

# Overview of the Riley County Community Health Improvement Planning Process

Priority Identification and  
Improvement Plan: Fall 2015

Implementation Plan: Fall 2017



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## Addendum: 2017 Implementation Plan

## Summary of Priorities

Riley County's community health improvement planning was an iterative process involving over 200 stakeholders in reviewing data, discussing needs, and identifying priorities. The process included meetings with key stakeholders and organizational partners, community listening sessions, and planning team work sessions.

Based on the series of community and stakeholder meetings, thirteen priorities were identified:

- Mental Health
- Healthy Lifestyle (Physical Activity, Nutrition)
- Transportation
- Housing
- Communication and Coordination of Systems and Services
- Access to Critical Services Outside Manhattan
- Child Care and Before/After School Care
- Substance Abuse
- Employment
- Binge Drinking
- Environment and Infrastructure
- Special Needs
- Poverty and Economic Challenges

Of those, three were selected as having the most potential for collective impact in improving the health of Riley County:

- 1. Communication and Coordination of Systems and Services**
- 2. Transportation**
- 3. Mental Health**

These selected three will be addressed through a concerted, cooperative effort of strategic teams formed around the issues. At the same time, many of the other ten are currently or will be receiving attention through individual organizations or related initiatives in the community.

This document is meant to serve as an interim resource as the community works on these priorities and develops a more detailed implementation plan with specific, measureable objectives and activities.

## Introduction

A three-member county commission governs the county and serves as the Board of Health. Public health services are provided by Riley County Health Department with health care services provided by area safety net clinics, local hospitals, and private providers. Priorities to be addressed from the economic and business community, various city commissions and regional partners are critical as the leading health organizations work with the communities in Riley County to address health issues that ultimately impact the quality of life and sustainability of our communities.

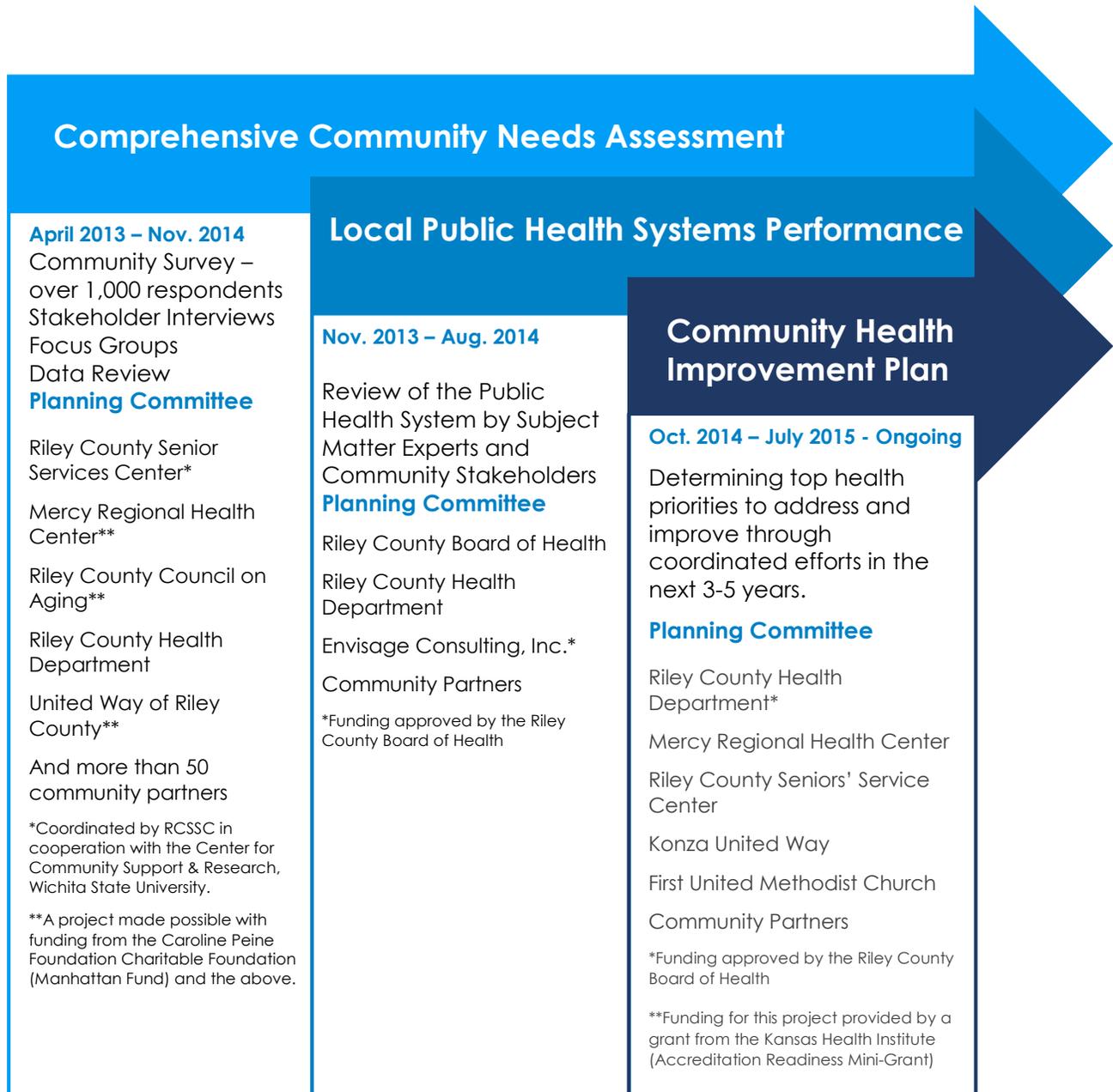
It is the belief and practice of the Riley County Commission acting as the Board of Health that serving our communities can only be accomplished through engagement of our community partners, residents, and local, regional and state partners. Riley County, Kansas, is the seventh largest county in Kansas, with a population of 75,394. It includes six incorporated cities, and it is home to two of the largest employers in the State of Kansas, Kansas State University and Fort Riley.

Community partners, including the Riley County Health Department and Mercy Regional Health Center, now Via Christi Hospital, collaborated to complete a comprehensive community health assessment in 2014 <http://www.rileycountycommunityneedsassessment.org/> and a Community Health Improvement Plan/implementation (CHIP) strategy planning process during the first half of 2015 <http://www.datacounts.net/rcchip/>. Key partners working with the Health Department and Via Christi on the CHIP planning committee were Konza United Way, Riley County Senior Services Center, and First United Methodist Church.

This document provides an overview of the process used, data reviewed, priorities determined, and a framework for the implementation plan. It is a resource for community stakeholders to use as they develop the community health improvement plan and identify specific objective and activities for the priorities identified during the planning process.

## Overview of Related Riley County Assessment Efforts

Over the last two years, Riley County organizations have undergone two coordinated assessment efforts, most notably the Riley County Comprehensive Community Needs Assessment, which has been used as the basis of the Riley County Health Assessment. Riley County partners also completed a Local Public Health Systems Assessment. Results from both of these assessments were used to inform the community health improvement plan, as well as additional demographic and socioeconomic data that was compiled for community meetings.



## Riley County Profile

Riley County is seventh largest county in Kansas, with a population of 75,394. It is home to five incorporated cities: Manhattan, Ogden, Riley, Leonardville, and Randolph, as well as the unincorporated Keats community, which is in Wildcat Township.

Riley County is relatively young county, with a median age of 24.5 years, compared to statewide median age of 36.0 years.



The county has slightly lower average income statistics than the state average, and a much higher percentage of people living below poverty. Looking at the age breakout by poverty, the majority of the county's below-poverty population is concentrated in the college age group, 18-24 years.

Riley County is not a homogenous county; demographic statistics vary widely among the cities. Manhattan has a very different demographic profile than the smaller cities, and Ogden is much different from the northern Riley County cities. Manhattan's population is younger, has a higher level of educational attainment and a higher poverty rate (driving by college age) than the rural cities. Ogden's population is more racially and ethnically diverse and has more children than the other rural city populations.

Key health indicators such as leading causes of death, date rates, smoking rates, immunization rates, and overweight and obesity rates were also reviewed. Riley County

generally compares favorably to the state, having lower death rates, comparable or better-than-average birth-related indicators (low birth weight rate), and comparable or better-than-average chronic disease risk factor indicators (overweight or obesity). Many of these favorable indicators are driven, at least in part, by the county's young population.

Only a few Riley County indicators were worse than the state average. They included binge drinking, consumption of fruits and vegetables, and mental health indicators.

To see the complete set of demographic data and key health indicators reviewed in the process, refer to the Riley County Community Health Assessment Data Profile, available at this website: [www.datacounts.net/rcchip](http://www.datacounts.net/rcchip).

## **Riley County Comprehensive Community Needs Assessment**

A primary source of information for the improvement planning process was the Riley County Comprehensive Community Needs Assessment (CCNA) report. Project coordination for the CCNA was provided by Riley County Seniors' Service Center, and it was conducted by the Center for Community Support and Research at Wichita State University. Major funding was provided by the Caroline F. Peine Charitable Foundation (Manhattan Fund), with additional funding by Konza United Way, Mercy Regional Health Center, Riley County Council on Aging, and Wamego Health Center.

The CCNA gathered data and community input using a multi-method approach for eleven areas of interest:

1. General Quality of Life
2. Physical Health
3. Mental Health
4. Social Issues
5. Children and Youth
6. Education
7. Aging
8. Housing
9. Transportation
10. Infrastructure
11. Economics and Personal Finance

All were directly or indirectly related to health, so all areas were reviewed to a certain degree as part of the community health improvement planning process.

