



Community Health Needs Assessment (CHNA) & Implementation Strategy

Section One – Introduction

This document serves as the organization’s second CHNA and Implementation Strategy (IS) and extends the effort to address our unfilled community needs identified by area leaders and the general population through MAPPING and public forums conducted in both the 2013 and the 2016 data collection cycles. The primary issue identified was and continues to be **Access To Care**.

Data collection strategies utilized for the first and second CHNAs involved LifeStream partnering with our local public health departments, Florida Health, Lake and Sumter Counties. Results continued to strongly support that LifeStream was pursuing our community’s primary issue of concern. For this reason the initial Implementation Strategy has been identified in this new plan as Phase I and the goals identified in the current IS as Phase II with the focus continuing to be our commitment to the increased access to psychiatric healthcare. The importance of staying true to the course of expanding access to care will be evident in the unfolding of this continuation plan below.

Section Two -Definition of Community Served

LifeStream Behavioral Center is a comprehensive community mental health and substance use disorder treatment 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 approaching 445,000 individuals. The area’s largest community is The Villages which is situated across Lake, Sumter and Marion Counties and will have a total of over 126,000 residents when completed in the next several years. The Villages continues to demonstrate tremendous growth with a focus on expansion in North Sumter and Western Lake Counties. 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 six hospitals in the two counties. Four are acute medical/surgical, one long term acute care (Promise Hospital) and one psychiatric, LifeStream.

Section Three – Overview of Assessment Strategies 2013 & 2016

Primary Sources of Data – Mobilizing for Action through Planning and Partnerships (MAPP) - Throughout 2012, 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.

Additional meetings were held in Sumter County in early 2016 to update information and add action planning based on community leaders input. Florida Public Health, Lake County also organized a systematic assessment of the needs of local citizens across a five part, two hour sessions meant to reinforce partnership of all members of the healthcare system in the analysis of service availability, coordination, delivery and gaps. LifeStream attended all sessions and played a central role in addressing behavioral health (mental health and substance use disorder) issues, concerns, and areas for improvement.

Health Needs Assessments, Lake & Sumter by County – Assessment of health care issues within and across the two county area was determined in 2012 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 (BRFSS), 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 Bureau, the Florida Community Health Assessment Resource Tool Set (CHARTS), the Behavioral Risk Factor Surveillance Survey (BRFSS), 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. 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).

Sumter

In April and May of 2011 the Sumter County Health Department (SCHD) conducted a review of Sumter's local public health system using the National Public Health Performance Standards Program performance assessment instrument. This evaluation was done with the assistance of local government, the school board, the Department of Children and Families, Thomas Langley Medical Center, *and others*. The review identified the need for a Sumter County public health planning committee, a current public health needs assessment, and the creation of a county wide public health improvement plan. To address these concerns the SCHD chose a public health planning tool called MAPP.

MAPP: The MAPP acronym stands for Mobilizing for Action through Planning and Partnerships. MAPP is a community strategic planning tool for improving public health that was developed through a cooperative agreement between the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). It helps communities prioritize public health issues, identify resources for addressing them, and take action. The MAPP process uses a series of assessments that analyze available health data, review the current level of public health services, and evaluate the concerns of the people living and working in the community, as well as considering other forces that may impact public health

improvement planning. To begin the MAPP process SCHD invited partners in the community to become part of a public health planning committee.

The Sumter County Public Health Steering Committee held its first meeting in October of 2011. Committee members include representatives from SCHD, Sumter County government, the Sumter County School Board, Sumter County Fire and Rescue, LifeStream Behavioral Center, The Early Learning Coalition, the Department of Children and Families, Thomas Langley Medical Center, civic organizations, business leaders, and private citizens.

