

COMMUNITY HEALTH NEEDS ASSESSMENT REPORT

IMPLEMENTATION PLAN UPDATE 2017

Review of Community Health Needs Assessment Process

All hospitals are required to complete or participate in a Community Health Needs Assessment (CHNA) every three years and create an annual implementation plan to address the identified health and welfare needs of the community it serves. A full CHNA was completed in 2015 through a collaborative effort among hospitals coordinated by The Health Collaborative of Cincinnati. That document is a 45-page report and was reviewed and adopted by the Craig and Frances Lindner Center of HOPE (LCOH) Board of Trustees, to fulfill the tri-annual requirement. A similar CHNA process is being organized again in 2018 by The Health Collaborative in conjunction with Impact for Health and a multitude of public and private organizations and agencies throughout the Cincinnati, Northern Kentucky and Dayton area.

The full CHNA document contains several sections, including:

METHODOLOGY
DATA ANALYSIS
PRIORITIES
MONITORING AND FOLLOW UP

LCOH's primary service area consists of the following four counties: Hamilton, Butler, Warren and Clermont. Based on the multitude of publicly available health data sources that was collected and reviewed, as well as all the input provided through public forum and specific surveys conducted throughout the defined region, determined the following prioritized needs:

- Substance abuse
- Mental health
- Access to care, services and resources
- Diabetes, obesity, smoking
- Cancer
- Lack of healthy behaviors.

Based on the LCOH mission, vision, organizational goals, available resources, and organizational capabilities and competencies, certain priorities identified for the four counties in the LCOH primary service area were selected as areas of focus. They were:

- Substance abuse, particularly heroin
- Mental health
- Access to care/services/resources
- Healthy behaviors and wellness education.

Implementation Plan Review 2017

Substance abuse, particularly heroin: Substance abuse was identified among the most significant health-related concerns in community meetings, through written surveys, and by provider agencies and health departments during the 2015 CHNA process. There was also significant concern expressed that this important issue is perceived as not being sufficiently addressed.

According to 2016 data provided by the Ohio Department of Health, Bureau of Vital Statistics, with analysis conducted by the ODH Violence and Injury Prevention Program, Ohio's opioid epidemic has continued to evolve in 2016 to use of even stronger drugs, driving an increased number of unintentional overdose deaths. Between 2015 and 2016, there was a 32.8 % increase in Ohio resident overdose deaths caused by unintentional drug overdoses, from 3,050 to 4,050. Deaths caused by heroin poisoning which exceed 10 per 100,000 population in 2013 in the LCOH primary service area, has risen to over 40 per 100,000 in Butler county in 2016. In Clermont county in 2016, the rate was 39.5, in Hamilton it was 30.2 and in Warren it was 18.

LCOH continued to address this burgeoning community need in the service area as follows:

- ✓ An assessment, diagnosis and treatment center for opioid use was opened by LCOH in July, 2015, at Hope Center North. Hope Center North is licensed by Ohio Mental Health and Addiction Services (OMAS) as an opioid replacement therapy(ORT) program. It's located 4.1 miles north of the Lindner Center's main campus to provide a convenient and secure location.
- ✓ Since its opening, this program has grown to serve over 320 patients on an ongoing basis, thus allowing residents to carry on with their normal activities of daily living and responsibilities. Census is growing at an approximate rate of 10 patients per month. The program currently includes three addictions counselors and that number will expand as the increasing demand requires.
- ✓ A suboxone and vivitrol treatment program continued to be offered at Hope Center North as a separate outpatient component in this facility for those who were appropriately qualified, meet the medical and behavioral requirements and who tolerate these treatments.
- ✓ Additional services will be considered for area residents. The number of opioid replacement treatment (ORT) programs is growing in Ohio as a result of an initiative spearheaded by Ohio's Behavioral Health Redesign program. Hope Center North will continue to provide needed services to address the growing problem of substance abuse, in conjunction with the clinical providers on the Medical Staff of LCOH, including an Intensive Outpatient Program for patients with substance use disorders
- ✓ LCOH's six week long Intensive Outpatient Program (IOP) for patients with substance use and or co-occurring disorders was increase to 12 weeks and has qualified under many additional insurance programs. The IOP continues to operate three evenings per week and

the average census has grown to approx. 11 patients. Separate Aftercare and Family Support programs are also offered on a weekly basis.