The CCNA summary statement and overall themes are presented below. See this website for the full report: <http://www.rileycountycommunityneedsassessment.org/>

***“The overarching theme of the data collected is that Riley County is a community that is divided between a high quality of life, prosperity, and growth on one hand, and dwindling resources for and lack of attention to those who are most in need on the other.”***



## Overview of Riley County Comprehensive Community Needs Assessment Findings

### Positive

- + High quality of life
- + Growth
- + Spirit of community and collaboration

### Negative

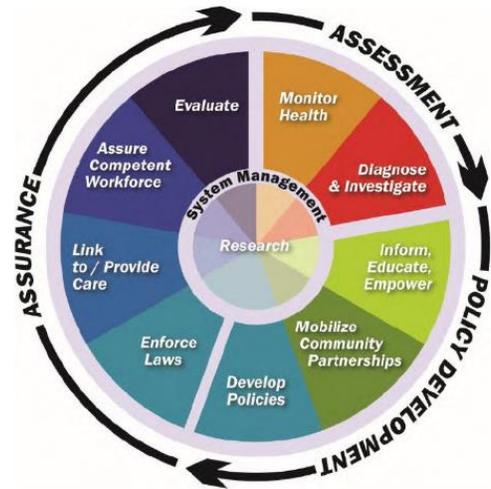
- “Invisible” population with significant needs
- Lack of accessible and affordable mental health services
- Lack of affordable housing
- Lack of accessible and affordable child care

## Local Public Health Systems Assessment

A second assessment that took place during this time was the Local Public Health Systems Assessment (LPHSA) <http://www.datacounts.net/lphsa/>. On June 11, 2014, approximately 100 community members (including facilitators and staff assistants) with a demonstrated area of expertise and an interest or stake in improving the local public health system met to help answer question such as “what are the activities and capacities of our public health system?” and “what are the gaps?” Invitees included over 200 representatives of all cities and school districts within Riley County, as well as many segments of the community, including hospitals, clinics, physicians, schools, child care providers, public safety and response agencies, faith-based organizations, employers, Kansas State University, Fort Riley, elected officials, and others.

The purpose of this assessment was to identify assets and resources present in our County that can be mobilized to address improvement of health, safety and quality of life. To complete the Local Public Health Systems Assessment (LPHSA), a national, standardized tool was used to score activity level related to the 10 essential public health services:

1. Monitor Community Health Status
2. Diagnose and Investigate Health Problems and Hazards
3. Inform and Educate about Health Issues
4. Mobilize Community Partners to Solve Health Problems
5. Develop Policies and Plans that Support Health Efforts
6. Enforce Laws that Protect Health and Safety
7. Link People to Services, Assure Provision of Healthcare
8. Assure Competent Public Health and Healthcare Workforce
9. Evaluate Personnel and Population-Based Health Services
10. Research Innovative Solutions to Health Problems



For each essential services, “model standards” were scored based on the level of activity of each standard in our community. Following the process outlined by the instrument, there was a facilitated discussion and consensus scoring of the model standards based on the expertise and perceptions of those stakeholders present.

Looking at composite scoring by essential service, Riley County’s local public health system scored very favorably:

- No essential services scored in the “No Activity” or “Minimal Activity” level range
- Six services scored in the “Moderate Activity” range
- Three services (4 – Mobilize Partnerships, 6 – Enforce Laws, and 7 – Link to Health Services) scored in “Significant Activity” range
- One (2, Diagnose and Investigate) scored highest, in the “Optimal Activity” range.

Perhaps even more valuable than the numerical scores themselves were the discussions generated among participants; identification of strengths, weaknesses, and opportunities for our public health system; and connections made among organizations represented. These are other key observations from the comments collected in the LPHSA:

- Much work is being done, but many (including providers and organization leaders) aren’t fully informed.
- Some essential services are lacking a central authority or lead organization to take fully implement or utilize resources in an intentional, coordinated way.

- There is a need for increased communication, coordination, and linkages within the local public health system.
- There is a need to expand local public health system's ability to share and use data and informational resources.
- Concerns related to mental health were identified.
- Factors contributing to awareness and coordination challenges include communities beyond Manhattan geographically spread out and somewhat disconnected, transient population and workforce, independently resourceful organizations.
- There is a general lack of awareness of the 10 essential services and the public health system, as well as how a strong public health system benefits the community.
- There is a need more direct and broad-based involvement of local public health systems representatives in community meetings and decision-making processes.

As a follow-up activity crucial to upcoming planning processes, members of the Riley County Health Department leadership team completed the optional agency contribution questionnaire on October 16th. Both these results and those from the broad community process are detailed in the full report, available at <http://www.datacounts.net/lphsa/>.

### **Supplemental Data Summary**

The graphs and charts used in presentations at stakeholder meetings and community listening sessions have been compiled in a supplemental data summary, which is available online at <https://www.datacounts.net/rcchip/>

## Overview of Improvement Planning Process

The Riley County health improvement planning team began meeting in the fall of 2014 to outline next steps for the community health improvement plan. The team was comprised of Riley County Health Department and Mercy Regional Health Center, now Via Christi Hospital, along with Konza United Way, Riley County Senior Services Center, and First United Methodist Church.

A community leader meeting was held January 29<sup>th</sup>, followed by a series of community meetings in February and March. Results of the Riley County health assessment efforts were presented during community meetings, and attendees were asked to prioritize top health priorities for Riley County through a discussion and group voting process.

The results of the community meetings were presented at a community-wide meeting on April 9<sup>th</sup> and are now being used to form an implementation plan. The results are also informing Riley County Health Department's strategic plan and Via Christi Hospital's implementation strategy plan.

A timeline of efforts and table of community meetings are presented on the following pages.

Handouts and voting results from each community meeting are available on this website: [www.datacounts.net/rcchip](http://www.datacounts.net/rcchip).

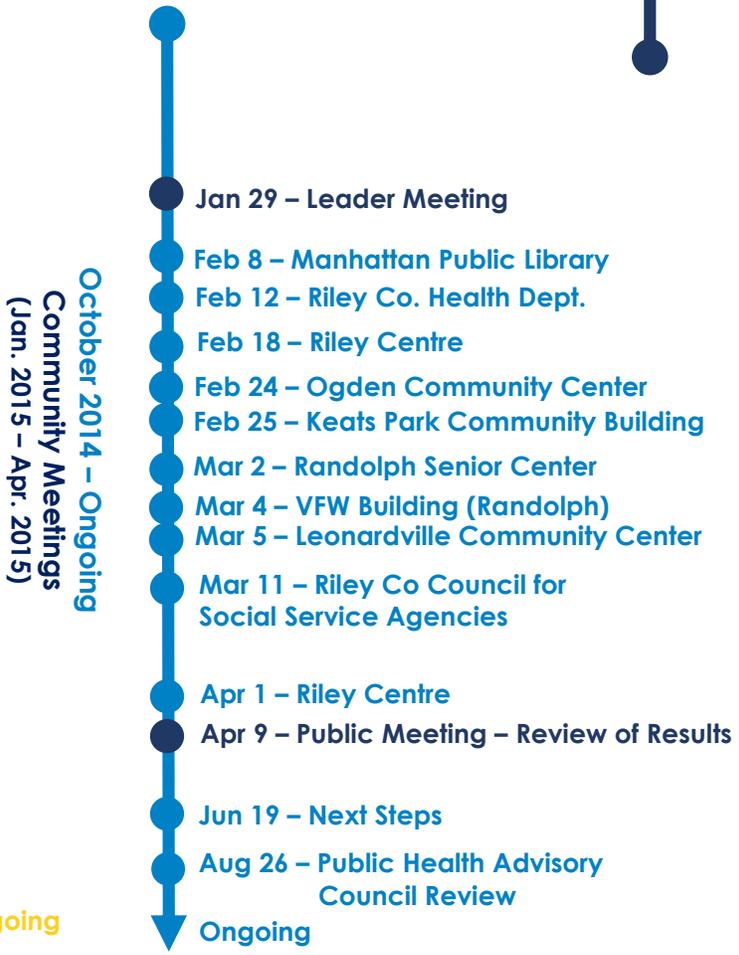
Via Christi Hospital in Manhattan

Riley County Health Department Strategic Plan

Riley Co. Community Health Improvement Plan

Local Public Health Systems Assessment

Riley Co. Comprehensive Community Needs Assessment



## Community Listening Sessions

Date	Location	# of Participants
January 29	Community Leader Kick-Off Meeting	70
February 8	Manhattan: Manhattan Public Library	20
February 12	Manhattan: Riley County Health Department	14
February 18	Riley: Riley Centre	11
February 24	Ogden: Ogden Community Center	21
February 25	Keats: Keats Park Community Building	8
March 2	Randolph: Randolph Senior Center (Senior Lunch)	22
March 4	Randolph: VFW Building	12
March 5	Leonardville: Leonardville Community Center	9
March 11	Manhattan: Riley County Council for Social Services Agencies	*
March 31	Leonardville: Leonardville Community Center (Senior Lunch)	25
April 1	Riley: Riley Centre (Senior Lunch)	24
April 9	Public Meeting to Present Results and Launch Next Steps	52
June 19	Planning Team Met to Plan Implementation	11

\* Presented overview and preliminary results. Received comments, but the group did not vote on issues.



## Priorities from Community Meetings

Thirteen issues were mentioned in more than one community meeting. The below table shows the number of meetings a priority was identified, the number of meetings it was voted in the “top 3” priorities, and the total “votes”. This list provides a general sense of priorities across communities, but it is subject to the following limitations:

- These results include the January 29th Community Leader meeting results
- An effort was made to accurately summarize and synthesize common themes
- Not all communities used the same terminology for similar issues – an effort was made to categorize similar issues
- Some categories were combined or split in summary results
- A few community members participated in more than one meeting, generally because they had ties to multiple communities
- Some participants left before they had the opportunity to vote, and some chose not to vote
- Voting methods and number of votes allowed per participant varied; in some meetings each participant was allowed six votes and they “spend” multiple votes per issue. In other meetings, participants were allowed only 2 votes.

