Community Health Needs Assessment

Implementation Plan

December 20, 2024

Monadnock
COMMUNITY HOSPITAL

YOUR LIFE. YOUR CAREER. YOUR HOSPITAL.

Background - Compliance

▶ The Community Health Needs Assessment (CHNA) and the Implementation Plan are required by federal agencies. Specifically, the Affordable Care Act of 2010 requires all U.S. not-for-profit hospitals to complete a CHNA and Implementation Plan every three years.

▶ In 2024, Monadnock Community Hospital (MCH) leadership worked with community leaders, underserved populations receiving services in the community, and others to complete its CHNA and identify a breadth of community health-related needs, or service gaps. The top 10 prioritized needs are the focus of this Implementation Plan.

▶ MCH prioritized the list using qualitative and quantitative approaches.

▶ The following Implementation Plan indicates which of the top 10 prioritized needs the health system will address (and how) and which ones it will not address (and why not).

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Requirements

The CHNA and the IP are separate but linked requirements.

▶ CHNA requirements include actions such as the following:
  – Define the community served by MCH
  – Describe the quantitative and qualitative methodology used to identify and prioritize community needs
  – Include a comprehensive list of community health or health-related resources
  – Prioritize the list of community health needs to be included in the Implementation Plan

The CHNA document (to be available on the website) addresses each of these issues.

▶ Implementation Plan Requirements
  – Identify which community needs the hospital will address (and how)
  – Identify which community needs the hospital will not address (and why not)

This document summarizes the Implementation Plan results.

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Methodological Focus Areas

▸ The MCH CHNA and Implementation Plan activities sought to identify the highest priority community health-related needs and identify practicable strategies to address them.

  – The definition of "health-related needs" has morphed over the past several years – considering a broader perspective of issues such as Social Determinants of Health (e.g., housing, transportation, education, safety and violence, etc.) and others.

  – "Practicable strategies" include those that can realistically be put into practice; in those cases, MCH may **_LEAD_** initiatives, **_COLLABORATE_** with community partners, or **_SUPPORT_** or **_ADVOCATE_** in support of particular issues.

▸ The Implementation Plan establishes the basis for shared operational plans to address higher-priority needs.

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Implementation Plan Approach

▶ Implementation Plan activities [i.e., actions taken to identify which community health needs will be addressed (and how)], including the following:

- Conducting in-depth discussions with the MCH Project Leadership team to review the needs list and identify ones – if any – generally outside of MCH's purview to impact

- Developing a matrix that identified existing programs or activities that positively impact one or more of the higher-priority community needs

- Working with the Project Leadership team and a broad set of community leaders to define for each of the higher priority needs the "degree of control that MCH has to enact change" and a "potential timeline on which positive change could reasonably be made to address the need"

- Creating this summary document that addresses the project requirements including clear recognition of activities within the hospital's purview to address and (if so), how the hospital can best address the need

The full, prioritized list of the top 10 highest priority community needs (from the CHNA) is included on the next slide.

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The List of the Highest Priority Community Needs

1. Mental Health Services for Children

2. Mental Health Crisis Care Services

3. Urgent Care & Walk-in Clinics

4. Primary Care for Adults and Children

5. Mental Health Services for Adults

6. Workforce to Recruit and Retain Healthcare Workers

7. Public Transportation (not specifically for medical care)

8. Affordable Housing

9. School & Hospital Collaboration to identify & care for students with medical or mental health needs

10. Economic development (including job creation and training)

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Evaluation Criteria and Definitions

MCH has a long-standing commitment to the community on every level. Administrative leaders, providers, staff members, and the balance of the MCH community are truly embedded in the area. As such, MCH leaders have cemented ongoing relationships throughout the community – facilitating project cooperation, in many instances. The collaborative environment and other factors impact the ability to address core needs within the community.

