- Reconciliation Services
- Rose Brooks Center
- Southeast Kansas Mental Health
- State Line Animal Hospital
- Start at Zero
- Swope Mental Health
- Swope Parkway Church
- Synergy Services
- Truman Medical Center
- Troost Alliance
- United Way 211
- University of Missouri Kansas City School of Social Work

Exhibit 2 | New Partner Organizations (as reported by grantees)

- Catholic Charities
- Comprehensive Mental Health Services
- Families and Schools Together (FAST)
- Federal Corporation for National and Community Service
- Giving the Basics
- Global FC
- Healing Pathway Victim Service Agency
- Hope House
- Johnson County Library
- Kansas City, Missouri, Police Department
- Samuel Rodgers Dental Clinic
- Solace House
- Swope Parkway Church
- Truman Medical Center
- Tulane University

KidsTLC has successfully enhanced its capacity by integrating new technology, specifically transitioning to a new electronic medical record software (myEvolv) in August 2018. Over the grant period, KidsTLC has:

- Tested and built modules and systems over the past year
- Trained 150 staff on myEvolv and successfully transitioned all staff to using MyEvolv for data entry
- Transitioned two additional programs (Intensive Outpatient Program and Sanctuary Program) to myEvolv for data collection

Unlike previous medical record software, myEvolv will house all of KidsTLC's client data, not just data for clients who have services billable to insurance or Medicaid.

This has enhanced staff capacity in a couple of important ways:

- The new technology has improved workflow processes for most staff and allowed real-time entry of data.
- The entry and export of data is now being done with a significant increase in ease and efficiency. Data dashboards and reports can now be pulled internally, without the assistance of outside contractors, enhancing the organization's own learning, as well as their reporting to their staff, board, grant funders, and outside stakeholders.





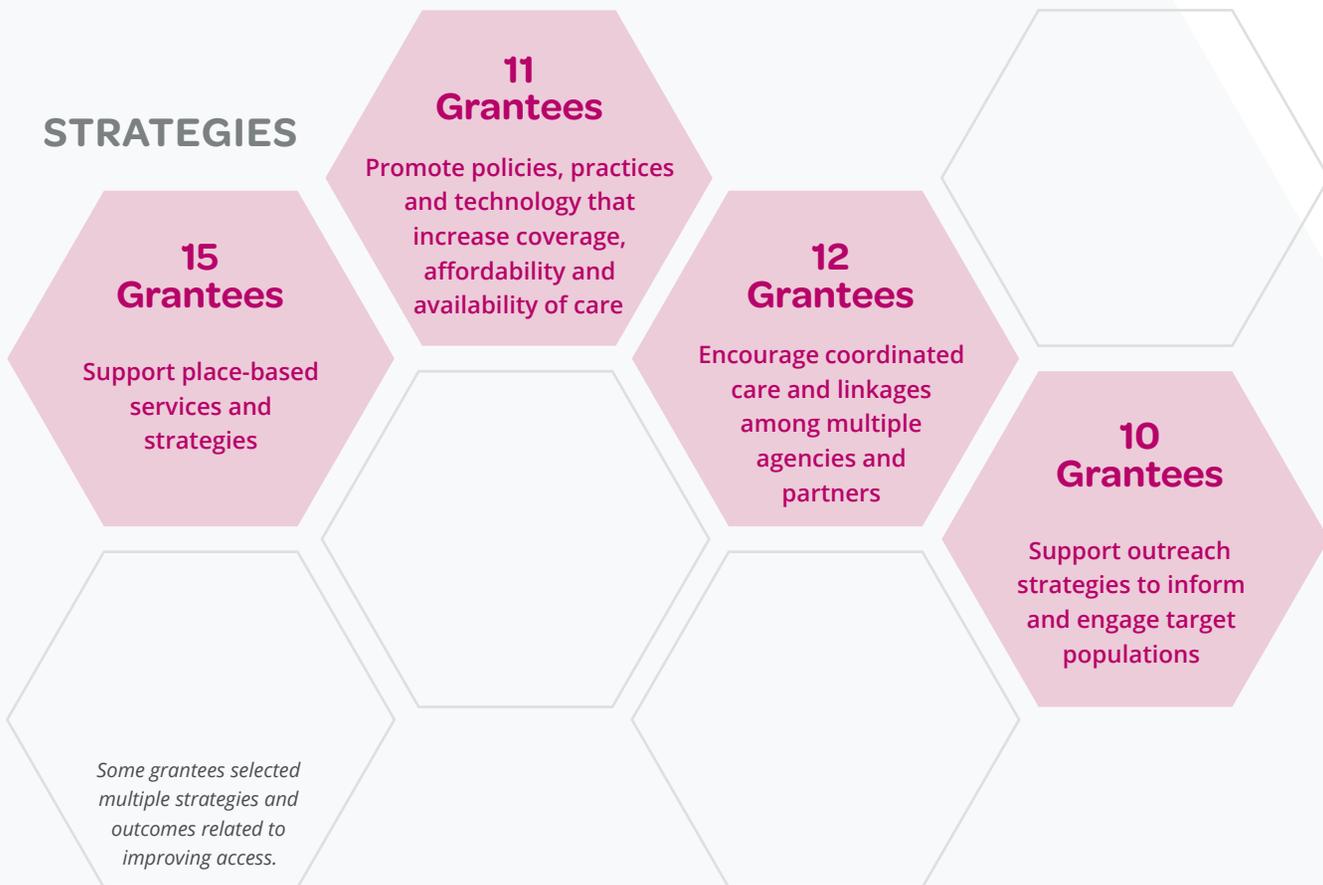
**IMPROVING
ACCESS**



IMPROVING ACCESS

Twenty-five grantees reported on access strategies and outcomes associated with Health Forward funding.

STRATEGIES



Some grantees selected multiple strategies and outcomes related to improving access.



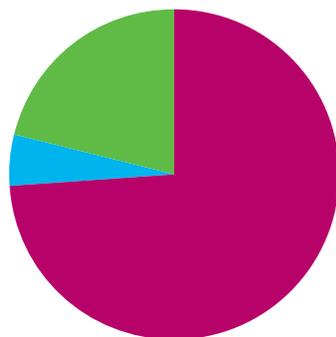
IMPROVING ACCESS



STRATEGY:
Support place-based services and strategies

Grantees’ place-based services and strategies centered on meeting clients within their own communities and schedules, or otherwise consolidating services so that scheduling and transportation ceased to be a barrier to service access.

Grantees reported:



- 74% of services provided in office
- 5% of services provided in home
- 21% of services provided in alternate locations



“Poetry for Personal Power delivered 40 hours of peer support group sessions delivered to 137 people across four agencies — Hope, Faith Homeless Shelter, Rose Brooks Domestic Violence Center, Benilde Hall, and Ebenezer Baptist Church. Sessions emphasized Peer Support Core concepts including grief and loss support and the use of artistic tools to aid with coping skills and planning mechanisms. The main focus for members in the shelter programs was rehabilitating, healing, and setting goals toward re-entry into the community.”

Poetry for Personal Power

“With the implementation of solution-based casework (SBC), we have been able to successfully provide evidence-informed case management and clinical interventions in a home environment. Our Intensive Inhome Services (IIS) and Family Reunification Services (FRS) programs both use the SBC model to ensure families remain intact and are provided with support in the home. Our IIS/FRS specialists and foster care case managers work with families to identify solutions to everyday life situations that can turn into crisis situations for families with limited resources. Specialists work with families to develop “Family Level Action Plans” around areas such as: daycare, supervision, housing, medical care, structure and routine, discipline.”

Cornerstones of Care



IMPROVING ACCESS



STRATEGY:

Support outreach strategies to inform and engage target populations

Four grantees built relationships with target populations by making their staff accessible and visible – particularly during public events – to discuss service offerings at the organization.

Four grantees took advantage of consumer attendance in certain activities to publicize related services they offer. Expert staff were often part of this outreach as well.



“As part of the Peace of Mind program we worked hard on coming up with ideas to reach the high school population. We felt like they were an ‘untapped’ resource. Students there don’t come forward as easily to sign up or to request mental health services. To combat this issue, the therapist put on ‘Lunch and Learn’ activities. She would buy the students lunch and would present [on] different topics (ex: anxiety).”

Humboldt USD 258



IMPROVING ACCESS

OUTCOMES (n=25 grantees)



Some grantees selected multiple strategies and outcomes related to improving access.



IMPROVING ACCESS



OUTCOME:

More affordable,
available, and
convenient
preventive and
treatment
services

Six grantees streamlined service delivery and intake logistics, reducing wait times and making program enrollment and participation more convenient for clients.

Twelve grantees improved the relevance of their services to clients' needs (e.g., improving staff members' second language abilities to better match clients, offering spaces for clients with specific physical needs).

Three grantees reported on engagement in policy advocacy to expand the funding for and provision of key mental health services. For example, Footprints participated in a "recovery day blitz" at the Missouri Capitol to advocate for recovery support funds in the state budget. These efforts helped pave the way for the state's allocation of recovery support funds in the current Missouri State Budget.

Nine grantees improved on factors directly related to the affordability and accessibility of services, including offering services at times and locations that fit with clients' schedules and offering free or discounted services.



"Lag-time to care was an issue. Students don't have to wait 3 to 4 weeks to get an appointment now that services are school-based. If there is a concern, the student can get an appointment immediately ... They don't have to count on a parent to take off work to take them. They are just taken out of class by the therapist for their appointment at school. It is fantastic to see those barriers being broken down and kids who never would have had the chance to access mental health services now can."

Humboldt USD 258



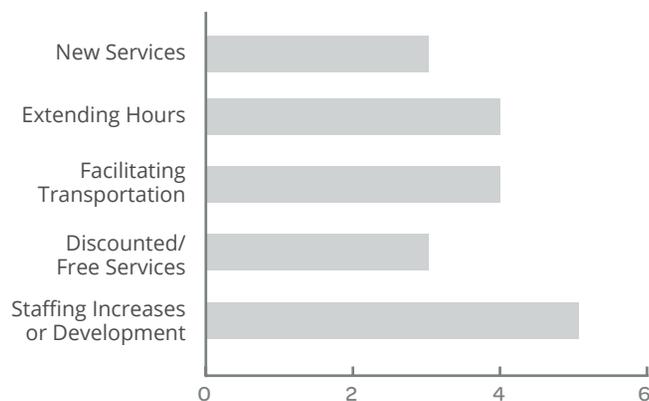
IMPROVING ACCESS



OUTCOME:
Consumers successfully navigate through the service delivery system

Overall, grantees reported moderate increases in consumers access. Some of the measures used included the number of individuals served, the number of visits, and the number of consumers receiving clinical services for the first time. Since organizations reported on a range of metrics, the data could not easily be aggregated. Still, many grantees saw increases in this access outcome, regardless of the specific indicator used. These shifts may be connected to increased service capacity, improved engagement, and other efforts to improve access.