Summary of Top Issues	# of Meetings Identified	# of Meetings in Top 3 Priorities	Total “Votes”
<b>Mental Health</b>	7	5	106
<b>Healthy Lifestyle (Nutrition, Physical Activity)</b>	10	3	101
<b>Transportation</b>	9	5	99
<b>Housing</b>	10	3	87
<b>Communication &amp; Coordination of Systems &amp; Services</b>	5	1	64
<b>Access to Critical Services Outside Manhattan</b>	7	6	60
<b>Child &amp; Before/After School Care</b>	7	3	47
<b>Substance Abuse</b>	5	1	46
<b>Employment</b>	2	1	39
<b>Binge Drinking</b>	4	0	23
<b>Environment &amp; Infrastructure</b>	5	1	18
<b>Special Needs</b>	3	1	15
<b>Poverty/Economic Challenges</b>	3	1	14

## Validation and Commitment Levels Results and Next Steps Meeting

All community leaders and community meeting participants were invited to attend a Results and Next Steps Meeting on April 9<sup>th</sup>. Here, participants were asked to consider each of the top thirteen issues and validate how strongly they agreed with this statement for each issue:

***This was accurately identified as a TOP health priority and should be addressed in a coordinated, concerted effort over the next 3 years with focused attention, time and resources.***

Attendees were also asked to consider the following criteria in their validation.

- Concern: Level of community concern, social outrage, or desire/acceptance of change?
- Magnitude: Proportion of population and/or communities affected?
- Seriousness: Level of health impact
- Feasibility of Solutions: Known and proven strategies to address? Resources available to implement strategies?

Issues Ranked by Total % "Strongly Agree" and "Agree"		%	Avg. Score
1	Mental Health	90.2%	4.57
2	Transportation	87.8%	4.35
3	Housing	85.4%	4.21
4	Healthy Lifestyles	83.7%	4.12
5	Poverty and Economic Challenges	80.4%	4.22
6	Access to Critical Services Outside Manhattan	78.0%	3.82
7	Substance Abuse	63.3%	3.71
8	Child & Before/After School Care	62.7%	3.84
9	Special Needs	59.2%	3.57
10	Communication and Coordination of Systems & Services	58.0%	3.82
11	Employment	52.1%	3.48
12	Binge Drinking	46.0%	3.26
13	Environment and Infrastructure	32.7%	3.24

After validating the issues, participants then discussed potential next steps for the six of the more complex health-related issues:

- Mental Health
- Transportation
- Housing
- Communication & Coordination Related to Systems and Services
- Access to Critical Services Outside Manhattan
- Healthy Lifestyles

Finally, participants were asked which (if any) issues they were willing to commit time to addressing. Below are the numbers of individuals and unique organizations expressing an interest in working on each issue.

Issue	Individuals		Unique Organizations	
	“Yes”	“Maybe”	“Yes”	“Maybe”
Mental Health	18	7	14	7
Transportation	17	7	14	6
Housing	11	8	10	5
Healthy Lifestyle	16	12	12	7
Poverty and Economic Challenges	11	8	9	7
Access to Critical Services Outside Manhattan	15	4	11	3
Child and Before/ After School Care	12	4	6	3
Substance Abuse	7	10	4	8
Communication and Coordination of Systems & Services	12	10	10	8
Special Needs	10	6	7	3
Employment	10	7	10	5
Binge Drinking	6	7	5	7
Environment and Infrastructure	8	3	6	2

## Selection of Final Health Priorities for Collaborative Effort

Finally, on June 19<sup>th</sup>, the core planning workgroup met to review all results and determine the final top priorities that would be best addressed through a concerted, collaborative effort of multiple organizations and representations. In addition to all results gathered to-date, the team took into account work already being done on these issues and selected those that could most benefit from collective impact and would not duplicate current efforts. The final selected priorities for collaborative effort are

1. Communication and Coordination of Systems and Services
2. Transportation
3. Mental Health

The following section presents highlights of results for each of the 13 potential priority issues from community meetings, results and next steps meeting, and core workgroup planning session. These are a summary resource for those developing the implementation plan.

# Communication and Coordination of Systems & Services

## Community Meeting Results

Number of Meetings mentioned as a main concern: **5**

Number of Meetings voted as a Top 3 Issue: **1**

## Subtopics Identified in Community Meetings

- Better communication, information to those who need services
- Awareness of social service programs in general, resources
- Networking of service providers so they are better aware of resources.
- Single access point in each of the communities for housing, child care, health, mental health, food pantry, medical care, food stamps, dentists, etc. – at least information.

## Level of Validation from Results and Next Steps Meeting

Communication and Coordination of Systems & Services	Votes	% by Level
Strongly Agree	14	28.0%
Agree	15	30.0%
Neutral	19	38.0%
Disagree	2	4.0%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
<i>Total:</i>	50	100%

<b>Average Weighted Score:</b>	<b>3.82</b>
<b>Total % "Strongly Agree" and "Agree"</b>	<b>58.0%</b>

## Action Steps from Results and Next Steps Meeting

### Concern #1: Resource information for the community

- Have someone at Mobile Clinics that has resource information for the Community

## Action Steps from Core Workgroup Planning Session

- Create a central hub for coordination of services
- Coordinated resource directory
- Social media as one strategy

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***“You need to be able to access information about services and resources...without having to ask someone in your community directly.”***

***[Member from rural community where everyone knows each other]***

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### ***Potential Resources and Organizations***

- Kansas 211
- Everybody Counts
- Circles
- Greater Manhattan Community Foundation (GMCF)
- Riley County Extension
- Manhattan Public Library
- Riley County Counsel of Social Service Agencies (RCCSSA)
- United Way
- Shepherd's Crossing
- Pawnee Mental Health
- Kansas Department of Aging and Disability Services (KDADS)
- Faith-based/Church organizations via community meals
- Ministerial alliance
- All agencies

# Transportation

## Community Meeting Results

Number of Meetings mentioned as a main concern: **9**

Number of Meetings voted as a Top 3 Issue: **5**

### Subtopics Identified in Community Meetings

- ATA Bus: unclear policies, limited routes, timing, affordability, complicated schedule, schedules not posted, rural riders have to be gone all day – too long for older adults, limited drop-off & pick-up points for rural communities
- Rural communities need transportation to get to services, especially health services.
- Need walking/biking paths to connect town to other areas (e.g., Ogden – Manhattan)



### Level of Validation from Results and Next Steps Meeting

Transportation	Votes	% by Level
Strongly Agree	23	46.9%
Agree	20	40.8%
Neutral	6	12.2%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
<i>Total:</i>	49	100%

<b>Average Weighted Score:</b>	<b>4.35</b>
<b>Total % "Strongly Agree" and "Agree"</b>	<b>87.8%</b>

## Action Steps from Results and Next Steps Meeting

### Concern #1: ATA Bus

- Need to correct misinformation for ATA Bus. (Immediate) *Note: clarifying information was in the Riley Countian paper.*
- Infrastructure improvements & passenger amenities (benches, overhangs, etc.) (Soon)
- Branding & Information (billboards, bus printing & decals) (Immediate)
- Use of Google Transit & GPS

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***“My son has to take a day off work to drive me to doctor appointments.”***

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### Concern #2: Bike Paths & Multimodal Connectivity

## Action Steps from Core Workgroup Planning Session

- ATA Bus
  - Correct any misinformation – immediate
  - Infrastructure improvements and passenger amenities (benches, overhangs, etc.) – soon
  - Branding and information (billboards, bus printing and decals, etc.) – immediate
  - Use of Google Transit and GPS
- Bike Paths and Multimodal Connectivity

## Potential Resources and Organizations

- Flint Hills Area Transportation Agency (ATA)
- Flint Hills Regional Transit Authority (RTA)
- Metropolitan Planning Organization
- City governments
- City of Manhattan funds for transportation to drug treatment
- Transit Study
- Riley County government
- Bicycle & Pedestrian Advisory Committee
- Kansas State University
- School districts
- Uber
- Pawnee Mental Health (511 grant + city/county grant)
- Big Lakes Development Center (510 grant)
- Flint Hills Volunteer Center
- Medicaid Transportation Services (3 providers)
- Taxi services
- Bicycle sharing “Green Apple Bikes”
- Parks and Recreation (trails and paths)
- Helping International Students (HIS) – rides for international students

# Mental Health

## Community Meeting Results

Number of Meetings mentioned as a main concern: **7**

Number of Meetings voted as a “Top 3” Issue: **5**

## Subtopics Identified in Community Meetings

- **Stigma associated with mental health**
- Psychiatric services
- Pediatric/youth psychiatric providers
- Medications
- Lack of inpatient beds, crisis stabilization unit
- Long wait times for appointments
- Insufficient mental health services and providers
- Military population mental health needs

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***“It is difficult for anyone to receive services.”***

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## Level of Validation from Results and Next Steps Meeting

Mental Health	Votes	% by Level
Strongly Agree	34	66.7%
Agree	12	23.5%
Neutral	5	9.8%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
<i>Total:</i>	51	100%

<b>Average Weighted Score:</b>	<b>4.57</b>
<b>Total % "Strongly Agree" and "Agree"</b>	<b>90.2%</b>

## Action Steps from Results and Next Steps Meeting

### Concern #1: Riley County Mental Health Service Providers

- Outreach to community partners regarding this issue (soon)
- Flint Hills Community Health Clinic maybe providing mental health services through Mercy (soon)
- Expand Mental Health First Aid

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***“Lots of private practice but demand exceeds supply.”***

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### Concern #2: Voluntary vs. Involuntary Commitment of Mental Health Patients

- Address dignity and quality of life issues
- Riley County Mental Health Task Force to outreach
- Wildcat Region touch base from a Hospital Standpoint- communication a must to discuss this issue as the new information unfolds

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***“We have to take our son to Topeka for the services he needs.”***

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## Action Steps from Core Workgroup Planning Session

- Identify and define exactly what the issue is
- Improve communication, marketing, and outreach: inform and educate what is available



## Potential Resources and Organizations

- Pawnee Mental Health Services
- Riley County Mental Health Task Force (multi-disciplinary collaboration)
- CAPE2 grant – Community Assessment and Education to Promote Behavioral Health Planning and Evaluation
- KDHE – Medicaid (group planning to focus on mental health in Pott, Riley & Geary)
- *Governor's Mental Health Planning Council (state level)*
- *Adult Continuation of Care (state level)*
- Private practice professionals
  - Katie's Way
  - Cornerstone
- Consumer-Run/Peer- Support Organizations (e.g., Morning Star)
- Via Christi Hospital
- K-State and Lafene Health Center
- Flint Hills Community Clinic
- Konza Prairie Community Health Center
- Ft. Riley
- Wounded Warrior Project Fort Riley
- Veteran's Clinic
- Manhattan Area Risk Prevention Coalition (MARPC)
- Manhattan Task Force
- Association of Community Mental Health Centers of Kansas (ACMHCK)
- Kansas Chapter American Academy of Pediatrics
- Community Health Ministries (Wamego)
- Riley County Police Department
- Manhattan Private Practice Association of Private Therapists

# Housing

## Community Meeting Results

Number of Meetings mentioned as a main concern: **10**

Number of Meetings voted as a Top 3 Issue: **3**

## Housing Subtopics Identified in Community Meetings

- Affordability
- Better affordable, low income housing options
- Quality
- Family & senior housing (not student housing)
- Rental issues
- Assisted living, independent living, ability to stay in own home
- Homelessness
- Home care, home maintenance

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***“I have too much money to qualify for housing assistance but too little to feel secure.”***

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## Level of Validation from Results and Next Steps Meeting

Housing	Votes	% by Level
Strongly Agree	22	45.8%
Agree	19	39.6%
Neutral	2	4.2%
Disagree	5	10.4%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
Total:	48	100%

<b>Average Weighted Score:</b>	<b>4.21</b>
<b>Total % "Strongly Agree" and "Agree"</b>	<b>85.4%</b>

## Action Steps from Results and Next Steps Meeting

### Concern #1: Bring all the housing agencies together.

- Attend the Kansas Housing Conference August 26-28, 2015.

