



Guide for Local Health Department Efforts to Positively Impact Behavioral Health & Community Wellbeing

May 2023

Acronyms

PACEs: Positive & adverse childhood experiences

BMHI: Behavioral & mental health integration

EHR: Electronic health records

LHD: Local health department

MHFA: Mental health first aid

MOU: Memorandum of understanding

PCP: Primary care physician

SDoH: Social determinants of health

SDoMH: Social determinants of mental health

TISC: Trauma-informed systems of care

Executive Summary

The role of Local Health Departments (LHDs) in supporting and addressing community behavioral and mental health can be challenging to define. LHDs in Kansas vary based on size, capacity, and ability to participate in community behavioral and mental health activities and issues. This guide is designed to provide information and offer tools and ideas to utilize local public health expertise and programs to strengthen behavioral and mental health efforts in the community. It includes four domains to address the primary areas in which behavioral and mental health might be most effectively included in activities by local health departments: Workforce Development, Organizational Structure, Clinical Workflow, and Community Efforts. Within each of these domains, information about best practices is provided along with guidance for varying levels of engagement in activities based on where the LHD is in its current practice. These domains and the recommended tools at each level within the domains come from a model approach successful in other districts^{1,2} and have been tailored to be adopted by local public health agencies. Also included is a summary approach matrix for each domain that can assist LHDs to identify the kinds of projects that are most likely to succeed given their current projects and experience.

The purpose of this document is to provide guidance for LHDs to begin or expand the application of public health approaches to community behavioral and mental health needs. Understanding that not all health departments in Kansas look the same, the tools and recommendations described in the following pages are tiered such that each level of integration may be considered in the context of community needs and resources. Additionally, the tiered approaches are not “all or nothing” approaches. Any given LHD may find, for example, that they are in a position to apply an intermediate approach to workforce development but are still in the preliminary phases of clinical workflow. Ideally, this guide would provide the starting place to begin the integration of various activities at whatever level an LHD may need so that integration moves from a conceptual idea to an actionable step.

Along with the supporting literature in the references, the tools in this document are intended to provide a balanced approach to the complexity of behavioral and mental health integration (BMHI) without overwhelming the reader. That said, these are also intended to be a catalyst for action and discussion; this document should not be interpreted as a checklist, the end of which presupposes success. Individual communities and LHDs should use this guide as a way to start or continue important conversations about how best to serve their community members.

Introduction

With the increasing trend in suicide deaths and non-medical drug use overdoses over the last decade³, many public health officials have advocated for mental health to be integrated into standard public health practices.⁴ The link between mental health and physical well-being is often overlooked because mental health is frequently viewed and treated differently than physical health systemically and culturally.⁵ However, mental health disorders are often comorbid with other health issues. For example, depressive disorders are associated with chronic diseases⁶ such as heart disease, diabetes, asthma, and arthritis.⁷ Mental health issues also decrease the quality of life and increase the likelihood of injuries and premature death.⁴ Because 75% of national health expenditures are spent on treating chronic disease, the economic impact of addressing mental health contributors to those chronic conditions could be substantial.⁷

Kansas currently ranks 33/50 for suicide deaths per 100,000 people⁸ and too many Local Health Departments (LHDs) have had to bear the weight of losing members of their communities. While the concept of integrating community behavioral and mental health into a public health model is not a new one, there has been much more interest in defining how LHDs can and should contribute. Most successful models around the country indicate that there needs to be collaboration between public health and behavioral and mental health systems on multiple levels to bolster protective factors for the communities they serve.⁹ Additionally, the COVID-19 pandemic highlighted the central role that LHDs play in the overall health of their communities. This central role during crises in particular, and during community recovery/growth in general creates unique opportunities for LHDs to make a positive difference for everyone.

Public health takes into account a variety of factors (i.e., racism, education, safety, general community environments) when considering community well-being.^{5,10} Unemployment, adverse childhood experiences, and food insecurity, for example, all play a vital role in physical and mental health outcomes for individuals and collectively in the community.¹⁰ When it comes to social determinants for mental health, policies need to promote more than individual medication prescriptions or therapies.¹⁰

Systemic approaches to integrating LHDs into the processes and policies for addressing community behavioral and mental health* require a review of four major areas of public health work: Workforce Development, Organizational Structure, Clinical Workflow, and Community Efforts. Each of these four areas, or domains, has an important role in sustaining the efforts of LHDs to contribute to improving community behavioral and

* Importantly, behavioral health and mental health are not interchangeable terms, although they are often treated as such. Behavioral health is a broad term that refers to how an individual's behaviors impact their health along multiple dimensions. Mental health is a more specific term focused on an individual's state of being. For additional context and explanation, see:

<https://www.gcu.edu/blog/psychology-counseling/behavioral-health-vs-mental-health-how-are-they-different>

mental health; however, a natural progression within these domains for reviewing capacity and promoting change exists. Without first examining Workforce Development, the Organizational Structure and the Clinical Workflow domains will have limited application. Similarly, without examining Community Efforts, it becomes much less likely that resources can be considered efficiently. Additionally, assisting staff with their development and creating partnerships in the community tend to be easier and more organically achieved when considered within current projects and funding. This can build a foundation for more complicated systemic change. The guide that follows will address the 4 domains of Workforce Development (see Figure 1), Organizational Structure (see Figure 2), Clinical Workflow (see Figure 3), and Community Efforts (see Figure 4). LHDs can use this document to consider their current and future community needs as well as determine what their next best step might be to support holistically healthy communities.

Workforce Development

Public health professionals play an important role in confronting the factors that adversely influence mental and behavioral health. Enriching the work environment through education and skills training in best practices and supervision can help to better equip the public health workforce. Working to increase awareness of mental health issues and reducing stigma, can improve accessibility to the treatment individuals may need. To promote mental health, public health professionals can find ways to prevent and identify mental disorders, improve access to mental health services, support recovery, and help lower the rate of death, disease, and disability among those with mental illnesses. Finally, public health can strive to eliminate health disparities and provide equitable access to health services. Addressing a community's well-being requires a comprehensive approach that will involve multiple community programs and services in order to make progress in this area. Public health can provide that common thread that runs through these community entities and can serve as the hub for guidance and referrals.

Figure 1. Summary Approach for Workforce Development Activities

Domain	Components	Preliminary	Intermediate	Advanced
Workforce Development	Understanding Behavioral & Mental Health (BH & MH)	Regular discussions about BH & MH in the workplace and with the individuals served.	Staff has been formally trained in Mental Health First Aid (MHFA).	MHFA trainers on staff who can train new staff and refresh current staff.
	Introduction of Trauma-Informed Systems of Care (TISC) & Positive and Adverse Childhood Experiences (PACES)	Staff is familiar with TISC and PACES.	Staff has been formally trained in TISC and PACES.	Create an internal workgroup around TISC &/or PACES.
	Staff Recruitment and Hiring Practices	Review current job descriptions and hiring practices to assess for ways to informally prioritize applicants with behavioral health experience.	Include behavioral health experience or training as a preferred qualification.	Include behavioral health experience or training as a required qualification for new hire positions.

