2022 Community Health Need Assessment
Response and Implementation Plan
Annual Community Benefit Meeting Review
May 1, 2024

San Luis Valley Health (SLVH) is a private, non-profit comprehensive health care organization that includes two hospitals with Emergency Departments (ED), and five ambulatory care clinics providing primary, specialty, and behavioral health services to San Luis Valley (SLV) residents regardless of ability to pay. SLVH serves six counties that define the region. Five counties are federally designated as Medically Underserved, and all six counties are designated as Health Professional Shortage Areas. The SLV has a diverse population of approximately 46,237 residents; 46% identify as Hispanic, Latino, or Spanish. The SLV is one of the poorest areas in Colorado with 14.5% of the population living in poverty, compared to 9.4% statewide.

SLVH completed its most recent Community Health Needs Assessment (CHNA) in 2022, conducted every three years. A response and implementation plan to monitor progress of key organizational measures on a continued annual basis is reported back to the organization and key stakeholders. On May 1, 2024, SLVH hosted an annual Community Benefit meeting, focusing on re-engaging key stakeholders; reviewing the 2022 CHNA priorities and implementation response plan; and receiving feedback on any changes or updates to priorities or initiatives. An invitation was emailed to key community and state stakeholders on 3/28/24, with a reminder sent on 4/18/24. The meeting was open to the public and a notice was placed in the local news media 3/29/24.

SLVH's 2022 CHNA identified four key priority areas: Substance Use; Mental Health; Chronic Disease Management; and Access to Care. During the 2024 community benefit convening, participants reviewed priority areas along with SLVH's implementation plan. Approximately 40 community members attended the in-person and virtual convening, representing the local community centered board for developmental services, substance use providers, local foods, veteran services, community medical and behavioral health providers, K-12 and higher education, cities and counties, nursing homes, human services, hospice, youth services, victim services, trauma and emergency services, public health, unhoused service providers, and state agencies.

SLVH uses feedback gathered to help determine the availability and direction of future program delivery, build capacity of existing programs, and drive support efforts for community partnerships where the initiative/need is better suited. The overall aim is to use SLVH resources, time, and capacity in the most efficacious manner to shape health care services and meet the needs of our community, circling right back to the organizational mission of "...providing patient centered services," and vision to be a "trusted partner in health."

Following SLVH's presentation of its scope of service, lives impacted, overview of the current state of Colorado hospitals, Colorado Rural Futures Work, the Community Health Needs Assessment Update & Implementation Plan progress, and the Community Benefit Investment in health priorities, stakeholder discussion was engaging and provided excellent feedback. While there were several new priorities identified in the conversation, no new priorities arose outside of the 2022 CHNA that were within the scope of services or influence of SLVH. *One common theme arose in the discussion related to current priorities: Stakeholders felt mental health conditions and substance abuse were more wide-spread, affecting younger age-groups, and have higher acuity since the pandemic.*

Important community conversations were had among stakeholders regarding general SLV gaps and barriers. However new and ongoing strategic tactics were identified from the community discussion including:

- Continued and enhanced communication and engagement between SLVH providers and community providers on coordinating services
- Connecting patients to food resources, oral health, and housing as leading social determinant gaps for general population

These tactics are underscored by the impacts on increasing acuity of patient needs, paired with state-level structural changes coming, and making coordination and communication imperative. Feedback from the annual meeting is reflected throughout several of the tactics included in SLVH's strategic roadmap for Fiscal Year 2025.

Progress on Response Plan:

Priority Health Issue: Substance Use

Related HTP Focus Areas: Alternatives to Opioids, ED Follow-Up

Anticipated Impact: Provide a multispecialty medical approach to address the opioid epidemic, utilizing a more robust whole-person, multi-disciplinary approach to improve transitions of care through a safe discharge plan, improved access to integrated primary health care services, care coordination, and follow up in its health care system.

- Alternatives to Long Term Opioids (ALTO) project
- Behavioral Health Consultant to support Emergency Departments and hospital inpatient units
- Hospital-based Care Coordinator, to address immediate needs of patients transitioning from inpatient and ED care to home or other lower levels of care, reduce barriers to care
- Circle of Parents Recovery Support Group
- MAT in Clinic and Hospital Settings; Care Coordination Supports
- Participate on SLV Neonatal Task Force
- **Additional services since 2023 meeting:**
    - **Mental Health First Aid Training provided to care coordinators, discharge planners, and key on-call leadership**
    - **Labor and Delivery Discharge Planner to Support High-Risk Deliveries/Resources**

Priority Health Issue: Mental Health

Related HTP Focus Areas: Readmissions, ED Follow Up, Collaborative Discharge Planning

Anticipated Impact: Advance integrated behavioral health services in SLVH's health care system and strengthen the continuum of care by identifying patients during acute, inpatient encounters and ensuring a safe and effective transition of care to integrated health care and other community-based services for ongoing care and management.

