

Ascension St. John Broken Arrow

**Implementation Strategy for the 2021 CHNA
Tulsa County, Oklahoma**



Ascension

The purpose of this implementation strategy is to describe how the hospital plans to address prioritized health needs identified through its current community health needs assessment (CHNA). Rationales are provided for significant health needs for which the hospital does not intend to implement strategies. Special attention has been given to the needs of vulnerable individuals and populations, unmet health needs or gaps in services, and input gathered from the community.

St. John Broken Arrow, Inc. (dba Ascension St. John Broken Arrow)

1000 W. Boise Circle | Broken Arrow, OK 74012

<https://healthcare.ascension.org/locations/oklahoma/oktul/broken-arrow-ascension-st-john-broken-arrow>
918-994-8000

Hospital EIN: 38-3833117

The 2021 (tax year) implementation strategy was approved by the Ascension St. John Broken Arrow board of directors on Oct. 20, 2022, and applies to the following three-year cycle: July 2022 to June 2025. This report, as well as the previous report, can be found on our public website (<https://healthcare.ascension.org/chna>).

We value the community's voice and welcome feedback on this report. Comments can be submitted via our public website.

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Introduction

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension St. John Broken Arrow



As a Ministry of the Catholic Church, Ascension St. John Broken Arrow is a non-profit hospital governed by a local board of trustees represented by community members and medical staff, and has been providing medical care to Tulsa County for more than 12 years.

Ascension St. John operates six hospital campuses and around 100 related clinics and facilities, and employs more than 5,000 associates, including about 325 providers. Serving Oklahoma since 1926, Ascension St. John continues the long and valued tradition of addressing the health of the people in our community, following in the footsteps of our legacy sponsor, the Sisters of the Sorrowful Mother.

For more information about Ascension St. John Broken Arrow, visit <https://healthcare.ascension.org/locations/oklahoma/oktul/broken-arrow-ascension-st-john-broken-arrow>.

Overview of the Implementation Strategy

Purpose

This implementation strategy is Ascension St. John Broken Arrow's response to the health needs prioritized from its current community health needs assessment (CHNA). It describes actions the hospital will take to address those needs, and includes information on planned resources, collaborators, and outcome measures. This approach aligns with the hospital's commitment to offer and support programs designed to address health needs of the community, with special attention to persons who are underserved and otherwise vulnerable.

IRS 501(r)(3) and Form 990 Schedule H Compliance

The CHNA and implementation strategy satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years. Requirements for 501(c)(3) hospitals under the ACA are described in Code Section 501(r)(3), and include making current and previous CHNA reports widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and implementation strategy can be found at <https://healthcare.ascension.org/CHNA>. Paper versions can be requested by contacting the Ascension St. John Administration offices at 918-744-2180.

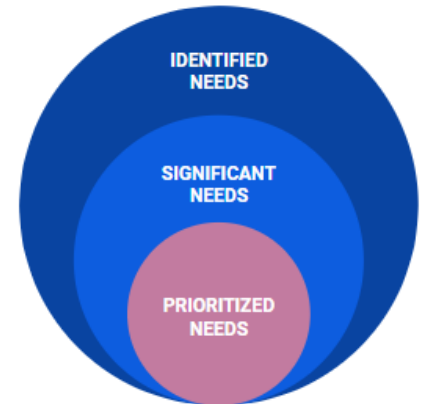
Process to Prioritize Needs

Included in Code Section 501(r)(3) is the requirement that hospitals must provide a description of the process and criteria used to determine the most significant health needs of the community identified through the CHNA, along with a description of the process and criteria used to determine the prioritized needs to be addressed by the hospital.

