

2025-2028 CHNA Implementation Plan - Royal Oaks Hospital

Access to Care and Social Determinants of Health

Goal: Initiate activities to improve overall access to care and reduce social determinants of health by addressing housing, transportation issues, food security, and education.

Strategy: Provide the necessary education, training, support, and outreach in the primary service area if Royal Oaks Hospital.

	Actionable Implementation Items	Responsible Team/Lead	External Partners	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not"	Timeline
1	Partner more closely with community-based transportation programs to provide youth/family vouchers or other transportation alternatives.	Case Management;	Community Partnerships; Compass Health		Dec-26
2	Evaluate/develop simplified, age-appropriate educational materials on diagnosis, medication, and coping strategies.	Clinical Team; Nursing	Compass Health		Dec-26
3	Incorporate more visual learning tools and teach-back methods during discharge planning.	Clinical Team; Case Management; Nursing	Compass Health		Dec-26
4	Evaluate and provide more staff training on health literacy and communication for youth and families.	Clinical Team; Nursing; Quality	Compass Health		Dec-26
5	Coordinate with local community resource navigators to connect families to budgeting supports.	Case Management; Clinical Team/Therapist	Compass Health		Dec-27
6	Integrate more telehealth or hybrid aftercare for families with travel barriers, as needed.	Case Management; Clinical Team	Compass Health		Jul-27
7	Provide more family education sessions on accessing assistance (food, utilities, childcare).	Case Management; Clinical Team/Therapist	Compass Health		Dec-26
8	Expand/refine inpatient flow for youth (admissions criteria clarity, length of stay management, rapid discharge coordination).	All Departments			Dec-26
9	Ensure 7-day follow-ups with Compass or other outpatient providers.	Case Management	Compass Health		Dec-26
10	Digitally share discharge plans and medication updates.	Case Management; Nursing			Dec-28
11	Evaluate/create effective pre-discharge coordination checklists to ensure continuity of benefits and community resources.	Case Management; Utilization Review; Admissions	Compass Health		Jul-27
12	Develop a direct referral line for Compass clinicians.	Admissions; Case Management; Clinicians	Compass Health		Jul-26
13	Coordinate transport assistance for rural admission.	Admissions; Case Management	Compass Health; Community Partners		Dec-26
14	Increase community awareness and navigation supports (family-friendly referral guides, school-based liaisons, and community outreach).	All Departments	Compass Health		Dec-27
15	Address throughput, bed availability, care pathways, and referral clarity for timely access to acute inpatient psychiatric care for the Primary Service Area.	All Departments	Compass Health; Community Partners		Dec-26
16	Integrate MAT and peer support into inpatient programming.	Providers; Clinicians Pharmacy; Nursing			Dec-26
17	Embed youth SUD screening/brief treatment and warm handoffs into inpatient episodes; link to school and community services post-discharge.	Provider; Clinicians; Case Management	Compass Health; Schools		Dec-27
18	Train staff in trauma-informed practices.	All Departments	Compass Health;		Dec-27

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19	Partner with mobile teams to accept diverted crisis admissions.	Admissions; Clinical	Compass Health		Dec-27
20	Explore 23-hour hold or observation unit models; Short stay crisis stabilization beds for youth in acute distress to divert from Ers and low enforcement interventions.	Administration; Admissions; Providers; Clinical; Nursing			Jul-26
21	Create stronger discharge bridges to school-based, outpatient, and telehealth services to prioritize continuity of care and reduce youth admissions.	Clinical; Case Management	Compass Health		Dec-26
22	Standardize suicide-focused care bundles (safety planning, lethal-means counseling, 7-day post-discharge follow-up) for youth inpatients.	Clinical; Case Management; Nursing			Dec-26
23	Participate in regional quality improvement collaborations.	Quality Department; All Departments			Dec-28

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Identified Mental Health Diagnoses Issues (mental health disorders; elevated rates of suicidal ideation/attempts; anxiety and mood disorders)

Goal: Deploy initiatives to drive mental health support, suicide prevention, and crisis stabilization.

Strategy: Leverage youth suicide prevention and crisis stabilization plans; increase or sustain access to inpatient treatment to aid in management of mental health needs.