Preliminary Activities/Projects

- a. Provide a forum for informal discussions of behavioral health and mental health within the scope of the health department.
 - i. Within staff meetings
 - ii. Staff wellness survey
 - iii. Promoting staff self-care
- b. Increase awareness and knowledge around general mental health.
- c. Begin having informal conversations about Trauma-Informed Systems of Care (TISC) and Positive & Adverse Childhood Experiences (PACEs) with staff.
 - i. Provide information to staff on a basic understanding of PACEs.
- d. Review job descriptions and hiring practices to explore ways to increase the likelihood that applicants have prior knowledge of behavioral and/or mental health training/experience.

RILEY COUNTY

Riley County Health Department offers a 6-month satisfaction survey for newly hired staff to discuss their experience thus far as a new member of the team, discuss their current level of comfort, discomfort, learning, and engagement, in addition to identifying opportunities for additional support. See Appendix C.

Intermediate Activities/Projects

- a. Continue discussions and awareness on mental health and wellness and how it affects the workplace and those that are served.
 - i. Resilience
 - ii. Organizational trauma
- b. Hold beginner-level training for staff on TISC, and schedule ongoing training to continue building knowledge and awareness in this area.²⁸
 - i. Identify the impacts of trauma on physical and mental health.
 - ii. Discuss strategies for building and enhancing relationships among staff and with those you serve.
- c. Identify staff likely to encounter individuals in need of connection to behavioral/mental health services with training around a Public Health Action Plan.¹¹
 - i. Collaboration of public health and mental health agencies to develop a shared language, approaches, and policies around behavioral and mental health.⁷

- i. Use of care or case managers/care navigators, which would require specialized training for staff to understand and work within both medical and mental health systems.^{9,13}
 - ii. Training on and use of consistent information systems and communication processes.¹² This includes client records (EHRs), communication between professionals, and communication with patients/clients.
- a. Update job descriptions and employee handbooks to include trauma-informed language and increase the likelihood that staff will enter the position with behavioral health experience and/or receive it as an ongoing and built-in part of the workflow and employee experience.

Advanced Activities/Projects

- a. Provide cross-system training to help bridge cultural and educational differences and to create a sense of team/collaboration.¹³ Inclusion of behavioral/mental health specialists on local health department staff to help reduce the burden on existing providers.¹⁴
- i. Identify at least one staff member to attend Mental Health First Aid (MHFA) facilitator training and use this trainer to train staff and partners.
 - ii. Create multi-disciplinary teams that include BH specialists. This would require preparation and training.¹
 - iii. Prepare staff for such roles as convening stakeholders across systems, providing education/training to the public or providers, use and understanding of data, expertise in surveillance that includes behavioral and mental health. This is specifically called out by Bommersbach and others, that LHDs could be “Chief Health Strategists” in supporting BH integration across systems.¹⁵
- b. Identify an internal staff member or create a workgroup to focus on TISC and the behavioral and mental health trainings for new staff and continued training for existing staff.
- c. Examine internal policy and procedures in supporting staff mental health wellness to serve as an example for other community entities.
- d. In general, integrate training and orientation across systems to help providers understand roles, align core values, help foster teamwork, and create a culture of collaboration.¹

BUTLER COUNTY

It is mandatory for all Butler County Health Department staff to be trained in Mental Health First Aid and there is currently one person on staff who is a Trainer in both Mental Health First Aid and Youth Mental Health First Aid.

Organizational Structure

Health Department missions share many of the same guiding principles and values which include promoting health for all within their communities through the advancement of policies, practices, and programs. Dedication to improving and protecting the health of people and communities no matter what conditions they face is at the forefront of the work. There is increasing recognition within public health that behavioral and mental health issues need greater attention. It is important LHDs to identify existing strengths while developing additional ways to explore components of their organizational structure that support behavioral and mental health through internal and external activities. Systemically supported trauma-informed policies, quality improvement that includes metrics for mental/behavioral health issues, and pathways for sustainable financing increase an LHDs ability to address MH/BH community concerns.

Figure 2. Summary Approach for Organizational Structure Activities

Domain	Components	Preliminary	Intermediate	Advanced
Organizational Structure	Trauma-Informed Culture	Informal conversations about trauma-informed culture and review of current policies and practices.	Training for Leadership (single and/or ongoing) on trauma-informed culture.	Implementation of trauma-informed organization-level policies.
	Systemic Quality Improvement (QI)	Informal use of behavioral health quality metrics (limited use data, anecdotes, case series).	Use of indemnified metrics (depression screening rates, depression response rates) and ability to review performance on a consistent basis.	Ongoing systemic QI that includes monitoring of population-level performance metrics, and implementation of improvement projects by QI team/champion.
	Sustainability	Some limited ability to bill for screening and treatment.	Bill for screenings and treatment services (e.g., SBIRT, BH treatment, care coordination) under fee-for-service, with a process in place for tracking reimbursements.	Global ability to bill for activities for the long term.

“While public health has long been discussing how social determinants of health and health inequities lead to adverse health outcomes, the pandemic has given everyone in the world a front-row seat to how that looks in real life. Now is a time to use our advocacy skills and plan for how we can implement public health practices that will close those gaps and make our communities more resilient.”

Danielle Pettit-Majewski (10MPH), director of Johnson County Public Health in Iowa City, Iowa.

BARTON COUNTY

Barton County Health Department has incorporated Trauma-Informed Systems of Care language into their ancillary employee policy manual, and it has also been embedded into the job descriptions. See Appendix B.

Preliminary Activities/Projects

- a. Building awareness by beginning to have informal conversations about what a trauma-informed culture at your LHD may look like.
 - i. Ensure these conversations occur with both clinical and non-clinical staff.
 - ii. Document comments or concerns related to trauma-informed workplaces that staff offers.
 - iii. Determine the current level of awareness of how prevalent trauma is and its impact on staff, clients, and others related to the organization.
 - iv. Review current policies and practices to identify areas and ways to incorporate TISC language and values.
- b. Allow current staff to take on behavioral health responsibilities.
- c. QI process can begin by asking three key questions:
 - i. What are we trying to accomplish?
 - ii. How will we know that a change is an improvement?
 - iii. What change can we make that will result in improvement?
 - iv. Begin to explore tools such as Plan-Do-Study-Act improvement processes.³²
- d. Ensure staff knows what current screening processes are available and any billing limitations for behavioral and mental health activities within the LHD.

Intermediate Activities/Projects

- a. Building competency among staff and leadership.³⁰
 - i. Identify characteristics of trauma-informed systems and organizations
 - ii. Identify specific examples organizations can utilize to integrate trauma-informed practice.
 - iii. Training for leadership TISC.
 - iv. Cross-disciplinary training in TISC.
- b. Create a behavioral health position that is contracted with local behavioral health agencies. For example, this person will work in-house a certain number of days per week. Another option here would be to create a part-time behavioral health position within the local health department.
- c. Use metrics and create a way to regularly review performance and respond to findings with formal strategies.
- d. Implement an integrative process that links knowledge, structures, processes, and outcomes to enhance quality throughout an organization.³¹
- e. Bill for screenings and treatment services under fee-for-service and put a tracking reimbursement process in place.³⁵

BARTON COUNTY

Leadership within the Barton County Health Department has participated in training on trauma-informed supervision and practice and staff have participated in training on building individual and community resilience, both provided by the WSU CEI TISC Team. Additional staff development trainings have also occurred.

