

CAPE | Community Assessment and Education to Promote Behavioral Health Planning and Evaluation

Community Action Planning Worksheet

This worksheet is intended to help CAPE program participants build an effective action plan for improving behavioral health conditions in the community.

Project:

Create and Sustain the Riley County, KS Community Mental Health Coalition

Getting Started

To start, we need to articulate the change we would like to see take place. To do so, we need to recognize the **existing situation** we believe can be improved. Consideration of the many data and community survey information resources generated through the program can bolster the case for needed action. We can't accomplish everything at once, so we need a **sense of priority** about what we should do now rather than later. Finally, we need to articulate the goal or **intended outcome** we would like to see achieved.

What's the **Situation** you'd like to see changed? What are the behavioral health needs or problems to be addressed?

Situation

Manhattan, KS is the growing core of a 100,000 population metro area. Two key industries of the region are Kansas State University (24,000 students) and Ft. Riley Military Reservation (18,000 troops). Both present certain behavioral health needs associated with these relatively youthful population groups. In particular, professionals familiar with community behavioral health identify high levels of stress, alcohol abuse, anxiety, tobacco/nicotine use, and post-traumatic stress disorder among the general population.

The policy context is Kansas has been increasingly challenging. Since instituting deep income tax cuts in 2012-13, the state has faced chronic revenue shortages. Virtually all state-supported services have experienced repeated financial reductions. Public health and mental health programs have been impacted significantly. Compounding the challenge is the partial closure of the major state mental hospital serving the region. This has created a waiting list for people in need of in-patient treatment.

Community needs related to mental health are significant and projected to grow. Additional assistance from broader levels of government is doubtful. Manhattan will need to mobilize and organize internally to respond to local needs and challenges.

Currently, there are multiple service providers who encounter the mental health challenges of the community. These include the community mental health service agency, law enforcement, the hospital, and other agencies. While each provides a high level of service provision, there is little communication between institutions and little coordination of service provision.

Community behavioral health problems might be reduced and more effectively dealt with if there were greater coordination of the public and private human services providers. What is needed is some type of information-sharing and/or coordinating council of local behavioral health service providers.

What should the **Priorities** for attention, effort, and investment be? What are the most important things that that need to be done to address the situation?

Priorities

1st: Communicate with stakeholder about the need for a grassroots approach to improved mobilization and response to community behavioral health challenges.

2nd: Secure the cooperation of the broad array of organizational and institutional entities dealing with various aspects of community behavioral health.

3rd: Establish an ongoing working group of stakeholders whose mission is to respond to behavioral health needs in the community.

What are the **Intended Outcomes** you would like to see achieved? What will be the situation or condition when the goal has been achieved?

Outcome

Establish the Riley County Mental Health Task Force (RCMHTF), an ongoing multi-institutional group of mental health specialists and service providers that intersects with community institutions positioned to take effective collaborative action in response to community behavioral health needs. The purpose of the organization will be to:

- facilitate information sharing among stakeholders;
- encourage cross-organization collaboration in response to community behavioral health needs;
- provide liaison with organizations positioned to take action in relation to behavioral health challenges (e.g. city and county commissions, Riley County Law Board, Via Christi Health Systems); and
- provide a unified voice to the public on critical community behavioral health issues.

Filling in the Plan

Now that we've established what we would like to achieve, we need to figure out how to do it. We can create an effective action plan by carefully considering what resources we **need to invest** into the effort, what **activities** we need to do to make progress, **who** we need to reach and involve, identify the **milestones** we'll need to see in order to know we're making progress, and, finally, the **long-term impact** we would like to see achieved.

What **Resources** are needed to take action? Who is available to work on the problem? How much time will it take? Are money or other resources needed? Who can we partner with to make progress?

Organizational Inventory

Identify local institutions that should be represented and participate on an ongoing basis. Other local entities will be recruited as needed.

Leadership

Initiate: Executive Director, Pawnee Mental Health Services
Coordinating: Executive Director, Pawnee Mental Health Services
Ongoing Lead: Executive Director, Pawnee Mental Health Services
Logistical Support: Executive Director, Pawnee Mental Health Services

Financial Resources

Minimal financial resources will be required. Periodic photocopying. Most communication is electronic.

Time Requirements

Front-end investment to recruit and organize.
Ongoing requirements include meeting notification, meeting preparation, and meeting attendance. Estimated time commitment approximately two hours/month.

