LifeScape
Sioux Falls, SD

Community Health Needs Assessment

June 2022

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Introduction

LifeScape has been open since 1952 and was the first hospital licensed as a Specialty Hospital in South Dakota. Originally named "Crippled Children's Hospital & School", it was the vision of orthopedic surgeon Dr. Guy Van Demark and nurse Irene Fischer Coon to serve the children afflicted with polio and confined to hospital rooms at Sioux Valley and McKennan Hospitals. Dr. E.B. Morrison was hired as the first executive director and began raising funds to build the hospital immediately. The doors opened in March 1952 and initially served 32 children who were primarily disabled with polio or cerebral palsy.

Over the years there were several additions to the facility as the needs of children in the state grew and changed. In 1999, the Children's Care Rehabilitation Center and Rehabilitation Medical Supply Company opened, offering specialized mobility equipment, orthotics and prosthetics, and outpatient rehabilitation therapy services in Sioux Falls. In 2000, the 18-bed Rehabilitation and Medically Complex inpatient unit was opened as an addition of the main facility, bringing the numbered of licensed hospital beds to 114. Due to the changing needs of children served, 96 beds transitioned from hospital licensure to certification as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-ID) in 2011. In April, 2014, Children's Care Hospital and School affiliated with another non-profit, South Dakota Achieve. Together, these two organizations became LifeScape and established a new mission, vision, and values for the organization. Services provided by the former Children's Care Specialty Hospital continued as the organizations affiliated as LifeScape. In May of 2019, a second Rehabilitation Center was opened, named the Autism and Child Development Center, offering Behavior Therapy, Occupational Therapy, Physical Therapy and Speech Therapy.

LifeScape has undertaken a Community Health Needs Assessment (CHNA), a process driven by the passage of the Patient Protection and Affordable Care Act, which requires tax exempt hospitals to conduct needs assessments every three years. The purpose of the Community Health Needs Assessment is to uncover unmet health needs that exist within the community LifeScape serves. Through the assessment, input is gathered from the community and applicable needs are prioritized, with an implementation strategy created to address the prioritized needs.

Methods

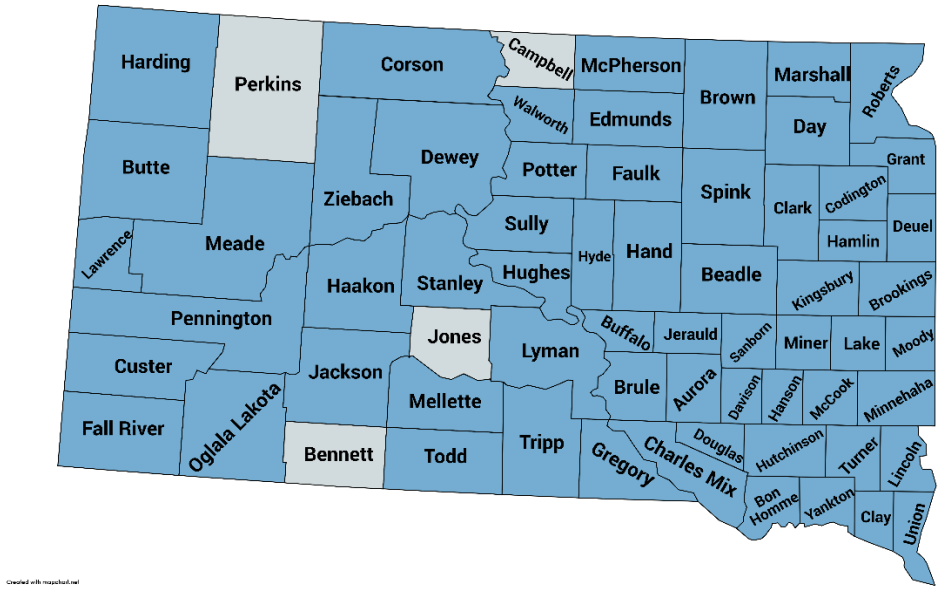
Community Served Determination

The service area for LifeScape was adopted from primary areas where patients who receive services from LifeScape reside. The service area was determined to be South Dakota (62 counties), northwest Iowa (15 counties), and southwest Minnesota (15 counties).

