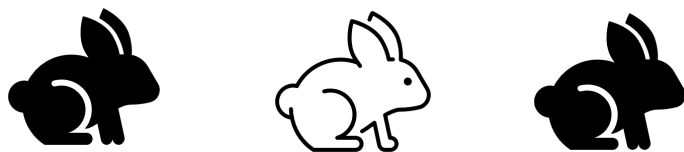


Building Partnerships to Address the Mental Health Needs of Your Community



Robert Stiles, MA, MPH

Heartland Telehealth Resource Center

University of Kansas Medical Center rstiles4@kumc.edu

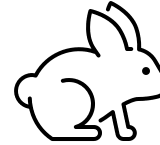
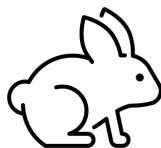
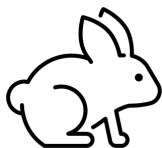
PARTNERSHIP

- Internal/Team
- Local
- Regional/State
- Federal



WHY PARTNER?

- No man, community, or health care entity is an island.
 - You can't do it alone.
 - Health outcomes require a focus on the whole person and community.
- If you involve others, you engage others.
 - Community buy-in



CORE CONCEPTS

- Trust (Respect/Equality)
- Preparation
- Collaboration
- Communication
- Shared Values/Goals



Where it HURTS



TRACTOR SUPPLY CO

SPEED
LIMIT
40

Ft Scott
CITY LIMIT

FORT SCOTT, KS

“Dealing With Hospital Closure, Pioneer Kansas Town Asks: What Comes Next?” Sarah Jane Tribble, KHN, May 14, 2019

- Reta Baker, president of the local hospital, weekly morning coffee organized by Fort Scott’s chamber of commerce.
 - She paused in the doorway with her chin up to take in the scene. Then, lowering her voice, she admitted:
“Nobody talked to me after the announcement.”
- Just a few months before, Baker — joining with the hospital’s owner, St. Louis-based Mercy — announced **the 132-year-old hospital would close.**
- For the 7,800 people of Fort Scott, about 90 miles south of Kansas City, the hospital’s closure was a loss they never imagined possible, sparking anger and fear.

<https://khn.org/news/dealing-with-hospital-closure-pioneer-kansas-town-asks-what-comes-next/>

Mercy Hospital Fort Scott's Final Days

The people of Fort Scott, Kan., were surprised and angry when their 132-year-old hospital announced it was closing. The health system that owns the hospital intends to keep the building open for two years to allow for an outpatient clinic, an emergency department (ED) and a physical therapy service to continue operating. It is unknown what will happen to the building or the services in two years.

June 2018
Mercy executives know that they will be closing the Fort Scott hospital.

October 2018
Mercy announces the closure.

Dec. 31, 2018
The hospital closes, but the ED remains open until Jan. 31, 2019.

Feb. 18, 2019
The ED closes for two weeks and reopens in February under new management.

June 2019
Hospital president Reta Baker's employment ends.

LOCAL PARTNERSHIP

- Sisters of Mercy nuns opened Fort Scott's 10-bed frontier hospital in 1886.
- Mercy's name was seemingly everywhere.
 - Hospital's ambulance standing guard at the high school's Friday night football games.
 - Promoting population health initiatives school district to lower children's obesity rates, local employers on diabetes prevention and healthy eating programs.
- "You cannot take for granted that your hospital is as committed to your community as you are," said Fort Scott City Manager Dave Martin. "We were naive."
- 2002 new 69-bed building. Residents raised \$1 million out of their own pockets for construction and another million for hospital's foundation for equipment.
 - "Nobody donated to Mercy just for it to be Mercy's," said Bill Brittain, a former city and county commissioner. The point was to have a hospital for Fort Scott.