▸ The degree to which the hospital can address needs is based on the following criteria:
  – The CHNA-based priority of the need
  – Resources within an existing program or initiative which can be deployed
  – Opportunities for collaboration with community partners
  – The degree to which the need is within the hospital's purview to address

NOTE: Definition of a "need:" A service gap – or an **unmet** health issue – that could benefit from additional support from MCH or other organization. For example, many chronic disease states or specific mental health conditions such as heart disease, diabetes, depression, and others – while highly important, ongoing community health issues – may not be listed as **unmet** needs **IF** the hospital and others are already highly engaged in these critically important areas: The need for the service may always exist, but if hospitals and others are providing capacity and access to quality care, there may not be an **unmet** need.

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Categorization of the Top 10 Community Needs Identified in the CHNA

For each of the highest priority needs, MCH examined its current programs, outreach efforts, and collaborations and considered new initiatives such that each of the top needs was assigned to one of the following categories:

Needs that MCH will not address: The need is either not within the MCH purview or beyond its ability to readily impact.

Needs for which MCH will enhance existing programs or establish new ones: The hospital has current activities that may be able to be modified or expanded to address the community health need; or newly created activities or initiatives may be required to do so.

Needs MCH is addressing through existing programs and activities: The hospital is already actively providing services to address the community health need and may focus efforts on building awareness of existing programs and services.

The following pages show Implementation Plan SUMMARY results – "needs that the hospital will address (and how) and which ones it will not address (and why not)" – by category, (i.e., the three primary categories noted above).

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Needs MCH Will <u>Not</u> Directly Address

MCH existing programs and activities address all of the higher-priority needs directly or indirectly. The following slides present enhanced details regarding the programs and needs addressed by them.

Needs for Which MCH will Enhance Existing Programs or Establish New Ones

▸ MCH Project Leadership Team members reviewed each of the needs for which MCH has, or may establish, programs to address on two scales:

  – The degree of local control (i.e., the amount of influence MCH may possess to affect needs)

  – Timeline (i.e., the expected amount of time it would take to impact the need)

▸ Based on the analysis, MCH categorized needs and activities based on the following:

  – (1) addresses the highest priority needs,

  – (2) exists within MCH's ability to control, and,

  – (3) provides positive impact in the "within one-year," "one- to three-year," and "four years or longer" time frames

Results are shown on the following slides.

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Needs for Which MCH will Enhance Existing Programs or Establish New Ones

In the "Within One-Year" Timeline, Focus is on Expanded Hours and Trained Mental Health Professionals

▶ **"Within 1 Year"** High-priority need focus areas (7 priorities):

– Mental Health Services for Children (CHNA Rank: 1)

– Urgent Care & Walk-in Clinics (CHNA Rank: 3)

– Mental Health Crisis Care Services (CHNA Rank: 2)

– Primary Care for Adults and Children (CHNA Rank: 4)

– Mental Health Services for Adults (CHNA Rank: 5)

– Public Transportation (not specifically for medical care) (CHNA Rank: 7)

– Affordable Housing (CHNA Rank: 8)

▶ Note that MCH currently has in place outreach and initiatives that address – to some degree – the five items in the green frame above.

▶ MCH will continue programs that address the five "green frame" needs above while considering additional initiatives. See Table 1: Matrix of Prioritized Needs and Current Programs in the appendices of this document.

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Needs for Which MCH will Enhance Existing Programs or Establish New Ones

In the "One- to Three-Year" Timeline, Focus is on Capacity and Community Collaboration Issues

▶ **"One- to three-year timeline for positive impact"** high-priority need focus areas (3 priorities):

  – Workforce to Recruit and Retain Healthcare Workers (CHNA Rank 6)

  – School & Hospital Collaboration to identify & care for students with medical or mental health needs (CHNA Rank 9)

  – Economic development (including job creation and training) (CHNA Rank 10)

▶ For each of these issues, MCH is best-suited for a collaborative or supportive/facilitative role (not a leadership role). As an active, engaged partner, MCH may have many opportunities to enhance initiatives led by other community partners to address these issues.