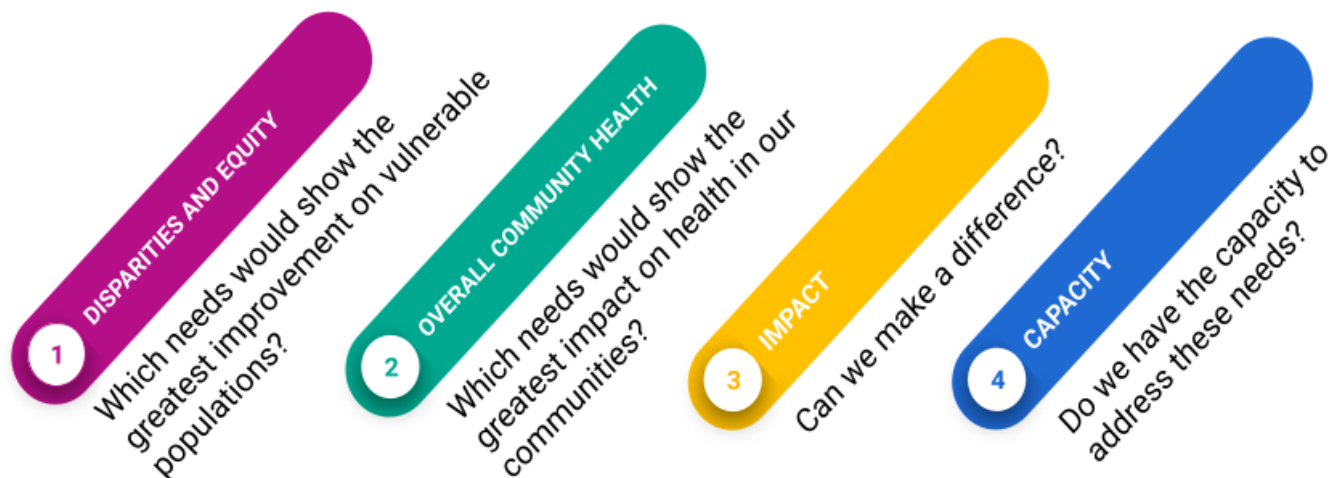
Ascension St. John Broken Arrow used a phased prioritization approach. The first step was to identify a broad set of community needs. Through the assessment process, identified needs were then narrowed down to a set of significant needs that were deemed most crucial for community stakeholders to address. To arrive at these significant needs, Ascension St. John Broken Arrow used the following process: Data was collected from focus group sessions, vulnerable population hybrid administrator/client interviews, key stakeholder interviews, civic leader interviews, and secondary sources. All of the data sets obtained from these methods were combined and analyzed. The review

revealed several key themes that spanned across the data sets. The criteria used to narrow down the identified needs were:

- The relative number of people in the county impacted by the problem
- The importance of the problem to county residents and stakeholders
- Existing resources available in the county to address the problem
- The risk of disease/death associated with the problem
- The way the problem has improved or worsened in the county over the past several years
- The impact of the problem on vulnerable populations



Following completion of the current CHNA, Ascension St. John market and hospital leaders, as well as other key stakeholders, convened to discuss the results of the assessment and select needs to address as outlined in the implementation strategy. In addition to the above criteria, taken into consideration were the factors outlined in the figure below. First and foremost was the ability to address needs focused on disparities and inequities among vulnerable populations. Next were potential for overall community impact and organizational and community capacity. For example, can the organization leverage assets and resources? Do the needs align with organizational and community strengths and priorities? Ascension has defined “prioritized needs” as the significant needs that have been prioritized by the hospital to address through the three-year CHNA cycle.