BUSINESS CASE

- Tom Mathews, vice president of finance for Mercy's southwestern Missouri and Kansas region
 - Fort Scott's steady decline in patients, combined with lack of reimbursement, as well as the increasing cost of expenses such as drugs and salaries, "created an unsustainable situation for the ministry."
- Four-lane highway north to Kansas City (95 miles) or crossing the state line to Joplin, Mo (59 miles) day trip.
 - The bigger hospitals there offer the latest sophisticated treatments and equipment.
- An average of nine patients stayed in Mercy Hospital Fort Scott's more than 40 beds each day from July 2017 through June 2018.
- Fort Scott took part in the 340B discount drug program as well as the disproportionate share payments.
 - Could not gain critical access status.
- Only 13% of the people in Bourbon County and the surrounding area who needed hospital care chose to stay in Fort Scott.

ENVIRONMENT

- Fort Scott: One out of every four children live in poverty; people die much younger here; rates for teen births, adult smoking, unemployment and violent crime are all higher; higher premature birthrate.
- Ten percent of Bourbon County's more than 14,000 residents lack health insurance.
 - Kansas did not expand Medicaid.

End of the Partnership

- Relations between Mercy and the city grew so tense that attorneys were needed just to talk to Mercy.
 - Fort Scott spent more than \$7,500 on Mercy closure project legal fees by the end of 2018.

I'M HERE TO HELP

2001 joined Office of Local and Rural Health in the Kansas Department of Health and Environment.

- 2007 Director of Primary Care Office.
 - Workforce programs (NHSC, SLRP), underserved areas designation, TA to local communities on medical, dental, and behavioral health access, Charitable Health Care Provider Program, Unused Medications Repository, and \$8 million in state funding for primary care efforts in local communities.
 - Partnerships local entities, state associations (PCA, Hospital Association, Rural Health Association, Physician Academies), legislature, foundations (including jointly-funded initiatives like dental hub and spoke), and federal government (Bureau of Health Professions, FORHP, Bureau of Primary Health Care).

PRIMARY CARE CLINIC PROGRAM

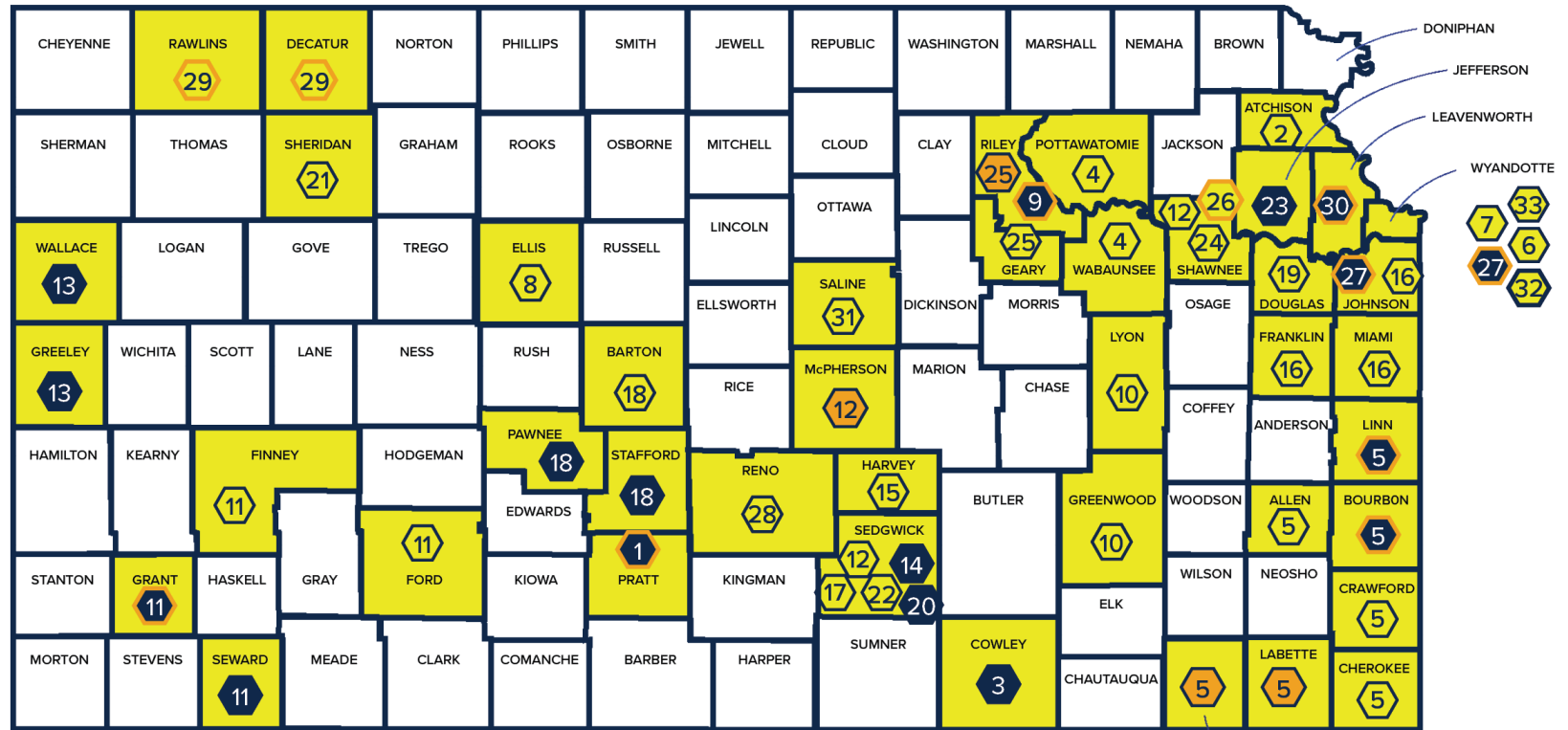
- Network of 40+ safety net clinics that were a mix of hospital-based, faith-based, community-based, and FQHCs.
- Began in State fiscal year 1992 with 9 grantees receiving a total of \$1,000,000 and has grown to include up to 39 grantees receiving over \$9,000,000 annually.
- There is only one FQHC in the state of Kansas that was not first funded through the primary care clinic program before receiving FQHC status.
 - More than half of the “safety-net” clinics in Kansas are not FQHCs.
- **Beloved and protected by the Kansas legislature.**