Barton County HD has created a client satisfaction survey using trauma-informed language and this is offered in both English and Spanish. See Appendix B.

Advanced Activities/Projects

- a. Embed TISC language and values into policies, procedures and practices.
 - i. Develop an evaluation of this process.
 - ii. Review annually.
- b. All leadership is trained in TISC and engages staff through trauma-informed supervision.
- c. Maintain a full-time position within the local health department dedicated to behavioral health.
- d. Continue ongoing quality improvement with the monitoring of population-level performance metrics.
 - i. Establish a quality improvement team or champion.
- e. Global ability to bill for behavioral health activities for the long-term.

Clinical Workflow

Establishing a clinical workflow around behavioral and mental health within a public health system ensures teams will know how to respond when a client comes through the door. A clinical workflow acts as a guide to not only provide an equitable process for clients but also allows staff a guided process to follow with each client and their specific needs. While creating a workflow plan can be a tedious process, it is important to create a plan that is exact and specific in its details and will in turn produce a more successful implementation process. A workflow chart is specific to each organization and will look very different depending on staffing, location, partnerships, and community needs. A successful workflow plan creates a seamless experience for both the client and staff and is critical in integrating behavioral/mental health into any practice.

Figure 3. Summary Approach for Clinical Workflow Activities

Domain	Components	Preliminary	Intermediate	Advanced
Clinical Workflow	Behavioral Health Screenings	Begin having informal discussions around screening and process.	Screening of all clients for behavioral health needs.	Universal screening & Implementation
	Behavioral Health Referrals	Adequate resource of the referral network in their community.	Referrals are made in a timely manner after screening.	Referral process implemented into policy and procedures.
	Follow-Up Practices	Staff identified within in the current system to provide follow-up.	Follow-up procedure set in place after a referral is made (1 week, 2 weeks)	Follow-up procedure implemented into policy and procedures.

Preliminary Activities/Projects

- a. Begin having informal discussion around screening and process with staff to establish common language and protocol.
 - i. Educate staff on the importance of screening and why it is vital to implement.

- i. Begin conversations around universal screening and how the process can be implemented within current programs and systems already established, or if current staff needs need to be expanded. ¹⁴
 - ii. Explore the types of screens to be implemented to best fit the needs of your clients and population served. Consider billing requirements that are specific to your state and organization.
- b. Adequate resource of the referral network in the community.¹⁵
 - i. Staff must be adequately trained and prepared to address needs. Assess current staffing and the need for a focused behavioral health specialist within your organization. ¹⁴
 - ii. Establish the “who” within your organization and partnering referral agencies to ensure improved communication and collaboration. ^{1, 12}
 - iii. Organizational structure in place for the referral practice that is implemented with planning to build into policy and procedure.^{12,18,20}
- c. Staff identified within the current system to provide follow-up and planning.
 - i. Explore the tracking procedure specific to your organization and identify where expansion or modifications are needed. ^{13,15}
 - ii. Define tracking guidelines around referrals and discharges.

Intermediate Activities/Projects

- a. Screening of all clients for behavioral health needs.
 - i. Engaging the patient in integrated care, that provides equal emphasis on physical and mental health assessment and needs. ^{1,7}
 - ii. Communication across the organization and system. Everyone is delivering the same message to clients.
 - iii. Incorporating technology if needed to ensure an improved screening process. how to screen. This may look different within each organization depending on the size and resources available.^{13,15}
- b. Referrals are made in a timely manner after screening and follow the procedure and guidelines set in place by the organization.
 - i. Be specific in your timelines and activities around referrals.
 - ii. Ongoing communication and meetings with partnering organizations, adjusting as needed to provide adequate client care.
- c. Follow-up procedure set in place after a referral is made, with organization accountability in place.
 - i. Procedure in place for all scenarios such as no-shows, additional referral, or follow-up after hospitalization. ¹²

Advanced Activities/Projects

- a. Full implementation of universal Screening and implementation into the organizational structure.
 - i. Full integration into policy and procedures that provides a process for staff and clients. ^{12,18,20}
 - ii. Ongoing assessment of process and flexibility to adjust as clients' needs and staff changes.
 - iii. Provide opportunities for patient and staff feedback after implementation.
- b. Referral process implemented into policy and procedures. ^{7,12,18}
 - i. Ongoing evaluation of processes from staff and clients to identify changing needs or adjustments.
 - ii. Ongoing evaluation of feedback from partnering organizations.
- c. Follow-up procedure implemented into policy and procedures. ^{7,13,15}
 - i. Ongoing evaluation of outcomes and client needs is vital in improving and refining this process.

RILEY COUNTY

Riley County Health Department has developed screening process tools and clinical workflows that are utilized to help create consistency of programming and service provision related to behavioral and mental health services. See appendix E.

Community Efforts

The health of community members is dependent on the involvement of the community. To the extent that LHDs can bridge gaps in available resources whether, through knowledge of or introductions to non-governmental programs and services, they will be able to influence the behavioral and mental health outcomes of the community they serve. Importantly, facilitating community efforts around behavioral and mental health needs is a separate activity from connecting patients to therapeutic services; this work focuses on reaching out to entities and organizations that are not necessarily state or county sponsored. Public health professionals can start by mapping the assets in the community that may or may not be well known, building effective partnerships with those organizations (up to and including formal MOUs), and creating the infrastructure to maintain those relationships. Additionally, community efforts include defining relevant data and creating methods for sharing that data among collaborating organizations. An example might include whether a person contacts a recommended community organization, visits that organization, follows through with recommendations, appears back at the public health office for the same issue, etc. DeSalvo and others^{16,17} argue that Public Health 3.0 requires this kind of community leadership and collaboration in order to fully promote the public's health. In some cases, this requires thinking slightly differently about the current process, and in other cases, change may be fairly extensive. However, communities can benefit greatly from these collaborative efforts among organizations as communication is enhanced and precious resources are utilized in a more efficient way.

Figure 4. Summary Approach for Community Efforts Activities

Domain	Components	Preliminary	Intermediate	Advanced
Community Efforts	Convening Community Partners	Assess and document community assets and began relationship building.	Informal working relationships with community organizations have been established.	Formal partnerships have been established.
	Prevention Initiatives	Identify current programs and practices that can be built onto or expanded to achieve MH/BH goals.	Create and/or utilizing stigma-reduction campaigns.	Understand the screenings for social determinants of health (SDoH) as part of social service referrals.
	Information Sharing	Explore the data that might be both sharable and useful for multiple partner organizations.	Identify data that can be shared to accomplish better outcomes for the community.	Create framework for sharing relevant data between partners.
	Advocacy and Systems Change	Identify advocacy or policy goals that are valuable to the community.	Connect with community groups with advocacy goals that align with LHD.	Have representation on workgroups or teams dedicated to policy change.

