



**HSHS**  
**St. Francis**  
**Hospital**

# 2018 Community Health Needs Assessment



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## Executive Summary

### HSHS St. Francis Hospital Community Health Needs Assessment 2018

An assessment of Macoupin and Montgomery Counties, Illinois conducted by HSHS St. Francis Hospital

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a community health needs assessment (CHNA) every three years and adopt implementation strategies to meet the identified needs. The CHNA asks the community to identify and analyze community health needs, as well as community assets and resources, to plan and act upon priority community health needs. This process results in a CHNA report which is used to develop implementation strategies.

Triennially, St. Francis Hospital (SFL) conducts a CHNA and adopts an implementation plan by an authorized body of the hospital in the same tax year, and makes the report widely available to the public. The hospital's previous CHNA report and implementation plan was conducted and adopted in FY2015.

In FY2018 (July 1, 2017 through June 30, 2018), SFL conducted its CHNA in partnership with representatives from the community. Upon completion, the hospital developed a set of implementation strategies and implementation plan to address priority community health needs. The population assessed Macoupin and Montgomery counties. Data collected was supplemented with:

- Community asset review
- Qualitative data gathered by University of Illinois Springfield Survey and Research Office (UIS SRO)
- A CHNA external advisory committee with broad community representation
- Focus groups
- Local leader input
- Community surveys
- Internal advisory committee

### Identification and Prioritization of Needs

The following health needs were identified based on burden, scope, severity, health disparities, secondary data sources, input by local leaders and the ability to collaborate with other assets in the community.

- Substance Abuse
- Mental Health
- Diabetes/Obesity

### Implementation Plan Development

As part of the engagement process with key stakeholders, attention was given to natural partnerships and collaborations that will be used to operationalize the implementation plan. The implementation plan is considered a "living document" – a set of strategies that can be adapted to the lessons learned while implementing community benefit activities and initiatives relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

## Hospital Background

SFL is a critical access hospital located in Montgomery County, Illinois. For more than 143 years, the hospital has been the leader in health and wellness in Macoupin and Montgomery Counties. SFL provides a wide range of specialties, including cancer care center, cardiopulmonary, emergency care, orthopedics, Athleticare, rehabilitation services, woman and infant’s center, surgery center, sleep studies, radiology, laboratory, heart care, and mind-body health services.

SFL partners with other area organizations to address the health needs of the community, living its mission to reveal and embody Christ’s healing love for all people through our high-quality Franciscan health care ministry, with a preference for the poor and vulnerable. The hospital is part of Hospital Sisters Health System (HSHS), a highly-integrated health care delivery system serving more than 2.6 million people in rural and midsized communities in Illinois and Wisconsin. HSHS generates approximately \$2 billion in operating revenue with 15 hospitals and more than 200 physician practice sites. Our mission is carried out by 14,000 colleagues and 2,100 physicians in both states who care for patients and their families.

HSHS has a rich and long tradition of addressing the health needs of the communities we serve. This flows directly from our Catholic identity. In addition to community health improvement services guided by our triennial CHNA process, the hospital contributes to other needs through our broader community benefit program. This includes health professions education, subsidized health services, research and community building activities. In FY2017, the hospital’s community benefit contributions totaled \$5,958,091.

## Current Hospital Services and Assets

Major Centers and Services	Statistics	New Services and Facilities
<ul style="list-style-type: none"> <li>• Cancer Care Center</li> <li>• Cardiopulmonary</li> <li>• Emergency Care</li> <li>• Orthopedics</li> <li>• AthletiCare</li> <li>• Rehabilitation Services</li> <li>• Women and Infants Center</li> <li>• Surgery Center</li> <li>• Sleep Studies</li> <li>• Radiology</li> <li>• Laboratory</li> <li>• Heart Care</li> <li>• Mind-Body Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• Total Beds: 25</li> <li>• Total Colleagues: 242</li> <li>• Bedside RNs: 64</li> <li>• Inpatient admissions: 1,406</li> <li>• ED visits: 11,726</li> <li>• Births: 252</li> <li>• Inpatient surgeries: 293</li> <li>• Outpatient surgeries: 2,343</li> <li>• Physicians on medical staff: 18</li> <li>• Volunteers: 250</li> <li>• Community Benefit: \$5,958,091</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer Care Center was completed on the fourth floor. The new renovated space consists of 2,750 sq. ft. and opened in January 2017.</li> <li>• Third floor renovations were completed in July 2017. 7,550 sq. ft. of space was renovated and updated to better serve patients.</li> </ul>

## Hospital Accreditations and Awards

SFL is accredited by The Joint Commission, having received its gold seal of approval, and is licensed by the Illinois Department of Public Health. The hospital is also approved by the Centers for Medicare and Medicaid Services (CMS). SFL earned a “5-star rating” from CMS regarding patient experience. CMS scores hospitals from one to five based on the 11 publicly reported measures in HCAHPS survey, which assesses patient experiences. The latest rating is based on survey data collected between Oct. 1, 2015, and Sept. 30, 2016. Only 215 hospitals nationwide achieved a “5-star rating.”