COMMUNITY CARE NETWORK OF KANSAS

Health. Equity. Justice.

2021 Member Clinics



MONTGOMERY

LOCAL HEALTH

(Trial By Fire)

2011 decided to practice what I preached, and became Operations Director for new FQHC sites in Coffeyville, Kansas - school and community-based site (much harder than I ever imagined).

- Immediately saw need for mental health in schools in addition to medical. Began services in Fall, 2012.

2015 became CEO of Central Ozarks Medical Center (FQHC) in Missouri

- In March 2017 approached by School of the Osage
 - School district applying for grant for \$20,000 to add behavioral health.
 - How much of a therapist's time would that pay for?
- Fall 2018, began services
 - Trauma-informed care, community health workers, and integrated therapists.
- Bill insurance to cover costs along with federal and grant funding for start-up.

LOCAL HEALTH

- Local need and local relationships.
 - Community conversations in 2015 strategic planning process for FQHC.
 - Feedback from community on what was needed 1) dental and behavioral health and 2) accessible services in community settings.
- Benefit of rural and local - relationships, trust, and working together.
 - Partner because know each other/see each other.
 - Overlapping activities and responsibilities.
- This served as the basis for a FORHP Rural Health Network Outreach grant that involved health departments in three counties, the hospital that served those counties, the FQHC, and 16 school districts.
- That in turn served as the basis for a FORHP Rural Health Network Planning Grant and an Opioid Response Planning Grant involving the same networks.
 - Each doing what their mission and objectives were with joint activities to better meet community needs.



Behavioral health 16 districts.

- 2,000 visits per month.

