SAINT LUKE’S
COMMUNITY BENEFIT IMPLEMENTATION PLAN
2016

Crittenton Children’s Center

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I. Introduction
Crittenton Children's Center has excelled for more than a century at effectively treating the mental health care needs of children, adolescents, and their families. Crittenton provides a wide array of mental health services ranging from school and community based care to intensive residential treatment and acute psychiatric hospitalization. Crittenton Children's Center’s primary service area includes Jackson, Clay, Cass, and Platte counties in Missouri, as well as Wyandotte and Johnson counties in Kansas. In addition, Crittenton serves dependents of U.S. military personnel based in the TriCare west geographic region, as well as preschool-aged children and their families in 26 counties across Missouri.

Mission: Crittenton Children's Center is a faith-based, not-for-profit organization dedicated to providing the highest quality, innovative mental health services to children and families as part of the Saint Luke's Health System.

Vision: The best place to get care. The best place to give care.

II. Purpose of the Implementation Plan
This Implementation Plan addresses the community health needs identified in the 2015 Community Health Needs Assessment (CHNA) prepared for Crittenton Children’s Center. This plan serves as Crittenton’s implementation strategy for meeting those needs, including setting the goals and objectives for providing benefits to the defined community. The plan also meets the requirements for community benefit planning as set forth in federal law, including but not limited to The Patient Protection and Affordable Care Act of 2010.

III. How the Implementation Plan Was Developed
This Implementation Plan was developed based on the findings established in the Community Health Needs Assessment (CHNA) prepared for Crittenton Children’s Center. Crittenton’s 2015 community health needs were selected based on numerous conversations with community stakeholders, research on population demographics and health outcomes, and observations of patient needs by health professionals providing care in the Crittenton facility and the community at large.

IV. Community Health Needs
The 2015 Community Health Needs Assessment identified six major health needs, in no particular order of priority:

- Increased Integration Across Systems
- Family Engagement
- Treatment for Co-Occurring Substance Abuse and Mental Health Disorders
- Systemic Interventions that Impact Community-Wide Change
- Targeted and Research-Based Interventions
- An Increase in Specially Trained Providers to Address a Qualitative Gap in Treatment
V. What Crittenton Children’s Center Will Do to Address Priority Needs

1. Increased Integration Across Systems

Crittenton coordinates care with other systems such as law enforcement, schools, outpatient mental health providers, general practitioners, medical personnel, and the courts. The coordination of services provides support with a focus on helping children experience success at home, school, and in the community. Intervention is designed to prevent the need for hospitalization and assist in a child’s successful transition back to home after a hospital or residential stay. Crittenton will continue to meet the need to coordinate with other systems of care in the following ways:

- Crittenton routinely opens its campus for community training, conducts tours, and discusses trends and solutions for youth with area crisis intervention counselors.
- Crittenton regularly hosts community education programs that proactively facilitate learning and discussion among the community resources and professionals with whom they relate on behalf of clients.
- Crittenton is an active participant in metropolitan and statewide initiatives designed to cohesively coordinate care for patients. For example, it works with advocacy groups including but not limited to the Missouri Coalition of Children’s Agencies, National Crittenton Foundation, and Kansas City Child Abuse Roundtable.
- Crittenton foster care and adoption case managers and family recruitment/support personnel work side-by-side with Jackson and Cass County courts, law enforcement, Missouri Children’s Division, guardians ad litem, and other associated service providers as needed to meet the individual needs of each child in foster care on our assigned caseload. In addition, Crittenton leaders participate in regional and state-appointed committees to work across systems to address barriers and leverage strengths that lead to highest quality care and outcomes for children in foster care.
- Project Potential, a Crittenton program, enhances patients’ ability to independently navigate multiple systems. This program is composed of three elements designed to provide life experiences and develop skills that are essential to leading a full and high-quality life.
  - Enhanced individualized education improves patient ability to navigate public school settings by addressing deficits in reading and math. Residents can gain multiple academic grade levels within a few months.
  - Healthy lifestyles combines nutritional assessment, education, and consultation with personalized fitness training so that patients can experience the mind and body connection necessary for overall good health.
  - Career counseling provides a means to plan post-high school academic courses and/or venues to develop job skills, which helps patients feel confident and prepared for successful integration into the community.
2. Family Engagement