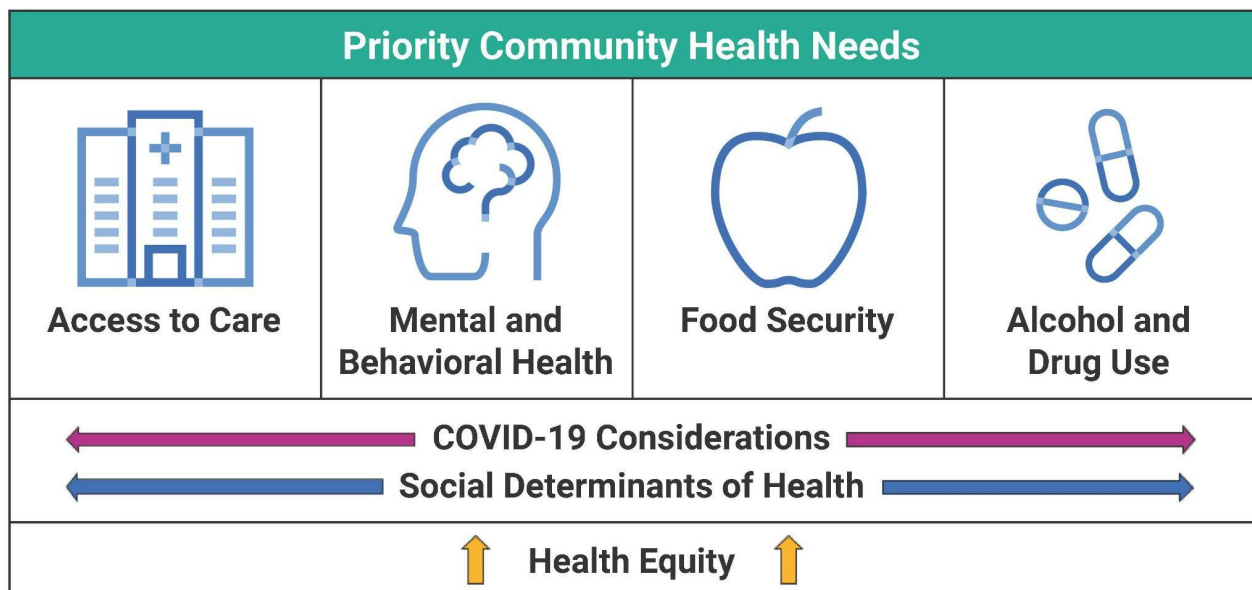
Needs That Will Be Addressed

While priority needs were preliminarily selected for each hospital during the CHNA process, rounding discussions with market and hospital leaders, as well as other key stakeholders, further delineated common themes among the sets of needs. Accordingly, it was determined that a marketwide approach to address together the most pressing needs of the community would be most effective and impactful.

Need	Rationale
Access to care 	This need was selected because the number of people living in poverty in northeastern Oklahoma exceeds national averages. The root causes of intergenerational poverty are complex and often involve many predisposing factors, including lack of access to education, economic opportunities, and medical care. Those who are impoverished often focus on immediate priorities, such as shelter, food, and transportation. With out-of-pocket medical costs rising faster than the rates of wages and inflation, accessing medical care is simply not a priority, unless there is an acute emergency.
Mental and behavioral health 	This need was selected because access to comprehensive mental and behavioral health care is limited across the region. Chronic stress, trauma, the COVID-19 pandemic, and poverty all fuel poor mental and behavioral health. Regular counseling is difficult to access, especially for individuals with low incomes, given that most mental and behavioral health care providers only accept cash (rather than insurance) payments for therapy services. While secondary data on adverse childhood experiences (ACEs) were not universally captured in the CHNAs, the issue was referenced several times by community input participants, particularly as they affect the development of many mental and behavioral health conditions. Ascension St. John Broken Arrow recognizes that ACEs disproportionately affect the county and intends to continue its work to address them through implementation strategy efforts.
Food security 	This need was selected because many residents of the region lack access to healthy foods, including fresh fruit and vegetables. Yet, there is plenty of inexpensive junk food and fast food readily available, which raises the risk of diet-related illnesses, including diabetes, cardiovascular disease and stroke. Individuals whose income is near or below the federal poverty line and/or who live far away from grocery stores suffer the most from diet-related illnesses.

Alcohol and drug use 	This need was selected because many individuals in the region abuse alcohol and illicit drugs to “escape” from a variety of issues, including mental trauma, anguish, and/or boredom. Many of the CHNA community input participants agreed that both alcohol and drug use undermine community stability, which only seemed to accelerate during the COVID-19 pandemic, as isolation and stress levels rose astronomically. Compounding the problem is that treatment and recovery services for alcohol and drug use is limited across the region, particularly for those requiring long-term detox and treatment.
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Health equity and social justice are intentional and universal themes within the CHNA process. Our commitment to addressing health needs flows from a charitable mission to provide all persons the opportunity for health and well-being, especially vulnerable individuals and historically marginalized populations – both inside hospital and clinic walls and throughout the community. That means working closely with each community we serve, partnering with local organizations and key stakeholders to examine drivers of health through a lens of compassion and solidarity. Accordingly, it was determined that health equity and social determinants of health should be underlying currents of all strategies and tactics to address needs of the community. In addition, it is taken into consideration that profound disparities emerged from or were exacerbated by the COVID-19 pandemic, and continue to affect the community. See the figure below for a visual representation of how these factors are rooted in Ascension St. John Broken Arrow’s implementation strategy work.



