

# 2019 Community Health Needs Assessment 2020-2022 Implementation Strategy

Calendar Year 2021: Work to Date



## Summary

Adopting an Implementation Strategy is a requirement of our tax-exempt status as a not-for-profit hospital. These strategies demonstrate how we will address the priority health needs in our community. The University of Vermont Health Network Population Health Board approved the 2020-2022 Implementation Strategy with a focus on Mental Health on December 9, 2019. This document shows the progress reported for 2021 in addressing the goals and objectives outlined below.

## Reflections of 2021

The University of Vermont Medical Center continued to navigate the evolving challenges created by the COVID-19 pandemic. Ongoing vaccine and testing clinics have been offered at various locations. We have also focused on finding solutions to our nursing staff shortage and providing support to our overworked providers and nurses. In addition, a state-wide collaboration is underway to address access barriers to mental health treatment and services. Every day, many of our patients are in need of mental health treatment, but frequently there is no place to send them to receive it.

UVM Medical Center has continued to prioritize its commitment to becoming an anti-racist organization. We made steady progress in 2021 with regard to the commitments that were publicly shared in the “Community Declaration of Racism as a Public Health Emergency” in July 2020. The organization has also built upon the findings of the Diversity Workforce Assessment (completed in August 2020) and subsequent focus groups (completed in August 2021) to gain deeper insights and gather recommendations from various employee groups. These are some of the important actions UVM Medical Center has taken to become an anti-racist organization:

- Continued to convene a UVM Medical Center Diversity, Equity and Inclusion (DEI) Steering Committee
- Instituted an anonymous hotline for employees to use to confidentially report potential violations and instances of discriminatory behavior and racism
- Conducted 20+ Equity and Justice listening sessions (cont'd on next page)

## Summary (cont'd)

- Held focus groups with 150 employees to solicit feedback on their personal experiences related to DEI. Town Halls were conducted to share the themes covered in the groups.
- Service line-based DEI Committee generated a monthly DEI newsletter in collaboration with DEI leadership that was shared broadly across the organization
- Facilitated Muslim and Jewish support circles
- Provided ongoing education on antiracism to senior leaders and staff
- Organized educational series open to all staff focused on the topic of racial humility
- Developed employee resource groups for BIPOC and LGBTQ+-identifying employees and allies
- Began to plan for a DEI Summit conference in September 2022
- Actively engaged a pilot group to implement data tracking on internal workforce and patient race and ethnicity data points. Agreed to examine and track health disparity data.
- Structured the 2022 Community Health Needs Assessment (CHNA) process around our strong commitment to racial and health equity
  - The CHNA offered compensation to community member participants for their time and valuable lived experience.
  - The CHNA survey was made available in 10 written languages, one spoken language and in American Sign Language. Interpretation support was provided to survey takers in partnership with two community organizations, Association of Africans Living in Vermont (AALV) and U.S. Committee for Refugees and Immigrants Vermont (USCRIVT).
- The Community Health Investment Committee (CHIC) performed targeted outreach to inform diverse organizations and BIPOC-serving programs of grant opportunities.
- UVM Medical Center served as vaccinators for the BIPOC COVID-19 vaccine clinic run by the Vermont Health Equity Initiative.
- UVM Medical Center organized or provided content expertise for 30+ vaccine education sessions spanning 13 languages for members of BIPOC communities.

## Summary (cont'd)

# Implementation Strategy Process

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

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

These recommendations were shared with Academic Medical Center (AMC) members in February 2019 to inform their decision making process. After weighing the availability of resources, and determining where the greatest impact could be made, it was decided that the top priority area selected for the 2020-2022 Implementation Strategy would be:

## Mental Health

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

These two priorities, “Mental Health” and “Childhood and Family Health,” were combined in the 2020-2022 Implementation Strategy with the aim of increasing access to both of these vital services across identified populations.

“Affordable Housing,” “Chronic Disease Prevention,” and “Substance Use Disorder” have been priority areas in previous CHNA Implementation Strategies and they remain top priorities for the organization. Ongoing work in each area continues with community stakeholder input and investments to address related needs at various levels. These identified needs were not specifically included in 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.

#### **2021 progress against identified measures:**

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

- Model in place in five of the 10 sites (50%)
- 32,853 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 completed, a follow-up plan is documented in the patient's chart. Current metrics for this are:
  - South Burlington Family Medicine: 47% of patients have been screened.
  - Adult Primary Care South Burlington: 47% of patients have been screened.
  - Colchester Family Medicine: 47% of patients have been screened.
  - UPEDS Burlington: 59% of patients have been screened.
  - UPEDS Williston: 67% 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.

