

SOUTH COUNTY HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN 2016-2019

BACKGROUND

South County Health (“SCH”) is a full service healthcare resource offering comprehensive range of advanced inpatient, outpatient and home health services. Accredited by The Joint Commission, SCH is made up of South County Hospital (“Hospital”), South County Home Health (“SCHH”), South County Surgical Supply and South County Medical Group (“SCMG”). Services are delivered by expert physicians and highly trained staff. SCH is committed to its community and guided by the values of caring, respect, integrity, collaboration and excellence.

SCH’s vision is to forge extraordinary connections with our community that support health at every stage of life.

In support of SCH’s community benefit activities and to guide community health improvement efforts, SCH participated in a statewide comprehensive Community Health Needs Assessment (“CHNA”), led by the Hospital Association of Rhode Island and its member hospitals. The CHNA was conducted from June 2015 to June 2016. The 2016 CHNA built upon the 2013 CHNA. The assessment was conducted in a timeline to comply with requirements set forth in the Affordable Care Act (“ACA”), as well as to further SCH’s commitment of community health and population health management.

CHNA RESEARCH COMPONENTS

The 2016 CHNA was overseen by a Steering Committee of representatives of HARI and each member hospital. Baker Tilly, a consulting firm with extensive experience in conducting CHNA’s, assisted in all phases of the CHNA, including project management, quantitative and qualitative data collection, report writing, and development of implementation strategies. Baker Tilly’s expertise ensured the validity of the research and assisted in developing a CHNA Plan to address the highest health needs across the Hospital’s service area.

The CHNA Steering Committee actively sought feedback and coordinated research and planning efforts with the Rhode Island Department of Health (“RI DOH”) to ensure statewide efforts for community health improvement were aligned. Coordination also occurred with the RI DOH Health Equity Zones, including partner forums, focus groups and planning.

The CHNA also included wide participation of public health experts and representatives of medically underserved, low income, and minority populations.

Similar to the 2013 findings, the 2016 community needs identified for Washington County were behavioral health (including mental health and substance abuse), incidence of cancer, chronic diseases (high cholesterol, diabetes). For Washington County, incidence of suicide, adult binge drinking, DUI related driving deaths, drug poisoning deaths were all above the state average.

SERVICE AREA

SCH defined its service area based upon an analysis of the geographic area where individuals using their health services reside. The following zip codes reflect SCH's defined service area:

Zip Code	Municipality
02804	Ashaway
02807	Block Island
02808	Bradford
02812	Carolina
02813	Charlestown
02816	Coventry
02817	West Greenwich
02818	East Greenwich
02822	Exeter
02832	Hope Valley
02833	Hopkinton
02835	Jamestown
02836	Kenyon
02582	North Kingstown
02873	Rockville
02874	Saunderstown
02875	Shannock
02877	Slocum
02879	Wakefield
02881	Kingston
02882	Narragansett
02891	Westerly
02892	West Kingston
02894	Wood River Junction
02898	Wyoming
06379	Pawcatuck

WASHINGTON COUNTY PARTNER FORUM

The L&M Westerly Hospital and SCH held a county-wide Partner Forum on October 27, 2015 to solicit feedback from representatives of key stakeholder groups, facilitate collaboration to address community health needs, and align community health improvement efforts among the HARI CHNA, the RI DOH, and the local Health Equity Zones.

The Forum began with an overview of the CHNA research findings and related health needs and disparities in the community. The partners divided into subgroups and discussed barriers to optimal health for residents, underserved populations, service delivery gaps, existing community assets, and opportunities for collaboration around the priority needs of behavioral health and chronic diseases.

Participants were presented with a set of questions aimed at identifying gaps in services and opportunities for collaboration to address the priority areas of behavioral health (mental health and substance abuse) and chronic diseases (prevention and management).

The CHNA identified the following regarding behavioral health in Washington County:

- 10% of Washington County residents report “frequent mental distress”
- 3 of 10 Washington County women, ages 18-44 report a depressive disorder
- More than 25% of SCH patients with a chronic condition also have a behavioral health diagnosis
- There were 2,495 behavioral health admissions among the service area residents during fiscal years 2013 and 2014

Based upon the high incidence of behavioral health issues in Washington County, two focus groups with behavioral health consumers and parents of adult and young children who use behavioral health services were held in the Washington County communities of Westerly and Wakefield in March 2016. Participants in both groups described a disjointed system with frustrating and overwhelming barriers that keep residents from receiving timely, convenient and supportive care. A deficiency of local services, education for key referral sources, and lack of community awareness were among the top concerns.