SERVICE IMPROVEMENTS



“Sheffield Place made a careful review of the adequacy of the hours that services were provided in light of client needs. The agency concluded that with the dramatic increases in the percentage of clients who are employed, psycho-educational groups should be offered during the daytime hours as well as in the late afternoon/early evenings. As a consequence, the number of groups expanded to 30 hours each week from 22 hours. This way, clients have the ability to attend groups regardless of their work schedules. In addition, Sheffield Place has expanded programming to include offering meditation each week during daytime and evening group hours.”

Sheffield Place



IMPROVING ACCESS



OUTCOME:
Improved individual
and community
engagement in
mental/behavioral
health wellness

Several themes emerged within this outcome:

- **Improving the consumer experience**

Grantees focused on developing staff and offering supplemental services to consumers to make their activities more appealing to target populations.

- **Improving services**

Grantees improved the relevance of their services to clients' needs (e.g., using staff members' second language abilities to better match clients' needs).

- **Sharing tools for recovery with consumers**

Grantees included consumers in their own process of recovery by involving them in decisions relevant to their recovery paths and sharing strategies with consumers so they can improve their health through their daily lives.

- **Personalization of care**

Grantees focused on tailoring their services to specific consumers. This included not only personalization of services, but also adjusting procedures, such as providing transportation for consumers who need it.



“The clinical program initiated a new group in 2018 for both adults and children called “Mindful Minutes” which encompasses a 15-minute activity that focuses on mindfulness and remaining present that is offered on-site in the agency’s shelter facilities as a way to increase client engagement and connection to services offered by the clinical program. Hope House’s clinical program also added an additional supportive recovery group. This group is held in the evening on the agency’s Independence campus and open to all survivors seeking support for a wide range of recovery topics.”

Hope House

“Check boxes were added on the closing form to track client referrals to community services that were made during the treatment process. During treatment, the clinician follows up with clients to explore progress on utilization of community referrals and track this information in the client’s daily progress notes.”

The Family Conservancy

KC CARE promoted a range of policies and practices to increase access to mental health services.

Over the grant period, they:

- Offered walk-in appointments with behavioral health consultants and for established psychiatry patients.
- Launched a streamlined scheduling model to improve staff productivity and increase capacity without increasing staff size.

By categorizing patients by the chronic or acute nature of their behavioral health needs and scheduling them accordingly, KC CARE has seen a reduction in missed appointments and improved staff capacity.

- Implemented an attendance policy for all behavioral health patients. This policy directs staff to work with patients to address any barriers they may face to attending their appointments. Resources include transportation assistance as well as early morning and evening appointments.

In cases where attendance remains an obstacle, the attendance policy prompts that individuals receive care via walk-in appointment availability, freeing up scheduled appointment slots to those who are better able to attend.

- Added behavioral health consultants at all primary care offices. As part of integrated care, mental health, substance use, and domestic violence screenings are a standard part of primary care appointments to quickly identify any possible concerns. Consultants are available at each location to offer immediate assistance if a primary care provider identifies a mental health need in the course of an appointment.

The behavioral health consultant model has provided a number of benefits related to access.

“KC CARE offers a connection with a behavioral health consultant for targeted brief therapeutic intervention to address any immediate needs, and to determine what type of treatment is the best fit for the individual long-term.

Individuals can typically access these services more quickly than traditional therapy or psychiatry.

We have seen that in many cases, this targeted and more immediate treatment is the more appropriate approach when addressing acute issues or crisis management. This procedural change has created added accessibility of the necessary services for individuals requiring immediate assistance and has allowed us to reserve traditional therapy appointments for those needing treatment for issues such as complex trauma histories, recurrent major depression, and severe anxiety disorders.” *KC Care Health Center*





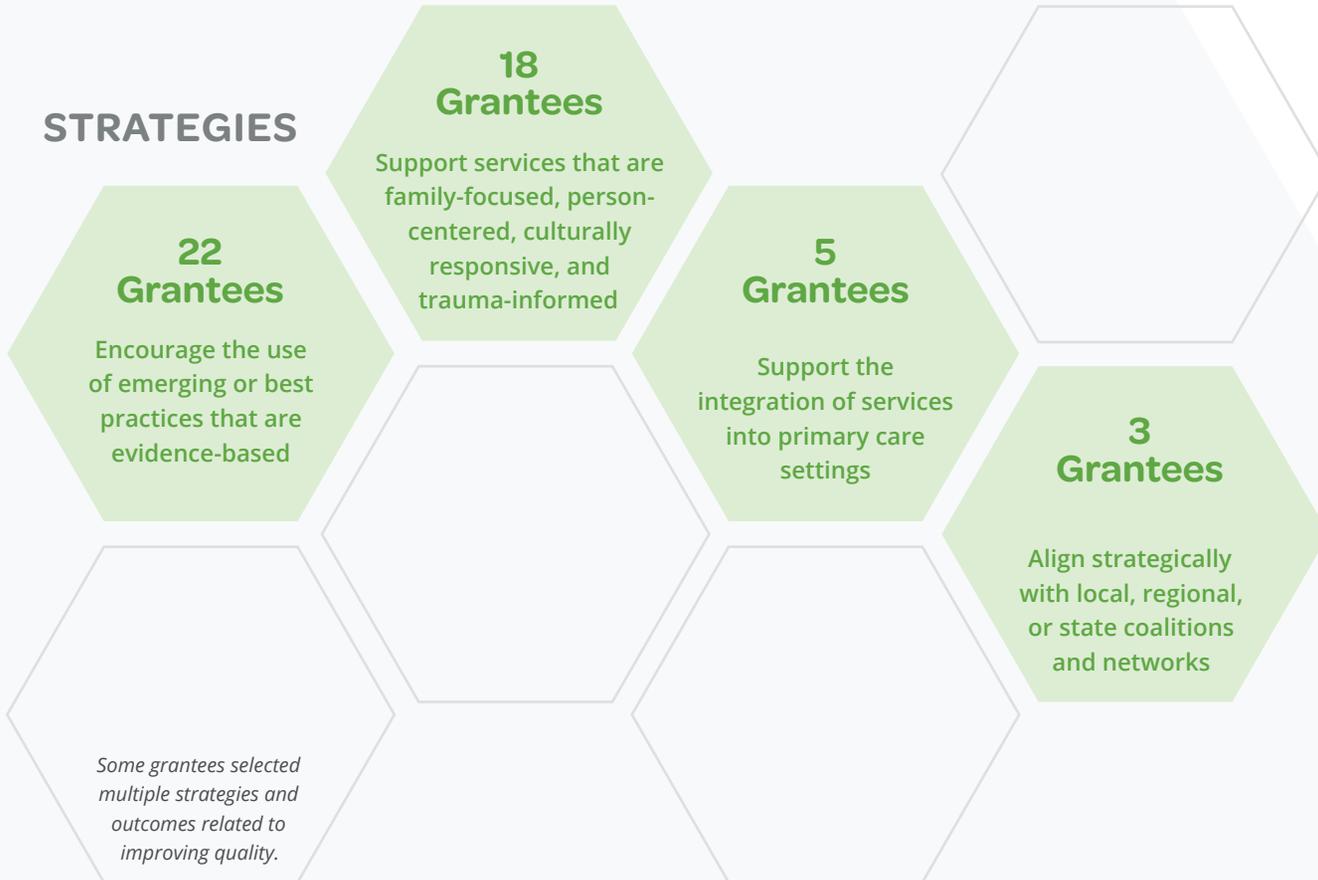
**IMPROVING
QUALITY**



IMPROVING QUALITY

Twenty-six grantees identified quality strategies and outcomes associated with Health Forward funding.

STRATEGIES



Some grantees selected multiple strategies and outcomes related to improving quality.



IMPROVING QUALITY



STRATEGY:

Encourage the use of emerging or best practices that are evidence-based

Eleven grantees focused on providing evidence-based training to their staff, supporting them in seeking credentials in evidence-based practices, and introducing evidence-based approaches as guidelines for improving care. These trainings covered a wide range of topics, including EMDR, medication-assisted recovery specialist training, trauma-informed care, and Healthy Families America home-visiting trainings.

Two grantees focused on using best operational practices, including improving electronic health record systems and data tracking procedures.

Fifteen grantees focused on developing explicit activities or procedures to implement evidence-based practices with consumers.



“We are committed to making sure that our staff members are taking part in training that will equip them to deal with the population on which we are focused. One example of this is that fact that we have helped eight staff members to obtain the Medication-Assisted Recovery Specialist credential through a four-month training experience conducted by the Missouri Credentialing Board.”

Footprints

“Previously, the Mandt system was only taught to employees working in a direct service capacity. In order for it to truly be a universal strategy and for employees to have a “shared language,” we decided to have Mandt training be a requirement for all employees. With over 400 employees after the merging of Open Options and Life Unlimited, we have begun offering the full Mandt training as a two-day daytime course weekly and as a three-evening course every other week.”

Open Options

“CAPA’s Family Support Services is promoting the use of best practices by becoming officially affiliated with the Healthy Families America (HFA) home-visiting model with the goal of full accreditation by 2020. HFA is a best practice endorsed by Health and Human Services and is the signature homevisiting model for Prevent Child Abuse America. It is widely used across the United States and is acknowledged as an effective strategy for reducing child-maltreatment while also strengthening the family system.”

Child Abuse Prevention Association



IMPROVING QUALITY



STRATEGY:

Encourage the use of emerging or best practices that are evidence-based

Exhibit 3 at right lists the evidence-based and emerging practices that were reported by grantees. This is not a complete list of such practices employed by grantees, but simply a sample of those practices highlighted in their reports. The number of grantees who reported using each practice or tool is noted in parentheses.

Exhibit 3 | Emerging and evidence-based practices and tools used by grantees (n=21 grantees)

- Acceptance and Commitment Therapy
- Behavior Intervention Support Team (BIST) Model
- Cognitive Behavioral Therapy (6)
- Conscious Discipline
- Dialectical Behavior Therapy (3)
- Emotional Freedom Technique (EFT)
- EMDR (11)
- Relapse Prevention Therapy (RPT)
- Guided Imagery
- Healthy Families America Home-Visiting Model
- Heart Centered Hypnotherapy
- Illness Management & Recovery
- Individual Placement & Supportive Employment Model
- Integrated Treatment for Co-Occurring Disorders
- Integrative Treatment for Complex Trauma, Alternatives for Families CBT
- Mandt System
- Medication Assisted Recovery Specialist
- Mindfulness Therapy (2)
- Modified Therapeutic Community
- Motivational Interviewing (3)
- My Way to Health
- Parent-Child Interaction Therapy
- Person-Centered Therapy (2)
- Person-Centered, Family-Systems, and Strength-Based Approaches
- Play Therapy (3)
- Psychosocial Interventions
- Risking Connection (RC)
- Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Seeking Safety
- Solution-Based Casework
- Solution-Focused Brief Therapy (4)
- Skills Training in Affective and Interpersonal Regulation (STAIR)
- Strengths-Based Case Management (SBCM)
- Thinking for Change Training
- Tobacco Treatment Specialists
- Trauma-Informed Approaches & Care (6)
- Trauma Recovery & Empowerment Model (TREM)
- Trauma Smart
- Trauma-Focused Cognitive Behavioral Therapy (6)
- Trauma-Sensitive Yoga
- University of Oklahoma's Problematic Sexual Behavior-Cognitive Behavioral Treatment protocol
- Zero Suicide Academy and Learning Collaborative



IMPROVING QUALITY



STRATEGY:

Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

Five grantees engaged consumers' families in the process of improving mental health, or otherwise facilitated improved relationships or communication between the consumer and their family.