- Zero Suicide Implementation
- Behavioral Health Consultant to support Emergency Departments and hospital inpatient units
- Hospital-based Care Coordinator, to address immediate needs of patients transitioning from inpatient and ED care to home or other lower levels of care, reduce barriers to care
- Screening for MH and SUD in all clinics, EDs, Hosp Floors, and L&D
- **Additional services since 2023 meeting:**
    - **Mental Health First Aid Training provided to care coordinators, discharge planners, and key on-call leadership**
    - **Labor and Delivery Discharge Planner to Support High-Risk Deliveries/Resources**

- **AcuDetox Outpatient Program through Behavioral Health department**
- **Health One Contract: Telepsychiatry and Tele-behavioral health crisis services through Emergency Department and in-patient**

Priority Health Issue: Chronic Disease Management

Related HTP Focus Areas: Readmissions, Transitions of Care, Cost of Care, ED Follow Up, RAE Notification, Wellness Visits

Anticipated Impact: Provide a system of care that supports patient's ongoing health care needs throughout the continuum of care through the appropriate and accurate exchange of health information, technology tools, care coordination, and transitions that are managed effectively to enhance patient's health care status and health outcomes.

- Developing infrastructure for population health management, including staffing workflows and technology to support work.
- Participation in value-based programs and care coordination activities to improve organizational systems and patient outcomes.
- Remote Patient Monitoring Program
- Telehealth
- Clinic Appointments
- Hospital/ED Upstream Consults
- Diabetes Education
- Community Nutrition and Outreach Classes
- Direct to Consumer Lab Testing
- Advanced Team-based Care, Focus on Health Equity
- Insurance Literacy (Medicare Advantage, Medicaid Re-Enrollment Assistance)
- HTP Work: Community Stakeholders Workgroup
- Patient Portal
- Wellness Visit outreach for children and adults
- **Additional services since 2023 meeting:**
    - All work listed above has continued to be enhanced and further developed.

Priority Health Issue: Access to Care

Related HTP Focus Areas: Transitions of Care, Cost of Care, ED Follow Up, RAE Notification, Wellness Visits

This is an area of emphasis with an aim to increase access to key service lines from multiple entry points in order to provide patients care when they want it, where they want, and how they want it.

- Ongoing efforts for recruitment and retention of Primary Care providers
- Patient Portal communications and access, Texting Appointment Reminders
- Breast Health Outreach and Barrier-Free Events
- Men's Health Events (June)
- Access Options – Telehealth, Evenings/Weekends, Schedule Maximization, Acute Clinic
- Advanced Team-Based Care initiative
- Targeted Outreach for Wellness Visits
- Targeted ED/Hospital Follow-Up Scheduling
- Provide consumer Lunch 'n Learn opportunities to educate the public on health care literacy, health coverage benefits, enrollment opportunities, and other timely topics to improve patient's utilization of health care resources and services.

- **Additional services since 2023 meeting:**
    - New specialist services have been added to SLVH:
        - Surgical Ophthalmology
        - Allergy
        - Cardiology Expansion
        - Re-engagement with Maternal Fetal Medicine
        - Urology services expansion
        - Children's Hospital specialists providing care through SLVH Pediatrics
            - Neurology
            - Rehabilitation Medicine
            - Cardiology
            - Developmental Services
    - Adams State University Care Coordination and Outreach

Additional community benefit activities to address identified health-related priorities:

- Charity Care
- Subsidized Health Services
- Cash and In-Kind Donations
- Economic Development
- Community Support
- Coalition Building
- Workforce Development
- Community Health Improvement
- Community Health Outreach
- Health Profession Education
- Research

Next Steps and Future Activities

1. SLVH Annual Strategic Planning: Updated strategic tactics 2024-25.
2. HTP Community Advisory activities and committees
3. Community Health Needs Assessment (conducted every 3 years), combined with Annual Meeting, anticipated Spring 2025

Approval

The SLVH Board of Trustees approves the priorities, response, and implementation plan identified in the 2022 community health needs assessment, reviewed at the annual meeting, May 1, 2024.

Karla Hardesty

Karla Hardesty, President

7/24/2024

Date