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)

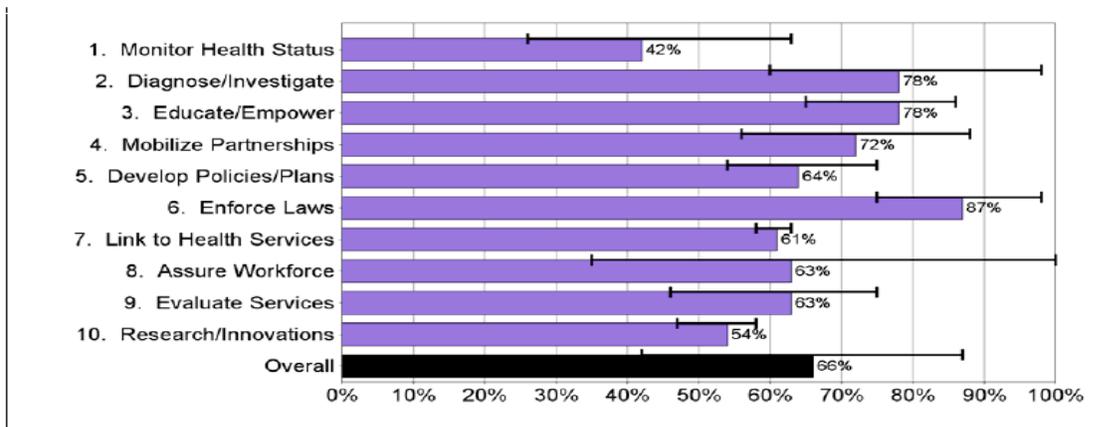


Table 1 (above) provides a quick overview of the system’s performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 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.

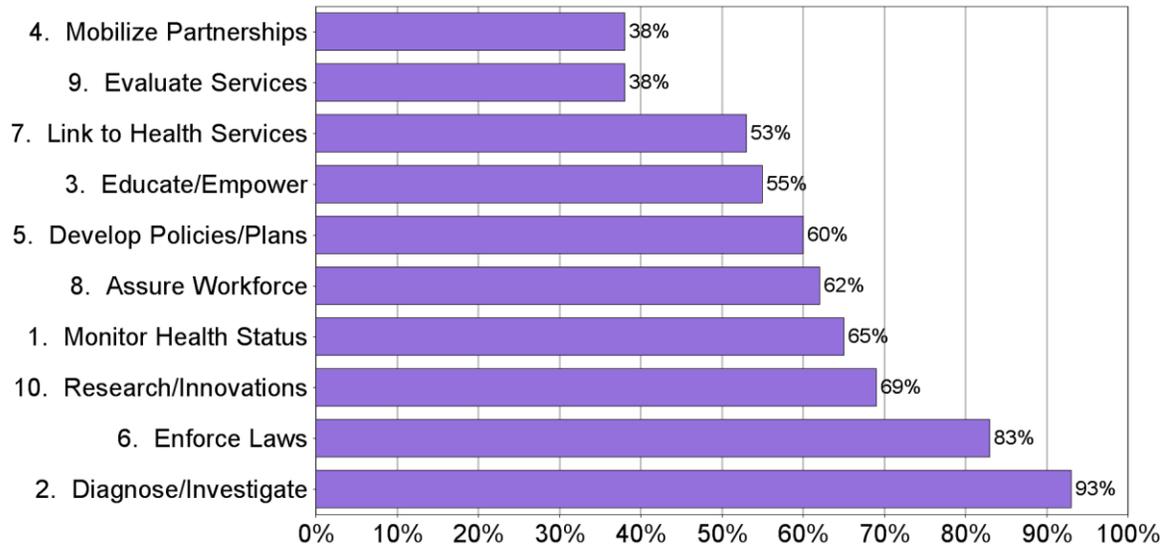
Table 4-1: Summary of performance scores for local public health system by Essential Public Health Service

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

Secondary Data Highlights – Psychiatric Health Care

Low income, high poverty and a limited economic base continue to be leading predictors of health outcome and health **access** in Lake and Sumter Counties both on an individual and county-wide basis. This is particularly true for consumers of psychiatric healthcare with chronic mental illness. The chronic severe mental illnesses are categorized as Major Depression, Schizophrenia and Bi-Polar Disorders.

Additionally, area leaders across a diverse collection of health delivery, education and business identified Substance Abuse as the second most compelling issue facing our community. Ranked seventh of the top ten issues was Depression and Mental Illness¹.

