



Community Health Needs Assessment: Implementation Plan



Community Health Needs Assessment (CHNA)

California Senate Bill 697, the Patient Protection and Affordable Care Act (PPACA) (HR3590), and Internal Revenue Service section 501(r)(3) direct tax exempt hospitals to conduct a Community Health Needs Assessment (CHNA) and develop an implementation strategy to address these needs every three years.

The CHNA is required to incorporate both primary data collection and secondary data analysis that focus on the health and social needs of the population in the hospitals' primary service area.

CHNA identifies un- and under-met health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs.



CHNA Implementation Plan: Prioritized Community Needs

During the 2016 CHNA assessment, CHOC identified several health and social deficiencies in Orange County. In a coordinated fashion with the strategic planning process, the following areas were prioritized and ranked:

1. Mental health
2. Pediatric obesity
3. Pediatric specialist needs
4. Pediatrician needs
5. Resources for children with Autism Spectrum Disorders (ASD)
6. Pediatric dental services
7. Partnering/collaborating with other agencies
8. Outreach to schools
9. Treatment for alcohol and substance abuse
10. Community education
11. Transportation services



Implementation Plan Process and Timing

- After confirming and ranking the service area's most important health and social community needs, CHOC developed an Implementation Plan based on key stakeholder feedback
- Through key stakeholder feedback, CHOC concluded it had both the ability and the resources to address all but one of the eleven prioritized needs identified in the CHNA. Priority need #9, the *Treatment for alcohol and substance abuse*, is not addressed in Implementation Plan as CHOC has neither the resources or expertise to address community members requiring treatment addiction. However, CHOC does have strong relationships with several area organizations who address the issues surrounding addiction including: Betty Ford Center, Orange County Behavioral Health, CalOptima (new Drug Medical benefit started July 1st and includes adolescents), and residential treatment centers including Center for Discovery
- The Implementation Plan outlines the actions CHOC will address in response to the identified community needs including: rationale, committed resources, implementation strategies, anticipated outcomes/ impact/ goals, and metrics with which the actions of the Implementation Plan will be will be evaluated
- Willing and able community partners, that have committed to assisting CHOC in addressing the identified needs, are also listed in the Implementation Plan (when applicable)
- The details of three-year Implementation Plan can be found on the following pages:

CHNA Implementation Plan: Prioritized Community Needs

1. Mental Health

Rationale: The most prevalent need identified through community leader surveys was pediatric mental health services. The hospitalization rate per 10,000 children for serious mental illness and substance abuse has increased by nearly 50% between 2005 and 2014, of which 64% was due to major depression and mood disorders. The lack of services is prevalent nationwide. The number of inpatient psychiatric beds in California has declined over the last 15 years. California's bed-per-capita ratio is much lower than the national ratio. The situation is even more dire in Orange County, where currently there is just one bed for every 22,000 children, and no inpatient beds for kids younger than 12.

CHOC Children's Committed Departments and Resources: CHOC Children's Mental Health Inpatient Center (Capital and start up costs of \$16.4 million of which there have been substantial community contributions, but CHOC has had to front much of the expenses), annual operating costs estimated at \$9.1 million per year. ASPIRE (intensive outpatient program) is an intensive outpatient program for adolescents in high school and has an initial capital investment of \$120,000. CHOC also invests in an outpatient mental health center that sees a variety of children in need of psychological services.

Community Partners: Community task force formed by CHOC Children's and Pastor Rick and Kay Warren, founders of Saddleback Church. Members of the Task Force include representatives from the following organizations: Department of Social Services, Orange County Behavioral Health, CalOptima Behavioral Health, Saddleback Church, Mirage Jewish Center, National Association for Mental Illness, Juvenile Justice System, Cigna, OC Department of Education, American Academy of Pediatrics, UCI Medical Center - Dept of Psychiatry, St Joseph's Hoag Health Mental Health Coalition, OC Children and Youth Commission. CHOC receives support for programming through the Orange County Behavioral Health MHSa program for a clinic serving youth with medical conditions and mental health diagnoses and meet monthly to review the program and collaborate on programming and patient needs. CHOC also collaborates with Peter Himber, MD to coordinate services for youth with autism who also have mental health needs.