Importantly: Note that community impact is practicable within one to three years; however, some initiatives must be ongoing and offer longer-term (i.e., 4 years and more) benefits.

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As in the "One- to Three-year Timeframe," In the "Four Years or Longer" Timeline, Focus is on Capacity and Community Collaboration Issues

▸ Initiatives will be ongoing and designed to focus on three priority need areas (3 priorities):

– Workforce to Recruit and Retain Healthcare Workers (CHNA Rank 6)

– School & Hospital Collaboration to identify & care for students with medical or mental health needs (CHNA Rank 9)

– Economic development (including job creation and training) (CHNA Rank 10)

▸ Some current initiatives are in place to help address these issues, yet they each require ongoing focus to enact long-term change.

Note: As included in the previous slide, some activities to address the same three needs require long-term support to see community impact.

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Summary: Top Two Focus Areas and Needs by Time Frame

▸ **"Within One-Year" Impact Expectation – Focus areas include:**
  – Mental Health Services for Children (CHNA Rank: 1)
  – Urgent Care & Walk-in Clinics (CHNA Rank: 3)
  – Mental Health Crisis Care Services (CHNA Rank: 2)
  – Primary Care for Adults and Children (CHNA Rank: 4)
  – Mental Health Services for Adults (CHNA Rank: 5)
  – Public Transportation (not specifically for medical care) (CHNA Rank: 7)
  – Affordable Housing (CHNA Rank: 8)

▸ **"One to Three-Year" Impact Expectation – Focus areas include:**
  – Workforce to Recruit and Retain Healthcare Workers (CHNA Rank 6)
  – School & Hospital Collaboration to identify & care for students with medical or mental health needs (CHNA Rank 9)
  – Economic development (including job creation and training) (CHNA Rank 10)

▸ **"Four years or longer" Impact Expectation – Focus areas include:**
  – Workforce to Recruit and Retain Healthcare Workers (CHNA Rank 6)
  – School & Hospital Collaboration to identify & care for students with medical or mental health needs (CHNA Rank 9)
  – Economic development (including job creation and training) (CHNA Rank 10)

> Focusing on current activities and shorter-term collaborative ones to address these issues

> Longer-term and ongoing activities to address these same issues

Note that MCH will continue to address a broad range of other prioritized community needs, as well as respond to urgent or emerging needs, if they arise.

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Summary: Existing Programs and Activities Addressing Community Needs

▶ Of the top 10 highest priority community needs identified from the Community Health Needs Assessment, existing programs and activities already address 100% to some extent.

- The hospital will focus current and new initiatives on the highest priority issues as identified in the CHNA, as well as those for which it has existing programs and activities.

- For some of the programs and activities, MCH is a facilitator or partner with a community service organization, while for others, it takes more of a leadership role.

- For most of these needs, MCH programs and activities will remain largely unchanged. However, MCH may modify existing programs as needed or as additional opportunities present themselves.

- Specifically, programs such as the following are well-positioned to address shorter-term, and longer-term prioritized needs: CoCM, Just Book It, and ongoing initiatives to retain and recruit excellent staff members – providers, administrators, nursing staff, technicians, support staff, and others.

The following pages list the ranked needs and existing MCH programs and activities impacting them.

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Appendices and Supporting Tables

▶ Table 1: Matrix of Prioritized Needs and Current Programs

▶ Table 2: Major Categories of Prioritized Community Needs

▶ Table 3: Examples of Potential Programs
   (New or Expanded) and Prospective Partners

▶ Table 4: Community Needs, the MCH Role, and Impact Timelines

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Table 1: Matrix of Prioritized Needs and Current Programs