SFL also received the 2016 Bronze and 2017 Silver Award for Progress toward Excellence by the IL-PEX recognition program. The ILPEX Bronze and Silver Awards are granted to those organizations who demonstrate effective, systematic, well-deployed approaches that respond to the overall requirements of most Baldrige Framework for Performance Excellence criteria items and are aligned with organizational needs.

SFL ranked in the 95th percentile for third year in a row on the HSHS culture of safety survey. SFL was recognized by HSHS during the 2018 National Patient Safety Week for 27 months since last hospital-acquired Clostridium Difficile infection; 29 months since last surgical site infection; 39 months since last hospital acquired catheter-associated urinary tract infection; and 61 months since last hospital-acquired central line associated blood stream infection.

SFL received the 2016 and 2017 Practice GreenHealth Partner for Change award.

## Community Served by the Hospital

St. Francis Hospital’s service area is comprised of approximately 203.49 square miles, with a population of approximately 29,479 and a population density of 144.87 persons per square mile. The hospital’s patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

### Demographic Profile of Macoupin and Montgomery Counties

Characteristics*	IL 2016	Macoupin County 2016	Macoupin County 2010	% Change for County
Total Population	12,873,761	45,908	47,765	-3.9%
Median Age (years)	37.4	43	41.7	3.1%
<b>Age</b>				
Under 5 years	790,205	2,846	2,818	1.0%
Under 18 years	2,983,633	10,071	10,775	-6.5%
65 years and over	1,784,097	8,127	8,171	-5%
<b>Gender</b>				
Female	6,541,224	23,543	24,369	-3.4%
Male	6,310,460	22,939	23,548	-2.6%
<b>Race and Ethnicity</b>				
White (non-Hispanic)	9,270,907	45,088	46,596	-3.2%
Black or African American	1,837,612	254	359	-29.2%
Native American or Alaska Native	29,399	56	126	-55.5%
Asian	655,799	224	129	73.6%
Hispanic or Latino	2,136,474	486	418	16.3%
Hmong				
Speaks language other than English at home^	2,732,710	768	930	-17.4%

Median household income	\$59,196	\$52,337	\$47,178	11%
Percent below poverty in the last 12 months <sup>^</sup>	14%	13%	12%	8.3%
High School graduate or higher, percent of persons age 25+ <sup>^</sup>	88.3%	90%	86.8%	3.7%

\*Unless otherwise indicated, the data source is U.S. Census QuickFacts.

<sup>^</sup>Source: U.S. Census Bureau, 2010-2014 and 2006-2010 American Community Survey 5 Year estimates (through Fact Finder).

Characteristics*	IL 2016	Montgomery County 2016	Montgomery County 2010	% Change for County
Total Population		29,301	30,104	-2.7%
Median Age (years)		42.4	41.4	2.4%
<b>Age</b>				
Under 5 years		1,461	1,703	-14.2%
Under 18 years		5,785	4,683	3.3%
65 years and over		5,435	5,199	4.5%
<b>Gender</b>				
Female		13,993	14,359	-2.5%
Male		15,308	15,745	-2.8%
<b>Race and Ethnicity</b>				
White (non-Hispanic)		26,345	28,632	-8%
Black or African American		2,347	952	146%
Native American or Alaska Native		53	47	12.8%
Asian		79	111	-29%
Hispanic or Latino		498	459	8.5%
Hmong			206	-
Speaks language other than English at home <sup>^</sup>		607	910	-33.2%
Median household income		\$45,173	\$40,864	10.5%
Percent below poverty in the last 12 months <sup>^</sup>		15.4%	14%	10%
High School graduate or higher, percent of persons age 25+ <sup>^</sup>		86%	83.5%	3%

\*Unless otherwise indicated, the data source is U.S. Census QuickFacts.

<sup>^</sup>Source: U.S. Census Bureau, 2010-2014 and 2006-2010 American Community Survey 5 Year estimates (through Fact Finder).

## Process and Methods Used to Conduct the Assessment

SFL led the planning, implementation and completion of the community health needs assessment.

### Internal

SFL undertook a nine-month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area and formulate an implementation plan to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following internal and external steps:

The Internal Advisory Council, comprised of SFL colleagues, provided guidance and input around SFL's final health focus areas. The internal advisory council members were responsible for:

- Identifying the top three priorities by following a set of defined criteria (magnitude, seriousness, feasibility and triple aim).
- Providing guidance and feedback on the implementation strategy to address identified needs.
- Recommending and overseeing community benefit policies and programs designed to carry out the mission of SFL.

### External

SFL also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. External components and steps included:

Three meetings were held between October 2017 and March 2018. The community outreach facilitator met with leaders from the Illinois State Police, Macoupin County Health Department, Montgomery County Regional Office of Education, Montgomery County Economic Development Corporation, Litchfield Ministerial Alliance, Carlinville Catholic Charities and C.E.F.S. Economic Opportunity Corporation.

The group reviewed more than 100 pages of secondary data and data summaries from UIS Survey and Research Office, Illinois Department of Public Health, National Cancer Institute, Illinois Behavioral Risk Factor Surveillance System and other sources, as well as the results of focus groups conducted with community members, medical professionals and partners.