CHNA Implementation Plan: Prioritized Community Needs

1. Mental Health - continued

Implementation Strategies	Anticipated Impact of Strategy	How Impact will be Evaluated
1) Opening Orange County's first psychiatric inpatient unit aimed at children under 12. The 18-bed unit will benefit children 3 to 17, with priority for those under 12.	Currently all children with mental health emergencies under the age of 12 have to leave the county, as well as over half of all youth hospitalized (over 900 youth per year). With the opening of the mental health unit, CHOC anticipates being able to provide services to youth in Orange County and to shorten wait times in the emergency department for available beds. For instance, on Feb. 28, 2018 there were 14 children and adolescents in Orange County emergency departments awaiting a psychiatric bed.	CHOC will review OSHPD data to determine if fewer children are leaving Orange County for hospitalization. In addition, CHOC is collecting KPI's, looking at restraint and seclusion rates (using specialized programming to reduce these rates), percentage of families connected with an outpatient appointment at discharge, and percentage of readmissions at 7 and 30 days. This will be coupled with patient satisfaction data.
2) The inpatient unit will be complemented by expanded outpatient mental health services and provide outreach so children will no longer be required to leave the Orange County for psychiatric and mental health treatment.	Expanded services are anticipated to serve 100+ children per year in intensive outpatient treatment, which can prevent the need for an inpatient stay or serve as a "step down" after inpatient care. Use of the mental health unit will result in the right care at the place at the right time.	CHOC is using Outcomes Analyst, a validation instrument that looks at mental health symptoms (such as suicidal ideation, substance use, depression) and provides normative data with different mental health populations. Inpatient admission data will be collected and analyzed to determine the impact of the program.
3) Expanding mental health services for CHOC patients being treated for serious/chronic illnesses (these children are more likely to have mental health problems, such as depression and severe anxiety, than their healthier peers).	Children with chronic illness are 3 to 5 times more likely to have a psychiatric disorder than are children without an illness. However these children need to receive services from someone who understands medical conditions and treatment regimens, as well as mental health, and can coordinate care closely with the treating physician. CHOC has been able to serve over 220 children per year and reduce hospitalizations, improve health (through improved medication compliance), and reduce out of home placements (due to medical neglect filing).	Patients and families complete the Outcomes Analysis questionnaires (see above) on a monthly basis to monitor severity of symptoms and symptom improvement. CHOC also reviews labs (such as A1c3 for children with diabetes) when relevant, and school attendance.
4) Expanding the outpatient eating disorders program to include treatment using the Maudsley method.	CHOC has expanded its ability to provide outpatient specialty treatment to children/adolescents with eating disorders, this diagnosis carries the highest mortality rate of any psychiatric diagnosis. CHOC has been implementing a modified Maudsley method (the only evidence based treatment for adolescents) in its inpatient medical rescue as well as transferring cases to treatment on an outpatient basis and for follow up services in the BAN Clinic that follows individuals with eating disorders.	Review BMI and weight to ensure that patients are gaining weight appropriately and are continuing to recover from their illness.

CHNA Implementation Plan: Prioritized Community Needs

2. Pediatric Obesity

Rationale: Dietary habits and exercise are significant contributors to improved health. Nearly 50% of children in Orange County consume fast food three to four times per week compared to 39% for all California. Approximately 50% of children consume one or more sodas or sweetened drinks per day compared to 42% for all California. Only 20% of children between 2 and 17 years of age consume five fruits and vegetables per day. These behaviors contribute to 36% of Orange County 5th grade children being overweight or obese as measured by Body Mass Index (BMI). While the Orange County overweight and obese rates are slightly lower than the statewide rate of 40%, Orange County rates are up from 33.3% three years ago.

CHOC Children's Committed Departments and Resources: CHOC Children’s, CHOC Children’s Network, and CHOC Health Alliance

