Good Samaritan
MEDICAL CENTER | SCL Health

Implementation Strategy for Good Samaritan Medical Center 501(r)(3) Compliance – March 2016

For Tax Year: 2016

I. Organization Mission

On a cold November morning in 1858 on the banks of the Missouri River, Mother Xavier Ross and the Sisters of Charity had no GPS or Strategic Plan to guide their work as they landed in Leavenworth, Kansas. The community needs were overwhelming, the resources were not to be found in their steamer trunks and directions were not included. The Kansas Territory was in turmoil with the Civil War on the horizon. While the Pony Express began in 1860, slavery remained legal in Kansas until 1861.

Within a week of arriving in Leavenworth, the Sisters of Charity had established a primary school. They quickly recognized a need for health care and began caring for the ill by visiting homes and wagon trains. They educated children, took in orphans and visited prisoners. By 1864, the Sisters opened the first private hospital in Kansas.

Now 158 years later, SCL Health is a faith-based, nonprofit healthcare organization that operates eight hospitals, three safety net clinics, one children's mental health center and more than 190 ambulatory service centers in three states – Colorado, Kansas and Montana. The health system includes 15,000 full-time associates and more than 500 employed providers.

Based in Denver, the $2.4 billion health network is dedicated to improving the health of the communities and individuals it serves, especially those who are poor and vulnerable. In 2013, SCL Health contributed more than $226 million in community benefit, including services for the poor, health screenings, educational programs, community donations and research.

Mission: We reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

II. Community Served

Geographic Area

Good Samaritan Medical Center (GSMC) is located in the City of Lafayette, Colorado. While Lafayette is situated in Boulder County, the hospital service area includes communities in both Boulder and Broomfield Counties. In preparing for the 2015 Community Health Needs Assessment (CHNA), GSMC selected the counties of Boulder and Broomfield as the defined community for its CHNA in order to focus resources and planning on the most local geographic area and the primary service area.

Demographic Constituents
According to the 2014 US Census Data:

Population: The estimated population of Lafayette is 20,493, representing a 13% change from 2010.

Gender: Data for 2014 is not available. In 2010, the population of males and females is nearly equal (50.4% female).

Age: Data for 2014 is not available. In 2010, persons <5 years = 9.6%, persons <18 years = 31.3%, persons 18 to 64 years = 53.4%, and persons 65 years and over = 5.7%.

Racial and Ethnic Diversity: Data for 2014 is not available. The population is primarily comprised of whites (89.2%), Hispanic/Latinos (8.8%), Asian (4.2%), and the remainder is made up of Blacks/African American, American Indian/Alaska Natives.

Education: 97.5% of persons age 25+ are high school graduates and 57.2% of persons aged 25 and over have earned a Bachelor's degree or higher.

Language: 11.9% of persons age 5 years and over speak a language other than English in the home.

Economics: The median household income in 2014 was $108,857 as compared to the state average of $59,448. The percentage of persons living in poverty in the City of Lafayette is 2.5%.

According to 2015 County Health Rankings data compiled by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation:

Overall Health Rank: This measure ranks the overall health of county citizens for all counties in Colorado. Boulder County is ranked 4th and Broomfield 13th.

Health Status: The percent of persons with poor or fair health is 9% in Boulder County and 9% in Broomfield County as compared to the state average of 13%.

Health Behaviors: Adult obesity is 15% in Boulder County and 20% in Broomfield County. All other behaviors are lower in both Boulder and Broomfield versus the state average except alcohol-impaired driving deaths in Boulder County, which is 36%, above the state average of 34%.

Access to Care: Access to primary care physicians, dentists, diabetic monitoring and mammography is better for persons residing in Boulder and Broomfield counties except mental health providers. Broomfield has lower access to mental health providers at 1,008:1 as compared to 1262:1 at the state level.