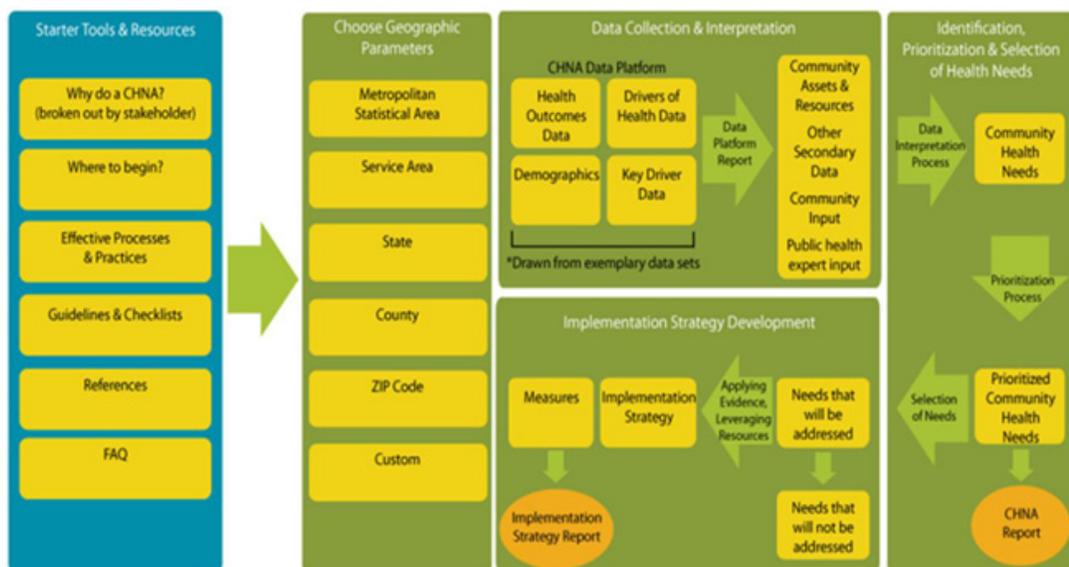
The group utilized a roundtable discussion to identify significant needs as well as results from the online survey. The group reviewed the feedback which was supported by secondary data, and also identified additional issues based solely on the secondary data (See Appendix A). The group then applied individual power rankings to the needs and discussed the tabulated results before presenting their findings to an internal hospital committee.

## Defining the Purpose and Scope

The purpose of the CHNA is to 1) evaluate current health needs of the hospital's service area, 2) identify resources and assets available to support initiatives to address the health priorities identified, 3) develop an Implementation Plan to organize and help coordinate collaborative efforts impacting the identified health priorities, and 4) establish a system to track, report and evaluate efforts that will impact identified population health issues on an ongoing basis.

## Data Collection and Analysis

The overarching framework used to guide the CHNA planning and implementation is based on the Catholic Health Association's (CHA) Community Commons CHNA flow chart below:



## Data Sources

The CHNA process utilizes both primary data including hospital data, focus groups and key stakeholder meetings, as well secondary data. Secondary data sources include Behavioral Risk Factor Surveillance System (BRFSS), the US Census Bureau, and Centers for Disease Control and Prevention (CDC) data sources. In addition, this data was supplemented with data from:

- UIS Survey and Research Office
- Illinois Department of Public Health
- National Cancer Institute

The data was gathered into a written report/presentation and shared with community members at in-person focus groups and key stakeholder meetings.

## Input from Persons Who Represent the Broad Interests of the Community

SFL is committed to addressing community health needs in collaboration with local organizations and other area health care institutions. In response to the FY2015 CHNA, the hospital planned, implemented strategies to address the top four identified community health needs: mental health, obesity, dental care and cancer. The FY2018 assessment built on that collaboration, actively seeking input from a broad section of community stakeholders.

## Input from Community Stakeholders

Community stakeholders were asked to actively participate in the CHNA process. Preliminary community health data was distributed to the group prior to the April 25, 2018 focus group and the April 25, 2018 key stakeholder meeting. A second focus group was held on May 2, 2018. The meetings were moderated, recorded and transcribed by UIS SRO (See Appendix B).

In addition, UIS SRO developed and circulated an electronic survey on behalf of the hospital. In total 270 individuals completed the survey. UIS SRO analyzed and provided the results.

A presentation was given at the focus groups and in-person key stakeholder meetings to provide an overview of the county demographics and detailed data on the 14 health focus areas identified by UIS SRO. Topics included: access to care, asthma, cancer, child maltreatment, diabetes and obesity, education, heart disease, maternal and infant health, mental health, nutrition and exercise, sexually transmitted diseases, smoking and tobacco use, substance abuse and transportation. The group then participated in a discussion facilitated by members of the hospital about the data, progress on previous priority areas and any emerging needs. Community assets and resources were then identified. Based on those assets and resources and additional criteria, the groups discussed and force ranked the top three community health priorities for the next three years.