### Concern #2: Balance the high demand for student housing vs. non-student housing needs

## Comments and Action Steps from Core Workgroup Planning Session

- Complex issue
- Advocating for rental inspections in all communities
- Ensure subtopics from community meetings, which involved family housing, senior housing, and assisted living (not student housing issues) remain a focus in the follow-up

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*"I can't afford assisted living so I'll stay here as long as I can."*

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## Potential Resources and Organizations

- Manhattan Housing Authority
- Manhattan Area Housing Partnership
- Variety of privately owned Section 8 housing
- Variety of senior housing (privately owned but federally subsidized)
- Kansas State University
- Habitat for Humanity
- PATH grant (for people with severe mental illness)
- Emergency Shelter
- Area Agency on Aging; senior villages – long term care and assisted living
- City & County – codes and ordinances
- Shepherd's Crossing
- Manhattan Area Planning Board
- Lutheran Housing
- Manhattan Christian College
- Job Corps



# Healthy Lifestyle

## Community Meeting Results

Number of Meetings mentioned as a main concern: **10**

Number of Meetings voted as a Top 3 Issue: **3**

## Subtopics Identified in Community Meetings

- Very broad category – many related items combined
- Healthy eating, good nutrition
- Access to healthy foods
- Lack of grocery stores and access to fresh foods in rural communities
- Healthy habits, poor choices
- Childhood obesity
- Physical activity and recreation opportunities for all ages
- Recreation facilities and infrastructure
- Nutrition challenges for older adults

## Level of Validation from Results and Next Steps Meeting

Healthy Lifestyle	Votes	% by Level
Strongly Agree	17	34.7%
Agree	24	49.0%
Neutral	5	10.2%
Disagree	3	6.1%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
<i>Total:</i>	49	100%
<b>Average Weighted Score:</b>		<b>4.12</b>
<b>Total % "Strongly Agree" and "Agree"</b>		<b>83.7%</b>

## Action Steps from Results and Next Steps Meeting

### Concern #1: Lack of coordination of initiatives.

- Get information about Parks and Recreation out to community
- Expand Wellness Coalition

---

***“There’s a convenience store, but it’s too expensive and doesn’t even have bananas!”***

---

## Action Steps from Core Workgroup Planning Session

- Designate Flint Hills Wellness Coalition as the permanent lead for this issue

## Potential Resources and Organizations

- Riley County Health Department
  - WIC Program
- Via Christi
- Riley County Extension
- All school districts
- Kansas State University
- Flint Hills Wellness Coalition
- Bicycle & Pedestrian Advisory Committee
- Flint Hills Breastfeeding Coalition
- Pawnee Mental Health – Health Connect
- Flint Hills Breadbasket, Harvesters
- Farmers markets
- Private grocers
- Common Table
- Manhattan Parks & Recreation
- Boys & Girls Club
- UFM
- Friendship Meal/Meals on Wheels
- Flint Hills Community Clinic
- Seniors' Service Center
- North Central Flint Hills – Area Agency on Aging
- Greater Manhattan Community Foundation
- Konza Prairie Community Health Center
- Community Learning Center – Health Clubs
- Private Providers (e.g., Weight Watchers)
- Bountiful Baskets
- Flint Hills Area Dieticians



# Poverty & Economic Challenges

## Community Meeting Results

Number of Meetings mentioned as a main concern: **3**

Number of Meetings voted as a Top 3 Issue: **1**

## Subtopics Identified in Community Meetings

- Related to access to health care, services
- Helping people improve their situation – assistance and services, education
- Poverty/economic challenges related to families and young children, seniors.
- Higher cost of living than in years' past (e.g., cell phone bill)

## Level of Validation from Results and Next Steps Meeting

Poverty & Economic Challenges	Votes	% by Level
Strongly Agree	22	43.1%
Agree	19	37.3%
Neutral	9	17.6%
Disagree	1	2.0%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
<i>Total:</i>	51	100%

<b>Average Weighted Score:</b>	<b>4.22</b>
<b>Total % "Strongly Agree" and "Agree"</b>	<b>80.4%</b>

## Comments and Action Steps from Core Workgroup Planning Session

- Continued conversations and awareness
- Communication: inform and educate
- "Socially just" wages
- Coordination and linkages to services

## Potential Resources and Organizations

- Riley County Council of Social Services Agencies (RCCSSA) (inclusive of most/all of these)
- Riley County Health Department
- Churches
- City of Manhattan – Special Services and Alcohol Board (SSAB)
- Riley County
- Other city governments/leadership
- School Districts
- Pawnee Mental Health
- Via Christi Hospital
- Flint Hills Community Clinic
- Everybody Counts
- Circles
- Shepherds Crossing
- Salvation Army
- Catholic Charities
- United Way
- Emergency Shelter
- Ascension
- Other social service agencies
- Other faith-based organizations
- Manhattan Alliance for Peace and Justice
- Workforce Center
- Living Wage Coalition
- Kansas Department for Aging and Disability Services



# Access to Critical Services Outside Manhattan

## Community Meeting Results

Number of Meetings mentioned as a main concern: **7**

Number of Meetings voted as a Top 3 Issue: **6**

### Subtopics Identified in Community Meetings

- Access to health services in rural areas: medical, health department, pharmacy, chiropractor, vision screening, immunizations, diabetes checks, nurse or physician assistant visit, etc.
- If not permanent presence, at least 1-2/week, 1/month
- Meals on wheels in rural communities
- Need first responders in Leonardville
- Ambulance/EMS issues: improve response times, know addresses (they get lost), better house numbering/address labeling, better informed drivers, road quality issues, responders need to know how to help an older person off the floor.
  - Rural communities spoke positively of their rural, local responders, but had improvement suggestions for Manhattan responders.

---

***“Next time I have a heart attack, I’m going to drive myself to the hospital!”***

***[Participant said he waited 2 hours for an ambulance]***

---

### Level of Validation from Results and Next Steps Meeting

Access to Critical Services Outside Manhattan	Votes	% by Level
Strongly Agree	9	18.0%
Agree	30	60.0%
Neutral	8	16.0%
Disagree	1	2.0%
Strongly Disagree	0	0.0%
Undecided/Don't Know	2	4.0%
<i>Total:</i>	50	100%

<b>Average Weighted Score:</b>	<b>3.82</b>
<b>Total % "Strongly Agree" and "Agree"</b>	<b>78.0%</b>

## Action Steps from Results and Next Steps Meeting

### Concern #1: Northern Riley County EMS and Ogden

- WIC (Women, Infants and Children)
- Coordination of local civic groups to put up signage in rural communities for EMS (Immediately)
- EMS and Riley Co. Health Department work together to provide blood pressure, diabetes and health checks.

---

***“There’s Manhattan and then there’s the rest of Riley County. We’re the outcasts and the outlanders.”***

---

## Comments and Action Steps from Core Workgroup Planning Session

- This issue is closely tied to transportation to critical services, access to healthy foods, access to care, housing
- Mobile Medical Unit



## Potential Resources and Organizations

- Riley County Health Department creating outreach clinics for WIC, Public Health Clinic
- Pawnee in-home services
- School districts
- Emergency Medical Services
- Via Christi Hospital
- Riley Food Pantry
- Ogden Community Center
- Ogden Friendship House
- Faith-based Organizations
- Senior Centers

# Child and Before/After School Care

## Community Meeting Results

Number of Meetings mentioned as a main concern: **7**

Number of Meetings voted as a Top 3 Issue: **3**

### Subtopics Identified in Community Meetings

- Affordability
- Infant, early childhood, preschool
- Lack sufficient child care in rural areas
- No/limited before/after school care in rural communities (most parents commute to Manhattan).
- Need “sick” child care option

---

**“Parents, especially single parents, need options so they aren’t penalized at work when their child is sick.”**

---

## Level of Validation from Results and Next Steps Meeting

Child Before/After School Care	Votes	% by Level
Strongly Agree	17	33.3%
Agree	15	29.4%
Neutral	13	25.5%
Disagree	6	11.8%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
<i>Total:</i>	51	100%

<b>Average Weighted Score:</b>	<b>3.84</b>
<b>Total % "Strongly Agree" and "Agree"</b>	<b>62.7%</b>

## Comments and Action Steps from Core Workgroup Planning Session

- Revisit plan and bring back to the community's attention
- Identify opportunities to create quality child care for low income housing

---

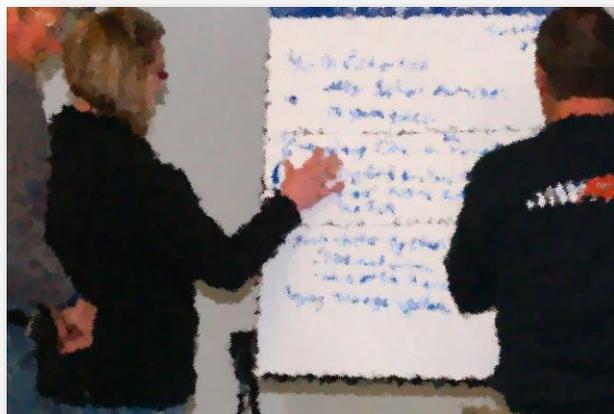
***“Kids use the library after school, but we need more and more variety.”***