Four grantees engaged consumers in the process of service delivery. This included counseling activities and considering individual preferences and worldviews in service delivery.

Four grantees took steps to make services more accessible or relevant to different cultural groups, often by employing translators or training staff in cultural responsiveness.

Nine grantees explicitly noted how their approaches to service delivery were sensitive to consumers' trauma, typically through the use of established trauma-informed therapeutic methods.



"We provide family therapy and therapy for individuals in the family. We encourage both types of therapy to give families a sense of healing from trauma together. We promote healthy parent-child bonds with the non-abusive parent."

Safehome

"Training and development opportunities in trauma-informed crisis de-escalation were implemented universally to all organization staff. Additional trauma-focused trainings were provided to behavioral health staff to promote a trauma-informed, trauma-focused approach."

KC CARE Health Center



IMPROVING QUALITY

OUTCOMES (n=26 grantees)



Some grantees selected multiple strategies and outcomes related to improving quality.



IMPROVING QUALITY



OUTCOME:
Consumers
successfully
navigate through
the service
delivery system

Grantees measured improvement in:

- **Functioning**
- **Emotional, psychological, or social well-being**
- **Recovery from trauma**

Across 11 grantees, the majority of consumers participating in grantee activities experienced improved mental and behavioral wellness.

Seven grantees saw consumers increase their understanding of their own mental health diagnoses and gain strategies for treating symptoms.

Nine grantees tracked improvements to consumers' mental health, including satisfaction with therapies, reductions in anxiety, and increases in quality of life.

Four grantees saw increased involvement by consumers in planning their treatment, as well as satisfaction with their progress and the services they received.

Nine grantees reported reductions of racial/ethnic disparities. Grantees overwhelmingly reported increased outreach, access, and engagement with the mental health care system as evidence of this reduction.



"Our therapist employs Janina Fisher's Psychoeducational Flip Chart: 22 diagrams with text summarizing the most current research and theoretical concepts in trauma treatment in a simple graphic format understandable for most clients ... Surveys of clients who have worked with our therapist report a sense of relief as their puzzling and disturbing reactions as a result of trauma begin to make sense."

Amethyst Place

"It is shown that through the engagement of services that most clients gain and/or increase their understanding of barriers and changes to their lifestyle that can affect their current situation. Specifically for youth, 53 percent of engaged clients exhibited a reduction in psychiatric symptoms and 81 percent reported that they had learned coping skills they can use when they leave reStart."

reStart



IMPROVING QUALITY



OUTCOME:
Improved use of
evidence-based
practices in
service delivery

Grantees reported a wide range of evidence-based tools used to measure functioning and track outcomes and impact:

- ACE surveys
- Burn's Brief Mood Survey - Depression and Anxiety scales
- Child PTSD Symptom Scale (CPSS)
- Devereaux Resilience Scale
- Generalized Anxiety Disorder 7-question assessment (GAD-7)
- Outcomes Questionnaire 45.2
- Patient Health Questionnaire – SADS
- Patient Health Questionnaire – 9 (PHQ-9) measure for depression
- Peer Satisfaction Scale
- Piers-Harris 2 Self-Concept Scale
- Protective Factors Survey
- PTSD Checklist for DSM-V (PCL-5)
- QPR Scale
- Subjective Units of Distress Scale
- The Childhood Trust Events Survey
- The Trauma Recovery and Empowerment Profile
- UCLA PTSD Reaction Index



IMPROVING QUALITY



OUTCOME:
Consumer satisfaction with service delivery

Thirteen grantees provided data on the proportion of consumers reporting satisfaction with their visit, experience, or provider.

- Data were primarily collected through voluntary satisfaction surveys; grantees also solicited satisfaction feedback from staff, parents, and teachers.
- Grantees administered satisfaction surveys at a variety of intervals: bi-annually, quarterly, monthly, or after a certain number of touchpoints/appointments.
- Grantees asked for satisfaction in a number of ways and using a variety of scales or tools; however, we do not know which questions informed the number they provided in their grant reports.

While this information may obscure some of the nuances in capturing client satisfaction, as a general trend, clients appear to be satisfied with the quality of services they receive from Mental Health grantees.

Among
2,743 individuals,
97 percent

reported they were satisfied with their visit, experience, or provider.

Guadalupe Centers Schools (GCS) worked to increase quality by implementing emerging and best practices, including a range of activities targeting staff, students, and parents. Over the grant period, they have:

- Achieved district-wide implementation of the BIST (behavior intervention support team) model, to foster a safe environment and enable youth to gain new skills to participate more fully in their homes, schools, and community.
- Offered parent education nights to equip families to identify and respond to at-risk/inappropriate behaviors and symptoms which can lead to increased mental health and behavioral concerns. Programs included suicide prevention, parenting techniques, safe, online habits, mental health, and bullying prevention.
- Launched a districtwide online reporting tool for creating and sustaining a safe school environment.
- Provided professional development to school staff on trauma-informed practices including crisis response, mental health awareness and strategies in the educational setting, BIST model, signs of suicide, and culturally responsive classrooms.
- Implemented at the high school level the Green Dot program, which trains students to recognize behaviors and situations that could lead to violence and identify ways to safely intervene.
- Implemented the SOS Signs of Suicide Prevention program, a school-based curriculum and screening program that increases knowledge about suicide and depression and encourages students to seek help if they are concerned about themselves or a friend.

Moreover, the delivery of mental health services and prevention in this setting is culturally responsive.

The project is unique in that it aimed to provide school-based access to behavioral and mental health services for a student population largely represented by English language learners and dual-language learners. Additionally, adults with limited English proficiency make up a large portion of these students' families and caregivers. Therefore, for this target population, increasing equitable access meant creating a system of services and supports that GCS staff could provide using English, Spanish, and any mixture of the two languages. Furthermore, communication with students and caregivers required careful development of competency across cultural, educational, and technical differences.



**STRENGTHS,
CHALLENGES,
+ LESSONS
LEARNED**

STRENGTHS, CHALLENGES, AND LESSONS LEARNED

Strengths

Partnerships with other agencies and care providers allowed them to grow their activities, increase referrals, expand and streamline services, and generally improve efficiency.

- Partnerships with and support from civic leaders, as well as open, facilitated communication between care providers, partners, clients, and families, has led to a stronger continuum of care provision.
- Health Forward's role as a funding partner was mentioned by several grantees, particularly with regard to program officers' flexibility and responsiveness to grantee needs and strategy adjustments.



“Expanding our partnership with Truman Behavioral Health to include weekly appointment availability with the psychiatry rotation residents, has offered both a short-term needed resource for acute psychiatric care and a long-term connection to care for the clients we serve. Having these appointments available to clients on-site, has provided clinicians with a much-needed partner and resource for addressing mental health needs quicker.”

Rose Brooks Center

STRENGTHS, CHALLENGES, AND LESSONS LEARNED

Staff expertise and dedication to their project work was one of the most commonly cited grantee strengths.

- Buy-in and support from senior leadership was a vital support for several activities.
- Changes to staffing structure created greater leadership capacity and staff efficiencies.
- Training opportunities and relatively low turnover led to greater retention of seasoned staff and consequently higher quality of care.

Staffing and capacity changes helped several grantees reduce wait times and provide faster access to services.

Other strengths mentioned by grantees include:

- Federally qualified health center and patient-centered medical home designations
- Strategic planning processes
- Volunteers providing visibility and in-kind contributions
- New technologies
- Client resilience and ingenuity
- External factors — including heightened public awareness and support for addressing the opioid epidemic — have also had a positive impact on grantees' work



“Hope House’s core strength comes from the passion and commitment of the therapists in providing quality, effective therapeutic services. During this grant period, the program did not experience any staff turnover. Therefore, the clinical program stands strong as the seasoned staff with vast experience continue to provide therapeutic services to survivors while the agency’s comprehensive, wrap-around services provide a continuum of care for survivors and their dependents.”

Hope House

STRENGTHS, CHALLENGES, AND LESSONS LEARNED

Challenges

A number of grantees reported that **staff turnover and difficulty filling vacancies** with qualified staff posed a significant challenge to their work and their capacity.

- This was particularly true when losing trained clinical staff or staff in leadership positions.
- Limited staff capacity resulted in longer wait times for services, with potentially profound treatment implications.

Grantees report challenges in providing adequate **translation and interpretation** services and resources to their clients. They cite a lack of available translated materials, greater need for multilingual staff, and a growing client population speaking indigenous languages or dialects.

External factors, including the rising cost of housing, stigma around mental health, and a growing need for mental health and other services has strained grantees' ability to provide treatment and meet the community's overwhelming needs.

Client barriers to accessing services remain a challenge for grantees' effective service delivery. These include lack of transportation and child care, as well as difficulties related to scheduling or reducing missed appointments.

Lack of adequate funding and the need for consistent and diverse funding streams were other barriers. One grantee is attempting to strengthen billing and third-party payer collection processes; however, this has proven to be a complex and difficult process to navigate.

Grantees have a continuing need for support in implementing and effectively using **electronic health record systems**, creating greater efficiency in data collection and management, and accurately measuring and evaluating their work.



“Recruitment of qualified candidates for the therapist position has been an additional struggle. Low unemployment and a competitive job market for behavioral health professionals in the Kansas City area has created a difficult hiring environment for nonprofit health providers.”

KC CARE Health Center

“Increasingly, more individuals who speak indigenous languages are moving to our community, and there are incredibly few, if any interpreters, who can assist these individuals in person or via telephone. Even if they speak the same language (i.e. Mixteco), there could be variations that make it difficult or impossible to understand the interpreter (i.e. Mixteco Alto, Mixteco Bajo, Mixteco de la Costa).”

Mattie Rhodes Center

“It is challenging to accurately measure client progress considering the instability of our service population, but we are working to update our electronic medical health record system to better document and measure appropriate outcomes, so we are able to more accurately track client goals.”

Reconciliation Services

STRENGTHS, CHALLENGES, AND LESSONS LEARNED

Lessons Learned

Grantees are learning new approaches and strategies for addressing extended wait times for services and providing immediate care for acute cases.

“The counseling department uses software such as Apricot, Tyler, and other data-collection tools. This has proven especially valuable as the workload of Genesis counselors requires consistent management of group and individual sessions as well as frequent crisis response and management within the school. If a Genesis student is in crisis, immediate intervention is provided, and this typically involves a counselor being dispatched to assess the situation and provide appropriate intervention. Finding new ways to track and utilize data continues to be crucial for maintaining high levels of services.”

