

Parkside Community Health Needs Assessment | 2015 interim report | December 2015

In 2012-2013, Parkside Psychiatric Hospital & Clinic engaged in an evaluation of community health needs by conducting a *Community Health Needs Assessment* (CHNA), looking first at general health and needs in the community and also more narrowly focused on Parkside's core service area and vulnerable populations served, consistent with our mission.

This assessment and formal report is in alignment with the federal IRS Community Benefit reporting requirements that affect all state licensed 501(c)(3) hospitals. The priorities identified have been accepted by the leadership of Parkside and by the Board of Directors.

It is our hope that the CHNA would not be viewed as a static document, but, rather, as an outline of potential opportunities for the organization that would assist in better meeting needs and improving the well-being of the community. To comply with federal requirements and ensure the vitality of this study, we will be repeating the process again in 2016-17. We are deeply indebted and grateful to all who participated in this inclusive process.

The CHNA encompasses the use of both qualitative and quantitative data analysis. The goal of the Community Health Needs Assessment is to reach broadly into the community to identify needs, gaps, and barriers to health and health services. Key health indicators were assessed and prioritized and an action plan, to evaluate any opportunities for Parkside to better impact community health needs, was developed. This document is an interim review of each identified priority, in part to consider if goals or activities should be altered and also that each be evaluated in preparation for a 2016 Community Health Needs Assessment.

Prioritized need #1: Mental Health & Substance Abuse Treatment

With over 50 years experience in the provision of mental health and substance abuse treatment in Oklahoma, Parkside has the knowledge and expertise to lead improvements in treatment. Parkside will continue to offer services to children, adolescents and adults in multiple levels of care: outpatient, intensive outpatient, residential and inpatient treatment settings. Parkside will seek to improve the treatment environment in coming years, a process that will likely include construction of a state of art hospital building. Parkside will continue to provide professional education opportunities to area mental health and substance abuse treatment providers and promote acquisition of additional training and credentials among Parkside associates. Parkside has a comprehensive performance improvement plan in place and seeks to continuously monitor quality and seek improvements.

Update to Prioritized need #1

Parkside continues to be a community leader in mental health and substance use treatment services provision. Programs are in place for children, adolescents and adults providing several levels of care. At this time, Parkside is fully engaged in planning and development for a new hospital building. The primary intent of the new building is replacement of the existing hospital building with provision of an ultra-modern, safe, patient-centered treatment environment. The project will further allow for

expansion to meet future community needs, including the repurposing of the existing hospital for use in residential substance use disorders treatment. Great progress has been made toward this end. With over \$16.6 million in funding secured, building design well underway and broad-based community support to address the needs, Parkside is positioned to begin a public funding effort and effectively move the project from the drawing table. In the interim, Parkside continues to operate all programs existent at the time of the 2013 CHNA, and has added an outpatient "Preparation for Adulthood" therapy group specifically for behaviorally disordered adolescents. Parkside continues to offer opportunities for continuing professional education and promote staff development, including acquisition of specialized training and credentials.

Prioritized need #2: Education

Many of the health concerns identified can be prevented with education and adverse health effects mitigated with positive lifestyle education that leads people to healthy change. Parkside currently has a culture of wellness and actively seeks to promote healthy living among both staff and patients. Opportunities to improve education to patients will include: Distribution of anti-smoking information and smoking cessation resources to patients at discharge and making similar such materials available to both patients and staff in all treatment areas. Information about substance abuse and distribution of nutritional information and guidelines for healthy eating can be similarly managed. Promote, among both patients and employees, an active lifestyle.

Update to Prioritized need #2

Parkside currently makes positive lifestyle information including smoking cessation, healthy eating and similar topic areas available to patients in a variety of settings. Patients receiving treatment at inpatient levels of care receive regularly scheduled Wellness groups. Information for outpatients is readily available in lobby areas, through the food pantry patient assistance program and positive lifestyles are a touchpoint during individual therapy sessions. Information is also routinely distributed via a monthly newsflyer that is distributed by mail with client statements. Patients receive a nutritional screening, and if indicated, a more extensive assessment. All patients receive both tobacco and substance use screenings with appropriate follow up recommendations. In January 2016, expanded efforts will be put in place. Patients discharging hospital services will, based on needs identified in the tobacco use screening, be referred for tobacco cessation assistance. This assistance may include telephone intervention and telephone therapy, outpatient cessation programs, prescriptions for FDA approved tobacco cessation aids and post-discharge contacts related to tobacco use. Certain exclusions will apply, however the clear intent is to link tobacco users to evidenced-based cessation assistance and provide support toward that end. Parkside professional associates are encouraged to adopt healthy, active lifestyles. An ongoing program, "health acts," recognizes and rewards employees for healthy living choices. Smoking is disallowed on all Parkside properties, and associates receive information about smoking cessation assistance at least biannually. Opportunity has been identified to make such information available to Parkside associates 24/7 via the employee intranet site and this will be evaluated for addition to that site in 2016

