

1.0 Strategic Direction Revision

Provide member hospitals with timely, accurate and meaningful information that is valuable for improving our members' operational effectiveness.

| 1.0 Strategic Direction - Section Revision |
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| Provide member hospitals with timely, accurate and meaningful information that is valuable for improving our members' operational effectiveness. |
| 1.1 Enhance Volume Statistics 1.1.1 Regularly convene VS Advisory Committee for membership input 1.1.2 Provide analysis and trending of data for members 1.1.3 Add new measures as recommended by VS Advisory Committee 1.1.4 Update Volume Statistics platform and implement dashboard reporting |
| 1.2 Collect Regional Advocacy Data 1.2.1 Uncompensated care 1.2.2 Charity care 1.2.3 Payer mix |
| 1.3 Establish Price Transparency Initiative 1.3.1 Explore existing initiatives & tools 1.3.1 Gather price transparency information 1.3.2 Educate stakeholders |

Notes

- DATABANK will be removed from the strategic plan as members have reported that they do not utilize DATABANK and any measures that may be of value to the association can be collected independently.
- Medicaid Tracker will be removed from the strategic plan due to difficulty meeting antitrust guidelines with tools explored. Members report that similar initiatives have already been attempted at the state level.

1.1 Enhance Volume Statistics

Focus group members affirmed that Volume Statistics was widely used and appreciated within their organizations and that efforts to update and enhance it were welcome. All members participate in this program and submit data consistently on a monthly basis. Efforts in the last few years to improve the tool have yielded new indicators for the region; however, not all hospitals participate in the new indicators.

1.1.1 Volume Statistics Advisory Committee

Focus group members stressed the importance of having an opportunity for member input through the Volume Statistics Advisory Committee. At least one meeting will be held each year

— and then as necessary — to ensure definitions and calculations are consistent and to clarify or resolve any other program concerns that arise.

1.1.2 Data Analysis and Trending

Every quarter The Center releases to members only a Key Indicators Report, which uses the regional Volume Statistics data to highlight market trends, analyze data and offer explanation for changes in the hospital market. The Center will continue to publish this report for members only in the new strategic planning cycle.

1.1.3 New Measures

In collaboration with the Volume Statistics Advisory Committee, The Center will explore and implement as appropriate new data elements to the Volume Statistics database. In addition, renewed efforts will be made to persuade all members to participate in the new measures implemented in the last 3-year cycle.

1.1.4 Update Platform and Create Dashboards

The Center will update the technology that supports the Volume Statistics program. The new technology will allow for simplified page navigation and easy creation of dashboards for members.

1.2 Collect Regional Advocacy Data

In order for The Center to effectively make arguments on behalf of its hospitals, it is necessary to have the right information and data. In the past, some advocacy data was collected through DATABANK; however, with this program being discontinued, the focus group agreed that a new means of collecting advocacy information was important. As a result, the group recommended adding advocacy measures to the Volume Statistics report.

1.2.1 Uncompensated Care

Uncompensated care is considered an important piece of data for advocacy, especially as the implementation of health reform unfolds. Many experts believe uncompensated care, including bad debt, will rise as more people have access to insurance and seek care yet are unable to pay their portion of the cost of care (e.g. high deductible). This data element will be added to Volume Statistics under the advisement of the Volume Statistics Advisory Committee.

1.2.2 Charity Care

Charity care is considered an important piece of data for advocacy, especially as the implementation of health reform unfolds. Failure to pass Medicaid expansion paired with the disappearing DSH dollars will mean that it is more important than ever to understand the level

of charity care provided in the region. This data element will be added to Volume Statistics under the advisement of the Volume Statistics Advisory Committee.

1.2.3 Payer Mix

Understanding the region's payer mix is important to The Center's advocacy efforts and is used on a regular basis to explain the impact of underpayment by Medicare and Medicaid. This data element will be added to Volume Statistics under the advisement of the Volume Statistics Advisory Committee.

1.3 Establish Price Transparency Initiative

In general, there is a lot of misinformation about hospital pricing. It is a topic that is not well understood. The media often highlight stories that disparage hospital billing and the lack of price transparency. The focus group thought it would be beneficial for The Center to work on a project that would help shed light on hospital pricing. The focus group recommended exploring options as far as clarifying the misconceptions around this topic; however, the exact nature of this project and the data that should be gathered was not determined.

