SAKAKAWEA MEDICAL CENTER

COAL COUNTRY COMMUNITY HEALTH CENTER

2022 Community Health Implementation Plan

Dunn, Mercer, and Oliver Counties

North Dakota

Sakakawea Medical Center, Coal Country Community Health Center,
Custer Health, Hill Top Home of Comfort, and Knife River Care Center

2022
Implementation Plan for the CHNA

Executive Summary

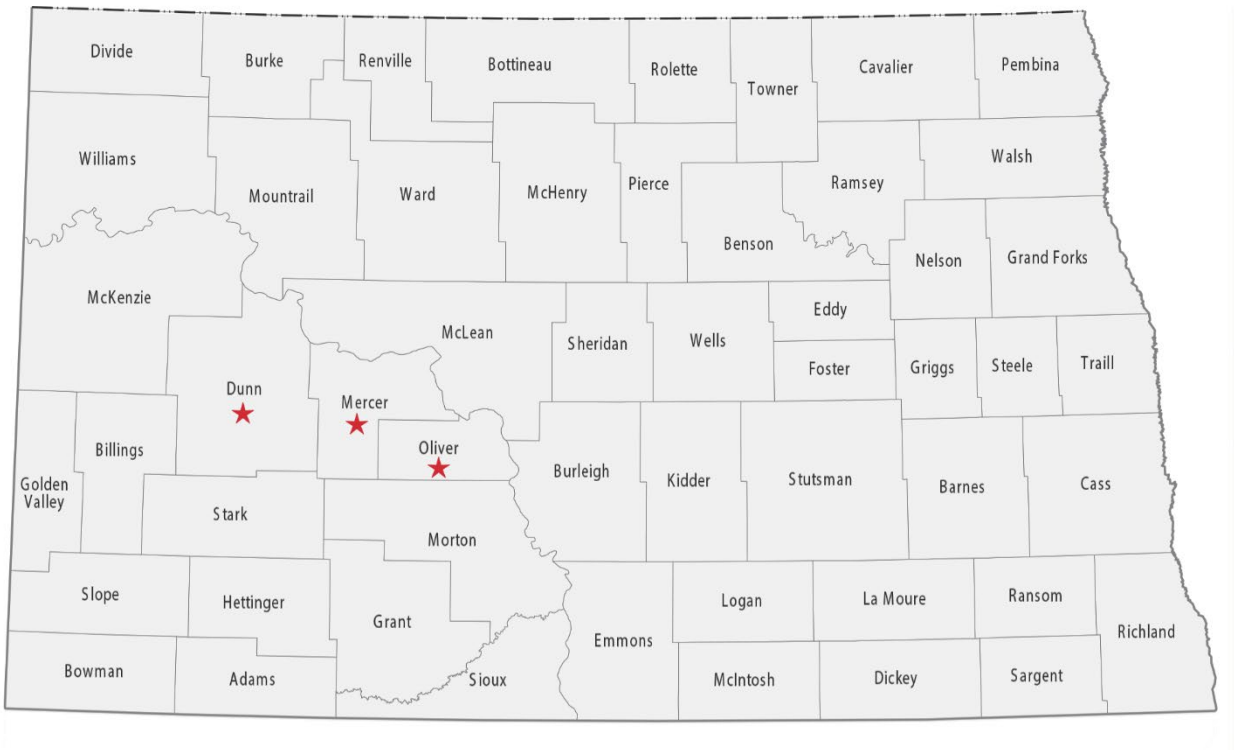
Introduction

To help inform future decisions and strategic planning, Sakakawea Medical Center (SMC), Coal Country Community Health Center (CCCHC), Custer Health, Hill Top Home of Comfort, and Knife River Care Center (KRCC) (collectively "Local Health Providers") conducted a Community Health Needs Assessment (CHNA) in 2021, the previous CHNA having been conducted in 2019. The Center for Rural Health (CRH) at the University of North Dakota School of Medicine & Health Sciences (UNDSMHS) facilitated the assessment process, which solicited input from area community members and healthcare professionals as well as analysis of community health-related data.

To gather feedback from the community, residents of the area were given the opportunity to participate in a survey. Four hundred fifty-six (456) SMC and CCCHC service area residents completed the survey. Additional information was collected through seven key informant interviews with community members. The input from the residents, who primarily reside in Dunn, Mercer, and Oliver Counties, represented the broad interests of the communities in the service area. Together with secondary data gathered from a wide range of sources, the survey presents a snapshot of the health needs and concerns in the community.