South Dakota Service Area
62 Counties Served in South Dakota

Iowa Service Area	
Buena Vista	O'Brien
Cherokee	Osceola
Clay	Palo Alto
Dickinson	Plymouth
Emmet	Pocahontas
Ida	Sioux
Lyon	Woodbury
Monona	

Minnesota Service Area	
Big Stone	Martin
Blue Earth	Murray
Cottonwood	Nobles
Faribault	Pipestone
Jackson	Redwood
Lac qui Parle	Rock
Lincoln	Yellow Medicine
Lyon	



Source: MapChart

CHNA Process

The following outline explains the process for conducting the CHNA. Each process is described in more detail throughout the report.

1. Formation of a CHNA advisory committee

2. Definition of the community served by the hospital facility
   a. Demographics of the community
   b. Existing health care facilities and resources

3. Data collection and Analysis
   a. Primary data
   b. Secondary data

4. Identification and prioritization of community health needs and services to meet community health needs

5. Adoption of goals and implementation strategy to respond to prioritized needs in collaboration with community partners

6. Dissemination of priorities and implementation strategy to the public.

Primary Data Collection

Key informational interviews/surveys were conducted with members of the community served by LifeScape. These individuals were identified by the Committee based on their qualifications to represent the broad interest of the community served. Generally, the interviewees included persons with special knowledge or expertise in public health and persons who represent the medically underserved and vulnerable populations. Interviewees were contacted and asked to participate in the key informational interviews/survey. Contacts can be found in Appendix 1. A summary of the key findings from the key informational interviews can be found further on in this document.

Secondary Data Collection

Secondary data was collected from a variety of local, county, and state sources to present a community profile, birth and death characteristics, access to health care, chronic diseases, social issues, and other demographic characteristics. Data was collected and presented at the county level and wherever possible, compared to the State of South Dakota and the Nation.

The secondary data collected for this analysis was collected from the following sources:

- March of Dimes
- Centers for Disease Control and Prevention (CDC)
- Autism and Developmental Disabilities Monitoring Network
- US Department of Education, Individuals with Disabilities Education Act

This report presents a summary that highlights the data findings, presents key priorities identified through the CHNA, and LifeScape Board-Approved implementation plan.

Information Gaps

Every attempt was made to collect primary, secondary and health-related data relevant to the community served by LifeScape. In certain cases, LifeScape' ability to assess all of the community's health needs was limited by a lack of existing health-related data collected at the county level.