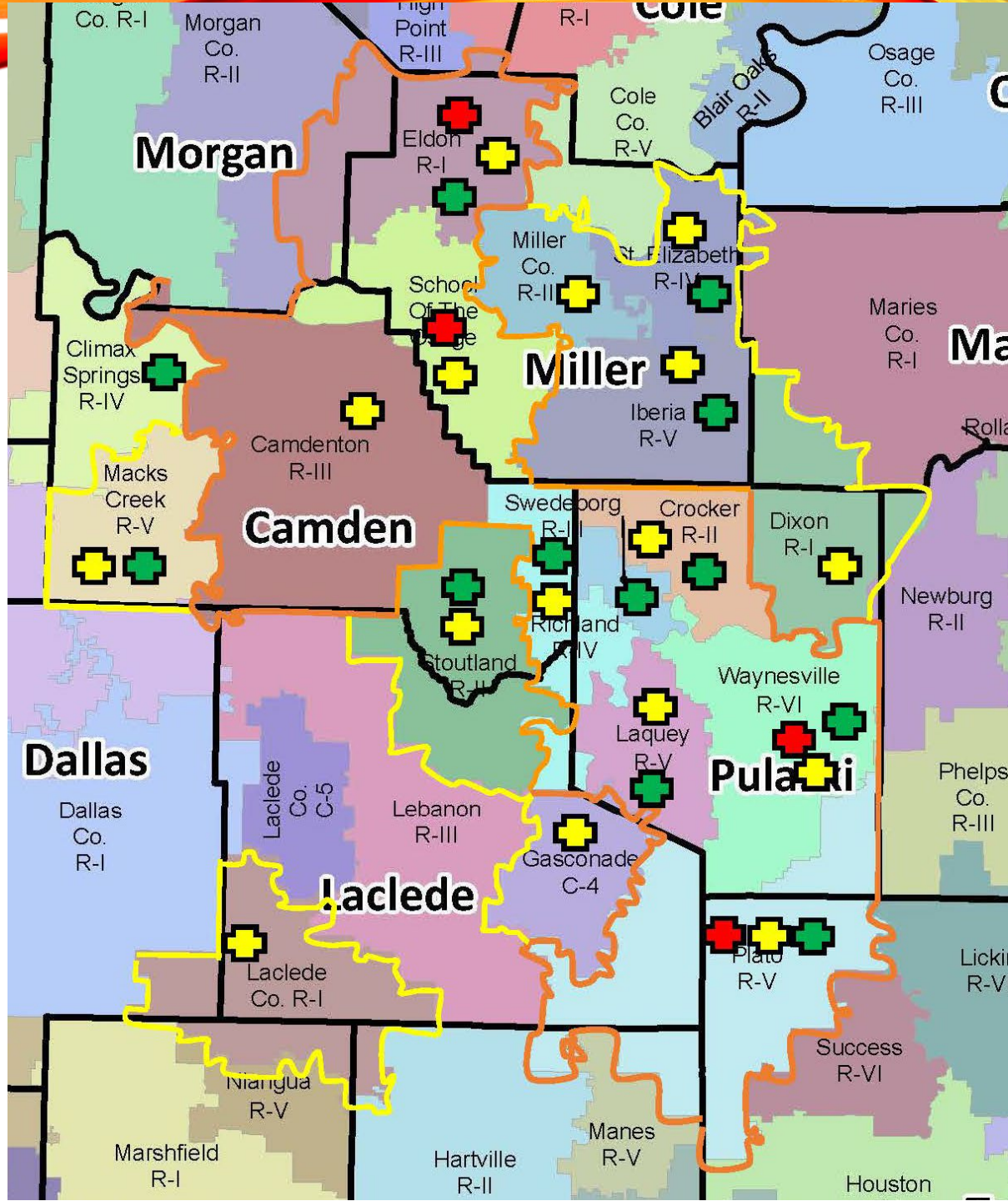


Dental 11 districts

- And two nursing homes.



Medical clinics four districts



OFF TO THE BIG CITY

September 2019 accepted a job with University of Kansas Medical Center telebehavioral programs partnered with local clinics and schools as well as the Federal Telehealth Resource Center serving Kansas, Missouri, and Oklahoma.

- **Office for the Advancement of Telehealth Evidence-Based Telehealth Grant** partnership with local special education cooperative, school district, and FQHC.
 - School district Coffeyville where I started behavioral health in 2012 and FQHC was Community Health Center of SE Kansas (my employer in 2011).
- April 2020 received (just in time for Covid) a **SAMHSA Disaster Response Grant** for School-Based Services.
- August 2021 next round of **Evidence-Based Telehealth Grant** (focused on consumer-driven and use of community health workers) and OAT Telehealth Training Center Grant (along with continuation of telehealth resource center).
- Still local partnership to meet local needs often with the same partners.



