

A young child with curly hair is blowing bubbles. The image is overlaid with a semi-transparent blue filter. The child's face is in the lower half, looking upwards with an open mouth. Bubbles are visible in the air around the child's head. The text is positioned in the upper left quadrant of the image.

# **Bluestone Child & Adolescent Psychiatric Hospital**

## **2023 Community Health Needs Assessment Implementation Strategy**



# METHODOLOGY

Bluestone Child & Adolescent Psychiatric Hospital offers its Community Health Needs Assessment (CHNA) Implementation Strategy for 2023. The implementation strategy is the result of the hospital's CHNA adopted by the Bluestone Board of Directors on June 20, 2023. The A total of 4 possible needs and issues were identified by the Steering Committee. Within these 4 areas 11 potential areas of focus were identified for inclusion in the Implementation Strategy. These areas were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the system capacity to implement effective strategies. Complete details are available within the Bluestone 2023 CHNA, which may be viewed at [https://www.bluestone.org/ManagedFiles/PageImages/Bluestone\\_CHNA\\_final.pdf](https://www.bluestone.org/ManagedFiles/PageImages/Bluestone_CHNA_final.pdf).

## PRIORITIZATION CRITERIA

The Steering Committee which consisted of hospital senior leadership and department leaders ranked the identified needs based on two criteria:

1. **Magnitude of the Problem** - The degree to which the problem leads to death, disability or impaired quality of life and/or could be an epidemic based on the rate or % of population that is impacted by the issue Ability to Impact – a second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue given available resources, competencies, and spheres of influence.
2. **System Resources** - The extent to which the system is already in place and functioning to address the issue/problem.

## OUTCOMES AND IMPACT WILL BE MEASURED BY:

- Employee Retention and Job Satisfaction
- Program Referrals and Acceptance
- Utilization of Patient Support Resources
- Staff Trainings and Overall Impact of Training
- Patient and Family Satisfaction/Experience
- Number, Type and Impact of New Patient Programs and Services
- Utilization and Benefit of Safety Equipment
- Provider Retention
- Relationships with Emergency Departments and Other Agencies
- Recidivism
- Speaking and Publishing Opportunities

## PRIORITIZATION OF RESULTS

- Workforce shortage: Develop internal strategies to employee retention, recruitment, job satisfaction
- Youth mental health (including substance use): IOP groups with different specialties
- Autism services: Access to inpatient care for this population
- Access to mental health services: Address issue of medical clearance to access services at Bluestone
- Access to mental health services: Outreach to autism providers on available services at Bluestone
- Access to mental health services: Community education/outreach on available services at Bluestone

# KEY FINDINGS

## KEY DATA FINDINGS: COMPARISONS TO BENCHMARK DATA

	Ashtabula	Cuyahoga	Erie	Geauga	Huron	Lake	Lorain	Medina	Portage	Summit	Ohio	US
<b>Social Determinants of Health</b>												
Adult Excessive Drinking	17.8%	19.9%	ND	20.8%	ND	19.5%	19.6%	21.6%	19.5%	17.0%	19.0%	19.0%
Children with Health Insurance	82.4%	97.3%	ND	83.6%	ND	96.8%	96.3%	97.2%	93.8%	97.1%	94.9%	94.6%
Children Living Below Poverty	26.7%	24.2%	ND	5.7%	ND	10.3%	19.4%	7.5%	13.4%	17.7%	18.6%	17.0%
Youth Not in School or Working	10.8%	7.0%	ND	6.5%	ND	5.7%	6.8%	4.5%	1.7%	6.5%	6.2%	6.9%
Teen Birth Rate	3.8	6.4	ND	ND	ND	3.1	5.3	0.5	2.9	6.6	6.3	5.6
Child Food Insecurity	20.8%	25.8%	ND	8.0%	ND	14.7%	19.3%	10.1%	13.8%	18.5%	15.9%	16.1%
<b>Mental Health</b>												
7-12 Grade Students with Anxiety Warranting MH Professional	ND	27.3%	ND	ND	33.4%	ND	ND	ND	26.9%	36.1%	30.8%	ND
7-12 Grade Students with Depression Warranting MH Professional	ND	19.7%	ND	ND	27.7%	ND	ND	ND	18.7%	31.4%	23.5%	ND
7-12 Grade Students Attempted Suicide	ND	44.4%	ND	ND	52.7%	ND	ND	ND	45.2%	56.4%	47.1%	ND
<b>Substance Use</b>												
7-12 Grade Students Binge Drinking	ND	34.9%	ND	ND	50.8%	ND	ND	ND	53.1%	45.8%	46.7%	ND
7-12 Grade Marijuana Use	ND	3.8%	ND	ND	6.0%	ND	ND	ND	5.2%	13.1%	6.0%	ND

