



# CHNA Implementation Plan

Based on 2022-2024

Community Health Needs Assessment (CHNA)



# Table of Contents

Letter to the Community from Leadership .....	3
Executive Summary .....	5
Methodology .....	5
Health Priorities.....	5
Health Drivers Not Addressed.....	6
Priority 1: Mental Health.....	8
Priority 2: Access to Pediatric Healthcare Services.....	12
Evaluation of Impact .....	16

# Letter to the Community from Leadership

To the Community We Serve,

Children's Hospital of Orange County (CHOC) is pleased to share this CHNA Implementation Plan, which outlines the ways in which our organization plans to address the pediatric health needs identified in our [2022 Community Health Needs Assessment](#) (CHNA) completed and published in December 2022.

In this document, you will find a summary of the findings of CHOC's 2022 CHNA, which highlighted Mental Health and Access to Pediatric Healthcare Services as the top two pediatric and adolescent health priorities identified for Orange County. The CHNA Implementation Plan details what our goals are in addressing these two urgent health priorities, as well as specific strategies we have incorporated into our organizational strategic plan to address both.

The CHNA and the Implementation Plan are valuable and deeply meaningful tools in our enterprise strategic planning process, allowing us to incorporate the voice of our community as we consider and chart our path forward.

On behalf of CHOC's growing pediatric and adolescent health system, we thank all the community members who generously shared their experiences, expertise, and ideas about the health needs of children and teens in our region to inform our 2022 CHNA. We received survey responses from more than 1,200 individual community members spanning a diverse spectrum of personal experiences and perspectives. We also engaged with partner community organizations to gain their insights about how we can work together to address unmet needs.

CHOC is grateful for the opportunity this process provided for us to listen and understand, and we commit to leverage what we learned to create a roadmap to a brighter and healthier future for the children and families we serve.

With deepest gratitude,

A handwritten signature in black ink, appearing to read "Kim C. Cripe".

Kimberly Chavalas Cripe  
President & Chief Executive Officer



# Executive Summary

Children's Hospital of Orange County (CHOC) is a pediatric healthcare system based in Orange County, California. CHOC's growing enterprise includes two state-of-the-art hospitals in Orange and Mission Viejo and a regional network of primary and specialty care clinics. CHOC's primary service area (PSA) is Orange County, California, based on the place of residence of most of its patients served. CHOC at Orange (CHOC-Orange) is a licensed 334-bed tertiary/quaternary children's hospital. CHOC at Mission (CHOC-Mission) is a licensed 54-bed "hospital within a hospital" that treats patients ranging in age from newborn to 17 years.

California and federal law require that each licensed hospital conducts a Community Health Needs Assessment (CHNA) every three years and develops an implementation plan to address these needs. This 3-year implementation plan provides details on how CHOC intends to address the needs identified in the [2022 CHNA](#). Since both CHOC hospitals are located within Orange County, serve many of the same populations and provide many of the same types of services, the CHNA and this implementation plan cover both facilities.

## Methodology

CHOC contracted with Health Management Associates (HMA) to conduct a comprehensive CHNA process. Secondary data were also analyzed, including public health and socioeconomic data. Primary data for CHOC's CHNA were collected by engaging with community members, stakeholders, and service providers through:

- A county-wide community health survey with 1,248 responses
- Three focus groups and one town hall
- 12 key informant interviews

## Health Priorities

Health priorities were determined because both of the following were found to be true for Orange County in the CHNA:

- Community members expressed concern about the priority
- Secondary data pointed to either significant differences in Orange County compared to California and/or indicated a concerning or worsening trend regarding the priority

Health priorities were selected using the following criteria:

- Can the partnership and/or a single organization influence the issue?
- Is there existing community will and/or opportunity to leverage or influence the issue?
- Is measurable change possible within three years?



Based on results of the primary and secondary data analysis, two health priorities were identified for Orange County.

Health Priorities	Primary Concerns Identified by the CHNA
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• Increase in depressive symptoms among students</li> <li>• Increase in hospitalizations for mental illness in 2020, despite the overall decrease in hospitalizations due to the COVID-19 public health emergency</li> <li>• Need for prevention, early intervention, and treatment for substance use among youth</li> </ul>
<b>Access to Pediatric Healthcare Services</b>	<ul style="list-style-type: none"> <li>• Need for improved access to pediatric services (including pediatric specialists) from diverse providers who understand the county's racial, cultural, and linguistic needs of children and families</li> <li>• Geographic disparity in access to pediatric health care</li> </ul>

## Health Drivers Not Addressed

To effectively invest in prevention activities that improve population health, it is necessary to identify and understand which factors or drivers are influencing poor health outcomes in a community. The CHNA identified four key drivers and social determinants influencing children's health in Orange County. Since CHOC is not positioned to independently affect change in these social determinants given the organization's core expertise and competencies as a healthcare provider, these elements have not been addressed separately in this implementation plan. Instead, the social determinants of health were taken into consideration when developing strategies to respond to the two health priorities identified above.