Genesis School

“We have learned that in order to alleviate any type of wait list for students needing care that the addition of two, school-based therapists (SBT) is a necessity; therefore, for the current 2018-2019 we have increased our number of SBTs from four to six.”

Belton School District #124

Grantees are building deeper and more trusting relationships with other staff, their clients, and the communities they serve.

“This past grant year has been extremely difficult on the Child Assessment staff as they were short one forensic interview for several months along with the fact that there was an increase of 5 percent in the number of children needing services. The leadership made more of a concerted effort to care for the program staff’s mental and emotional well-being during this time. It has always been a focus of Sunflower House to be a trauma-informed agency and to care for staff’s mental and emotional needs. This past year has been a good test of that and we have succeeded.”

Sunflower House

STRENGTHS, CHALLENGES, AND LESSONS LEARNED

Lessons Learned

Grantees are learning how to meet clients where they are and adapt their activities to address the unique and changing needs of the communities they serve in the face of a shifting social and political landscape:

“Children who experience severe deprivation typically need highly supportive care and often therapeutic intervention to mitigate the adverse effects and facilitate recovery. To address this need we hired an additional case manager in the summer of 2018 to focus on child interventions, enhance our home-based interventions, and work with moms who are often parenting sober for the first time. This position will work with every parent to identify interventions that ensure children receive the care and support they need to be successful in school and at home.”

Amethyst Place

“Sheffield Place serves families with multiple, substantial barriers to success. The number of complex challenges posed by the clients’ backgrounds — deep and persistent trauma, homelessness, drug use, chaos and violence — make their successful recovery and quest for self-sufficiency a very difficult path ... These issues were a factor in the agency’s decision to increase the number of group hours by providing daytime groups. The assistance provided by such groups as dialectic behavior therapy, communications, healthy relationship, and others provides an alternative narrative for the women. The effect of the mothers’ views and needs on the children partly inspired the addition of the children’s case manager to ensure that the mother learns about the options that are available to meet the education, health, and other needs of their children and have assistance in addressing them.”

Sheffield Place

“The biggest lesson learned was in regards to the challenge of helping clients apply for Medicaid and maintain the benefit. Nurse care managers are not trained in assisting in applications, and not all clients have community support workers. Steps are being taken to educate the nurse care managers on connecting consumers to Human Arc, an organization that works with organizations by helping consumers apply for government assistance and disability benefits. This was initially considered more of a community support worker or intake clinician function, but the need to expand this capability has become more obvious.”

Tri-County Mental Health Services

“Our male clients continue to struggle with completing the intensive 10-week program, often dropping off around the six-week mark due to things like getting employment, addiction relapses, unstable housing, social pressure, etc. In light of this trend, we are working to develop a modified REVEAL Trauma and Depression Therapy program that would run for six weeks. This condensed option would still retain the curriculum milestones and aim to equip participants with the tools they need in order to reduce their symptoms of depression and PTSD. We have seen improved interest and participation since the addition of our new men’s curriculum, Seeking Safety, which deals primarily with PTSD and addiction.”

Reconciliation Services

STRENGTHS, CHALLENGES, AND LESSONS LEARNED

Lessons Learned

Grantees are learning how to compensate for limited staff capacity or address gaps in services using adaptive, creative solutions:

“A lesson learned is that demand exceeds the supply of skilled behavioral health providers in the greater Kansas City area. It took five months to hire one bilingual behavioral health specialist and seven months to hire a second. Insufficient local psychiatric nurse practitioner and psychiatrist capacity led to meeting our need for onsite psychiatric services using a telepsychiatry provider.”

Vibrant Health

“Although the effort from the organization has been great in the attempt to recruit such a therapist, as with most other behavioral health care organizations in the state, Compass Health Network has been unsuccessful in hiring bilingual therapists. In place of these individuals, the organization utilizes interpreter services for non-English speaking clients ... Compass Health Network and their customers have been extremely satisfied with the interpreter services to date, as interpreters prove to be very effective in communicating with non-English speaking clients; however, the organization still desires to have a bilingual therapist on staff to provide more comprehensive, culturally-sensitive services, bringing a true benefit to the organization and to the rural communities of Missouri.”

Compass Health Network

Grantees are learning how to better capture the outcomes and impacts of their work and to use that data to greater effect:

“During the project period, staff continued to learn how the system could be utilized to achieve the final goal of providing extensive “behind the scenes” support. As a result, all program managers will have the ability to audit data quality; and all senior program managers will be able to easily monitor the quality of work being provided by each clinician.”

Kids TLC

**MOVING
FORWARD**

MOVING FORWARD

This report is the first time Mental Health grantees have reported grant results within the theory of change framework. We are excited to now be able to see the scope of accomplishments across the larger Mental Health portfolio.

Our grantees were encouraged to select the most relevant strategies, outcomes, and indicators for their grant-funded program. Grantees collected and reported a significant amount of evidence to support the outcomes of their grants. However, this report represents only a portion of the work done by our grantees; they address a wide variety of community health needs that are not acknowledged in this report.

Report Highlights:

- Maintaining a consistent, qualified, and diverse workforce has been an ongoing challenge in this region. There was an explicit focus on workforce and organizational development within this funding round. Grantees supported their staff by hosting or encouraging staff to attend professional development opportunities, gain new certifications, and disseminate learnings to other staff. Organizations bolstered their support of staff through an increase in supervision and mental health care, and expanding or adding remote work.
- In building organizational capacity, grantees focused on accreditation or organizational stability. Grantees earned or renewed accreditations or certifications. Grantees also reported new affiliations with partner organizations that improved their organizations' capacities.
- Grantees continued to emphasize the implementation of emerging and evidence-based practices. Across the portfolio, grantees reported using diverse practice models to better meet the complex needs of consumers. Some grantees focused on improving quality by ensuring model fidelity, improving staff competency, or increasing the number of credentialed practitioners.
- To improve the quality of health care, grantees reconsidered the consumer experience they were providing. Grantees changed policies and procedures, and implemented new practices to improve consumer engagement. With funding, grantees were able to tailor services to meet specific needs, resulting in improved consumer satisfaction.

We are grateful to our grantee partners both for their work in this area and their willingness to report a substantial amount of information to us. Based on our first year of data and feedback from our grantees, we continue to refine our reporting process and to be responsive to the needs of our community partners.

The accomplishments highlighted in this report are ones we can all be proud of. As we move forward, our partners are building on successes, sparking results, and continuing to ignite a culture of health for our community.

**GRANTEE
SNAPSHOTS**

AMETHYST PLACE

GRANT NAME

Family support therapist

REPORT ABSTRACT

Children who experience severe deprivation typically need highly supportive care and often therapeutic intervention to mitigate the adverse effects and facilitate recovery. To address this need, Amethyst Place hired an additional case manager in the summer of 2018 to focus on child interventions, enhance their home-based interventions, and work with moms who are often parenting sober for the first time.

Amethyst Place's on-site therapist is essential to family reunification and stabilization. Most children arrive with a host of emotional issues that are a result of homelessness, separation, and addicted parenting, making the need for family therapy essential to improve family functioning and reduce the risk of child abuse. Amethyst Place served 59 adults and 110 children during the grant funded period.

A typical client is a homeless woman, 30 years old, high school dropout, living on less than \$10,000 per year — including all public assistance — with a family history of poverty and addiction, raising two children under 7 years old who have previously lived in foster care. Major outcomes from on-site therapy include:

- Families are reunited and stabilized
- Mothers are able to focus on children's well-being
- Mothers have improved ability to maintain their sobriety during times of stress
- Mothers report increase parental awareness and satisfaction
- Children are better able to regulate their emotions, leading to greater success in home and school environments.

The therapist meets with each client during multiple sessions to determine appropriate therapeutic interventions, while using a variety of evidence-based therapies under the canopy of trauma-informed, client-centered, solution-focused, multicultural therapies.

GRANT DETAILS

GRANT AMOUNT

\$56,000

PROJECT BUDGET

\$134,226

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

171

STRATEGIES



- Develop strategic and accountable partnerships that lead to enhanced continuum of care



- Support place-based services and strategies
- Encourage coordinated care and linkages among multiple agencies and partners



- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed
- Encourage the use of emerging or best practices that are evidence based

BELTON SCHOOL DISTRICT #124

GRANT NAME

ACCESS program

REPORT ABSTRACT

The ACCESS program within the Belton School District (BSD) is a mental health program, providing school-based therapy services, and is available to all students, kindergarten through 12th grade. The district's current student population is 4,432, of which 50.9 percent receive free or reduced lunch. 52.6 percent have private insurance and 40.5 percent of the student body is on Medicaid, while the remaining student body has no insurance or medical coverage is not known.

This grant provides funding for four, full-time, school-based therapists who are available to students in each of BSD's K-12 schools. Implementation of this program would not be possible without BSD's partnership with Pathways, which provides the therapists for this program. BSD has learned that, to alleviate any type of wait list for students to receive care, the program would need to add two therapists.

While this grant overlaps school years, BSD maintained four full-time therapists in its schools for the 2017–2018 school year; however, for 2018–2019 term, the district has added two therapists for a total of six, full-time, school-based therapists. Medicaid's billing changes allow the school district to bill Medicaid for reimbursement using 'school' as a location code. This new location code has enabled the district to grow this program, at least for the current school year. Because this is a new process, BSD is not yet certain of the financial outcome of this resource.

However, for this grant cycle, the district had a total of 4,364 services, serving 225 clients through consulting, case management, individual therapy sessions, and family therapy sessions. They hope to continue to grow this program to provide a full-time school-based therapist in each of BSD's nine K-12 school buildings.

GRANT DETAILS

GRANT AMOUNT

\$245,626

PROJECT BUDGET

\$472,835

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

225

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity



- Promote policies, practices, and technology that increase coverage, affordability, and availability of services
- Support place-based services and strategies
- Encourage coordinated care and linkages among multiple agencies and partners
- Support outreach strategies to inform and engage target populations



- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

CHILD ABUSE PREVENTION ASSOCIATION (CAPA)

GRANT NAME

Family support services

REPORT ABSTRACT

Health Forward Foundation supports the Child Abuse Prevention Association's (CAPA) Family Support Services (FSS). Core to CAPA's mission is the prevention of adverse childhood experiences in the form of child abuse and neglect. CAPA believes that prevention is best accomplished by strengthening the family systems within the community. Health Forward funds cover a portion of the FSS personnel costs and some program costs — mileage, supplies, and travel costs — as well as support for the costs associated with becoming an affiliate site for the evidence-based model, Healthy Families America. CAPA's FSS programming includes services that support the family on three levels; the caregivers, the family as a whole, and the community. The programs offered are Healthy Family Connections home-visiting program, Strengthening Families group, and community prevention education.

