

2019 Community Health Needs Assessment 2020-2022 Implementation Strategy

Calendar Year 2022: 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 identified health priorities 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 2022 in addressing the goals and objectives outlined below.

Reflections of 2022

This year-end report concludes the 2020-2022 Implementation Strategy cycle and celebrates the vast accomplishments achieved. The University of Vermont Medical Center continued to respond and adapt to address the COVID-19, Omicron strain surge and interrelated challenges. In 2022, we continued to provide COVID-19 vaccines and treatments for our community. Addressing significant staffing shortages continues to be a priority for the organization. Each day, many of our patients are in need of mental health treatment, frequently without available resources to support them. Together with our partners, we continue to seek solutions to providing accessible, high-quality mental health care services.

UVM Medical Center has continued to prioritize its commitment to becoming an anti-racist organization. Steady progress continued for 2022 with regard to the commitments that were publicly shared in the “Community Declaration of Racism as a Public Health Emergency” in July 2020. A two-year progress report was broadly released this past summer to demonstrate the organization’s impact towards the three public commitments made: 1) *Analyze Health Disparity Data*, 2) *Diversity, Equity and Inclusion in the Workforce*, 3) *Implement BIPOC Staff Recommendations*.

These are some of the important actions UVM Medical Center has taken to become an inclusive, welcoming, and anti-racist organization:

- Continued to advance best practices for inclusive data collection and monitoring health disparities data, including: incorporated questions about bias in medical case reviews and added Sexual Identity and Gender Identity (SOGI) fields across the UVM Health Network’s Electronic Medical Records to support monitoring outcomes for LGBTQIA+ populations.
- Implemented DEI leader training: two-hour interactive training sessions for leaders were offered in 2022. Approximately 75% of UVM Medical Center leaders have completed the training as of the fall of 2022.
- UVM Medical Center BIPOC and LGBTQ+ Employee Resource Groups continued to convene monthly and have successfully informed organizational activities and operations. ERGs are open to all employees and welcome all allies. Members are increasingly taking leadership roles within the organization.

Reflections of 2022

- **Equity Listening Sessions:** Total internal equity listening sessions total more than 30 since 2020.
- **Juneteenth:** UVM Medical Center was once again deeply involved in the City of Burlington's annual Juneteenth celebration. This included: UVM Medical Center Leaders, Dr. Marissa Coleman and Gary Scott, receiving Change-maker awards; UVM Medical Center Leaders and Providers participating in the Black Health Experience and Black Health Panels; setting up a collaborative outreach table to offer basic health screenings and educational opportunities with the Larner College of Medicine and the College of Nursing and Health Sciences.
- **Celebrated Pride Month:** UVM Medical Center and UVM Health Network partnered with the Pride Center of Vermont to host an **LGBTQ+ Health Provider Panel**. Panelists across the University of Vermont Health Network (UVMHN) discuss health equity themes that impact LGBTQIA+ patients. Attendees were engaged in a collaborative dialogue aimed at improving culturally humble care for our LGBTQIA+ patients and communities. Community engagement is central to providing patient-centered care that is culturally humble, affirming, and just.

Panelists and attendees discussed the importance of having strong representation of those who identify as LGBTQ+ throughout health care leadership, operations, community outreach as well as those who are directly patient-facing. There was discussion of ways to support and empower those who identify as LGBTQ+ through employee resource groups and affinity spaces. This is an especially important strategy for retaining a strong, healthy and diverse work force.

The UVM Health Network recognizes that we are on a journey on eradicating health inequities within our LGBTQIA+ communities and honoring community voices is essential in this process. This panel was a meaningful way to connect, educate, and listen to our community.



Reflections of 2022

COMMUNITY LISTENING SESSION PILOTS

- Piloted Community Listening Sessions: offered two community listening sessions in local Burlington Parks, co-facilitated by Dr. Marissa Coleman and Karen Vastine. Leaders and staff heard from attendees and discussed important topics such as, steps UVM Medical Center can take to build trust, DEI training needs, promoting diversity in our workforce, improving language accessibility for patients, how to better serve BIPOC community members in a culturally humble way.



Launched the inaugural health equity summit, *Mending Ourselves, Together*, a joint effort between the University of Vermont, the Larner College of Medicine, College of Nursing and Health Sciences, and the University of Vermont Health Network. More than 550 attendees joined either virtually or in-person to engage, learn, and share their important lived experiences.

Reflections of 2022

The 2022 Community Health Needs Assessment (CHNA) was conducted and then adopted in June of 2022. The corresponding 2023-2025 Community Health Improvement Plan (CHIP) was adopted in December of 2022. Facilitated by the UVM Medical Center Community Health Improvement Team, the 2022 Community Health Needs Assessment (CHNA) gathered diverse community perspectives to identify the top three community health priorities: *Cultural Humility and Inclusive Healthcare, Housing, and Mental Health and Wellbeing*. Leading with the values of inclusivity, equity, transparency, and collaboration, UVM Medical Center CHI has recruited for three new Health Priority Teams that will launch with early 2023. Recruitment efforts have and continue to include a concentrated effort on diverse representation of those who experience the greatest burden of inequities and health disparities.