III. Implementation Strategy Process

Development of the implementation strategy:

The implementation strategy was developed after careful analysis of the Community Health Needs Assessment data and broad input from expert community members. At first glance, it appears that Boulder and Broomfield Counties have a number of mental health services available. A list of community resources available to address the significant health needs were identified by those who participated in the Community Health Needs Assessment. The following organizations and services were identified to address the mental health needs:

- Boulder & St. Vrain Valley School Districts
- Boulder County Public Health
- Clinica Family Services
- Colorado 9-25
- Colorado Crisis Centers
- Colorado Recovery
- Emergency Rooms
- Health Learning Paths for Prevention
- Hospitals
- Imagine
- Insurance
- LAUNCH Together
- Longmong compass
- Mental Health Partners
- Naropa's Sliding Scale Counseling Center
- OASOS
- Primary Care Providers
- Private Providers
- Salud Family Health Centers
- Schools
- SCL Health Physician Clinic
- State Innovation Model
- Trans Health Task Force
- Windhorse

From this information, it appears that adequate resources are available in Boulder and Broomfield Counties. As a person looks deeper, there is a wide disparity in the services, the access and the availability of these identified organizations. It required a number of hours for GSMC staff to research each of the listed organizations to determine exactly what services they provide, who is eligible for their services and when they are available. When the research was complete, the complexity of accessing services and the gaps became very apparent. The long list of services

became the starting point, yet how does a community person needing mental health services navigate such a complex system that is fraught with gaps?

The team from GSMC talked with numerous community health leaders and brainstormed various ideas. Boulder and Broomfield Counties have a significant number of services available, yet the Community Health Needs Assessment indicates Mental Health as one of the top needs. As one responder indicated in the CHNA, "Available resources need to be known ASAP." So, would the answer be a community-wide marketing campaign to let everyone know about all of the services available? Do we need a centralized call center where all of the information is kept in one place? Could community members call just one phone number and find out about all of the services?

Further discussions with community health leaders led GSMC to look deeper into the issue. A list of mental health programs and services with the correct telephone number may not be the best answer. A centralized call center would need to become the one source for everyone in the community in order to be helpful. Given the new complexities of health care insurance, the marketplace and the benefit changes, how does a person learn to navigate all of this?

Next came the realization that there is a shortage of qualified psychiatrists and mental health professionals even if the centralized call center concept was workable. The access problem starts when a person does not know where to go for help. When they find a suitable resource, often the capacity to take additional patients is not there.

In summary, the puzzle pieces seem to be coming together. We have a community with a substantial number of programs and services, yet those who need them don't necessarily know how to access them. When they finally find them, there may not be enough qualified staff to help them in a timely manner. We have fragments of services, but they are not tied together in a meaningful way for those who need them most. In addition, we must deal with the stigma about mental health. Should it be "brain health" instead of "mental health"? If a person has heart disease, we don't say the person has a "physical illness." Why do we say "mental illness" then?

The implementation strategy clearly continues to be evolving as we learn more each day. The questions that surround the strategy include:

- How can Good Samaritan Medical Center make the most significant impact on behavior health in community health?
- How do we avoid replicating services that are already available?
- How can we be helpful in tying together the fragmented services that currently exist?
- How can we best leverage our limited financial resources?
- How can we use innovation to improve access to services and mental health providers?

"A journey of a thousand miles begins with a single step." Lao-tzu

Individuals who advised or participated in the Implementation Strategy Process:

Name	Title	Organization
Andrea Poniers	Division Manager	Boulder County Public Health
Sandra Mortensen	System Director, Community Benefit	SCL Health
Myrna Candreia	Owner/President	Community Health Partners, Inc.
Tom Peterson, MD	Vice President, Chief Safety Officer	SCL Health
Lisa Taylor	Communications Manager	Good Samaritan Medical Center SCL Health
Sharon Scheller, Ed.D.	Chief Operating Officer	Clear View Behavioral Health
Summer Laws	Public Health Improvement Coordinator	Boulder County Public Health
Namino Glantz, Ph.D.	Health Planning and Epidemiology Manager	Boulder County Public Health
Barbara Ryan, Ph.D.	Retired CEO	Mental Health Partners
Kelly Phillips-Henry, Ph.D.	CEO	Mental Health Partners
Matt Meyer, Ph.D.	Chief Strategy Officer	Mental Health Partners
Deb Thompson	Manager-Assessment & Referral	Good Samaritan Medical Center
Gwen Heller	Vice President, Practice Operations	SCL Physicians SCL Health
Robert L. Dyer, Ph.D.	CEO	Foothills Behavioral Health Partners
Annie Bomberg, LCSW	Therapist, Integrated Services	Mental Health Partners
Peter Kung	Vice President, Virtual Health	SCL Health

Description of how the implementation strategy was adopted by the authorized body of the hospital:

As stated in section 501(r)(3), an authorized body of the hospital facility must adopt the implementation strategy on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility completes the final step for the CHNA, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.

