Community Health Needs Assessment & Implementation Strategy

Section One – Introduction & Definition of Community Served

LifeStream Behavioral Center is a comprehensive community mental health and substance abuse organization with a full array of services. Included in this array is a state licensed forty-six bed psychiatric inpatient hospital serving adults. The organization and the hospital serve the two county area of Lake and Sumter Counties. The psychiatric hospital is centrally located within the catchment area in Leesburg Florida. The area served comprises 300 square miles in West Central Florida and a population of approximately 329,000 individuals. The area's largest city is The Villages which is situated across both Lake and Sumter Counties and has a total of over 126,000 residents. There are many small towns and cities throughout the two county area which could best be described as rural, although the eastern side of Lake County borders on Orange County and is becoming more urban serving as a bedroom community to Orlando. There currently exist five hospitals in the two counties. Four are medical/surgical and one psychiatric, LifeStream. A sixth hospital, also medical/surgical is undergoing construction and will be located in the Wildwood area of the self contained The Villages community.

Section Two – Overview of Assessment Strategy

Primary Sources of Data – Mobilizing for Action through Planning and Partnerships (MAPP) - Throughout 2011 and 2012, several management staff sat on the MAPP Core Community Support Team in county specific MAPPing exercises orchestrated through the Lake and Sumter County Health Departments in county specific collaborative meetings. The purpose of these meetings under this leadership has been to organize, plan, brainstorm and analyze data collected in a variety of ways from the citizens of the respective counties. The ultimate goal of the Core Community Support Teams was to take the information provided through citizens and determine a definitive set of goals to enhance the Lake and Sumter Counties health care and health outcomes.

Health Needs Assessments, Lake & Sumter by County – Assessment of health care issues within and across the two county area was determined through four distinct assessment components including:
Community Health Status Assessment (CHSA)
Local Public Health System Assessment (LPHSA)
Community Themes and Strengths Assessment (CTSA)
Forces of Change Assessment (FCA)

Community Health Status Assessment (CHSA)

The CHSA provides insights into the current health status and key health system and health outcome indicators in a community. This assessment takes a snapshot in time of the local public health system. Information for the assessment was gathered from a variety of data sources including the U.S. Census Bureau, the Florida Community Health Assessment Resource Tool Set, the Behavioral Risk Factor Surveillance Survey (BRFSS7), the Florida Department of Health County Performance Snapshot and others. Additionally, county-level results from the 2012 County Health Rankings published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation were considered.

Sumter

The Community Health Status Assessment was completed in December 2011. This assessment takes a snapshot in time of the local public health system. Information for the assessment was gathered from a variety of data sources including the U.S. Census Bureau5, the Florida Community Health Assessment Resource Tool Set (CHARTS6), the Behavioral Risk Factor Surveillance Survey (BRFSS7), the Florida Department of Health County Performance Snapshot and others. Additionally, county-level results from the 2012 County Health Rankings8 published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation were considered. The resulting analysis indicated four overarching health related concerns. These are; 1) Low enrollment in higher education, 2) A high percentage of smoking in middle and high school students, 3) A high percentage of overweight residents, and 4) Poor cardiovascular health among Sumter County residents.

Lake

Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Lake County both on an individual and county-wide basis.

The overall age-adjusted mortality rate for Lake County for 2007-2009 was 654.2 per 100,000 while the state was 666.7 per 100,000 (Technical Appendix Report Table 44).

While heart disease tops the leading causes of death in the state, cancer is the topmost cause of death in Lake County (Technical Appendix Report Table 40).

In both Lake County and the state as a whole, the majority of deaths can be attributed to chronic diseases.

Racial disparities are present in Lake County as in the rest of the state. Black residents in Lake County have a 23 percent higher overall age-adjusted mortality rate compared to White residents (795.7 and 644.4 per 100,000 respectively).

Overall, poor health behaviors are generally on the rise in Lake County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).