***[Rural community member]***

---

## Potential Resources and Organizations

- Past initiative and formerly developed plan to replace slots lost by Manhattan Day Care – revisit child care slots needed for low income
- Head Start
- Raising Riley
- Parents as Teachers
- KSU Child Development
- Boys & Girls Club
- Early Childhood Task Force
- USD 383 – School System
- Churches
- Licensed child care providers and centers
- Manhattan Parks and Recreation
- Sunset Zoo
- Pawnee Mental Health – after school care for children with severe behavioral diagnosis



# Substance Abuse

## Community Meeting Results

Number of Meetings mentioned as a main concern: **5**

Number of Meetings voted as a Top 3 Issue: **1**

## Substance Abuse Subtopics Identified in Community Meetings

- Rural drug use
- Drugs and alcohol
- Combined with mental health in community leader meeting, but always mentioned separately from mental health in community meetings

---

***“Drug use cuts across all social groups both urban and rural Riley County.”***

---

## Level of Validation from Results and Next Steps Meeting

Substance Abuse	Votes	% by Level
Strongly Agree	6	12.2%
Agree	25	51.0%
Neutral	16	32.7%
Disagree	2	4.1%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
<i>Total:</i>	49	100%

<b>Average Weighted Score:</b>	<b>3.71</b>
<b>Total % "Strongly Agree" and "Agree"</b>	<b>63.3%</b>

## Comments and Action Steps from Core Workgroup Planning Session

- Consider combining with Mental Health

## Potential Resources and Organizations

- MARP-C: Manhattan Area Risk Prevention Coalition
- Kansas State University
- Aggieville Business Association
- Private alcohol and drug providers
- Pawnee Mental Health Services
- Manhattan Area Risk Prevention Coalition (MARPC)
- Corrections
- Riley County Health Department – Tobacco Cessation
- Private practice practitioners
- Alcoholic and Narcotics Anonymous
- School Districts
- Fort Riley
- Via Christi



---

***“Marijuana use in rural areas is subtle but pervasive. It may not be considered a problem but it is!”***

---

# Special Needs

## Community Meeting Results

Number of Meetings mentioned as a main concern: **3**

Number of Meetings voted as a Top 3 Issue: **1**

### Special Needs Subtopics Identified in Community Meetings

- Intellectually and delayed development
- Special needs related to education
- Children and youth with special health care needs
- Limited services and providers in Manhattan for children, youth, and adults with special needs – have to travel to Topeka for services.
- No one (providers) in Riley County specializes in autism spectrum disorder.



### Level of Validation from Results and Next Steps Meeting

Special Needs	Votes	% by Level
Strongly Agree	5	10.2%
Agree	24	49.0%
Neutral	14	28.6%
Disagree	6	12.2%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
<i>Total:</i>	49	100%

<b>Average Weighted Score:</b>	<b>3.57</b>
<b>Total % "Strongly Agree" and "Agree"</b>	<b>59.2%</b>

### Potential Resources and Organizations

- Big Lakes Development Center
- Pawnee Mental Health Services
- No Stone Unturned
- School Districts
- Infant Toddler Services

# Employment

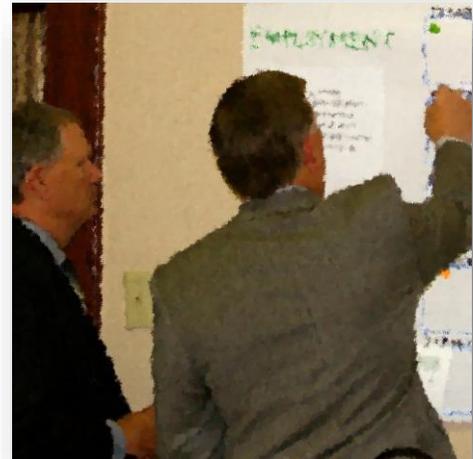
## Community Meeting Results

Number of Meetings mentioned as a main concern: **2**

Number of Meetings voted as a Top 3 Issue: **1**

## Employment Subtopics Identified in Community Meetings

- Top issue only for community leader meeting
- Also mentioned at Ogden in terms of lacking local jobs in Ogden



## Level of Validation from Results and Next Steps Meeting

Employment	Votes	% by Level
Strongly Agree	5	10.4%
Agree	20	41.7%
Neutral	17	35.4%
Disagree	5	10.4%
Strongly Disagree	1	2.1%
Undecided/Don't Know	0	0.0%
<i>Total:</i>	48	100%

<b>Average Weighted Score:</b>	<b>3.48</b>
<b>Total % "Strongly Agree" and "Agree"</b>	<b>52.1%</b>

## Comments and Action Steps from Core Workgroup Planning Session

- Related to multiple other issues

## Potential Resources and Organizations

- Chamber of Commerce
- MATC
- Job Corps
- Kansas State University
- Private businesses
- City via economic development funds
- Private employment agencies
- Workforce Center
- Manpower
- Veteran's Center
- Kansas Department for Aging and Disability Services
- Power Max

# Binge Drinking

## Community Meeting Results

Number of Meetings mentioned as a main concern: **4**

Number of Meetings voted as a Top 3 Issue: **0**

## Binge Drinking Subtopics Identified in Community Meetings

- Mentioned in 4 meetings
- Associated with college students and Fake Patty's Day

*"We need to  
get rid of Fake  
Patty's Day!"*

## Level of Validation from Results and Next Steps Meeting

Binge Drinking	Votes	% by Level
Strongly Agree	8	16.0%
Agree	15	30.0%
Neutral	10	20.0%
Disagree	16	32.0%
Strongly Disagree	1	2.0%
Undecided/Don't Know	0	0.0%
<i>Total:</i>	50	100%

<b>Average Weighted Score:</b>	<b>3.26</b>
<b>Total % "Strongly Agree" and "Agree"</b>	<b>46.0%</b>

## **Comments and Action Steps from Core Workgroup Planning Session**

- Riley County Commission will hear recommendations from the Public Health Advisory Committee

## **Potential Resources and Organizations**

- Public Health Advisory Council
- Manhattan Area Risk Prevention Coalition
- Kansas State University
- Aggieville Business Association
- Aggieville Business District
- Greek System
- Riley County Police Department
- Pawnee Mental Health
- School districts
- Fort Riley
- Manhattan Christian College
- Manhattan Area Technical College



# Environment and Infrastructure

## Community Meeting Results

Number of Meetings mentioned as a main concern: **5**

Number of Meetings voted as a Top 3 Issue: **1**

## Environment and Infrastructure Subtopics Identified in Community Meetings

- Ogden: issue with clean water supply, trash, littering, no recycling, clean environment
- Randolph: need a cell phone tower
- Rural: sidewalks not in good condition, radon exposure.
- Keats: need better quality water and sewer systems, problems with trash, Manhattan codes don't apply



## Level of Validation from Results and Next Steps Meeting

Environment and Infrastructure	Votes	% by Level
Strongly Agree	5	10.2%
Agree	11	22.4%
Neutral	24	49.0%
Disagree	9	18.4%
Strongly Disagree	0	0.0%
Undecided/Don't Know	0	0.0%
<i>Total:</i>	49	100%

<b>Average Weighted Score:</b>	<b>3.24</b>
<b>Total % "Strongly Agree" and "Agree"</b>	<b>32.7%</b>

## Comments and Action Steps from Core Workgroup Planning Session

- Also relates to transportation and healthy lifestyles

## **Potential Resources and Organizations**

- Riley County Health Department
- City governments
- Riley County
- Flint Hills Regional Council
- Parks and Recreation
- Flint Hills Area Transportation Agency (ATA)
- Flint Hills Regional Transit Authority (RTA)
- Flint Hills Regional Council
- Metropolitan Planning Organization
- City governments
- Transit study
- Riley County government
- Bicycle and Pedestrian Advisory Committee
- Kansas State University
- School districts
- Big Lakes Development Center (510 grant)
- Flint Hills Volunteer Center
- Medicaid Transportation Services (3 providers)
- Bicycle Sharing “Green Apple Bikes”

## Next Steps: Forming an Implementation Plan

Once the top priorities that the community will address in a concerted, collaborative way are identified, the following table will be completed and used as a tool for monitoring our progress.

### Local, State, and National Goal Alignment

Priority Area		
Riley County Goals	State Level Priorities	National Level Priorities

### Goals and Objectives

SMART Goals (Specific, Measureable, Attainable, Realistic, and Timely)

Priority Area
<b>Goal:</b>
<b>Objectives:</b> -  -  -  -

## Strategies

Strategy 1:		
<b>Action Steps:</b> 1.  2.  3.  4.  5.  6.	<b>Responsible:</b> 1.  2.  3.  4.  5.  6.	<b>Timeline:</b> 1.  2.  3.  4.  5.  6.

Strategy 2:		
<b>Action Steps:</b> 1.  2.  3.  4.  5.  6.	<b>Responsible:</b> 1.  2.  3.  4.  5.  6.	<b>Timeline:</b> 1.  2.  3.  4.  5.  6.

## Monitoring Plan

Priority Area		
Goal:		
Objectives: -  -  -  -  -		Measure/Indicator: -  -  -  -  -
Strategy:	Outcomes: (Need to be specific: dates, detailed activity, numbers or percentages if relevant)	Measure/Indicator: (How are you showing the outcomes? What is your source of data?)