Ascension St. John Broken Arrow understands the importance of all the needs of the community and is committed to playing an active role in improving the health of the people in Tulsa County. For the purposes of this implementation strategy, Ascension St. John Broken Arrow has chosen to focus its efforts on the priorities listed above.

Needs That Will Not Be Addressed

Based on the prioritization criteria, the health needs identified through the CHNA that Ascension St. John Broken Arrow does not plan to address at this time include:

- Racism: This need was not selected because health equity and social determinants of health were determined to be underlying currents of all strategies and tactics to address priority health needs. Racial equity is a major component of these currents.
- Health literacy: This need was not selected because it did not rank as high as other needs. In addition, staff capacity is extremely limited, which would be a major barrier to health literacy strategies.
- COVID-19: This need was not selected because it was determined to be an underlying current of all strategies and tactics to address priority health needs.

While these needs are not the focus of this implementation strategy, Ascension St. John Broken Arrow may consider investing resources in these areas as appropriate, depending on opportunities to leverage organizational assets in partnership with local communities and organizations. Also, this report does not encompass a complete inventory of everything Ascension St. John Broken Arrow does to support health and well-being within the community.

To find a list of resources for each need not being addressed, or for more information on the prioritization process, please refer to the Ascension St. John Broken Arrow's 2021 CHNA: <https://healthcare.ascension.org/CHNA>.

Acute Community Concern Acknowledgement

A CHNA and implementation strategy offer a construct for identifying and addressing needs within the community served. However, unforeseen events or situations, which may be severe and sudden, may affect a community. At Ascension, this is referred to as an acute community concern. This could describe anything from a health crisis (e.g., COVID-19), water poisoning, environmental events (e.g., hurricane, flood) or other event that suddenly impacts a community. In which case, if adjustments to an implementation strategy are necessary, the hospital will develop documentation, in the form of a SBAR (Situation-Background-Assessment-Response) evaluation summary, to notify key internal and external stakeholders of those possible adjustments.

Written Comments

This implementation strategy has been made available to the public and is open for public comment. Questions or comments about this implementation strategy can be submitted via the website: <https://healthcare.ascension.org/chna>.

Approval and Adoption by Hospital Board of Directors

To ensure Ascension St. John Broken Arrow's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 implementation strategy was presented to the Ascension St. John Broken Arrow board of directors for approval and adoption on Oct. 20, 2022, as well as the Ascension St. John market board of directors on Nov. 2, 2022. Although an authorized body of the hospital must adopt the implementation strategy to be compliant with the provisions in the Affordable Care Act, adoption of the implementation strategy also demonstrates that the board is aware of the implementation strategy, endorses the priorities identified, and supports the action plans that have been developed to address prioritized needs.

Action Plans

The implementation strategy below is based on prioritized needs from the hospital's most recent community health needs assessment (CHNA). These strategies and action plans represent where the hospital will focus its community efforts over the next three years. While these remain a priority, the hospital will continue to offer additional programs and services to meet the needs of the community, with special attention to those who are poor and vulnerable.

Priority 1: Access to Care	
Objective	By 2025, the number of preventable hospital stays in Tulsa County will decrease (baseline: 4,852 hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees).
Healthy People 2030 alignment	- AHS-01: Increase the proportion of people with health insurance. - AHS-04: Reduce the proportion of people who can't get medical care when they need it. - AHS-06: Reduce the proportion of people who can't get prescription medicines when they need them. - AHS-07: Increase the proportion of people with a usual primary care provider. - AHS-08: Increase the proportion of adults who get recommended evidence-based preventive health care. - MICH-02: Reduce the rate of infant deaths within 1 year of age. - MICH-08: Increase the proportion of pregnant women who receive early and adequate prenatal care.
Strategy 1: Expand access to care in the community.	
Target population(s)	- Individuals who are uninsured or underinsured - Families and individuals whose income is near or below the federal poverty line - Individuals earning low wages, particularly at small companies without health benefits - Patients who are without reliable transportation - Racial and ethnic minorities - Other vulnerable populations - Individuals experiencing other barriers to health care