The rate of total physicians per 100,000 residents (fiscal year 2009-10) is more than 44 percent lower in Lake County than in Florida. The rates are 167.5 and 300.6, respectively

The rate of licensed dentists per 100,000 is more than 34 percent lower in Lake County (fiscal year 2009-10), 40.3 as compared to 61.9 for the state

In the year 2009, Lake County had an avoidable hospital discharge rate (per 1,000 residents) of 16.1, which was 10 percent greater than the Florida rate of 14.2

In October 2011, the US Census Small Area Health Insurance Estimates (SAHIE) program released 2009 estimates of health insurance coverage. The overall non-elderly (0-64) uninsured rate in Lake County is 23.9 percent compared to 24.9 percent for Florida.

Lake County is in the upper 20-30 percent counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.

Life expectancies of residents of Lake County are lower than state and national averages, and life expectancies of black residents are 4-6 years shorter than that of white residents (4 years for females and 6 years for males).

Local Public Health System Assessment

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The ten Essential Public Health Services (EPHS) include the following:

1. Monitor Health Status To Identify Community Health Problems
2. Diagnose And Investigate Health Problems and Health Hazards
3. Inform, Educate, and Empower People about Health Issues
4. Mobilize Community Partnerships to Identify and Solve Health Problems
5. Develop Policies and Plans that Support Individual and Community Health Efforts
6. Enforce Laws and Regulations that Protect Health and Ensure Safety
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
8. Assure a Competent Public and Personal Health Care Workforce
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
10. Research for New Insights and Innovative Solutions to Health Problems

The LPHSA provides a community self-assessed report card for the local public health system (all partners with a vested interest in the public's health; not just the local health department).

<u>Sumter</u>

The Local Public Health System Assessment (LPHSA) was conducted first from April – July 2011. This assessment was accomplished with input from a wide variety of health and medical partners.

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	42
2	Diagnose And Investigate Health Problems and Health Hazards	78
3	Inform, Educate, And Empower People about Health Issues	78
4	Mobilize Community Partnerships to Identify and Solve Health Problems	72
5	Develop Policies and Plans that Support Individual and Community Health Efforts	64
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	87
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	61
8	Assure a Competent Public and Personal Health Care Workforce	63
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	63
10	Research for New Insights and Innovative Solutions to Health Problems	54
Overall Performance Score		66

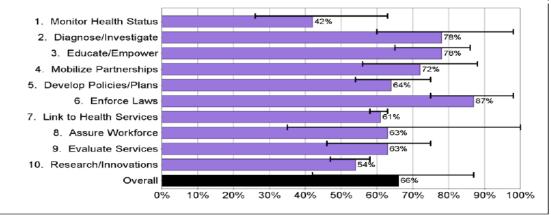Figure 1: Summary of EPHS performance scores and overall score (with range)

Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

Lake

As seen in Table 4-1, two of the ten Essential Services scored 50 or below (**bold** in the table below), which indicates a self-assessment of moderate or less performance against the standards for Lake County. The low scores for EPHS 4 and 9 may indicate that there are opportunities in Lake County to better mobilize community partnerships to identify and solve health problems and to evaluate effectiveness, accessibility and quality of personal and population-based health services. Figure 4-1 (below) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the

minimum and maximum values of responses for the various questions asked within the Essential Service and an overall score. Areas of wide range may warrant a closer look in Figure 4 or the raw data.

Table 4-1: Summary of performance scores for local public health system by Essential Public Health Service

1 Monitor Health Status To Identify Community Health Problems - 65
2 Diagnose And Investigate Health Problems and Health Hazards - 93
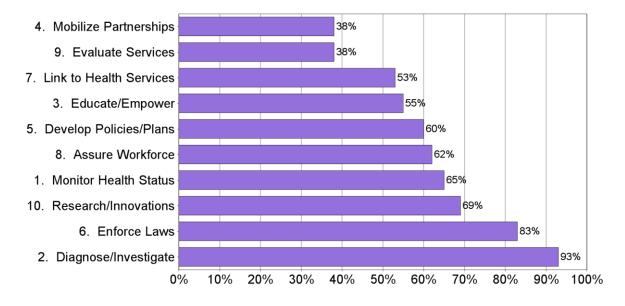3 Inform, Educate, And Empower People about Health Issues - 55
4 Mobilize Community Partnerships to Identify and Solve Health Problems - 38
5 Develop Policies and Plans that Support Individual and Community Health Efforts - 60
6 Enforce Laws and Regulations that Protect Health and Ensure Safety 83
7 Link People to Needed Personal Health Services and Assure the Provision of Health Care
   when Otherwise Unavailable - 53
8 Assure a Competent Public and Personal Health Care Workforce - 62
9 Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based
   Health Services - 38
10 Research for New Insights and Innovative Solutions to Health Problems - 69