Community Need Overall Rank	Prioritized Community Need	Community Need Group	Current Program or Activity
1	Mental Health Services for Children	Mental Health Care	• ED Director is working on Behavioral Health Resource Book for Pediatrics • ED Director completed ECHO class regarding pediatric Behavioral Health
2	Mental Health Crisis Care Services	Mental Health Care	• Our expansion of mental health service via Collaborative Care (CoCM) is aimed to address crisis and pediatric care gaps. This is something specifically targeted at our primary care clinics (Must have MHP PCP to participate) and utilizes a care team to assist a PCP with psychiatric prescribing and follow ups. • MCH provides crisis care to ED staff 24/7. • Working on tool kits for those "boarding" in the ED • Suicide awareness and prevention internal workgroup aimed to support MCH employees
3	Urgent Care & Walk-in Clinics	Urgent Care	• Just "Book It" program all throughout MHP • Offering MCH employees urgent care through employee health beginning 2025
4	Primary Care for Adults and Children	Access to Primary Care	• Home visits through MIH and Cradle Monadnock • CCM (Chronic Care Management Program) gives care navigation for high risk Medicare patients (patients with multiple chronic conditions); it provides monthly phone calls and help with prescription medication refills, SDOH issues, and care plans. • MCH employees serve on the Health Access workgroup for PHN to improve insurance access.
5	Mental Health Services for Adults	Mental Health Care	• Social Worker is working out of rural health clinic (Antrim Medical Group) twice a week. • Promote educational structure to assist PCPs in BH management (new Psych APRN is working on this.) • MOUD training for ED and PCPs offer multiple support groups including, diabetes, mom & baby, Parkinson's, MS and AA and NA groups

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Table 1: Matrix of Prioritized Needs and Current Programs

Community Need Overall Rank	Prioritized Community Need	Community Need Group	Current Program or Activity
6	Workforce to Recruit and Retain Healthcare Workers	Access to Primary Care	• Recruit and Retain the Best Talent - Strategic Priority Project Team. • Working on onboarding at MCH • Marketing and Human Resources Departments collaborate to update the hospital website and job descriptions, as well as highlight weekly recruitment ads on social and other media.
7	Public Transportation (not specifically for medical care)	Social and Community-based Issues	• MCH has a representative on the Regional Transportation Workgroup • Annual support of CVTC with a financial contribution • Support SmartRide (wheel chair van)
8	Affordable Housing	Social and Community-based Issues	• Executive VP sits on the local Affordable Housing Committee through the Town of Peterborough • MCH owns three properties available for MCH employees in need of affordable housing. • MCH supports Catholic Charities' project building a 96-unit, mixed-income housing development in Peterborough
9	School & Hospital Collaboration to identify & care for students with medical or mental health needs	Multiple	• MCH is working with ConVal on the Hope Squad to establish a Peer Support group for suicide prevention. • Work closely with the personal trainer at ConVal through our rehab program
10	Economic development (including job creation and training)	Social and Community-based Issues	• MA program through MHP to train more MAs • Hiring more employees

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Table 2: Major Categories of Prioritized Community Needs

Community Need Group	Prioritized Community Need and Overall Rank (in Parentheses)
Mental health care	• Mental Health Services for Children (1) • Mental Health Crisis Care Services (2) • Mental Health Services for Adults (5) • School & Hospital Collaboration to identify & care for students with medical or mental health needs (9)
Urgent care	• Urgent Care & Walk-in Clinics (3) • School & Hospital Collaboration to identify & care for students with medical or mental health needs (9)
Access to primary care (i.e., more primary care providers and school / hospital collaboration)	• Primary Care for Adults and Children (4) • Workforce to Recruit and Retain Healthcare Workers (6) • School & Hospital Collaboration to identify & care for students with medical or mental health needs (9)
Social and community-based issues (e.g., economic development issues, housing, public transportation)	• Public Transportation (not specifically for medical care) (7) • Affordable Housing (8) • School & Hospital Collaboration to identify & care for students with medical or mental health needs (9) • Economic development (including job creation and training) (10)

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Table 3: Examples of Potential Programs
(New or Expanded) and Prospective Partners