- **Engagement Activities Completed (June – October 2022):**

- 1 Community-wide presentation on CHNA key findings offered live, recorded and published on the UVM Medical Center Community Health Needs Assessment website.
- 20+ CHNA presentations to a wide audience (150+ attendees).
- 1 Community Leader meeting to provide input into CHIP development and implementation.
- 83 Strategy prioritization surveys.



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.

2022 progress against identified measures:

% of UVM Medical Center Primary and Pediatric Primary Care Practices where model is implemented: 70% (seven of the 10 sites)

% of patients who had 30 day follow up after discharge from the Emergency Department for alcohol and other substance use dependence* 47%

% of patients who had 30 day follow up after discharge from the Emergency Department for mental health* 60%

% 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: 67% of patients have been screened.
 - Adult Primary Care South Burlington: 74% of patients have been screened.
 - Colchester Family Medicine: 56% of patients have been screened.
 - Milton Family Medicine: 66% of patients have been screened.
 - UPEDS Burlington: 45% of patients have been screened.
 - UPEDS Williston: 43% of patients have been screened.

% readmitted to inpatient psychiatry program due to clinical depression* 13%

**Of the practices that have implemented the model*

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.

Concluded in March 2020.

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 and remains a priority.

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 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.

2022 progress against identified measures:

1. Year Two: CACH implementation and evaluation of initiatives

CACH continued to focus on suicide prevention and several suicide prevention initiatives by way of Action Team effort over the course of 2022. The three CACH Action Teams targeted Screening and Intervention, Reducing Stigma and Social Connectedness. An update on each Action Team is as follows.

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.

- Developed a suicide prevention training for primary care practices. The training provides an overview and explains the value of the Columbia Suicide Severity Rating Scale (i.e. C-SSRS which is an evidence based tool), the Stanley Brown Safety Plan and Counseling for Access to Lethal Means (CALM).
- Enlisted the help of Howard Center experts to provide the training that was developed by CACH to the UVM Medical Center South Burlington and Essex Adult primary care sites.
- Utilized EPIC reports to monitor each primary care practice's use of each aforementioned tool to measure effectiveness of training.
- Created a CACH YouTube channel to provide a video of the Howard Center expert's role playing the use of each aforementioned evidence based tool.
- Currently scheduling with another primary care site to provide the training with the goal of providing the training to many more practices.

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.

2022 progress against identified measures:

(SIAT continued):

- The CACH Action Team was selected to participate in the second round of the CHL/Department of Health “mini grant suicide safer pathway to care project”. The Action Team was able to effectively recruit the Thomas Chittenden Health Center (TCHC) to participate and Howard Center signed up again to work with TCHC.

Reducing Stigma Action Team (RSAT) 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.

- Data indicates that the construction industry is one of the top sectors in terms of risk of suicidality. That said, RSAT has connected with the Safety Specialist at PC Construction. Collaborative efforts have led to the arrangement for a training to crew members at the Beta Technologies work site in Jan 2023.
- RSAT has partnered with the Center for Health and Learning and the Department of Health CDC Suicide Prevention grant point person so that CHL will offer UMatter Training over the course of two consecutive weeks on site to crew members at Beta Technologies.
- RSAT will provide professional videography services so that the trainings can be recorded and utilized in other venues.
- Work is currently underway for RSAT to partner with Invest EAP to continue supporting employees through suicide prevention efforts but across organizations within the community.

Social Connectedness Action Team Initiative: The team will carry out an evidence-based pilot project to address loneliness across the community.

- The Social Connectedness Action Team concluded a values-based loneliness pilot program for older adults supported by SASH.
- The Action Team partnered with the UVM Integrative Health and Wellness Program and contracted with Integrative Health and Wellness Health Coaches to provide 1:1 sessions implementing an evidence-based values based intervention with SASH participants who scored higher than a 6 on the UCLA loneliness scale.
- The Action Team also contracted with a supervisor for the health coaches who developed a guide for coaches and the participants.
- The program was an overall success with 65% of participants having a lower UCLA loneliness scale score following the pilot project.

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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 2022, 13 of 19 grants were provided by CHIC to community-based mental health programs. This represents 76% of the total funds supporting mental health in the community, an 18% increase since 2020.

CHIC continued to integrate and advance diversity, equity and inclusion as core criteria for organizations applying for grant funding. 6 new grants were provided via this focus:

VT Professionals of Color Network, Improving BIPOC Mental Health, Planning Year Grant, \$40,000

Identify, bring clarity to, and address mental health disparities by elevating local stories, measuring and sharing important data, and unifying institutions, community organizations, and local leaders under a common goal to improve BIPOC mental health in the State of Vermont.