The Good Samaritan Medical Center Implementation Strategy will be reviewed and adopted by the SCL Health - Front Range, Inc. Board of Directors on March 29, 2016.

IV. Prioritized List of Significant Health Needs Identified in CHNA

The 2015 Community Health Needs Assessment (CHNA) for Good Samaritan Medical Center represents a systematic approach to identify top healthcare priorities for 2016-2018 that will guide efforts to improve community health and wellness in the City of Lafayette, Colorado and Boulder and Broomfield Counties. For non-profit hospitals, the CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010.

Identification and Prioritization of Health Needs

Two sets of data were reviewed to identify top priorities for the communities served by Good Samaritan. Quantitative data was obtained from the Boulder County Health Compass website (http://www.bouldercountyhealthcompass.org/ - Under "Local Efforts" select Hospitals: Good Samaritan Medical Center). Qualitative data was collected from an Online Key Informant Survey (OKIS) performed by Professional Research Consultants, Inc. The survey was designed to capture the voices, thoughts, and healthcare experiences of community stakeholders serving vulnerable populations in the diverse communities in the hospital's service area. The survey also helped Good Samaritan Medical Center establish a partnership list which will be used to assist the hospital in addressing its top community health needs.

Good Samaritan Medical Center staff, led by Mission Integration, met on several occasions with staff from Boulder County Public Health to begin the process of identifying existing health needs facing the hospital and its service area. As a result, 12 priority health needs were identified: Access to Health Services; Cancer; Diabetes; Exercise; Nutrition and Weight; Heart Disease and Stroke; Immunizations and Infectious Diseases; Maternal, Fetal and Infant Health; Mental Health; Older Adults and Aging; Oral Health; Respiratory Diseases; and Substance Abuse, including Tobacco. A link to the Health Compass specific to this data was developed and provided to survey participants prior to and at the time of the survey.

As a collaborative effort, participants for the OKIS were identified by Good Samaritan, Boulder Public Health and Broomfield County Public Health, resulting in 300 individuals representing 29 community organizations that work to improve the health and social needs of Boulder and Broomfield residents, including low-income, minority, and the medically underserved. The survey was sent to all 300 individuals starting on October 19, 2015 and completed on November 6, 2015 with 53 individuals completing the survey (17.6% response rate). Participants were asked to review the Health Compass prior to participating in the survey.

Stakeholders rated the scope and severity of each of the 12 health issues on a scale of 1 to 10. One is 'not very prevalent with only minimal health consequences' and 10 is 'extremely prevalent with very serious health consequences. Additional open-ended questions were asked of respondents giving ratings of 9 or 10.

Results

The following table represents the ranked identified health needs and the priority of those health issues as ranked by survey participants.

Priority of Health Issues		
Rank	**Health Issue**	**Mean Score**
1	Older Adults & Aging	7.14
2	Mental Health	7.02
3	Cancer	6.60
4	Substance Abuse, Including Tobacco	6.57
5	Exercise, Nutrition & Weight	6.52
6	Heart Disease & Stroke	6.18
7	Diabetes	5.96
8	Immunizations & Infectious Diseases	5.76
9	Oral Health	5.67
10	Access to Health Services	5.36
11	Respiratory Diseases	5.21
12	Maternal, Fetal & Infant Health	4.98

Scale: 1 = Not very prevalent, with only minimal health consequences
10 = Extremely prevalent, with very serious health consequences