Key Drivers of Health	Primary Concerns Identified by the CHNA
<b>Healthy and Affordable Foods</b>	<ul style="list-style-type: none"> <li>• Low participation in food assistance programs</li> <li>• Proximity and affordability of food for low-income children and families</li> </ul>
<b>Early Learning Opportunities and Success in School</b>	<ul style="list-style-type: none"> <li>• Low participation in childcare subsidies by eligible families</li> <li>• Increased rates of chronic absenteeism</li> </ul>
<b>Safe Neighborhoods</b>	<ul style="list-style-type: none"> <li>• Decreased sense of being safe at school among students</li> <li>• Increased community violence</li> </ul>
<b>Connectedness</b>	<ul style="list-style-type: none"> <li>• Low levels of connectedness at school among vulnerable students, including Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual (LGBTQIA+) and Black, Indigenous, and People of Color (BIPOC) students</li> <li>• Increased self-reported use of social media and screen time among youth as an important risk factor for youth mental health</li> </ul>

# HEALTH PRIORITIES



# Priority 1: Mental Health

The World Health Organization (WHO) describes mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” Mental health is not simply the absence of a mental disorder.

People who do not have a mental disorder might differ in how well they are doing, and people who have the same diagnosed mental disorder might differ in their strengths and weaknesses, in how they are developing and coping, and in their quality of life. Mental health exists on a continuum and is influenced by biological, social, and psychological factors.

<p><b>Primary Health Concerns</b></p>	<ul style="list-style-type: none"> <li>• Increase in depressive symptoms among students</li> <li>• Increase in hospitalization rate for mental illness in 2020, despite the overall decrease in hospitalizations due to the COVID-19 public health emergency</li> <li>• Need for prevention, early intervention, and treatment for substance use among youth</li> </ul>
<p><b>Goal</b></p>	<ul style="list-style-type: none"> <li>• Leverage CHOC’s assets as a health system and provider of pediatric services to address demand for complex and acute mental health services</li> <li>• Using whole-child approach, demonstrate the value of integrated mental health and physical health (both primary and specialty care) models of care, particularly for children and adolescents with complex medical needs</li> <li>• Provide sustainable models of care</li> <li>• Serve as the thought leader for pediatric health information</li> <li>• Enhance existing partnerships and create new partnerships to support delivery of mental health services across care continuum</li> <li>• Develop protocol standards for children admitted to CHOC with opioid overdose</li> </ul>
<p><b>Anticipated Impact</b></p>	<ul style="list-style-type: none"> <li>• Increased access to appropriate mental health services based on severity and need</li> <li>• Streamlined transition of care across the continuum</li> <li>• Enhanced integration of physical and mental health services in both primary and specialty care</li> <li>• Improved screening and early identification of mental health conditions including depression</li> <li>• Increased ability to provide detoxification protocols for children exposed to opioids</li> <li>• Enhanced coordination of services across the care continuum (medical services and schools)</li> <li>• Enhanced awareness and reduced stigma of addressing mental health conditions</li> </ul>