Preliminary Activities/Projects

- a. Assess existing services and resources. Identify who is doing what.
 - i. Identify potential partners and maintain linkages to social services. Learn what they care about. Attend their meetings and develop a working relationship
 - ii. Explore data for shareability and usefulness in coordinated efforts.
 - iii. Begin conversations with first responders about behavioral and mental health and the importance of education and training.
- b. Increase general awareness about mental health within the community.

Douglas County

Solid partnerships have been formed through regular communication and shared values around behavioral health. A formalized Behavioral Health Leadership Coalition comprised of agency CEOs was convened in 2015 to provide leadership to support infrastructure aimed at making progress on behavioral health issues. The Lawrence/Douglas County Public Health is a partner in this Coalition and plays a key role in analyzing behavioral health data and in writing white papers and data briefs.

Harvey County Health Department: Healthy Harvey Coalition Behavioral Health Leadership Team

Through early intentional collaboration and partnerships in the work on their CHNA and development of the CHIP, sharable data was identified and includes data that promotes integration across the systems of care.

Intermediate Activities/Projects

- a. Establish an informal working relationship with providers and partners (e.g., call to get feedback on a given topic or collaborate on a project with no formal agreement, etc.). Figure out their values and identify where your values overlap.
- b. Create and launch a stigma-reduction campaign around mental health, mental illness, substance use, trauma, and other life issues.
 - i. A focus on prevention at the population level. LHDs are well situated to provide public education to reduce stigma, increase knowledge, and use resources efficiently. LHDs can educate professionals to help enhance understanding of BH as a public health issue and one that highly correlates with physical health and care.¹⁸

- i. Prevention includes efforts to enhance the social-emotional well-being of children, coordinating education and resources to help bring focus to the importance of childhood mental health and the need for early treatment when necessary.¹⁹
 - ii. Work with CMHCs to encourage schools to implement practices and programs that foster social-emotional development.⁷
 - iii. LHDs already provide a number of services focused on pre-natal and peri-natal health of the child and mother. LHDs could provide or collaborate on such services as screenings for maternal depression, education on FASD, home visiting to provide education on social-emotional development, and coaching.
- a. Find and use data among an identified network of providers either informally or with a formal sharing agreement.
 - b. Complete referrals made to community resources (e.g., food banks, subsidized childcare, clothing banks, etc.) with some formal arrangement and some capacity for follow-up.
 - c. Understand the screenings for social determinants of health (SDoH) as part of social service referrals. Determine gaps and where LHDs can bridge those gaps or take action.
 - d. Facilitate mental health training for first responders, first voluntarily and then built into the curriculum.

Harvey County Health Department: Healthy Harvey Coalition Behavioral Health Leadership Team

Embedded in their work is the belief and consistent messaging around stigma and stigma reduction. Activities, community presentations, social media, and interactions occur with this lens and approach. Lorrie Kessler, Healthy Harvey Coalition Coordinator says that they are “putting a bullhorn to the work and getting it out there about stigma.” A big part of their current work is creating a storytelling blog that highlights the work being done and also stories from community members on how they are being impacted by the work.

Advanced Activities/Projects

- a. Establish formal partnerships (e.g., memorandums of understanding (MOUs), charter agreements, agency procedures). Formal linkages that include defined activities can connect LHDs to community social service supports that offer additional ways to provide resources.
 - i. Create partnerships with community and policy leaders with the purpose of developing community mental health interventions to focus on education campaigns and workgroups to address community needs.
 - ii. Creating multi-disciplinary teams, including community members and/or individuals served by the LHD. This can apply to teams to manage services to individual patients or targeted groups of patients, within organizations or systems, or on a community/population level.^{1,13,15,18,20,21}
 - i. Creating formal agreements between partners in collaborative efforts. These may include structured communication processes, consistent metrics and/or screening/diagnostic tools (e.g., using a consistent set of medical and BH measures across all systems), information sharing agreements, and clear expectations re: referral and follow-up.
- b. Use of shared metrics and information systems. Issues of confidentiality and data sharing can be challenging but not insurmountable and create a consistent system of sharing medical and BH information. Providing appropriate care is easier when all providers have the same information.^{1,18,21,22,23,24}

BUTLER COUNTY

Having a Mental Health First Aid Trainer on staff, positions the Butler County Health Department to be a leader in the community for these crucial trainings. School districts in Butler County are offered the opportunity to participate in the Youth Mental Health First Aid training at no cost and half of them to date have had portions of their staff attend.

Douglas County

Lawrence/Douglas County Public Health (LDCPH) has played a key role in promoting tobacco cessation in Behavioral Health (BH) Facilities. For example, LDCPH has 1) Supported BH agencies in developing their comprehensive tobacco-free policies that include buildings, vehicles, and grounds, 2) encouraged BH agencies to endorse the Kansas Tobacco Guideline for Behavioral Health, 3) helped to develop the Tobacco Guideline Self-Assessment, and 4) provided resources for staff training such as accessing grants for BH staff to be trained as a Tobacco Treatment Specialists.

Douglas County

Lawrence/Douglas County Public Health convened a multi-agency steering committee and created the 2018-2023 Lawrence/Douglas County Community Health Plan (CHIP). Behavioral Health was identified as one of the four key drivers of health in their community. As stated in the Plan, the goal of the behavioral health priority is to “create an integrated system of care that moves from crisis and illness as a norm to recovery and prevention as a practice.” This aspiration along with the specific strategies listed and the metrics which are updated regularly on the online platform (<https://dashboards.mysidewalk.com/healthiertogether/behavioral-health>) has provided the framework for improvements to the Behavior Health System.

- c. Develop a process and employ personnel who can share and implement a unified care plan between agencies while tracking social determinants of health.
 - i. Co-locating medical and BH services, which can be part of removing physical and communication barriers for multi-disciplinary teams.^{13,18}
 - ii. Acting as “Chief Health Strategists” by being “an organizational hub to convene and collect input from partners, mobilize funding, and drive action toward shared goals.” (p.1336)¹⁵
- d. Develop and maintain ongoing support for crisis intervention teams.
- e. Develop a process for identifying, storing, and sharing relevant data across entities to efficiently use community and state resources (ie. incorporating BH indicators into surveillance efforts and CHNAs for the purpose of better tracking and highlighting needs in the community^{13,15,25}).
- f. Develop initiatives that seek to advance mental health outcomes on a larger scale.
- g. Partnering with groups that advocate (or direct advocacy) for policy/procedure change in reimbursement restrictions/financing structures that provide a barrier to BH integration.^{12,18,20}
- h. Being a member of networks that can focus on impacting the health of a targeted population or group of clients (e.g., high-cost patients, those who have “avoidable utilization of expensive services,” p. 1336¹⁵)

BARTON COUNTY

The Barton County Health Department (HD) hosted a “Barton County ACEs Bootcamp” for over 100 community members representing 22 different organizations from five counties, provided by the WSU TISC Team. This effort led to the formation of a multidisciplinary steering committee committed to growing a resilient community for all through healing, hope, and understanding and including all voices at the same table. “Rise Up Central Kansas” was born out of the work of this committee and is led through the Rise Up Coordinator at the HD. Rise Up Central Kansas has since hosted an ACEs Awareness Training of Trainers, led by the WSU CEI TISC Team for 22 partners from Barton County and surrounding counties. They continue to hold ACEs trainings in the community and the Rise Up Coordinator is also now trained in Connections Matter and will begin hosting these trainings. <https://riseupcentralkansas.org/>