FSS programming is available to all families regardless of socio-economic status, and 99 percent of clients are residents of Jackson County. CAPA grew by three positions in 2018. The program gained a full-time supervisor and two additional case-manager positions. In the first year of this two-year grant, CAPA served a total of 88 clients. Family Support Services prevent child abuse by increasing the protective factors such as family resiliency, knowledge of parenting and child development, and social supports within the family. They also help to increase bonding and attachment between parents and children. These tools give CAPA a powerful and verifiable strategy for helping to keep kids safe from traumatic childhood experiences as they grow up.

GRANT DETAILS

GRANT AMOUNT

\$63,549

PROJECT BUDGET

\$293,737

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

88

STRATEGIES



- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

CHILD PROTECTION CENTER

GRANT NAME

Forensic interview, family support, and mental health services

REPORT ABSTRACT

Child Protection Center's (CPC) served 769 children between the ages 3-17 and their caregivers through forensic interviews and advocacy services. The children were alleged victims of sexual and physical abuse, or witnessed a homicide or extreme violence, and reside in Jackson, Cass and a portion of Lafayette counties in Missouri. CPC's mental health services team served 92 children and 105 of their caregivers during the grant period. These programs ensured that alleged child abuse victims and their families were properly identified, that their statements were made through forensic interviews, and that they had access to mental health treatments and social supports as soon as possible.

CPC's major program achievements include:

- Providing summary reports to Children's Division and law enforcement within three days of the child's forensic interview 98 percent of the time.
- Families (97 percent) that completed therapy reported a decrease in trauma-reactive symptoms and an increase in positive coping strategies.

Outcomes needing improvement include:

- 72 percent of families/caregivers were contacted within three days of the referral (goal: 90 percent).
- 79 percent of forensic interviews completed within 14 days of referral (goal 90 percent).

Lessons learned:

- The forensic interview team recognized that they are experts in providing forensic interviews and that they understand, as a nationally accredited child advocacy center, which children need to be seen by therapists and which children don't fit the criteria.
- Advocates verified the value of establishing more face-to-face relationships with community providers who can provide additional support for families.
- Therapists continued to expand their knowledge and use of additional therapeutic modalities to more effectively individualize the treatment needs for a broad range of client families.

GRANT DETAILS

GRANT AMOUNT

\$233,619

PROJECT BUDGET

\$553,407

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

788

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity
- Develop strategic and accountable partnerships that lead to enhanced continuum of care



- Promote policies, practices, and technology that increase coverage, affordability, and availability of services
- Encourage coordinated care and linkages among multiple agencies and partners



- Encourage the use of emerging or best practices that are evidence based

COMPASS HEALTH NETWORK

GRANT NAME

Pathways comprehensive health care solutions for rural Missouri

REPORT ABSTRACT

Compass Health Network was awarded funding to support comprehensive behavioral health care services to residents of Cass and Lafayette counties. Throughout the 12-month program, clinical staff provided services to 418 customers with more than 1,600 clinical services. Measurable outputs of programming included increased mental health access for individuals who lacked access for a multitude of reasons. This project was a continuation of a program supported by Health Forward Foundation to provide comprehensive behavioral health care services to the residents most in need living in targeted communities. Staff use evidence-based and best clinical practices and standards in the services they provide, which include psychiatric evaluation, medication management, and outpatient clinical services.

Compass Health Network provided clinical interventions (psychiatry, nursing, and clinical therapy programming) to 418 customers, totaling more than 1,642 clinical services/encounters. Equally important was the effectiveness of the clinical services, which was measured by client reports on their improvement in day-to-day functionality; dealing with daily problems; their ability to deal more effectively with family members; and reduction of symptoms. The customers of clinical programming participate in multiple assessments to gauge clinical success per individual, the appropriateness of provided services, and duration of treatment. Through the assessments, the majority of customers report either maintaining or improving overall functioning. Furthermore, the agency conducts ongoing satisfaction surveys across the entire system to ensure customers are happy with the services they receive. Clinical leadership continues to work with all staff and programs to increase the effectiveness of clinical services, ensuring the customer has the best possible chance of achieving goals and leading a healthy, well-balanced lifestyle.

GRANT DETAILS

GRANT AMOUNT

\$140,000

PROJECT BUDGET

\$289,988

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

432

STRATEGIES



- Promote policies, practices, and technology that increase coverage, affordability, and availability of services

- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

CORNERSTONES OF CARE

GRANT NAME

SBC implementation

REPORT ABSTRACT

The majority of children and families Cornerstones of Care serves are involved in the child welfare system. Their health and well-being are negatively impacted by abuse, neglect, poverty, and violence. Some of the mental health problems and almost all social functioning problems our clients experience are developed throughout childhood and adolescence as a result of and/or in response to these traumatic experiences. To better serve these families, Cornerstones of Care enacted strategies aimed at increasing organizational capacity to implement an evidence-informed practice model called Solution-Based Casework. Activities included improved training and increased support of staff to foster greater retention, and the creation of new positions — administrative, supervisory, and direct practitioners — to oversee initial model installation, as well as longer term efforts to support full implementation. These changes initially focused on many of the agency's home-based programs, with the goal of reaching as many families as possible through in-home service delivery.

The motivation was a desire to provide more consistent, higher quality services to children and their families — services that are family-focused, person-centered, culturally responsive, and trauma-informed. Working with community partners Missouri Children's Division and University of Missouri Kansas-City, Cornerstones of Care hoped to increase access to the aforementioned services to reach as many families as possible. Anecdotal outcome data suggests that Cornerstones of Care was successful in many of these goals, including improved infrastructure and organizational capacity, increased delivery of evidence-based services, increased consumer understanding of emotional well-being, and increased consumer engagement and satisfaction. Staff turnover and incomplete data collection structures were challenges and slowed progress at times, but these issues were ultimately overcome through the dedication, collaboration, and cooperation of staff.

GRANT DETAILS

GRANT AMOUNT

\$266,833

PROJECT BUDGET

\$20,311,149

GRANT CONTINUATION?

No

GRANT TERM

24 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

498

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity
- Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability



- Support place-based services and strategies



- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

FOOTPRINTS

GRANT NAME

Recovery Community Center

REPORT ABSTRACT

Footsteps used funds to create Kansas City's first Recovery Community Center, which provides education, information, peer support services, and fellowship for those in recovery from substance use disorder. Footprints has added a certified outpatient treatment program and a women's recovery home since the start of the project. The Recovery Community Center is located in an area with a mostly black population, and accordingly participants in programs at that location are overwhelmingly black (75 percent). The expanded programs serve indigent and uninsured individuals in need of ongoing support to overcome substance use disorder. A large percentage of those served are corrections-involved individuals (82 percent), who are in alternative sentences, and those who have recently been released from incarceration. They come primarily from the minority communities living east of Troost Avenue and the surrounding area.

Recovery Community Center offers a drop-in center, 12 Step meetings, and opportunities for drug-free recreation and fellowship to an underserved community. Over 300 individuals every week take advantage of its services, and nearly 200 individuals received services through the new, outpatient treatment program. While Kansas City is experiencing an increased impact of the opioid epidemic, there are still huge gaps in services, especially for low-income communities. Footprints is positioned to be a part of filling these gaps in services and will continue to invest in the people it employs, helping them to stay current on the best practices in the field. And, Footprints will continue to creatively work to make sure low-income and uninsured people find the services they need at the organization's facilities.

GRANT DETAILS

GRANT AMOUNT

\$75,000

PROJECT BUDGET

\$200,000

GRANT CONTINUATION?

No

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

449

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity
- Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability
- Develop strategic and accountable partnerships that lead to enhanced continuum of care



- Promote policies, practices, and technology that increase coverage, affordability, and availability of services
- Support place-based services and strategies
- Encourage coordinated care and linkages among multiple agencies and partners
- Support outreach strategies to inform and engage target populations



- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

GENESIS SCHOOL

GRANT NAME

Counseling Program with Family Services

REPORT ABSTRACT

Genesis School's counseling team strategies include providing on-site therapeutic services, crisis intervention, behavioral modifications strategies so students are successful in the classroom, and training to instructional staff on the effects of trauma and mental health issues translate to student behavior. The team also offers a therapeutic support system in place of a model based solely on discipline and consequences. Genesis School is located in the heart of Kansas City. Approximately 73 percent of Genesis School students live in zip codes with the highest violent crime rate in the region. Ninety-eight percent of students live in single-parent households, which has been shown to correlate with a higher incidence of poor school attendance, lower grades, and difficulty with social functioning. All Genesis students receive free/reduced lunch due to the Community Eligibility Provision, indicating the high probability of economic stress for families and students. U.S. Census data from 2017 showed that on average, Genesis students had already experienced four traumatic events in their life. Intended outcomes of the program include:

- 75 percent of students will achieve a minimum of two out of three goals specified in their treatment plan.
- Individual treatment plans will be created at the beginning of treatment and assessed quarterly.
- 75 percent of students receiving group therapy will demonstrate a decrease in negative behavioral symptoms as evidenced by an improved Piers-Harris 2 Children's Concept Scale score, which will be administered periodically.

The counseling team must be supportive, effective, use evidence-based therapeutic modalities, and provide behavioral modification strategies and crisis intervention. They must perpetually work to train instructional staff and provide support. Most importantly, they have to be invested in the students as individuals.

GRANT DETAILS

GRANT AMOUNT

\$152,767

PROJECT BUDGET

\$337,204

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

192

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity
- Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability
- Develop strategic and accountable partnerships that lead to enhanced continuum of care



- Promote policies, practices, and technology that increase coverage, affordability, and availability of services
- Support place-based services and strategies
- Encourage coordinated care and linkages among multiple agencies and partners
- Support outreach strategies to inform and engage target populations



- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

GUADALUPE EDUCATIONAL SYSTEMS

GRANT NAME

Bilingual Mental Health

REPORT ABSTRACT

Health Forward funding supports a bilingual mental health counselor to provide trauma-informed services to students and families served by the charter school system. To effectively implement trauma-informed care, Guadalupe Educational Centers (GES) first needed to improve its internal capacity. With this in mind, a mental health counselor was appointed for the 2016–2017 school year. While this capacity was key, more was needed. As of the 2017-18 school year our school system included complete Pre-K–12th grades with approximately 1,100 students. With Health Forward support, GES worked to:

- Provide counseling services for students impacted by trauma
- Provide critical professional development to staff throughout the schools
- Develop student programs for developing coping strategies
- Provide part funding to recruit a coordinator for these services

The project is unique in that it aimed to provide school-based access to behavioral and mental health services for a student population largely represented by English-language learners and dual-language learners. Additionally, adults with limited English proficiency make up a large portion of these students' families and caregivers. Therefore, increasing equitable access for this target population meant creating a system of services and supports that GES staff could provide using English, Spanish, and any mixture of the two languages. Furthermore, communication with students and caregivers required careful development of competency across cultural, educational, and technical differences.