### *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, 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.

### **2021 progress against identified measures:**

*The YSBIRTS pilot program in the Emergency Department concluded in March 2020. Following the conclusion of this pilot program, additional organizational strategies to address the youth mental health priority were implemented at various levels within the organization and community. These included:*

- Providing education on best practices for suicide risk assessment and management in primary care to providers at UVM Medical Center, UVM Children's Hospital and local community organizations.
- Providing Psychological First Aid (PFA) training to staff and regional community partners to support colleagues and community members dealing with ongoing COVID-19 related stress.
- Hosting a national conference on "Primary Care Mental Health Integration," with interdisciplinary attendance from around the region and country.
- Joining the state's legislative task force on mental health integration and engaging with key partners to enhance our mental health care system for all Vermonters.
- Providing opportunities for education and training in primary care mental health treatment through the psychology pre-doctoral internship program, and developing a new fellowship service line in primary care mental health treatment.
- Refining tools in our electronic medical record to promote measurement-based care and efficient access to mental health support.

### **Key Partners:**

Spectrum Youth & Family Services  
Howard Center

## OBJECTIVE # 3

**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 Emergency Department, inpatient pediatrics, pediatric medical homes, and community-based mental health providers to better serve children and families who may require mental health care.

### **2021 progress against identified measures:**

1. CACH identified initiatives for all three Action Teams. These initiatives were implemented throughout 2021. An overview of the actions taken by each Action Team can be found below:

#### **Screening and Intervention Action Team (SIAT)**

- **Initiative:** The Action Team worked with participating patient-centered medical homes and primary care practices on a quality improvement initiative to expand or establish suicide screening programs and develop suicide-safer pathways to care that are rooted in research and best practices.
  - Worked with two primary care practices, Community Health Centers of Burlington and Champlain Center for Natural Medicine, to expand and improve suicide screenings, workflows and referral networks. This included establishing a partnership between each practice and a designated mental health agency, Howard Center.
  - Facilitated the delivery of suicide care training by clinical experts from Howard Center to Champlain Center for Natural Medicine staff.
  - Supported each UVM Medical Center practice in identifying data measures and establishing workflows for collecting data to monitor the effectiveness of suicide screening, safety plan development and referrals.
  - Began work with a third adult primary care practice, UVM Medical Center – South Burlington.



## OBJECTIVE # 3 CONT.

### *2021 progress against identified measures:*

- **SIAT (cont'd):**
  - Began work with UVM Medical Center's Quality Improvement team and Information Technology staff responsible for EPIC, a cloud-based electronic health records system. The goal of this collaborative effort is to ensure that all screenings, safety plans and related pathway-to-care information are available and utilized in EPIC. Information Technology staff will work with the UVM Medical Center South Burlington Adult Primary Care Practice to ensure that information is documented, utilized and shared digitally. This will lead to best practice in patient care.

### **Reducing Stigma Action Team**

- **Initiative:** The team will evaluate and quantify the level of suicide-related stigma across Chittenden County by utilizing an evidence-based tool. Based on this data, it will develop and implement initiatives to decrease the level of suicide-related stigma across specific demographic populations.
  - Began an in-depth and detailed analysis of the 465 responses gathered from the survey by an Action Team member who is a doctorate-level research and statistical analyst. This analysis will serve as the baseline and foundation for targeted interventions that address suicide-related stigma in Chittenden County.
  - Submitted a second application to the Institutional Review Board to distribute the survey to the Vermont Air National Guard due to a lack of male responses. The application was approved.
  - Distributed the suicide-related stigma survey to the Vermont Air National Guard, where individuals who identify as male predominate. The responses are currently being submitted.

### **Social Connectedness Action Team**

- **Initiative:** The team will carry out an evidence-based pilot project to address loneliness across the community.
  - Established a connection with Dr. Renee Pepin, whose research and evidence-based interventions related to loneliness have proven effective for older adults.
  - Solidified arrangement with Support and Services at Home (SASH) to implement pilot project at one SASH location.
  - Obtained baseline data related to loneliness to support the evaluation of the initiative's effectiveness.
  - Solidified arrangement with the UVM College of Nursing and Health Sciences Integrative Health program to identify and recruit Behavioral Activation Coaches for the pilot project. Students from the Integrative Health program will receive training and provide direct services to program participants while also earning experience hours towards Board Certification.

## OBJECTIVE # 3 CONT.

### 2. % of CHIF funding invested annually in community-based mental health programs

The Community Health Investment Committee (CHIC) is responsible for disbursing the Community Health Investment Fund (CHIF) by providing grants across four categories. In 2021, 13 of 19 grants were provided by CHIC to community-based mental health programs. This is an increase of nearly 10% from 68% in 2020.