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Appendix A: Links and Resources for Activities

Workforce Development:

Component 1: Understanding BH and MH

- [Healthy Outcomes from Positive Experiences \(https://positiveexperience.org/\)](https://positiveexperience.org/)
- [Mental Health in the Workplace \(https://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/mental-health/\)](https://www.cdc.gov/workplacehealthpromotion/tools-resources/workplace-health/mental-health/)
- [Mental Health and Stress in the Workplace \(https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/WHRC-Mental-Health-and-Stress-in-the-Workplac-Issue-Brief-H.pdf\)](https://www.cdc.gov/workplacehealthpromotion/tools-resources/pdfs/WHRC-Mental-Health-and-Stress-in-the-Workplac-Issue-Brief-H.pdf)
- [Mental Health First Aid](#)
 - <https://namikansas.org/resources/about-mental-illness/mental-health-first-aid/>
 - <https://www.mentalhealthfirstaid.org/take-a-course/>

Component 2: Trauma-Informed Systems of Care (TISC) & Positive and Adverse Childhood Experiences

- [Fostering Resilience and Recovery: A Change Package \(https://www.thenationalcouncil.org/fostering-resilience-and-recovery-a-change-package/\)](https://www.thenationalcouncil.org/fostering-resilience-and-recovery-a-change-package/)
- [Center for Health Care Strategies – Trauma-Informed Care Implementation Resource Center \(https://www.chcs.org/resource/trauma-informed-care-implementation-resource-center/\)](https://www.chcs.org/resource/trauma-informed-care-implementation-resource-center/)
- [Kansas PACEs Connection https://www.pacesconnection.com/g/kansas-aces-connection](https://www.pacesconnection.com/g/kansas-aces-connection)
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach \(https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf\)](https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf)
- [Key Ingredients for Successful Trauma-Informed Care Implementation \(https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf\)](https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf)
- [A Trauma-Informed Approach to Workforce \(https://nationalfund.org/wp-content/uploads/2021/04/A-Trauma-Informed-Approach-to-Workforce.pdf\)](https://nationalfund.org/wp-content/uploads/2021/04/A-Trauma-Informed-Approach-to-Workforce.pdf)

Components 1 and 3: Understanding BH & MH; Staff Recruitment and Hiring Practices

- IHI Framework for Improving Joy in Work
(<https://www.ihl.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx>)

Organizational Structure:

Component 1: Trauma-Informed Culture

- Fostering Resilience and Recovery: A Change Package
(<https://www.thenationalcouncil.org/fostering-resilience-and-recovery-a-change-package/>)
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
(<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>)
- Key Ingredients for Successful Trauma-Informed Care Implementation
(https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf)
- IHI Framework for Improving Joy in Work
(<https://www.ihl.org/resources/Pages/IHIWhitePapers/Framework-Improving-Joy-in-Work.aspx>)

Component 2: Systemic Quality Improvement

- Measuring What Matters in Public Health
(<https://www.naccho.org/uploads/downloadable-resources/NACCHO-PM-System-Guide.pdf>)
- Organizational Culture of Quality Self-Assessment Tool (SAT) for Local Health Departments Version 2.0 NACCHOQISATFacilitatorGuide.docx (live.com)
- Michigan Public Health Institute Office of Public Health Improvement
(<https://miophi.org/resources/tools/>)
- Measuring What Matters in Public Health (naccho.org)
(<https://www.naccho.org/uploads/downloadable-resources/NACCHO-PM-System-Guide.pdf>)
- Resources - Roadmap to a Culture of Quality Improvement (naccho.org)
(<https://virtualcommunities.naccho.org/qi-roadmap/resources>)

Clinical Workflow:

Components 1, 2, and 3: Behavioral Health Screenings; Behavioral Health Referrals; Follow-Up Procedures

- KDADS Standard Policy for Screening, Brief Intervention and Referral for Treatment (SBIRT) Services
(https://kdads.ks.gov/docs/librariesprovider17/CSP/bhs-documents/policies_regulations/bhsmco504sbirt.pdf)
- Screening, Brief Intervention and Referral for Treatment (SBIRT)
 - <https://kdads.ks.gov/provider-home/providers/sbirt>
 - <https://www.samhsa.gov/sbirt>

- Maternal Depression Screening-Billing and Policy Guidance for Kansas Early Childhood Development Services (Part C) Programs (<https://www.kdhe.ks.gov/DocumentCenter/View/2862/Part-C-Infant-Toddler-Services-Medicaid-Policy-Guidance-PDF>)
- Mental Health Screening (<https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-Screening#:~:text=Mental%20health%20screenings%20allow%20for,and%20prevent%20years%20of%20suffering>)
- Behavioral Workflow Guide (<https://www.ama-assn.org/system/files/bhi-workflow-how-to-guide.pdf>)
- 7 Keys to an Efficient Integrated Behavioral Health Care Workflow (<https://www.ama-assn.org/delivering-care/public-health/7-keys-efficient-integrated-behavioral-health-care-workflow>)
- Advancing Integrated Mental Health Solutions (<https://aims.uw.edu/collaborative-care/implementation-guide/plan-clinical-practice-change/create-clinical-workflow>)

Community Efforts:

Component 1: Convening Community Partners

- <https://www.healthify.us/resources>
- https://get.healthify.us/establishing-sdoh-partnerships-with-cbos-white-paper?referral_source=website&campaign_source=wp-establish-sdoh
- George Washington School of Public Health – Building Resilient Communities (<https://publichealth.gwu.edu/departments/redstone-center/resilient-communities>)

Component 2: Prevention Efforts

Stigma reduction campaigns and materials:

- Kansas Prevention Collaborative (<https://kansaspredictioncollaborative.org/>)
- Mental Health Stigma Reduction Campaign – The Wellbeing Partners (<https://thewellbeingpartners.org/mental-health-stigma-reduction-campaign/>)
- Pledge to Be StigmaFree | NAMI: National Alliance on Mental Illness (<https://nami.org/Get-Involved/Pledge-to-Be-StigmaFree#:~:text=The%20StigmaFree%20campaign%20is%20NAMI%E2%80%99s%20effort%20to%20end,living%20with%20mental%20health%20conditions.%20Take%20the%20Pledge>)
- Stamp Out Stigma (<http://www.stampoutstigma.com/>)
- Steps to Stomp out Stigma | NAMI: National Alliance on Mental Illness (<https://www.nami.org/Personal-Stories/Steps-to-Stomp-out-Stigma>)
- Reducing Stigma (https://www.cdc.gov/mentalhealth/stress-coping/reduce-stigma/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fdaily-life-coping%2FReducing-stigma.html)

Screenings and tools for social determinants of health (SDoH):

- [Tools for Putting SDOH into Action | Social Determinants of Health | CDC](https://www.cdc.gov/mentalhealth/stress-coping/reduce-stigma/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fdaily-life-coping%2Freducing-stigma.html) (https://www.cdc.gov/mentalhealth/stress-coping/reduce-stigma/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fdaily-life-coping%2Freducing-stigma.html)

Component 4: Advocacy and Policy Efforts Policy Analysis

- <https://www.cdc.gov/policy/polaris/policyprocess/policyanalysis/index.html>
- <https://www.cdc.gov/policy/polaris/training/online/index.html>
- [Campaign for Trauma-Informed Policy and Practice](https://www.ctipp.org/) (<https://www.ctipp.org/>)

Appendix B: Workforce Development & Organizational Structure Examples

Below is a sampling of text from the Barton County Health Department employee policies and job descriptions that demonstrates threading solid Trauma-Informed Systems of Care language and practice throughout an organization.