Prioritized need #3: Community Outreach

Parkside currently has community outreach activities including periodic depression screenings, participation in health fairs and professional education offerings. Parkside will continue to seek out opportunities to participate in health fairs and community events, as well as organize community outreach. Opportunity exists to expand this outreach to include at least quarterly events that will:

- Include outreach activities that provide for mental health or substance abuse screenings at locations in the community
- Provide venues for educating the public about services available at Parkside
- Provide opportunity for educating the public about available resources including free services within the community, food and other social assistance available in the community, transportation assistance available and other such resources.

Update to Prioritized need #3

Parkside seeks to provide community education and outreach and joins or hosts health fairs and outreach events whenever possible. Parkside desires to be involved in programs or activities that promote health and healing as a response to identified community needs, improve access to health care services, enhance the health of the community, advance medical or health knowledge, or support other community efforts. This community education and outreach happens in both traditional marketing activities and settings, as well as in non-marketing opportunities. Examples of marketing involvement includes traditional face to face marketing visits with referral sources and community organizations. In the course of these visits, Parkside Community Liaisons share information and resources not limited to Parkside services, but also share resources to help promote service access for uninsured or underinsured individuals and other community resources. Similarly, through community meetings and area conferences, Parkside is able to collaborate and share resource information with other mental health service providers. The Parkside website hosts information about mental health and substance use disorders as well as, links to other wellness related information and community resources. Distinctly non-marketing education and outreach is provided in the form of suicide prevention trainings, professional continuing education, participation in professional conferences and health fairs. Community outreach and education efforts have been similar from year to year, throughout 2013-2015. Some 2014 examples included: QPR Suicide Prevention Training— Coweta Schools (Feb 2014) • QPR Suicide Prevention Training—Berryhill Schools (Mar 2014) • Little Lighthouse Parents Resource Fair (Apr 2014) • Union Schools Health Fair (Apr 2014) • Restoring Harmony Powwow (May 2014) • Roger's County Wellness Day (May 2014) • Catholic Charities World Refugee Day Outreach (June 2014) • Golden Rule Charities North Tulsa Health Fair • Tulsa Community College Resource Fair • Tulsa Community College Health Fair – Southeast Campus (Sept 2014) • Tulsa Community College Health Fair – Northeast Campus (Oct 2014) • Tulsa Community College Health Fair – Metro Campus (Oct 2014) • National Depression Screening Day Outreach—TCC Metro campus (Oct 2014) • National Depression Screening Day Outreach—TCC Northeast campus (Oct 2014) • World Homeless Action Day, Downtown

Tulsa (Oct 2014) • Mental Health Association Metro Apartment Program Health Fair (Oct 2014) • QPR Suicide Prevention Training—TCC Northeast campus (Nov 2014)

In 2014, community professional education offerings totaling 24 class hours included:

- EMDR and Addiction, Ann Taylor Ph.D.
- Bridging the Gap Between Domestic, Natural Disaster • & Military Trauma: Identification and Treatment of PTSD, Judith Adams, Ph.D.
- The Digital Therapist – Evolution and Behavioral Health Ethics, Bruce Hodson, Ph.D.
- Including Mind and Body in Treating Emotional Trauma, Mary Nurrie Stearns, LCSW
- Posttraumatic Response – From Trauma to Resilience, Bart Trentham, Ph.D.
- Emotional Intelligence, Carol Dillard, Ph.D.
- Intro to DSM 5, Shannon Hillier, LPC & Jana Bingman, MD
- Motivational Interviewing and Readiness to Change Model, Judith Adams, Ph.D.
- These Are a Few of My Favorite Things (specific interventions), Carol Dillard, Ph.D.
- Breaking Up is Hard to Do (separation and relationships), Linda Reynolds, LMFT
- Cognitive Behavioral Treatment, Lisa Cromer , Ph.D. & Joanne Davis, Ph.D.

Prioritized need #4: Resources

Clearly, survey respondents indicated that part of the problem was simply a lack of awareness within the community about resources available or how to access these. For example, transportation was a primary concern among those surveyed in two different subsidized living centers. Parkside will seek to improve community awareness of available resources by: Working in collaboration with other providers and resource agencies (211 Helpline, etc.), working to create resource sheets outlining available supports and making these widely available during education and outreach activities, as well as to our patient population. Parkside will work with our Assessment & Referral Department and the website editor to catalog resources and have information publicly available 24 hours a day.