# IMPLEMENTATION STRATEGY ACTION PLAN

This Implementation Strategy Action Plan has been formulated based on the findings and priorities established by the needs assessments. The Action Plan delineates the focus of SJHS’s community outreach and health improvement efforts over the next three years. With a commitment to achieving the “triple aim” – improved health through better quality of care at lower costs with positive patient and family experiences – SJHS with focus on addressing the highest priority issues identified in the needs assessment. Appropriate resources will be allocated to achieve health improvement goals related to the priority issues.

## **GOAL 1: Workforce shortage: Develop internal strategies to employee retention, recruitment, job satisfaction**

- A. Increase employee retention
- B. Improve recruitment activities
- C. Increase employee job satisfaction ratings

## **GOAL 2: Youth mental health: IOP groups with different specialties**

- A. Provide an IOP group for youth age 13-17 with Autism or other developmental disabilities
- B. Provide an IOP group for young adults age 18-21 with Autism Spectrum Disorder or other disabilities
- C. Explore the feasibility of offering an IOP group for atypical young adults age 18-21
- D. Provide a mental health/general psych IOP for youth age 13-17
- E. Explore feasibility of providing PHP
- F. Explore feasibility of offering a transition program for kids who struggle at school

## **GOAL 3: Autism services: Access to inpatient care for this population**

- A. Ensure staff are adequately trained to support this population
- B. Develop a sensory room/soft padded room/sensory room for patients
- C. Provide sensory backpacks to appropriate patients
- D. Ensure staff have access to protective equipment
- E. Establish safe communication system for patients (i.e. visuals, storyboards)
- F. Establish referral process that allows Bluestone to better gauge acuity level
- G. Explore models of family visitation that could benefit patients
- H. Explore possibility of conducting virtual assessments

## **GOAL 4: Access to mental health services: Address issue of medical clearance to access services at Bluestone**

- A. Ensure have medical providers available at Bluestone
- B. Ensure appropriate medical tools are available at Bluestone
- C. Relationship with outside ED for things we do not have capacity for done prior to coming
- D. Determine secure space to conduct medical exams
- E. Begin to provide medical clearances on site

## **GOAL 5: Outreach to autism providers on available services at Bluestone and Community education/outreach on available services at Bluestone**

- A. Strengthen relationship with regional autism providers
- B. Educate regional autism providers on available services
- C. Develop personal relationships with key individuals/schools/providers doing assessments
- D. Ensure Bluestone is represented in the local, state and national autism arena
- E. Position Bluestone as expert in treating kids with autism in this way
- F. Educate Emergency Department staff on services available at Bluestone
- G. Establish relationships with area Psychiatrists
- H. Ensure MRSS is aware of Bluestone and available services
- I. Educate insurers on available services
- J. Strengthen relationships with early intervention programs
- K. Educate community on existing and new programs and services at Bluestone
- L. Ensure Bluestone is represented in the local, state and national youth mental health arena
- M. Expand staff capacity to support marketing and outreach efforts