(reprinted and provided with permission from Barton County HD)

Position Summary:

“Barton County Health Department believes that all interactions must follow the Trauma-Informed Systems of Care approach. All people, staff, and clients are to be treated with dignity and respect, regardless of their socio-economic status, race, religion, or gender affiliation. Any position hired to be BCHD will operate under these guidelines.”

(This Position Summary statement is located at the beginning of each public health job description within the organization.)

Standards of Expected Behavior for Barton County Health Department Employees:

Listed below are a set of Standards for all employees of the Barton County Health Department. These Standards were developed as a tool for awareness of the expectation for Conduct to foster consistent performance by all team members at the Barton County Health Department. BCHD’s foundation is to be a strong force of leadership in the community as well as approaching all interactions with the knowledge and delivery of a Trauma-Informed Care System. The enlightening adoption of these Standards will allow all employees to have several opportunities to make progress on these issues together, as a team.

Leadership Standards: Leadership is a truly dynamic culture at BCHD. Everyone in our building is a leader. Understanding this concept will enhance your time with our team.

- *“Bring your whole self to work; not only your knowledge and expertise but also your values. Stay true to who you are and have the courage of your convictions. If you do, you will become an authentic and courageous leader – something intensely needed at this time in healthcare. And you will have the power to change your workplace and the community around you.” Mary Brainerd, President and CEO of Bloomington, MN-based Health Partners*
- *Some Leadership Competencies included:*
 - *Multiple points of view*
 - *Understanding process challenges*
 - *Inspiring a Collective Purpose*

- *Start where a person is at, but don't leave them there!*
- *Knowing what the story others tell about you and about BCHD*
- *It's OK to experiment outside of your comfort zone*
- **Taking care of yourself*
- **Speaking from the heart*
- **Know your strengths, weaknesses, and triggers*
- *We believe in the Leadership Concept as developed and taught by the Kansas Leadership Center and WSU's Community Engagement Institute and will continue to follow this framework.*

Educational Opportunities: *Administration of the BCHD values the ability to provide educational opportunities to our team members. We will give every consideration to allow every team member the ability to go to training and expand their knowledge in many different areas, some of these learning opportunities may be out of our learning comfort levels. Awareness and growth evolve from these experiences. It is important to understand that these opportunities are considered gifts from our funders and we must use our resources wisely so we can continue to optimize the quality and the amount of educational opportunities we can attend.*

Trauma-Informed Care Standards:

- *BCHD has adopted a culture of practicing Trauma-Informed Care. This is and will continue to be embedded into our everyday practices. If this concept is not of your belief system, it may be wise to part ways before controversy arises that cannot be remedied.*

All our clients desire the right to be treated with dignity and respect. Understanding of underlying trauma allows us to provide the best interaction with our clients at all times.

Appendix C: Workforce Development & Organizational Structure Examples

Below is an example of a employee survey administered to newly hired staff 6 months of employment at the Riley County Health Department
(reprinted and provided with permission from Riley County HD)



Riley County Health Department 6 Month Staff Survey

- 1) Why do you think you were selected to be a part of the Riley County Health Department Team?*

- 2) What do you like about the job and the organization?*

- 3) What's been going well? What are the highlights of your experiences so far? Why?*

- 4) Do you have enough, too much or too little time to do your work?*

- 5) How do you see your job relating to the Riley County Health Department's mission? (To promote and protect the health and safety of our community through evidence-based practices, prevention, and education)*

- 6) What do you need to learn to improve? What can the organization do to help you become more successful in your job? What was missing from your training?*

- 7) Tell me what you don't understand about your job and about your organization.*

- 8) Compare the Riley County Health Department to what we explained it would be like. Was each program function explained clearly?*



9) Which coworkers have been helpful since you arrived?*

10) Who do you talk to when you have questions about work? Do you feel comfortable asking?*

11) Does your supervisor clearly explain what the organization expects of you?*

12) How does it go when your supervisor offers constructive criticism or correct your work?*

13) Do you believe your ideas are valued? Give examples*

14) How well do you get along with coworkers?*

15) Have you had any uncomfortable situations or conflicts with supervisors, coworkers, or customers?*

Thank You!

Appendix D: Organizational Structure Examples

Below is an example of a client satisfaction survey utilized by Barton County Health Department (provided in English and Spanish)
(Provided with permission from Barton Co HD)



Barton County Health Department Client Satisfaction Survey



Date: _____



Use this QR Code to complete digitally

What services did you use today? (check all that apply)

Breastfeeding Peer Counselor	M & I Program	
Family Planning	Pregnancy Maintenance Initiative	
Healthy Living Lab	HealthyStart	
Immunizations	Well Woman Clinic	
WIC	Other (Please explain):	

What is your age? 10-14 years 15-17 years 18-19 years 20 years or older

What time did you arrive? _____

How long did you wait in the lobby to be called back?

0-15 minutes 15-30 minutes 30-45 minutes 45 or more minutes

Do you think the cost of services was fair? Yes No N/A

Did you read our digital sign? Yes No

Barton County Health Department would like to know more about how you think we are doing to create a physically and emotionally safe environment for the people who use our services. "Physically safe" means you experience no harm or no harm is directed towards you while at the Health Department. "Emotionally safe" means you are able to be open and honest about anything you are feeling.

Please tell us how much you agree or disagree with the following statements about your experience here.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Staff asked me about difficult experiences in my life in a non-judgmental way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel physically safe at this health department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel emotionally safe at this health department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all of your questions answered?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Was the information provided helpful?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Was your privacy respected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Did you feel comfortable in our clinic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Why or why not?

What did you like most about your experience?

What did you like least about your experience?

How can we improve our service?

Overall, how do you feel about your visit today?



Aug 2021



Departamento de Salud del Condado de Barton
Encuesta de Satisfacción al Cliente



Fecha: _____



Utilice este código QR para completar digitalmente

Que servicios utilizo? (marque todos los que apliquen)

Consejería de Lactancia Materna	Programa de M & I	
Planificación Familiar	Iniciativa de Mantenimiento del embarazo (PMI)	
Laboratorio Vida Sana	Comienzo Saludable	
Vacunas	Clinica de Mujer Sana	
WIC	Otro (Por favor explicar):	

Su Edad? 10-14 años 15-17 años 18-19 años 20 años o mayor

A que hora llego? _____

Cuanto fue su espera antes de ser llamada?