- ✓ LCOH worked with Mason City Police to establish a Prescription Drug Take Back Day, sponsored on Saturday, April 30, 2016.

These activities, and others as additional opportunities are identified, will result in high quality addictions services with excellent clinical outcomes as evidenced by patient retention rates and aggregate clinical global indicators (CGI) of at least 1.0, when this metric is applicable.

Mental health: During the preceding year 2017, there has been a growing awareness nationally to the level of mental illness present in our society, somewhat due to the increased number of violent incidents in various public and private gatherings and also because of the link between mental health and substance abuse. This increased awareness has been helpful as various public and private agencies continue to struggle to address the problem, find solutions that work and maintain those programs over long periods of effort. While awareness grows, getting the afflicted population into effective programs with adequate financial resources and/or provider reimbursements, still lags.

The 2015 CHNA data collection activities identified mental health as a major unmet need across all four of the counties comprising the LCOH primary service area. Both financial and nonfinancial barriers exist for most community members in need in these four counties. The severity of this problem can be better understood knowing that there is a national shortage of providers and a general lack of mental health parity in insurance plans. LCOH has focused on the following:

- ✓ In 2017, LCOH collaborated with the city of Mason to sponsor another community-wide mental health education event which was intended to help decrease the stigma associated with mental health diagnoses. Up to 300 participants were expected with over 350 community members attending the day-long series of educational modules. It is anticipated that additional community education events will be planned every 2-3 years, if sufficient financial and human resources are available.
- ✓ In 2017, LCOH continued to participate in the National Day of Screening for Depression. This type of activity supports primary healthcare providers in their attempts to diagnose and treat the whole patient as well as increasing access for patients who, for whatever reason, have had difficulty obtaining care or have been resistant to acknowledging the need for diagnosis and care. LCOH intends to continue participating in screening events as they become available and as resources can be allocated for these purposes.
- ✓ On a regular basis, LCOH offers Grand Rounds presentations for LCOH providers as well as community-based healthcare providers. These sessions present providers with ongoing training and development in mental health diagnosis and treatment.
- ✓ In addition, 30 education and development opportunities were offered by LCOH in 2017 to select groups such as spiritual care providers, primary care providers and other defined

groups. Over the coming years, LCOH will investigate additional opportunities to assist in the development and education of local mental healthcare providers, as resources are available for this purpose.

- ✓ LCOH has increased its efforts to provide education about addiction and treatment in the community by offering training and seminars to various audiences. In 2017, this included offerings at our sites and travelling presentations to meet more audiences.
- ✓ LCOH also continues its commitment to community outreach with clinicians participating in 128 educational offerings through organizations such as the National Association on Mental Illness, local school systems, faith communities, social, healthcare and leadership groups in 2017. LCOH also participates in a variety of local community health fairs (such as ones held at major employers, colleges, universities and local agencies).

In 2017, LCOH once again provided focus on support of ongoing professional training and development as well as community education and awareness building. Developing awareness of mental illnesses and related substance abuse problems through the LCOH's state-of-the-science mental healthcare to our residents will remain a priority as long as adequate resources are available.

Access to Care/Services/Resources: Unfortunately access to all types of healthcare services, especially for the uninsured and unemployed/underemployed, was identified as a major concern across the four counties within the LCOH primary service area. The complexity of this cost problem assures that it will remain an area of focus well into the future. As stated in the CHNA, regardless there are components of this challenge that can be improved. For example, the stigma that exists toward mental illness underlies why parity does not exist and attention to the mentally ill is often not prioritized.

Also underlying the issue of access and lack of resources, is the lack of providers across the country. Through national and local efforts, finding means to increase the number of providers that can give care must be a focus of existing providers and involved organizations. Another opportunity is to support the use of physician extenders, identifying additional locations that can better serve populations in need, and considering non-traditional delivery of care such as telemedicine and group treatment in place of individual treatment, when appropriate.