Community/Demographic Profile – Primary Data Results

Population

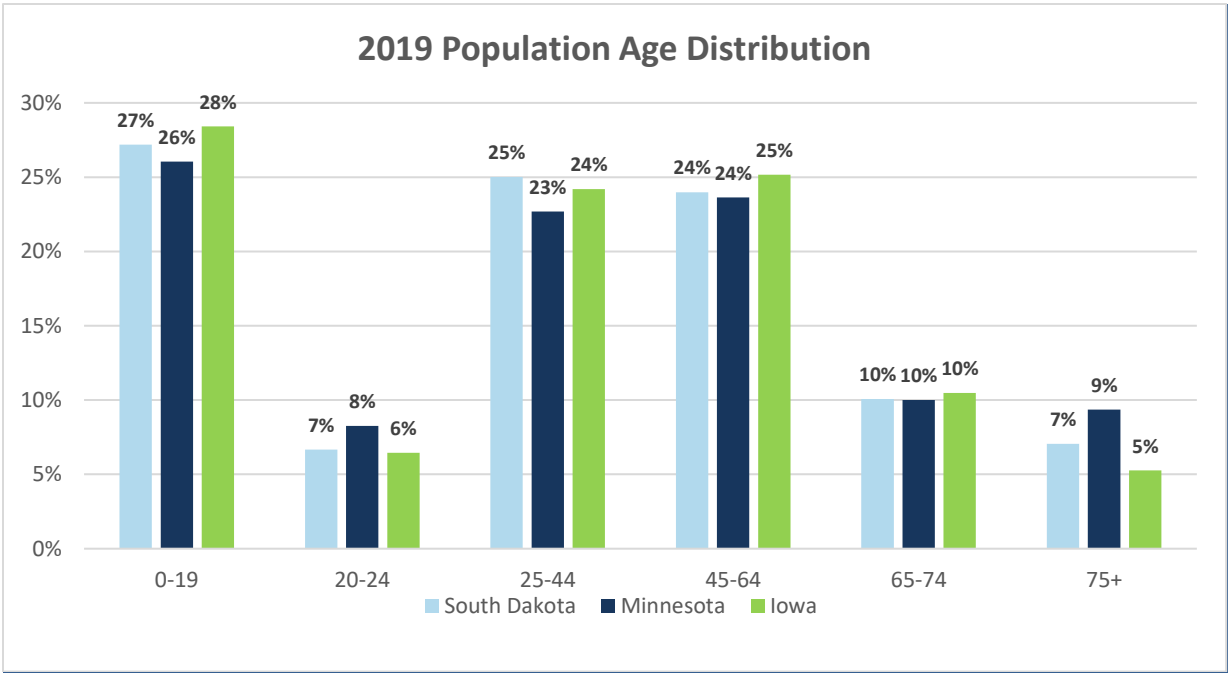
The population in South Dakota is anticipated to grow over the next 8 years, whereas the other two service areas are anticipated to decline. The service area as a whole is expected to grow by 43,023 people from 2020 to 2030. This growth could translate to a rise in demand for health care services within the service area.

	2020 Estimates	2025 Projections	2030 Projections	Change (2020-2025)	Change (2025-2030)
LifeScape Service Area					
South Dakota	878,590	906,069	934,977	27,479	28,908
Minnesota	241,483	234,715	230,468	-6,768	-4,247
Iowa	307,244	303,029	304,895	-4,215	1,866
				0	0
Service Area Total	**1,427,317**	**1,443,813**	**1,470,340**	**16,496**	**26,527**

Sources: United States Census Bureau, Population Division; State Data Center of Iowa; Minnesota State Demographic Center

Population by Age

Population was grouped into major age categories for comparison for the year of 2019. The number of individuals in the age 0-19 age group is 27% of the total population in South Dakota, 26% in Minnesota, and 28% in Iowa.



Source: United States Census Bureau

Population by Race and Ethnicity

LifeScape's service areas are predominantly white, equating to 81-86% of the total population within each service area. Most of the remaining population in Iowa and Minnesota is Hispanic, while the American Indian and Alaska Native population makes up most of South Dakota's remaining population.

2019 - Population Estimates by Race and Ethnicity	South Dakota		Minnesota		Iowa	
	Number	Percent	Number	Percent	Number	Percent
White	742,049	81%	218,647	86%	274,495	84%
Black or African American	20,289	2%	6,004	2%	7,331	2%
American Indian and Alaska Native	77,864	9%	2,690	1%	4,317	1%
Asian	13,662	1%	6,142	2%	6,284	2%
Native Hawaiian and Other Pacific Islander	781	0%	226	0%	1,059	0%
Two or More Races	21,505	2%	4,192	2%	600	0%
Hispanic	37,033	4%	17,029	7%	33,448	10%
Total	**913,183**	**100%**	**254,930**	**100%**	**327,534**	**100%**

Source: United States Census Bureau

Poverty Rate

The poverty rate in South Dakota is slightly higher than the United States, while the poverty rate in Iowa and Minnesota remains lower than the United States.

Service Area	2017	2018	2019	2020
South Dakota	10.5%	10.60%	10.60%	11.60%
Iowa	9.1%	8.90%	9.50%	9%
Minnesota	9.2%	7.90%	5.70%	8.40%
United States	12.3%	11.80%	10.50%	11.40%

Source: United States Census Bureau

Secondary Data Results

Live Births (per 1000 population)

Live birth rates were reviewed for the United States and the three states in LifeScape's service area (county data was not available). The trend in all three states as well as the United States from 2016 to 2020 was a decrease in birth rate, with the largest percent change occurring in South Dakota, followed by Minnesota.

