UNIVERSITY OF UTAH
HEALTH CARE

University Neuropsychiatric Institute Community Health Needs Assessment Implementation Plan 2014-2017

BACKGROUND

University of Utah Neuropsychiatric Institute (UNI) is dedicated to the de-stigmatization of mental illness through excellence and compassionate clinical care, collaborative research and education related to behavioral and mental health. UNI is committed to patient-centered care and an approach that addresses all aspects of the individual—biological, psychological, social and spiritual—essential to achieving balance in mental health. UNI treats patients of all ages and stages of life, providing child, adolescent, adult and geriatric psychiatric care and substance abuse treatments.

University of Utah Neuropsychiatric Institute provides care in a 170-bed facility that is designed to offer a safe and healing environment where personal insight and recovery begins. The University of Utah School of Medicine's Department of Psychiatry is located on site and provides patients with expertise and advanced care not available elsewhere in the Intermountain West. UNI physicians are actively engaged in teaching and research, activities that enhance their ability to provide the latest advances in psychiatry.

COMMUNITY NEED AND COMMUNITY BENEFIT

University of Utah Health Care strives to identify and address the health and wellbeing-related needs of our immediate and regional communities through multiple approaches.

- UNI supports patients in need through the direct provision of charity care, as well as write-offs of debt for those unable to complete payment due to hardship. In the most recent fiscal year, UNI provided over $7.7 million in charity care and an additional $6.7 million in bad debt write-offs.
- UNI provides direct service to residents with special health-related needs and those living in under-served communities through outreach and education efforts, telemedicine and outreach clinics, free screenings, and direct patient care through partnerships with multiple community agencies.

The Patient Protection and Affordable Care Act (ACA), signed into law in March 2010, requires each nonprofit hospital to conduct a Community Health Needs Assessment (CHNA) every three years. After identifying and prioritizing unmet needs, each hospital is required to develop a three-year implementation strategy to address one or more identified community health needs. This report documents the process through which UNI conducted the CHNA, the key findings, the identified priorities, and the implementation strategies, and fulfills the requirement to make results of the CHNA available to the public.

COMMUNITY HEALTH NEEEDS ASSESSMENT PROCESS

The focus of the CHNA was on Salt Lake County; however, some of the implications and strategies address a broader region, including rural areas beyond Salt Lake County.

The CHNA process was led by UNI leadership and staff, and supported by a consulting team with public health and health policy expertise from Stamats Healthcare Marketing.

The multi-faceted CHNA process, conducted from March-August 2014, encompassed:

1. Epidemiological and socio-demographic analysis. This intensive data analysis drew on multiple national, state, and county public data sources. Health risks, behaviors, and access to health care services for Salt Lake County (SLC) residents were compared with those of Utah, the US, and Health People 2020 goals. Relative risk and relative rate calculations helped identify the greatest gaps for the SLC population.

2. Qualitative interviews. Consultants conducted interviews with ten community business and government agency leaders, as well as UNI Board members. These interviews provided perspectives on current and emerging health issues, as well as emerging community and environmental situations that may affect health and quality of life.

3. Focus groups. All segments of the community were represented through a series of six focus groups, including four groups with the leadership of community agencies that work directly with under-served populations, and two groups with clinical and non-clinical staff who serve the community, manage outreach programs, and interact daily with community members. The community agency focus groups represented (1) agencies serving specific ethnic and cultural segments, (2) agencies that provide health services to the individuals and communities in need, (3) agencies that provide support counseling for a wide range of health-related needs (including behavioral health, rape recovery, addiction recovery, and others), (4) education, youth services, and wellness agencies. A total of 57 individuals participated in the six focus groups.

4. Priority setting. Potential priority health risks and gaps in access to care were identified from the summary of the three stages of research (identified above). These lists were narrowed down and the final priorities selected in two internal team meetings. Criteria for priority-setting included:

    - Severity of the issue, as represented by some or all of the following: highly acute, affects a large number of people, has significant economic and/or opportunity cost, growing or worsening over time

    - Availability of known, feasible interventions, with measurable impact, that are likely to achieve results and improve community's quality of life and health in a reasonable time frame

    - Unaddressed or under-addressed issue: no/few organizations or (insufficient) resources focusing on it effectively at present

    - UNI synergies: special expertise, strategic priority, and/or programs in place to serve as building blocks

5. Development of implementation strategies. Implementation strategies were outlined with the participation of UNI clinical and administrative leadership. Each implementation team will include representatives of relevant community agencies, as well as UNI clinicians and staff.