KANSAS DISASTER OUTREACH (KANDO)

Tier 3: Intensive Interventions

(psychiatric services, long-term treatment)

Example: Trauma-focused Cognitive-Behavioral Therapy

Tier 2: Targeted Interventions
(short-term trauma/grief-focused interventions)

Examples: CBITS, SPR

Tier 1: Universal Interventions
(psychoeducation, outreach, public health messaging)

Example: Psychological First Aid

INTERNAL PARTNERSHIP (TEAMS)

- Kansas Department of Health and Environment
 - Director, Primary Care Office
- Community Health Center of Southeast Kansas
 - Operations Director
- Central Ozarks Medical Center
 - CEO
- University of Kansas Medical Center
 - Program Director

INTERNAL PARTNERSHIP

- Kristy Gagnon, Heartland Telehealth Resource Center
 - **Mission:** Uniting the team on a shared mission and having people who value that mission.
 - **Grit:** Willingness to dig in and do hard work. Or if something fails, to find another way to accomplish it. No one gives up on our team.
 - **Openness:** Listening to other ideas and being open to different ways of accomplishing goals.
 - **Balance:** Knowing your own weaknesses and balancing your team with people who are strong in a variety of areas.

INTERNAL PARTNERSHIP (CONTINUED)

Sonita Loyd-Primary Care Clinic Coordinator, KDHE

- Positive regard among team members, if possible
- Enthusiasm for the work
- A shared set of goals with input from team members
- Information flow between members and partners - keeping everyone in the loop
- The assumption that everyone is working toward the success of the team, unless evidence exists to the contrary
- Division of tasks among team members based on interests, experience, and development of new skills
- All members of the team have a sense of the long-view of current and future projects, not just what has to be completed in the short term
- Members spend enough time working together to develop trust and easy communication
- Fun, at least occasionally
- Leadership that leads the team with enthusiasm, charts a clear direction, and provides guidance

CORE CONCEPTS (AGAIN)

- Trust (Respect/Equality)
- Preparation
- Collaboration
- Communication
- Shared Values/Goals



LOCAL PARTNERSHIP (CONTINUED)

- Coffeyville USD 445 School District
- Four County Mental Health Center
 - School-based clinics with Four-County employed therapist in two school clinics.
- Eldon School District (along with ten others)
- Camden, Miller, and Laclede County Health Departments
- Lake Regional Health System
 - School-based therapists led to Community Health Workers in schools led to Rural Health Network Development and Rural Health Outreach grants focused on trauma-informed communities and shared case managers.

LOCAL PARTNERSHIP (ONCE MORE)

- South Central Kansas Special Education Cooperative
- Community Health Center of Southeast Kansas
- Coffeyville USD 445 School District
 - Telebehavioral in medical clinics developed into school-based telebehavioral developed into consumer-driven program including community health workers.
 - ECHO and other telementoring models developed into state-wide telementoring and training center.

LOCAL PARTNERS

Aaron Berendzen-Eldon School District

- **Know your area.**
 - Attitudes towards mental health, does the community trust the school/agency, what toes are you stepping on (other agencies), is there a pre-existing level of support and you don't need to start something new, etc.
- **Trust and knowing why you're doing this.**
 - Seemed improbable that you could offer what you were offering - that there wasn't a "catch."
 - At the end of the day believed that mental health was a vital need.
 - As developed trust between all parties and we could talk openly about what was working and what wasn't.
- **Partnership had to be a cornerstone** of our practices.
 - Equally, the agency has to truly want the district to succeed and not just be a services factory.
 - You guys cared about what was important to us, that meant a lot and allowed us to say yes to more.

LOCAL PARTNERS (CONTINUED)

Roxie Anders-South-Central Kansas Special Education
Cooperative

- **Resources** that can help us with the needs of community.
- Open **communication**.
 - We can reach out with any question, concern, or offer feedback, and we are listened to. We now have support as we face these challenges together.
 - It's been very helpful for us to have the "contact person" to work directly with on both sides.
 - Would not be able to offer these services without the **grants**.
 - Requires mutual **respect, dependability, trust**, and ability to problem-solve **respectfully**.