Overall Performance Score - 62
Source: Local Public Health System Assessment Scoring Results, Lake County, September 2011.

Figure 4-2 (below) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Community Themes and Strengths Assessment
The CTAS allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system.

Sumter

The method for data collection was a Community Health Assessment Survey conducted in Sumter County. This 24 question telephone-based survey used a simple stratified sample design for data collection. As Sumter County consists of two distinct demographics; an affluent urban north (The Villages) and a rural central and southern part, the survey results compare the two. A total of 2734 phone calls were made resulting in 271 survey responses, approximately a 10% response rate. The assessment revealed a number of issues residents feel are very important. Among these are Heart Disease and Stroke, Obesity, Respiratory/Lung Disease, and Drug Use/Abuse.

Lake

As part of the 2011 MAPP Community Needs Assessment process to identify community themes and strengths, individuals were recruited to participate in four focus groups in Lake County. One trained focus group facilitator conducted four focus groups during the month of August, September, and October 2011. Focus groups were held in Mount Dora, Leesburg, Umatilla, and Clermont all located within Lake County. All focus groups were held at libraries, local churches, and via conference call. A total of 37 individuals participated in the four focus groups and had the following demographic profile: 29.7% males, 70.3% females, 89.2% White, 10.8% Black, and no participant self identified as Hispanic. The ages of participants, who were 50+ years of age accounted for 62.2%, 40-49 years old accounted for 8.1%, 30-39 years old 13.5%, 20-29 years old 13.5% and 18-20 years old 2.7%.

Participants for these groups were recruited by advertisements posted at local shopping centers, health department, churches, community centers, libraries and through word-of-mouth recruiting. A $20.00 stipend was offered as a participation incentive at the conclusion of each meeting. A $20.00 gift card was also mailed to participants who took part in a focus group via conference call. Participant recruitment began approximately two weeks prior to the first focus group meeting. Participant registration was undertaken through a designated telephone line at the WellFlorida Council.

Participants defined a healthy community in various ways. All of the groups stated that having access to affordable health care services and having an active lifestyle were elements of a "healthy community". Several groups mentioned having lower rates of disease and illness and having a community where people looked out for each other as essentials of a healthy community. Three of the four groups discussed smoking and clean air as primary factors. One group mentioned that a healthy community is where people are physically, mentally, spiritually, and holistically healthy and that the community should have enough facilities to meet the needs of its residents.

Analysis of the resident focus group discussions from the CTSA process yields the following key observations and themes regarding community health themes in Lake County:
Access to affordable care and a strong economy are essential to a healthy community
Disparities in Lake County
o Homeless, poor, uninsured, and underinsured
o Specific geographic areas, especially remote rural areas
o Elderly

Limited transportation is an ongoing issue for many, and remains one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Lake County

o Access to healthcare
o Affordability an issue
o Uninsured and underinsured
o Not enough Medicaid and Medicare providers (especially specialties)
o Some folks live in remote rural areas or areas removed from population and services concentrations
o Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues
o Strong community-based organizations and faith-based organizations working together to help the community is a strength in Lake County

Forces of Change Assessment

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

The FCA asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events and trends that may either enhance or hinder a community's ability to address its most pressing healthcare issues.

<u>Sumter</u>

The FCA tool was circulated to members of the Sumter Steering Committee to generate response and perspective regarding these "forces of change". Respondents to the FCA instrument were asked to answer the following questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" All members of the Steering Committee and their designees were encouraged to participate in the brainstorming process. Once a list of forces was identified, participants also indicated possible opportunities and/or threats these forces may have on the county's healthcare system and health outcomes.