Strategy	Initiatives
<p>Develop continuum of care models to address acute needs and provide transition between acute/intensive and community mental health models of care</p>	<ul style="list-style-type: none"> <li>• Create continuity of care models with partial hospitalization program (PHP) or intensive outpatient program (IOP) for highest acuity cases providing a step-up/stepdown pathway. Planned programs for PHP/IOP expansion include eating disorder and services for Middle-School aged children</li> <li>• Partner with qualified community providers to deliver quality outpatient therapeutic services as a transition from more intensive services</li> <li>• Develop a plan of care for young children (aged 4 and up) addressing acute care needs</li> <li>• Develop strategies to engage parent participation and Diversity, Equity, and Inclusion (DEI) considerations in program design and implementation of intervention models</li> <li>• Collaborate with community-based partners and providers for research and treatment of autism spectrum disorders</li> </ul>
<p>Pursue multi-domain strategies to address the pressures on the demand for highest acuity mental health services in CHOC's Mental Health Inpatient Center (MHIC)</p>	<ul style="list-style-type: none"> <li>• Increase downstream programs to treat children before a crisis necessitating emergency room or inpatient psychiatric care</li> <li>• Implement strategies to stabilize and treat children/adolescents in Mental Health Inpatient Center (MHIC) /Emergency department (ED) including strategies to help children receive needed services in school settings</li> <li>• Develop and monitor triggers for potential growth of mental health inpatient services based on set quality of care standards and specific population needs</li> </ul>
<p>Maximize the capacity for CHOC to address emergency mental health services needs across delivery platforms</p>	<ul style="list-style-type: none"> <li>• Optimize current model of mental health services through better collaboration between MHIC and ED with a focus on trauma-informed practices</li> <li>• Introduce new program models and interventions within ED (stabilization interventions), leveraging technology where appropriate</li> <li>• Develop an intermediate level of care for emergent but not immediately life-threatening psychiatric problems</li> <li>• Develop protocols to avoid/address multiple inpatient hospitalizations, including increased collaboration with community resources providing outpatient care</li> </ul>
<p>Develop team-based models of care within primary and specialty care services, integrating social</p>	<ul style="list-style-type: none"> <li>• Partner with community-based referral resources and community mental health counseling services to support referrals of both commercial and Medi-Cal patients</li> <li>• Create infrastructure, processes, and trainings -- including workstreams to address patient flow, technology/Electronic Health</li> </ul>

<p>supports and mental health services</p>	<p>Records (EHR), registration and scheduling practices, and space -- within primary and specialty care settings to better integrate mental health services. Define appropriate workflows and related protocols for both primary and specialty care</p> <ul style="list-style-type: none"> <li>• Create a mental health urgent response team to support specialty care needs and provide direct mental health support to specialty care teams as children are identified with mental health needs</li> <li>• Plan and manage implementation of universal depression screening for all outpatient medical clinic patients aged more than 12 years</li> <li>• Incorporate Diversity, Equity, and Inclusion (DEI) strategies to increase cultural competency and provide culturally appropriate services</li> </ul>
<p>Strengthen partnerships with schools and community partners to prioritize early intervention services, increase parent/caregiver knowledge, and provide a pathway for high-acuity patients</p>	<ul style="list-style-type: none"> <li>• Align work with WellSpaces development in schools and school districts for education, awareness, and access to mental health services, including education for teachers and administrators</li> <li>• Leverage partnerships with schools to identify consultation needs, prioritize early intervention services, and serve as a referral for high acuity needs</li> <li>• Develop early intervention models with schools including practice guidelines and on-demand telehealth guidance resources</li> <li>• Leverage mental health education workgroup to develop comprehensive parent support resources in partnership with schools</li> <li>• Work with schools to develop support for children who have received care for acute psychiatric needs (such as hospitalization in the MHIC or visit to the ED) to ensure they receive services necessary to address their continuing mental health needs</li> </ul>
<p>Leverage telehealth for care delivery and workforce growth</p>	<ul style="list-style-type: none"> <li>• Prioritize service delivery strategies for expansion of telehealth models of care</li> <li>• Expand mental health workforce and resources through telehealth models</li> </ul>
<p>Continue to invest in workforce development to increase clinical resources and optimize existing staff</p>	<ul style="list-style-type: none"> <li>• Develop and maintain training programs and educational partnerships to increase staff capacities and develop new behavioral health staff</li> <li>• Continue Diversity, Equity, and Inclusion (DEI) initiatives to recruit and retain diverse staff</li> </ul>
<p><b>Collaborators &amp; Partnerships</b></p>	<ul style="list-style-type: none"> <li>• Schools and school districts</li> <li>• Community-based organizations</li> <li>• BeWell</li> <li>• Orange County Healthcare Agency</li> </ul>

	<ul style="list-style-type: none"><li>• CalOptima</li><li>• Local, State, and Federal government</li><li>• California Children's Hospital Association (CCHA)</li><li>• California Hospital Association (CHA)</li><li>• National Children's Hospital Association (CHA)</li><li>• Hospital Association of Southern California (HASC)</li><li>• American Academy of Pediatrics</li><li>• Western Youth Services</li><li>• Community Legal Aid of Southern CA</li></ul>
--	---

# Priority 2: Access to Pediatric Healthcare Services

Access to affordable, quality healthcare is vital to physical, social, and mental health. Access to care allows individuals to enter the healthcare system, find care easily and locally, pay for care, and get their health needs met.