1.3.1 Explore Existing Initiatives and Tools

The Center will explore what other hospital associations and healthcare organizations around the country are doing in order to promote price transparency.

1.3.2 Gather Price Transparency Information

Based on the recommendations uncovered in 1.3.1, The Center will gather and aggregate the price transparency information it needs to build its report(s).

1.3.3 Educate Stakeholders

A communication strategy will be developed to ensure that the stakeholders — including media, community leaders and lawmakers — are educated on the results of this project.

2.0
2014 – 2016 Strategic Vision Recommendations
September 2013

Assist our members in creating and developing the healthcare workforce for the 21st century

2.1 NEONI Nursing Forecaster Model – continue to establish and promote

- Update/upgrade the NEONI RN Forecaster tool with 2013 licensure renewal data
- Create a NEONI APRN Forecaster model
- Update/upgrade the NEONI LPN Forecaster tool in 2014 with licensure renewal data
- Continue to pursue Forecaster model project consulting with the state of Maine and GDAHA (Greater Dayton Area Hospital Association)

2.1.1 Regional Outreach¹

- Strategize ways to address the nursing shortage in academia and practice in NE Ohio through the NEONI PERQS Center's divisions of Education and Practice
- Distribute the predictive data more broadly to the NEO region

2.1.2 State/National Outreach

- Continue to market the NEONI Forecaster Tool to other states and through the Ohio Action Coalition, other regions in Ohio
- Distribute the predictive data more broadly throughout Ohio

2.2 Career & Clinical Placement²

Continue career shadowing programming for high schools students and pursue program adaptations to other student populations. Continue efforts to market ACE MAPP to other regions and expand program features to current clients

2.2.1 Career Shadowing

- Continue the NEONI Healthcare Career shadowing program in NE Ohio
- Pursue grant funding and program implementation for Public Health Connect – academic placement software application for master's level public health students in community/public settings
- Pursue collaboration with Ohio AHEC³ and regional Toledo and NEOMED AHECS for student shadowing services

2.2.2 ACEMAPP

- Continue to market and pursue the hospitals and schools of nursing in the Akron region to join ACEMAPP
- Continue to market ACEMAPP to the Dayton region
- Create marketing initiative for the Youngstown area and Eastern Gateway Community College

¹ 2.1.1 and 2.1.2 are new segments

² Health care Leadership Institute will be removed due to hospital system development of their own programs for new leaders

³ Area Health Education Center

- Consider using the ACEMAPP program for allied health students
- Consider fee structure revision from volume-based to individual student

2.2.3 Expand training opportunities to community based facilities

- Assist NEONI members to collaborate and find alternative clinical sites (**beyond acute care facilities**) for pre-licensure LPN and ADN students in LTC facilities, SNFs, LTACHs, community clinics and other non-traditional settings

2.3 NEONI PERQS (Practice, Education, Research, Quality & Safety) Center⁴

2.3.1 Execute the three- year strategic work plans of each division (2012-2014)

- Research- seek funds to develop a proprietary nursing research database for NE Ohio
- Practice - strategies and programming to increase professionalism among staff nurses
- Education – collaborating with the Practice Division
- Quality and Safety –involved with the 4.0 Strategic Vision work

2.4 Address the hospital healthcare workforce needs⁵

2.4.1 Towards Employment Grant

- Grant will extend through March 2014

2.4.2 Re-establish an HR Leadership group

- Establish direct connection with member hospital human resource directors and managers for allied health care professional supply and demand needs

2.4.3 Collaborate with local and state workforce organizations to address workforce issues and needs

- Continued involvement with local and state initiatives to provide and gather information regarding healthcare needs

2.4.4 Identify “in-demand” workforce positions in member hospitals and baseline supply by age and potential retirements

- Obtain baseline data from member hospitals about their supply and demand for critical hospital staff positions as employees near or enter retirement
- Utilize the data to determine strategies and programming I and include college/university academic programs to develop a regional approach
- Identify the healthcare worker of the future

2.5 Continue NEONI program and its operations⁶

- This includes all current programs and activities

⁴ PERQS is a new segment

⁵ Ohio Skills Bank grant is completed- redrafted this section

⁶ Removed Create Destination Northeast Ohio

3.0 Public Policy & Economic Development

Fully utilize the collective leverage of our members in areas of community development and public policy. Provide regular, timely and relevant information to C-suite leaders on emerging and issues of opportunity and threat to members.