Community stakeholders who participated in the CHNA process represented the following area organizations and institutions:

- HSHS St. Francis Hospital\*
- Macoupin County Health Department\*
- Illinois State Police
- Montgomery County Economic Development Corporation
- Montgomery County Regional Office of Education #3\*
- Carlinville Catholic Charities\*
- C.E.F.S. Economic Opportunity Corporation\*
- Litchfield Ministerial Alliance\*

\*Denotes groups representing medically underserved, low-income and minority populations.

## Input from Members of Medically Underserved, Low Income and Minority Populations

HSHS and SFL are committed to promoting and defending human dignity, caring for persons living in poverty and other vulnerable persons, promoting the common good and stewarding resources. We believe the CHNA process must be informed by input from the poor and vulnerable populations we seek to serve.

To ensure that the needs of these groups were adequately represented, we included representatives from Carlinville Catholic Charities, C.E.F.S. Economic Opportunity Corporation, Macoupin County Health Department, Montgomery County Regional Office of Education #3 and SFL.

Representatives of these organizations have extensive knowledge and quantifiable data regarding the needs of their service populations. Actively including these organizations in the CHNA process was critical to ensure the needs of the most vulnerable persons in our communities were addressed in the CHNA.

## Input on FY2015 CHNA

No written comments were received regarding the FY2015 CHNA.

## Prioritizing Significant Health Needs

As part of the identification and prioritization of health needs, the CHNA group identified 14 health focus areas from extant data sources. The group used a set of defined criteria to narrow the health focus area to eight. Data was then presented for each focus area and the advisory council was led through a forced ranking process to further narrow the list to five focus areas for consideration as part of the FY 2018 CHNA.

The core group contracted UIS SRO to develop an on-line survey available for community members to provide feedback around the eight priority areas. Participants were asked to rank the top five focus areas by order of importance. They were also invited to list any additional health focus areas they thought should be considered.

The SFL internal advisory council met to review data and survey feedback around the five health focus areas. The internal advisory council was then asked to force rank the issues to identify the top three for the FY18 CHNA.

Two community forums were held after the survey. Forums were held in one location in each county to best reach persons from varied socioeconomic and educational backgrounds. Residents were invited to provide input on community data, help identify community assets and gaps and assist in identifying priority health and quality of life issues.

The hospital considered the estimated feasibility and effectiveness of possible interventions to impact these health priorities; the burden, scope, severity, or urgency of the health need; the health disparities associated with the health needs; the importance the community places on addressing the health need; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need.

Based on the CHNA planning and development process described, the following community health needs were identified:

- |                            |              |
|----------------------------|--------------|
| <b>1. Substance</b>        | <b>Abuse</b> |
| <b>2. Mental Health</b>    |              |
| <b>3. Diabetes/Obesity</b> |              |

As an outcome of the prioritization process, the following community health needs were also identified but will not be addressed directly by the hospital for the reasons indicated:

- Access to Care -The hospital feels this is an underlying issue related to the lack of mental health providers. SFL will work closely with local organizations to address the issue as a component of the strategic implementation plan.
- Cancer - The hospital will meet the needs of our cancer patients in the community through our new cancer care center that opened in January 2017.
- Child Maltreatment - The hospital feels this issue is closely related to substance abuse and mental health and will be addressed as we work to address those needs.
- Education - The hospital feels this is an underlying theme related to all three needs that can be addressed through specific implementation strategies.
- Nutrition and Exercise -The hospital did not take the lead on this issue. It is addressed by groups including St. Clare Food Pantry, GO217, Litchfield Summer Feeding Program and Montgomery County Meals on Wheels.

## Identified Overview of Priorities

### Substance Abuse

Substance abuse topped the priority list due to the rise of drug abuse and overdoses. The Illinois State Police (ISP) reports all Narcan use to the Illinois Department of Public Health. While recent data is not available the ISP has reported a significant rise in Narcan use. Emergency department visits related to substance abuse have increased at Hillsboro Area Hospital and SFL. Maple Street Clinic, a federally qualified health center in Macoupin County, treats the maximum amount of individuals through its medically assisted opiate recovery program.

### Mental Health

Mental Health surfaced as a priority need in the FY15 CHNA and again in the FY2018 CHNA. Areas to address include a unified, county-wide process for intake and post-intake handling of criminal and non-criminal mental health needs introduced to the system by law enforcement and others. Also, continue to increase access to psychiatrists for youth and adults. Current emergency department data from both Hillsboro Area Hospital and SFL show mental health and substance abuse emergency department visits are on the rise. Suicide mortality rates are four times higher in Montgomery County than the state of Illinois.

Currently, the lack of access to mental health providers in Macoupin and Montgomery Counties is higher than the state level. By convening a bi-county behavioral health coalition, SFL learned the various sectors do not collaborate on mental health issues. Part of the solution is to form a larger collaborative to expand health care services to meet the diverse needs of individuals dealing with mental health and substance abuse issues. Data shows three-fourths

of emergency department patients who present with mental health and substance abuse issues are discharged for “self-care” at home within twenty four hours. These patients often present to the emergency department several times a year seeking services.

