

**WINDSOR HSA COMMUNITY COLLABORATIVE
MEETING MINUTES
JULY 21, 2021**

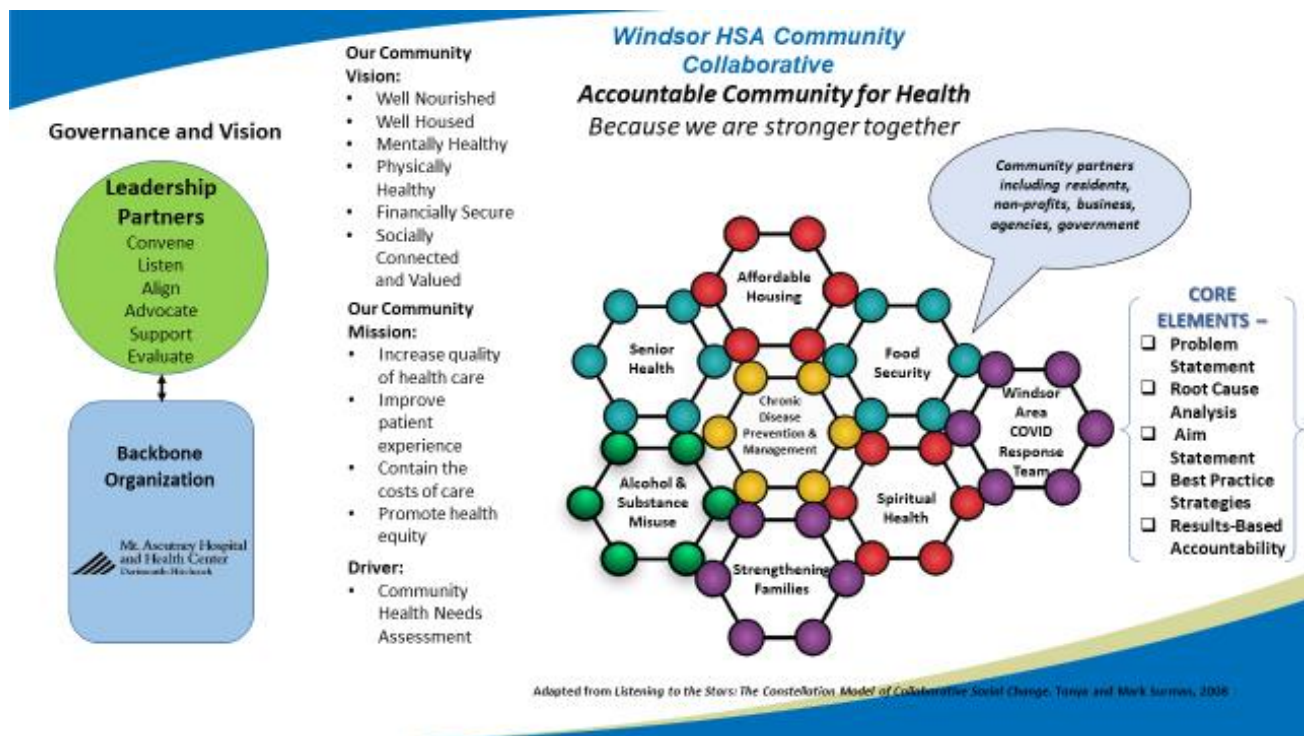
~WebEx chat noted in italics~

1. WELCOME, INTRODUCTIONS, UPDATES AND REVIEW OF MISSION	
Agency and Attendance	Updates and Resources
AHEC: Susan White	Susan reminded the team about the availability of UVM medical students to job shadow, particularly in primary care practices. Medical students are generally eager to learn and bring great energy to family practices. AHEC would love to have students go to MAHHC and learn about the role of the practitioners.
BAYADA: Heather Welch-Smith	No Updates
BLUEPRINT: Thomasena Coates	No Updates
HCRS: George Karabakakis	George reported HCRS is continuing to provide remote services, as well as in person appointments, as clients are coming back into the office. There is a sharp rise in acuity in kids and families and folks in need in general. This need is exacerbated by recruitment challenges. People are making decisions that that had held off on. HCRS is doing everything possible to meet those challenges.
MAHHC: Jill Lord Alex Morley Brenna Heighes Dr. Marasa Dr. Levin Jenna Austin Melanie Sheehan Tanya Graves Jen Joy Mary Boardman Courtney McKaig Alice Stewart	Carla enthusiastically shared that Ottauquechee Pharmacy is now open. Smilin' Steve is going to complete home visits for medication reconciliation. When they have a driver they will do free medication home delivery. Carla shared the Woodstock Area Relief Fund held a celebration last week. She reports the fund has raised \$772,000. (Carla will email full stats to Jill.) Carla shared a small group of stakeholders met for next steps for potential wave of emergencies, not specific to COVID and she will be meeting with folks from Billings Farm today regarding ways to support families. <i>from Melanie Sheehan to everyone: 8:05 AM Impressive efforts Carla!</i>
OHC: Carla Kamel	Dr. Marasa reported that since COVID started, overall volumes in the ED have gone up significantly- increasing of 40% overall and up to 80% other days. However, the number of suboxone patients is not going up. Dr. Marasa is very encouraged by the number of referrals to Dr Lord, and folks utilizing this resource.
VIA: Anna Caputo Amanda Smith	Jill acknowledged that Tanya Graves joined us today from MAHHC. For those of you who may not know, Tanya works in Finance as well as working with OneCare and Care Coordination data.

