



Community Needs Assessment

2016



Table of Contents

- Introduction...
- Community Definition...
- Project Mission & Objectives...
- Methodology...
- Key Community Health Needs...
- Key Stakeholder Input Summary...
- Secondary Data Summary...
- Leaderships Response and Prioritization Process...
- Implementation Planning Summary...
- Appendix A: Secondary Data Profile...
- Appendix B: Organizations and Persons that Participated in the CHNA...
- Appendix C: Community Resource Inventory...
- Appendix D: Implementation Strategy...





Introduction

Shodair Children’s Hospital, is a non-profit organization offering both inpatient and residential psychiatric services to Montana’s children and adolescents. The campus is located in Helena, Montana, making it the premier provider of choice for western and central Montana communities.

Shodair’s campus has the ability to accommodate up to 20 acute patients and 64 residential patients from ages three to 18. In 2015 it provided services to over 900 Montana children, with nearly 70% coming from low-income families.

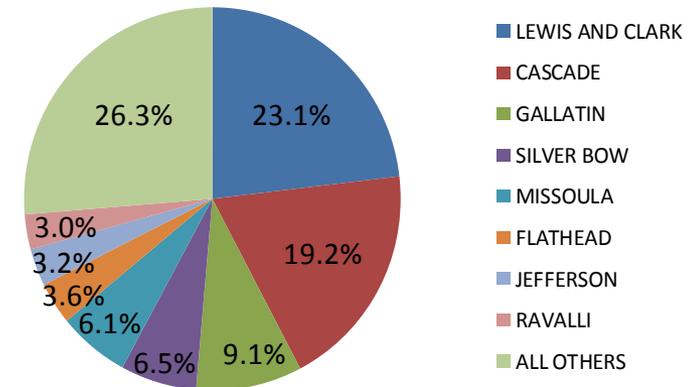
Every three years Shodair conducts a comprehensive community health needs assessment (CHNA) as an attempt to identify the unmet mental health needs of Montana’s children, the community resources available to meet these needs and the best way for Shodair to leverage its own resources to help met these needs. The assessment included a look at external data sources, a survey of community stakeholders and a focus group of internal leaders. It was conducted during the months of March through May of 2016 and was approved by the Board of Trustees at it’s May 2016 board meeting.

The process identified a number of unmet children’s mental health needs of which Shodair prioritized 3 areas it will focus on during the next three years. The process and the priorities are summarized in the following pages.

Community Definition

- Eight counties in Western and Center Montana make up approximately 74% of the admissions to Shodair Children's Hospital's inpatient unit. Most of those admissions come from hospital emergency rooms located in the larger cities in those counties. Helena, Montana resides in Lewis and Clark County with admissions from this county accounting for 23.1% of total admissions. Followed close behind is Cascade County which includes Montana's 3rd largest city, Great Falls. 19.2% of admissions came from this county. Gallatin County is home to Montana's 4th largest city, Bozeman, and accounts for 9.1% of admissions. All of the eight counties are within 2 hours of Helena, Montana with the exception of Flathead County (3.5 hrs.) and Ravalli County (2.5 hrs.)
- **Community Definition #1:** An 8-county region where at least 74% of Shodair's inpatient admissions originate from within the state of Montana. The needs in this report pertain primarily to this 8-county region.
- **Community Definition #2:** The principle inpatient functions of Shodair Children's Hospital include acute and residential mental and behavioral health services provided to children and youth under the age of 18 years old.

Unduplicated Admissions by County - 2015
Grassland Unit



Project Mission and Objectives

The mission of the Shodair Children's Hospital CHNA is to understand and plan for the current and future health needs of the children in its communities. The goal of the process is to identify the health needs of the communities it serves while developing a deeper understanding of needs and identifying community health priorities.

The objective of this assessment is to analyze indicators related to pediatric inpatient mental healthcare as well as the social, demographic, economic, and environmental factors that impact children that may require pediatric mental health services. This project was developed and implemented to meet the individual goals as defined by the project oversight committee, which included:

- ❖ Assuring that the view of persons with special knowledge of or expertise in public health related to the communities and patients serviced by Shodair Children's Hospital are included in the needs assessment process through data collection and key stakeholder interviews.
- ❖ Obtaining statically valid information on the health status and socio-economic/environmental factors related to the mental health needs of children in the community.
- ❖ Developing accurate comparisons to baseline mental health measures utilizing the most current validated data.
- ❖ Developing a CHNA document that meets the intent and requirements set forth by the Patient Protection and Affordable Care Act (PPACA) for Shodair Children's Hospital.