### Diabetes/Obesity

Obesity and the often related condition of diabetes and other illnesses are a concern. The group believed this stems from a lack of education and access to recreation and physical activity, especially for low-income and elderly persons. The identification and prioritization group felt more education and access to recreation and physical activity, especially for persons with low income and the elderly, would help meet this need.

### Substance Abuse - Drugs

Since 2014, drug overdose deaths have increased by 15 percent in Sangamon County.

## Potential Resources to Address the Significant Health Needs

The following resources will be considered when developing the implementation plan:

Hospitals and Related Medical Groups

- Litchfield Family Practice
- Hillsboro Area Hospital
- Community Memorial Hospital
- Carlinville Area Hospital

Other Community Organizations and Government Agencies:

Substance Abuse

- Locust Street Clinic
- Maple Street Clinic
- Montgomery County Health Department
- Macoupin County Health Department
- Standing Against Addiction and Drugs
- Macoupin and Montgomery Addiction and Behavioral Health Coalition
- Litchfield Community Unit School District 12

#### Mental Health

- Locust Street Clinic
- Maple Street Clinic
- Montgomery County Health Department
- Macoupin County Health Department
- Aperion Care
- Litchfield Community Unit School District 12

#### Diabetes/Obesity

- Litchfield Family Practice
- HSHS Medical Group
  
- Joslin Diabetes Center
- Fit-to-Go
- Snap Fitness
- Litchfield Park District
- First Baptist Church of Litchfield
- Litchfield Community Unit School District 12

## Next Steps

After completing the FY2018 CHNA process and identifying the top priority health needs, next steps include:

- Collaborating with community organizations and government agencies to develop or enhance existing implementation strategies.
- Developing a three-year implementation plan (FY2019 through FY2021) to address identified health needs.
- Integrating the implementation plan into organizational strategic planning and budgeting to ensure the proper allocation of human, material and financial resources.
- Presenting and receiving approval of the CHNA report and implementation plan by the hospital's governing board in the same tax year the CHNA was conducted.
- Publicizing the CHNA report and implementation plan widely on [stfrancis-litchfield.org](http://stfrancis-litchfield.org) and CHNA partner websites and make accessible in public venues such as town halls, etc.

## Approval

The FY2018 CHNA Report was adopted by the hospital's governing board on May 1, 2018.



**APPROVAL**

HSHS St. Francis Hospital is governed by a volunteer Board of Directors, which includes representatives from Macoupin and Montgomery Counties. The Board reviews and approves the Community Health Needs Assessment and corresponding Implementation Strategy every three years.

The following priorities identified through the Community Health Needs Assessment were approved by the Governing Board on May 1, 2018: Mental Health, Substance Abuse, Diabetes / Obesity.

A handwritten signature in black ink, appearing to read "Tom Franzen", written over a horizontal line.

Tom Franzen, President  
HSHS St. Francis Hospital Board of Directors

A handwritten date "5/1/18" in black ink, written over a horizontal line.

Date

## **APPENDICES**

### **Appendix A**

Macoupin and Montgomery County Online  
Survey

### **Appendix B**

Focus Group Results

### **Appendix C**

FY2015 Evaluation

## APPENDIX A

We want **YOUR** feedback.

Participate in the 2018  
**Montgomery/Macoupin County**  
**Community Health Needs Assessment.**



The survey can be found at  
[go.uis.edu/chna](http://go.uis.edu/chna)  
Jan. 12 - Feb. 12, 2018

Printed surveys available in the lobby of HSHS St. Francis Hospital.

For more information, please  
call (217) 324-8206.

Participants will be asked to  
help identify priority health and  
quality-of-life issues in our community.



## APPENDIX B

### Summary of Findings

#### **Executive Summary**

The summary report is based on the key findings that were discussed in the three focus groups. With a few exceptions, the message was consistent among stakeholders and residents. First, many of the Montgomery and Macoupin County community members who participated acknowledged they have sought or are currently seeking mental health care, and many expressed frustrations at being able to access the current mental health care system. Several participants discussed the lack of available staff and the long wait times to get an appointment. While the community participants mentioned they were appreciative that Macoupin County Health Department has a psychiatrist, they also reported frustration at the brevity of appointments with the psychiatrist. Secondly, many of the participants reported they had trouble finding mental health care if they had a dual diagnosis, that is, a substance abuse issue along with a mental health issue.

Likewise, the participants expressed frustration at the gaps they see in mental health care in Montgomery and Macoupin County. Some stakeholders stated that even though they have the money to hire more staff, they have difficulty recruiting. They stated that due to the shortage of providers, the only point of access to mental health care for many within the community is through the hospitals' Emergency Departments. These visits are typically for acute episodes and therefore, have an added level of stress on the ED staff as well as the individuals who are unaware of how to navigate the mental health care systems. These individuals often require one-on-one care as well as the presence of a police officer and thus put a strain on an already depleted work force. With no inpatient psychiatric services available in the counties, individuals are often in the ED for a day or more until a placement can be found. These placements are often far away, so transportation also must be provided. Then, the person is released in a few days to return to Montgomery and Macoupin County and the cycle starts all over again.

