

Community Health Improvement Plan





Statement from Korrey Klein, CEO



To the Fruita Community,

A safe and thriving community means not just treating and healing the sick, but keeping people healthier from the start. In order to foster a healthier community, Family Health West partnered with Mesa County and other healthcare institutions to survey and learn about its common areas of health risk. This is called a "Community Health Needs Assessment," or CHNA, for short.

The CHNA provides valuable information on the health of our community and where we struggle. Lifestyle choices in the community directly impact the costs of healthcare. Family Health West improves the health of our community when we find residents who need more services while they are well or before becoming chronically ill. This is the focus of Family Health West's Community Health Improvement Plan (CHIP).

Inside Family Health West's CHIP, you will find ways that we will improve the health of our community by making an impact on behavioral health. Through risk recognition and building stronger relationships between our primary care providers and mental health professionals, Family Health West will asses behavioral health needs, increase access to mental health disorder treatments, and (hopefully) reduce suicide rates.

Substance use disorders also negatively impact the health of our community. By screening for these disorders, helping residents find services to combat addiction, and utilizing our "Alternatives to Opioids" pain treatment programs, Family Health West will continue to improve the physical and mental wellbeing of our community.

Family Health West can't do it alone, but by listening to our community and responding to its needs, we hope to make this a healthier, better place to live.

Together We Flourish!

Korrey D. Klein, MD



BACKGROUND

FAMILY HEALTH WEST HOSPITAL

has partnered with Mesa County Public Health, Intermountain Health St. Mary's Regional Hospital, Community Hospital, Mind Springs Health, Monument Health, Marillac Health, Hilltop Community Resources, and the VA Western Colorado Health Care System to complete the 2024-2026 Community Health Needs Assessment (CHNA).

The CHNA uses qualitative and quantitative data to develop a comprehensive picture of our community's current health behaviors, health outcomes, and causes of death. The Community Health Improvement Plan (CHIP) is a part of the CHNA.



The following CHIP document outlines Family Health West's priority areas, goals, and objectives.



STRATEGIC PRIORITY Behavioral Health

FAMILY HEALTH WEST (FHW) recognizes our community is seeking increased access to high quality mental health care.

According to the 2024 Mesa County
Public Health CHNA, 50% of Mesa County
residents completely disagreed there is
adequate support for mental health needs
with 12.9% saying they needed a visit but
could not get one. Mental health care
continues to be in high demand with

19.1% of Mesa County residents saying they had spoken to a mental health or substance use disorder professional in the last year.

Mesa County is in the top 30% of mental health and substance use provider care shortages across Colorado. It is estimated that it would take eight additional full time psychiatrists plus other complementary providers to close this gap.



STRATEGIC PRIORITY: Behavioral Health



OUR GOAL

To improve the mental health of the Lower Valley by reducing severe depression, suicidal ideation, and suicide attempts through expanding access to behavioral health. There are two aspects we wish to address: To bring more mental health providers to the community and to develop better clinical processes to recognize, assess, and provide assistance to severely depressed and suicidal patients.

OBJECTIVE 1

Train and attract behavioral health counselors to work hand-in-hand with Family Health West primary care physicians.

ACTION STEPS

- Take stock of our current providers and mental health access. By summer 2025, FHW will evaluate the number and access to care for counselors, therapists, psychiatrists, and psychiatric mental health providers working in our system either directly or through collaborative agreements compared to the expected demand for these services.
- Develop a plan to close the gap. Create a viable plan to narrow the gap between availability and the need for mental health care by working to build a more robust mental health workforce.

OBJECTIVE 2

Reduce suicidal ideation and suicide attempt rates by developing and training our staff to recognize someone at risk, know how to get help, assess their condition, and access appropriate care.

ACTION STEPS

- Develop policies, procedures, and education for staff to recognize, get help, assess, and treat a suicidal person. By spring 2025, FHW will have developed policies to support standardized procedures and training of staff to recognize, assess, and treat a suicidal person.
- 2 Implement the standardized care pathways. By summer 2025, FHW will have initiated the staff training to recognize, assess, and treat a suicidal person.

Measurement of Success

An increased number of counselors, therapists, psychiatrists, and psychiatric mental health providers in the Lower Valley.



