

# 2019 Community Health Needs Assessment 2020-2022 Implementation Strategy

## Year 1 Progress Report



## Summary

Adopting an Implementation Strategy is a requirement of our tax-exempt status and shows how we address priority community health needs. The UVM Health Network Population Health Board approved the 2020-2022 Implementation Strategy with a focus on Mental Health on December 9, 2019. This report shares progress made in year one (of three) for this Implementation Strategy.

2020 called on us to respond to challenging events: a cyberattack, which had long-lasting impacts, and urgent community needs resulting from the COVID-19 Pandemic. The Pandemic has increased visibility of long-standing conditions that lead to differences in individuals' health outcomes — often referred to as the structural determinants of health. On July 16, 2020, the University of Vermont Medical Center signed on with more than 30 local organizations to declare racism a public health emergency. In working towards becoming an anti-racist organization, UVMMC has committed to:

- Collecting data to understand how our Black, Indigenous and People of Color (BIPOC) patients are being impacted by illness compared to our white patients, and to identify other health inequity trends.
- Launching the Workforce Diversity Assessment to understand how our people experience our culture. This assessment will be used to increase hiring and retaining BIPOC staff and leaders, identify gaps in employment equity, and reveal learning opportunities that promote honest self-reflection, humility, and understanding throughout the organization.
- Continuing our Equity, Diversity and Inclusivity Steering Committee work and Racial Equity & Justice Listening Sessions to call attention to the experiences and recommendations of BIPOC staff. Additional actions items include: starting an anonymous hotline for employees to report all forms of discrimination, and training our leaders and staff about how to address racism whenever and wherever it occurs.

We will continue to monitor progress towards closing 'the health gap' in our community. The University of Vermont Medical Center has remained committed to increasing access to mental health services in the community we serve. In 2021, we will continue to invest in our key partnerships to address mental health within a broader system of care.



## Summary (cont'd)

### Implementation Strategy Process

The CHNA Community Steering Group recommended the inclusion of the following top five areas of the 2019 CHNA (in alphabetical order):

Affordable Housing  
Chronic Disease Prevention  
Child & Family Health  
Mental Health  
Substance Use Disorder

Recommendations for prioritizing the identified needs were brought to the Academic Medical Center (AMC) members in February 2019 to inform their final selection process for the Implementation Strategy. After weighing the capacity and availability of resources to make the greatest impact, it was determined that the top priority area selected for the 2020-2022 Implementation Strategy will be:

### Mental Health

Across research methods, enhancing the mental well-being of our community members arose as a clear area of focus during the 2019 CHNA process:

- “Access to Mental Health Services” was deemed as a top priority under Child & Family Health.
- “Access to Mental Health Services for Children and Youth” was identified as the highest need under Mental Health.

Therefore, the priorities of Mental Health and Childhood and Family Health will be combined within the 2020-2022 Implementation Strategy with the intention of increasing access to these vital services across identified populations.

Affordable Housing, Chronic Disease Prevention, and Substance Use Disorder have been priority areas in previous CHNA Implementation Plans and remain top priorities for the organization. Ongoing work in each area continues with inclusion of community stakeholder input and investments to address needs at various levels. These identified needs will not specifically be included within the 2020-2022 Implementation Strategy.



# Implementation Strategy

## Priority Focus: Mental Health

*Board approved 12/9/2019*

**GOAL:** Expand access to high-quality, comprehensive mental health resources to improve the health and well-being of our patients, their families, and community members in Chittenden and Grand Isle Counties

### OBJECTIVE # 1

**To create a Collaborative Care Model for mental health care within UVM Medical Center medical homes**

**Target Population:** Patients of UVM Medical Center

#### **Strategy:**

Implement The University of Vermont Health Network's Mental Health Strategic Plan for Primary Care Integration within UVM Medical Center: Embed Psychiatrists, Mental Health Clinicians, and Care Managers in Adult Primary Care, and Pediatric Primary Care Practices

#### **2020 progress against identified measures:**

% of UVM Medical Center Primary and Pediatric Primary Care Practices where model is implemented

- Model in place in four of the 10 sites (40%)
- 23,805 patients covered

% of patients who had 30 day follow up after discharge from the Emergency Department for alcohol and other substance use dependence\* (plan for pulling this data is being developed)

% of patients who had 30 day follow up after discharge from the Emergency Department for mental health\* (plan for pulling this data is being developed)

% screened for clinical depression and have a follow up plan\*

- New patients and patients with appointments for physicals undergo behavioral health screening, which includes screening for depression. For every screening complete, a follow-up plan is documented in the patient's chart. Current metrics for this are:
  - South Burlington Family Medicine: 40% of patients have been screened.
  - Adult Primary Care South Burlington: 50% of patients have been screened.

% readmitted to inpatient psychiatry program due to clinical depression\* (plan for pulling this data is being developed.)