**Addendum**

**Riley County  
Community Health  
Improvement Planning Process  
Implementation Plan**

**Fall 2017**

# Implementation Plan Table of Contents

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## Introduction

The Riley County Community Health Improvement Planning (CHIP) Process results completed by late 2015 were utilized to help guide general health priority directions and activities during 2016. During 2017, an implementation plan formalizing CHIP activities was completed through identifying detailed activities, assigning ongoing responsibility for directing and monitoring implementation, and developing tools for tracking progress for the three CHIP priorities:

- Transportation
- Mental/Behavioral Health
- Access and Coordination of Services

## Process

The implementation planning process involved reaching out to key stakeholders, attending meetings of existing workgroups, and convening groups around these issues, in addition to soliciting feedback from community members. Efforts were facilitated by Julie Hettinger, Health Educator at the Riley County Health Department, and the core planning team consisted of Julie Hettinger; Jennifer Green, Director, Riley County Health Department; Ginny Barnard, Family and Consumer Science Agent, Riley County Extension; and Connie Satzler, EnVisage Consulting, Inc, under the advisement and direction of the Flint Hills Wellness Coalition (FHWC). The FHWC now maintains, monitors and directs the implementation of the improvement plan, with workgroups responsible for ensuring action steps within each priority area are completed. The Riley County Health Department and Riley County Extension continue to provide staff support for the implementation efforts.

Highlights by month of key meetings and events related to implementation plan development are listed below:

Date	Event or Activity
3/30/2017	Initial Planning Team Meeting
4/4/2017	Transportation Group Meeting: Draft initial implementation plan details for transportation priority
4/12/2017	Planning Team Meeting
4/18/2017	Mental Health Key Stakeholders Meeting: Draft initial implementation plan details
4/25/17	Mental Health Key Stakeholders Meeting: Continue drafting initial implementation plan details
4/26/17	Planning Team Meeting
5/1/17	Transportation Group Meeting: Review and edit draft implementation Plan Details

Date	Event or Activity
5/4/17	Communication and Coordination of Systems and Services Group (later renamed evolved to Access and Coordination of Services Workgroup): Initial brainstorming session for implementation plan
5/18/17	Planning Team Meeting (?)
5/22/17	Planning Team Meeting
5/23/17	Transportation Group Meeting: Finalize transportation implementation plan
5/25/17	Planning Team Meeting?
6/1/17	Planning Team Meeting
6/14/17	Mental Health Group Meeting: Review draft implementation plan and add details
6/16/17	Planning Team Meeting
6/19/17	Meet with Leonardville PRIDE to gather feedback from rural/northern Riley County residents on Transportation priority
7/12/17	Planning Team Meeting
7/12/17	Meeting with key rural transportation planning stakeholders
7/18/17	Access and Coordination of Services Workgroup Kick-off Meeting
7/19/17	Planning Team Meeting
7/27 – 7/29/17	Solicit feedback on how residents receive their health & social services information and on key elements of the implementation plan from booth at Riley County Fair; pass out related information to community residents
7/27 – 8/10/17	Feedback received through online survey option
August	Ongoing email communications to refine implementation plans
8/8/17	Planning Team Meeting
8/23/17	Access and Coordination of Services Workgroup Meeting
9/1/17	Planning Team Meeting
9/12/17	Planning Team Meeting
9/14/17	CHIP Implementation Plan Draft and Progress Presented to Flint Hills Wellness Coalition Leadership Team
9/27/17	Access and Coordination of Services Workgroup Meeting
September	Ongoing email communications to refine and finalize implementation plans, as needed
10/6/17	Planning Team Meeting

Date	Event or Activity
10/18/17	Planning Team Meeting
October	Ongoing email communications to finalize implementation plans, as needed
October	Ongoing workgroup and stakeholder meetings, as needed
11/22/17	Planning Team Meeting
November	Ongoing email communications related to finalization and approval of implementation plans, as needed
November	Ongoing workgroup and stakeholder meetings, as needed
November	Infographics developed
December	Infographics posted online; additional feedback solicited through infographics
Ongoing	Update progress in implementation plan tracking tool at least quarterly

## Community Feedback

Feedback was solicited from the community through a number of different avenues, including the following:

- Subject matter experts and key stakeholders were encouraged to share draft versions of the plans and solicit feedback from their constituencies and contacts with the public during the spring and early summer of 2017.
- A community meeting was held in with the Leonardville PRIDE group in June 2017 to seek feedback from northern, rural Riley County residents. Information on the RC-CHIP with particular emphasis on the transportation priority was presented; participants completed a written survey; and a facilitated discussion captured participant comments.
- The RC-CHIP Planning Team had a booth at the Riley County Fair in late July where they shared information, invited community members to complete a “dot vote” about how they most receive information about health and social services, and asked participants to complete a short survey on all three priority areas. The resulting 157 surveys were analyzed, and the report is available on the Flint Hills Wellness Coalition website at <http://www.flinthillswellness.org/chip.cfm>
- A short online survey with questions covering all three priorities, similar to the survey shared at the Riley County Fair, was promoted and made available to the public around the same time as the fair, collecting an additional 85 responses. Results are available on the Flint Hills Wellness Coalition website.
- Infographics were developed in November 2017 as a way to visually share the key components of the plan in an engaging, easy-to-understand way. These infographics were used both to solicit feedback on the plan and to increase awareness of the plan. In early December 2017, they were posted on Riley County Facebook page, the health department Facebook and web page, and the Flint Hills Wellness Coalition webpage. They were also presented to the Public Health Advisory Council on December 13<sup>th</sup>.

- In December 2017, the plan was made available on the Riley County Health Department and Flint Hills Wellness Coalition webpages for review and comment, and the current version continues to be updated.

## Linkages to Healthy Kansans 2020/Healthy People 2020 Objectives

The Riley County Community Health Improvement Planning process consulted both methods used during the Healthy Kansans 2020 planning process as well as goals, objectives and performance indicators of the Healthy Kansans 2020 (HK2020) plan. The HK2020 plan, in turn, paralleled the national Health People 2020 plan but narrowed the focus to issues of highest priority to Kansas. Linkages of the Riley County CHIP to Healthy Kansans 2020 and Healthy People 2020 by priority area are listed below.

RC CHIP Component	Healthy Kansans 2020 Component	Healthy People 2020 Component
<p>Transportation Priority</p> <p>Related strategies include</p> <ul style="list-style-type: none"> <li>- Increase awareness, education, and marking of multimodal transportation <i>(including trails and connectivity)</i></li> <li>- Increase advocacy for transit, bike/ped, and active transportation <i>(including trails, Complete Streets)</i></li> </ul>	<p>Priority Strategy: Promote Environments and Community Design that Impact Health and Support Healthy Behaviors</p> <p>Related activities include</p> <ul style="list-style-type: none"> <li>- Implement Complete Streets</li> <li>- Increase the number of trails and connectivity</li> <li>- Track development, adoption, and implementation of healthy community design policies</li> </ul>	<p>Key HP objectives that the Kansas and Riley County plans expect to ultimately impact are the physical activity-related objectives, including the following:</p> <ul style="list-style-type: none"> <li>• Reduce the proportion of adults who engage in no leisure-time physical activity</li> <li>• Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity</li> <li>• Increase the proportion of trips made by walking</li> <li>• Increase the proportion of trips made by bicycling</li> <li>• Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities</li> </ul>
<p>Mental and Behavioral Health Priority</p> <p>Related strategies include</p> <ul style="list-style-type: none"> <li>- Improve communication, marketing, and outreach to inform and</li> </ul>	<p>Priority Strategy: Promote Integrated Health Care Delivery-Medical care, Behavioral Health, Social Services</p> <p>Related activity</p>	<p>Key HP objectives that the Kansas and Riley County plans expect to ultimately impact are the mental health-related goal and objectives, including the following:</p> <ul style="list-style-type: none"> <li>• Goal: Improve mental health through prevention and by</li> </ul>

RC CHIP Component	Healthy Kansans 2020 Component	Healthy People 2020 Component
<p>educate referring organizations, other stakeholders, and the community.</p> <ul style="list-style-type: none"> <li>- Strengthen continuum of care such that all levels of care needs in Riley County are met through provision of these services or a coordinated referral system.</li> <li>- Increase commitment to finalize resources such that the mental health workforce and services are sufficient and sustainable to meet the community's needs.</li> </ul>	<ul style="list-style-type: none"> <li>- Promote and support the Governor's Mental Health Taskforce recommendations for primary and behavioral health care</li> </ul> <p>HK2020 focused on an integrated health care delivery approach within the access priority, intentionally including the needs of behavioral and mental health. Thus, several objectives and strategies from this priority relate to both the Riley County Mental and Behavioral Health Priority and the Access Priority.</p>	<p>ensuring access to appropriate, quality mental health services</p> <p>Mental Health Improvement Objective:</p> <ul style="list-style-type: none"> <li>• Reduce the suicide rate</li> <li>• Reduce the proportion of persons who experience major depressive episodes (MDEs)</li> </ul> <p>Treatment Expansion Objectives:</p> <ul style="list-style-type: none"> <li>• Increase the proportion of adults 18 years and older with mental health disorders who receive treatment</li> <li>• Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral</li> </ul>
<p>Access and Coordination of Services Priority</p> <p>Related strategies include</p> <ul style="list-style-type: none"> <li>- Identify avenue for improved coordination among providers, decreased duplication of efforts, and share strategic impact on the community</li> <li>- Increase capacity and core competencies among staff and volunteers of non-profit, social service, health organizations</li> </ul>	<p>Priority Strategies:</p> <p>Promote Integrated Health Care Delivery- Medical care, Behavioral Health, Social Services</p> <p>Train and Equip the Public Health Workforce</p> <p>Related objectives and activities</p> <ul style="list-style-type: none"> <li>- Increase the number of providers who adopt integrated models of care</li> <li>- Increase the number of Kansans who have access to quality health care (including all related activities on increase access points and developing/expanding community hubs)</li> <li>- Enhance coordination among public health partners</li> </ul>	<p>Key HP objectives that the Kansas and Riley County plans expect to ultimately impact are the access to care goal and objectives, including the following:</p> <ul style="list-style-type: none"> <li>• Goal: Improve access to comprehensive, quality health care services.</li> </ul> <p>Objectives:</p> <ul style="list-style-type: none"> <li>• Increase the proportion of persons with a usual primary care provider.</li> <li>• Increase the proportion of person with health insurance.</li> </ul>

## Implementation Plan

This section details the implementation plan developed during 2017. The plan will be maintained online at <https://tinyurl.com/RC-CHIP> and will be monitored and updated as needed.