0-15 minutos 15-30 minutos 30-45 minutos 45 or mas minutos

Piensa usted que el costo fue razonable? SI No N/A

A leído nuestro señal digital? SI No

Al departamento de Salud del Condado de Barton le gustaria saber su opinion sobre lo que estamos haciendo para crear un ambiente fisico y emocionalmente seguro para las personas que usan nuestros servicios. "Fisicamente Seguro" quiere decir que usted no experimento ningun daño o ningun daño fue dirigido hacia usted mientras estubo en el departamento de Salud. "Emocionalmente Seguro" quiere decir que usted pudo ser abierto y honesto sobre todo lo que estaba sintiendo.

Por favor díganos si esta de acuerdo o en desacuerdo con las siguientes frases sobre su experiencia aqui?

	Firmemente de Acuerdo	De Acuerdo	Ni de Acuerdo o Desacuerdo	Desacuerdo	Firmemente Desacuerdo
Las trabajadoras me preguntaron sobre experiencias difíciles de mi vida sin juzgarme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Me siento fisicamente segura en este departamento de salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Me siento emocionalmente segura en este departamento de salud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fueron todas sus preguntas contestadas?	SI <input type="checkbox"/>	No <input type="checkbox"/>			
Fue la informacion proporcionada de ayuda?	SI <input type="checkbox"/>	No <input type="checkbox"/>			
Fue su privacidad respetada?	SI <input type="checkbox"/>	No <input type="checkbox"/>			
Se sintio agusto en nuestra clinica? Porque si o Porque no?	SI <input type="checkbox"/>	No <input type="checkbox"/>			

Que le gusto mas de su experiencia?

Que es lo menos que le gusto de su experiencia?

Como podemos mejorar nuestros servicios?

En general como se siente acerca de su visita el día de hoy? 😊 😐 ☹️

Aug 2021

Appendix E: Clinical Workflow Examples

Below are examples of screening processes utilized by Riley County Health Department
(Provided with permission from Riley Co HD)

Screening, Brief Intervention, & Referral to Treatment (SBIRT):



POLICY TITLE: 6. SBIRT (Screening, Brief Intervention, and Referral to Treatment)	
PROGRAM AREA: Maternal and Child Health	PUBLIC HEALTH ESSENTIAL SERVICE: Inform, Educate & Empower
Purpose Statement: Screen, educate and refer appropriate RCHD clients for further assessment regarding substance abuse and/ or mental health services, if warranted.	
Scope: RCHD Staff and clients.	
References: Kansas MCH Manual.	
Definitions: See addendum.	
Policy: RCHD Staff will screen clients for alcohol and drug use as well as depression and anxiety by using the SBIRT. This brief intervention addresses an individual's substance use and assists with establishing a plan to reduce use in the future, which can improve health outcomes. In addition, Staff will also provide education regarding risks associated with alcohol and/ or drug use, alcohol/ drug use during pregnancy, alcohol/ drug use and breastfeeding. By completing this brief intervention, Staff will also ensure client's mental health needs are being met. Staff will provide client with local mental health/ substance abuse provider directory. All MCH Staff will complete SBIRT training one time over the course of their employment with RCHD. Per MCH program initial training guidelines, all new MCH Staff will complete SBIRT training within 180 days of hire, or as the course is available.	

PROCEDURE TITLE: 6.1 SBIRT Process
Purpose Statement: Screen, educate and refer appropriate RCHD clients for further assessment regarding substance abuse and/ or mental health services, if warranted.
Scope: RCHD Staff and clients.
References: Kansas MCH Manual.
Definitions: See addendum.
Supplies/ Equipment Needed: SBIRT brief health screen, AUDIT, DAST, EPDS, and PASS forms, computer, and access to ezEMRx.
Specific Steps Involved: Screening, education and referral will be performed at initial appointment and follow-up appointments as appropriate.
<ol style="list-style-type: none"> 1. MCH Clerk will: <ol style="list-style-type: none"> a) Provide client SBIRT brief health screen via pdf filler prior to new client enrollment appointment. 2. MCH Staff will: <ol style="list-style-type: none"> a) Utilize SBIRT brief health screen to screen clients at MCH enrollment appointments. 3. Prior to new client enrollment, SW will review SBIRT brief health screen. If client answers "1 or more" on the brief health screen for alcohol or drugs, SW will email AUDIT/DAST to client and request they return prior to enrollment appointment. <ol style="list-style-type: none"> a) Alcohol: client will receive a full alcohol screen using AUDIT to screen. b) Drugs: client will receive a full drug screen using DAST to screen. 4. MCH Staff will review results with client and follow recommendations on the back of the AUDIT and DAST screening tools based on the total score of the respective screen. 5. The AUDIT and/or DAST screening tools will be directly entered into ezEMRx via the Social History tab. 6. If client is interested in and concedes to alcohol and/ or drug cessation assistance: <ol style="list-style-type: none"> a) Emphasize to client that a referral is for further assessment, not that they will necessarily be enrolled in a treatment program. b) Provide local mental health/ substance abuse provider directory. c) If client is pregnant and currently using, MCH staff will be required to make a report to DCF regarding use. d) AUDIT and/or DAST will be faxed to client's OBGYN with statement that client is interested in assistance. Only fax if client is currently using.



HEALTH DEPARTMENT

- e) MCH Staff will follow up with the client at their next appointment regarding the status of the referral and whether further assistance to obtain an assessment is needed.
- 7. If client is not interested and does not concede to alcohol and/ or drug cessation assistance:
 - a) Note assistance refusal in progress notes.
 - b) If client is pregnant and currently using, Staff will be required to make a report to DCF regarding use.
 - c) AUDIT and/ or DAST will be faxed to client’s OBGYN with statement that client is not interested in assistance. Only fax if client is currently using.
- 8. If client answers yes to either question for mood:
 - a) SW will complete EPDS during enrollment appointment and review results with client.
 - b) MCH staff will provide local mental health provider directory
 - c) EPDS will be completed in the Questionnaire tab in ezEMRx and total score calculated upon save.
 - d) If a high score, the EPDS will be saved as an attachment under the screening tab.
 - e) MCH staff will make note in ezEMRx progress note.
 - f) MCH staff will refer to Billing and Coding Procedure/Diagnosis Codes sheet and check “P” on both Procedure and Diagnosis for the primary visit. Enrollment, BaM, or Home Visit are the primary visits.
 - g) Forms will be completed in DAISEY to include MCH service form, KDHE referral form & adult visit form, and EPDS. EPDS will be put in DAISEY, even if low score.
 - h) If further assessment is completed using EPDS and client scores a 10 or above, staff will follow **PMAD Crisis Intervention Algorithm** (used in BaM® program).
 - i) Staff will follow up in one week with client if client scores 10 or above
- 9. Supervisor will:
 - a) Ensure MCH staff, interns and volunteers have completed SBIRT training as deemed appropriate.