GRANT DETAILS

GRANT AMOUNT

\$99,709

PROJECT BUDGET

\$246,000

GRANT CONTINUATION?

No

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

N/A

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity
- Develop strategic and accountable partnerships that lead to enhanced continuum of care



- Support place-based services and strategies
- Encourage coordinated care and linkages among multiple agencies and partners
- Support outreach strategies to inform and engage target populations



- Encourage the use of emerging or best practices that are evidence-based
- Support services that are family-focused, person-centered, culturally responsive and trauma-informed

HOPE HOUSE

GRANT NAME

Adult Therapy Program

REPORT ABSTRACT

Hope House is the largest domestic violence service provider in the Kansas City metropolitan area, and the only provider in Eastern Jackson County, Missouri. At both the Independence and Lee's Summit campuses, Hope House offers a full spectrum of services, including group and individual therapeutic interventions, safety planning, support, assessment, evaluations, and referrals to local community health organizations for psychiatric treatment as needed. During the grant period, Hope House provided therapeutic services to an unduplicated 821 domestic violence survivors. The majority of the survivors who participated in services identified as Caucasian (51 percent), African American (32 percent), and Hispanic (8 percent). The Adult Mental Health project strategically improves access to mental health and supportive recovery services by offering services on-site as well as ensuring coordinated care and linkages with local community mental health centers. This approach allows Hope House to offer free services to survivors in a confidential and safe environment with clinicians who are specifically trained to understand the dynamics of domestic violence.

During the grant period the clinical program achieved:

- 87 percent of clients increased knowledge and access to community resources
- 89 percent learned more ways to plan for their safety
- 57 percent reduced PTSD symptoms.
- 93.3 percent stated their therapist was supportive
- 88 percent rated the therapy groups as helpful or very helpful
- 100 percent felt respected and supported by their therapist
- 99.3 percent felt more hopeful about life.

Hope House uses an internal continuous quality improvement team to review, evaluate, and update the program's outcomes. For 2019, the program's outcomes have changed to more closely capture the program's goals and objectives.

GRANT DETAILS

GRANT AMOUNT

\$112,233

PROJECT BUDGET

\$573,833

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

823

STRATEGIES



- Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability



- Support place-based services and strategies
- Encourage coordinated care and linkages among multiple agencies and partners



- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

HUMBOLDT USD 258

GRANT NAME

Peace of Mind

REPORT ABSTRACT

The Peace of Mind program is a school-based mental health program that serves students in Humboldt, Kansas. The program serves pre-K through 12th grade students and families within the school district located in Allen County. As of October 2018, 111 students were receiving therapy or brief intervention services.

Peace of Mind's main goal was to provide mental health services to students. This includes providing a therapist and case manager within the school district. To alert parents about the program and initiate services, Peace of Mind sent out interest forms. The therapist conducted "lunch and learns" for the middle and high school students to help with mental health stigma. This program involves everyone since the school counselor, administrator, and teachers communicate with parents if they have concerns about a student. This program has grown exponentially, and despite initial concerns about starting services for kids after summer break, there were no issues. When assessing the goals and outcomes, the district has achieved every goal, and have learned much through this process.

Billing is the biggest issue the district has faced. To address this, the school district found that transparency with parents is important, and have also come up with alternative options to ensure students still receive services even if the family cannot pay. Communication was another struggle. Parents would not answer calls from the therapist's cell phone. The therapist had better results using a school line. Another challenge is the time-consuming paperwork the therapist must complete after an intake appointment. Overall, though, Peace of Mind is well-received, and the district is confident about the program they have built from the ground up.

GRANT DETAILS

GRANT AMOUNT

\$126,035

PROJECT BUDGET

\$340,523

GRANT CONTINUATION?

No

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

111

STRATEGIES



- Develop strategic and accountable partnerships that lead to enhanced continuum of care



- Support place-based services and strategies
- Support outreach strategies to inform and engage target populations



JEWISH VOCATIONAL SERVICE

GRANT NAME

JVS WRAP Project

REPORT ABSTRACT

Jewish Vocational Service (JVS) received funding for one year to support its therapeutic case management services. The WRAP project uses promising practices to provide direct, intensive case management and therapy services, including mental health and domestic violence counseling to 471 refugee and immigrant individuals (99 families) in Jackson, Wyandotte, and Johnson counties. Congruently, the project provided 11 trainings regarding promising practices that community partners could employ when working with refugees. These trainings impacted 239 individuals. Using presentations and outreach, JVS developed four new partnerships over the year and strengthened six existing partnerships, resulting in a 20 percent increase in outside referrals. JVS continued to provide therapeutic case management and therapy, which resulted in 80 percent of clients 18 and older who began and ended services during the year reducing mental health symptoms, and 89 percent of JVS's 213 completed goals being met.

Based on assessments and satisfaction surveys, case management and therapy services make a positive impact on overall mental health and quality of life. Allowing formal therapy options for clients appears to significantly impact their overall quality of life. Combining therapy and case management services has allowed for a holistic approach to care, and by having three full-time case managers, the WRAP project served more clients overall without having a waitlist. JVS continues to struggle with long waits for clients to access medical care, but through partnerships, they have developed processes that expedite intake and reduce the frequency clients have to go in to provide information in order to obtain services. JVS staff will continue to pursue clinical licenses to increase their capacity to address complex needs, and provide trainings to expand the capacity of community providers.

GRANT DETAILS

GRANT AMOUNT

\$100,000

PROJECT BUDGET

\$433,533

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

417

STRATEGIES



- Develop strategic and accountable partnerships that lead to enhanced continuum of care



- Encourage coordinated care and linkages among multiple agencies and partners



- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

KC CARE HEALTH CENTER

GRANT NAME

Behavioral Health Program

REPORT ABSTRACT

KC CARE Health Center's (KC CARE) behavioral health program served 2,025 individuals through 6,612 visits during the grant period:

- 631 used psychiatric services
- 351 received individual therapy
- 25 received substance abuse counseling
- 77 used case management services
- 1,573 received intervention services from a behavioral health consultant (BHC)

Of those served, nearly 50 percent represent minority populations; 74 percent earned less than the federal poverty level; and more than 85 percent were uninsured or underinsured. Behavioral health team members are dedicated to meeting each patient where they are, identifying needs, and supporting mental health through evidence-based practices. Through KC CARE's integrated approach, all patients accessing primary care services also receive a behavioral health screening. Each location houses a BHC who can provide immediate assistance or intervention if behavioral health services are necessary. KC CARE's psychiatry providers offer walk-in appointments, increasing accessibility. Case managers offer long-term support for all services necessary to achieve each patient's goals, and a psychiatric nurse practitioner assists with creating treatment plans and prescribing medications. Therapists offer short-term and long-term support in group and individual sessions. Internal capacity was improved by implementing a strategic scheduling model, offering walk-in and same-day appointments for those with acute needs, freeing up ongoing appointments for patients with chronic mental health concerns. KC CARE improved the quality of services by implementing evidence-based practices and training staff to use them to their fullest potential. While KC CARE struggled with unusually high turnover, efforts to improve quality and accessibility helped an understaffed program exceed its goals in service. These lessons will allow this program to continue to grow and evolve as a trusted mental health resource in Kansas City.

GRANT DETAILS

GRANT AMOUNT

\$325,000

PROJECT BUDGET

\$1,180,988

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

2,025

STRATEGIES



- Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability



- Promote policies, practices, and technology that increase coverage, affordability, and availability of services



- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed
- Support the integration of services into primary care settings

KIDSTLC

GRANT NAME

EMR Implementation

REPORT ABSTRACT

KidsTLC's implemented a new electronic medical records (EMR) software, which has improved data analysis, data entry, staff efficiency, billing, and care coordination. Funding supported contract work with Netsmart for the creation of the system tailored to KidsTLC's programs. The new system supports all KidsTLC's programs, including residential and outpatient mental/behavioral health services, custody prevention services, autism services, and homeless crisis intervention for children, youth, and their families/caregivers. During the grant period, 1,932 clients from all racial and ethnic backgrounds were served. These include children and youth who were struggling with mental health issues, trauma, or were on the autism spectrum. Most of the clients served are from Johnson County (95 percent) and Wyandotte County (3 percent) in Kansas, and Jackson County (2 percent) in Missouri. The most common diagnoses are ADHD, mood disorders, disruptive behavior disorder, PTSD, adjustment disorder, anxiety disorder, depressive disorder, Asperger's, bipolar disorder, oppositional defiant disorder, autism, pervasive developmental disorder, and reactive attachment disorder. KidsTLC faced challenges and learned many lessons along the way as it relates to undertaking a project of this size and scope. During the build of the new software, Netsmart staff and KidsTLC project leaders worked together to use the system to its fullest capabilities to improve workflow and enhance program/staff efficiencies.

Project outcomes include:

- KidsTLC now has greater access to better quality data.
- Staff spend less time entering data and more time providing therapeutic services to youth.
- KidsTLC has improved its continuous quality improvement processes, including streamlined reporting to external stakeholders and KidsTLC's board.
- The agency was able to move two programs into the system and improved its auditing process.

GRANT DETAILS

GRANT AMOUNT

\$100,000

PROJECT BUDGET

\$266,000

GRANT CONTINUATION?

No

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

1,932

STRATEGIES



- Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability

MATTIE RHODES CENTER

GRANT NAME

Latino Mental Health

REPORT ABSTRACT

Funding supported Mattie Rhodes Center's (MRC) Latino Mental Health program, which served 731 unduplicated individuals through over 6,000 hours of services. The Latino Mental Health program provided predominantly Latino, Spanish-speaking children and adults with intake, individual therapy, family therapy, service coordination, support groups, and psychiatry services. Funds for this project supported salary components of the following services: intake, individual and group therapy, service coordination, and other direct expenses critical to community-based holistic services. The target population served by this project were the low-income, underinsured, and uninsured (predominantly) Latino and Spanish-speaking individuals and families in Jackson County, Missouri (with an emphasis on the Northeast community) dealing with trauma, domestic violence, depression, co-occurring disorders, and other mental health issues.

Major outcomes measured in therapy demonstrate that 73.6 percent of participants experienced a decrease in depressive and/or anxiety and trauma symptoms; 74.2 percent of participants experienced improvements in well-being; 100 percent of participants maintained a decrease in one or more areas of identified need from pre- to post-assessment; and 98.3 percent agreed or strongly agreed that they are satisfied with the services they received at MRC. Through implementation of this project, MRC continues to identify challenges faced by its target population as barriers in accessing adequate mental health and social service supports (transportation, childcare, language barriers, cost). MRC has also seen an increase in the number of individuals who report fear of seeking any services because of documentation. Future mental health programming will continue to seek to reduce the disparities faced by the Latino community related to mental health.