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| <p>3.0 Strategic Direction - Section Revision</p> <p>Fully utilize the collective leverage of our members in areas of community development and public policy. Provide regular, timely and relevant information to C-suite leaders on emerging and issues of opportunity and threat to members.</p> |
| <p>3.1 Execute annual wage index review</p> <p>3.1.1 Data collection and refinement</p> <p>3.1.2 Collaborate project with Reimbursement Forum</p> <p>3.1.3 Advocate on behalf of members for correct data interpretation by the FI</p> <p>3.1.4 Offer feedback to members on lessons learned</p> <p>3.1.5 Provide education and updates on national wage index policy discussion</p> |
| <p>3.2 Regional Advocacy Strategy</p> <p>3.2.1 Represent hospitals and their interests to public officials in local government</p> <p>3.2.2 Enhance awareness of regional community benefit & uncompensated care</p> <p>3.2.3 Provide advocacy on emerging & recurring issues of interest</p> <p>3.2.4 Educate members on dynamic public policy issues including implementation of the ACA</p> <p>3.2.5 Collaborate with and actively participate in OHA's advocacy strategy</p> |
| <p>3.3 Implement Regional Economic Impact Report</p> <p>3.3.1 Hospital specific data</p> <p>3.3.2 System specific data</p> <p>3.3.3 Regional roll-up</p> |
| <p>3.4 Public Policy Research</p> <p>3.4.1 Publish monthly white papers</p> <p>3.4.2 Put out Advocacy Alerts as necessary</p> <p>3.4.3 Expand reach of publications within membership</p> <p>3.4.4 Intensify media attention on publications</p> |
| <p>3.5 Advocacy Forum</p> <p>3.5.1 Convene member C-suites for advocacy and presentations as necessary</p> <p>3.5.2 Establish routine government relations/public policy meetings</p> |

Notes

- BuyNEO will be removed to the strategic plan due to the many initiatives already underway in member hospitals that mirror this initiative.

3.1 Execute Annual Wage Index

The Center has conducted a yearly wage index initiative for many years, returning millions of dollars to the Northeast Ohio region. The focus group agreed that this is a worthwhile project that should continue.

3.1.1 Data Collection and Refinement

The Center, through its vendor, will work with its member hospitals to review and refine the cost report and other relevant data submitted to CMS for wage index determinations to optimize reimbursement to the region.

3.1.2 Collaborate Project through Reimbursement Forum

This project will be coordinated through The Center in collaboration with members through the Reimbursement Forum.

3.1.3 Data Interpretation Advocacy

The Center will advocate on behalf of its members for correct interpretation of data by the fiscal intermediary.

3.1.4 Lessons Learned

The focus group recommended that The Center provide members with feedback after the wage index project is complete on lessons learned.

3.1.5 National Wage Index Updates

Over the last several years a national discussion has arisen about the equity and validity of the current wage index methodology. With more than half of all U.S. hospitals receiving some type of exception to the wage index, legislators and policy experts have been debating potential changes that could serve to better reflect true national wage differences. The Center will continue to monitor those conversations and educate members as developments occur.

3.2 Regional Advocacy Strategy

One of the primary functions of The Center is to serve as the collective voice of its member hospitals on public policy issues. The Center has routinely served this role. Members of the focus group urged The Center to continue its advocacy efforts and to be mindful of the specific needs of Northeast Ohio. The group also recommended that The Center not duplicate the advocacy efforts of the Ohio Hospital Association but to collaborate with and support them when appropriate.

3.2.1 Represent Hospitals and their Interests to Public Officials in Local Government

Serving as the voice of hospitals in Northeast Ohio will require routinely representing them at the local level. The focus group recommended that The Center routinely attend city and county council meetings and interface with other local officials as necessary to monitor the local environment and promote the interests of the regional hospital community.

3.2.2 Enhance Awareness of Community Benefit and Uncompensated Care

The focus group recommended that The Center take steps to educate stakeholders on uncompensated care and community benefit. The group indicated the notion that Northeast Ohio hospitals are a community asset is often overlooked. Hospitals benefit the community through the care they provide but also because they are very significant economic drivers. One potential deliverable under this element of the strategic plan, as suggested by the focus group, is a community benefit report that highlights these ideas.