Service Area	2016	2017	2018	2019	2020
South Dakota	77.70%	75.70%	73.80%	70.60%	66.70%
Minnesota	66.10%	64.50%	62.80%	61.00%	58.30%
Iowa	66.90%	65.00%	63.80%	63.40%	60.40%
United States	62.00%	60.40%	59.20%	58.30%	56.00%

Source: March of Dimes

Preterm Birth

According to the Center for Disease Control, preterm births are those that occur at less than 37 weeks gestation. Preterm births represent a small percentage of all births, but pre-term related problems are the highest cause of infant death. Babies born before 37 weeks gestation require special care and those who survive may have lifelong disabilities such as intellectual disabilities, cerebral palsy, breathing and respiratory problems, visual problems, hearing loss, and feeding/digestive problems. Preterm births decreased slightly in the United States from 2007 to 2018 and then increased slightly from 2018 to 2021. South Dakota, Minnesota, and Iowa showed a similar trend.

Area	2007	2018	2021
South Dakota	9.5%	9.3%	9.40%
Minnesota	9.0%	8.9%	9.10%
Iowa	9.7%	9.2%	9.90%
United States	10.4%	9.9%	10.10%

Source: March of Dimes

Low Birthweight

The CDC defines low birth weight as less than 5.5 pounds. Infants born weighing less than 5.5 pounds are 40 times more likely to die in the first four weeks of their life than infants weighing above 5.5 pounds. Infants with a low birth weight are at an increased risk for neurodevelopmental disabilities and respiratory conditions. Average rates in Iowa, Minnesota, and South Dakota from 2018 to 2020 were lower than the United States.

Location	Total	American Indian/Alaska Native	Asian/Pacific Islander	Black	Hispanic	White
South Dakota	6.8%	7.7%	10.2%	8.8%	6.5%	6.4%
Minnesota	6.8%	8.4%	8.1%	10.4%	7.0%	5.9%
Iowa	6.9%	8.4%	8.0%	11.9%	6.8%	6.3%
United States	8.3%	8.1%	8.6%	14.0%	7.5%	6.9%

Source: March of Dimes

Autism Spectrum Disorders in U.S. 2000-2018

The CDC reports that about 1 in 44 children have been identified with an autism spectrum disorder (ASD) in 2018 based on estimates from the Autism and Developmental Disabilities Monitoring Network (ADDM).

Surveillance Year	Birth Year	Number of ADDM Sites Reporting	Combined Prevalence per 1,000 Children (Range Across ADDM Sites)	This is about 1 in X children…
2000	1992	6	6.7 (4.5-9.9)	1 in 150
2002	1994	14	6.6 (3.3-10.6)	1 in 150
2004	1996	8	8 (4.6-9.8)	1 in 125
2006	1998	11	9 (4.2-12.1)	1 in 110
2008	2000	14	11.3 (4.8-21.2)	1 in 88
2010	2002	11	14.7 (5.7-21.9)	1 in 68
2012	2004	11	14.5 (8.2-24.6)	1 in 69
2014	2006	11	16.8 (13.1-29.3)	1 in 59
2016	2008	11	18.5 (18.0-19.1)	1 in 54
2018	2010	11	23 (16.5-38.9)	1 in 44

Source: Centers for Disease and Control, Autism and Developmental Disabilities Monitoring Network

Children with Special Needs

The Individuals with Disabilities Act (IDEA), Part B, provides for special education services for children ages 3-21. State child count numbers in each special education category was reviewed. The number of children with disabilities has remained unchanged in South Dakota and has been increasing in Iowa and Minnesota. Each specific disability can be interpreted in the charts below:

State	Year	All Disabilities	Autism	Deaf-blindness	Developmental delay	Emotional disturbance
South Dakota	2018	21,712	1,586	2	1,414	1,220
South Dakota	2019	22,175	1,692	4	1,483	1,257
South Dakota	2020	21,763	1,711	4	1,358	1,185
South Dakota % Change	**2018-2020**	**0%**	**8%**	**100%**	**-4%**	**-3%**
Minnesota	2018	141,454	20,409	116	13,544	16,814
Minnesota	2019	145,888	21,433	125	14,223	17,329
Minnesota	2020	144,492	21,656	126	13,875	16,951
Minnesota % Change	**2018-2020**	**2.1%**	**6.1%**	**9%**	**2%**	**1%**
Iowa	2018	67,990	768	0	-	6,619
Iowa	2019	69673	*	*	*	*
Iowa	2020	69295	*	*	*	*
Iowa % Change	**2018-2020**	**2%**	**NA**	**NA**	**NA**	**NA**

*Data not available; data flagged due to questionable data quality.
Source: U.S. Department of Education, IDEA Part B Child Count and Educational Environments Collection

State	Year	Hearing impairments	Intellectual disabilities	Multiple disabilities	Orthopedic impairments	Other health impairments
South Dakota	2018	148	1,916	597	78	2,948
South Dakota	2019	151	1,907	626	81	2,997
South Dakota	2020	146	1,896	622	76	3,061
South Dakota % Change	**2018-2020**	**-1%**	**-1%**	**4%**	**-3%**	**4%**
Minnesota	2018	2,410	7,380	1,527	1,634	20,052
Minnesota	2019	2,428	7,255	1,603	1,632	20,426
Minnesota	2020	2,401	7,016	1,592	1,600	19,970
Minnesota % Change	**2018-2020**	**0%**	**-5%**	**4%**	**-2%**	**0%**
Iowa	2018	475	11,716	375	768	85
Iowa	2019	*	*	*	*	*
Iowa	2020	*	*	*	*	*
Iowa % Change	**2018-2020**	**NA**	**NA**	**NA**	**NA**	**NA**

*Data not available; data flagged due to questionable data quality.
Source: U.S. Department of Education, IDEA Part B Child Count and Educational Environments Collection

State	Year	Specific learning disabilities	Speech or language impairments	Traumatic brain injury	Visual impairments
South Dakota	2018	7,108	4,589	51	55
South Dakota	2019	7,248	4,618	55	56
South Dakota	2020	7,155	4,446	48	55
South Dakota % Change	**2018-2020**	**1%**	**-3%**	**-6%**	**0%**
Minnesota	2018	33,834	22,788	460	486
Minnesota	2019	35,072	23,417	451	494
Minnesota	2020	35,344	23,058	425	478
Minnesota % Change	**2018-2020**	**4%**	**1%**	**-8%**	**-2%**
Iowa	2018	41,057	5,857	185	85
Iowa	2019	*	*	*	*
Iowa	2020	*	*	*	*
Iowa % Change	**2018-2020**	**NA**	**NA**	**NA**	**NA**

*Data not available; data flagged due to questionable data quality.
Source: U.S. Department of Education, IDEA Part B Child Count and Educational Environments Collection

LifeScape Data - *Sioux Falls FY21*

Statistic	Value
Number of diagnoses treated:	447
Percent of patients that have 3 or more diagnoses:	39%
Number of free autism screenings completed:	183
Number of autism evaluations completed:	100
Number of patients on waiting list for autism evaluation:	66
Number of patients on waiting list for ABA:	96
Number of patients on waiting list for clinical psychology services:	23

Summary of Key Findings and Prioritized Needs

A list of interview/survey participants can be found in Appendix 1. The LifeScape Advisory Committee selected individuals with a wide range of backgrounds in health-related agencies and with health-related qualifications to participate in the interviews. These individuals represent the broad interests of the community served by LifeScape.

Interview/survey participants were presented with a series of questions. These questions were developed from a variety of nationally accepted health improvement models and tailored to uncover the health needs that may exist within the LifeScape community. Questions can be found in Appendix 2. Responses were recorded and later condensed into common themes. The following top priorities were identified through the CHNA process:

Underserved Populations:
1. People with autism. 2. People with non-autism related mental health diagnoses and concerns. 3. People with medically complex needs. 4. Parents and/or caregivers of those with complex needs
Top Issues Identified:
1. Lack of mental health services and providers. 2. Lack of parent training and education. 3. Lack of coordination of connecting families to resources in the community. 4. Lack of transportation to services. 5. Lack of pediatric skilled nursing, respite, and home health services. 6. Lack of adaptive recreational activities. 7. Referral process for hospital and outpatient services.