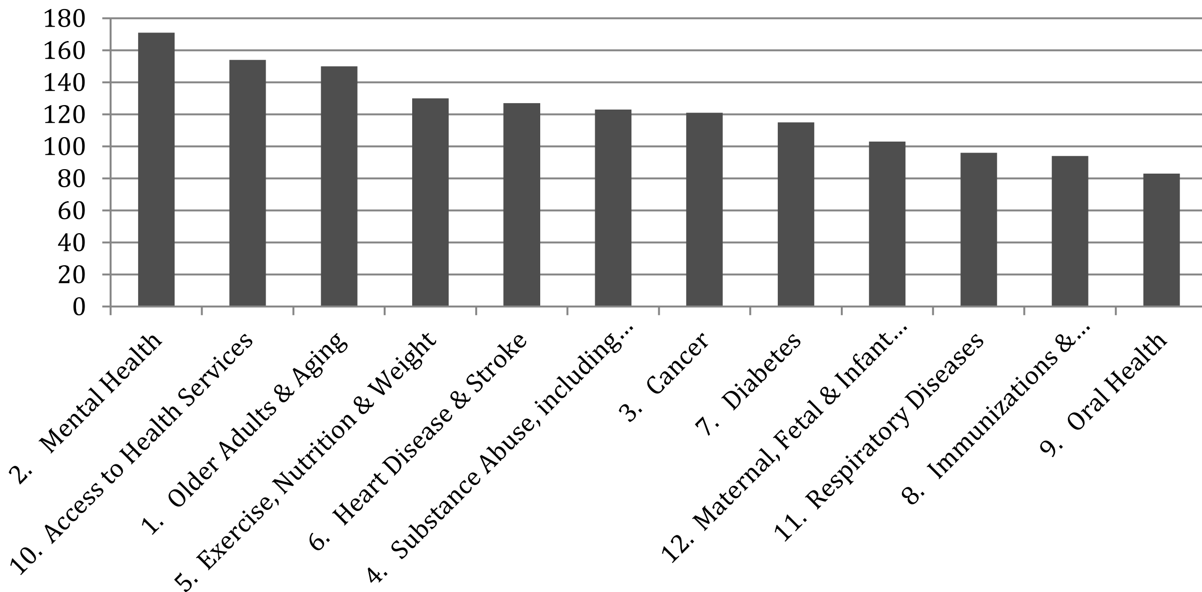
Selection of Top Needs

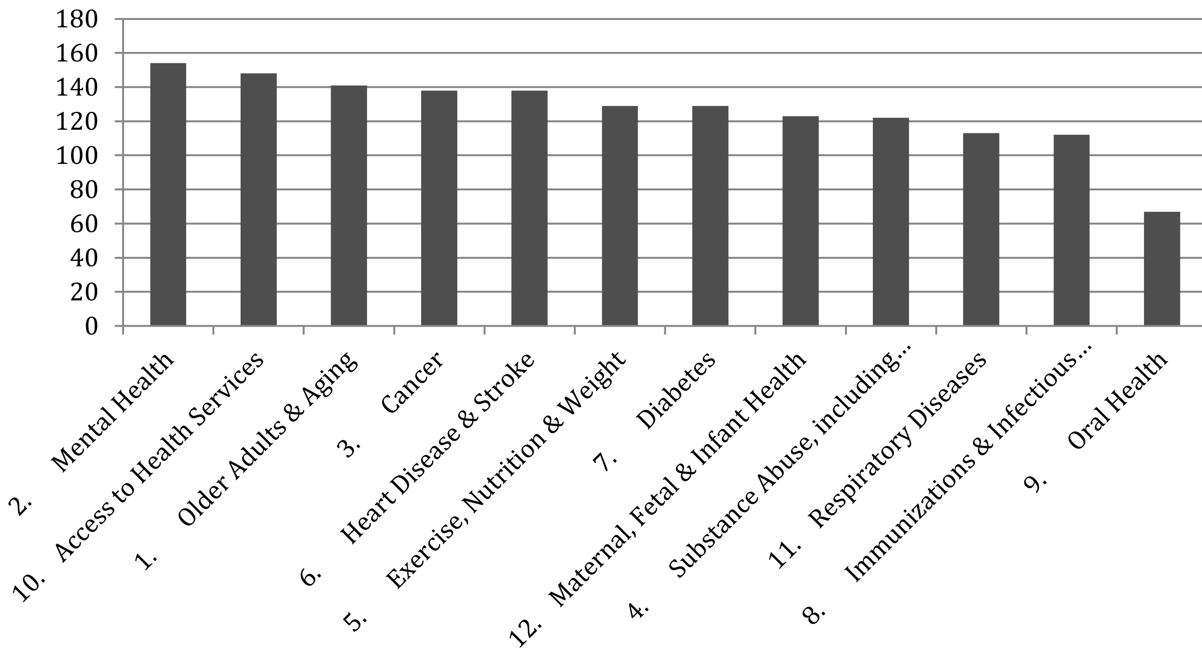
On December 7, 2015, Good Samaritan Medical Center hosted a facilitated session to select top priority health needs for the hospital to address in its implementation plan for 2016-2018. Those invited to the Community Benefit CHNA Needs Committee included key community health care leaders, public health officials, and senior hospital leaders. The attendees were:

Sandy Mortensen	System Director, Community Benefit	SCL Health
Jennifer Lavie-Hawk	Manager, Spiritual and Palliative Care	Good Samaritan Medical Center
Jason Vahling	Director of Public Health & Environment	Broomfield Health and Human Services
Deb Thompson	Manager, Assessment and Referral	Good Samaritan Medical Center
Mary Cobb	Director of Development	Via Mobility
Lenna Kottke	Executive Director	Via Mobility
Susan Wortman	Development Director	Clinica Family Services

Katie Paganucci	Senior Director, Business Development and Physician Relations	Good Samaritan Medical Center
Lisa Taylor	Communications Manager	Good Samaritan Medical Center
Tristan Pyzel	Performance Improvement Project Coordinator	Good Samaritan Medical Center
Myrna Candreia	President	Community Health Partners
Robert Thorn	Vice President of Business Development	TRU Community Care
Summer Laws	Public Health Improvement Coordinator	Boulder County Public Health
Namino Glantz, PhD	Health Planning and Epidemiology Manager	Boulder County Public Health
Marc Cowell	Director of Programs	Sister Carmen Community Center
Randa Awada (Facilitator)	Director, Performance Improvement	St. Joseph Hospital
Emily Derouin	Clinical Manager	Mental Health Partners
Michael Dow	Integrated Services Program Manager	Mental Health Partners
Seth Schuhmacher	Senior Auditor	SCL Health System
Susan Motika	Director of Strategic Initiatives	Boulder County Public Health

The Task Force meeting consisted of a presentation covering a history of the requirements for the community health needs assessment, top needs selected in 2012 and progress made on those needs, a review of each of the new 12 needs including survey participant comments, and a list of resources identified by survey participants. The role of the Task Force was clarified: review and discuss both the quantitative and qualitative data and, based on scope, severity, and ability of the hospital to impact, score each of the twelve needs.


Scope and Severity of Community Health Issues
180
160
140
120
100
80
60
40
20
0
2. Mental Health
10. Access to Health Services
1. Older Adults & Aging
5. Exercise, Nutrition & Weight
6. Heart Disease & Stroke
4. Substance Abuse, including…
3. Cancer
7. Diabetes
12. Maternal, Fetal & Infant…
11. Respiratory Diseases
8. Immunizations &…
9. Oral Health


Ability of GSMC to Impact Health Issues
180
160
140
120
100
80
60
40
20
0
2. Mental Health
10. Access to Health Services
1. Older Adults & Aging
3. Cancer
6. Heart Disease & Stroke
5. Exercise, Nutrition & Weight
7. Diabetes
12. Maternal, Fetal & Infant Health
4. Substance Abuse, including…
11. Respiratory Diseases
8. Immunizations & Infectious…
9. Oral Health

Process and Selection of Top Needs

During the session, the history and requirements for hospitals on the CHNA were reviewed, and the role of the committee was clarified. The committee also reviewed the health data (quantitative component) as well as the findings from the partner survey (qualitative data). Criterion and final considerations for selection of top needs was discussed. At the end of the session, each Committee member rated the top needs they identified as most important to be addressed by Good Samaritan Medical Center. After compiling recommendations, the top needs selected were:

1. Mental Health
2. Access to Health Services

Results

According to the Task Force, the scores and rank for each priority were:

Task Force Score of Health Issues		
Rank	**Health Issue**	**Mean Score**
1	**Mental Health**	**9.50**
2	**Access to Health Services**	**8.56**
3	**Older Adults & Aging**	**8.33**
4	**Exercise, Nutrition & Weight**	**7.22**
5	**Heart Disease & Stroke**	**7.06**
6	**Substance Abuse, Including Tobacco**	**6.83**
7	**Cancer**	**6.72**
8	**Diabetes**	**6.39**
9	**Maternal, Fetal & Infant Health**	**5.72**
10	**Respiratory Diseases**	**5.33**
11	**Immunizations & Infectious Diseases**	**5.22**
12	**Oral Health**	**4.61**

Scale: 1 = Not very prevalent, with only minimal health consequences

10 = Extremely prevalent, with very serious health consequences

Top needs scored by the Task Force were vetted by Executive Leadership at GSMC and based on the hospitals ability to affect the top needs, the decision was made to address **Mental Health** and

Access to Health Care. These top needs will be the focus of the 2016-2018 Implementation Strategy for Good Samaritan Medical Center.