Substance Abuse (Substance Use Disorders)

Over the last several years the behavioral health community has come to refer to the domain of substance misuse, abuse and addiction as Substance Use Disorders (SUD) to better identify the range of difficulties for persons who misuse any and all psychoactive substances. It is now understood that the misuse of substances may impact the quality of life for persons who did not otherwise meet the clinical criteria for substance abuse or addiction. The ability to use the term substance use disorder allows treatment professionals to better understand that addiction is not an either or dichotomy but rather a continuum of frequency and severity that may impact the person or significant others regardless of actual addiction.

Over the last decade healthcare professionals have learned to be more cognizant of pain as an important clinical dimension when setting the treatment parameters of their constituents. Medications that were formerly available for response to severe or unrelenting pain associated with post-surgery or end stage cancer treatments have become more available for the treatment of chronic pain issues. Concomitant with this increased prescribing of narcotics for pain control has been the emergence of persons becoming dependent on prescription medications. There has been a nationally identified epidemic of prescription drug usage resulting in this group of drugs being responsible for the number one cause of death of adults aged 24 – 55 (referred to as poisoning). The state of Florida was at the epicenter of the prescription drug crisis and legislative actions sought to eliminate identified “Pill Mills” throughout the state. Unfortunately many individuals did not receive assistance in the aftermath of no longer being able to obtain prescriptions for these controlled medications and turned to street sources of impure, fake, synthetic and designer combinations of pills or moved to the use of lower cost heroin. This has resulted in substance use disorders becoming a life or death treatment decision for many central Florida residents. These types of deaths have made headlines across the state and in Central Florida, but they are not the only substances that LifeStream sees in our local community. Designer or synthetic marijuana and bath salts have emerged as a low cost alternative for adolescents and young adults to use, areas in the northeast and south Lake County have been

¹ Reference: Top 10 Identified Health Issues Ranking using the Prioritization Matrix. (September 21, 2016) Community Health Improvement Planning, Tavares, FL

identified as local sources of methamphetamines. Finally the misuse of alcohol continues to be a major reason why individuals come to LifeStream for voluntary and involuntary detoxification and treatment.

LifeStream is the primary provider of SUD treatment for individuals in our community that do not have the funds or insurance coverage for treatment in private treatment facilities or rehabilitation centers.

Depression and Major Mental Illness

Depression has been repeatedly identified as the most important behavior health diagnosis in anticipating the cost and outcome of physical health care according to the Institute Of Medicine. Additionally, depression is the most common reason for persons to attempt suicide or to need protective acute psychiatric hospitalization as they are eleven times more likely to attempt suicide than those without the disorder. Ten to fifteen percent of persons with the diagnosis of Schizophrenia will commit suicide as a result of the chronic nature of the illness. The diagnosis of Bi-Polar Disorder supports that persons are subject to extreme highs and lows in emotions. The periods of mania may presuppose individuals with such conditions to self-destructive behaviors, excessive substance consumption and dangerous actions due to impaired judgements of danger and an exaggerated sense of abilities. Periods of depression mirror those dynamics of Major Depression.

Section Four – Input from Community/State/National Representatives

Phase One

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.²

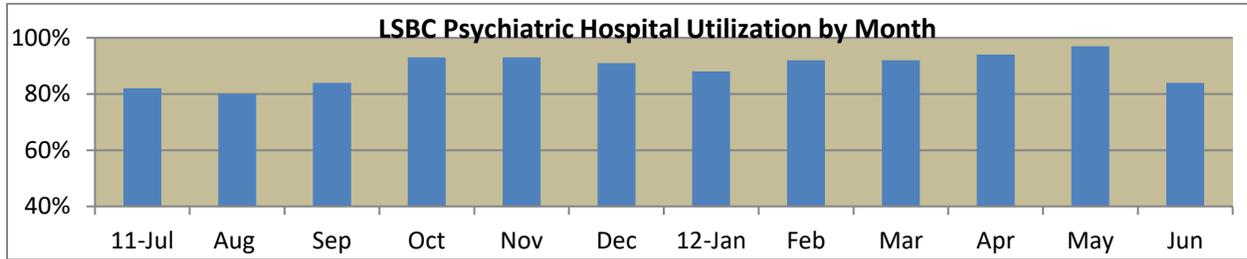
GOAL C2: Decrease barriers to healthcare for residents of Sumter County.³

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.