The health needs were prioritized by the CHNA Advisory Committee. The criteria used to prioritize the health needs can be found in Appendix 3. The criteria measures were established by the committee, drawing from recommendations from the National Rural Health Association.

Existing Health Care and other Facilities and Resources

The following health care facilities and resources are available within the community to meet the health needs identified through the CHNA:

Mental Health Services (Not All-Inclusive)	
1. Associates for Psychological & Therapy Services (NW IA)	15. Sanford Psychiatry & Psychology Clinic
2. Avera Behavioral Health	16. Seasons Center for Behavioral Health (NW IA)
3. Avera Midwest Psychiatric Medicine	17. Sioux Falls Psychological Services
4. Avera Psychiatry Associates	18. Sioux Falls Psychological Services
5. Behavior Care Specialists, Inc.	19. Siouxland Mental Health Center (NW IA)
6. Behavioral Health Intervention Services (NW IA)	20. South Dakota Developmental Center
7. Children's Home Society	21. South Dakota Human Services Center
8. Children's Inn	22. South Dakota Urban Indian Health Sioux Falls
9. Encompass Mental Health, LLC	23. Southeastern Behavioral Healthcare
10. Family Solutions Services, Inc. (NW IA)	24. Southeastern Behavioral HealthCare
11. Great Plains Psychological Services	25. Southwestern Mental Health Centers - Avera (SW MN)
12. LifeScape	
13. LSS Behavioral Health Services & Programs	26. Sprout Play Therapy and Counseling Services
14. NW Iowa Mental Health Center	27. Stronghold Counseling Services, Inc
Translation Services	
1. A to Z World Languages, Inc.	6. LinguaOne, Inc. (SW MN)
2. All Language Translation Services	7. Lutheran Social Services of South Dakota (SD & MN)
3. All Nations Interpreters Inc.	8. Multi-Cultural Center
4. Communication Services for the Deaf	9. Sioux City Interpreting & Translation Services (NW IA)
5. Interpreter Services Inc	10. Southwest Interpreters (SW MN)
Services for Children with Complex/Severe Developmental Needs	
1. Aveanna Healthcare (Pediatric Private Duty Nursing)	4. LifeScape
2. Avera Children's Hospital	5. Sanford Children's Hospital
3. Dakota Home Care (Pediatric Private Duty Nursing)	6. Universal Pediatrics
Rural Healthcare/Outreach	
1. Avera Healthcare	3. LifeScape
2. Indian Health Services	4. Sanford Healthcare

Transportation Services for Individuals with Disabilities	
1. Aberdeen Ride Line	15. RIDES (NW IA)
2. AmeriCare Mobility Van LLP (SW MN)	16. River Cities Public Transit in Pierre, SD
3. Arrow Public Transit in Lemmon, SD	17. Rural Office of Community Services in Lake Andes, SD
4. Brandon Public Transit	18. Sanborn County Transit
5. Brookings Area Transit Authority	19. Sioux Area Metro (SAM)
6. Community Transit in Sisseton, SD	20. Sioux Area Metro Paratransit
7. Community Transit of Watertown	21. Sioux Falls Wheelchair Transit Plus
8. Dell Rapids Transit	22. Siouxland Paratransit Services
9. East Dakota Transit in Madison, SD	23. Siouxland Regional Transit System (NW IA)
10. Groton Community Transit	24. Spink County Public Transit Inc. in Redfield, SD
11. Inter-Lakes Community Action Partnership	25. Vermillion Public Transit
12. Mitchell City Palace Transit	26. Wheelchair Express Sioux Falls
13. People's Transit in Huron, SD	27. Worthington Medi-Van (SW MN)
14. Prairie Hills Transit in Spearfish, SD	28. Yankton Transit
Parent Resource Centers	
1. ASK Resource Center (NW IA)	3. South Dakota Parent Connection
2. PACER Center (SW MN)	

Implementation Plan

Once the health needs were prioritized by the CHNA Advisory Committee, the final step in the CHNA process involved developing an implementation strategy. The purpose of the implementation strategy is to develop a clear set of goals to respond to the priorities identified through the CHNA. The implementation strategy should include a written plan that addresses each of the community health needs identified through the CHNA, describe how the hospital plans to meet the health needs, and identify health needs the hospital does not intend to meet and why.

