

# **Application of Systems Thinking in Improving the Behavioral Health Service System in Kansas**

by

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In June 2019, a team comprised of members from the Kansas Department of Health & Environment and the Saline County Health Department attended a one-day Systems Thinking Workshop for Public Health led by systems thinking consultant, Julia Ross.

The learning objectives of the Systems Thinking workshop were to:

- Understand strategies for analyzing problems and identifying high-leverage interventions.
- Recognize unintended consequences of actions.
- Describe system archetypes as way to understand system performance and communicate about complex issues
- Understand yourself as part of the system and how you may be implicated in the very challenges you face
- Recognize how thoughts, assumptions and beliefs (mental models) play a significant role in what you see and hear and how this affects the organizational systems you are a part of

The team attended the workshop as part of an initiative they are involved with through the National Network of Public Health Institutes and the Association of State and Territorial Health Officials. This initiative seeks to engage public health professionals in a way that allows them to create innovative solutions to address behavioral health needs in their communities.

Upon completion of the workshop, this team was coached by Julia during three 90-minute virtual coaching sessions over a span of three months. The goal of coaching was to not only further develop their systems thinking skills using the tools they learned in the workshop, but to get a better understanding of the underlying causes of an important issue they are dealing with, and to develop and implement an action plan to address the issue.

## Issue Selected

In Kansas, nearly half of the 100 local health departments prioritized behavioral health during community planning processes. Unfortunately, there is no current roadmap about what to do next. As a result, the majority of local health departments that have prioritized behavioral health are not achieving their stated goals. This is the issue this team chose to focus on. Their vision is it to have all of their local health departments seamlessly integrate behavioral health services, including cross referral capabilities, and provide ease of access for all clients.

## Underlying Causes

Using a systems thinking approach, the team identified a number of underlying causes which are contributing to this issue remaining in place.

- Silos within state system (Kansas Department of Health and Environment is different than Kansas Department for Aging and Disability Services – which handles behavioral health; Local Health Departments (LHDs) are different than Community Mental Health Centers (CMHCs)
- Crisis intake assessment must be completed by a very narrow set of professionals (other states allow more variation in who completes)
- Organization of Mental Health is different than physical health – they have historically not been co-located; can have a neurologist and a cardiologist in the same building but not a mental health specialist and primary care provider
- Some CMHCs are uncomfortable that LHDs want to work on behavioral health – example: they are uncomfortable that some LHDs are being trained to do Mental Health First Aid
- Stigma - people will not use available services because they don't want people to know they have a behavioral health need
- Perspective from some LHDs that “Behavioral health is not my job” and “Behavioral health is outside my wheelhouse.”

## Focus Area

Based on this analysis, the team decided to focus their *initial* efforts on improving coordination and cooperation between the various entities within the state system that support people with behavioral health needs.

One of their first strategies was to implement a pilot event - **Behavioral Health Community Planning Day**, which was held in September 2019. An overarching goal of the event was to get the “system” in the room as they recognized how interconnected the various entities are who provide services in Kansas to people with behavioral health needs. The Behavioral Health Community Planning Day was attended by 90 people represented by these organizations:

- Community Mental Health Centers
- Education (pk-12 and Higher Ed)
- Healthcare Providers
- Insurance/Managed Care Organizations
- Kansas Department of Aging and Disability Services
- Kansas Department of Health & Environment
- Kansas State Research & Extension
- Law Enforcement & Corrections
- Judicial/Court
- Local County Health Departments (12 out of 100 Health departments represented)

## **Purposes of Event**

- Explore behavioral health using a public health approach
- Discover a variety of promising practices that could be implemented to address community behavioral health issues
- Build capacity to address behavioral health issues identified in community health planning processes (CHAs, CHIPs, CHNAs)
- Develop connections with others who are invested in addressing behavioral health issues
- Provide connections to resources

The event was designed with a systems thinking approach embedded throughout. The event started with an overview of the mental health system and why public health professionals need to engage in this work. The focus then shifted to gap/problem identification so local health departments could increase awareness about problems that potentially exist in their communities. The afternoon sessions focused on solutions/promising approaches and planning. The event concluded with a personal story of someone who successfully got behavioral health treatment and is now in recovery.

## **Survey Results & Comments About the Event**

A brief exit survey was distributed the day of the event with a longer follow-up survey distributed electronically two weeks after the event. There were 39 respondents for the exit survey and 29 for the follow-up survey.