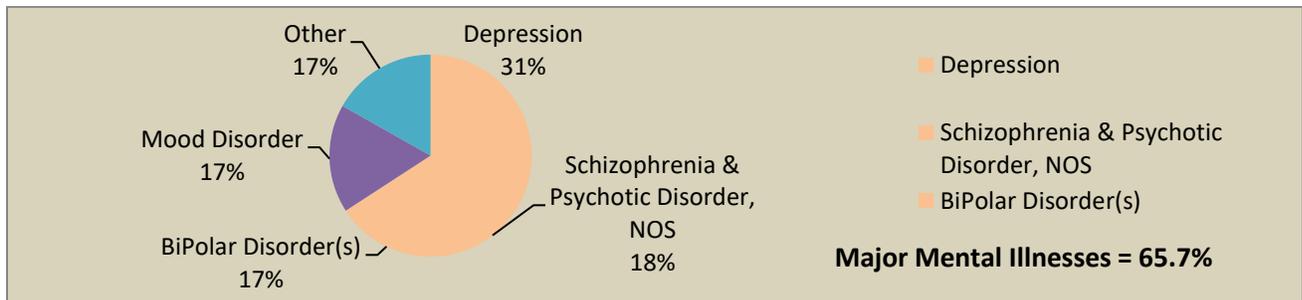
² 2012-2015 Community Health Improvement Plan, Lake County, September 2012

³ 2013 Community Health Needs Assessment, Sumter County, April 2013

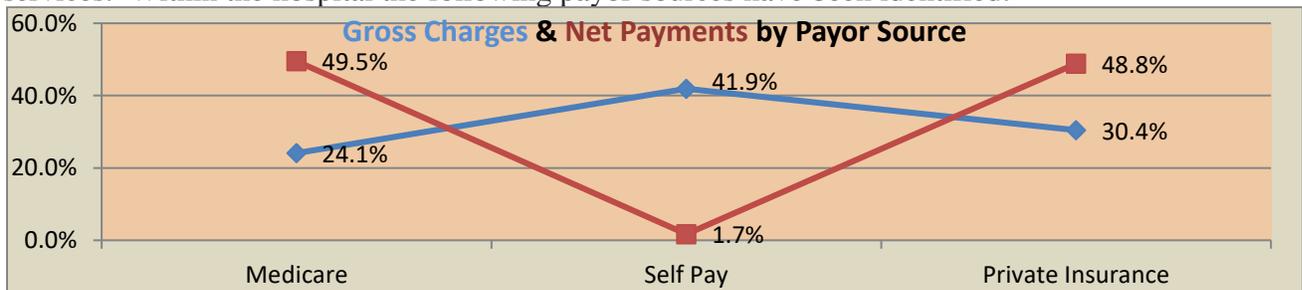
Baseline Data: LifeStream operates a 46 bed psychiatric hospital – a speciality care safety net for those in need of acute psychiatric services -located in Leesburg Florida and serving the counties of Lake and Sumter. During the previous fiscal year the occupancy was on average 89.2% per day. Several 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:



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:



Information provided by the Florida Council for Community Mental Health (FCCMH) reveals that only a third⁴ 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:



⁴ 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 use 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 Five – Priority Needs Identified

Phase One

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 Six – Community Health Improvement Implementation Strategies, Phase One

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 Tally Road 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.

Phase One Success

While all timelines were optimistic, the renovation of the beds within the hospital facility located at 2020 Tally Road was completed allowing the total number of adult beds to increase beyond the initially proposed sixty-two to sixty-six. Funds for the expansion of inpatient treatment beds were secured through competitive bid for proposal in response to the State of Florida making

Central Receiving System funds available across the state. This allowed LifeStream to renovate and expand the previous CSU to an integrated Crisis Stabilization Unit and Addictions Receiving Facility treatment program. As a result where sixteen beds were formerly available for adult and children/adolescent acute mental health treatment, now twenty beds are available for adult consumers with Mental Health, Substance Use Disorder and Co-Occurring disorders.