3.2.3 Provide Advocacy on Recurring and Emerging Areas of Interest

A number of issues faced by the hospital community require recurring education and advocacy. The Center routinely advocates on issues such as tax-exempt status, facility fees, price transparency and CEO pay. The Center will continue to provide advocacy on these areas and will also proactively monitor the environment and advocate on emerging issues.

3.2.4 Educate Members on Public Policy Issues

The focus group suggested that an important role for The Center was to educate members on dynamic public policy issues. The policy environment can change quickly and especially as health reform unfolds and regulations are put in place, The Center will have a role in clarifying uncertainties and providing a forum for questions.

3.2.5 Collaborate with OHA

The Ohio Hospital Association advocates for Ohio hospitals both at the state and national level. The focus group urged The Center to continue to participate in OHA's advocacy planning and ensure that Northeast Ohio's concerns are brought to the table. The group urged The Center to collaborate with OHA but to be mindful not to unnecessarily duplicate the state association's work.

3.3 Implement Regional Economic Impact Report

Over the last several years, The Center has periodically published a regional hospital economic impact study. The focus group agreed that this is an important initiative that is routinely used in advocacy efforts and should be continued.

3.3.1 Hospital Specific Data

The economic impact study will collect hospital-specific data and will provide each hospital with its own study.

3.3.2 System Specific Data

The economic impact study will aggregate hospital-specific data by system and will provide each system with a system-specific report.

3.3.3 Regional Roll-up

The economic impact study will aggregate all of the data and provide each hospital with a regional roll-up of the economic impact report.

3.4 Public Policy Research

For many years, The Center has published white papers on a wide range of health topics with the intention of educating key stakeholders (community leaders, lawmakers, board members, hospital leaders) on the hospital perspective. Over 500 people receive these monthly publications, which are often picked up by the media. In addition, The Center puts out targeted advocacy alerts to hospital leaders to inform them of pertinent policy updates. The focus group recommended continuing public policy research and educational initiatives.

3.4.1 Publish Monthly White Papers

The Center will continue to publish monthly white papers. The focus group suggested that several times a year, The Center should invite a local hospital administrator to co-author one of the longer issue briefs. This will not only serve to strengthen relationships between The Center and its member hospitals but will enhance the credibility of these publications.

3.4.2 Advocacy Alerts

The Center will continue to monitor the policy environment and update hospital members through advocacy alerts as necessary.

3.4.3 Expand Reach of Publications within Membership

Though the focus group stated that The Center's publications are well received, they recommended expanding the reach of these pieces within the membership. In particular, ensuring that communications/public relations professionals within the hospitals received them was an opportunity that was recommended. The Center will convene the communication professionals from within the membership to ensure they are aware of The Center's activities and publications. Those who are not already on the list to receive publications will be added.

3.4.4 Intensify Media Attention

Though The Center's publications are often referenced in the media, the focus group saw an opportunity to intensify the attention given to these pieces. More active media relations activities will serve to intensify media attention. Conference calls after publication on the larger pieces, in which hospital members, the media and other stakeholders may all join, will provide The Center with the opportunity to leverage media attention. The Center will also submit op-eds to highlight issue briefs when the topic is appropriate.

3.5 Advocacy Forum

In the past, the Advocacy Forum was composed of high-level hospital administrators such as CEOs and COOs, who would come to events sponsored by The Center. These were scheduled on a recurring basis

and for a while served a valuable function in terms of convening and educating members. Today, CEOs and other administrators generally do not have the time to come out for these types of events unless there is a compelling reason to bring the region's hospital leadership together. At the same time, it has become more important for hospital government relations professionals to come together and learn from one another. As such, the focus group recommended changes to the way the Advocacy Forum operates.

3.5.1 Convene Member C-Suites

There are times that it makes sense to bring together the leadership from The Center's members. Bringing the group together to hear from the Speaker of the House on a timely state policy issue is an example. The Center will continue to provide this type of opportunity to members when it is appropriate.

3.5.2 Establish Government Relations Meetings

The focus group recommended that The Center facilitate recurring meetings and educational opportunities for the government relations professionals within member hospitals. This group will serve as the "advocacy forum" going forward. This new forum will allow for collaboration among hospitals, promote a regional advocacy strategy and help to keep The Center's advocacy team aware of the issues that are important to its members.