Measurement of SuccessA decrease in the suicide rate in Mesa County.

STRATEGIC PRIORITY: Addressing Substance Use

Family Health West (FHW)

recognizes the negative impact alcohol, illicit drug, and other substance use has on Mesa County residents. The 2024 Mesa County Public Health CHNA found between 2019 and 2022, heavy drinking¹ rates increased and binge drinking² rates remained the same. More concerning, it found since 2021, one-third (1/3) to one-half (1/2) of suicide deaths and one-third (1/3) of suicide-related hospital visits involved alcohol intoxication.

The 2022 CDC Clinical Practice
Guideline for Prescribing Opioids
for Pain describes how opioids
were similar or less effective in
treating many causes of acute pain
(pain less than 1 month) when
compared to other non-opioid
medications. It also discusses
how the risk for opioid abuse
increases when opioids are
prescribed at higher doses and
for longer duration.



ONE IN TEN

Mesa County
adults is a
heavy drinker and
one in six currently
binge drinks.



Teen car crashes where the driver was impaired have doubled since

- 1. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines heavy drinking as: Men: Consuming 5 or more drinks on any given day, or 15 or more drinks per week. Women: Consuming 4 or more drinks on any given day, or 8 or more drinks per week.
- 2. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08% or higher. For a typical adult, this corresponds to consuming 5 or more drinks (male), or 4 or more drinks (female), in about 2 hours.



STRATEGIC PRIORITY: Addressing Substance Use



OUR GOAL

To address the ongoing alcohol and opioid substance use crisis in our community by increasing screenings for current use, developing clinical pathways to start patients who are ready to quit on evidence based treatments, and building community partnerships to get patients continuing care.

OBJECTIVE 1

Develop standardized evidence-based substance use screening tools and train staff on best practices to administer them.

ACTION STEPS

- 1 Identify and select a single evidence-based substance use screening tool. Use the tool throughout FHW Hospital and clinics.
 Build it into electronic medical record system by summer 2025.
- 2 Educate clinical staff, providers, and doctors.
 Teach them how to use the tool effectively and efficiently.

OBJECTIVE 2

Develop and maintain partnerships with community organizations to increase access to care for patients with active substance use needing ongoing treatment.

ACTION STEPS

- Identify potential partner organizations.
 Seek out those that provide long-term treatment for substance use disorders.
- 2 Engage leadership.
 Begin to develop
 agreements for easy
 referral and follow up.

OBJECTIVE 3

Develop standardized evidencebased clinical practice pathways to assess patients with substance use issues and offer treatment when appropriate.

ACTION STEPS

- Research current evidence-based treatments. Understand methods of treatment for opioid and alcohol use disorder.
- Develop clinical pathways to treatment. Based on research results, create pathways to effective treatment.
- Provide education to staff.

 Educate FHW Emergency

 Department, Hospital, Urgent Care, and Primary Care staff, providers, and doctors on these pathways.

Measurement of Success

Screening of at least 50% of all patients at Family Health West for substance use.



Measurement of Success

At least one partnership with an organization providing long-term treatments that allow for easy referral and follow up.



Measurement of Success

Standardized evidence-based clinical practice pathways to treat patients with opioid and alcohol use disorders who are ready for treatment.



STRATEGIC PRIORITY: Addressing Substance Use



OUR GOAL

To address the ongoing opioid crisis in our community by treating acute pain with alternative treatments before using opioids in the Family Health West Hospital Emergency Department.

OBJECTIVE 4

Continue to implement the Alternative to Opioids initiative in Family Health West Hospital Emergency Department by decreasing our use of opioids and increasing the use of evidence based alternatives to treat acute pain for many non-trauma conditions.

ACTION STEPS

- Educate new physicians and staff about effective alternative methods for treating acute pain before going to opioids.
- Continue to monitor rates of opioid use and alternative medication use in the Family Health West Hospital Emergency Department.

REFERENCES

Mesa County, (2024) Mesa County Health Needs Assessment 2024-2026: mesacounty.us/sites/default/ files/2024-07/MesaCounty_CHNA_ Digital_UPDATED07112024.pdf

Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95. DOI: http://dx.doi.org/10.15585/mmwr. rr7103a1