### Priority: Transportation

**Goal: Improve collaboration to coordinate, encourage, and promote, a safe, efficient, affordable, and integrated transportation system for all users; in support of livable communities and healthier lifestyles.**

Priority Strategy 1: Improve fixed-route services, access to stops, headways, and coverage			
Action Steps and Related Objectives	Responsible	Timeline	Measure
1.1. Implement the planned fixed-route system	ATA, MPO, and City	January 1, 2018	Implemented: Yes or No?
1.2. Identify performance measures	ATA, MPO, and City	End of 2018	List of performance measures
1.3. Evaluate fixed route system and report monthly to ATA Board	ATA, MPO, and City	Monthly	Copy of monthly evaluation reports to ATA Board
1.4. Complete first-year evaluation	ATA, MPO, and City	1 <sup>st</sup> quarter of 2019	Completed: Yes or No? Copy of evaluation documentation
1.5. Evaluate routes to determine most feasible headway (i.e., time between buses at a given stop)	ATA, MPO, and City	Annually	Evaluation Conducted: Yes or No? Copy of results
1.6. On at least three routes, decrease from 1 hour to 30 minute headways	ATA, MPO, and City	March 2018	List routes with decreases; headway times
1.7. Improve coverage (i.e., number of stops and how stops are distributed); "coverage" = about 5-minute walk or ¼ mile from a stop <ul style="list-style-type: none"> <li>All dwellings: improve from 45% to 79% coverage</li> <li>Grocery stores &amp; markets: improve from 56% to 95% coverage</li> <li>Social services: improve from 56% to 95% coverage</li> <li>Medical services: improve from 67% to 86% coverage</li> </ul>	ATA, MPO, and City		Percent coverage Percent coverage  Percent coverage Percent coverage
1.8. Evaluate ridership and use GIS mapping for prioritizing ADA accessibility improvements; review <a href="#">complementary paratransit plan</a> . [add link to plan for this area, when available]	ATA, MPO, City	End of 2018	Copy of evaluation documentation GIS maps with ADA accessibility noted Copy of paratransit plan review documentation
1.9. Improve access (e.g., bicycle pedestrian infrastructure, sidewalks to stop) with the goal of 100% accessible for ADA; improve at least 1 stop per route per year	City – CDBG &/or PW, ATA, FHRTA	Baseline data fall 2017, then evaluate annually	Annual report of ADA accessibility by stop, including improvement documentation

Priority Strategy 2: Improve rural access to services			
Action Steps and Related Objectives	Responsible	Timeline	Measure
2.1 Complete a <a href="#">Coordinated Public Transit Plan</a> [add link to plan for this area, when available]	MPO, KDOT, ATA FHRTA, all CTD4 (coordinated transit district transit providers)	End of 2018	Copy of plan Plan published online Documentation of plan dissemination
2.2 Increase the public's and service providers' awareness of the public transit system and ensure ongoing communication and coordination of transit services for rural Riley County residents. <i>(Note: ATA working on marketing for fixed route. Need a one-stop location for this.)</i>	Wellness Coalition, ATA, MPO, City	Beginning of 2018	Report at RCCSSA meeting Plan for sharing with public Documentation of how transit services are communicated with public
2.3 Engage rural communities and promote aTa Bus: <ul style="list-style-type: none"> <li>Recruit champions in rural towns to promote and educate the community on aTa Bus and multimodal transportation.</li> <li>Take bus and participate in local festival days, including Leonardville Hullabaloo and Riley Fall Festival.</li> <li>Post flyers in popular community spots in Ogden, Leonardville, Riley, Keats, and Randolph.</li> <li>Explore implementing other suggestions provided for aTa Bus promotion in rural communities.</li> </ul>	ATA and Wellness Coalition	Fall 2017 and ongoing	Champion identified for each of the following: Ogden, Riley, Leonardville, Randolph Number of parades or festivals were aTa Bus was present or had a booth List locations of flyers posted Check postings quarterly and update as needed Number and listing of additional engagement events, such as presentation at senior lunches

Priority Strategy 3: Increase awareness, education, and marketing of multimodal transportation			
Action Steps and Related Objectives	Responsible	Timeline	Measure
3.1. Develop and distribute education and marketing materials on the fixed-route system and demand response. <ul style="list-style-type: none"> <li>Translate and provide materials in Spanish, Mandarin and Arabic.</li> </ul>	MPO, ATA, New Boston	End of 2017	Inventory education and marketing materials Ensure posting of materials online Document materials and methods of dissemination; update every 6 months Translators identified Translations complete

Action Steps and Related Objectives	Responsible	Timeline	Measure
<p>3.2. Develop a communication plan in coordination with Access to Services group</p> <ul style="list-style-type: none"> <li>• Create shared vision and purpose</li> <li>• Improve marketing (awareness) of the integration of all modes of transportation.</li> <li>• Promote google transit and custom app (Ride ATA) of real-time transit information</li> <li>• Coordinate distribution and promotion of maps, materials, and apps county-wide</li> <li>• Develop feedback loop with social service providers on multimodal transportation</li> <li>• Increase county-wide community engagement on Safe Routes to School</li> <li>• Create actionable marketing materials</li> <li>• Explore a city-wide or community-wide "Transportation Day"</li> </ul>	<p>Wellness Coalition</p> <p>Wellness Coalition</p> <p>ATA</p> <p>Wellness Coalition</p> <p>Wellness Coalition</p> <p>Wellness Coalition</p>	<p>Spring '18 Fall/Winter 2017</p> <p>Summer 2018</p> <p>End of 2017</p> <p>End of 2018</p> <p>Spring 2018</p> <p>Spring 2018</p> <p>End of 2018, ongoing</p>	<p>Plan developed and disseminated</p> <p>Transportation incorporated into Access group goals; documentation of shared vision and purpose;</p> <p>transportation update quarterly on Access group agenda</p> <p>Steps identified to improve marketing (awareness)</p> <p>Steps identified to promote app (e.g., social media ads, billboards, etc.); document steps implemented</p> <p>Document points of distribution</p> <p>Number of paper copies disseminated per quarter</p> <p>Number of online page views, downloads and/or media impressions per quarter</p> <p>Multimodal transportation quarterly RCCSSA agenda item; recommendations and action steps documented</p> <p>Number of schools participating</p> <p>Number of routes</p> <p>Number of students participating? (bi-annual count)</p> <p>Copy of marketing materials created</p> <p>Dissemination methods documented</p> <p>Day held</p> <p>Estimated number of participants at key event(s)</p>
<p>3.3. Implement Bicycle and Safety Awareness Program (BSAP) in USD 383</p> <ul style="list-style-type: none"> <li>• Hold end-of-school year community-wide event on Poyntz</li> <li>• Increase engagement of community members, policymakers, etc.; include in communication and community engagement plan</li> <li>• Evaluation and bike/pedestrian counts</li> </ul>	<p>Wellness Coalition, MPO, USD 383 PTOs</p>	<p>August 2018</p> <p>May 2019</p> <p>May 2018</p> <p>Biannually</p>	<p>Program implemented</p> <p>Event held</p> <p>Estimated number of participants</p> <p>Action steps listed in community engagement plan</p> <p>On city and county council agendas at least annually</p>
<p>3.4. Safe Routes to School (SRTS) in USD 383</p> <ul style="list-style-type: none"> <li>• Roll out Phase II of SRTS</li> <li>• Incorporate information on SRTS into back-to-school night and online resources</li> </ul>	<p>USD 383, City, City of Ogden, MPO, RCPD, K-State researchers</p>	<p>Oct 2018, then ongoing (rolling) basis</p> <p>August 2018</p>	<p>Documentation of Phase II roll-out</p> <p>List of online resources; number of downloads</p> <p>Documentation of back-to-school night activities/information shared</p>
<p>3.5. Support and promote SRTS programs in other school districts in the region</p>	<p>MPO, School Districts, Wellness Coalition</p>	<p>Ongoing</p>	<p>Presentations made in other school districts</p> <p>List of plans and progress by district</p>

Action Steps and Related Objectives	Responsible	Timeline	Measure
3.6. Increase awareness and use of multimodal transportation information by K-State students <ul style="list-style-type: none"> <li>Promote at K-State Student orientation, including exploring packet information and park &amp; ride for new students and families</li> <li>Distribute information through K-State International Student Center and at international student orientation.</li> </ul>	K-State, MPO, ATA, City, K-State SGA, K-State ISC, Lafene	June 2018	Explore possibility of adding question to an existing survey tool to measure students' knowledge and awareness of multimodal transportation Document participation in K-State orientation (e.g., bus present, bike maps handed out, had booth) Work with ISC to determine best methods of distribution Document participation in International Student Orientation

**Priority Strategy 4: Increase advocacy for transit, bike/ped, and active transportation.**

Action Steps and Related Objectives	Responsible	Timeline	Measure
4.1. Develop neighborhood-centered tactical urbanism "better blocks" program	City, MPO, Wellness Coalition	Ongoing	Program developed: Yes or No Documentation of program
4.2. Develop a community engagement plan <ul style="list-style-type: none"> <li>Explore options for creating a multimodal advocacy group</li> </ul>	Wellness Coalition	End of 2018	Plan developed: Yes or No Copy of completed plan List of options identified
4.3. Increase public-private partnerships to facilitate improved planning and future growth <ul style="list-style-type: none"> <li>Develop plan with action steps for each sector of the community to improve public-private partnerships</li> </ul>	Wellness Coalition	End of 2018	List public-private partners, current actions, and recommended action steps
4.4. Post engagement opportunities on FHWC website and continue seeking community input on related issues.	Wellness Coalition	Riley County Fair Survey (summer 2017); Ongoing	Document engagement opportunities posted Number of page visits and/or downloads
4.5. Increase community awareness and support for adopting a Safe Streets/Complete Streets/Livable Streets Policy region-wide	Wellness Coalition, MPO	Set timeline in 2018	Timeline with specific action steps and responsible parties identified

## Priority: Mental & Behavioral Health

**Goal: Improve response to mental and behavioral health needs of Riley County community.**

### Priority Strategy 1: Improve communication, marketing, and outreach to inform and educate referring organizations, other stakeholders, and the community.