Despite ongoing advances in evidence-based treatments and dissemination strategies, engaging families in mental health treatment of their children remains a serious challenge. Engagement in mental health concerns includes the recognition of distress, connection with resources for mental health support, and participation in treatment and social support activities. The level of parental (caring adult) engagement is a predictor of recovery and ongoing health for children and adolescents with mental health concerns. Crittenton acknowledges the challenges many parents and guardians face, such as transportation difficulties, constraints due to employment commitments, personal health problems, etc. To that end, in addition to the community support connections and information provided for all patients, Crittenton has decided to add or expand three of its programs: Intensive In-Home Treatment, Bridge Clinic, and Outpatient Clinic. By providing these services in familiar settings (the Crittenton Campus or in the patient’s home) and facilitating coordination of the individual service providers (so the patient doesn’t have to), barriers to engagement are markedly reduced and outcomes are stronger.

- **Intensive In-Home Treatment** – this service is provided by licensed social workers and professional counselors at the child’s home. Individual and family therapy as well as case management of interaction with schools, medical care providers, and other social supports encourages healthy relationships within the whole family as well as successful functioning for the child experiencing mental health difficulties.

- **Bridge Clinic** – this appointment occurs post-discharge from acute hospitalization, but before the 7-day follow-up outpatient appointment. The session is conducted prior to leaving the campus by an outpatient mental health provider and includes detailed discussion of discharge and safety plans, reminder and further rehearsal of coping skills, medication regimen and assurance of access to medications, reminder and review of logistics associated with 7-day outpatient follow-up, and general discussion of any patient concerns.

- **Outpatient Clinic** – Crittenton re-opened an outpatient clinic on the main campus in order to ensure that patients leaving Crittenton inpatient programs, as well as foster children in our care, are assured access to timely, high quality outpatient care. Improvements in patient treatment compliance and outcomes are leading to expansion of the clinic scope in all services: psychiatric diagnostics and consultation, individual and family therapy, psychological testing, and group therapy.

Crittenton has also earned a spot within a national collaboration project titled, *Advancing Approaches to Trauma Informed Care*, an initiative of the Center for Health Care Strategies, Inc. based in New Jersey. As one of eight collaborative participants in this 2-year project, Crittenton will receive technical assistance, financial support, and peer input to further develop family engagement and responsiveness for secondary trauma among caregivers.

3. Treatment for Co-Occurring Substance Abuse and Mental Health Disorders

Crittenton has operated an evening chemical dependency intensive outpatient program (CD-IOP) for many years. The program adheres to the evidence-based protocol of the Hazelden Teen Matrix Model
along with other SAMHSA-endorsed tools. In response to increasing need, an afternoon session for CD-IOP has been added. CD-IOP can be utilized during transition back to the community.

In addition, Crittenton established a 13-bed inpatient co-occurring disorders unit specifically to address the increasing incidence of adolescents with dual diagnosis of mental health and substance abuse disorders. This program follows Hazelden Co-Occurring Disorders protocol in addition to multiple other evidence-based therapies.

A community Alcoholics Anonymous chapter also collaborates with Crittenton to match youth with sponsors who establish a relationship with the child throughout the program, continuing this supportive relationship post-discharge. This program is increasing patient compliance with after care plans and reducing incidence of relapse and return to inpatient care. Crittenton's medical director, who is board certified in addictions medicine, provides physician oversight for this program.