SASH: Molly Bennett	Molly shared she has a few SASH panel spots open. The SASH panel caps at 100 participants, and she has room to add about 5-10 additional participants.
SENIOR SOLUTIONS: Mark Boutwell	Mark shared Senior Solutions has been fortunate to hire more staff. 5 people are starting between this week and next. A replacement was hired for Mark's previous position, in addition to a manager and office assistant. They have also hired a coordinator through a grant position. They have been building a strong team with case management. All of this is a little overwhelming at times, but also exciting.
VDH: Becky Thomas Rudy Fedrizzi Jan Eberly	Rudy shared VDH is hosting weekly COVID vaccine walk-in clinics Thursdays 1-4pm They are hiring a new position for Epidemiology for each district office to support COVID work going forward, and it will also increase VDH data expertise to stay data-informed. WIC will continue to be virtual as TeleWIC through November, until young children are able to be vaccinated.
OneCare VT Liaison Jean Warner	No Updates
WRFP: Lisa Paquette	Lisa shared it has been a challenging 18 months. They are trying to be flexible, think out of the box and focus on school kids who have missed their Well Child Checks and get their immunizations up to date. They are going through rosters as a goal for next 2 months and she is not sure what the school year will bring with masking and CDC requirements.
WSESU: Dr. Baker	See ESSER Grant discussion

2. MINUTES APPROVAL –The minutes of April 21, 2021 were approved as written. Minutes unanimously approved.

3. COMMUNITY HEALTH – MISSION, VISION AND GUIDING PRINCIPLES – Jill verbally shared our mission (as previously shared) regarding the focus of our work. See below graphic.



4. COMMUNITY HEALTH IMPLEMENTATION PLAN –

2021 Community Health Needs Assessment – Jill and Melanie shared the current status of survey demographic data. We will continue to collect data throughout the summer. We expect out completed report in early Nov. Jill thanked the group for their participation in the CHNA.

Category	2021 Performance Indicators	2018 Value	2021 Value Goal	Current Status
Mt. Ascutey				
Survey return	Increase 2018 CNHA return rate by 10% in 2021	1071	1178	1111
Age Groups	At least 25% of respondents are <45	18.5%	25%	31.6%
	No more than 33% of respondents are > 65	43.5%	33%	24.7%
Income	More than 33% of respondents report <\$50K income	39.5%	33%	29.0%
	Less than 25% of respondents are > \$100K	23.9%	25%	25.3%
	More than 4% of respondents are BIPOC	2.1%	4%	4.3%

Gender/Identity**				
Non-M/F	More than 1% of respondents are non-M/F	0.1%	1%	0.3%
Female	No more than 69% of respondents are Females	73.0%	69%	68.6%
Male	More than 30% of respondents are Males	26.9%	30%	27.4%

Data Dashboard – Context for data dashboard indicator survey:

Each year, the Community Health Department puts out a Community Benefits Annual Report which captures much of the good work of our programs, staff, and many community stakeholders. We share program outreach data, clinical quality dashboards, some statewide indicators, and much more.

This year, as a component of MAHHC’s hospital strategic plan, the Community Health Department is working to organize and display these indicators and metrics in an online Data Dashboard (through a software license with Clear Impact, granted to us by DHMC Community Health).

Before we create the dashboard with all of the health indicators previously shared in the annual report, we thought it would be a good time to assess which indicators are most meaningful to our stakeholder groups and get input on what might be missing. Therefore, we have created a brief survey (taking about 4-5 minutes) to gather this input to help in our planning process.

The link is below and will also be sent out via email after meetings. We appreciate your time in providing your thoughts on this project.

<https://mtascutneyhospital.surveymonkey.com/r/SGCGWTQ>

Please, if you have any questions or thoughts, feel free to reach out to
Melanie.sheehan@mahhc.org

Thank you!