Alexis McMillan-Special Services Director, Coffeyville USD 445
School District

- Fills an **unmet need**.
- Able to access all of these while not ever leaving Coffeyville.
- Highly competent and **resourceful and worked well with our local educators and staff**.

LOCAL PARTNERS (FURTHER)

Les Lacy, V.P. Regional Operations, Great Plains Health Alliance

- Many larger places or networks do not **understand** we are as small as we are.
- May have issues that are **important to them that don't work/matter to us.**
- **Understand** the geographic scale of things as well as infrastructure and seemingly simple issues like connectivity and technical resources are extremely limited.

Chrysanne Grund, Project Director, Greeley County Health Services

- **Multi-disciplinary** all aspects - physical, mental, dental, etc.
- I love to get **community input** and one of the best things I think about that is you never really know what cool ideas a lay person might bring to the table.
- Most effective partnership during my history is one that included **our local health system, local lay persons/health champions, county health, school admin, area mental health and an outside, regional funder.**
 - More **creative** and ready/able to move **beyond traditional thinking/approaches.**
- Limit or **eliminate the use of the millions of acronyms and learn each other's systems and goals.**

LOCAL PARTNERSHIP (ONCE AGAIN)

- Trust, respect, communication
- Earlier the better
- Asking someone to be a partner is not the right time to introduce yourself
- Cast a wide net - Education, Public Health, Health Care Providers, Social Service Agencies, Community Groups
- Know your Community's needs
- Needs Assessment
- Everybody wins
- What are other entities in your community passionate about
What are their missions and objectives
- Know what your community needs, and build programs around that
- What needs in your community do you have in common
- Honesty/acknowledge mistakes/mutually accountable and beneficial

STATE AND REGIONAL PARTNERSHIP

As a government official partnering locally:

- National Health Service Corps/State Loan Repayment
- Underserved Areas Report
- State Funding to Primary Care
- Charitable Health Care Provider
- Unused Medication

Who?

- Foundations
- State Agencies/Boards
- Universities
- State Associations and Interest Groups
- Legislature

STATE / REGIONAL

Who should you consider partnering with?

- Agencies/Boards
 - State Rural Health Office, Primary Care Office
- Associations
 - Rural Health Association, Hospital Association, Primary Care Association
- Universities
- Foundations
 - Regional and statewide the focus on you area/region.
- Why should you partner with them?
 - Money and other resources
 - Technical assistance
 - Linkages to others!

STATE/REGIONAL PARTNERS

Kim Moore, President (Retired) United Methodist Health Ministry Fund

- Most important - **agreement on goals and expectations** from the beginning
 - If markedly different reasons for joining in the work become tensions later
- Need for **honest communication** among the partners
 - Hard when a funder is a partner because the grantee never wants to be seen as having problems or not meeting goals: the grant might be terminated or non-renewed
 - Honest communication also means that the weaknesses or failures of one partner can be discussed openly - easier said than done
 - Requires mutually-supportive culture inside the partnership
- Partnerships need to be **functional learning communities**
 - Experiences in the project need to be made explicit (perhaps even recorded)
 - Truth needs to be rewarded along with success
 - Build conferencing into their work plans with goals, expectations, developing problems, and learnings (and thinking ahead to sustainability)
 - Reasonable evaluation methods are employed to be sure of factors influencing (or causing) good or negative results. Capture secondary benefits, which may be unexpected

STATE/REGIONAL PARTNERS (CONTINUED)

Kim Moore, President (Retired) United Methodist Health Ministry Fund

- **Appropriately assigned roles** for each participant.
 - All identifiable activities of the partnership to be assigned to partners.
 - Often the case when funders have mandated collaboration to be awarded a grant and the lead partner (major service deliverer and organizer) forms a "collaborate" (I call these "fake collaborations") so that the lead partner can get the grant.
- Partnership problems often develop because internally **one or more partners was not really committed to the work.**
 - Partnership without the real commitment of leadership or lack of commitment or strong belief of those who will do the work.
- Strong partnerships have **organizational leadership, program management and frontline doers at the table** when the work is being planned and continuing to be present at those regular meetings.