4.0
2014 -2016 Strategic Vision Recommendations
September 2013

Support member hospitals in achieving or exceeding public indicators and best practice benchmarks in quality care, patient experience⁷, and patient safety through educational opportunities, sharing of data and interpretation of data to the community⁸.

4.1 Patient/Nursing Quality

Collaborate with the hospital members to develop strategies and programs that improve patient quality⁹

4.1.1 Support and disseminate nursing core competencies (quality and safety) through the NEONI PERQS

Center to hospital and academic nursing leaders

- NEONI PERQS Center will work with the Ohio Action Coalition to disseminate and support nursing core competencies for pre-licensure/licensed nurses based on the Massachusetts Nurse of the Future model and QSEN (Quality and Safety Education for Nurses)

4.2 Patient Experience

The CHAMPS Patient Experience program will collaborate with hospital members to share proven strategies, best practices, and develop programs to enhance the patient experience as measured by HCAHPS scores

4.2.1 Patient Navigation

- Increase the awareness of Patient Navigation as an emerging health profession to improve patient experience and yield a positive return on investment
- Work with the member hospitals to build upon existing evidence-based research that measures the impact of patient navigation as related to operational and financial measures
- Share information and findings among the member hospitals

4.2.2 Service Recovery

- Work with the member hospitals to understand service recovery programming as a strategy to effectively address patient concerns, complaints and issues
- Demonstrate the importance of a service recovery program as a key patient experience strategy
- Provide guidelines to the member hospitals on the program components necessary to develop and sustain a robust service recovery program

4.2.3 Improve Hospital HCAHPS Scores

- CHAMPS Patient Experience will develop a committee of member hospital leaders to identify best practices to improve HCAHPS scores.
- HCAHPS scores from the member hospitals will be collected to determine a baseline and create a priority list leading to the development of a strategic approach for improvement

⁷ Added patient experience

⁸ Changed media to community

⁹ All of the remaining segments have been rewritten from the 2011-2013 Strategic Vision

4.3 OHA Collaboration

Explore quality activities that the OHA is spearheading and determine how The Center can collaborate in these activities

- Develop ongoing communication with the OHA Quality and Safety program staff
- Determine areas of mutual collaboration and programming alignment for the Center's hospital members

4.4 Patient Safety

Improve patient safety practices across the hospital membership

4.4.1 Data Collection/Review

- Review and evaluate OHA hospital safety data and data from other sources in order to develop a priority list of safety issues and concerns.
- Gather additional data and information as necessary from the hospital members

4.4.2 Best Practices Forum

- Develop a best practices forum among the hospital members.
- Utilize the baseline data to develop a priority list of actionable issues or areas

5.0 Community Initiatives

Create opportunities for hospital/health systems to coordinate/collaborate to identify and address the health needs of the community and improve the benefits they provide to Northeast Ohio.

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| 5.0 Strategic Direction Section Revision |
| Create opportunities for hospital/health systems to coordinate/collaborate to identify and address the health needs of the community and improve the benefits they provide to Northeast Ohio. |
| 5.1 Community Health Needs Assessment 5.1.1 Continue coordination of CHNAs for membership 5.1.2 Collect county data on adult & pediatric populations 5.1.3 Provide Regional Report 5.1.4 Document regional CHNA cycles & hospital contacts 5.1.5 Convene implementation team for regional strategy |
| 5.2 Continue On-going Emergency Preparedness 5.2.1 Manage ASPR grant 5.2.2 Provide technical assistance 5.2.3 Conduct regional exercises 5.2.4 Enhance communication to heighten engagement among stakeholders |
| 5.5 Behavioral Health Round Table 5.5.1 Collect regional B/H metrics 5.5.2 Explore population management for elderly, dually diagnosed & Developmentally Disabled 5.5.3 Implement/Evaluate 72-hour crisis unit 5.5.4 Collaborate to improve B/H workforce issues 5.5.5 Review/Address issues uncovered in CHNA |

Notes

- Community ROI Report will be removed from section 5.0 as its objectives will be met by projects in another section of the plan (3.2.2 Enhance Awareness of Community Benefit and Uncompensated Care).
- Expand Interface with Community-Based Primary Care Physicians will be removed from the plan. This piece of the plan was originally pursued through networking and educational opportunities around CliniSync. Since hospitals are now pursuing EHR independently, there is no longer a role for The Center.