GRANT DETAILS

GRANT AMOUNT

\$250,000

PROJECT BUDGET

\$931,151

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

731

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity



- Promote policies, practices, and technology that increase coverage, affordability, and availability of services



- Encourage the use of emerging or best practices that are evidence based

METROPOLITAN ORGANIZATION TO COUNTER SEXUAL ASSAULT (MOCSA)

GRANT NAME

Counseling for Survivors of Sexual Violence

REPORT ABSTRACT

Health Forward Foundation funding supports MOCSA's counseling program for survivors of sexual violence. The two years of Health Forward funding granted in 2017 primarily support core operating costs (salary and benefits of core operations staff) and training; supplies; and other expenses for direct service staff members, allowing the continuation of individual and group therapy services.

Outcomes include:

- Children and adolescents in individual therapy will decrease post-traumatic stress disorder symptoms
- Adults participating in individual therapy will decrease PTSD and generalized anxiety
- Adult group therapy participants will increase knowledge and skills that help them cope with trauma and its impact on their lives

From November 2017 through July 2018, the program served more than 1,000 individual clients, including 320 child survivors of sexual abuse, 301 adult survivors of sexual assault, 32 adolescent survivors of sexual assault, 287 adult survivors of childhood sexual abuse, and a combination of 123 siblings, parents/caregivers, partners/spouses. During each grant year, we plan to serve 1,100 individuals with 7,325 individual therapy sessions and 425 group therapy sessions. Individuals include: 940 child, adolescent and adult survivors of sexual violence and 160 of their loved ones (e.g. parents, siblings, partners/spouses). Clients from Jackson, Clay, Cass and Platte counties in Missouri and from Johnson and Wyandotte counties in Kansas, are served in at an office in Midtown Kansas City, Missouri, and seven outreach sites throughout the community.

GRANT DETAILS

GRANT AMOUNT

\$365,000

PROJECT BUDGET

\$2,976,734

GRANT CONTINUATION?

Yes

GRANT TERM

24 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

1,009

STRATEGIES



- Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability



- Promote policies, practices, and technology that increase coverage, affordability, and availability of services



- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

OPEN OPTIONS

GRANT NAME

Operating Support for Mental Health Supports

REPORT ABSTRACT

Open Options merged with Life Unlimited in December 2018. Life Unlimited serves people with intellectual and developmental disabilities in Metro Kansas City. Training employees to respond effectively to the needs of our clients with a dual diagnosis of mental illness is a key strategy in providing best-practice support and services.

With support from Health Forward Foundation, Open Options implemented Mandt and Tools of Choice trainings. This project was challenging to continue because of staffing changes and the merger process; however, these challenges informed strategic changes in Life Unlimited's training department. Open Options believes its commitment to employee training sets it apart in the disability services community.

GRANT DETAILS

GRANT AMOUNT

\$31,404

PROJECT BUDGET

\$31,404

GRANT CONTINUATION?

No

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

N/A

STRATEGIES



- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

POETRY FOR PERSONAL POWER

GRANT NAME

Local EBP Peer support implementation

REPORT ABSTRACT

This project addresses the need to provide peer support to enable mental health well-being and substance abuse recovery for at-risk youth and young adults emerging from inpatient substance use treatment, incarceration, or psychiatric hospitalization in the KC Metro area. Poetry for Personal Power worked to launch a local adaptation of the evidence-based CANEI peer-support model, a community health work wraparound service. Health Forward support funds direct peer support services to the at-risk youth, provided by artists, coaches, and peer support specialists. Funds are also used to provide a small amount of salary support, as well as a healthy amount of training in mental health well-being, program assessment/evaluation, well-being assessment, psychiatric facilitation, and life/vocational skills.

GRANT DETAILS

GRANT AMOUNT

\$50,000

PROJECT BUDGET

\$466,550

GRANT CONTINUATION?

No

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

N/A

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity



- Support outreach strategies to inform and engage target populations



- Encourage the use of emerging or best practices that are evidence based

RECONCILIATION SERVICES

GRANT NAME

Mental Health Services

REPORT ABSTRACT

Reconciliation Services' REVEAL Trauma & Depression Therapy program prioritizes improving access and developing quality practice, with all aspects of the program designed to meet the needs and challenges of its client population. This program encourages health equity and positively impacts clients' mental health, by focusing on assessment, treatment, and advocacy. Reconciliation Services serves the entire Kansas City area but prioritizes the 10 neighborhoods east of Troost Ave. The organization's priority service area scores a 94.7 (100 indicating most need) on the 2018 SocioNeeds Index, which measures socioeconomic need correlated with poor health outcomes. Licensed clinical social workers provide evidence-based, clinical support through four areas of therapeutic engagement: 10-week REVEAL group therapy, aftercare support group, individual therapy, and intensive case management. This combined approach to mental health empowers individuals to build personal resilience, find healing from trauma and depression, find meaningful life work, secure stable housing, and access the resources they need to have sustainable health and well-being.

During this grant period, 140 individuals participated in the REVEAL program, with 64 percent showing reduced symptoms of depression and 82 percent showing reduced symptoms of PTSD. Additionally, 100 percent of clients who participated in aftercare support and case management reported meeting at least one of their personal goals for recovery and self-sufficiency. This year Reconciliation Services implemented electronic medical health records as a way to more efficiently and effectively track services and map out client needs for recovery. The agency also launched a plan to further the program's accessibility to non-English language clients. Reconciliation Services continues to refine and update its electronic records system to best capture unique client data so the organization can improve evaluation and outcome measurements.

GRANT DETAILS

GRANT AMOUNT

\$90,076

PROJECT BUDGET

\$177,127

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

140

STRATEGIES



- Promote policies, practices, and technology that increase coverage, affordability, and availability of services
- Support outreach strategies to inform and engage target populations
- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

RESTART

GRANT NAME

Mental Health Program

REPORT ABSTRACT

Since 1981, reStart's goal has remained the same — to end homelessness in Kansas City. This ambitious goal has made reStart a leader in innovative approaches to ending homelessness. Their innovation has opened doors to all homeless persons in need. In 37 years, the overnight shelter-turned-nonprofit organization has grown and served more than 30,000 homeless individuals, including more than 11,500 children and youth. reStart provides housing and supportive services free of charge to help homeless men, women, youth, and families move toward independence and self-sufficiency. The organization serves all homeless populations — singles; couples; gay, straight, and transgendered individuals; and unaccompanied youth ages 12-18, as well as nontraditional families, persons with HIV/AIDS, and individuals recently released from prison or psychiatric hospitalization.

reStart admits clients with active substance abuse disorders or mental health problems as long as they are not a danger to themselves or others, and does not require clients to participate in religious services as a condition of housing. reStart provides emerging, promising, and evidence-based practices including: Strengths-Based Case Management, Cognitive Behavioral Therapy, Trauma Recovery, and Empowerment. During the grant period, 343 individuals accessed clinical services.

GRANT DETAILS

GRANT AMOUNT

\$157,630

PROJECT BUDGET

\$932,996

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

354

STRATEGIES



- Encourage coordinated care and linkages among multiple agencies and partners

- Encourage the use of emerging or best practices that are evidence based

ROSE BROOKS CENTER

GRANT NAME

Trauma-Informed Mental Health Services

REPORT ABSTRACT

With funding from Health Forward Foundation for the trauma-informed mental health project, Rose Brooks Center (RBC) served 396 survivors of domestic violence. RBC's clients are primarily located within metro Kansas City, Missouri. Rose Brooks used funds to provide support planning, individual therapy, and group therapy. All services are trauma-informed and culturally specific, and take place on-site at the RBC shelter in Jackson County, Missouri. Health Forward funds were critical to RBC's ability to provide fully accessible services, supporting language access for limited English proficient and deaf clients.

Major program outcomes included:

- Individual therapy: 93 percent (target=75 percent) of survivors enrolled in therapy services demonstrated progression in self-awareness.
- Group therapy: 98 percent (target=85 percent) of respondents expressed satisfaction with their experience and report the group meets key objectives stated.

As a result of the lessons the organization has learned about the impact of trauma, RBC continues to invest in training and capacity-building to further its commitment to trauma-informed care. The organization has done this through an increase in organizational capacity and trauma-resilience training in order to improve individual trauma resilience, coping skills, and protective factors related to resilience within both clients and staff. The trainings on resiliency this year have prompted further discussions and incorporation of resiliency and mindfulness techniques into individual and group therapy. Rose Brooks Center also continues its commitment to collaboration with partnerships that support access to long-term primary health care and behavioral health care.

GRANT DETAILS

GRANT AMOUNT

\$209,601

PROJECT BUDGET

\$506,847

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

396

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity
- Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability



- Support place-based services and strategies
- Encourage coordinated care and linkages among multiple agencies and partners



- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

SAFEHOME

GRANT NAME

Trauma-Informed Mental Health Services for Survivors of DV

REPORT ABSTRACT

Safehome has experienced some exciting changes during the last fiscal year. These changes have brought exciting new visions for fundraising, helped the organization to envision a sustainable future in its programming, and strengthened the agency as a whole. Changes to the clinical department include promoting current staff to clinical director and clinical coordinator positions. The coordinator is now responsible for managing Safehome's productive and essential intern program. This change has helped increase staff satisfaction through improved access to supervision and training. Safehome also added a director of human resources and director of special initiatives and analysis. Having a human resources professional on staff has been part of a strategic initiative to have the strongest HR policies and the strongest teams to best serve their clients. The director of special initiatives and analysis will work with individual departments to ensure Safehome is collecting the best data and reporting accurately. She will also work to improve the agency's survey processes.

Safehome's highest goal is to provide the best service possible to its clients. In order to do that, Safehome needs strong leadership, strong staff, and strong survey methods and data collection. Safehome has and will continue to serve clients who experience domestic violence throughout the metro area. Specifically, Safehome is the only domestic violence agency in Johnson County, and also serves Miami County residents through outreach, health care advocacy, and court advocacy. During fiscal year 2017, Safehome's clinical department saw 1,250 people, achieving high levels of satisfaction with service and strong indicators that clients learned more about domestic violence and increased their self-esteem.

GRANT DETAILS

GRANT AMOUNT

\$150,000

PROJECT BUDGET

\$851,419

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

1,250

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity
- Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability
- Develop strategic and accountable partnerships that lead to enhanced continuum of care



- Promote policies, practices, and technology that increase coverage, affordability, and availability of services
- Support place-based services and strategies
- Encourage coordinated care and linkages among multiple agencies and partners



- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

SHEFFIELD PLACE

GRANT NAME

Strong Tomorrows: Mental Health Services for Homeless Mothers and Their Children

REPORT ABSTRACT

Through this project, Sheffield Place served 114 families. These highly traumatized, mother-led families exhibit barriers to success. All live in poverty; 100 percent have a mental health diagnosis; and 92 percent struggle with addiction. Sixty-one percent of mothers were African American, 34 percent were white, and 5 percent were as Latina. These families received trauma-informed mental health and addiction recovery interventions including: individual and group therapy, psycho-educational groups, case management, and life skills training, among other services. The project made progress toward its outcomes:

- Children improved global and mental health functioning (52.4 percent), moving toward the goal of 80 percent.
- 52.4 percent of families improved functioning toward a goal of 80 percent.
- Improvement in parenting at 67 percent was slightly less than the expected 70 percent.
- 82 percent of mothers in residential and 69 percent in aftercare improved mental health against a goal of 85 percent for both.