V. Significant Health Needs to be Addressed

As described in Section IV, a total of 12 health needs were ranked and prioritized by survey participants, community health professionals and the senior leadership team from Good Samaritan Medical Center. The scope and severity of health issues were evaluated as well as Good Samaritan Medical Center's ability to impact the identified health issues. The final selection of the two top health needs GSMC will address during 2016-2018 include:

1. Mental Health
2. Access to Health Services

Given the limited financial resources as well as limited staff, the decision was made to focus on two top health needs. The ability to make a significant impact will be greatly improved by narrowing the focus to two top health needs. The actions GSMC intends to take to address these top health needs include:

- During the next few months, GSMC will evaluate the feasibility of developing behavioral health services via telehealth for Boulder and Broomfield Counties. This is a bold, creative challenge that can change the way behavioral health services are provided.
- In addition, GSMC will evaluate the opportunities to develop or enhance behavioral health "Navigators" to assist in matching individuals with the appropriate mental health resources. This service will also serve as a "connector" to all the fragmented services now available in the community.

The initial objectives and anticipated impact of these actions include:

1. Expand access to health services by leveraging technology, community awareness and partnerships
2. Create a sustainable telehealth model for access to behavioral health services
3. Maximize role of behavioral health navigators by connecting available community resources
4. Continue expansion of integrating behavioral health into more than 50% of SCL primary care clinics

Each year the hospital budgets Community Benefit funds that are allocated for the Implementation Plan. In the past, the funds have been used and distributed to a wide range of community health organizations who are seeking to improve community health. Yet it has been difficult to determine the measurable outcomes of such efforts. As such, GSMC is now focusing the highest percentage of its available funds to these top two health needs. GSMC will also commit staff time and resources to achieve these goals. All of the detailed information will be submitted in the Form 990 Schedule H each year.

Good Samaritan Medical Center will collaborate with a number of facilities and organizations to address the identified health needs. This will include, but not be limited to the following partnerships:

Boulder and St. Vrain Valley School Districts
Boulder Medical Society
Boulder Valley Care Organization
Broomfield and Boulder Rotaries
Cigna
City and County of Broomfield, Department of Health and Human Services
County of Boulder, Public Health Department
Clinica Family Health
Colorado Crisis Centers
Crisis Text Line
Doctor on Demand
Foothills Health Solutions
Lutheran Medical Center
Mental Health Partners
Public Health Improvement Committee for Boulder County
Saint Joseph Hospital
Salud Family Health Centers
SCL Physicians
Sister Carmen Community Center
Via Mobility Services

VI. Significant Health Needs Not Addressed

Other Needs Not Being Addressed by the Hospital

Ranking	CHNA Identified Need	Corresponding GSMC & Community Programs
3	Older Adults & Aging	❖ Senior ED at GSMC

4	Exercise, Nutrition & Weight	❖ Diabetes Education Classes ❖ Meals on Wheels Donation ❖ Weigh and Win
5	Heart Disease & Stroke	❖ Strike Out Stroke ❖ Stroke Support Group ❖ Retreat and Refresh Stroke Camp
6	Substance Abuse, Including Tobacco	❖ Tobacco Cessation Programs ❖ Colorado Quitline
7	Cancer	❖ Cancer Center of Colorado ❖ Cancer Care Assistance Fund (Bike Jam proceeds) ❖ TRU Community Care Donation
8	Diabetes	❖ Diabetes Self-Management Education Program

9	Maternal, Fetal & Infant Health	❖ Baby's First Ride ❖ Boot Camp for New Dads ❖ Clinica Family Services Donation
10	Respiratory Diseases	❖ Pulmonary Rehabilitation Classes
11	Immunizations & Infectious Diseases	❖ GSMC Immunization Program (future)
12	Oral Health	❖ Dental Aid, Inc. Donation

❖ GSMC programs/initiatives/donations to organizations

All needs on the list of top needs are important to GSMC, yet the hospital is realistic that in order to make a difference in the lives of those affected by mental health issues and accessing such care, the hospital must focus its leadership and time on the selected needs. Limitations of funding and staff expertise at the hospital level, absence of state grants to support lower ranking work, as well as input from the Task Force were seen as barriers to effectively addressing and impacting the other needs.

Submitted by: Sandy Cavanaugh-Douglass, Vice President Mission & Community Relations
Good Samaritan Medical Center
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______/______/________ Date adopted by authorized body of the hospital

ATTACHMENT: 2015 Community Health Needs Assessment Report