PRIORITIZATION OF COMMUNITY HEALTH NEEDS

Based upon the CHNA and the feedback from the Washington County community, SCH Board of Trustees has set behavioral health as the key focus and priority for the 2016 CHNA Implementation Plan.

In an effort to make significant improvements in behavioral health for Washington County residents, SCH and L& M Westerly Hospital have agreed to work collaboratively on a plan to address this community need.

STRATEGIES TO ADDRESS COMMUNITY HEALTH NEEDS

In support of the 2016 Community Health Needs Assessment, and ongoing community benefit initiatives, South County Health plans to implement the following strategies to impact and measure community health improvement.

MENTAL HEALTH AND SUBSTANCE ABUSE (collectively referred to as “Behavioral Health”)

GOAL: To improve outcomes for residents living with a behavioral health condition and their families

OBJECTIVES I-IV:

I. Increase awareness of signs and symptoms of behavioral health conditions and community resources

• STRATEGIES:

1. Community awareness and engagement campaign, titled “Elephant in the Room”
 - Tactics/Activities:
 - a. Working with South County Healthy Bodies Healthy Minds Steering Committee to educate the public on 5 statistics on behavioral health and 5 action steps the community can take to improve behavioral health needs. The Committee will:
 - i. engage consumers by developing/launching a media campaign to reduce stigma of behavioral health conditions
 - ii. embed mental health literacy into organizational newsletters
 - Key Indicators:
 - a. Presentation of the campaign at 20 community gatherings in Washington County
 - b. Include information on mental health literacy and behavioral health awareness in 10 publications within Washington County (i.e. newsletters and handouts within Washington County)

2. Implement suicide prevention trainings for youths and adults led by South County Healthy Bodies Healthy Minds.
 - Tactics/Activities:
 - a. Recruit 10 mental health professionals (one from each hospital , one from each of the 5 community health centers , and 3 from other community organizations) to conduct QPR (Question, Persuade, Refer) training for adults in the community in order to:
 - i. Better recognize the warning signs of suicide
 - ii. Know how to offer hope
 - iii. Know how to get help and save a life

- b. Conduct SOS (Signs of Suicide) training for youth in health classes in at least three school districts within Washington County in order to:
 - i. decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression
 - ii. encourage personal help-seeking and/or help-seeking on behalf of a friend
 - iii. reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment
 - iv. engage parents and school staff as partners in prevention through “gatekeeper” education
 - v. encourage schools to develop community-based partnerships to support student mental health
 - Key Indicators:
 - a. 1000 people trained by the end of 2018
- 3. Conduct Mental Health First Aid Trainings for youths and adults lead by the South County Healthy Bodies Healthy Minds.
 - Tactics/Activities:
 - a. Partner with University of Rhode Island and the Washington County Coalition for Children to train 12 instructors (8 from University staff and 4 from the community) to increase the capacity to offer mental health first aid trainings for URI students and staff as well as community members within Washington County and to educate the public about signs/symptoms of behavioral health conditions and encourage individuals to seek help
 - Key Indicators:
 - a. Train 12 instructors
 - b. Train a minimum of 100 people per year in youth/adult mental health first aid

II. Increase early identification and screenings for behavioral health conditions in all care settings

• STRATEGIES:

1. Conduct educational sessions for Primary Care Physicians within Washington County
 - Tactics/Activities:
 - a. A South County Medical Group employed psychiatrist will visit primary care providers in their offices to educate them on recognition of behavioral health issues and best practice for controlled substance prescribing in the primary care setting
 - b. A South County Medical Group employed Pediatric Behavioral Health Nurse Practitioner will visit primary care providers in their offices to educate them on recognition of behavioral health issues for youth

- Key Indicators:
 - a. Number of education sessions conducted with all affiliated Primary Care Providers

- 2. Promote screening by Primary Care Physicians of young children through Project LAUNCH (Linking Actions for Unmet Needs in Children's Health)
 - Tactics/Activities:
 - a. Train Primary Care Physicians to utilize behavioral health screening tools for young children
 - b. Offer “Incredible Years” parenting courses within the community
 - Key Indicators:
 - a. Conduct training for PCPs on the utilization of behavioral health screening tools for young children
 - b. Develop a plan for providing early childhood mental health consultation to children identified with behavioral health needs
 - c. Offer a minimum of 3 Incredible Years parenting group courses throughout Washington County