United Way of Northwest Vermont, Advancing & Aligning Prevention: Reducing Substance Misuse among Youth & Young Adults, Planning Year Grant, \$40,000

Develop a comprehensive, aligned strategy for preventing substance misuse and promoting health and well-being for youth and young adults. The Regional Prevention Network provides the forum, partners, and engagement needed for a successful collective impact approach, and the planning grant will provide the capacity that the Network needs to create a regional inventory of current resources and services, and to identify strengths and gaps at each level of the Vermont Prevention Model. By the end of the planning year, the Network (and its partners and funders) will have a complete map of prevention needs and opportunities, as well as a solid plan and budget for implementing mutually reinforcing strategies.

Vermonters for Criminal Justice Reform, Prevention of Fentanyl Overdose Deaths, \$45,350.00

Prevention of fentanyl overdose deaths among high-risk individuals transitioning from incarceration or under corrections supervision in the community.

The New American Indigenous Migrant Health (NAIMH) Initiative, \$82,000

Vermont is home to over 8,000 New Americans, refugees, asylees from over 38 countries, and an estimated 2,000 annual migrant workers. Due to societal inequities, this marginalized population is often unseen, unheard, and deprioritized by healthcare systems. The New American Indigenous Migrant Health (NAIMH) Initiative is being built at the request of UVM Medical Center community partners in alignment with the priorities set forth by the 2022 UVM Medical Center Community Health Needs Assessment (CHNA). The initiative will address healthcare provider education, improve community health literacy, optimize resource allocation and utilization, increase access and coordination of high-quality healthcare delivery to Vermont's NAIM population at UVM Medical Center.

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Janet S. Munt Family Room, Family Strengthening Workers at the Building Strong Families Clinic, \$50,000

The Family Strengthening Workers (FSW) at the Building Strong Families clinic provide culturally relevant support to immigrant families in Chittenden County. With FSWs coming from the immigrant communities they serve, they are able to act as liaisons to medical and other social service providers.

The Dream Program, Dream Program, \$25,000

DREAM's mission is to help close the opportunity gap for youth in low-income housing. Through inequitable and racialized systems, there is a growing socio-economic gap in resources, education and access to adult mentors for youth in low-income households.

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3a. % of consults conducted by CAPPCON:

The CAPPCON team continued to treat high volumes of children and adolescents experiencing mental health crises in the Emergency Department and inpatient pediatric units, with patient volumes on par with 2021. Exact numbers are not available due to the impact of short staffing and ability to manage a formal tracking approach. Consistent with trends across the country, we anticipate this new level of volume and acuity to persist. CAPPCON services also include support of parents and family members of patients on the pediatrics floor, in the neonatal intensive care unit (NICU), and in the pediatric intensive care unit (PICU).

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Consultation to providers:

- CAPPCON facilitated simulation trainings for all pediatric nursing staff (27 individuals) on verbal de-escalation of children and adolescents, as well as culturally sensitive, trauma-informed care.
- CAPPCON co-directors served in an advisory role for trauma-informed care trainings provided to emergency department staff.

3b. Improved provider satisfaction with care provided to this population.

Feedback from trainings with nursing staff:

- *What you liked best about the education day:*
 - “Both scenarios were extremely realistic in our day-to-day work; hands-on learning may seem a little uncomfortable, but definitely the most effective way to grasp the material.”
 - “The discussion about trauma-informed care.”
- *Recommendations for future education days:*
 - “More psych scenarios, please.”

Outcomes from trauma-informed care trainings provided to ED staff:

- Given the success of the trainings, they are now serving as a model for similar trauma-informed care trainings being planned for emergency departments statewide by DMH and with use of federal funds.

3c. Improved patient satisfaction with care provided to this population.

Based on hospital leadership’s communication about the services CAPPCON has been providing in the ED and hospital setting, a community member offered philanthropic financial support to continue and innovatively improve our ability to meet the needs of pediatric mental health patients in the hospital setting.

Additional highlights:

- The CAPPCON team added two new members: a second full-time attending physician (pediatrician/child psychiatrist) and a dedicated social worker who specializes in proactive communication with community providers, facilitation of treatment team meetings that bring entities such as Department of Children and Families and Disability Services to the table, and coordination of supports for complex mental health care needs.
- CAPPCON’s child psychiatry co-director took on a half-time-time role as Medical Director for the Child, Adolescent and Family Unit for the Vermont Department of Mental Health (DMH), fostering increased connections between UVM Health Network and state and local agencies.

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Inpatient Pediatrics

- CAPPCON leadership continued close collaboration with inpatient pediatrics leadership and faculty to optimize clinical pathways for eating disorder treatment, de-escalation, and support of mental health patients on medical floors.

Emergency Department

- CAPPCON has used the afore-mentioned philanthropic funds to support personnel (including time of a pediatric psychologist) in developing extensive programming material aimed at bolstering therapeutic support of pediatric mental health patients awaiting placement and their families.
- Interventions under development include:
 - Improvements to the ED environment
 - Brief therapeutic interventions for patients and families
 - Psychoeducation materials

For more information or to request a paper copy, please contact:

COMMUNITY HEALTH IMPROVEMENT

128 Lakeside Ave, Suite 106
Burlington, VT 05401

HOURS

Monday – Friday
8:00 am – 4:30 pm

PHONE

(802) 847-2278



THE
University of Vermont
MEDICAL CENTER