

## **COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN**

June 2019

### **PROJECT SUMMARY**

For the third time, a collaborative Community Health Needs Assessment (CHNA) was conducted by the Health Collaborative in Cincinnati, Ohio. To carry out and complete this project, The Health Collaborative convened member hospitals to engage in the development of the CHNA. The 2019 CHNA offers a robust portrait of the Southwest Ohio region. The report covers Greater Dayton and Greater Cincinnati, including Northern Kentucky and Southeastern Indiana. The collaborative CHNA for 2019 shares data for the whole region as well as detailed county-level data.

Five health issues achieved consensus as high priorities by the participants in the surveys and meetings conducted to collect the data.

1. Substance abuse
2. Mental health
3. Access to care/services
4. Chronic disease
5. Healthy behaviors

### **DATA ANALYSIS**

Lindner Center of HOPE (LCOH) representatives reviewed the report and made a determination to address the results of the report which were applicable to the following six counties: Butler, Warren, Hamilton, Clinton, Montgomery and Clermont.

These counties were chosen because they represent the majority of Lindner Center of HOPE's primary service area, defined as counties in which the greatest percentage of LCOH's total adult inpatient and outpatient volume resides. As a result of review of this data, it was determined that there were no information gaps that impacted LCOH's ability to assess the community health needs of the LCOH community.

Based on the LCOH mission, vision, organizational goals, available resources, and organizational capabilities and competencies, certain of the priorities identified for these six counties were selected as LCOH areas of focus. The priorities that were not determined to be areas of focus for LCOH were excluded because of resource constraints, unavailability of effective interventions to address the need, and/or the fact that the need was better addressed/currently being addressed by other community organizations or entities.

The areas of focus to be addressed by LCOH as a result of the CHNA and the resulting LCOH analysis are as follows:

1. Substance abuse,
2. Mental health,

3. Access to care/services/resources, and
4. Healthy behaviors including smoking.

## **IMPLEMENTATION PLAN**

1. **Substance abuse:** Substance abuse was identified among the most significant health-related concerns in community meetings and surveys, and by provider agencies and health departments during the 2019 CHNA process. Although substance abuse disorder is a mental health diagnosis, CHNA responses indicated that substance abuse remain a separate category related to the use and abuse of illegal drugs, prescription drugs, alcohol, and addiction in general. Responses also suggested that there should be more attention given to approaches that deal with the underlying problems leading to addiction of any kind.

□ In March of 2015, LCOH opened HOPE Center North specifically to address the growing addictions issues in the community. HOPE Center North offers an opioid replacement therapy program in Mason, Ohio, but also offers outpatient services to those struggling with substance abuse disorders and or co-occurring mental health issues.

Since its opening, this program has served a range of 250 to 300 patients on an ongoing basis, thus allowing them to carry on with their normal activities of daily living and responsibilities. Beginning in July 2019, HOPE Center North will begin accepting Medicaid for opioid replacement. Expanding services to Medicaid clients will allow the Center to serve even more people struggling with opioid addiction. In addition, the Center is expanding staff to support a growing volume of patients.

□ In the summer of 2018, LCOH launched a 10-day substance use disorder detox and evaluation program for adults in recognition of the growing substance use issues. This robust program was designed to provide a solid foundation for clients on their recovery journey. The program works with patients to complete detoxification with medical supports and to complete an evaluation that will guide them to optimal next steps in treatment. These services are provided in a residential setting. On average, about 15 percent of our residential population has a primary diagnosis of substance use disorder.

□ LCOH also offers a 12 week long intensive outpatient program (IOP) for addictions patients. This program operates three evenings per week. Separate Aftercare and Family Support programs are also offered on a weekly basis.

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.

2. **Mental health:** Over the past several years, increased attention has been paid nationally to the level of mental illness present in our society, partially due to the increased number of violent incidents in schools, places of entertainment and even places of worship. Additionally, recent data is showing a climb in suicide deaths. Though increased attention is good, increased access and reimbursement is needed to appropriately address the concerns. The 2019 CHNA data collection activities identified mental health as a key health concern, with depression and suicide rising as the most commonly cited issues. Additionally, the report indicates that child mental health issues were frequently mentioned. Both financial and nonfinancial barriers exist for most community members. 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 will follow up on this area of focus as follows:

□ LCOH recognizes that physicians and first responders also experience mental health issues at at least the rate of 1 and 5, yet their roles in our community are even more critical in their impact on others. Over the last year, LCOH has created special access programs to services for these groups in order to eliminate barriers to receiving treatment, in the hopes of positively impacting the lives of those our community depends upon.