The Forces of Change (FOC) Assessment for Sumter County was completed in September 2012. The Forces of Change Assessment focused on the identification of forces that affect the context in which the public health system operates. These forces can be Trends, Events, or Factors. Trends are patterns over time such as a slow economy. Events are one-time occurrences such as the construction of a new hospital. Factors are discrete elements such as a rural setting. The FOC Assessment answers the questions *"What is occurring or might occur that affects the health of our community or the local public health system?"* and *"What specific threats or opportunities are generated by these occurrences?"* MAPP Steering Committee members participated in the FOC Assessment during two

brainstorming sessions on August 2, 2012 and August 30, 2012; and also though an e-mail survey on August 21, 2012.

<u>Lake</u>
The Forces of Change Assessment for Lake County resulted from three sources: the discussion transcripts from the community portion of the Local Public Health System Assessment (LPHSA); the discussion transcripts from the health department portion of the LPHSA; and a special Leadership Plus meeting of the Lake County Health Department management teams dedicated to identifying forces of change and discussing potential threats and opportunities inherent in these ongoing or emerging forces. The Leadership Plus team met in November 2012 to take part in the Forces of Change Assessment. Through an open, participatory process, participants were asked to answer the following questions: "What is occurring or might occur that may affect the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" All members of this Leadership Plus were encouraged to participate in the brainstorming process. Once a list of forces was identified, participants discussed possible opportunities and/or threats these forces may have on the local health care delivery system and health outcomes in Lake County. Transcripts and notes from LPHSA were reviewed for insights on forces of change and their potential threats and opportunities.

The *Lake County Forces of Change Assessment* was aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.
· Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
· Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
· Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

Lake County – Secondary Data Highlights
Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Lake County both on an individual and county-wide basis. The overall age-adjusted mortality rate for Lake County for 2007-2009 was 654.2 per 100,000 while the state was 666.7 per 100,000 (Technical Appendix Report Table 44). While heart disease tops the leading causes of death in the state, cancer is the topmost cause of death in Lake County (Technical Appendix Report Table 40). In both Lake County and the state as a whole, the majority of deaths can be attributed to chronic diseases. Racial disparities are present in Lake County as in the rest of the state. Black residents in Lake County have a 23 percent higher overall age-adjusted mortality rate compared to White residents (795.7 and 644.4 per 100,000 respectively). Overall, poor health behaviors are generally on the rise in Lake County as measured by the Behavioral Risk Factor Surveillance System (BRFSS). The rate of total physicians per 100,000 residents (fiscal year 2009-10) is more than 44 percent lower in Lake County than in Florida. The rates are 167.5 and 300.6, respectively.

The rate of licensed dentists per 100,000 is more than 34 percent lower in Lake County (fiscal

year 2009-10), 40.3 as compared to 61.9 for the state.

In the year 2009, Lake County had an avoidable hospital discharge rate (per 1,000 residents) of 16.1, which was 10 percent greater than the Florida rate of 14.2.

In October 2011, the US Census Small Area Health Insurance Estimates (SAHIE) program released 2009 estimates of health insurance coverage. The overall non-elderly (0-64) uninsured rate in Lake County is 23.9 percent compared to 24.9 percent for Florida.

Lake County is in the upper 20-30 percent counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.

Life expectancies of residents of Lake County are lower than state and national averages, and life expectancies of black residents are 4-6 years shorter than that of white residents (4 years for females and 6 years for males).

Sumter County Secondary Data Highlights

Sumter County is located in Central Florida, and is surrounded by the counties of Lake, Marion, Citrus, Hernando, Pasco, and Polk. The estimated population for Sumter County in 2010 was reported as 93,420 from the 2010 official U.S. Census. Sumter County has five incorporated cities including Bushnell, Center Hill, Coleman, Webster, and Wildwood. In addition, the county includes one of the largest self-contained retirement communities in the United States; The Villages.