III. Increase access to appropriate, quality behavioral health services and improve self-management among patients

• **STRATEGIES:**

1. Identify and address factors that drive behavioral health patients to the Emergency Department rather than a more appropriate care setting and addressing those factors so that patients will appropriately divert from the Emergency Department and receive improved care
 - Tactics/Activities:
 - a. In conjunction with the South County Health Bodies Healthy Minds Behavioral Health Sub-Committee develop a standard Emergency Department assessment to be used in both South County Health and L& M Westerly Hospital Emergency Departments to gather data on reasons for patients coming to the Emergency Departments
 - b. Analyze data from the assessment and develop action plans to address the reasons for behavioral health visits to the Emergency Department
 - Key Indicators:
 - a. Assessments implemented by April 1, 2017
 - b. Action plans developed by October 1, 2017

2. Implement diversion clinicians in South County Health and L& M Westerly Hospital Emergency Departments
 - Tactics/Activities:
 - a. Place competent clinical staff in the Emergency Departments so that when clinically appropriate, behavioral health hospital admissions will be diverted
 - b. Clinicians will conduct crisis evaluations when needed which will:
 - i. Determine behavioral health status at the time of presentation, including whether the patient is potentially an immediate threat to self or others
 - ii. Determine the patient's physical health status at the time of admission, coordinating with other Hospital staff as required
 - iii. Determine the patient's service needs, including hospital inpatient, hospital transitional bed, transitional service, outpatient, and non-behavioral health needs
 - iv. Determine the need for re-assessment every 24-hours for patients in the Emergency Department
 - v. Determine and coordinate inpatient admission or outpatient placement, as necessary an appropriate
 - Key Indicators:
 - a. Crisis evaluation will begin within sixty (60) minutes of the patient being ready for said crisis evaluation.
 - b. Reduced holding time for behavioral health patients in the Emergency Department from baseline of 12.29 average hours per patient (2016 data)
3. Improve time from request for psychiatry consult to actual psychiatric assessment for behavioral health patients in the South County Health and L& M Westerly Hospital Emergency Departments
 - Tactics/Activities:
 - a. Implement a pilot program for tele-mental health consults in the Emergency Department
 - b. Assess effectiveness of tele-mental health consults, and if effective, implement a permanent program
 - Key Indicators:
 - a. Reduced holding time for behavioral health patients in the Emergency Department from baseline of 12.29 average hours per patient (2016 data)
4. Increase number of behavioral health patients accepting a referral for opiod and other substance abuse counseling
 - Tactics/Activities:
 - a. Anchor ED Program, a service connecting individuals presenting in Emergency Departments with opiod overdose with recovery services, to provide education

to the South County Health Emergency Department staff on tactics to increase patient acceptance of Anchor referrals

- Key Indicators:
 - a. Improve patients' acceptance rate of referrals to Anchor Program (25% acceptance rate based upon 2016 data from the RI Department of Health)

IV. Increase advocacy for policy change, improved service coordination, and increase funding of behavioral health services in Washington County

1. Increase funding of behavioral health services in Washington County

- Tactics/Activities:
 - a. Continue to partner with community health centers, community mental health centers, acute care hospitals and other interested partners to obtain grant funding to support behavioral health services
- Key Indicators:
 - a. External funding secured for collaborative efforts to improve behavioral health services

EXISTING COMMUNITY PARTNERS

- ✓ The L& M Westerly Hospital
- ✓ Care Transformation Collaborative of Rhode Island
- ✓ South County Healthy Bodies Healthy Minds
- ✓ South County Community Health Team
- ✓ The Providence Center
- ✓ Gateway Healthcare
- ✓ Anchor ED
- ✓ Thundermist Health Center
- ✓ Wood River Health Services
- ✓ The Phoenix House
- ✓ University of Rhode Island
- ✓ Washington County Coalition for Children
- ✓ Kids' Link

COMMUNITY HEALTH NEEDS NOT ADDRESSED

By aligning community health activates with local and statewide priorities, in conjunction with the fact that twenty-five percent (25%) of South County Health inpatients with a chronic condition also have a behavioral health diagnosis, South County Health will take a comprehensive approach to addressing the

most urgent needs in the community. As with all programs and services, the System will continue to monitor community needs and adjust programming and services accordingly.

APPROVAL FROM GOVERNING BODY

The South County Health Board of Trustees met on January 30, 2017 to review and approve the CHNA Implementation Plan and provide the necessary resources and support to carry out the initiatives herein.