The participants also voiced the need to develop a program for the youth of the community. Particular interest was placed upon introducing a program into the school system to help kids deal with ACES (Adverse Childhood Experiences). Research done by Kaiser-Permanente has shown that children who are exposed to adverse and traumatic events and do not receive appropriate and timely care can go on to suffer many consequences throughout their lifetime such as disrupted neurodevelopment; social, emotional, and cognitive impairment; adoption of risky behaviors; disease, disability and social problems; and too often an early death. Stakeholders stated that there is a need for a program to screen and provide mental health services to children, and would prefer it if a clinician could be embedded into every school, similar to the program Memorial Behavioral Health implemented in the Springfield school district. Stated one stakeholder, "Give me a social worker in every building."

#### **Points of access to mental health care**

There are only a few points of access to mental health care for Montgomery and Macoupin County residents. Individuals either access health care through the county health department, through a primary care provider if he/she is willing to provide medication management, or through the hospitals' emergency rooms. The public health departments for the two counties serve as the primary mental health care providers. The Montgomery County Health Department provides psychiatric and counseling services as well as addiction services, a diabetes clinic, and a blood pressure clinic. The Macoupin County Public Health Department assists residents with access to transportation, while their Maple Street Clinic offers preventative as well as basic medical and dental services for patient's ages newborn

and over regardless of insurance coverage. In addition, the Macoupin County Public Health Department has a comprehensive out-patient opiate recovery program that offers addiction and behavioral counseling as well as medical and dental care. However, these types of services are limited and took years to develop.

As previously mentioned, when individuals cannot gain access to a mental health provider, the emergency departments become the primary point of access. This is the result of three factors: lack of knowledge about

how to navigate the mental health care system, lack of availability of providers resulting in long wait times, and the convenience of the ED. Some stakeholders mentioned that often individuals do not know how to properly access mental health care or have too long a wait time until they can see a psychiatrist and end up in the ED. All of this results in a system that burdens the emergency department by positioning them as the primary mental health care provider. The community participants expressed similar sentiments. One stated that sometimes the ED is the only option, but that they sometimes feel the ED doctors judge them for presenting with a mental health issue and question the medications prescribed by the psychiatrist.

Numerous participants voiced the opinion that many with mental illness develop substance abuse issues by self-medicating. With mental health services so difficult to obtain, they turn to what they can just to feel better. In all three groups, many of the participants stated that if HSHS St. Francis could provide an in-patient psychiatric program, even if its short-tem, it would help eliminate the congestion that's occurring in the ED and free up nurses and police officers. Said one participant:

*"You're dealing with people that can barely function in a normal setting anyway. They're not going to take the pills and if they do they might take more or they'll forget that they've taken them. If there were just the 4 or 5 beds for observation ... They should be doing more and say 'hey were going to try this new medicine but were going to hold on to you for a week and see how it does with you.'"*

Having this service would benefit those with a mental illness who are frequently in crisis and would offer them the help they need close to home. If HSHS St. Francis could find a way to provide psychiatric services as well as offering an embedded clinician within Primary Care clinics, this would greatly simplify mental health care for those who see an HSHS physician plus eliminate the stigma attached to mental health services since they would see their counselor in the same building as their physician.

Additionally, some participants stated it would be beneficial for the patient's family/support system if the hospital were able to provide family support and education about mental illness. Said one participant who has a daughter with mental illness, "I think they need more family support. That doesn't happen...My daughter takes enough pills to fill a grocery bag every day. I don't know how she functions. It's scary." Others stated that they felt it would be valuable to them if their families knew what they were going through and better understood how to offer support. The Maple Street Clinic Opiate Recovery Program does offer family group with a counselor every Thursday night.

Many participants expressed surprise to discover some of the services the social service agencies in the community provide of which they were not aware. Social service agencies often lack communication and/or collaboration with other agencies. Frequently agencies are not completely aware of the services provided by other agencies and very rarely do the agencies work together on issues. In order to increase

the points of access too many different resources and to better utilize the services that are available, developing a resource guide would be very advantageous for all in the community. One way to accomplish this goal is to create a committee to develop and maintain listings for social services available in Montgomery and Macoupin Counties. Since resource guides can quickly become obsolete, having a committee to maintain the guide not only maintains its accuracy and integrity but also brings members of various social service agencies together on a monthly basis, helping to increase communication.

Possible solutions:

### **Mental health services for youth**

Participants recognized that while the mental health services for adults are scarce, the services for kids are even more so. While some agencies in the county provide youth services, none offer a child psychiatrist. So, unless a child's family has the ability to travel out of town, they just do not receive the services they need. Several participants also voiced the need to develop a mental health program for the youth of the community. Especially discussed in the stakeholder group was introducing system into the school system to help kids deal with ACES (Adverse Childhood Experiences). One stakeholder commented on the benefit he has seen of screening for ACES in his facility:

Yeah, we actually do screen every substance abuse patient. We have 70 now. Chronic disease. That's ACEs were found out. It was women who were trying to lose weight at a family practice center at Kaiser Permanente clinics, and that's how they found out that you're going to self-destruct if you don't recover from your traumas, and of course, behavioral patients, we screen them all. I would love to screen everybody, but we have so many other screenings but at least we are starting with the high risk.