Collaborators • Other Ascension hospitals: Ascension St. John Medical Center, Ascension St. John Owasso, Ascension St. John Sapulpa, Ascension St. John Jane Phillips, Ascension St. John Nowata • Joint ventures: N/A • Current collaborators: Ascension Medical Group St. John, Ascension St. John Community Benefit & Engagement Committee, Ascension St. John Community Health Equity Catalyst Strategy (CHECS), Ascension St. John Foundation, Ascension St. John Medical Access Program (MAP), Ascension system office, county health departments, free and low-cost health clinics (Good Samaritan Health Services, Neighbors Along the Line, Tulsa Day Center, and Tulsa Dream Center), community-based ambulance and transportation services, other community-based clinics and organizations • Potential collaborators: Tulsa Healthcare Coverage Project, other community-based clinics and organizations • Consultants: N/A • Other non-profit hospitals: N/A	
Resources • Staff time • Internal community investment funding programs • IT/data infrastructure	
Initiatives	Tactics
Support community access to care initiatives.	1a. Partner with community organizations to provide medical care to underserved populations. 2a. Provide grant funding to community access to care initiatives, with a focus on those serving vulnerable populations. 3a. Identify and analyze top health equity issues in the community to drive improvement efforts.
Support community transportation initiatives.	1b. Support community organizations in efforts to reduce transportation barriers.
Metrics 1a. Medical Access Program costs, number of organizations supported 2a. Number of grants, total amount, total number of organizations supported 3a. Process updates 1b. Number of grants, total amount, total number of organizations supported, notable outputs from community-based meetings	

Anticipated impact
The anticipated impact of these actions is increased access to health care services for community members in Tulsa County, with special attention to vulnerable individuals and historically marginalized populations.
Strategy 2: Provide initiatives for improved access to care for patients.
Target population(s) • Patients whose income is near or below the federal poverty line • Patients earning low wages, particularly at small companies without health benefits • Patients who are pregnant • Patients who are uninsured or underinsured • Patients who are without reliable transportation • Racial and ethnic minorities • Other vulnerable populations • Patients experiencing other barriers to health care
Collaborators • Other Ascension hospitals: Ascension St. John Medical Center, Ascension St. John Owasso, Ascension St. John Sapulpa, Ascension St. John Jane Phillips, Ascension St. John Nowata • Joint ventures: N/A • Current collaborators: Ascension Medical Group St. John, Ascension St. John Center for Women's Health, Ascension St. John Foundation, Ascension system office, county health departments, Dispensary of Hope, Lyft, Morton Comprehensive Health Services, MyHealth Access Network, Neighborhood Resources, other ambulance and transportation services, R1 RCM Inc., Tulsa Birth Equity Initiative • Potential collaborators: Oklahoma Health Care Authority, Tulsa Healthcare Coverage Project, other community-based organizations • Consultants: N/A • Other non-profit hospitals: N/A
Resources • Staff time • Prescription medications • Funding for transportation assistance • Other program funding • Medicaid and other government assistance programs • Facility space • Virtual care technology and equipment • IT/data infrastructure

Initiatives	Tactics
Increase access to health services by providing holistic support for patients.	1a. Assist patients and other community members with enrollment/re-enrollment in Medicaid and other government assistance programs. 2a. Screen patients for social barriers to health and well-being, and connect them with local resources as appropriate. 3a. Reduce barriers to prescription medications for uninsured individuals with low incomes.
Reduce barriers to care for patients without reliable transportation.	1b. Offer free transportation options to patients without reliable transportation. 2b. Offer virtual care options to reduce transfers and improve access to care for individuals without reliable transportation.
Support maternal health care coordination to address disparities.	1c. Explore innovative models of care to improve maternal and infant health outcomes.
Metrics 1a. Number of patients screened, number of dedicated associates, associate hours 2a. Number or percentage of patients screened for social determinants of health (SDoH) by need, number of positive SDoH screenings, number of referrals 3a. Number of patient encounters, number of prescriptions, total cost 1b. Total funding, number of rides 2b. Number of virtual consultations completed 1c. Process updates	
Anticipated impact The anticipated impact of these actions is increased access to health care services for Ascension St. John patients in Tulsa County, with special attention to vulnerable individuals and historically marginalized populations.	

Priority 2: Mental and Behavioral Health

Objectives

- By 2025, fewer individuals will report frequent mental distress in Tulsa County (baseline: 15.2% of adults reporting 14 or more days of poor mental health per month).
- By 2025, the suicide rate in Tulsa County will decrease (baseline: 18.8 deaths due to suicide per 100,000).