The CHNA Advisory Committee developed the implementation strategy. The committee addressed the following implementation strategy components within each priority identified:

1. Objectives/Strategy
2. Tactics (How)
3. Programs/Resources to Commit
4. Impact of Programs/Resources on Health Need
5. Accountable Parties
6. Partnerships/Collaboration

The detailed implementation strategy for each priority can be found in Appendix 4. In summary, the following priorities were addressed through the implementation strategy:

Priority 1: Accessing specialty hospital and outpatient services
Priority 2: Lack of community and caregiver education on LifeScape services and community resources
Priority 3: Inadequate availability of appropriate medical and community-based services in identified areas: pediatric skilled nursing/pediatric home health/respite care; mental health; and autism/ABA

The implementation strategy detail for each priority located in Appendix 4 provides supporting tactics, programs/resources, accountable parties, and potential partnerships/collaboration for each strategy.

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Appendix 1

Interviewee Categories

- Community daycare center personnel
- Community Health Clinics/Centers
- Family Support Coordinators
- Health and Human Services State Agencies
- Helpline Center
- Hospital personnel – case managers and discharge planners
- LifeScape therapy, DME, nursing, and case management staff
- Nurses and nurse educators
- Parent Resource Centers
- Patients, families, caregivers, and self-advocates
- Physicians and advanced practitioners
- Public school personnel – nurses, administrators, and educators
- School for the Deaf
- Social workers
- State Health/Human Services agencies
- USD Center of Disabilities

Appendix 2

Interview Questions

- Please indicate which LifeScape and/or RISE Custom Solutions services and programs that you are aware of.
- Please list any health care needs within our community that you perceive are underserved or not being met.
- Please indicate what education and training topics you'd like to see available to the community.
- Are there any barriers in the availability and/or access to LifeScape and RISE Custom Solutions services that you perceive within the community?
- If you or someone in your family have received services at LifeScape or RISE Custom Solutions within the last 6 months, please answer the following questions related to accessing LifeScape and RISE Custom Solutions services.
- Please list any opportunities for us to improve the current services provided in Sioux Falls at LifeScape Children's Specialty Hospital, LifeScape Outpatient Therapy, and RISE Custom Solutions.
- How can LifeScape and RISE Custom Solutions best get information about our services to you and the community?

Appendix 3

Criteria Used to Prioritize Health Needs

Decision Matrix

Interview Question	Theme/Priority	Severity of Problem? 1-5	Potential Impact on Health of Population? 1-5	Feasibility of Change? 1-5	Resources Available to Address Problem? Y/N (Y = 5)	Alignment with Mission, Strengths, Priorities? Y/N (Y=5)	Overall Priority Score
Question 4: *Barriers to availability and access to services*	Waiting list	4	5	4	3	5	4.2
	Insurance coverage	2	2	2	5	5	3.2
	Referral process	3	5	4	4	5	4.2
	Transportation	3	4	1	0	5	2.6

Interview Question	Theme/Priority	Severity of Problem? 1-5	Potential Impact on Health of Population? 1-5	Feasibility of Change? 1-5	Resources Available to Address Problem? Y/N (Y = 5)	Alignment with Mission, Strengths, Priorities? Y/N (Y=5)	Overall Priority Score
Question 2: *Underserved populations and services within the community*	Non-autism related mental health	5	5	2	1	5	3.6
	Peds skilled nursing/ respite/pediatric home health: access to programs and eligibility and LOC	5	5	3	3	5	4.2
	ABA	5	5	4	4	5	4.6
	Community and caregiver training/education	5	4	4	3	5	4.2
	Adaptive recreation	3	4	2	3	5	3.4
	Social work	3	5	2	2	5	3.4

Appendix 4

LifeScape Community Health Needs Assessment Implementation Plan June 2022

Summary of 2022 Findings

Through the completion of a Community Health Needs Assessment, LifeScape has identified three key priority areas of need. Although there are other needs that were identified, these three align well with the mission and vision of LifeScape, our strategic plan, as well as the scope of services provided.