□ Additionally, to address the shortage of providers and access issues, LCOH created a Rapid Access Service for adults to quickly be seen by a psychiatrist and social worker with recommendations for next steps being coordinated following the appointment. Appointments for this program significantly reduce the wait time for those looking for outpatient assessment.

□ LCOH also made changes to service offerings to create more access for comprehensive outpatient assessments for children and adolescents versus a more costly approach in a residential setting. In addition, LCOH added another level to our continuum of care for adults in need of residential treatment. This new level of residential will serve patients needing more stabilization and evaluation.

□ In May 2019, LCOH with support from the city of Mason and other sponsored our third community-wide mental health education event which was intended to help decrease the stigma associated with mental health diagnoses. Over 400 community members attended the day-long series of educational modules. The event has thus far been a bi-annual event, the next one would be considered for 2021 given financial support and staffing resources.

□ On a monthly basis, LCOH offers Grand Rounds presentations for LCOH providers as well as community-based healthcare providers. These sessions provide these providers with ongoing training and development in the areas of mental health diagnosis and treatment. In addition, at least four additional education and development opportunities are offered by LCOH on an annual basis to selected groups such as area hospital staff, primary care providers and other defined groups. Over the next three 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 also continues its commitment to community outreach with clinicians presenting educational offerings through organizations such as NAMI, MHA and even some local school systems. LCOH also participates in some community health fairs. Additionally, LCOH offers an ongoing community education series and began a webcast continuing education series in 2018. It is expected that LCOH's growing focus on the need for and support of ongoing professional training and development will result in a higher level of state-of-the-art mental healthcare available to local residents as well as those who travel to receive care at LCOH. Community education will also remain a priority as long as adequate resources are available.

□ LCOH more formally expanded efforts to area businesses in 2019 with the launch of Start the Conversation. This program uses educational videos, surveys, emails and web landing pages to increase awareness of employees of the businesses that engage with the effort. Over the next year, LCOH expects to expand this offering to more area businesses.

**3. Access to care/services/resources:** Access to all types of healthcare services, especially for the uninsured and unemployed/underemployed, was also identified as a major concern. The complexity of this problem as well as the cost of addressing it assures that it will remain an area of focus well into the future. Regardless, there are components of this challenge that can be improved. For example, the stigma that exists about mental illness is part of the reason why parity does not exist and attention to

this need is not often a priority. In addition, recognizing that there is a lack of providers across the nation, efforts to increase the number of patients that can receive care should be a priority of these providers and their sponsoring organizations. Another opportunity is to support the redefinition of how care is delivered including using 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 will follow up on this area of focus as follows:

- LCOH will continue to participate in efforts to educate legislators about mental health needs and the importance of parity in healthcare coverage.

- LCOH expects to increase the use of telepsychiatry to provide greater access to care in the near future.

- LCOH has focused on growing our clinician recruitment and retention endowment fund in order to assure resources for a good supply of mental healthcare providers for our patients.

It is intended that the endowment fund will continue to be a major source of support for clinician recruitment and retention in future years.

- LCOH also works 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 but not limited to medical students and residents, nursing students, social work students, chefs who are in training, and dietician students. Although there is a time commitment as well as a cost to LCOH associated with these efforts, the organization feels that each healthcare provider that has a commitment to continuation of high quality healthcare services in the future has an obligation to support local students in their educational efforts.

- LCOH, as previously mentioned in the substance abuse and mental health sections, continues to make changes to provide access to more individuals in need, through program changes and other modifications.

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.

**4. Healthy behaviors:** Many segments of the American population have become less healthy over the past several decades. Unhealthy lifestyles are a contributor to this developing trend. Poor dietary practices, sedentary lifestyles, and the use of tobacco are major determinants of an individual's health. Patients with mental illness and/or substance abuse problems are more likely to engage in unhealthy life choices. Findings from the 2019 CHNA indicate that respondents indicated the desire to eat healthier, exercise more, quit smoking and lose weight. LCOH will follow up on this area of focus as follows:

- Inclusion of tobacco use screening questions and related education in inpatient and outpatient intake processes. In addition, patients in LCOH services are offered smoking cessation opportunities.

- The Research Institute at LCOH has also been conducting an ongoing study around the use of Transcranial Magnetic Stimulation in smoking cessation.

- Provision of influenza vaccine to all consenting inpatients during designated flu season unless contraindicated.

□ LCOH includes healthy living concepts in its inpatient, residential, partial hospitalization and intensive outpatient programming. This programming will be reviewed and enhanced on an ongoing basis as opportunities are recognized and resources are available.

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

#### **MONITORING AND FOLLOW UP**

Compliance with the implementation plan components and results will be monitored and reported periodically to the LCOH leadership team and Board of Directors.