The community health needs assessment was finalized in June of 2022 and was facilitated to help inform Local Health Providers about the community's health needs. The purpose of the assessment was to describe the health of the local population, evaluate the use of local healthcare services, prioritize the identified community needs, and assist health care and community leaders identify potential action to address the community's health needs. The information gathered was then summarized and reported to Local Health Providers, board of directors and community members used in planning for the future delivery of healthcare services. With assistance from the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences, Sakakawea Medical Center, in collaboration with Coal Country Community Health Center and other area health organizations, completed the community health assessment. A summary of the Implementation Plan that describes how the organizations plan to meet the prioritized needs identified in the assessment has been developed and will be used to measure and report progress on the actions taken to address those needs within the community.

Participants



The following Local Health Providers were the participants in the Community Health Needs Assessment:

Sakakawea Medical Center (SMC) – a 13-bed Critical Access Hospital located in Hazen, North Dakota owns and operates a 34-bed basic care facility, as well as Hospice and Palliative Care Services. The non-profit hospital is community owned and governed by a volunteer board of directors.

Coal Country Community Health Center (CCCHC) – is a local non-profit health care provider with clinics in Beulah, Center, Hazen, and Killdeer. As a federally qualified health center (FQHC), Coal Country improves access to care by serving all residents, including low income and medically underserved people. Coal Country is governed by board members from the communities it serves.

Custer Health – a five-county multi-district health unit providing health services to the people of Mercer, Oliver, Grant, Morton, and Sioux Counties. Founded in 1950, Custer Health's services and programs include nursing services, environmental health, health maintenance home care, immunizations, school health services and a variety of other services.

Hill Top Home of Comfort - a non-profit public organization, is a 55-bed skilled nursing care facility with a 20 unit assisted living facility attached located in Killdeer. Hill Top provides appropriate nursing care in a home like atmosphere.

Knife River Care Center (KRCC) – is licensed for eighty-six skilled nursing care beds. Formerly known as the Beulah Community Nursing Home, Knife River Care Center was incorporated in 1962. After various remodeling projects, Knife River built a new facility in 2007 and provides important long-term care services to the area.

These entities will continue to work together into the future to provide for the health needs of area residents. While these entities will continue to work together in the service area wide assessment and planning activities, each individual entity will be encouraged to develop an organizational specific strategy for the unique services it provides to local residents. The Local Health Providers will meet on a regular basis to communicate progress towards individual organizational goals and the collective progress in meeting community health needs.

SMC and CCCHC as individual organizations and collectively as collaborating healthcare providers will work together to develop strategic implementation plan priorities and goals. The following pages of this planning document are dedicated to the local health plan that Sakakawea Medical Center and Coal Country Community Health Center will use in partnership with area health providers.

Sakakawea Medical Center and Coal Country Community Health Center

Our Collaborative Mission

"Working together as partners to enhance the lives of area residents by providing a neighborhood of patient centered healthcare services that promote wellness, prevention and care coordination."

Our Vision

"To be the preeminent providers of innovative and collaborative healthcare services."

Since March 2011, SMC and CCCHC have developed a management and governance model that encourages communication and transparency while simultaneously meeting the programmatic and regulatory requirements that each organization must operate under. The organizations have reduced, and in some cases eliminated duplication of health care services provided in the Beulah and Hazen communities. The organizations have realized the positive effects of these collaborative efforts and through the coordination of services and resources are able to provide services in a more cost effective and efficient manner while improving quality of care and health outcomes. Building upon the success of such collaborative efforts, the Local Health Providers created the Energy Capital Health Network (ECHN) in 2020 to further formalize the existing

relationship between organizations and to further build and strengthen its collaborative accomplishments. Bolstered by this deeper commitment, the network sees a future where healthier communities can be realized through collaboration and innovation between network partners.

SMC and CCCHC along with other local health care providers wish to further develop a local "Community Health Implementation Plan" (CHIP), using information from the Community Health Needs Assessment, and lessons learned through their innovative collaborative partnerships. The Implementation Plan will address the priorities identified in the Community Health Needs Assessment as follows:

Of 106 potential community and health needs set forth in the survey, the 456 local health provider service area residents who completed the survey indicated the following nine needs as the most important:

- Extra hours for appointments (evenings / weekends)
- Attracting and retaining young families
- Ability to retain primary care providers in the community
- Alcohol use and abuse – adult
- Availability of resources to help the elderly stay in their homes
- Cost of long-term/nursing home care
- Depression/anxiety – youth and adult
- Drug use and abuse – youth and adult
- Not enough jobs and livable wages

The survey also revealed the biggest barriers to receiving healthcare (as perceived by community members). They included:

- Don't know about local services (N=79)
- Confidentiality (N=73)
- Distance from health facility (N=68).