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.

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Phase One Success

Regulatory restrictions resulting in excessive costs required the initial plan of licensing twenty inpatient beds for children and adolescents to be re-evaluated. The space identified as potentially capable of housing a twenty bed children’s psychiatric hospital was built in 2008 to meet all existing crisis stabilization unit requirements. Converting the space to meet hospital standards reflected upgrading the structure to the current hospital standards. As a result it was concluded that the space could economically be converted to a twenty bed CSU exclusively for the children and adolescent population. The unit became operational in June 2016.

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 2014.

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

Phase One Success

LifeStream successfully expanded the WIN network clinics beyond what was initially proposed - expansion of the WIN clinic to the Magnolia Avenue location. Additionally we were able to use our strong partnership with Florida Health, Lake County to develop space within their recently built Umatilla complex as a fourth WIN clinic. Operating on a rotational basis LifeStream staff now work in four WIN clinics located in Leesburg, Clermont, Eustis and Umatilla to treat the physical health needs of our consumers with severe mental illness.

Section Seven – Community Health Implementation Strategy, Phase Two

LifeStream continues to be committed to **extending service availability** by building on the successes of our initial Implementation Strategy. In addition to community leaders and the general population identifying Access to Care as a major healthcare problem in our community, community leaders also identified behavioral health issues of concern within the top ten most pressing concerns. Substance Abuse and Depression/Mental Illness were identified as the third and seventh most pressing issues of concern in our community. These findings serve to commit LifeStream towards finding solutions to unmet needs of our citizens and resulted in the formulation of two objectives under the goal of improving access to behavioral health care.

Objective 1 – Fully Implement a Central Receiving System for SUD

As noted above, by a competitive process LifeStream was one of seven service providers across the state of Florida chosen to receive 1.9 million dollars for the development of a best practice system delivery model. The model, chosen by LifeStream to be called our Access to Care, will change the scope and design of how individuals in our community are assessed for treatment, expand inpatient, residential and outpatient treatment availability and greatly enhance the referral to and engagement in outpatient follow up care.

The funds will provide for operational dollars to support the newly renovated twenty bed CSU/ARF achieved in Phase One. Of equal importance it will allow recruiting additional staff to implement a system to support the spectrum of care necessary to more efficiently screen and assess persons needing services, identifying the level of care and assigning treatment staff to attend to the identified needs without delays or assignment to a waiting list for residential or outpatient care. Those consumers with SUD treatment needs identified as needing admission to

inpatient care will have a far greater chance of having an available bed. With the advent of holding an Addictions Receiving Facility (ARF) license as opposed to the previous Detoxification license, individuals with substance use disorders may be admitted on a voluntary or involuntary basis and those identified as needing involuntary commitment for SUD treatment may now be held for the period of time clinically indicated. At the end of the inpatient treatment phase, individuals may be stepped down to our existing Adult Choice or the new Recovery Choice residential facilities. If clinically endorsed, a person being discharged from the CSU/ARF may enter directly into the outpatient system of care. When outpatient services are indicated, a care manager can be available to work with any consumer at risk of service under-utilization or dropping out of care. Peer Specialists will maintain contact with the consumer as another method of enhancing a therapeutic bond. This portends a better clinical outcome and serves to reduce the potential for the individual to need to return to a higher and more expensive level of care.