Meeting Location

The Task Force is a face-to-face meeting opportunity. As such, a suitable meeting space is required. It can be anticipated that a conference room in a public building will be available during normal business hours.

What **Activities** need to take place to achieve the goals? Do we need to conduct regular meetings? Do we need to have special public meetings or events to inform the community about goals and activities and/or gather feedback? Do products or information resources need to be developed? How should the media be involved? How do we foster needed partnerships and alliances?

Organizational Detail

The RCMHTF is primarily intended as a periodic informal information sharing meeting. The meetings cannot interfere with normal business responsibilities of any participating entity. As such, meetings will normally occur once every two months, for one hour, from 4:00 p.m. - 5:00 p.m.

Participants can share news and information about issues relevant to local behavioral health concerns. This may include observed community trends, local institutional initiatives, and broader state and federal policies impacting community behavioral health.

While rare, the RCMHTF may occasionally wish to issue public pronouncements on issues of importance to the community. As such, it will operate with a designated Chair to run meetings, designate a Secretary who will record minutes and run the meeting in the absence of the Chair, and have formal voting and non-voting members. As much as possible, agreement on policy positions will be by consensus. In the absence of consensus, majority vote will rule with abstaining and dissenting votes clearly noted.

Who needs to **Participate** in order to make progress? Who are we trying to reach and influence? Who are the targets of our effort? Who needs to be involved?

RCMHTF Participants

Riley County Commission (voting)
Riley County Health Department (voting)
Kansas State University Family Studies (advisory)
Kansas State University Student Health (advisory)
Riley County Extension Office (advisory)
Riley County District Court (voting)
Riley County Community Corrections (advisory)
Riley County Adult Intensive Supervision Officer (advisory)
Riley County Attorney's Office (voting)
Fort Riley Community Outreach Representative (advisory)
Riley County Police Department Patrol (voting)
Riley County Police Department Jail (voting)
Manhattan City Commission (voting)
Pawnee Mental Health Services Agency (advisory)
The Restoration Center (drug treatment, child and family services) (advisory)
Via Christi Hospital Emergency Room (advisory)
Manhattan Emergency Shelter (advisory)
Shepherd's Crossing (Manhattan Ministerial Alliance) (advisory)

Periodic Partners

Other Riley County health and social service providers
Local media
Manhattan Area Chamber of Commerce

General Public

All meetings are open to the public

What are the **Short-Term Results** (6-12 months) you would like to see? What would we like people to learn? What are the changes in awareness, knowledge, attitudes, or skills we would like to see people exhibit? *How will we measure this?*

Make contact with stakeholders who could be prospective partners. Explain the intent of establishing a Task Force. Secure agreements. Identify meeting place. Hold the first meeting and establish ground rules such as representation on the task force, decision-making process (consensus, who has a vote), which organization could be the fiscal agent for external funding opportunities, whether and how each participating organization will contribute to the task force (in-kind, financial, staff support), methods of communication.

Progress Metrics

- Formal recognition by sponsoring organizations (city and county commission, RCPD Law Board, Pawnee Mental Health Services Board of Directors)
- Number of cooperating organizations
- Number of officially-designated representatives
- Number of meetings
- Meeting attendance



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What are the **Intermediate-Term Results** (1-2-3 years) you would like to see? What are the behaviors, actions, decisions, or policies we would like to see in place? *How will we measure this?*

Regular bi-monthly meetings occurring. Active participation and contributions by member partners. Cross-organizational partnerships are formed, strengthened, and accomplishing joint objectives. New external partnerships are formed and initiatives are undertaken.

Progress Metrics

- Create an objective tracking system to measure community behavioral health needs and trends.
- Document initiatives undertaken.
- Document new external funding by partner members resulting from collaborative initiative.

What is the desired **Ultimate Impact** (long-term) on the community? What are the social, economic, or other conditions we'd like to see in place in order to effect the kind of change the would be desired? *How will we measure this?*

The Task Force partnership remains intact and actively engaged in collaborative initiatives that address stated goals and additional needs that emerge.

Progress Metrics

- Task force monitors identified data sources that indicate trends in preventable mental health disabilities, especially in relation to drugs, alcohol and tobacco addiction.
- Evaluation of activities initiated by the task force show a correlation between activities and change in the identified indicators.