Sumter County has a predominately Caucasian population. According to data from the 2010 U.S. Census about 87% of the Sumter county population is Caucasian while around 11% is African American, Asian, American Indian, Native Alaskan, Native Hawaiian, or Pacific Islander. The Hispanic population of Sumter County is reported from the 2010 U.S. Census as 5,605 (6%) and Non-Hispanic is reported as 87,815 (94%) for 2010.

According to the 2010 U.S. Census, the population in Sumter County has an older median age than Florida as a whole. Sixty-three percent (63%) of the residents are age 55 or older as compared to thirty percent (30%) for the state. The median age is 63.5 years. Approximately 48% of the population is female and 52% is male.

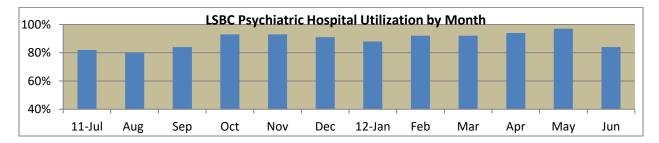### Section Three – Input from Community/State/National Representatives

LifeStream staff contributed to the county-wide MAPP planning exercises conducted in cooperation with a consortium of health agencies and organized by the Health Departments in Lake and Sumter Counties over the previous year. This information resulted in three general goals (per county specific MAPP) pertinent to community health. By looking at these findings as they reflect on our hospital operations, they have clarified LifeStream's planning for improving community behavioral health. The recommendations for improving community health include:

GOAL 2 Increase access to primary and **specialty care safety net services.**[1]

GOAL C2: Decrease barriers to healthcare for residents of Sumter County.[2]

By using a variety of techniques including Interview questionnaires, Surveys or Focus Groups that are customized to our stakeholders LifeStream can capture qualitative and quantitative responses to gather additional information of our constituents to affirm or refine these general goals as they apply to our specific behavioral health population. Each respondent was presented with these summary facts regarding psychiatric hospital utilization and health issues associated with a severe and persistent mental health diagnosis.
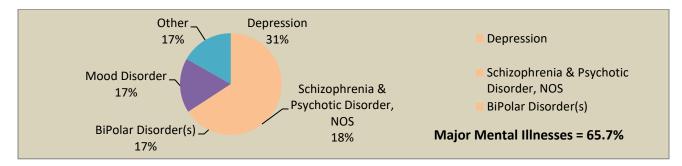
Baseline Data: LifeStream operates a 46 bed psychiatric hospital – a speciality care safety net for those in need of acute psychiatric services -located in Leesburg Florida and serving the counties of Lake and Sumter. During the previous fiscal year the occupancy was on average 89.2% per day. Several days in many months occupancy of distinct units of the facility (distinct units exist for males, females, and elderly persons [65 years and above]) exceeded 100% due to the demand for services, the acute nature of the behavioral health services needed as well as the placement alternatives driven by gender and age. Adults 18 and older are admitted to the facility on a voluntary and involuntary basis under conditions described in Florida Statute 394, The Baker Act. The following graph gives visual overview of the monthly utilization of the hospital:
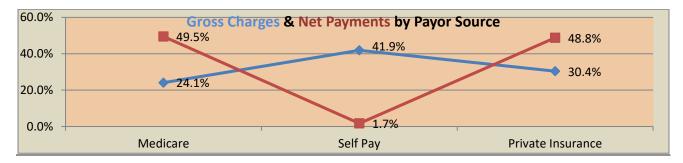

LSBC Psychiatric Hospital Utilization by Month

[1] 2012-2015 Community Health Improvement Plan, Lake County, September 2012

[2] 2013 Community Health Needs Assessment, Sumter County, April 2013

Underserved and chronic disease populations: While LifeStream serves all individuals needing acute psychiatric services in our hospital, statistics show that a vast majority of the consumers have severe and persistent mental illness. The collection of diagnoses rendered within the facility show the diagnostic trends of those served correspond to the three diagnoses regarded as major mental illness:

Depression 31%
Other 17%
Mood Disorder 17%
BiPolar Disorder(s) 17%
Schizophrenia & Psychotic Disorder, NOS 18%