*\*Of the practices that have implemented the model*

## OBJECTIVE # 1 CONT.

### *Additional highlights:*

- With a global pandemic and a cyberattack, 2020 was an incredibly challenging year. We have made adjustments to our work as needed, and will continue our focus for the coming year.

### *Key Partners:*

Community-Based Organizations in Chittenden and Grand Isle Counties  
University of Washington, Psychiatry & Behavioral Sciences Division of  
Population Health



## OBJECTIVE # 2

**Screen youth ages 12 to 24, who utilize the Emergency Department (ED), using a comprehensive approach to assess the severity of and/or risk of substance use and mental health symptoms**

***Target Population:*** Youth ages 12-24 who utilize the Emergency Department at the UVM Medical Center

### ***Strategy:***

The Emergency Department Social Workers will screen youth using the Youth Screening, Brief Intervention, and Referral to Treatment (Y-SBIRT) model which is a set of tools to assess the severity of substance use and mental health symptoms, identify the appropriate level of treatment and provide brief intervention if needed.

### ***2020 progress against identified measures:***

*Summary data from the initiation of services (July/August 2019) to the conclusion of the pilot (March, 2020).*

% of youth who utilize the ED that are screened using the Y-SBIRTS model

- Roughly 20% of youth seen in the Emergency Department (ED) have been screened using the Y-SBIRTS model.

% of youth who screened positive that are referred to treatment

- 35% of the youth (12-17) screened demonstrated concerning drug use - the majority of them received an intervention in the ED.
- 22% of youth screened positive for risk of depression, anxiety or mental health disorders. (This doesn't include those who presented to the ED for mental health problems and who had been screened by a Howard Center Crisis staff.) More than 85% of those identified received brief treatment or a referral to treatment from the ED.
- 48% of young adults (18-24) presenting to the ED were positive for risky drug use - 73% of these individuals received an intervention, ranging from brief interventions with our Social Work Team, to referral for longer-term treatment.
- 40% of young adults screened positive for depression and/or anxiety risk, and 9% endorsed suicidal thinking. Again, the majority received an in-time intervention in the ED.

### ***Additional highlights:***

- Overall, screening has shown the high level of need adolescents experience with substance use and mental health challenges. This program has helped by preventing and reducing substance misuse and connecting patients to essential resources in the community.

## OBJECTIVE # 2 CONT.

### *Additional highlights cont.*

- Success stories include:
  - Several patients were set up with therapy to address their short or longer-term needs.
  - Multiple brief treatment sessions were provided for patients actively using substances, including helping them enroll in VT Quits or a vaping cessation program.
  - We also began developing relationships with the local mental health treatment agencies, particularly those treating youth and young adults.
- The conclusion of the grant coincided with the beginning of the COVID-19 pandemic. We continue to have an Emergency Department presence and navigate the ever-changing landscape of our health care system.

### *Key Partners:*

Spectrum Youth & Family Services

Howard Center

## OBJECTIVE # 3

**To assess gaps in service delivery and identify opportunities for alignment with community partners around strategic resource allocation to best address prevention, early intervention and access to mental health services for all populations**

**Target Population:** Patients of UVM Medical Center, community members of Chittenden and Grand Isle Counties

### ***Strategies:***

1. The Chittenden Accountable Community for Health (CACH) will identify and implement evidence based initiatives addressing the identified priority focus of suicide prevention, in alignment with their goal of achieving population health through collaboration.
2. The Community Health Investment Fund (CHIF) will invest annually in community initiatives that further the 2020-2022 priority area of mental health.
3. Via the Child and Adolescent Psychiatry & Psychology Consult Program (CAPPCON), improve coordination and interdisciplinary communication between the ED, inpatient pediatrics, pediatric medical homes, and community-based mental health providers to better serve children and families who may require mental health care.

### ***2020 progress against identified measures:***

1. Year one: CACH Identification of initiative(s) is completed. Implementation of those initiative(s) begins by 2021 (years 2-3 TBD based on measures for specific initiatives)
  - The CACH Core Team identified the overall initiative of “Suicide Prevention” and created three action teams to work in three areas:
    - **Screening and Intervention:** the action team is working to establish and/or improve screening for suicidality and a clear pathway to care across all primary care practices in Chittenden County. The goal is to support our primary care teams in adopting evidence-based practices, protocols and tools. We are currently working with two practices through a mini-grant provided by the Department of Mental Health and the Blueprint for Health and the Center for Health and Learning.
    - **Reducing Stigma:** this action team is determining how to assess and implement interventions to reduce stigma across our communities. The team is also working to understand the barriers to seeking help.
      - The team created and is now broadcasting a public service announcement to refer individuals to the crisis text line, text VT to 741741.