4. **Systemic Interventions that Impact Community-Wide Change**

Many children in Crittenton’s defined population are experiencing issues that are systemic in nature – that are the result of more than one broken “system” in their lives. For the foster children in Crittenton’s population, this is often especially true. The average number of children in foster care at any given time in 2015 was 1,785 in Jackson County, MO alone. For more than a decade, Crittenton has participated in public/private partnership with the state of Missouri to provide foster care and adoption case management services, as well as to recruit strong foster families. This continued commitment includes multiple specific strategies within our program to create secure and stable care for children until reunification with their family or permanent placement in a healthy and positive environment. Children assigned to the Crittenton foster care case management program have access to a health clinic offered twice a week in which their medical needs can be expertly and consistently addressed by a consistent and familiar health care provider. This has dramatically improved integration of children’s mental and physical needs, and established a more positive, healthy trajectory that can reduce long-term chronic health conditions.

Crittenton has also developed a nationally acclaimed model, Trauma Smart®, in which communities of children (schools and early childhood education programs) and the adult caregivers that surround them learn new strategies that improve their competence in the relationships essential for emotional and physical health and resilience to chronic adversity. The approach is systemic, integrating health, education, and social services. It is also multigenerational, practical, and designed for communities to become self-sustaining in their gains. Trauma Smart was initiated in the urban core for the Kansas City greater metropolitan area, and has now expanded to suburban Kansas City, 28 counties across Missouri, and in other states. This contribution to the field is substantive and embraced by the organization as an opportunity to continue extension into U.S. communities desiring to use this universal approach to mitigate the negative impact of violent and adverse experiences in childhood.
5. **Targeted and Research-Based Interventions**

Since 2007, Crittenton has adhered to a policy of only using therapies specified as evidence-based and measuring patient outcomes using benchmarking tools to compare with national cohorts when possible. This has required discipline and hundreds of thousands of dollars of investment, which is not yet recognized as a differentiator by payers, but is acknowledged and preferred by referrers. This extensive training contributes to Crittenton's very long staff tenure and depth of expertise that is requested for regional and national training of other professionals. For example, Crittenton staff participates as "faculty" within an American Academy of Pediatrics initiative to support the development of health homes integrating mental health and physical health care. The Crittenton area of featured expertise is toxic stress and its affect on children's healthy development.

Crittenton remains dedicated in principle and practice to continuing to refine our internal application of evidence-based therapies, while simultaneously advocating for use of the most effective tools possible for each patient. An example of Crittenton advancing these efforts is a current study regarding Eye Movement Desensitization and Reprocessing (EMDR) therapy use beginning during acute hospitalization as a potential means of reducing readmissions.

6. **An Increase in Specially Trained Providers to Address a Qualitative Gap in Treatment**

Crittenton employs numerous specialists in child and adolescent psychiatry with particular expertise in acute care for young children, treatment of aggressive behaviors in youth, children with co-occurring medical conditions, pervasive developmental disabilities, and substance abuse. The entire Crittenton multidisciplinary team is trained in multiple evidence-based, trauma-informed interventions that are applied throughout the entire continuum of care. Crittenton staff tenure far exceeds national norms and is an indicator of success in this area.

Clinical officials at MO HealthNet report that Crittenton provides more therapists practicing evidence-based interventions than exists across the rest of the state. Accrediting regulatory bodies routinely note Crittenton’s extensive, ongoing training and responsiveness to current community needs to be a strength of the organization. Crittenton’s model of an employed medical staff creates reliability and collaborative practice between physicians and psychiatric advanced practice registered nurses. From this base, Crittenton’s entire continuum of care is serviced. Also, due to this depth of medical expertise, Crittenton can provide expertise for other community providers who cannot afford or attract full-time medical professionals. This expertise may be provided in person or via telehealth outreach strategies such as Saint Luke's Health System e-psych and m-psych solutions. The outreach services provided by Crittenton are deployed to improve public access to high quality psychiatric treatment for children and adolescents across the service area and beyond.

**VI. Approval**

The Crittenton Children’s Center Board of Directors approved this Community Benefit Implementation Plan on March 24, 2016. This Implementation Plan specifies community health needs that Crittenton Children’s Center has determined to meet in whole or in part and that are consistent with its mission.
The Crittenton Children’s Center Board of Directors reviews the Community Benefit Implementation Plan on an annual basis, and reserves the right to amend it as circumstances warrant.