	Actionable Implementation Items	Responsible Team/Lead	External Partners	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not"	Timeline
1	Evaluate/further develop resource toolkit for families at time of discharge.	Case Management; Clinical Team/Therapist			Dec-27
2	Offer additional family education modules on navigating children's mental health benefits in the psychosocial assessment and the case managers assessment.	Case Management; Utilization Review; Admissions; Clinical	Compass Health		Jul-27
3	Designate priority admission slots for rural clients.	Admissions; Administration; Providers			Dec-27
4	Develop a direct referral line for Compass clinicians.	Admissions; Case Management; Clinicians	Compass Health		Jul-26
5	Implement trauma-informed care approaches.	All Departments	Compass Health		Dec-26
6	Train staff in trauma-informed practices.	All Departments	Compass Health		Dec-27
7	Develop gender-sensitive, culturally aligned care units.	All Departments			Dec-27
8	Partner with mobile teams to accept diverted crisis admissions.	Admissions	Compass Health		Dec-27
10	School suicide prevention programming.	Clinical	Compass Health; Schools		Dec-28
11	Zero Suicide framework adoption.	All Departments	Compass Health		Dec-27
12	Offer parent/family education, youth peer mentorship, and family-involved treatment planning to support youth recovery and trust-building.	Clinical; Case Management; Nursing; Providers	Family		Jul-27
13	Standardize suicide-focused care bundles (safety planning, lethal-means counseling, 7-day post-discharge follow-up) for youth inpatients.	Clinical; Case Management; Nursing	Compass Health		Dec-26

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Substance Use (Potential/ current substance use, including opioids, tobacco/vaping, alcohol and other drugs)

Goal: Deploy initiatives to expand co-occurring disorder awareness and treatment.

Strategy: Improve access to dual-diagnoses programs; prevention education; family therapy integration; increased substance use screening.

	Actionable Implementation Items	Responsible Team/Lead	External Partners	"Specific Actions" to Address Community Health Need or "Reasons Why Hospital Will Not"	Timeline
1	Offer detox and psychiatric stabilization for co-occurring disorders.	Providers; Clinicians	Compass Health		Dec-26
2	Partnerships with juvenile justice and schools.	All Departments	Schools; Juvenile systems		Dec-27
3	Youth targeted substance use prevention programs.	Clinical; Case Management; Providers	Compass Health		Jul-26
5	Education on fentanyl and counterfeit pills.	Pharmacy; Clinical	Compass Health		Dec-27
6	Monitoring youth prescription drug misuse.	Pharmacy; Nursing; Providers	Compass Health		Dec-28
7	Vape cessation support groups	Clinical; Nursing; Case management	Compass Health		Dec-27
8	Inclusion of tobacco screening in all intake processes	All Departments	Compass Health		Dec-26
9	School-Based prevention campaigns.	Clinical	Schools; Compass Health		Dec-27
10	Embed youth SUD screening/brief treatment and warm handoffs into inpatient episodes; link to school and community services post-discharge.	Provider; Clinicians; Case Management	Compass Health		Dec-27
11	Integrate MAT and peer support into inpatient programming.	Providers; Clinicians			Dec-27
12	Participate in regional quality improvement collaborations.	Quality Department; All Departments			Dec-28



Community Health Needs Assessment (CHNA) Implementation Plan

Royal Oaks Hospital

CHNA Cycle: 2025–2028

1. Executive Summary

Royal Oaks Hospital conducted a Community Health Needs Assessment (CHNA) to identify priority behavioral health needs affecting children, adolescents, and families. Top priorities include youth suicide prevention and crisis stabilization; access to inpatient and step-down psychiatric services for children and adolescents; early identification and treatment of youth mood and anxiety disorders; integrated treatment for co-occurring mental health and substance use disorders; and reduction of regional access disparities through outreach, partnerships, and telehealth.

2. Community Served

The hospital serves children and adolescents across the state, including rural and underserved populations and youth involved in child welfare and juvenile justice systems. The primary service area includes Western, Central, and Southern Missouri regions, accounting for most of the hospital admissions.

3. Methodology

The CHNA used hospital data, public health statistics, and stakeholder input (schools, providers, families). Needs were prioritized based on severity, community concern, and alignment with hospital mission.

4. Priority Health Needs

1. Identified mental health diagnoses issues (mental health disorders; elevated rates of suicidal ideation/attempts; anxiety and mood disorders).
2. Access to care and Social Determinants of Health.
3. Substance use (potential and/or current substance use, including opioids, tobacco/vaping, alcohol and other drugs).

5. Resources Available

Existing resources include inpatient psychiatric services, community mental health providers, school-based support, and crisis services such as 988.

6. Needs Not Addressed

Other needs were not prioritized due to available community resources or limited capacity within this CHNA cycle.

7. Implementation Strategy

The implementation plan outlines actions, timelines, and evaluation of metrics to address each priority.

8. Evaluation and Monitoring

Progress will be monitored quarterly using actions addressed and implemented in focus meetings and stakeholder feedback.

9. Adoption Statement

This CHNA Implementation plan was adopted by the Board of Directors in compliance with IRS §501(r).

Date Approved: 05/08/2026