Methodology and Secondary Data

The assessment process included input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge and expertise of public health issues.

Key data sources and methods used to identify and prioritize children's mental health needs in the community:

- ❖ **Community Health Assessment Planning Task Force:** The hospital selected from its leadership group, staff to serve on a planning task force. Three staff were identified as having the knowledge and passion for completing a thorough and meaningful CHNA and Implementation Plan.
- ❖ **Secondary Data:** The health of the community is largely related to the characteristics of its residents. An individual's age, race, gender, education, and ethnicity often directly or indirectly impact health status and access to care. In the spring of 2016 the planning task force completed an analysis of the mental health data and socio-economic environmental factors related to mental health of children in the Shodair Children's Hospital communities from existing data sources such as state and county public health agencies, County Health Rankings, Annie Casey Foundation Kids Count, Montana Children's Mental Health Bureau, Youth Risk Behavior Surveillance System (YRBSS), internally-generated demographic data and other additional data sources (See Appendix A for a complete secondary data profile).
- ❖ **Interviews with Key Community Stakeholders:** Leaders from organizations and agencies that have special knowledge and/or expertise in children's public and community health were identified and surveys were mailed between March and April of 2016. In addition, phone follow up calls were made and whenever possible the survey questions were asked and answers documented (See Appendix B for a complete list of organizations and agencies represented).

Community Health Needs Assessment (CHNA) & Implementation Plan – 2016

Shodair Children's Hospital

- ❖ **Community Resource Inventory:** An environmental scan was completed by collecting information from stakeholders, hospital leaders, secondary data, and internet research to identify the community resources that are striving to meet the needs identified by the CHNA. A complete listing the identified resources is found in Appendix C.

- ❖ **Identification of top community health needs:** Top community health needs were identified by hospital leaders during a community health needs identification meeting held on May 11, 2016. CHNA findings from secondary data and key stakeholder interviews were presented to the leadership team. The team members discussed the data presented and prioritized the health needs that Shodair Children's Hospital could commit to work on and those it will not address at this time.

- ❖ **Final Community Health Needs Assessment Report:** A final report was developed that summarizes key findings from the assessment process, prioritizes top community children's health needs based on the resources available to the hospital to positively impact these needs.

- ❖ **Final Implementation Plan to Meet Community Health Needs:** A final report was developed that provides detailed plans to meet the prioritized needs identified by hospital leadership; including: objectives, population targeted for implementation, a description of the strategies and actions to be implemented, the planned timeframe for implementation, measures of successful implementation, and potential partners (See Appendix D for the complete implementation plan).



Key Community Mental Health Needs and Stakeholder Input Summary

After reviewing existing external data, tabulating the survey results and conducting an internal leadership focus meeting, the following mental health needs were identified:

External Data Needs Identified:

- Soaring cases of child abuse and neglect has created a compelling need for the development of trauma-informed models of care to best serve our pediatric patients.
- 48 of Montana's 56 counties are designated as mental health professional shortage areas. Rural communities are particularly impacted by the scarcity of providers.

Survey Results:

- 8 out of 14 comments listed the lack of providers and facilities (crisis stabilization, residential and outpatient) as the biggest community need.
- The 2nd highest need identified in the survey was the need for educating those working directly with children and youth in the community. The education specified included Adverse Childhood Experiences (ACE) and Youth Mental Health First Aid (YMHFA).

Internal Leadership Focus Meeting:

- Recruitment and retention of mental health professionals within the community it serves.
- Need for experts in trauma-informed care to provide assistance in the development of trauma-informed model of services.

Leadership's Response to the Key Mental Health Needs Identified

The leadership team of Shodair Children's Hospital selected three of the key mental health needs identified during the CHNA process. The decision to select these three needs was based on the organization's expertise, lack of other community resources to meet the need and the organizations financial ability to impact the needs.

The 3 needs selected and Shodair's responses are as follows:

- Develop a recruitment plan that addresses the lack of mental health providers in the community it serves and provide assistance to those interested in choosing a career in pediatric mental health services.
- Reaching out to outlying rural communities in providing pediatric mental health first aid training to first responders.
- Partnering with trauma-informed experts in the development of an organization-wide cultural shift to infuse trauma-informed standards and practices into its care of patients and relations with employees.



Implementation Plan Summary

1. Recruitment plan would include looking at scholarship opportunities for sending youth interested in careers in mental health to summer camps.
2. Reaching out to outlying communities would include in year 1: Lincoln/Augusta, year 2: Townsend/Boulder and year 3: Browning.
3. Partnering with the Sanctuary Model experts in the implementation of a 3 year process to move the organization to a more trauma-informed culture.