Healthy People 2030 alignment

- MHMD-01: Reduce the suicide rate.
- MHMD-02: Reduce suicide attempts by adolescents.
- MHMD-04: Increase the proportion of adults with serious mental illness who get treatment.
- MHMD-05: Increase the proportion of adults with depression who get treatment.
- MHMD-06: Increase the proportion of adolescents with depression who get treatment.
- MHMD-08: Increase the proportion of primary care visits where adolescents and adults are screened for depression.

Strategy 1: Support positive mental and behavioral health in the community.
Target population(s)

- Individuals experiencing alcohol and/or drug use disorders
- Racial and ethnic minorities
- LGBTQ+ individuals
- Other vulnerable populations

Collaborators

- Other Ascension hospitals: Ascension St. John Medical Center, Ascension St. John Owasso, Ascension St. John Sapulpa, Ascension St. John Jane Phillips, Ascension St. John Nowata
- Joint ventures: N/A
- Current collaborators: Ascension Medical Group St. John, Ascension St. John Advocacy, Ascension St. John Behavioral Assessment Team, Ascension St. John Clinical Education, Ascension St. John Community Benefit & Engagement Committee, Ascension St. John Community Health Equity Catalyst Strategy (CHECS), Ascension St. John Foundation, Ascension St. John Human Trafficking Education & Response Program, county health departments, community-based mental and behavioral health coalitions and committees, community-based mental and behavioral health facilities
- Potential collaborators: other community-based mental and behavioral health facilities, organizations, and coalitions
- Consultants: N/A
- Other non-profit hospitals: N/A

Resources

- Staff time
- Internal community investment funding programs

Initiatives	Tactics
Support community-based initiatives that create an environment for mental well-being and increased access to care.	1. Support community organizations and coalitions in efforts to increase access to mental and behavioral health care for adolescents. 2. Support community organizations and coalitions in efforts to increase access to mental and behavioral health care for adults.

	3. Provide grant funding to community mental and behavioral health initiatives, with a focus on those serving vulnerable populations.
Metrics 1. Notable outputs from community-based meetings, process updates 2. Notable outputs from community-based meetings, process updates 3. Number of grants, total amount, total number of organizations supported	
Anticipated impact The anticipated impact of these actions is improved mental and behavioral health and well-being for community members in Tulsa County, with special attention to vulnerable individuals and historically marginalized populations.	
Strategy 2: Improve mental and behavioral health services for patients.	
Target population(s) • Patients experiencing alcohol and/or drug use disorders • Patients at risk of suicide • Racial and ethnic minorities • LGBTQ+ individuals • Other vulnerable populations	
Collaborators • Other Ascension hospitals: Ascension St. John Medical Center, Ascension St. John Owasso, Ascension St. John Sapulpa, Ascension St. John Jane Phillips, Ascension St. John Nowata • Joint ventures: N/A • Current collaborators: Ascension Indiana, Ascension Medical Group St. John, Ascension St. John Advocacy, Ascension St. John Behavioral Assessment Team, Ascension St. John Clinical Education, Ascension St. John Foundation, Ascension St. John Human Trafficking Education & Response Program, Ascension system office, CHESS Health, county health departments, Substance Abuse & Mental Health Services Administration (SAMHSA) • Potential collaborators: Neighborhood Resources; other community-based mental and behavioral health facilities, organizations, and coalitions • Consultants: N/A • Other non-profit hospitals: N/A	
Resources • Staff time • Facility space • Virtual care technology and equipment • SAMHSA grant funding ◦ Training and educational materials	

• Other program funding • IT/data infrastructure	
Initiatives	Tactics
Deliver comprehensive, compassionate care and treatment for patients with mental and behavioral health conditions, particularly those who have experienced trauma.	1a. Implement and evaluate different models of care to improve access to and timeliness of mental and behavioral health care. 2a. Provide trauma-informed care to patients at risk of trauma-related mental and behavioral health conditions (e.g., suspected victims of human trafficking). 3a. Offer virtual care options to reduce barriers to mental and behavioral health care.
Explore opportunities to holistically support patients at risk of suicide.	1b. Explore internal opportunities to provide suicide prevention training.
Increase access to mental and behavioral health support and resources for patients.	1c. Connect patients with community resources for mental and behavioral health care coordination, closing referral gaps.
Metrics 1a. Process updates 2a. Number of human trafficking assessments of patients who are suspected victims 3a. Number of virtual consultations completed 1b. Process updates, number of Question Persuade and Refer (QPR) and Assessing and Managing Suicide Risk (AMSR) trainings offered, number of associates trained 1c. Number of referrals to local resources for mental and behavioral health care coordination	
Anticipated impact	
The anticipated impact of these actions is improved mental and behavioral health services and increased access to mental and behavioral health care for Ascension St. John patients in Tulsa County, with special attention to vulnerable individuals and historically marginalized populations.	