COVID-19 and the acknowledgement of racism as a public health emergency continued to guide the efforts of the CHIC in two primary ways over the course of 2021:

- A. Emerging Need grants: One-time investments for either start-up or emergency bridge funding were strategically provided to bolster critical community organizations' resiliency in the face of the COVID-19 pandemic and acknowledge racism as a public health emergency.

#### VT Professionals of Color Network, Outreach, \$39,112.50

Funding was provided to Vermont Health Equity Initiative (VHEI) for outreach efforts that shared COVID-19 information with the community in the period before children under the age of 12 were allowed to receive the vaccines, and for education about the COVID-19 Delta variant when it became a national public concern.

While more than 88% of Vermont's population is vaccinated, there is still vaccination hesitancy in the BIPOC community. In order to address this, VHEI used the support it received to bolster its primary outreach methods, which include the VHEI website ([www.vermonthealthequity.org](http://www.vermonthealthequity.org)) and social media platforms (Instagram and Facebook), and to maintain a staff person dedicated to the management of outreach communications.

#### ANEW Place, Transitional Housing, \$12,000

Due to changes to the State of Vermont's emergency housing program that began in July, the need for affordable housing was greater than ever. Staffing to address this need was crucial. CHIC provided ANEW Place \$12,000 to support annual employment costs for the Transitional Housing Director at Independence Place.

#### Greater Burlington YMCA, On-site Professional Mental Health Services, \$25,000

The funding supported access to emotional and mental health support for community members served by the YMCA, and for YMCA staff. Funds were also used to provide on-site professional mental health services for families and children with social, emotional and behavioral challenges, as well as resources and strategies for teachers to use in the classroom.

#### Pathways Vermont, Rapid Re-housing, \$15,000

Pathways received funding for its newly expanded statewide rapid re-housing services. The support helped the organization address some of UVM Medical Center's priority areas, including mental health and family health, by providing housing and services to Vermonters experiencing homelessness during COVID-19.

## OBJECTIVE # 3 CONT.

**B. Focus on racial equity and historically excluded communities:** In order to ensure equitable access to grant application opportunities, the committee took inventory of all communication pathways by which community organizations could come to find out about them. On this basis, efforts were made to ensure that specific BIPOC organizations, smaller organizations and groups who have not historically applied for a CHIC grant were informed of grant opportunities and encouraged to apply.

- The committee continued to modify applications and reporting to assess its success in addressing racial equity and health disparities through grant-funded activities. This work included examining and updating “letter of intent” forms and grant applications to incorporate the following language, which serves as a foundation for all CHIC activities:

“In an effort to address systemic harm that disproportionately affects historically excluded communities, the Community Health Investment Committee (CHIC) will identify, support and collaborate with specific nonprofits and other partner organizations who incorporate diversity, equity, and inclusion efforts into their work, their leadership and as part of their mission. Organizations that incorporate diversity, equity, and inclusion efforts into their work and as part of their mission are more effective in engaging and serving excluded communities and people across different cultures, backgrounds and abilities. Further, CHIC aims to support organizations that promote a culture that demonstrates practices of diversity, equity and inclusion. Applications are encouraged from organizations that have established such practices or are currently working to embed such practices.”

**3a. # of consults conducted by the Child and Adolescent Psychiatry & Psychology Consult Program (CAPPCON)**

- The CAPPCON team continued to treat high volumes of children and adolescents experiencing mental health emergencies in the Emergency Department and inpatient pediatric units.

### **Inpatient Pediatrics**

- The team treated 140 children, whose diagnoses ranged from behavioral dysregulation to eating disorder conditions, in inpatient pediatrics units in 2021. CAPPCON leadership worked with the inpatient pediatrics leadership team to refine clinical pathways for eating disorder treatment and de-escalation. Leadership also participated in the quality improvement review process to improve the quality and safety of care delivered to children admitted to UVM Children’s Hospital.

### **Emergency Department**

- The CAPPCON team treated over 235 children in the Emergency Department in 2021. This represents an increase of 111% from 2020. The CAPPCON team developed, tested and implemented a pilot program aimed at reducing the number of children boarding in the Emergency Department. This unique clinical pathway prevented 16 children from boarding in the Emergency Department while they awaited placement.

## OBJECTIVE # 3 CONT.

**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).

*Additional highlights:*

### **System Improvement:**

- CAPPCON leadership has been instrumental in developing clinical pathways, training care teams and building capacity to mitigate the effects of the workforce shortages that are affecting the mental health care system.
- Leadership also authored a job description for a case manager position dedicated to the CAPPCON team that will holistically address individual patient needs as well as system-wide needs.
- The co-directors of CAPPCON helped to develop “Trauma Informed Teams” in the Emergency Department.

### ***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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