Depression
Schizophrenia & Psychotic Disorder, NOS
BiPolar Disorder(s)

Major Mental Illnesses = 65.7%

Information provided by the Florida Council for Community Mental Health (FCCMH) reveals that only a third [3] of persons having serious and persistent mental illness currently receive services funded by the State of Florida and that Florida ranks 49th in per capita funding for such services. Within the hospital the following payor sources have been identified:

Gross Charges & Net Payments by Payor Source

	Medicare	Self Pay	Private Insurance
Net Payments (red)	49.5%	1.7%	48.8%
Gross Charges (blue)	24.1%	41.9%	30.4%

[3] Bob Sharp, FCCMH CEO, Presentation to LSBC Board of Directors, March 23, 2013

These individuals with severe and persistent mental illness receive a complete History and Physical upon admission to our psychiatric hospital. During the physical examination it often becomes clear that while the individual has a chronic medical condition(s), he or she does not receive regular physical healthcare. The reasons are often of multiple origins which include lack of benefits which would allow this care, lack of funds to support a self-pay strategy, poor adherence to treatment regimes, inability to have medication prescriptions filled leading to lack of attendance to follow-up appointments and reported inability to establish a bond with a specific primary care provider. People living with mental illness have a very high rate of smoking. A study by The Journal of the American Medical Association reported that 44.3 percent of all cigarettes in America are consumed by individuals who live with mental illness and/or substance abuse disorders. This means that people living with mental illness are about twice as likely to smoke as other persons.

As a result of these factors, individuals with a psychiatric diagnosis reflecting severe and persistent mental illness (as identified above) die, on average, twenty-five years earlier than their peers. LifeStream has become a national leader in the implementation and deployment of integrating primary and behavioral healthcare through its being awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) grant. This funding has allowed the organization to create the WIN (Wellness Integration Network) clinic to serve this population as its sole consumer base. In addition to primary care the WIN clinic offers a variety of wellness plans to assist consumers in weight loss, smoking cessation and alcohol use reduction.

We asked the representatives to provide input as to the two objectives regarding LifeStream's community health improvement implementation strategies as relevant to the goal derived from the CHIP. Representation from each of the following community, state and national advocates, funders, and referral agents were solicited:

NAMI Lake & Sumter (National Alliance for the Mentally Ill)
Lake County School Board
Sumter County School Board

Commissioner, Sumter County Board of County Commissioners
Commissioner, Lake County Board of County Commissioners
LifeStream Consumer Focus Group
National Council for Community Behavioral Health
Lutheran Services of Florida, DCF Northeastern Region Managing Entity
Sumter County Social Services Director
Executive Director, Safe Climate Coalition of Lake County

Section Four – Priority Needs Identified

Objective 1 – Increase psychiatric hospital bed availability by January 1, 2015.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

Objective 2 – Increase primary care integration services accessibility to Eastern Lake County by October 30, 2014.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5

We also asked for their input in the following areas:

What would you identify as the critical factors for success?

"*No matter how many beds, it's not enough. The last time I was there they were out of beds and I had to sleep on a mattress on the floor. I was already depressed and that made me feel even worse – like I wasn't even worth sleeping in a bed.*"

"*Let outside doctors know what WIN does.*"

"*Locate WIN clinics near public transportation.*"

What would you identify as the possible barriers to success?

"With all of the budget cuts how can we build (these additional beds)."

"*Mental health issues still carry a stigma that is not flattering to the general public. Education continues to address the issue, but all too often on TV shows or movies, the "crazy" person is portrayed in a way that is intended to make us laugh or cry, but never addresses the root of the problem. People still have the "not in my back yard" mentality when it comes to building or converting facilities for use with non mainstream groups, whether it is the mentally ill, homeless, recovering addicts or others who live on the fringes of society. It is a huge barrier that all of us keep working at everyday.*"

"Lack of affordable medications to provide for ongoing recovery post hospitalization. Without these for many people it's just a revolving door"

"Transportation problems to attend follow up appointments."

General comments, observations, suggestions for action items?

"How to better reach the south Lake county population. The expansion of beds is wonderful, but transportation remains an issue for many wanting these services."