LCOH followed up on these areas of focus in 2017 as follows:

- ✓ LCOH participated in efforts to educate legislators about mental health needs and the importance of parity in healthcare coverage. As new national, regional and local government leaders were voted into office, LCOH has remained involved as a source of information re: difficulty in accessing mental health services.
- ✓ In 2017, recruitment and retention endowment funds were targeted for growth in order to assure resources for a good supply of mental healthcare providers for our patients. The endowment fund should remain a major source of support for clinician recruitment and

retention in future years and was bolstered by significant financial pledges by two large gifts announced in late 2017.

- ✓ LCOH has continued its initiatives to expand outpatient visitation capacity by working with clinical providers on their throughput, decreased cancellation and no show rates, and weekly productivity. The increased outpatient appointments have made an impact and as a result of this project should improve access to care to some degree.
- ✓ LCOH worked in 2017 to educate primary care providers in mental health and addiction diagnosis and treatment via training and educational articles in our newsletters, with the goal of helping them be better positioned to manage mental health concerns in their offices, as may be appropriate.
- ✓ LCOH serves as a clinical rotation site for various healthcare disciplines including medical students, UCH Residents in training, B.S.N. nursing students, Social Work students and psychological interns. Although there is a time commitment as well as a cost associated with these efforts, the organization feels a commitment to continuation of high quality healthcare services is accompanied with an obligation to support educating the next generation of healthcare providers.
- ✓ Through fundraising, Lindner Center of HOPE provides financial assistance to patients in need. Such assistance was made available for patients in Hope Center North's methadone assisted treatment program resulting from a fundraiser known as Touchdown for HOPE, held in February, 2017. Touchdown for HOPE raised funds previously to support eating disorders programs and mood disorders research. The time-limited funds allowed over 256 new methadone treatment patients to receive a subsidy of their intake costs.

It is expected that improved access to care will continue to be a major challenge for the foreseeable future. All mental healthcare providers should share responsibility for improving access to care, as much as possible.

Healthy Behaviors and Wellness Education: Americans continue to make unhealthy lifestyle choices including poor dietary practices, sedentary lifestyles and the use of tobacco. These are impactful determinants of an individual's overall health and wellbeing. Patients with mental illness and/or substance abuse problems are more likely to engage in unhealthy life choices. Findings from the 2015 CHNA indicate that lifestyle choices and/or lack of healthy options have a major impact on the overall health of the populations studied.

LCOH followed up on this in 2017 as an area of focus, as follows:

- ✓ Included tobacco use screening questions and related education during the inpatient and outpatient intake processes.

- ✓ Provided influenza vaccine to all consenting inpatients during designated flu season unless medically contraindicated.
- ✓ During 2017, LCOH revised its menus to offer healthier meal choices and provide related education to patients in order to encourage healthier lifestyles. A new menu, on a longer 28-day cycle was provided to our patients with a broader range of menu selections including more vegetarian options. All products that are scratched prepared use less sodium and fat during the cooking process than previously.
- ✓ Patient education is also provided by our clinical staff to promote and encourage a “healthier lifestyles”. LCOH includes healthy living concepts in its inpatient, residential, partial hospitalization and intensive outpatient programming. In 2017, we began providing families of EDO patients on CCHMC this education as well. This programming will be reviewed and enhanced as opportunities are recognized and resources are available.
- ✓ In 2017, the Research Institute at Lindner Center of HOPE has served as a site to study the application of Transcranial Magnetic Stimulation for OCD in addition to smoking cessation.

Health/wellness education will continue to be a challenge because acute healthcare needs compete for the limited resources which are also needed to educate those with needs and society in general, especially in the mental health industry which tends to collect lower payments. As resources allow, LCOH will expand its focus on disease prevention and healthy lifestyle choices with patients.

There will be ongoing monitoring and periodic reporting of the prioritized needs within the CHNA and implementation plan so that progress and results can be shared with the LCOH leadership team and its Board of Directors.