Mt. Ascutney Hospital and Health Center **Community Health Improvement Plan** Specifics (where available) **Broad Strategies Estimated Resources to this work** Metric to be used if available*see **CHNA Need** attached data sheets from Community **Health Improvement Summits** Educate and engage the community Organize 2 regional Community \$10,000 Planning **Access to Mental Health Services** regarding the outcomes of the Health Improvement Summits. \$8,540 Summit Implementation Community Health Needs Assessment. Implement the Community Health Provide wellness recovery action \$5000-Blueprint Self-Improvement Plan, as an plan (WRAP) self-management Management Program for Accountable Community for Health, classes. regional coordination and utilizing a collective impact model facilitation of Self-Management • Provide 3 adult Mental Health maximizing resources and avoiding First Aid programs working in Workshops. duplication. • \$2000 of facilitation time from collaboration with HCRS. Director of Community Health • Provide 1 teen Mental Health and in kind from HCRS for First Aid program working in Mental Health First Aid collaboration with HCRS and programs. Windsor Southeast Supervisory \$20,765 of psychiatrist time. Union. Participate in Regional \$3250 from Prevention **ACES/Flourishing Communities** Infrastructure Grant Collaboration work group. • Distribute gun locks through CHT, pediatrics and community partners as a suicide prevention activity. Evaluate impact of efforts using Results-Based Accountability. **AHS Community Profiles** Windsor County adults with depressive disorder: 25%

• Suicide rate, per 100,000: 15.3

				 Windsor County adults who rarely or never get emotional support: 8% Work with a minimum of three community partner agencies for collective impact.
	Disseminate the outcomes of efforts	 Presentations to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and a minimum of one public community presentation. Post implementation plan and summary of achievements on website. 		
Alcohol and Drug Abuse Prevention, Treatment and Recovery	Educate and engage the community regarding the outcomes of the Community Health Needs Assessment.	Organize 2 regional Community Health Improvement Summits.	See Access to Mental Health for breakdown of donation of in kind time and expertise.	
	Implement the Community Health Improvement Plan, as an Accountable Community for Health, utilizing a collective impact model maximizing resources and avoiding duplication.	 Create a community protocol connecting opioid users with treatment, support services and harm reduction including MAT induction in the Emergency Department and MAHHC becomes a Narcan distribution site. Identify and promote actionable impractical legislative and policy solutions to opioid addiction. Work with towns and Regional Planning Commission to reduce access to adult only products. 	 \$81,500 of dedicated staff time from MAHHC \$100,000 from the Regional Prevention Partnership Grant \$30,000 from the Prevention Infrastructure Grant \$393,000 from the Blueprint Spoke Program \$58,500 tobacco Prevention Grant 	

Create an effective recovery
network for our region bringing
recovery coaches to our
Emergency Department and
connecting MAT patient's with
local Turning Point Centers.
Continue to provide Screening
Brief Intervention and Referral to
Treatment (SBIRT) in the clinic.
Provide tobacco cessation
through Self-Management
Workshops.
Participate in Drug Take Back
Program.
Provide community based
marijuana education; continued
partnership with ALL Together on
Marijuana Prevention workgroup.
Provide Michigan Model
Prevention curriculum at Windsor
Southeast Supervisory Union.
Support student assistance
professional (SAP) in Windsor
Central Supervisory Union.
Facilitate community and school
prevention group at Windsor
Central Supervisory Union
Utilize Vermont Prescription
Monitoring Program.
Continue facilitation of Regional
Prevention Partnership delivering
best practice approaches across
Windsor and Orange counties.

	Disseminate the outcomes of efforts to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and the community.	 Presentations to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and a minimum of one public community presentation. Post implementation plan and 		 AHS Vital Records ○ Opiate tests per 100,000 Windsor County 25.2 and Vermont 15.2 ➢ Youth Risk Behavior Survey Past 30 day use WSESU WCSU △ Alcohol 35% 43% ➢ Marijuana 20% 29% ➢ Vaping 7% 26% VDH Data Explorer Past 30 day use 18-24-year-old ➢ Binge drinking 30% State 32% ➢ Marijuana 29% State 25% Work with a minimum of five community partner agencies for collective impact.
		summary of achievements on website.		
Access to Affordable Health Insurance, Health Care Services and Prescription Drugs	Educate and engage the community regarding the outcomes of the Community Health Needs Assessment.	Organize 2 regional Community Health Improvement Summits.	See Access to Mental Health for breakdown of donation of in kind time and expertise.	

	Implement the Community Health Improvement Plan, as an Accountable Community for Health, utilizing a collective impact model maximizing resources and avoiding duplication.	 Active member in Vermont Coalition of Clinics for the Uninsured assisting patients to apply for insurances and case management and support in navigating the insurance systems. Prescription Drug Voucher Program Transportation Voucher Program Medical Supplies And Equipment Voucher Program 	 \$15,000 from MAHHC staff time \$58,500 from VCCU \$9100 from the Byrne Foundation Volunteer driving miles over 15,000 	
	Evaluate impact of efforts using Results-Based Accountability.			 AHS Community Profiles Percentage of adults 18-64 with health insurance 90% State 93% Percentage of children with health insurance 96% State 98% Work with a minimum of four community partner agencies for collective impact.
	Disseminate the outcomes of efforts to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and the community.	 Presentations to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and a minimum of one public community presentation. Post implementation plan and summary of achievements on website. 		
Family Strengthening, including Poverty, and Childhood Trauma	Educate and engage the community regarding the outcomes of the Community Health Needs Assessment.	Organize 2 regional Community Health Improvement Summits.	See Access to Mental Health for breakdown of donation of in kind time and expertise.	