When asked what the best aspects of the community were, respondents indicated the top community assets were:

- Feeling connected to people who live here
- Recreational sports activities
- Family-friendly
- Healthcare
- People are friendly, helpful, and supportive
- Safe place to live
- Active faith community

Input from community leaders, provided via key informant interviews and the community focus group, echoed many of the concerns raised by survey respondents. Concerns emerging from these sessions were:

- Alcohol use and abuse – adult
- Drug use and abuse – adult and youth
- Availability of resources to help the elderly stay in their homes
- Depression/Anxiety – adult and youth
- Attracting and retaining young families

The Implementation Plan will outline each prioritized need to be addressed as well as which local healthcare provider(s) will be assigned as the lead agent. Members of the network partners and team associated with the various projected outputs and outcomes will be further be described through initiatives/activities as well as a projected timeline for goal attainment. Members of the network partners and teams will report the progress to SMC and CCCHC's CEO. The Board of Directors, Providers, and administrative teams of SMC and CCCHC will then monitor progress and provide reports to our network partners and community residents. The goals and related priorities addressed are as follows:

2022 Community Health Strategic Implementation Plan

Prioritized Need 1:	Substance Use (Alcohol and Drug Use/Misuse) All Ages Lead Organization: Coal Country Community Health Center
Resources:	Coal Country Community Health Center (CCCHC) comprehensive Substance Use Disorder (SUD) services, Custer Health Syringe Exchange Program (Good Neighbor Program), Sakakawea Medical Center (SMC) and Avel eCARE, Heartview, Elbowoods Good Road Recovery Center, Circle of Life, Local school districts, ND Health & Human Services (West Central, Badlands, North Central), Trinity, Heart River, ADAPT, Summit Counseling, Prairie Recovery Center, Mercer County Jail, Prairie St. John's, Silver Creek, North Dakota State Penitentiary, First Link, Aging and Disability Resource (ADRL-LINK), Mercer County Youth Bureau, ND Parole and Probation, ND Courts, Ideal Options, Eckert Homes, Local pharmacies
Current Initiatives/Activities:	• Clinics and Hospital perform Alcohol and Substance Use Screening on all patients 12 years of age and older with referrals as identified • Local school district YRBS (Youth Risk Behavior Survey) completion and data analysis • Long-term care programming as needed • TAAP (Training Academy for Addiction Professionals) hosted site for LAC students • WE CONNECT app – Contingency Management app

	• Local SUD programming to include:
	  ○ SUD Assessments
	  ○ DUI Seminar
	  ○ MIP/MIC Seminar
	  ○ Tobacco Cessation Counseling by Trained Tobacco Specialists at all clinics and hospital
	  ○ Youth and adolescent curriculum (Catch My Breath, NOT, InDepth)
	  ○ Syringe exchange program
	  ○ Harm reduction model – Custer Health
	  ○ In-patient SUD Consultation at SMC
	  ○ Individual counseling
	  ○ Aftercare
	  ○ Contemplation groups
	  ○ Intensive Outpatient Program (IOP)
	  ○ Medication Assisted Therapy (MAT) Suboxone
	  ○ Referral to Mutual Support Meetings (NA, AA)

New Proposed Initiatives/Activities	• Community Outreach and Marketing • Mercer County Inmate Intake Screening & Referral • Facilitate and support Peer Support Specialist(s) • Referral from Youth Bureau visits • Formal referral process for Electronic Nicotine Delivery System violations • Payment parity for Care Coordination and services • Implement long-term care SUD screening and referral system
Goal or Output:	• Increase referral systems for youth and adolescent populations within the school systems. • Continue to advocate for payment parity with various payer sources • Continued collaboration for expansion of services
Outcome/Timeline:	• Formal referral process in place and utilized in all four school districts by May 31, 2025. • Active participation with legislative contacts for continued improvement around payment parity throughout the CHIP. • Actively explore opportunities for expansion of services through collaboration and/or partnerships by May 31, 2025.

Prioritized Need 2:	Depression and Anxiety – All Ages Lead Organization: Coal Country Community Health Center
Resources:	CCCHC, KRCC, Custer Health, Mercer County Ambulance, Sanford, CHI, Sakakawea Medical Center and Avel eCARE, Elbowoods, Local school districts, ND Health & Human Services (West Central, Badlands, North Central), Trinity, ADAPT, Summit Counseling, Mercer County Jail, Prairie St. John's, First Link, ADRL, Youth Bureau, Pastoral Care, psychiatry, Chambers and Blohm, NuVation, DeCoteau Trauma, Community Options, Local pharmacies
Current Initiatives/Activities:	• Universal screening SMC, CCCHC, Custer Health, and KRCC • YRBS completion and data analysis • EAP – employee assistance program • Trauma Informed Care • Comprehensive BH department at CCCHC with BH Care Coordination and Case Management services • Visiting psychologist and Tele-psychiatry • IMPACT Program • WARC (Women's Action Resource Center) • AveL eCare Intake Assessment • Community Support Group- Wellness Matters • Mercer County Youth Bureau • Crisis Management • ND Pediatric Mental Health Care Access program • BIMAS2 screenings in schools
New Proposed Initiatives/Activities	• Increase screenings and referral protocols • Implement a volunteer program for home visits • Increase community engagement and marketing • Community outreach to businesses and churches about mental health services • Facilitate formal debriefing protocols for healthcare organizations throughout the medical neighborhood
Goal or Output:	• Establish trained debriefing staff within the medical neighborhood by end of CHIP. • Expand SMC's ethics committee to include medical neighborhood partners by Dec 31, 2022. • Increase BH counselors for youth and adolescent patient populations. • Utilize the ND Pediatric Mental Health Care Access program • Increase percentage of patients receiving depression and anxiety screenings within the medical neighborhood including follow-up plans by end of CHIP. • Increasing volunteer pool within the medical neighborhood.