Research done by Kaiser-Permanente has shown that children who are exposed to adverse and traumatic events and do not receive appropriate and timely care can go on to suffer many consequences throughout their lifetime such as disrupted neurodevelopment; social, emotional, and cognitive impairment; adoption of risky behaviors; disease, disability and social problems; and too often an early death. Stakeholders stated that there is a need for a program to screen and provide mental health services to children, and preferably a clinician would be embedded in every school. Stated one stakeholder, "Give me a social worker in every building", though most recognize that they would be satisfied with a clinician dedicated to the school district. Said one participant about children's behaviors at school:

Kids, honestly, are acting like they are most of the time because of what is going on at home. If we want them to grow up and become productive young citizens, in my opinion, schooling is a huge part of that. When we talked about ACEs, it's so hard to focus on school and give yourself an opportunity as you get older if you have all of these different ACEs that are going on in your life. So, helping them being able to cope and focus at school despite whatever is going on.

#### **Other Needs: Transportation and Homelessness**

Transportation issues often arise in rural communities. This includes both public transportation availability as well as the courtesy vans. When talking about the transportation that's available to the citizens of Montgomery and Macoupin Counties, many expressed frustration with their restrictions. As one stated, "There's transit but it has limitations and you need to make arrangements ahead of time." When it comes to the public transportation system, understanding the system and hours of operation are the main issues facing individuals who use this for access to health care providers. Many who are seeking mental health care often have lost their license, are not well enough to drive, and/or cannot afford a vehicle of their own. Thus, getting to appointments and to the pharmacy to get medication is difficult, further complicating their ability to comply with doctor instructions. The Maple Street Clinic Opiate Recovery Program does offer transportation to its clients and the participants in those groups were quick to point out how important that is. When discussing the merits of the program, one participant stated, "Yeah that's another thing, the transportation. They get you here on time. It's a great thing about their health care."

Homelessness is a more recent problem to develop in the HSHS St. Francis service area. Several of the stakeholders stated that they feel the problem is, "probably way worse than what anyone has any perspective on." One participant stated that the housing crisis has gotten more severe just in the past four years, and that he sometimes gets up to a dozen phone calls a week from people who do not have housing. Another participant stated:

They're afraid of the homeless walking down the street with a mental issue. They're afraid of the person walking into their church, just on a whim. And due to all of the mass shootings and homicides, our communities are afraid of these people, and for us to continue not to be able to be successful in doing something with them is on us.

Said another, "A lot of our mental health patients are homeless so trying to feel good about discharging a patient when they have nowhere to go is very tough thing."

Possible solutions:

- Bring more mental health care providers to HSHS St. Francis locations in Macoupin and Montgomery County.

- Establish an in-patient psychiatric clinic
- Provide services for those with both a mental health diagnosis and substance abuse issue.
- Offer family mental health education
- Develop a committee to develop and maintain listing for social services available in Montgomery and Macoupin Counties

### **Mental health services for youth**

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Possible solutions:

- Incorporate a screening program for ACES in the school
- Embed clinicians in school within the hospital's service area.
- Increase mental services to children by bringing in a child psychiatrist and embedding a clinician in every clinic

### **Other Needs: Transportation and Homelessness**

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Said another, “A lot of our mental health patients are homeless so trying to feel good about discharging a patient when they have nowhere to go is very tough thing.”

Possible solutions:

- Travel vouchers to pay for cab services to/from doctors and emergency rooms.
- Collaborate with the transportation services to add more routes to the hospitals and urgent care facilities.
- Transitional housing

## APPENDIX C

### **Evaluation of the impact of any actions that were taken, since the immediately preceding CHNA conducted in FY2015, to address significant identified health needs.**

In FY2015, SFL conducted a community health needs assessment (CHNA). Primary and secondary data was gathered from multiple sources to assess the hospital's primary service area. Based on the data and the prioritization process, the following priority community health needs were selected:

- Mental Health
- Cancer
- Oral Health
- Obesity

The FY2015 implementation plan outlined strategies the hospital would undertake to address the priority community health needs identified through the CHNA process. Evaluation of the impact of the actions taken in response to the hospital's FY2015 CHNA:

#### **Mental Health**

**I. Coalition Building:** The Macoupin/Montgomery County Mental Health Coalition formed in March 2016. Members included leaders from different organizations, including law enforcement, health care, clergy and school systems. Coalition goals: 1) to guide and participate in the planning, development and implementation of projects and programs intended to improve mental health of the SFL service area; 2) to create a unified, county-wide process for intake and post-intake handling of criminal and non-criminal mental health needs introduced to the system by law enforcement and other social service agencies; 3) to improve access to psychiatrists for youth and adults.

Outcomes: Over the first year the group worked on trauma-informed care training and collaborated with another newly formed coalition in Montgomery County, REALITY Coalition. The two coalitions hosted a community forum at SFL in May 2017. Twenty people attended the event. In January 2018, the Macoupin County Anti-Meth Coalition approached both groups to consider consolidation. All three coalitions merged in April 2018 forming a new regional coalition; the Macoupin Montgomery Addiction and Behavioral Health Coalition. It meets monthly at SFL.