Community Partners: Dr. Patricia Reba who runs high risk obesity program

Implementation Strategies	Anticipated Impact of Strategy	How Impact will be Evaluated
<p>CHOC has Developed several initiatives aimed at preventing serious conditions such as obesity, diabetes and heart disease. Programs include:</p> <p>1) NEW You (Nutrition, Exercise, Wellness). This interactive class encourages healthy habits for the whole family by emphasizing small changes that can lead to big health benefits.</p> <p>2) Kids Fit Club. The interactive class promotes positive changes to diet and physical activity. These classes are FREE for the entire family and are offered in both English and Spanish.</p> <p>3) PODER (Prevention of Obesity and Diabetes Through Education and Resources) is an in-depth program filled with lessons, games and fun activities that teach healthy eating and behaviors. Prizes are awarded for participation, completion of homework and attendance. These classes are FREE for the entire family. Classes are held on various days at many locations throughout Orange County.</p>	<p>For each of the strategies mentioned, the ultimate impact will be a reduction in obesity for the childhood and adolescent populations of Orange County with a concurrent reduction in medical co-morbidities, including, but not limited to, Type II Diabetes Mellitus. This outcome will create a healthier pediatric population in the county while improving the efficiency of care as well.</p>	<p>Reduction in BMI scores in the overweight or obese range as measured in the school system. Reduction in pediatric cases of Type II Diabetes in the county. Reduction in medical co-morbidities in the county: Orthopedic-overuse injuries, early arthritis, Psychosocial- reduced depression and anxiety, Pulmonary-reduction in obesity-related asthma and sleep apnea.</p>

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3. Pediatric Specialists' Needs

Rationale: CHOC's CHNA identified the need for additional pediatric subspecialists with a specific need for mental health providers.

CHOC Children's Committed Departments and Resources: CHOC Health Alliance and Specialty Physician Services

Community Partners: n/a

Implementation Strategies	Anticipated Impact of Strategy	How Impact will be Evaluated
1) Actively recruiting to fulfill the need for subspecialty providers across all service lines with an emphasis on recruiting mental health providers given the opening of the CHOC mental health unit.	These strategies will lead to improved access, better team care and, ultimately, better patient and family engagement. This all leads to better clinical outcomes and more efficient care.	This will be evaluated by patient experience scores (CGCAHPS) and access measures like third next available appointment



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4. Pediatric Primary Care Needs

Rationale: Within Orange County, federal shortage designations have been identified for several areas or populations at risk of being medically-underserved.

CHOC Children's Committed Departments and Resources: CHOC Health Alliance and Specialty Physician Services

Community Partners: TCPI Grant recipients and Several aligned physician practices

Implementation Strategies	Anticipated Impact of Strategy	How Impact will be Evaluated
1) CHOC has both primary care and specialty offices in each of the designated shortage areas (MUA/MUP). CHOC is committed to building a primary care physician base able to better manage CHOC's capitated and non-capitated lives through improved access and preventative care.	The provision of better access to quality primary care to children throughout Orange County.	CHOC will study emergency department utilization to determine if capitated and non-capitated pediatric patients are using emergency departments, for low level primary care purposes, less frequently.
2) CHOC is also cognizant that there is a growing need for the provision of after hours pediatric services. CHOC is currently working to expand hours in aligned clinic practices and partner with urgent care centers and non-aligned clinics to provide better access to primary care services.	Better after hours primary care access for children in Orange County.	



CHNA Implementation Plan: Prioritized Community Needs

5. Resources for Children with Autism Spectrum Disorders (ASD)

Rationale: A 2011 California Department of Education study found that about 1% of all children enrolled in the state’s public schools are diagnosed with autism. Orange County has the highest rate, with 1.5%; one child in 63 has been diagnosed with autism and is receiving special education services. In 2012, The Regional Center of Orange County was serving the needs of approximately 2,875 children. Based on the state’s estimate of 1.5%, there are nearly 6,400 children with an ASD who are not able to be served by the Regional Center. Autism Spectrum Disorders are typically diagnosed in toddlers or young children based on certain behavioral patterns; there is no medical diagnostic test.

CHOC Children's Committed Departments and Resources: CHOC Health Alliance and CHOC Children’s Research Institute, and Specialty Physician Services

Community Partners: Center for Autism, Autism Speaks, Regional Center of Orange County, UCI Dept of Psychiatry, Center for Autism, KIDA, CalOptima, serve on Mental Health and Autism Task Force

Implementation Strategies	Anticipated Impact of Strategy	How Impact will be Evaluated
1) Scientists at CHOC are growing brain cells from skin cells to determine if communications are working properly. Understanding this will allow for targeted therapy.	Ability to decrease delay in diagnosis and ability to provide more complex and nuanced feedback to families where a diagnosis is complicated (neuropsychologist)	Better outcomes through targeted therapy.
2) Placed two psychologists with the Center for Autism, for which CHOC is a partner. One psychologist is a neuropsychologist able to provide complex assessment for children whose pattern of symptoms is unusual and an ASD diagnosis may not be warranted. The other psychologist provides both diagnosis as well as treatment.		Looking at numbers of families served.
3) Partnered on a grant with Autism Speaks to help children with ASD access dental services.		Looking at numbers of families served.
4) Children with autism have many medical comorbidities (sleep disorders, GI symptoms, seizures), For this reason CHOC is improving alignment between the CHOC’s Neurology Department, the GI Department and CHOC Research Institute to improve treatment of co-morbid disorders.		Better outcomes through targeted therapy.
5) Improved collaboration between psychiatrists specializing in intractable epilepsy as many also have autism.		Improved outcomes