Prepared By: name and title	
Original Effective Date: Click here to enter a date.	Review Periodically: Annually
Date Reviewed/Updated:	Reviewed By:
click here to enter a date	name and title
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click here to enter a date	name and title

X

Breva Spencer, LBSW
Maternal and Child Health Supervisor

X

Julie Gibbs, MPH
Administrative Director

Perinatal Mood and Anxiety Disorders (PMAD):



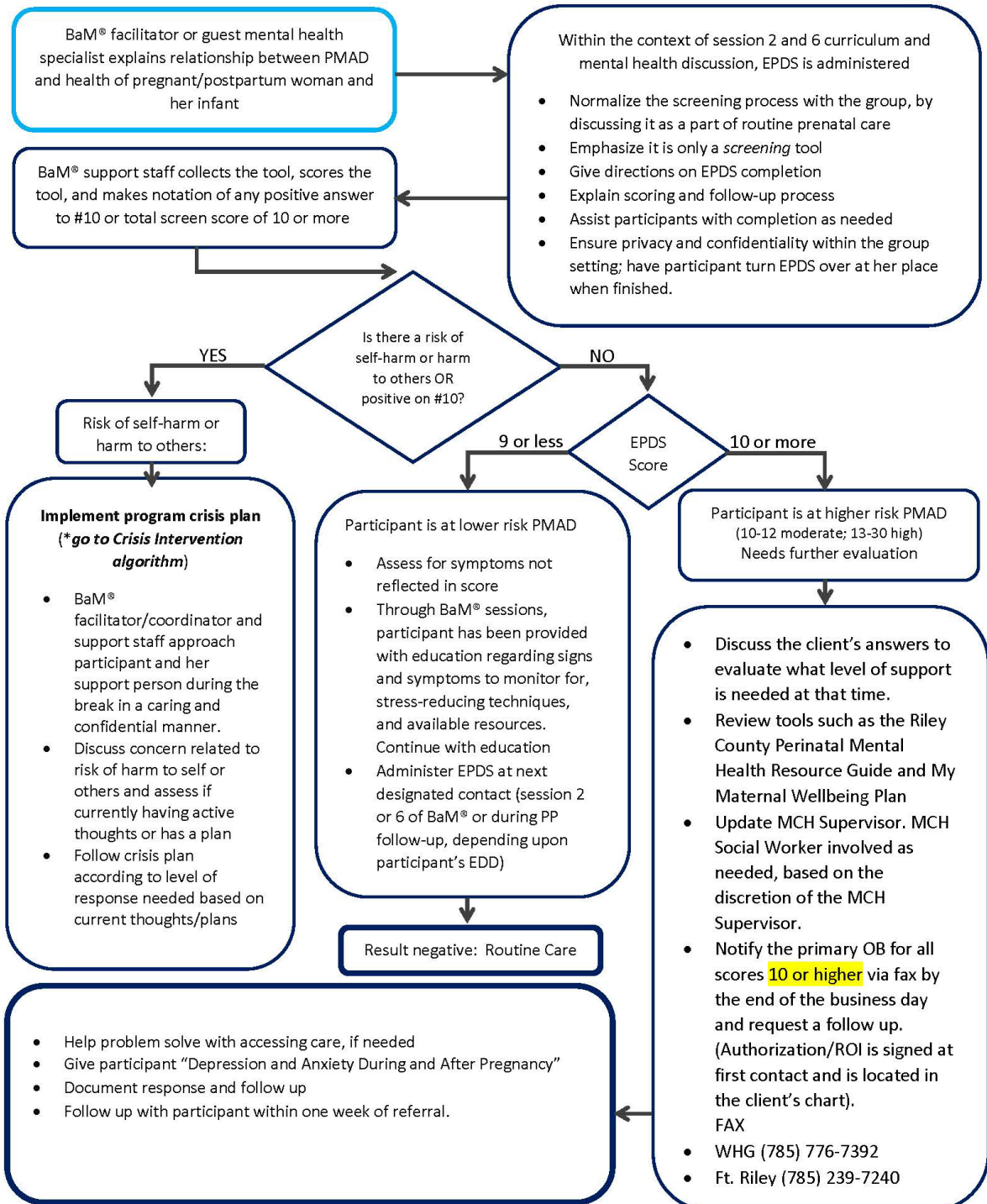
POLICY TITLE: 8. PMAD Screening and Process	
PROGRAM AREA: Maternal and Child Health	PUBLIC HEALTH ESSENTIAL SERVICE: Inform, Educate, Empower
Purpose Statement: Procedures to follow using EPDS during new client enrollments and weekly home visiting	
Scope: Social workers	
References: Kansas MCH Manual essential services relevant policies, plans, manuals or guidelines	
Definitions: see addendum	
POLICY: It is the policy of MCH to provide a brief health screen to all clients at or before their new client enrollment appointments. Based on how this form is completed, further screening may be warranted by providing an EPDS to the client to be completed.	

PROCEDURE TITLE: 8.1 Edinburgh Postnatal Depression Scale New Client Enrollments
Purpose Statement: Ensure MCH program identifies PMAD and provides education and referral services in order to promote health outcomes. Services provided comply with the MCH essential services and MCH grant requirements.
Scope: Social workers
References: Brief health screen, EPDS, EPDS work flow
Definitions: see addendum
Supplies/Equipment Needed: Screening forms, educational handouts, referral forms, computer, client charts
<p>Specific Steps Involved:</p> <ol style="list-style-type: none"> 1. MCH clerk will email SBIRT brief health screen as part of new client enrollment packet. 2. Social worker will review brief health screen prior to new client enrollment. If either mood question is marked yes, social worker will complete EPDS at appointment. 3. If client scores a '10' or above on completed EPDS, social worker will have conversation with client regarding high score and evaluate what level of support is needed. 4. Social worker will share with client P & P regarding high EPDS scores and requirement to forward to OB. Social worker will ensure there is a release of information on file to share EPDS with OB. 5. If client has high (10+) EPDS but does not have an OB/other provider and has no intention of selecting one, SW will have client sign release of information (ROI) for PMH or KSU Family Center, or a provider of their choosing. This release is for SW to make referral for mental health services and SW may send high EPDS later, if requested by provider. If family declines to complete ROI for mental health provider, they will add statement to ROI that they are declining the referral and sign. SW will make note in the encounter that client declined referral. If client signed 3 consent form for IRIS and mental health provider is an IRIS participant, staff can use that consent to make the referral. 6. If client selects any answer other than 'never' on question 10, MCH staff will discuss answer further to assess if the client has a plan for self-harm, as well as the means to complete the plan and any history of self-harm. 7. If client has active thoughts of harm to self or others, emergency services will be arranged. Staff will follow the Crisis Intervention workflow algorithm. The MCH Supervisor will be notified. 8. If the client does not have a plan of harm to self or others or is not having active thoughts of harm to self or others, MCH staff will notify client's primary OB via phone or fax and request they follow up. A safety plan may be created, as needed. The MCH Supervisor will be notified.

Below is an example of a clinical workflow process utilized by Riley County Health Department
(Provided with permission from Rilev Co HD)



EPDS Work Flow



Adapted for Kansas Perinatal Community Collaboratives by the Kansas Department of Health and Environment, Bureau of Family Health, with review, recommendations, and endorsement by the Kansas Maternal Child Health Council, April 2016. Credit is given to the Minnesota Department of Health for their work to create the *Ideal Work Flow: Screening for Postpartum Depression/Anxiety in Well-Child Visits using EPDS*, Oct. 2015 <http://www.health.state.mn.us/divs/chf/topic/pmad/content/document/pdf/workflowepds.pdf> Revised 04/2021