- 100% would be interested in participating in another similar session
- 96% learned of a resource/strategy of which they were previously unaware
- Behavioral Health Community Planning Day ranked a 7.0 for helpfulness in assisting participants with ideas and resources for addressing behavioral health priorities in their community on a scale of 1 to 10 (1=not at all helpful; 10=extremely helpful).
- Level of confidence in ability to assist with behavioral health initiatives= 7.2 (1=not at all confident; 10= extremely confident)
- 46% are interested in a quarterly webinar with other participants to share successes and challenges related to this work as well as strategies; 43% are possibly interested
- 34 organizations were identified as necessary to include in community efforts as a result of the event

- 55% planned to schedule a meeting with a community team as a result of the event (14% already had one scheduled)
- Multiple participants reported increased collaboration/discussions with partner organizations
- Numerous respondents expressed gratitude for the event and said they enjoyed the opportunity to learn from other perspectives and connect with people from around the state. Several expressed the desire for similar events in the future and in other regions of the state.
  - “I appreciate the state prioritizing this issue and holding training to help us at the local level address this issue.”
  - “It was great to hear how communities/counties across our state are addressing behavioral health challenges.”
  - “This was everything and more we hoped. I brought so much back to NW Kansas to help with our efforts to improve Mental Health.”
  - “The BEST conference I have been to in a long time!”
  - “Thank you for the opportunity to have the conversation. Valuable, timely, critical and relevant.”
  - “Thank you for personalizing our work and our mission through the sharing of the stories.”
  - “I feel empowered to take a more leadership role in addressing Behavioral Health Care in NE Kansas.”

### **Future plans**

The core team is partnering with local health departments and Aetna Insurance to organize at least three future events in other regions of Kansas (Aetna has awarded nine mini-grants to local health departments to replicate similar events and/or to focus on social determinants of health.) All event participants as well as other local health department administrators will be invited to a community of practice to be scheduled in early 2020 to share successes, challenges, and strategies/best practices. Additionally, follow-up and ongoing coaching will be provided to communities upon request

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NNPHI – for providing funding to run the June 2019 Systems Thinking Workshop as well as the follow-on coaching to the team

Preventive Health Block Grant – for funding the Behavioral Health Community Planning Day.

# BEHAVIORAL HEALTH COMMUNITY PLANNING DAY AGENDA

MONDAY, SEPTEMBER 30, 2019

9:00 A.M. TO 4:30 P.M.



## LEARNING OBJECTIVES

- Explore behavioral health using a public health approach
- Discover a variety of promising practices that could be implemented to address community behavioral health issues
- Build capacity to address behavioral health issues identified in community health plans (CHAs, CHIPs, CHNAs)
- Develop connections with others who are invested in addressing behavioral health issues

## AGENDA

9:00-10:30 AM	Welcome, Introductions and Purpose of the Day Overview of the Kansas Mental Health System Overview/Setting the Stage Behavioral Health as a Public Health Issue/Statistics Systems Thinking	<i>Cristi Cain</i> <i>Michelle Ponce</i> <i>Amber Dean</i>  <i>Julia Ross</i>
10:30-10:45 AM	Break	
10:45-11:45 AM	Panel—Gaps and Opportunities for Behavioral Health in Kansas <i>Panelists: Ken McGovern, Douglas County Sheriff, Shane Hudson, CKF, Addiction Treatment Provider, Darla Nelson-Metzger, Families Together</i> <i>Video clips: Con Olson, EMT</i> Table Talk	
11:45-12:30 PM	Lunch	
12:30-1:50 PM	One Family's Journey Table Talk  Promising Practices/Approaches and Resources <i>Dan Partridge, Lawrence-Douglas County Health Department</i> <i>Lindsay Payer, Coffey County Health Department</i> <i>Jamie Downs, Butler County Health Department</i> <i>Video clip: Amanda Mehl, Boone County Health Department (Illinois)</i>	<i>Cristi Cain</i>
1:50-2:00 PM	Break	

## AGENDA CONT.

2:00-4:30 PM Promising Practices/Approaches and Resources Roundtables

1. Adverse Childhood Experiences/Trauma Informed Systems of Care  
*Vanessa Lohf, Wichita State University*
2. Anti-Stigma Campaign  
*Stacey Lyddon, NAMI Kansas*
3. Creating Community Buy-In  
*Cherie Sage, KDHE and Safe Kids Kansas*
4. Crisis Intervention System Overview  
*Shereen Ellis, Aetna*
5. Crisis Intervention Teams (Law Enforcement) and Veteran's Services (Military)  
*Matt McGuire, Kansas Department for Aging and Disability Services*
6. Families Together  
*Darla Nelson-Metzger (Advocacy Organization)*
7. Partner Engagement/Partnership Development  
*Patricia Houston, Wichita State University*
8. Peer Support  
*Nicole Passafume*
9. School Based Interventions  
*Leslie Carr, USD 501 & Jennie Watson, Family Service and Guidance Center*
10. Second Step Social-Emotional Curriculum  
*Kelly Barnett, French Middle School, USD 501*
11. State-Level Strategies  
*Andy Brown, Kansas Department for Aging and Disability Services (Invited)*
12. Support Groups  
*Cameron Taylor and Sherrie Vaughn, NAMI Kansas*
13. Telehealth  
*Janine Gracy, Heartland Telehealth*
14. Youth Development/Peer Leadership  
*Des Martin, Mirror, Inc.*

Group Reflection

Planning for Progress

Report Out

A Story of Hope

Next Steps and Commitment

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