Section Five – Community Health Improvement Implementation Strategies

Measure/indicators for success:

Objective 1 – Increase psychiatric hospital bed availability by January 2014.

1.a. Adult Beds – Expand from 46 to 62 beds

Based on the utilization data and community input presented above, LifeStream seeks to increase the number of adult and children hospital bed capacity from 46 to 62 and 0 to 20 respectively. Currently LifeStream operates sixteen Crisis Stabilization Unit (CSU) beds in addition to the forty-six hospital beds. Utilization of the CSU has for much of the last year been devoted to children's needs for services thereby limiting adult admissions to the hospital regardless of funding source.

By making use of available resources on our Tally Road campuses, a unit at Hope Recovery Center at 2018 could become a twenty bed inpatient psychiatric unit for children, this would allow expansion of hospital beds in the 2020 Tally Road facility from 46 to 62 adult psychiatric hospital beds. It is anticipated that the architectural review, facility enhancements, and licensure process will require 6 to 9 months to complete for the two campus project. The goal is to have the new capacity available January 1, 2015.

Architectural review of the existing structures at 2018 and 2020 Tally Road to be completed by December 30, 2013. The review will focus on any structural changes needed to address wind mitigation and any other code enhancements that an upgrade to a hospital licensure may entail. If based on the architectural review findings, a decision is made to convert twenty Hope and Recovery beds to hospital ones, LifeStream will contact the Agency for Health Care Administration (AHCA) Certificate of Need to request an Exemption for use of existing beds. It is anticipated that AHCA approval to be awarded by March 30, 2014.

Based on the completion of architectural review, LifeStream will hold a competitive bid to secure a contractor to facilitate any structural or changes needed to enhance operations at the 2020 Tally Road facility. It is anticipated that the contract can be negotiated and signed by April 30, 2014.

Construction is planned for completion on October 30, 2014. Obtain Certificate of Occupancy, all equipment needed for operation, recruit/ train staff during the last quarter of FY 13-14. Obtain on-site inspection of the facility by the Department of Children and Families to allow designation of the site as a Baker Act Receiving Facility. The Agency for Health Care Administration will also need to conduct an on-site inspection for the issuance of a license as a Class III Specialty Hospital – Psychiatric. Expansion to go on line before January 1, 2015.

1.b. Children Beds – Make available 20 psychiatric hospital beds for children

Available resources on our Tally Road campus allows expansion of hospital beds to the Hope & Recovery Center, and implementation of a 20 bed hospital unit for children in the 2018 Tally Road facility. It is anticipated that the architectural review, facility enhancements, and licensure process will require 6 to 9 months to complete. The goal is to have the new capacity available January 1, 2015.

Architectural review of the existing structure to be completed by July 1, 2013. The review will focus on any structural changes needed to address wind mitigation and any other code enhancements that an upgrade to a hospital licensure may entail. If based on the architectural review findings, a decision is made to convert twenty Hope and Recovery beds to hospital ones, LifeStream will contact the Agency for Health Care Administration (AHCA) Certificate of Need to request an Exemption for use of existing beds. It is anticipated that AHCA approval to be awarded by March 30, 2014.

Based on the completion of architectural review, LifeStream will hold a competitive bid to secure a contractor to facilitate any structural or changes needed to enhance operations. It is anticipated that the contract can be negotiated and signed by April 30, 2014.

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Objective 2 – Increase primary care integration services accessibility to Eastern Lake County by October 30, 2014.

LifeStream currently operates a primary care integration clinic in Leesburg. This innovative health care clinic has been highly successful in allowing individuals being served for major mental illness to have accessible primary care. Specific action steps to accomplish this objective include:

Relocate Children's Outpatient Services from the Magnolia Avenue location to the newly renovated Huffstetler site by August 2013.

Renovate that portion of the Magnolia Ave clinic to serve the program needs of the WIN integration clinic August 2013 through September 2013.

Purchase and equip renovated integration health clinic during September 2104.

Recruit and train staff for roles in the WIN integration clinic to begin operations October 2014.