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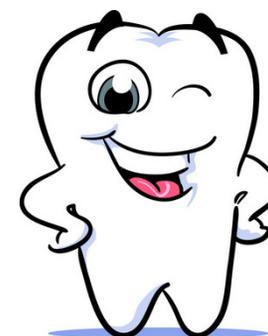
6. Pediatric Dental Services

Rationale: In January 2015, The Children and Families Commission of Orange County published a brief on children’s oral health policy. That brief describes the progression of dental care for children in Orange County over the previous decade and the funding that has been committed for dental services to low income residents. In 2013, there were 54 dentists in Orange County accepting Denti-Cal resulting in a ratio of one pediatric dentist per 1,242 children younger than 5, among the best of all counties in California. Since then, there has been a reduction in Denti-Cal reimbursement and all but seven dentists have closed their practices to Denti-Cal patients. As a result, the ratio of dentists to children younger than 5 is estimated to be far greater than the standard one pediatric dentist to 4,900 children. The ratio is even more dramatic when there is a need for sedation. Wait times for an appointment can be up to eight months. California’s reimbursement is approximately 35% of the national average for comparable Medicaid- reimbursed dental services.

CHOC Children's Committed Departments and Resources: CHOC Health Alliance

Community Partners: Healthy Smiles

Implementation Strategies	Anticipated Impact of Strategy	How Impact will be Evaluated
1) Partnering with Healthy Smiles to integrate primary care pediatric office-based dental visits via telehealth connection to a dentist, facilitated by dental advanced practitioners, in CHOC’s [Foundation] primary care offices. Provision of supplies and training for application of fluoride varnish in CHOC Primary Care locations.	Enhanced access to quality dental services with resultant reductions in severe dental caries and complications from lack of dental care.	Measures of access to dental care via our teledental process. Reductions in Orange county pediatric dental caries-related morbidity.



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7. Partnering/collaborating with Other Agencies

Rationale: To improve health and address social issues related to children’s safety, CHOC must take an active role in the community. In doing so, CHOC must solicit and receive input from the business, religious, social services, and public agency communities and participate in related programs and activities.

CHOC Children's Committed Departments and Resources: CHOC Health Alliance and Community Education Department

Community Partners: OC Fire Authority (OCFA), Garden Grove PD, Anaheim PD, OC Health Care Agency, Care Ambulance, Santa Ana PD, Auto Club of Southern California, OC Sheriff Dept, OC Sherriff, local law Enforcement, and Other CBOs

Implementation Strategies	Anticipated Impact of Strategy	How Impact will be Evaluated
1) CHOC is the leading organization in the Safe Kids Orange County Coalition focused on unintentional injury prevention in Orange County for children 0-12 years old. The partnership is in conjunction with OCFA, OC Sheriff, local law enforcement, and other CBO's. Though Safe Kids Worldwide implement strategies related to unintentional injuries in the areas of pedestrian safety, care seat safety, water safety, home safety, and helmet safety.	Reduce rates of unintentional injuries for children ages 0-12 years in Orange County.	OC Condition of Children's Report surveillance data.
2) CHOC is also an active participant in the OC Child Passenger Safety Task Force. This organizations hosts car seat checkup events, car seat technician training, and car seat technician updates. (who are the partner organizations)	Increased proper use of child passenger restraints. Reduction of child passenger safety injuries due to improper/ no restraints.	OC Condition of Children's Report surveillance data.
1) CHOC launched The Asthma Outreach Program (Breathmobile) that brings asthma care and education to schools throughout Orange County. The program hosts lunch and learns for school personnel and school nurses and provides care and treatment within the mobile clinic at various school sites.	Reduction in missed school days, ED utilization and inpatient stays for Asthma. Improvement in controlled medication: emergency medication ratio.	HEDIS metrics, program data collection.
2) CHOC also collaborated with the Community Education Department to provide education in schools around drowning prevention, helmet safety and car seat education.	Reduction in rates of unintentional injuries for children ages 0-12 years in county.	OC Condition of Children's Report surveillance data.