Action Steps and Related Objectives	Responsible	Timeline	Measure
1.1. Include mental health services in community resource directory; maintain and distribute up-to-date list of providers and services. Note: Advocate for inclusion of all mental health providers, both public and private, in the community resource directory.	Access and Coordination of Services (ACS) Workgroup	December 2017, then ongoing	Mental/behavioral health services in directory
1.2. Facilitate mental health first aid training; educate community members how to recognize signs and symptoms and give them tools to respond. <ul style="list-style-type: none"> <li>Promote training among businesses, churches, schools, public, etc.</li> <li>Hold at least 4 trainings per year</li> </ul>	Pawnee Mental Health, Mental Health Taskforce	June 2018, then ongoing	Number of trainings completed
1.3. Support Pawnee Mental Health marketing efforts to. <ul style="list-style-type: none"> <li>Promote and raise awareness of services in the community</li> <li>Educate potential referring organizations about the referral process and mental health service options in the community</li> </ul>	Pawnee Mental Health, ACS group	June 2018?	Documentation of marketing efforts and wellness coalition involvement  List of referral organizations engaged; documentation of materials shared
1.4. Explore improved outreach, connection opportunities, and partnerships with <ul style="list-style-type: none"> <li>Academic Institutions</li> <li>Ft. Riley</li> <li>Geary County</li> <li>Pottawatomie County</li> </ul>	Mental Health Task Force – consider creating Community Engagement subgroup	Ongoing	List of potential connection opportunities; documentation of connections with each group or community
1.5. Develop a marketing campaign encouraging the public to seek help: <ul style="list-style-type: none"> <li>Seek funding support</li> <li>Engage a marketing specialist</li> </ul>	Pawnee, ACS group, Mental Health Taskforce	June 2018	Potential funding sources identified

### Priority Strategy 2: Strengthen continuum of care (e.g., screening and first aid, outpatient, case management, crisis stabilization, voluntary inpatient, involuntary inpatient) such that all levels of care needs in Riley County are met through provision of these services or a coordinated referral system.

Action Steps and Related Objectives	Responsible	Timeline	Measure
2.1 Continue exploring options for developing a Regional Mental Health Crisis Stabilization Center. Make information available as statements are agreed upon.	Mental Health Task Force	Ongoing research and planning; timeline TBD	Report options, progress, and action steps quarterly
2.2 Report statistics and share success stories of RCPD co-responder program. Utilize results for funding.	RCPD, Mental Health Taskforce	Quarterly at meetings, ongoing	Quarterly report with statistics

Action Steps and Related Objectives	Responsible	Timeline	Measure
2.3 Report Mental Health Taskforce progress on issues impacting the community. Add meeting minutes to Pawnee Mental Health page and FHWC page.	Pawnee, Mental Health Taskforce, FHWC	Fall 2017	"Documentation of progress report
2.4 Engage employers in the community to help address mental health needs to insure competitive workforce. <ul style="list-style-type: none"> <li>Present to the Human Resource Management Network (HRMN) group about mental health in the workplace</li> <li>Explore surveying employers about perceptions of mental health, mental health needs, and mental health benefits</li> <li>Determine next steps for strengthening employee assistance program</li> <li>Promote mental health first aid training to employers</li> <li>Explore other opportunities for engaging the business community</li> </ul>	Mental Health CHIP workgroup, Employers	1st mental health first aid training by Dec 2017 Spring 2018 Spring 2018 Spring 2018 Ongoing Ongoing	"Number of trainings completed Number of participants" Date of presentation; copy of presentation Survey options identified Action steps identified "Documentation of employers engaged Number of employers participating in trainings" List of opportunities
2.5 Incorporate/align with Association of Community Mental Health Centers of Kansas 2020 goals, Mental Health 2020.	Pawnee Mental health	Winter 2018	Alignment opportunities and next steps identified

**Priority Strategy 3: Increase commitment to financial resources such that the mental health workforce and services are sufficient and sustainable to meet the community's needs. After several years of cuts in funding, limitations of health insurance companies, uncovered services, and sliding fee, without a commitment to financial resources, needs cannot be met and sustained.**

Action Steps and Related Objectives	Responsible	Timeline	Measure
3.1. Evaluate capacity of providers in community and explore options for increasing capacity to serve Medicare, Medicaid, and Tricare clients, the uninsured, underinsured, and the elderly	Mental Health Task Force, ACS Group	Determine timeline and responsibility by Spring 2018	"Evaluation plan completed
3.2. Explore options to insure sufficient capacity of a competent mental health workforce in Riley County.	Mental Health Task Force	TBD based on 3.1	List of options identified and prioritized
3.3. Review potential funding options and secure sufficient and continued funding for community mental health centers. <ul style="list-style-type: none"> <li>Seek funding commitment from city-county-county group</li> <li>Explore funding options for Regional Mental Health Crisis Stabilization Center</li> <li>Seek continued funding for two mental health co-responders and explore options for additional co-responder or related (peer specialist or case manager) positions</li> </ul>	Mental Health Task Force, Pawnee Mental Health	Review by December 2017	Funding sources identified and prioritized Report progress and recommended next steps quarterly Funding options and next steps identified Funding options identified and prioritized; next steps identified

## Priority: Access to Services

**Goal: Improve access to services through improved promotion, communication, and coordination of systems and services among providers and with the Riley County Community.**

### Priority Strategy 1: Increase provider and community awareness of available resources

Action Steps and Related Objectives	Responsible	Timeline	Measure
1.1. Develop community resource directory	Greater Manhattan Community Foundation and workgroup (Mark Claussen, C. Clyde Jones)	In progress; Completed by 12/31/2017	"Directory developed
1.2. Facilitate regular coalition meetings with community health organizations and other partners.	Flint Hills Wellness Coalition (FHWC)	First regular meeting September 2017, then will meet quarterly.	"Number of meetings facilitated
1.3. Identify best communication avenues and methods for reaching population groups and communities in Riley County (e.g., social media, Riley County, key gathering places in northern Riley County for paper flyers, etc.)	FHWC, Access to Services Workgroup, Health equity group	By 1/31/2018	Prioritized list of communication avenues and methods with next steps for engagement; quarterly report on progress
1.4. Develop a coordinated media strategy.	FHWC, GMCF/Resource Directory leads, Access to Services Workgroup	With launch of Community Resource Directory and CCTs	Written coordinated media strategy completed

### Priority Strategy 2: Identify avenue for improved coordination among providers, decreased duplication of efforts, and shared strategic impact on the community (including the following groups: social services, health services, other non-profit organizations, funders)

Action Steps and Related Objectives	Responsible	Timeline	Measure
2.1 Advocacy for social services agencies and needs in the community. <ul style="list-style-type: none"> <li>Identify a system or protocol on how to process support requests (may be fulfilled with 2.4 below)</li> </ul>	RCCSSA group, Access to Services Workgroup	By 1/31/2018, then ongoing	System identified (CCT?)
2.2 Continue to maintain and make data available describing community and its needs for coordinated funding requests. <ul style="list-style-type: none"> <li>Have shared data resources available to coalition members and social service agencies. (Notes: Explore best way to compile and/or share data resources. There are extensive data resources available online. Explore training options for how to access and use data resources.)</li> </ul>	FHWC	By 1/31/2018, then ongoing	Data sources identified, method for maintaining and updating identified. Data resources and method of sharing identified. Training needs identified. Implementation plan complete.

Action Steps and Related Objectives	Responsible	Timeline	Measure
2.3 Make an effort to strategically collaborate on local solutions requiring funding requests and coordinate funding requests among community partners. <ul style="list-style-type: none"> <li>Consider utilizing RCCSSA as fiscal agent for collaborative projects.</li> </ul>		Summer 2018, then ongoing	Collaboration plan completed.  Feasibility of utilizing RCCSSA determined.
2.4 Identify workable model to coordinate and access services. (e.g., coordinated referral system, virtual or physical "one stop shop", etc.) <ul style="list-style-type: none"> <li>Pilot a Community Care Team (CCT) Determine next steps for strengthening employee assistance program</li> <li>Pilot IRIS, a referral tracking system.</li> </ul>	Pawnee, USD 383, Konza, RCHD, RCPD, EMS  Access to Services Workgroup RCHD, Access to Services Workgroup	Spring 2018  Winter 2017-2018	Progress reported quarterly (consider breaking this into substeps to reflect current CCT work) CCT pilot implemented; progress reported quarterly  IRIS implemented; progress reported quarterly
2.5 Participate in the Kansas Community Health Worker Coalition (KCHWC).	FHWC, RCHD	Fall 2017	Participated in KCHWC; yes or no?

**Priority Strategy 3: Increase capacity and core competencies among staff and volunteers of non-profit, social service, health organizations**

Action Steps and Related Objectives	Responsible	Timeline	Measure
3.1. Possible action step ideas for this strategy include integrated training efforts, mentoring opportunities, coordinated organizational development, volunteer coordination/management, avenues for sharing information and skills, advocacy training, coordinated advocacy efforts, etc. (Ask for further input from Access to Services Workgroup as work proceeds.)			Additional action steps identified
3.2. Shared leadership training with both community members and representatives of health and social service organizations.	FHWC, Riley County Senior Center	Note: Applied for Leadership Transformation Grant, summer 2017 (funding pending) By December 2018	Results of grant application reported Next steps determined based on funding Number and dates of training Number of participants

## Ongoing Monitoring

The implementation plan will be updated at least quarterly on the tracking sheet, which is also available online.

The Flint Hills Wellness Coalition has primary responsibility for coordinating the implementation of the CHIP, with staff support provided by the Riley County Health Department and Riley County Extension. The following workgroups are responsible for implementing action steps and reporting progress related to their respective priorities:

- Transportation Priority: Flint Hills Wellness Coalition Active Transportation Workgroup
- Mental/Behavioral Health: Mental Health Task Force
- Communication and Coordination of Systems and Services: Access and Coordination of Services Workgroup

## Conclusion

Through the work of implementation planning process, detailed activities and responsibilities have been identified, along with a method for monitoring progress. Current information on the status of the Riley County Health Improvement Plan and related activities can be found on the Flint Hills Wellness Coalition website at <http://www.flinthillswellness.org/>