The National Academies of Sciences, Engineering, and Medicine (formerly known as the Institute of Medicine) define access to healthcare as the “timely use of personal health services to achieve the best possible health outcomes.” Lack of health insurance, poor access to transportation, and limited healthcare resources (e.g., physician shortages) are examples of barriers to care. Experiencing these barriers may cause inconsistent access to healthcare, longer wait times, and delayed care.

<p><b>Primary Health Concerns</b></p>	<ul style="list-style-type: none"> <li>• Need for improved access to pediatric services from diverse providers who understand the county's racial, cultural, and linguistic needs of children and families</li> <li>• Geographic disparity in access to pediatric health care</li> </ul>
<p><b>Goal</b></p>	<ul style="list-style-type: none"> <li>• Create easy and convenient access to CHOC services for patients, families, and referring providers</li> <li>• Design an integrated telehealth strategy and expansion plan</li> <li>• Expand CHOC's service reach</li> <li>• Advance a culture of Belonging, Diversity, Equity, and Inclusion (BDEI) for everyone CHOC serves</li> <li>• Invest in opportunities to create healthier kids across Orange County</li> <li>• Create an excellent and memorable patient &amp; family experience</li> <li>• Enhance existing partnerships and create new partnerships to improve access</li> </ul>
<p><b>Anticipated Impact</b></p>	<ul style="list-style-type: none"> <li>• Increased access to pediatric primary and specialty care services</li> <li>• Streamlined care transition pathways</li> <li>• Increased awareness around Belonging, Diversity, Equity, and Inclusion in CHOC's workforce</li> <li>• Increased availability of school-based and community-based healthcare services</li> </ul>

Strategy	Initiatives
Unite disparate approaches to patient experience into a unified strategy	<ul style="list-style-type: none"> <li>• Launch the Concierge Care program to enhance patient and family experience at CHOC-Orange (including ED) and CHOC-Mission</li> <li>• Create training for associates and physicians in customer care/ patient and family experience across all locations to create a unified approach to enhancing the patient and family experience</li> </ul>
Develop Service Center with advanced scheduling and referral management support	<ul style="list-style-type: none"> <li>• Determine capabilities, implementation roadmap, leadership, and governance structure of Service Center</li> <li>• Implement cloud-based call management system to enable intelligent call routing and enhance patient experience</li> <li>• Enable appointment reminders and rapidly fill cancelled appointment slots to further reduce wait times</li> <li>• Perform a current-state analysis of specialist appointments and formulate recommendations to optimize access</li> <li>• Operationalize 24/7 command center and transfer center at CHOC-Orange</li> <li>• Implement best practices and supportive technology to ensure the right patient is seen by the right medical staff at the right time in the most convenient location</li> </ul>
Collaborate to assist with Medi-Cal redetermination	<ul style="list-style-type: none"> <li>• Collaborate with CalOptima and Department of Health Care Services (DHCS) to increase awareness around Medi-Cal redetermination process with pediatricians and families of patients. This includes website notifications, outreach to individual practices by CHOC's Provider Relations team, dissemination of information during office manager meetings with primary care and specialty practices, and connection to communication toolkits developed by DHCS.</li> </ul>
Create a vehicle for Primary and Specialty Care collaboration	<ul style="list-style-type: none"> <li>• Evaluate care team and care model designs to continuously improve access, reduce wait time, increase collaboration between primary and specialty care, and enhance patient experience.</li> <li>• Create broad awareness of the 844-GET-CHOC 24/7 nurse triage availability and 12-hour/day telehealth availability</li> <li>• Design an integrated telehealth strategy and expansion plan for remote monitoring service, on-demand services, offsite consults, and comprehensive tele-stroke program</li> </ul>
Improve throughput, care transitions, and	<ul style="list-style-type: none"> <li>• Optimize processes for ED intake, direct admit and transfer/transport process</li> <li>• Design a digital campaign to help educate and direct patients and families to the most effective site of care</li> </ul>