Priority 3: Food Security
Objective • By 2025, the percentage of the population who lack adequate access to food in Tulsa County will decrease (baseline:13.9%).
Healthy People 2030 alignment • NWS-01: Reduce household food insecurity and hunger. • NWS-02: Eliminate very low food security in children.

Strategy 1: Increase access to healthy food to address food insecurity.	
Target population(s) - Families and individuals whose income is near or below the federal poverty line - Elders - Racial and ethnic minorities - Other vulnerable populations	
Collaborators - Other Ascension hospitals: Ascension St. John Medical Center, Ascension St. John Owasso, Ascension St. John Sapulpa, Ascension St. John Jane Phillips, Ascension St. John Nowata - Joint ventures: N/A - Current collaborators: Ascension St. John Community Benefit & Engagement Committee, Ascension St. John Community Health Equity Catalyst Strategy (CHECS), county health departments, Food on the Move, Fresh Rx, Hunger Free Oklahoma, Nowata Community Advancement Network, Tulsa Food Security Council, other community-based organizations and coalitions working to address food insecurity - Potential collaborators: Community Food Bank of Eastern Oklahoma, Neighborhood Resources, other community-based organizations and coalitions working to address food insecurity - Consultants: N/A - Other non-profit hospitals: N/A	
Resources - Staff time - Internal community investment funding programs	
Initiatives	Tactics
Support community initiatives to address food insecurity.	1. Provide grant funding to community food security initiatives, with a focus on those serving vulnerable populations. 2. Engage with community organizations and coalitions on efforts to address food insecurity.
Metrics - Number of grants, total amount, number of organizations supported - Notable outputs from community-based meetings, process updates	
Anticipated impact	
The anticipated impact of these actions is increased access to healthy foods to address food insecurity among community members in Tulsa County, with special attention to vulnerable individuals and historically marginalized populations.	

Strategy 2: Provide patient screenings and referrals for improved access to healthy food.
Target population(s)

- Patients whose income is near or below the federal poverty line
- Elders
- Racial and ethnic minorities
- Other vulnerable populations

Collaborators

- Other Ascension hospitals: Ascension St. John Medical Center, Ascension St. John Owasso, Ascension St. John Sapulpa, Ascension St. John Jane Phillips, Ascension St. John Nowata
- Joint ventures: N/A
- Current collaborators: Ascension Medical Group St. John, MyHealth Access Network, Neighborhood Resources, community-based organizations and agencies working to address food insecurity
- Potential collaborators: Ascension St. John Center for Women's Health
- Consultants: N/A
- Other non-profit hospitals: N/A

Resources

- Staff time
- IT/data infrastructure

Initiatives

Increase access to healthy food by providing holistic support for patients.

Tactics

1. Screen patients for barriers to healthy food and connect them with local resources as appropriate.

Metrics

1. Number or percentage of patients screened for measures related to food insecurity, number of referrals

Anticipated impact

The anticipated impact of these actions is increased access to healthy foods to address food insecurity among Ascension St. John patients in Tulsa County, with special attention to vulnerable individuals and historically marginalized populations.

Priority 4: Alcohol and Drug Use
Objectives

- By 2025, the percentage of adults reporting heavy or excessive drinking in Tulsa County will decrease (baseline: 15%).
- By 2025, the rate of unintentional drug overdose deaths in Tulsa County will decrease (baseline: 20 deaths per 100,000 population).