STATE/REGIONAL PARTNERS (FURTHER)

Jessi LaRose, Senior Strategist - Initiatives, Missouri Foundation for Health

- “Dating” Tip 1: Don’t be fooled by the name
 - **Know your funder** - Foundations are very different from other funding sources... and each other... and government...
- “Dating” Tip 2: Expect to invest some time in the process
 - **Do the Research** - Take the time to really READ the website/call for proposal
- “Dating” Tip 3: Virtual first impressions are important
 - **Make the Introduction** - Write the perfect introductory email
- “Dating” Tip 4: Be your own match maker
 - The **NEED** that exists...with the **SOLUTION** you propose...with the **MISSION** & funding strategies of the funder
- “Dating” Tip 5: Find your wing man
 - **Strong communication**--program officer/contact is there to help. They want you to be successful; feel free to reach out even before you apply

MATRIX OF PROPOSALS (Jessie LaRose)

Great Idea

Poor Presentation

Talked to P.O.

Proposal = need, solution, mission

BUT

Sloppy mistakes

Missing components

Didn't follow instructions

Great Idea

Great Presentation

Talked to P.O.

Proposal = need, solution, mission

Well developed w/supporting documents

Clean, clear, compelling and

complete

Poor Idea

Poor Presentation

Didn't talk to P.O.

No match of need, solution, mission

Sloppy mistakes

Missing components

Didn't follow instructions

Poor Idea

Great Presentation

Didn't talk to P.O.

No match of need, solution, mission

Possible over-use of jargon and data that do not directly support idea

Mismatch to mission

Clean, complete, lots of data, looks

"pretty" – but probably not compelling

STATE/REGIONAL PARTNERS (FINAL)

Sheldon Weisgrau, formerly led Community Care Network's (Kansas Primary Care Association) Medicaid Expansion Initiative

- Rural areas are not monolithic
 - There are a **variety of viewpoints/agendas** in a community
 - Find those with the same objectives as yours
- Be aware of the politics of an issue and be ready with the **benefits for your community** of a proposal/intervention
 - When planning for an issue/intervention, analyze both those who will support/advocate and those whose opinion/opposition can kill your initiative
- **Get to know the funders/foundations** and be brave in asking for what you need to accomplish your goals
- **Introduce yourself** to others in your community and to your state, regional, and national partners/potential funders

CORE CONCEPTS (ONCE MORE)

- Trust (Respect/Equality)
- Preparation
- Collaboration
- Communication
- Shared Values/Goals



NATIONAL/FEDERAL PARTNERSHIP

Who?

- Agencies
 - HRSA, Office of Rural Health Policy, Office for the Advancement of Telehealth, Bureau of Primary Health Care, Bureau of Health Professions
 - SAMHSA
- Associations
 - NACHC, NRHA
- Technical Assistance Providers
 - NACHC, National Rural Health Resource Center

Why? - They are there to provide technical assistance and to fund your efforts.

- They need you as much as you need them.
- National goals require local projects.

NATIONAL/FEDERAL PARTNERSHIP (CONTINUED)

Michelle Carnes, Office for the Advancement of Telehealth, HRSA,
Program Officer, Telehealth Resource Centers

- Areas with the **most need** are often those of the **least access**.
- **Reach out to organizations and other communities** who have done something similar to find out what they did and what they learned.
- Start small
- **Help bring your partners along**
- Understand the **readiness** of the community for the project.

Sarah Afayee, Program Officer, FORHP, Rural Health Network
Development, Rural Health Outreach, Opioid Planning Grants (Now
with Bureau for Health Workforce).