KEY FINDINGS OF THE ASSESSMENT

The areas with the highest relative risks in comparison with the state of Utah, the US as a whole, and/or Healthy People 2020 goals included:

- Environmental factors: Air quality, crime rate
- Health indicators: Suicide, poisonings
- Maternity: Infant mortality, low birth weight
- Disability: age 18-64
- Infectious conditions, including STDs
- Asthma, other respiratory conditions
- Various cancers: incidence, mortality
- Diabetes: incidence, mortality
- Senor frailty: falls, Parkinson's
- Binge drinking
- Low rate of childhood immunizations
- Low use of preventive dental care

In addition, the assessment identified population dynamics and access issues that may affect health status and wellbeing, such as:

- High rate of youth and young adult population growth
- Rapidly growing ethnic and cultural diversity, including growth of the immigrant and refugee populations – affecting English language proficiency as well as cultural literacy and ability to navigate the health system
- High percentage of adults ages 18-64 who are disabled
- STD and infectious disease rates
- Lower-than-average percentage of mothers who received first trimester prenatal care
- Lower rates of health care coverage and higher rates reporting cost as a barrier to obtaining health care, vs. reference populations
- Limited access to behavioral health services – particularly ongoing care, appropriate placement, and medication access for those with chronic or long-term conditions – among individuals facing financial, access, and other barriers to care

The qualitative research identified ways in which these health risks and access barriers affect specific population segments. In addition, the qualitative research delineated culture- and community-specific barriers to health maintenance, access to and use of health care services, and effective communication with health care providers.

PRIORITY SELECTION

Priorities for community health enhancement were determined after weighing the severity of each area of heightened relative risk, the availability of known and effective interventions, determination that the area was un-addressed or under-addressed by existing resources, and synergies with other UNI and UNI initiatives. Three-year implementation plans have been outlined and implementation teams identified for each of the priorities.

1. Diabetes: early identification and effective risk reduction for populations with potential for the development of this condition

2. First trimester prenatal care: ensuring consistent early access to prenatal care to reduce risks for at-risk women and their babies

3. Behavioral health services: addressing the behavioral health needs of patients where they present within the UNI system, minimizing long-term individual, family, social and UNI costs associated with untreated or late-treated mental health issues in the UNI patient population

IMPLEMENTATION STRATEGIES

Priority #1: Behavioral Health Access

Goal

- Expand outreach efforts to underserved areas in Salt Lake Valley and rural Utah communities

Performance Measures

- Increase number of tele-behavioral health and tele-crisis affiliations
- Increase number of psychiatric consultations in the primary care setting through the GATE program

Strategies/Tactics

- Expand services to hospitals and clinics interested in tele-behavioral health capabilities for their patients
- Develop a stronger partnership with community clinics and the University of Utah School of Nursing to increase access to behavioral health services within primary care clinics
- Maintain/expand current diversion program efforts to avoid behavioral health patients awaiting psychiatric services in the emergency department

Priority #2: Behavioral Health and the Continuum of Care

Goal

- Assist Salt Lake Valley and rural Utah communities in closing the behavioral health care gap within the continuum of care

Performance Measures

- Increase number of patients seen within the HOME program
- Increase residential treatment access to children in DCFS custody
- Increase capacity for Teen Scope day treatment

Strategies/Tactics

- Develop a respite program for UNI HOME members to provide a less restrictive level of care than inpatient hospitalization
- Develop a residential treatment program mirroring the girls treatment center for boys in DCFS custody
- Develop additional Teen Scope day treatment programs throughout the Salt Lake Valley

Priority #3: Behavioral Health Community Education

Goal

- Create behavioral health education and resource opportunities for Salt Lake Valley and rural Utah communities

Performance Measures

- Increase community behavioral health education opportunities through community presentations and presence at community health fairs
- Increase the number of families educated about behavioral health services provided by the community in Salt Lake Valley and the state of Utah
- Reduce the stigma associated with mental illness to improve the quality of life of individuals with mental illness

Strategies/Tactics

- Increase number of behavioral health community presentations at UNI and surrounding behavioral health agencies to increase awareness of mental illness
- Develop partnerships with community agencies to create a resource guide for behavioral health services
- Continue working with the State of Utah as they develop state-wide crisis line