

Implementation Plan for Needs Identified in the Community Health Needs Assessment for CHI St. Alexius Health Dickinson Medical Center and Southwest District Health Unit

FY 2019-2021

Covered Facilities: All health facilities that are involved in this plan (hospitals, clinics, public health, ambulances, etc.)

CHI St. Alexius Health Dickinson Medical Center
CHI St. Alexius Health Dickinson Medical Clinic
CHI St. Alexius Health Beach Family Clinic
Southwest District Health Unit

Community Health Needs Assessment: A Community Health Needs Assessment (“CHNA”) was performed from August 2018 – December 2018 in collaboration with UND Center for Rural Health to determine the most pressing health needs of southwestern North Dakota.

Implementation Plan Goals: The Senior Management Team at CHI St. Alexius Health Dickinson Medical Center, management of SW District Health Unit, and their governing boards have determined that the following health needs identified in the CHNA should be addressed through the implementation strategy noted for each such need:

CHNA Key Findings – Implementation Plans

Overall Implementation Plan: CHI St. Alexius Health has a number of positive relationships with groups in the community that can be leveraged to communicate the findings of the CHNA. These groups include, but are not limited to: Dickinson Area Chamber of Commerce Board of Directors, Stark Development Board of Directors, Dickinson Homeless Coalition, Domestic Violence and Rape Crisis Center, Community Relations Committee, Manufacturers Roundtable, Southwest District Health’s Behavioral Health Coalition, and many more. By utilizing these connections to the community, CHI is confident we can achieve awareness of the needs in the community and receive support from many in and outside the healthcare sphere to address the Key Findings of the CHNA.

Through the use of print media (The Dickinson Press), social media, and the internet, a comprehensive approach will be put into place to make sure all of the areas identified are addressed to the best of our ability. Specific strategies have been identified and additional strategies will be identified as they are developed and begin to come to fruition.

A key piece of our implementation strategy is the continuation of the Southwest District Health Unit's Behavioral Health Coalition, the mission of which is to create a group that brings various stakeholder groups together in order to improve communication and leverage expertise across organizations to ensure maximization of resources.

Below is a series of bullet points which identify the key findings and how we plan to initially address them.

CHNA Key Findings

1. Availability of Mental Health Services

- Implementation Strategies
 1. Provide in-house services if available through on-call mental health professionals from the surrounding area, as well as establishing care once patients leave the hospital facility.
 - Connect patients to the services they require and continue work to establish availability of necessary resources in our so that the readmittal rate of these patients for mental health concerns drops.
 - Ensure a positive working relationship with mental health providers in the Dickinson area
 2. Provide Tele-Psychiatric Care
 3. Work to establish additional mental health treatment services
 - Work with Prairie St. John's or a similar entity to establish a Mental Health and Substance Abuse Treatment Unit at the former St. Joseph's Hospital.
 - Provide an offsite location for admittal of patients who we are not necessarily equipped to treat in-house.
 4. Add a full-time discharge planner to our team to provide better discharge planning for patients with mental health and/or substance use disorders.
 5. Work with outpatient licensed addiction counselors

2. Availability of substance use disorder/treatment services

- Implementation Strategies
 1. Work to establish additional substance use disorder/treatment services
 - Work with Prairie St. John's or similar entities to provide services to patients who otherwise would need to be treated in our facility for detox and overdoses.
 - Connect patients to the services they require and continue work to establish availability of necessary resources in our region to treat their addiction.
 2. Add a full-time discharge planner to our team to provide better discharge planning for patients with mental health and/or substance use disorders.
 3. Work with outpatient licensed addiction counselors

3. Depression and anxiety among the youth population

- Implementation Strategies
 1. Establish a juvenile psychiatric strategy which will work to identify and treat depression, anxiety, and other mental health challenges.
 2. Add a full-time discharge planner to our team to provide better discharge planning for patients with mental health and/or substance use disorders.

Other Needs Identified – Implementation Plans

4. Availability of specialists

- Implementation Strategies
 1. Continue to search for opportunities to provide services to underserved patient populations.
 - Potential areas
 - a. Dermatology

5. Alcohol use and abuse, youth and adult

- Implementation Strategies
 1. Work to establish additional substance use disorder/treatment services
 - Work with Prairie St. John's or similar entities to provide services to patients who otherwise would need to be treated in our facility for detox and overdoses.
 - Connect patients to the services they require and continue work to establish availability of necessary resources in our region to treat their addiction.

6. Drug use and abuse, youth and adult

- Implementation Strategies
 1. Work to establish additional substance use disorder/treatment services
 - Work with Prairie St. John's or similar entities to provide services to patients who otherwise would need to be treated in our facility for detox and overdoses.
 - Connect patients to the services they require and continue work to establish availability of necessary resources in our region to treat their addiction.

7. Sexual abuse, assault, and domestic violence

- Implementation Strategies
 1. Continue our work with the Sexual Assault Nurse Examiners (SANE) nursing group
 - Ensure sexual assault victims are provided the care necessary following their assault in a caring, holistic way.
 - Provide law enforcement, when able, the resources need to address sexual assault in the community.
 2. Continued community education and outreach

- Intimate Partner Violence (IPV) is a problem in our communities that affects many, but many are unaware of. By expanding awareness we can increase the number of individuals available to face this issue.
3. Provide Within My Reach classes in the community and surrounding area
 - Within My Reach is a intentional relationship building curriculum which seeks to empower men and women to build healthy intimate partner relationships.
 - Classes will continue at the SW Women’s Correctional Center in New England
 - Classes are being developed with Dickinson High School and Trinity High School.
 4. Provide training and outreach to our staff and community
 5. Continued partnership with the Domestic Violence and Rape Crisis Center in Dickinson
 6. Continued engagement with the Human Trafficking Coordinator for our region and staff education on it and other issues related to Domestic Violence, Sexual Assault, and Sexual Abuse

Other Needs Identified in the CHNA but Not Addressed in this Plan – Each of the health needs listed below is important and is being addressed by numerous programs and initiatives operated by the Hospital, other organizations within the Hospital system, and other community partners of the Hospital. However, the Hospital will not address the following health needs identified in the CHNA as part of this Implementation Plan due to limited resources and the need to allocate significant resources to the two priority health needs identified above.

- **Childcare capacity**
- **Affordable housing**
- **Cost of long-term/nursing home care**
- **Youth bullying/cyber-bullying**
- **Availability of resources to help elderly stay in their homes**