- **Clear understanding** of the surrounding community, who is being served, and the players/partnership
 - Helps connect the dots and to link with others doing similar work.
- **How leverage funding/resources and how the pieces fit together to achieve needed community/national goals.**

NATIONAL/FEDERAL PARTNERSHIP (ONCE MORE)

Melinda Baldwin, Director, Prevention, Traumatic Stress and Special Programs Division, Center for Mental Health Services, SAMHSA and Ewelina Taran, Program Officer, Child, Adolescent & Family Branch, Center for Mental Health Services, SAMHSA

- **Communicate** - No matter how it's going in your local partnership, keep talking!
- **Get to know your partners** - establish strong relationships prior.
 - Spend time before you begin a partnership aligning your values and goals.
 - Work to connect people and organizations with similar viewpoints and objectives as a starting point toward partnership.
 - Don't just call when you need something; be there when they do.
- Collect and disseminate **honest data** related to the issue you hope to impact.
 - Use data as the basis for an honest assessment of the issue and as the method for determining success - specific, measurable, achievable, relevant.
- Assess internal, community, and systematic **barriers**.
- **Listen!**
- Make sure everyone involved in the partnership has **"skin in the game."**

CORE CONCEPTS (ONCE AGAIN)

- Trust (Respect/Equality)
- Preparation
- Collaboration
- Communication
- Shared Values/Goals



FINANCIAL SUSTAINABILITY/SUPPORT

Financially sustainable

- Grant funds for planning and start-up
- What's billable?
- Value-Based models/payment
- Cost savings

Resource sustainable

- Internal resources
- Community agencies and other resources
- Outside ongoing resources

Funding Resources

- Community, regional, state Foundations
- Federal Office of Rural Health Policy, HRSA
- Office for Advancement of Telehealth, HRSA
 - [Grants.gov](https://www.Grants.gov)
- USAC (Universal Services Administrative Company), USDA (Rural Development, Grants/Loans) - broadband, fiber, equipment

FT. SCOTT – WHERE ARE THEY NOW?

- Buyers for the hospital's hospice and home health services
- Community Health Center of Southeast Kansas, a Federally Qualified Health Center, took over four health clinics operated by Mercy Hospital Fort Scott.
- Mercy donated its ambulances and transferred emergency medical staff to the county and city.
 - Added annual costs to city budget
- Two-year agreement with Ascension Via Christi hospital in Pittsburg to operate the emergency department.
- City currently contracted for analysis by outside firm of possibility of re-opening the hospital.

MY THOUGHTS ON FORT SCOTT

- When Director of Primary Care at KDHE funded Mercy Fort Scott, RHCs as safety net clinics.
 - FQHC opened in 2001, 29 miles away. Only opened location in Fort Scott when Mercy closed.
- I was director of FQHC in same county (Montgomery) when Mercy closed Independence, KS hospital in 2015.
 - Opened FQHC site in neighboring town because lack of community and medical support for FQHC.
- Bottom line is didn't have the patients or funds to continue.
- What did the community need from a hospital?
 - Emergency room/stabilization?
 - Ambulance?
 - Primary Care?
 - Specialty Care?

Were they open about the issues? Did the town hear the issues?

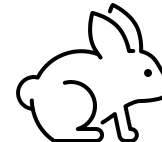
Were they a good partner?

2013 MERCY FORT SCOTT NEEDS ASSESSMENT

- **Community Survey Identified Needs:** Access to Specialists and Specialty Services; Health Education; Senior Care; Community Partnerships
- **Voice of the Community Focus Group**
 - 2013, a focus group of 23 community leaders
 - Five Priority Areas: 1. Drug/Alcohol Abuse; 2. Obesity / Diabetes/ CHF etc.; 3. Pervasive Culture of Poverty; 4. Lack of resources in the community for mental health, homeless, domestic violence, parenting, etc.; 5. Lack of personal responsibility/accountability.
- **Mercy Hospital Fort Scott community health priorities:** 1. Access to Care; 2. Health Education; 3. Obesity / Diabetes / Congestive Heart Failure; 4. Drug / Alcohol Abuse

WHY PARTNER? (AGAIN)

- No man, community, or health care entity is an island.
 - You can't do it alone.
 - Health outcomes require a focus on the whole person and community.
- If you involve others, you engage others.
 - Community buy-in



QUESTIONS?

Trust (Respect/Equality)

Preparation

Collaboration

Communication

Shared Values/Goals