Health Topic	Implementation Strategies	LifeScape Resources	External Collaborations
Accessing LifeScape outpatient and inpatient services.	▪ Assess intake process and evaluate areas for improvement. ▪ Research and implement a patient engagement platform to facilitate improved communication between patient access staff and families. ▪ Implement waitlist processes to allow families to take advantage of late cancellations. ▪ Stabilize retention of outpatient support staff.	Patient access specialists, LifeScape leadership, provider network, LifeScape Human Resources.	Provider network, EMR system, software vendors, media outlets
Lack of community and caregiver education on LifeScape services and community resources.	▪ Increase patient and caregiver education offerings. ▪ Improve access to education on LifeScape website and social media platforms. ▪ Assess and improve our process of disseminating community resources to patients and families. ▪ Explore alternative opportunities to educate providers and referral sources in the community on our services.	Clinicians and clinical support staff, leadership, administrative support services	Community and professional organizations, parent resource centers, provider network, state agencies, higher education, other related service providers, media and software platforms

Health Topic	Implementation Strategies	LifeScape Resources	External Collaborations
Inadequate availability of appropriate medical and community-based services in identified areas: - Pediatric Skilled Nursing/Pediatric Home Health/Respite Care - Mental Health - Autism/ABA	▪ Enhance existing and explore new programs to address challenging behaviors in children without autism spectrum disorder. ▪ Explore alternative levels of care for children with complex medical needs. ▪ Research options for a greater variety of mental health services and programming.	Clinicians, leadership	State partners, universities, provider network, other healthcare organizations

Status Update On 2019 Priorities

In 2019, LifeScape identified three priorities to address following completion of a Community Health Needs Assessment. Below is a summary of progress.

Priority	Objective/Strategy	Accomplishments
There is a lack of mental health services and providers in our service area.	LifeScape will expand the capacity to provide mental health services with intellectual/developmental disabilities (ID/D) and/or those with co-occurring mental health diagnosis and ID/D.	▪ LifeScape Outpatient Services increased the number of Autism Diagnostic Evaluations and Free Autism Screenings completed monthly to help meet growing referral demand. ▪ LifeScape Outpatient Autism team developed a screening tool for adolescence referred for Autism Evaluations. This has aided in more appropriate use of resources on the Autism team as well as aided in guiding families in appropriate treatment. ▪ LifeScape continues to look for ways to recruit and retain Clinical Psychology staff to meet with demand of mental health referrals. We have added a Postdoctoral Psychologist who will become fully licensed following the passing of her boards.

There is a lack of parent training and education in our service area.	LifeScape will expand the parent training and education provided.	▪ Therapy department developed a mentorship program to assist with staff development and growth. ▪ Therapy departments began holding bi-monthly continuing education sessions presented by current therapy staff, available to all professional and support staff. ▪ Directory of Services for the Specialty Hospital, Outpatient and RISE Custom Solutions was developed and disseminated to referral sources and community resources. ▪ Online parent training format has been developed. This will allow families to access short videos on various therapy related topics on our website and social media platforms. Full launch of training video platform on the website will launch by fall 2022. ▪ We have been awarded 2 grants to focus on early intervention trainings for those caring for children with developmental disabilities. Work on these two grants will continue over the course of the year. Our goal is to use online platforms so that all audiences, local and rural, can take advantage of the trainings.
There is a lack of coordination of connecting families to resources in our service area.	LifeScape will find innovative ways to improve connecting families to resources within the community.	▪ A new Family Handbook was developed in the Specialty Hospital. This is provided to families upon admission to the hospital. It provides a comprehensive list of resources ▪ The Specialty Hospital Social worker has begun to assist with Autism Evaluation follow-up to better support families with questions related to resources.