Objective 2 – Fully Implement a Central Receiving System for Depression and Mental Illness

The Central Receiving System model of care also addresses improving service delivery for individuals with acute mental health problems. The most likely reason for an individual to want or need to access inpatient psychiatric treatment is for the acute response to depression or depressive symptoms, which in the acute phase often result in a person feeling that life has no value, that their family, friends or the world would be better off without them and needing the protection against self-harm including self-induced death. The involuntary process in Florida is known as the Baker Act, Florida Statute 394. Individuals may access care by contacting the local Baker Act Receiving Facility – LifeStream. Alternatively they may also go to or be taken to the nearest Emergency Department (ED) at any medical hospital. Individuals arriving at local Emergency Departments who display depressive symptoms or express self-injurious thoughts may or may not need involuntary commitment to a Baker Act Receiving facility. These individuals may or may not have other physical health emergencies requiring the services available at an Emergency Department in a medical hospital and when the medical emergency has been addressed Emergency Department physicians are often left with few options but to commit the person for an involuntary evaluation due to the identification of depressive symptoms. The funding to implement our Central Receiving System reflects our desire to provide mental health professionals within community settings that are qualified under the provisions of 394, F.S. to determine if a person meets the criteria for involuntary commitment or whether a less restrictive level of care may be acceptable and available. The cadre of qualified providers can provide mobile screening, triage and assessment within area hospital Emergency Departments to determine the clinically appropriate intervention and level of care needed for such individuals on a case by case basis. Not only does this serve to meet the individual needs for the identified patient, but also frees up the physician to meet the emergent needs of other

persons in the ED as well as offering a higher probability of a clinically appropriate decision to be made to address the behavioral health needs of the individual and to drive down costs.

Individuals that require involuntary commitment for protection against self-injurious and to a lesser number are found to be dangerous towards others can then be expedited for acute psychiatric inpatient treatment. Those that need outpatient follow up care for medications and therapy but may be at risk of not keeping appointments or dropping out of care may be afforded a care coordinator for transitioning to outpatient care.

ACTION ITEMS

LifeStream proposes to fully implement an integrated Central Receiving System - called Access to Care for consumers with SUD and Depression and Mental Illness through the following action plan.

Employ three FTE Qualified Evaluators (individuals capable of initiating an involuntary examination under the requirements of Florida Statutes, 394 or 397). These employees will be deployed to area hospitals' Emergency Departments at the hospital's request to conduct on site evaluations and to make treatment determinations regarding the need for level of care including involuntary commitment to our local Receiving Facility. Positions will be phased in with all staff in place by June 2017.

Have three FTE Care Managers in employment by March 30, 2016. The primary role of the Care Manager shall be to successfully transition clinically at risk persons being discharged from acute inpatient care to a lower level of treatment, working closely with the consumer for a 30 day period to ensure that the consumer connects with and actively engages with the next level of care services.

Provide three FTE Certified Peer Specialists to focus on relapse prevention planning for consumers while they are in inpatient or residential care. These positions are individuals who identify as consumers of behavioral health care and relate to the needs of persons with acute inpatient care needs. These Peer Specialists may serve in full employment or as part time employees and may come into the position as non-certified but will be supported to become certified peer specialists in the Florida model. The Peer Specialist positions will be phased in with all staff in place by July 15, 2017. Peer Specialists will have a six month period post employment to obtain certification in the Florida model.

Maintain a utilization rate of 75% of the CSU/ARF beds

Maintain a utilization rate of 85% for the Recovery Choice residential beds

Monitor recidivism rates to ensure that the Access to Care is having an impact on this meaningful indicator of treatment engagement post inpatient treatment. A goal of less than twelve percent (12%) has been established.

Section Eight – Conclusions

The provision of behavioral healthcare in Florida has been largely divided between mental health and substance use disorders with a lack of understanding or commitment to the need to integrate service delivery. LifeStream has taken a transformative leadership role with the expansion of facilities and service programs available to individuals with one or both disorders. The initial development and expansion of inpatient beds for children and adolescents made way for enlarging and refocusing delivery for adults with mental illness and substance use disorders in need of inpatient care. Phase two of our Implementation Strategy serves to bring into play an organized, integrated and comprehensive system of care delivery not previously seen. It allows a greater commitment to extending services into the community, engaging individuals in need of care with a greater array of resources and serving to reduce the likelihood of persons disengaging from treatment without meaningful progress. This means that members of our community will have greater chances of successful treatment, limited resources will be better spent and individuals will be less likely to relapse and need more intensive and costly services to achieve their long term treatment goals.