Rank	Prioritized Community Need	Project Examples	MCH Role	Prospective Partners
1	Mental Health Services for Children	• Assign a social worker to pediatric care sites	Partner / Collaborate	Schools River Center MFS Churches Grapevine MDS System of Care
2	Mental Health Crisis Care Services	• Partner with MFS on the Critical Time Intervention (CTI) Program • Review potential Crisis Mobile Care Team Model modifications. • Partner with Anena at MFS on Trauma Response Monadnock	Partner / Collaborate	9-8-8 NH Rapid Response Access Point Local and county law enforcement MFS Churches and other faith-based organizations Reality Check
3	Urgent Care & Walk-in Clinics	• Build an after-hours urgent care model (analysis) to evaluate long-term benefits and costs of providing new urgent care capacity in the community or onsite • Create a walk-in clinic at the hospital	Lead	
4	Primary Care for Adults and Children	• Initiate or modify operational guidelines such as number of visits per provider per day and standard length of visit to expand patient access to care	Lead	School District offices and individual local schools Recruitment firms Medicaid and Medicare Public Health Network
5	Mental Health Services for Adults	• Hire more providers	Partner / Collaborate	MFS Local therapists 9-8-8 Insurance Companies / payers

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Table 3: Examples of Potential Programs
(New or Expanded) and Prospective Partners

Rank	Prioritized Community Need	Project Examples	MCH Role	Prospective Partners
6	Workforce to Recruit and Retain Healthcare Workers	• Work with more recruiters • Participate in more job fairs • Subscribe to, train, and deploy the handshake app (see https://joinhandshake.com/)	Partner / Collaborate	Local Colleges Local High schools Leadership Choice Mentorship Programs
7	Public Transportation (not specifically for medical care)	• Support and advocate where we can	Support / Advocate	CVTC Monadnock Regional Transportation Workgroup
8	Affordable Housing	• Support and advocate where we can	Support / Advocate	Peterborough and other service area municipal governments Catholic Charities
9	School & Hospital Collaboration to identify & care for students with medical or mental health needs	• Develop better relationships with the school districts through activities such as quarterly check-ins to discuss how MCH can best support their students and staff	Partner / Collaborate	Rise for babies and children ConVal, Conant, and Mascenic School Districts
10	Economic development (including job creation and training)	• Review and catalogue job training programs for clinical, support, and administrative positions	Support / Advocate	Local Schools Workforce development offices Community-based training sites.

Table 4: Community Needs, the MCH Role, and Impact Timelines

Rank	Prioritized Community Need	MCH Role	Timeline [Amount of time required to observe a potential impact]
1	Mental Health Services for Children	Partner / Collaborate	Within one year
2	Mental Health Crisis Care Services	Partner / Collaborate	Within one year for current initiatives; 1 to 3 years for new ones
3	Urgent Care & Walk-in Clinics	Lead	Within one year
4	Primary Care for Adults and Children	Lead	Within one year for current initiatives; 1 to 3 years for new ones
5	Mental Health Services for Adults	Partner / Collaborate	Within one year for current initiatives; 1 to 3 years for new ones
6	Workforce to Recruit and Retain Healthcare Workers	Partner / Collaborate	1 to 3 years; some initiatives must be ongoing and offer longer-term (i.e., 4 years and more) benefits

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Table 4: Community Needs, the MCH Role, and Impact Timelines

Rank	Prioritized Community Need	MCH Role	Timeline [Amount of time required to observe a potential impact]
7	Public Transportation (not specifically for medical care)	Support / Advocate	Within one year for current initiatives; 1 to 3 years for new ones
8	Affordable Housing	Support / Advocate	Within one year for current initiatives; 1 to 3 years for new ones
9	School & Hospital Collaboration to identify & care for students with medical or mental health needs	Partner / Collaborate	1 to 3 years; some initiatives must be ongoing and offer longer-term (i.e., 4 years and more) benefits
10	Economic development (including job creation and training)	Support / Advocate	1 to 3 years; some initiatives must be ongoing and offer longer-term (i.e., 4 years and more) benefits

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Further Contact and Questions

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