5. ELEMENTARY AND SECONDARY SCHOOL EMERGENCY RELIEF GRANT (ESSER)– Jill shared the definition of the ESSER Grant and reviewed the identified pandemic problems and the proposed strategic plan. (see attached breakdown)

Dr, Baker shared there are three parts to the grant- ESSER I, ESSER II, and ESSER III. The first two parts have been identified, but they are seeking stakeholder input for ESSER III. Dr. Baker asked our community partners for their thoughts and input. Dr. Baker praised Brittany Preston who is the coordinator for this grant. She is very thorough and put together a good team. Dr. Baker shared they are averaging a fair number of kids daily.

Courtney McKaig is part of the coordinating team for the ESSER Grant. Courtney took a moment to clarify the definition of “Reducing class size”- Courtney explained this is a short term strategy that this funding would support. This funding would support staff as education recovery is being addressed in addition to advocating for family outreach so they are included in the process. Emails will be going out with a link and documents to provide your written input. Thank you for any input to support this initiative. (Jill will forward after the meeting due to the short deadline)

Melanie identified the interconnectivity of the work between the Mt. Ascutney Prevention Partnership (MAPP) and the ESSER Grant – such initiatives include, MTSS at preschool, work with the school on social emotion learning, Collaborative Problem-Solving (CPS) which has a 2-3-year plan with the Couch Foundation. MAPP would be willing to write a letter of support for the ESSER Grant on behalf of MAPP.

Jill suggested as a Community Collaborative, we could write a letter of support. The school is an important partner and asset to the social and emotional health and well-being of students and it is important continue to our work together as a community. Completing the survey will help us better understand how to utilize the ESSER Grant funds to support our recovery plan and address the needs of our students and their families. Please complete the survey by clicking on the link below *by August 6th*:

Here is the link to the online survey: <http://tinyurl.com/REC3-SURV>

Dr. Baker added that it is always a competing interest between social/emotional and academic needs. Collaborative Problem-Solving (CPS) is woven in to the strategic plan. Dr. Baker encouraged the Community Collaborative to provide their important feedback through the survey. Jill will write a letter of support on behalf of the team, included discussion from today’s meeting, key pieces of collaboration, as well as openness to continue dialogue and evolve as a critical partner. Thank you Dr Baker for your leadership!

6. HIGHLIGHT ON QUALITY – Jill shared the Opioid Fatalities for 2020 and sadly reported that Windsor County has the highest incidence of opioid fatalities as a county in the state. Jill shared the data regarding our response to opioid overdoses and fatalities. We have been working with the Hub and Spoke Program, Rapid Access to Medication Treatment (24/7 access to Recovery Coaches and Induction of Buprenorphine in ED), Drug Disposal Program, Take-Back Program, and our community partners; Addiction Specialist, EMS & Police, Mental Health Providers, Recovery Coaches, Syringe Service and the Vermont Dept. of Health utilizing best-practice strategies.

In addition, Jill reported for the last 4 years, Windsor has the lowest incidence of prescribing opioids in the state. Some believe there is a correlation between increased use of opioids and the decreasing in prescribing, however this does not mean we should increase prescribing, we just need to continue and increase our efforts. Jill noted the instrumental parts played in the opioid response by Chief Jennifer Frank and Kevin McAllister- if you see them THANK THEM!

from Melanie Sheehan to everyone: 8:52 AM

stigma campaign: www.weareworthwhile.org

Melanie shared that MAPP receives multiple grants from the State of Vermont to look at environment and messaging. Some of the campaigns include, Parent Up, Let's Talk Cannabis, limiting density of adult only retail outlets, working with retailers that sell alcohol or addictive substances, and involving community stakeholders that limit age of onset, or preventing Substance Misuse. There have been awards presented by the Prevention Center of Excellence to our community partners for best practice prevention, to protect from use and build healthy communities.

Jill thanked Rudy, Becky and their colleagues from the Vermont Dept. of Health for their timely monthly data showing opioid fatalities, and incidence of use of ER. This is vital information so we can arm ourselves with the work. Jill reminded the team of the "Overdose Happens- Have a Plan" primer booklet which talks about what overdose is, what it looks like, how to use Narcan, what to do after Narcan administration and recovery resources. This booklet accompanies harm reduction packets where Narcan is given out, such as our ED. For the Outreach after Overdose program- the Police or EMS will call someone from the Peer Recovery Network. The person/user will be linked with HCRS, and a Recovery Liaison. The Recovery Liaison will go out to help the person where they are, their family, or whatever is needed or may be ready for, such as Rapid Access to Medication Treatment in ED.