Through this project, the agency learned lessons that are incorporated into the program:

- The number of complex challenges posed by the clients' backgrounds make their successful recovery and quest for self-sufficiency a difficult path.
- Violence is deeply integrated into the families' ways of thinking and acting
- They too often place little value on education such that they are not concerned if their child misses multiple days of school or does not go to school at all.

These issues factored into the agency's decision to increase group hours. The groups help present an alternative narrative for the women. The effect of the mothers' views and needs of the children partly inspired the addition of the children's case manager to ensure that educational, health, and other needs of children are met.

GRANT DETAILS

GRANT AMOUNT

\$138,589

PROJECT BUDGET

\$768,135

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

283

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity



- Support place-based services and strategies



- Encourage the use of emerging or best practices that are evidence based

SOUTHEAST KANSAS MENTAL HEALTH CENTER

GRANT NAME

Substance Abuse Care Coordination

REPORT ABSTRACT

This program is a joint effort between Southeast Kansas Mental Health Center and the 31st Judicial District Drug court to enhance substance use disorder service for individuals enrolled in the drug court. This program provided chemical abuse case management as a new service, which enabled increased communication between the drug court and service providers. This communication was designed to increase continuity of care. If an individual enrolled in drug court became incarcerated, then the service provider could be quickly notified. By using the televideo equipment provided for this program, services could be continued while the individual was incarcerated. Additionally, the program sought to decrease barriers of treatment by using case management to identify needed resources including housing, food, medication, and health care. This assisted participants in meeting their daily needs, so that they would be able to focus on their treatment and recovery.

Through the time of this interim report, 32 individuals completed substance use treatment and 15 individuals completed drug court requirements and graduated from the program. Allen County drug court and service providers have formed a lasting relationship to the benefit of the individuals they serve. Providers now attend and fully participate in weekly drug court proceedings. This has allowed increased coordination and continuity between various agencies involved with the participant. Some of the lessons learned through the program have been positive, and others have left future avenues for improvement. Closer coordination between drug courts and service providers improves the success of drug court participants and reduces substance use. Likewise, providing services in jails reduces lapses in treatment. Unfortunately, services provided via televideo remain unbillable in Kansas. This is an area to promote future change at the state level.

GRANT DETAILS

GRANT AMOUNT

\$125,000

PROJECT BUDGET

\$555,296

GRANT CONTINUATION?

No

GRANT TERM

24 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

N/A

STRATEGIES



- Fund direct services or core operating support



- Promote integrated systems of care across safety net clinics, hospitals, providers, and key, community-based services



SUNFLOWER HOUSE

GRANT NAME

Child Assessment Program

REPORT ABSTRACT

Sunflower House brings together professionals from local law enforcement, child protection, prosecution, mental health agencies, and medical agencies to provide a coordinated, multi-disciplinary response to reduce the trauma to abused children in Johnson and Wyandotte counties. Sunflower House is recognized as the provider of choice by agencies involved in the investigation, prosecution, and treatment of child abuse. Sunflower House is an accredited Children's Advocacy Center, which operates on a best-practice model for child abuse investigations that includes the following proven practices of multidisciplinary team investigations; trained child forensic interviews; videotaped interviews; victim advocacy and support programs; and mental health treatment.

The Child Assessment program at Sunflower House served 556 children and 483 caregivers by providing 598 forensic interviews. Outcomes achieved under this grant indicated that Sunflower House family advocacy services fostered healing and protection of children and their families by providing information, tools, and support to caregivers. Ninety-eight percent reported that they received information and tools to support their children in the days and weeks ahead. Having trauma-focused therapy on-site resulted in more children receiving necessary therapeutic treatment following their abuse: 84 percent of children referred for therapy services completed intakes and assessments.

GRANT DETAILS

GRANT AMOUNT

\$48,500

PROJECT BUDGET

\$981,856

GRANT CONTINUATION?

No

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

1,039

STRATEGIES



- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed

THE FAMILY CONSERVANCY

GRANT NAME

Mental Health Services for Survivors of Trauma

REPORT ABSTRACT

The Family Conservancy (TFC) received a grant to support 550 traumatized child and adult clients diagnosed with trauma- and stressor-related disorders. A quarter of the grant awarded is dedicated specifically to equipping clinicians by cross-training on various models to serve all clients' needs, and to allow staff opportunities to leading edge interventions. In regards to direct service, within the first six months of the grant period, a total of 582 people have been served and those cases closed.

In that same period, for cases which the primary client had experienced trauma and presented with moderate to severe depression, 85 of 102 cases — representing 148 people (83 percent) — showed improvement by close of case. The goal is 70 percent improvement. For cases in which the primary client had experienced trauma and presented with moderate to severe anxiety, 84 of 106 cases — representing 155 people (79 percent) — showed improvement by close of case. The outcome goal is 70 percent improvement. Furthermore, 83 percent of closed cases indicated a successful completion of the treatment plan. The goal is 80 percent improvement. At the conclusion of the grant period, TFC clinicians had invested 498 hours in multiple trainings designed to equip clinicians to better serve traumatized clients.

While staff are now better able to serve clients, having staff out for trainings during the grant period negatively impacted TFC's ability to keep up with the demand of services needed by clients. In future years, the organization will schedule staff training in a manner that will promote staff learning but not negatively impact the ability to generate revenue.

GRANT DETAILS

GRANT AMOUNT

\$100,000

PROJECT BUDGET

\$883,647

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

658

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity



- Support outreach strategies to inform and engage target populations



- Encourage the use of emerging or best practices that are evidence based

TRI-COUNTY MENTAL HEALTH SERVICES

GRANT NAME

Health Care Home

REPORT ABSTRACT

The key project strategy was to provide access to a Healthcare Home program for the uninsured that mirrored the successful Missouri Department of Mental Health Healthcare Home program. A nurse care manager was needed to provide wellness education, connections to primary care providers and case management, and other needed services. Intake staff were trained to identify those with co-occurring physical and/or substance use or mental health care needs upon initial contact. Nurse care managers were provided training on chronic disease processes, nutrition, wellness coaching, and motivational interviewing. They, in turn, educated the community support workers on assisting consumers in the self-management of chronic conditions.

This grant has served 150 uninsured KCMO residents living in Clay or Platte counties who have been diagnosed with co-occurring mental health/substance use disorder and a chronic health condition. Low-density lipoprotein (LDL) cholesterol readings remained the challenge as results were affected by individuals' non-fasting statuses. It became evident that this was an inherent issue in a population affected by poverty and transportation issues. Measures such as incentives to arrive fasting and no-cost off-site laboratory testing have helped, but have not completely solved the problem of potentially artificially elevated LDLs that are challenging to monitor. An important lesson learned has been recognizing the need to educate the nurses in connecting consumers to resources that help with Medicaid application, specifically for those without a community support worker. Steps are being taken to train the nurse care managers in referring clients to Human Arc, an organization that assists patients to enroll in government programs.

GRANT DETAILS

GRANT AMOUNT

\$120,000

PROJECT BUDGET

\$948,500

GRANT CONTINUATION?

Yes

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

150

STRATEGIES



- Support place-based services and strategies

- Support the integration of services into primary care settings

VIBRANT HEALTH (FORMERLY TURNER HOUSE CLINIC)

GRANT NAME

Integration of Mental Health Services
in Primary Care for Children and Adults

REPORT ABSTRACT

The main challenges of this project involved the time required to recruit and hire two bilingual specialists, and finding a solution to provide on-site psychiatric services. As a result, Vibrant Health served fewer unique patients and fewer visits than projected for the grant term. Another challenge was the shortage of referral providers, especially providers fluent in English and Spanish, for behavioral health patients with severe conditions or requiring long-term care. Behavioral health specialists are providing longer visits per patient than projected. The increased use of specialists for assessment and treatment significantly reduces their capacity to engage with providers on warm hand-offs of patients during primary medical care visits. These challenges impacted the clinic's total expected outcomes, such as number of warm hand-offs and number of referrals to external providers of behavioral health patients with severe conditions or requiring chronic care.

Vibrant Health's grant activities targeted underserved and uninsured children and adults in need of behavioral health services in Wyandotte County. During the grant term, 315 unique patients were served in 1,518 visits — more than 170 percent increase compared to the prior year. At the start of the grant, Vibrant Health had one behavioral health specialist and one clinic providing child services. Through this grant, the clinic successfully added tele-psychiatry services on-site and increased staff to three bilingual specialists who provide services for children and adults at two clinics. Vibrant Health also established new workflows for BHS referrals from health professionals and self-referrals in the community. Surveys administered at the end of visits demonstrate that specialists have been successful in meeting their goals of helping patients achieve personal goals and improvements in understanding emotions and triggers.

GRANT DETAILS

GRANT AMOUNT

\$146,688

PROJECT BUDGET

\$572,051

GRANT CONTINUATION?

No

GRANT TERM

12 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT

315

STRATEGIES



- Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability



- Support place-based services and strategies



- Support the integration of services into primary care settings

YMCA OF GREATER KANSAS CITY

GRANT NAME

Trauma Training, Assessment, and Consultation for Fidelity of Mental Health Services to Head Start and Early Head Start Classrooms

REPORT ABSTRACT

The population served by this project includes children enrolled in the Y's federally funded Head Start and Early Head Start programming, as well as their families. Current enrollment includes approximately 400 children and more than 500 parents. The Y's strategy is to send Head Start and Early Head Start personnel to Trauma Smart training academy to become trainers. These staff members then support teams of newly trained teachers and provide ongoing coaching support and assistance in delivering parent training.

The Head Start team has introduced Trauma Smart to the YMCA of Greater Kansas City for consideration to engage in trauma-informed care more broadly, and these strategies are being incorporated into program delivery by the Youth Development Services team. Smaller, site-specific, targeted parent activities yield better engagement than parent series where all families are invited from all sites. Parents are more willing to have smaller, and more frequent coaching-oriented conversations with information "to-go". The Y will continue to explore meaningful ways to replicate this in sharing information.

GRANT DETAILS

GRANT AMOUNT
\$57,888

PROJECT BUDGET
\$154,878

GRANT CONTINUATION?
No

GRANT TERM
24 mo.

OF UNDUPLICATED CLIENTS SERVED BY THIS PROJECT
600

STRATEGIES



- Advance strategies that deepen workforce and leadership capacity
- Fund core operating support that leads to organizational improvement, builds infrastructure, or promotes sustainability
- Develop strategic and accountable partnerships that lead to enhanced continuum of care



- Support place-based services and strategies
- Support outreach strategies to inform and engage target populations



- Encourage the use of emerging or best practices that are evidence based
- Support services that are family-focused, person-centered, culturally responsive, and trauma-informed



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