Prioritized Need 3:	Availability of Resources to Help the Elderly Stay in Their Homes Lead Organizations: CCCHC & SMC
Resources:	CCCHC, SMC, KRCC, Custer Health, Home Instead, ND Health and Human Services, Bluebird Companion, Hill Top and Legacy Lodge, Southshore Physical Therapy, Stone Clinic, local chiropractic providers, Therapy Solutions, Community Options, Meals on Wheels, local pharmacies, ND Assistive, Great Plains Food Bank, WARC, Community Action Partnership of ND, Mercer-McLean Commission on Aging, Great Plains Rehab, Sanford, CHI, Trinity, Sanford Healthcare Accessories, Caravan/Signify Health
Current Initiatives/Activities:	• Stepping On Program / Silver Sneakers • CCCHC transportation services • West River Transit, Hazen Busing, VA van • Local wellness centers • ADRL • Home and community-based services (VNS, Palliative, CCM, PT/OT In-home Safety Evals) • Tytocare virtual care platform • Home visits • AWVs/TCM/CCM • Senior Citizen Centers
New Proposed Initiatives/Activities	• Expansion of virtual care programs and RPM (remote patient monitoring) • Provision of in-home AWVs • Increase senior companions and volunteer programs • Unit-dosed medication delivery system with local pharmacy • Expand SDOH (Social Determinants of Health) assessments with referrals • Expand community outreach and education for seniors (i.e., Senior Day Out)
Goal or Output:	• Increase SDOH assessments and availability of resources to address social risk factors by the end of the CHIP. • Increase availability of primary care access through virtual care or home care options by December 31, 2023. • Implement remote patient monitoring by December 31, 2023. • Increase the volunteer pool within the medical neighborhood by May 31, 2025. • Utilize the 340B program for the expansion of a unit-dosed medication delivery system through a local pharmacy

Prioritized Need 4:	Attracting and Retaining Young Families Lead Organizations: CCCHC, SMC, and KRCC
Resources:	Local daycares, Chamber of Commerce and local businesses, Schools, Leisure activities, Recreational activities (hunting, fishing, lake, etc.), Churches, Community events (trunk-or-treat, adult prom, etc.), Local arts, realtor welcome packages, JDAs, City and County governments, Economic Development, Parks & Rec, wellness centers, CVB.
Initiatives/Activities:	• Annual salary surveys for market adjustments at local healthcare organizations. • Community collaboration and partnerships for the delivery of community events. • Dakota Nursing Program available locally for LPN program • Beulah Chamber welcome packets for new residents • JDA personnel in Killdeer for Dunn County • Vision West committee • Career advancement opportunities within the healthcare system. • CCCHC/SMC hosted sites for advanced practice providers and licensed healthcare professionals. • Marketing opportunities at career fairs • Collaborative CHNA, CHIP, and Population Health Committee focused on improving health outcomes for the community (i.e., Jumpstart to Wellness, Healthy Halloween Bash, etc.) • Killdeer school district provides on-site daycare.
New Initiatives	• Provision of new certified nursing assistant program at KRCC. • Implement MA program within the medical neighborhood. • Collaborate with local realtor groups for welcome packet deliverables. • Continue to explore new daycare opportunities including after school programs. • Expansion of virtual care options for patients within the medical neighborhood. • Expand Dakota Nursing Program for the provision of a Registered Nurse program. • Explore financial support for healthcare professional students included with “Grow Your Own” healthcare professional programs.
Goal or Output:	• Expand healthcare workforce options through local educational opportunities including financial support (Grow Your Own) by the end of CHIP. • Marketing departments to increase advertising of local healthcare services with local realtor groups by June 30, 2023.

	• Actively pursue after school childcare services within all four school districts by May 31, 2025. • Increase utilization of virtual care visits and communication via MyChart by the end of the CHIP.