<p>optimal level of care</p>	<ul style="list-style-type: none"> <li>• Increase awareness on available sites of care for services (bilingual) including after-hours care services</li> <li>• Enroll CHOC patients who are adolescents in a tiered program (based on complexity of needs) to support transition to adult healthcare systems</li> <li>• Expand comprehensive adolescent-to-adult care transition program to additional sub-specialty divisions, primary care network, members of CHOC Health Alliance and other independent physician associations</li> </ul>
<p>Implement regional expansion strategies based on population needs</p>	<ul style="list-style-type: none"> <li>• Evaluate service expansion opportunities in targeted regional areas based on population needs</li> <li>• Build capacity for service expansion with new ambulatory tower near CHOC-Orange campus. The tower will open in phases beginning mid-2025 and will house specialty clinics, outpatient imaging, dedicated research floor, and oncology infusion services</li> <li>• Evaluate opportunities to create access to urgent care services at CHOC-Orange campus for the convenience of patients and families</li> <li>• Expand clinical opportunities with community-affiliated partners – Maternal-Fetal Medicine (MFM), Mental Health services, urgent care</li> <li>• Assess existing partnerships with adult hospitals to prioritize service expansion opportunities</li> <li>• Expand wraparound services and wellness classes available in primary care offices</li> </ul>
<p>Launch Belonging, Diversity, Equity, and Inclusion (BDEI) work within CHOC</p>	<ul style="list-style-type: none"> <li>• Launch BDEI council and develop Impact Network Groups (INGs)</li> <li>• Invest in assuring and advancing racial and health equity in health access, clinical practice, research, and training. Build education and training opportunities to further awareness and understanding of health inequities, racism, and cultural humility</li> <li>• Advance research that drives change to better health equity</li> <li>• Embed BDEI into talent acquisition, development and management systems and processes.</li> <li>• Recruit Medical Assistants (MA) and Licensed Vocational Nurses (LVNs) from the community. Address belonging and inclusion in first 90 days of hire and throughout their tenure at CHOC to improve retention. Establish an MA ladder program to encourage professional development and career growth opportunities.</li> <li>• Support Sexual Orientation/Gender Identity (SOGI) workgroup to develop and implement enterprise-wide education and transform to a more inclusive electronic medical record</li> <li>• Standardize assessments of social determinants of health (SDOH) and adverse childhood experiences (ACEs) to include discrimination and racism factors</li> </ul>

<p>Expand school-based programs</p>	<ul style="list-style-type: none"> <li>• Work with school districts and schools to expand opportunities for telehealth connections, WellSpaces, school-based providers, and bidirectional data exchange (clinical and academic/attendance data)</li> <li>• Integrate school &amp; SDOH data to support appropriate allocation of clinical resources, early identification of medical needs, and determination of best outcomes for continued learning</li> <li>• Expand the Wellness on Wheels program to include community needs and social determinants of health education and services</li> <li>• Identify and develop community and volunteer programs to engage youth in the community. Examples of programs include high school ancillary workplace mentoring programs and volunteer programs for high school students at offsite locations and clinics</li> <li>• Establish high school partner program to expose youth to careers in nursing and other healthcare services</li> </ul>
<p>Enhance existing partnerships/create new partnerships</p>	<ul style="list-style-type: none"> <li>• Leverage community partnerships to advance regional health equity</li> <li>• Enhance Medical Assistant (MA) school &amp; training program partnerships, particularly in harder to fill geographic areas. Support training efforts and provide externship possibilities to improve supply of medical assistants within the community and improve retention</li> <li>• Identify and develop community and volunteer programs to engage youth in the community</li> <li>• Collaborate with university partners to attract and retain new graduate nurses from diverse backgrounds to stay in our communities</li> </ul>
<p><b>Collaborators &amp; Partnerships</b></p>	<ul style="list-style-type: none"> <li>• Orange County Human Relations</li> <li>• Community Based Organizations (CBOs)</li> <li>• Help Me Grow</li> <li>• Schools and School Districts</li> <li>• Orange County Healthcare Agency</li> <li>• Local, State, and Federal Government</li> <li>• CalOptima</li> <li>• California Children’s Hospital Association (CCHA)</li> <li>• California Hospital Association (CHA)</li> <li>• National Children’s Hospital Association (CHA)</li> <li>• Hospital Association of Southern California (HASC)</li> </ul>

# Evaluation of Impact

CHOC is committed to establishing processes and reporting mechanisms to measure the impact of the strategies and initiatives outlined in this Implementation Plan. As an organization committed to continuous improvement and growth, CHOC will evaluate both process measures (such as the number of schools with WellSpaces, number of children and youth screened for depression, and linkage to services upon discharge from MHIC) and outcome measures (such as suicide rates among youth ages 1-19, clinical outcomes of intensive outpatient mental health care program, and length of time patients are in ED for psychiatric care). An analysis of the impact of the health system's initiatives to address the primary health concerns identified in the 2022-2024 CHNA will be reported in the next scheduled CHNA.