Healthy People 2030 alignment

- IVP-20: Reduce overdose deaths involving opioids.
- MHMD-07: Increase the proportion of people with substance use and mental health disorders who get treatment for both.
- MICH-D02: Reduce the proportion of women who use illicit opioids during pregnancy.
- SU-01: Increase the proportion of people with a substance use disorder who got treatment in the past year.
- SU-03: Reduce drug overdose deaths.
- SU-07: Reduce the proportion of adults who used drugs in the past month.
- SU-13: Reduce the proportion of people who had alcohol use disorder in the past year.
- SU-15: Reduce the proportion of people who had drug use disorder in the past year.
- SU-18: Reduce the proportion of people who had opioid use disorder in the past year.
- SU-D02: Increase the proportion of people who get a referral for substance use treatment after an emergency department visit.
- SU-D03: Increase the rate of people with an opioid use disorder getting medications for addiction treatment.

Strategy 1: Increase access to community resources to mitigate alcohol and drug use.
Target population(s)

- Individuals experiencing mental and behavioral health conditions
- Racial and ethnic minorities
- Individuals experiencing barriers to treatment and recovery services
- Other vulnerable populations

Collaborators

- Other Ascension hospitals: Ascension St. John Medical Center, Ascension St. John Owasso, Ascension St. John Sapulpa, Ascension St. John Jane Phillips, Ascension St. John Nowata
- Joint ventures: N/A
- Current collaborators: Ascension St. John Community Benefit & Engagement Committee, Ascension St. John Community Health Equity Catalyst Strategy (CHECS), community-based clinics and organizations working to address alcohol and drug use
- Potential collaborators: other community-based clinics and organizations working to address alcohol and drug use
- Consultants: N/A
- Other non-profit hospitals: N/A

Resources

- Staff time
- Internal community investment funding programs

Initiatives	Tactics
Support community initiatives to address alcohol and drug use.	1. Provide grant funding to community initiatives that help address alcohol and drug use, including prevention and harm reduction, with a focus on those serving vulnerable populations.
Metrics 1. Number of grants, total amount, number of organizations supported	
Anticipated impact The anticipated impact of these actions is increased access to alcohol and drug use prevention, harm reduction, treatment, and recovery services for community members in Tulsa County, with special attention to vulnerable individuals and historically marginalized populations.	
Strategy 2: Provide initiatives for improved care of patients experiencing or at risk of alcohol and/or drug use.	
Target population(s) • Patients experiencing mental and behavioral health conditions • Individuals experiencing barriers to treatment and recovery services • Patients who are pregnant • Racial and ethnic minorities • Other vulnerable populations	
Collaborators • Other Ascension hospitals: Ascension St. John Medical Center, Ascension St. John Owasso, Ascension St. John Sapulpa, Ascension St. John Jane Phillips, Ascension St. John Nowata • Joint ventures: N/A • Current collaborators: Ascension Medical Group St. John, Ascension St. John Advocacy, Ascension St. John Emergency Department, Ascension St. John Pharmacy, CHESS Health, Neighborhood Resources, Oklahoma Department of Mental Health & Substance Abuse Services (ODMHSAS), community-based organizations and agencies working to address alcohol and drug use • Potential collaborators: other community-based organizations and agencies working to address alcohol and drug use • Consultants: N/A • Other non-profit hospitals: N/A	
Resources • Staff time • IT/data infrastructure • Federal grant funding • Other program funding • Prescription medications (naloxone)	

Initiatives	Tactics
Increase opportunities for patients to engage in alcohol and/or drug use treatment.	1. Increase access to a variety of substance use treatment including medication-assisted treatment and innovative models of care. 2. Connect patients with community resources for care coordination to address alcohol and drug use, closing referral gaps.
Metrics 1. Number of patients with a substance use disorder screened for social needs, percentage of patients screened who were referred to support and recovery services 2. Number of referrals to community resources for care coordination to address alcohol and drug use	
Anticipated impact	
The anticipated impact of these actions is increased access to alcohol and drug use prevention, harm reduction, treatment and recovery services for Ascension St. John patients in Tulsa County, with special attention to vulnerable individuals and historically marginalized populations.	

Evaluation

Ascension St. John Broken Arrow will develop a comprehensive measurement and evaluation process for the implementation strategy. The Ministry will monitor and evaluate the action plans outlined in this plan for the purpose of documenting and reporting the impact these action plans have on the community. Ascension St. John Broken Arrow uses a tracking system to capture community benefit activities and implementation. To ensure accountability, data will be aggregated into an annual community benefit report that will be made available to the community.