Dr. Marasa added by sharing if a patient enters our ED with an issue related to SUD, Recovery Coaches who are sponsored through Turning Point, either on Zoom, or in person will respond promptly. If someone has SUD, they can be offered suboxone if they meet the criteria. The Emergency Room has partnered closely with Connecticut Valley Addiction Services (CVAS). If there are patients who do not want suboxone, but want to get into recovery, we are able to get them seen within 24hrs by Dr. Lord, or on Monday if it's a weekend. When a person is in crisis, the best time to get them motivated is in the ED. Dr. Marasa reported that since May of 2019, they had 11 patients and they all received care the following day from Dr. Lord. Dr. Marasa also reported that a challenge has been limitations to actual detox therapy; those services are sparse and more challenging to get someone into. This is something that is being worked on. Dr. Marasa reminded the team of the Narcan program, which we want to promote the distribution of. The State gives out Narcan, it is an extremely low bureaucratic process, anyone can get it, such as any family member, associated person or in the event that a family member uses as well.

In summary, Jill shared that MAHHC is systematically providing screening and referral to treatment. This is a universal process for patients coming in for physicals, which may catch issues early. Our community partners have been consistent in working with folks who want to recover and the work of the Recovery Coaches has been astounding!

from Susan White, AHEC to everyone: 9:01 AM

GREAT work everyone! I have another call, so need to jump off.

7. QUALITY DASHBOARD-

from Thomasena Coates, MPH, CPHQ, PCMH CCE to everyone: 9:08 AM

Appreciation to those key professionals who are doing direct work and are here to share with us about the resources of the region and the specifics of accessing services.

Jill shared the Quality Dashboard presentation (please see attached PowerPoint Presentation). Highlights include:

- **HTN-** Improvement of 11 percentage points, Jan to June
- **DM-** Dr. Levin continues to lead the quality improvement program for DM, and has implemented the new Diabetic Medication Refill Policy.
- **SUD-** The SBIRT Screenings have notably decreased, which may be a result of provider vacations. The slides were only briefly discussed, as this was covered in the Highlight on Quality.
- **Prevention Work-** MAHHC administered a total of 12, 122 total doses of the COVID-19 vaccination December 2020 to June 2021.

The team entered into a discussion regarding the possible causes of the increase in opioid fatalities. Data indicates the proximity of Windsor to Interstate I-89 and the ease of access for getting drugs into the town from the highway may be a contributing factor.

During the pandemic, opioid use increased which can also be associated with social isolation.

Some data shows there may be a link to the Federal stimulus checks issued to folks, who may have spent this money on drugs.

It should also be noted that Fentanyl is seen as something people are seeking out, which sometimes can be mixed with heroin. Many of the reported overdoses for fentanyl included heroin.

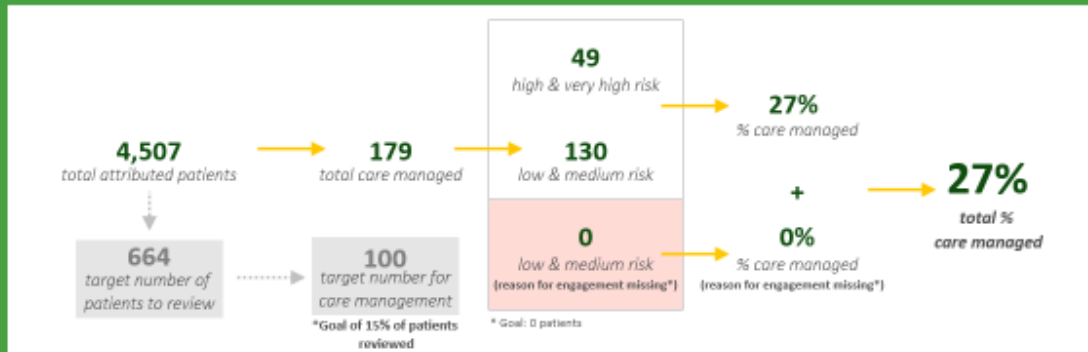
Dr. Marasa shared one of the dangers of fentanyl is that it is not prescribed often, which may cause users to seek out illegal drugs. There has been an increase in opioid deaths pre-covid and a 1:1 ratio decrease in prescribing, related to users seeking out illegal drugs.

8. CARE COORDINATION – Jill briefly reviewed the Care Coordination Data and highlighted the work of Carla, Jenna, Amy, Jen, Samantha, Alex and our community partners, Senior Solutions, SASH, VNH, and Bayada. (*see attached slide*)

Windsor Hospital Corp. Numbers At A Glance



May



9. NEXT MEETING – The next meeting of the Windsor HSA Community Collaborative is scheduled for Wednesday October 20th, 2021 at 8am via WebEx. Minutes and materials for the Community Collaborative can be found on the [MAHHC Website](#).

Respectfully recorded by:

Mary Boardman
Administrative Assistant