**II. Trauma-Informed Care Education and Training:** Educated health, social and behavioral health colleagues on adverse childhood experiences (ACEs) and the social determinants of health (SDH) and their impact on health outcomes to better inform them of their patient/client's current conditions and reactions.

Outcomes: One of the main topics that arose from the Macoupin/Montgomery Counties Behavioral Health Coalition was the need for trauma-informed care (TIC). In April 2017 a free, eight-hour TIC class was provided at SFL. Forty-two community members participated. From this training, the Macoupin County Health Department hosted several other training sessions and is currently working toward providing trauma-informed care training in schools. In June of 2018 the hospital partnered with Prevent Child Abuse of Illinois and hosted a screening of The Resilience Project. Twenty-three individuals attended the free screening.

#### **Cancer**

**III. Cancer Care Center:** This new patient care service is located on the fourth floor and opened in January 2017. Services include chemotherapy treatment, blood transfusion, infusions and injections in a space that provides patient privacy and comfort. The area can accommodate up to 16 patients daily, and is an addition to the existing outpatient medical oncology clinic located in the hospital. From 2011-2015 the average annual incidence rate of cancer diagnosis in Macoupin County was 308 people and 191 people in Montgomery County.

The oncology team found that HSHS CID local systems had approximately 10% market share for oncology services and many patients, particularly in the SFL service area, were leaving HSHS served communities for cancer care. Through the Montgomery County Cancer Care Association it was identified that the need for transportation services was a barrier in our service area. Many individuals had no one to take them to their appointments or the financial capabilities to pay for transportation costs. In FY16, SFL began the planning process to bring chemotherapy treatments close to home and help alleviate the burden of travel for cancer patients and families.

Outcomes: The cancer care center opened in January 2017 with one physician, Dr. Zhang, who provided services one day a week. By June 2017, Dr. Bande began serving patients. On average 16 patients are served daily two days a week. From January 15-June 24, 2017 total patient charges were 452 comparing to January 15-June 24, 2018 total patients charged were 963.

### Oral Health

**IV. Oral Health/Dental Voucher Program:** To address the need for dental care for area adults, Carlinville Catholic Charities and SFL partnered to establish the Dental Voucher Program. The dental voucher program is underwritten by SFL and managed by Catholic Charities. The FY2016 financial investment was \$10,000 and the same amount was contributed to the program in FY2017. The program launched on January 15, 2016. The program helps find appropriate dental care for adults in need. Those who qualify will find relief from the burden of paying for emergency dental and oral surgery services. Adults 18 years and older who are underinsured or uninsured for dental care, adults with an emergency need for dental care, and are residents of Macoupin and Montgomery County are eligible for the program. Coverage is provided for two dental exams with x-ray, one extraction and up to three fillings per year. Patients are referred to Catholic Charities from a physician, dentist, and social service agency or by self-referral.

Outcomes: To date, 88 individuals have used vouchers 118 times. Combining this program along with the Lewis and Clark mobile dental unit that visits the hospital eight times a year and serves its maximum capacity of 88 individuals the hospital has seen a drastic decline in emergency department visits. FY15 through FY18 there was a 49% decrease in emergency department visits related to dental disorders.

### Obesity

**V. Obesity/Summer Lunch Program:** With 27% of children in the community of Litchfield living below the poverty line, SFL partnered with First Baptist Church of Litchfield and Illinois Coalition for Community Services to bring a free summer lunch program to the community. The church also wrote for a grant through the W.D. Kilton Trust and received additional funding for the program. A free lunch is provided over the summer months Monday through Friday for any child up to eighteen years old. The lunch is served at the First Baptist Church. Transportation is provided. The daily lunch service fills the gap over the summer months to ensure every child has access to one fresh, healthy meal five days a week. The program began in May 2017.

Outcomes: Year one of the summer lunch program was a success. The program, which is strictly run by volunteers, served lunches for a ten-week period. 2,750 children were served. Year two the church served lunches over an eight-week period. The numbers dropped slightly serving 2,100 children.

**VI. GO217:** The GO217 exercise program began in January 2017 throughout the HSHS Central Illinois Division. SFL partnered with Fit-to-Go in Litchfield, IL offering a free exercise class once a month. Beginning in June 2017 Snap Fitness, also in Litchfield, joined the partnership to offer a free exercise class as well. Classes are offered the first and third Thursday each month.

Outcomes: GO217 has reached 240 individuals over the last year and a half. The free classes encourage individuals to be active in the community. Individuals can follow GO217 on Facebook, where nutrition, exercise, sleep and water consumption tips are available. Daily motivational quotes can be found on the page as well. The Facebook page also offers dates and locations for upcoming exercise and wellness events throughout various communities in central Illinois. Currently, there are 2,096 people that follow the Facebook page. Having a platform for members to follow and communicate with others who are on a healthy lifestyle journey helps create accountability for individuals.