Improvement Pla Accountable Con utilizing a collect	 Family Wellness Program in Pediatrics at MAHHC and OHC. Provide Collaborative Problem-Solving and Attentive Parenting Courses. Work with Regional Strengthening Family Collaborative. Provide family friendly programming at the Windsor Connection Resource Center. Organize a community wide Asset Development program as an antidote to adverse childhood experiences (ACES)/trauma. 	
Evaluate impact Results-Based Ac	The state of the s	 AHS Community Profile Children under age 18 in DCF custody rate per 1,000 is 16.5 for Windsor County and 14.2 per for Vermont 35% of children in MAHHC the service area have incomes below 200% of the poverty level Work with a minimum of six community partner agencies for collective impact.

	Disseminate the outcomes of efforts to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and the community.	 Presentations to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and a minimum of one public community presentation. Post implementation plan and summary of achievements on website. 		
Availability of Primary Care Services	Educate and engage the community regarding the outcomes of the Community Health Needs Assessment.	Organize 2 regional Community Health Improvement Summits.	See Access to Mental Health for breakdown of donation of in kind time and expertise.	
	Implement the Community Health Improvement Plan, as an Accountable Community for Health, utilizing a collective impact model maximizing resources and avoiding duplication.	 Ongoing aggressive recruitment of primary care providers. NCQA Patient Centered Medical Home Accreditation. Support and Services at Home (SASH) and SPOKE linkages to primary care. 	 \$218,600 Community Health Team from Blueprint \$9380 Blueprint Self- Management Program \$25,000 OneCare Vermont Care Coordination Agreement \$25,000 DH Innovation Grant \$17,600 MAHHC staff 	
	Evaluate impact of efforts using Results-Based Accountability.			 AHS Community Profiles Percentage of adults with PCP County 86% State 88% 12-21-year-old with 1 comprehensive well care with PCP or OB/GYN HSA 48% State 52% Work with a minimum of three community partner agencies for collective impact.

	Disseminate the outcomes of efforts to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and the community.	 Presentations to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and a minimum of one public community presentation. Post implementation plan and summary of achievements on website. 		
Healthcare for Seniors	Educate and engage the community regarding the outcomes of the Community Health Needs Assessment.	Organize 2 regional Community Health Improvement Summits.	See Access to Mental Health for breakdown of donation of in kind time and expertise.	
	Implement the Community Health Improvement Plan, as an Accountable Community for Health, utilizing a collective impact model maximizing resources and avoiding duplication.	 Lead and support Mt Ascutney Seniors Together—building a senior center without walls. Support Scotland House Adult Day Health and Wellness Program. Participate in Aging in Place programs in Hartland, Weathersfield, Brownsville, and Reading. Hire and support SASH Wellness Nurse. Hire and support HASS staff placed in Old Windsor Village. Lead and support Regional Fall Prevention Program 	 \$53,300 MAHHC staff \$2,500 Aging in Hartland \$9000 HASS program \$18,500 SASH program 	
	Evaluate impact of efforts using results based accountability.			 AHS Community Profile Percent of adults 65 or older who visited MD for routine care 83% County 86% Vermont

				 VDH Data Explorer Fall deaths rate for Windsor County per 100,000 for 65+ population is 111.3 Work with a minimum of six community partner agencies for collective impact.
	Disseminate the outcomes of efforts to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and the community.	 Presentations to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and a minimum of one public community presentation. Post implementation plan and summary of achievements on website. 		
Affordable Housing	Educate and engage the community regarding the outcomes of the Community Health Needs Assessment.	Organize 2 regional Community Health Improvement Summits.	See Access to Mental Health for breakdown of donation of in kind time and expertise.	
	Implement the Community Health Improvement Plan, as an Accountable Community for Health, utilizing a collective impact model maximizing resources and avoiding duplication.	 Participate in regional AHS Integrated Services initiative to increase Housing Voucher Program. Work of CHT and MAT with Hartford and Springfield Supported Housing Programs. 	• \$5000 of MAHHC staff time	
	Evaluate impact of efforts using Results-Based Accountability.			 American Community Survey Household spending 50% (severe burden) or more of income on housing is 15% for all Windsor County households Household's spending 30% (burden) of income or more

				on housing is 37% of all Windsor County household's Percentage of housing units categorized as sub-standard MAHHC service area 33% Vermont 35.3% New Hampshire 32.8% AHS Community Profiles 117 children and adults were found to be homeless and Windsor County 1,171 children and adults were found to be homeless in the Vermont State.
				 Work with a minimum of three community partner agencies for collective impact.
	Disseminate the outcomes of efforts to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and the community.	 Presentations to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and a minimum of one public community presentation. Post implementation plan and summary of achievements on website. 		
Availability of Affordable Adult Dental Care	Educate and engage the community regarding the outcomes of the Community Health Needs Assessment.	Organize 2 regional Community Health Improvement Summits.	See Access to Mental Health for breakdown of donation of in kind time and expertise.	

Implement the Communit Improvement Plan, as an Accountable Community f utilizing a collective impact maximizing resources and duplication.	SPOKE Staff work with Red or Health, t model SPOKE Staff work with Red Logan Dental Clinic. Dental vouchers for adults	• \$14,500 MAHHC staff time	
Evaluate impact of efforts Results-Based Accountabi			 VDH Data Explorer Percent of adults using the dental system yearly HSA 71% State 71% Percent of adults age 45-64 with tooth extractions HSA 46% State 49% Work with a minimum of two community partner agencies for collective impact. Incommunity partner agencies for collective impact.
Disseminate the outcome to Mt. Ascutney Hospital Center Board, Green Mou Board and the community	and Health Hospital and Health Center ntain Care Board, Green Mountain Care		