5.1 Community Health Needs Assessment

The Center coordinated Community Health Needs Assessment (CHNA) projects with hospitals and community stakeholders in Ashtabula, Cuyahoga, Geauga, Lorain and Medina Counties in the last planning cycle and will continue this project in the 2014-2016 cycle.

5.1.1 Continue Coordination of CHNAs for Membership

The focus group recommended continuing this project as part of the next strategic planning cycle.

5.1.2 Adult and Pediatric Populations

The focus group indicated that they were happy with the data that was collected for the 2011-2013 strategic direction cycle and recommended continuing to collect adult and pediatric information.

5.1.3 Provide Regional Report

A regional report that pulls data from each county report will be compiled once all county assessments are complete.

5.1.4 Document CHNA Cycles

To help minimize duplication, The Center will compile a list of regional CHNA cycles and encourage collaboration where possible.

5.1.5 Convene Implementation Team

The Center will bring together hospital and community stakeholders to promote collaboration, discuss implementation strategies and jointly address community concerns, as appropriate.

5.2 Continue On-going Emergency Preparedness

The Center is the federally designated Northeast Ohio regional healthcare coordinator for hospital emergency preparedness. In this role, The Center works with the Ohio Department of Health and administrates the fiscal and program functions for the federal hospital preparedness grants received through the Assistant Secretary for Preparedness and Response (ASPR), a division of the U.S. Department of Health and Human Services. The ASPR Preparedness Grants have been available to the region's 27 eligible hospitals for ten years and fund work to protect against, mitigate, respond to and recover from hazardous events.

5.2.1 Manage ASPR Grant

The Center will continue to lead the administration of the ASPR grant regionally and ensure hospitals meet the necessary requirements for continued funding.

5.2.2 Provide Technical Assistance

The Center will provide training and guidance to hospitals to support their efforts to improve planning and response. The Center will also continue to serve as the communication liaison in the emergency operations center for all regional hospitals during an event.

5.2.3 Conduct Regional Exercises

The Center has taken the lead to ensure regional hospitals have the opportunity to participate in at least one regional exercise each year that will both facilitate their preparedness efforts and fulfill requirements under the Joint Commission on Accreditation of Healthcare Organizations.

5.2.4 Heighten Stakeholder Engagement

The Center will enhance its communication efforts to ensure that as many as possible who are eligible to participate in emergency preparedness activities and trainings take advantage of the opportunity.

5.5 Behavioral Health Round Table

The Behavioral Health Roundtable was established in response to hospital administrators' concerns about long lengths of stay in Emergency Departments (EDs) by patients with behavioral health needs. Behavioral health administrators from all hospitals in Cuyahoga County began meeting to identify shared problems. After one year, the public sector was brought into the collaborative to jointly assist in addressing the needs of the patients and both systems that serve these individuals. The strategic direction focus group recommended continuing the activities of the BHRT.

5.5.1 Regional Behavioral Health Metrics

Over the last several years, the BHRT has occasionally collected metrics to evaluate various aspects of healthcare delivery to people with behavioral health needs in Northeast Ohio. The focus group recommended conducting another survey to update the information gathered in the past. In addition, it was suggested that some behavioral health metrics may be appropriate to collect through The Center's Volume Statistics program. A member of the BHRT will be invited to participate in relevant Volume Statistics Advisory Committee meetings.

5.5.2 Population Management

The focus group discussed the many populations that could be positively impacted by initiatives to make behavioral healthcare more efficient in Northeast Ohio, including the elderly, dually diagnosed, and developmentally disabled. The focus group recommended exploring strategies to address the specific behavioral health concerns of these populations in Northeast Ohio.

5.5.3 Implement/Evaluate 72-hour Crisis Unit

The Center will actively participate in implementing and evaluating the state-funded demonstration project to establish a 72-hour crisis unit for the stabilization and placement of people with severe behavioral health needs in Cuyahoga County. The project also aims to connect patients to health homes.

5.5.4 Behavioral Health Workforce

For many years, the behavioral health workforce has struggled to maintain an adequate supply of workers. The BHRT will strategize with its community partners on ways to urge qualified healthcare providers to pursue a career in the behavioral health field.

5.5.5 Review Community Health Needs Assessment

The focus group recommended that the BHRT review the results of The Center's CHNA and strategize ways to address unmet health needs.