## OBJECTIVE # 3 CONT.

### *2020 progress against identified measures:*

- **Reducing Stigma:** cont.
  - The team has been chosen to be a partner of Leadership Champlain to work on evaluating the role of stigma as an inhibitor of seeking supports and services for mental health issues in Chittenden County. Further, the Leadership Champlain cohort will research methods used to conduct a community- and individual-based suicide stigma-related needs assessment. The results of this research will help determine how such methods can be used in the Chittenden County community. The results of the assessment will be used to determine the next steps for the action team.
- **Social Connectedness:** this action team is working to amplify the efforts of different organizations within the community that allow for social connectedness opportunities. The first organization chosen was Mentor Vermont and two topics will be addressed:
  - **Training:** The team created a list of trainings to create based on the results of survey data from Mentor Vermont case managers and overall suicide data. Work is currently in place to create the team's first training, which focuses on LGBTQ, gender identity and other related sub-topics.
  - **Recruitment:** Work is in place to collaborate with each team member's organization. Strategies for recruitment within each organization have also been developed.

### *Additional highlights:*

- CACH concluded that a continued focus on suicide prevention is needed, due to the social, emotional, monetary and health effects of COVID-19. With an acute awareness of these effects on individuals across our communities, our teams are even more aware of the need to take measurable action, now and into the foreseeable future.
2. % of CHIF funding invested annually in community-based mental health programs
- In calendar year 2020: 59%

COVID-19 and the acknowledgement of racism as a public health emergency have guided efforts of the Community Health Investment Committee (CHIC) in two primary ways:

- Emerging Need grants, which provide one-time investment for either start-up or emergency bridge funding, were strategically provided to bolster critical community organization's resiliency responding to the COVID-19 pandemic:
  - U.S. Committee for Refugees and Immigrants (USCRI), Refugee & Immigrant Neighborhood Emergency Relief Program: Funding will support emergency assistance to refugee and immigrant families struggling with the severe economic, health, and social impacts of the COVID-19 pandemic. This grant intends to provide critical emergency relief resources and modified services to approximately 70 households (70 households equates to approximately 280 individuals).

## OBJECTIVE # 3 CONT.

- Spectrum Youth & Family Services, Equity, Diversity & Inclusion Initiative: funding assisted with translated educational videos on COVID-19 safety and precautions for refugee and immigrant communities in Burlington.

### *Additional highlights cont.*

- CHIC recognized the need for greater diversity reflected in its membership. To begin this work, recently, a new member was recruited and joined who brings a valuable, diverse perspective and in-depth knowledge leading equity, diversity and inclusion strategies. Further, the committee will be examining and appropriately modifying 2021 grant opportunities to:
  - Ensure equitable access to applying
  - Applications and reporting will assess commitment to addressing racial equity and health disparities via all grant-funded activities

### 3a. # of consults conducted by CAPPCON

- In CAPPCON's first full calendar year, 109 patients in psychiatric crisis were seen by Attending Child & Adolescent Psychiatrists (and by fellows). Contact with at least one of the outpatient providers (PCP, therapists, psychiatrists, CM, etc.) occurred for the majority of these patients to coordinate care.
- CAPPCON began the first full calendar year of daily presence on Baird 5 with attendance at discharge and medical rounds and availability for other questions or issues that arose during the day. We responded to 146 consults in the UVM Children's Hospital this year; during the COVID-19 pandemic (3/11/20 to 12/31/20), our providers consulted 20% of patients admitted to Baird 5 (97 consults).

3b. Improved provider satisfaction with care provided to this population (mechanism for data collection is forthcoming).

3c. Improved patient satisfaction with care provided to this population (mechanism for data collection is forthcoming).

## OBJECTIVE # 3 CONT.

### *Additional highlights:*

- The CAPPCON Team was instrumental in getting suicide screening instituted both in the ED and on Baird 5 and trained Baird 5 nurses on the process during their annual education day.
- Provided training to newly hired CPSAs on engaging and interacting with youth with whom they sit 1:1; particularly those with psychiatric challenges.
- When COVID-19 closed down our community:
  - Our service was able to move to fully remote functioning within a week to minimize unnecessary virus exposure at the hospital while being available to come into the hospital as desired.
  - CAPPCON clinicians made ourselves available to our Baird 5 colleagues as a resource to process the stress and trauma of the impact of the virus in order to support their ability to maintain the presence of mind to conduct their work with sick children and their families.
  - Our co-directors, among other colleagues, presented at a COVID-19 Town Hall about the non-infectious complications of the virus in pediatric grand rounds.
- As the UVM Medical Center began to examine and combat the ways in which racism exists within our system, leaders of our team joined the UVM Children's Hospital's Sustaining Progress toward Undoing Racism (SPUR) committee. The committee's first action has been supporting UVM Children's Hospital employees in learning about the embedded racism of our nation's history through guided discussion of the 1619 Project.

### *Key Partners:*

Community-Based Organizations in Chittenden and Grand Isle Counties

Community Health Investment Committee (CHIC)

Chittenden Accountable Community for Health (CACH) members and member organizations

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