Update to Prioritized need #4

Parkside associates routinely participate in community groups and coalitions designed to facilitate provider coordination, identify ways to serve the community and overcome access barriers in healthcare. During the course of 2013-14, Parkside routinely participated in the following community groups: • Tulsa Building Community Bridges Meeting • Sapulpa Area Providers' Meeting • Rogers County Community Coalition • Partners for Ottawa County Meeting • Skiatook Area Community Providers Meeting • Tulsa Inpatient Providers' Meeting • Northeast Oklahoma Providers' Meeting • Nowata Resource Council Meeting • Mayes County HOPE Coalition • Washington County Association for Mental Health • Wrap-around Tulsa Referral Team • Cherokee Co. Systems of Care meeting • Oklahoma Psychiatric Hospital Association

A brief resource list is maintained on Parkside's website and the Assessment & Referral Department is staffed 24/7 with Mental Health Professionals who are available to provide information, assessment or referrals as indicated. Referral assistance is available in-person or by telephone.

Prioritized need #5: Collaboration among provider and social service agencies

Parkside is active in several community teams and provider collaboration forums. This will be utilized as a starting point to determine opportunities for any expanded services at Parkside. This may include provision of support groups (DRA, Alanon, AA). Parkside will adopt and implement a state of art electronic health record (EHR), which will facilitate better access to and transfer of health information from provider to provider.

Update to Prioritized need #5

Parkside has maintained active involvement in a number of community groups from Tulsa and the surrounding areas. Information about service needs is anecdotally acquired through this professional networking and more specific data is acquired daily via logged inquiries received at Parkside. Through community meetings and professional networks, Parkside maintains close collaboration with other area service providers and actively seeks to improve communication and facilitate patient hand off and sharing of required records. A new Electronic Health Record, Avatar, was implemented in April 2015. Implementation has not been without concern, but the system is fully functioning and will facilitate better provider to provider transfer of patient health information. Parkside has hosted community support groups including DRA and AA (Bridging the Gap), however these have fallen inactive.

Prioritized need #6: Barriers to Access

Parkside currently offers transportation assistance to enrolled patients to assure appointment compliance and to facilitate family involvement. Parkside also actively works with patients on financial concerns including problems making co-payments, etc. Parkside already operates a 24/7 Assessment & Referral department. Parkside will: Evaluate opportunities to extend hours and offer outpatient services after 5pm including any possibility of offering a CD-IOP group in the evenings. Evaluate possibilities and potential benefits of a relationship with the Morton Comprehensive Health Transportation program.

Update to Prioritized need #6

Consistent with Parkside's Mission, the organization provides charity care to patients who are unable to pay for all or a portion of their bill. Parkside's provision of charity care is not limited to the Hospital's primary service area. Emergency services are always provided without regard to the patient's ability to

pay. No individual is denied medically necessary hospital services based on an inability to pay for those services. Patients who fully cooperate and complete an application for charity care on a timely basis will receive a prompt formal assessment and response. Non-essential services and services that are not appropriate to a hospital setting may be excluded from this policy. Parkside recognizes that the need for charity care may be a sensitive and deeply personal issue for recipients. Maintenance of confidentiality of information and preservation of individual dignity is a priority for all who seek charitable services. Parkside has a financial assistance policy and may be able to help persons in need or with limited abilities to pay for services. Information can be obtained by calling Parkside's business office at 918-588-8850. Business office representatives can help determine if someone meets specific income guidelines and can qualify for financial assistance. Information about the financial assistance policy is available both at Parkside and via the website.

Parkside has carefully considered the benefits and problems associated with extended hours in the outpatient department and evening offerings of CDIOP group. While a potential community benefit from extended hours is evident, the facility is unable to make such an offering at this time. The current outpatient clinic lacks means for adequate supervision or security after hours. The organization is committed to safety and security of patients and staff and will not offer services if security cannot be assured. This may become an option upon completion of the planned, new hospital building. Evaluation of the transportation program operated by Morton Comprehensive Health demonstrates a new alliance with that program not to be practical at this time. The program provides transportation to homeless and recently homeless individuals. It is understood that routes are currently established, and most individuals are served by FQHC and CMHC providers due to lack of insurance. Most users of the system would not make use of non-emergency treatment options currently offered at Parkside. Options for better serving these populations and future work with the Morton Program will be considered as identified.