CHNA Implementation Plan: Prioritized Community Needs

8. Outreach to Schools

Rationale: Establishing the conditions that promote successful educational achievement for children begins with quality prenatal care and continues into the early elementary school years. With a strong and healthy beginning, children can more easily stay on track to remain in school and graduate, pursue postsecondary education and training, and successfully transition to adulthood. Yet there are significant gaps in educational achievement by race and income. It has been well-documented that health status is directly correlated to educational attainment, employment status and income level. Those with higher levels of education, reliable employment and higher wages are healthier.

CHOC Children's Committed Departments and Resources: CHOC Health Alliance and Community Education Department

Community Partners: Local schools

Implementation Strategies	Anticipated Impact of Strategy	How Impact will be Evaluated
1) CHOC launched The Asthma Outreach Program (Breathmobile) that brings asthma care and education to schools throughout Orange County. The program hosts lunch and learns for school personnel and school nurses and provides care and treatment within the mobile clinic at various school sites.	Reduction in missed school days, ED utilization and inpatient stays for Asthma. Improvement in controlled medication: emergency medication ratio.	HEDIS metrics, program data collection.
2) CHOC also collaborated with the Community Education Department to provide education in schools around drowning prevention, helmet safety and car seat education.	Reduction in rates of unintentional injuries for children ages 0-12 years in county.	OC Condition of Children's Report in surveillance data.



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10. Community Education

Rationale: CHOC is cognizant that taking an active role in community outreach improves health outcomes and leads to a healthier local economy. CHOC’s Community Education Department is entirely devoted to this purpose.

CHOC Children's Committed Departments and Resources: CHOC Health Alliance, CHOC Primary Care Services, and CHOC Community Education Department

Community Partners: Center for the Study of Social Policy (DULCE), Children and Families Commission (DULCE), Orange County Help Me Grow (DULCE), Public Law Center (DULCE), Chapin Hall (DULCE), Live Healthy Orange County (LHOC), UCI (LHOC), Coalition of Community Health Centers (LHOC), and Samueli Center for Integrated Medicine (LHOC)

Implementation Strategies	Anticipated Impact of Strategy	How Impact will be Evaluated
1) CHOC’s department for Primary Care Services & Community Education and Outreach has launched education and outreach services that include the Safe Sitter Program, media presentations, and various community health fairs. The department provides written health education materials that can be found on the CHOC website. The Primary Care Services & Community Education and Outreach department also provides programs at CMG Clinic locations including Healthy Coaching and Project DULCE.	DULCE - reduction in toxic stress factors for families, improvement in quality health measures (immunization rates, adherence to well child periodicity schedule), access to services and supports for immediate needs (housing, food insecurity, legal/immigration). LHOC - increased access to physical activity, nutrition education, reduction in lab values, improved BMI.	Both programs are assisted by an outside evaluator that will measure program and participant success.



CHNA Implementation Plan: Prioritized Community Needs

11. Transportation Services

Rationale: According to the community survey that CHOC conducted in 2016, lack of transportation is considered as one of the most significant contributors to children not receiving timely health care services. This is more prevalent among low income families who are faced with housing affordability in Orange County and the rising cost of living.

CHOC Children's Committed Departments and Resources: CHOC Health Alliance and CHOC Primary Care Services

Community Partners: Cal-Optima

Implementation Strategies	Anticipated Impact of Strategy	How Impact will be Evaluated
1) CHOC is providing taxi vouchers, bus passes, and gas cards for low income families struggling with transportation services.	Greater access to transportation services will result in more patients being able to access primary and specialty care services, resulting in better preventable care measures and fewer hospitalizations (as well as improved access to healthy foods, Rx prescriptions, and other medical and non-medical essential services).	Skipped appointments rates and other preventative care and population health measures.
2) As of October 2017, CHOC is collaborating with Cal-Optima to educate families regarding this unique benefit of accessing non-medical transportation services (MD appts, Rx pick up, Dental, CCS, Mental Health Services).	After implementation, CHOC anticipates an increase in the number of families completing scheduled primary and specialty care appointments and follow through on "plan of care". Better preventative care measures will result in less use of CHOC's bus passes, gas cards, etc., allowing for resources to be utilized in other ways when it comes to improving the health of the community CHOC serves.	Cal-Optima numbers.

