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<tr>
<th>CHNA Need</th>
<th>Broad Strategies</th>
<th>Specifics (where available)</th>
<th>Estimated Resources to this work</th>
<th>Metric to be used if available* see attached data sheets from Community Health Improvement Summits</th>
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</table>
| Access to Mental Health Services | Educate and engage the community regarding the outcomes of the Community Health Needs Assessment. | Organize 2 regional Community Health Improvement Summits. | • $10,000 Planning  
• $8,540 Summit Implementation |  

Implement the Community Health Improvement Plan, as an Accountable Community for Health, utilizing a collective impact model maximizing resources and avoiding duplication. |  
• Provide wellness recovery action plan (WRAP) self-management classes.  
• Provide 3 adult Mental Health First Aid programs working in collaboration with HCRS.  
• Provide 1 teen Mental Health First Aid program working in collaboration with HCRS and Windsor Southeast Supervisory Union.  
• Participate in Regional ACES/Flourishing Communities Collaboration work group.  
• Distribute gun locks through CHT, pediatrics and community partners as a suicide prevention activity. | • $5000–Blueprint Self-Management Program for regional coordination and facilitation of Self-Management Workshops.  
• $2000 of facilitation time from Director of Community Health and in kind from HCRS for Mental Health First Aid programs.  
• $20,765 of psychiatrist time.  
• $3250 from Prevention Infrastructure Grant |  

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 |
| Alcohol and Drug Abuse Prevention, Treatment and Recovery | 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. | • Windsor County adults who rarely or never get emotional support: 8%
• Work with a minimum of three community partner agencies for collective impact. |
| 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 |
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|   | 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 Togetherness 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.  |
**Evaluate impact of efforts using Results-Based Accountability.**

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.

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**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.

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- **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.
| 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. |
Implement the Community Health Improvement Plan, as an Accountable Community for Health, utilizing a collective impact model maximizing resources and avoiding duplication.

- 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.

- $17,000 MAHHC staff time
- $90,000 Vermont Family-Based Approach
- $70,000 Family Wellness Program
- $10,000 United Way
- $5000 Town of Windsor
- $15,000 Byrne Foundation
- $15,000 DH Prevention Grant

Evaluate impact of efforts using Results-Based Accountability.

- 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.
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<tr>
<th>Availability of Primary Care Services</th>
<th>Disseminate the outcomes of efforts to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and the community.</th>
<th>Presentations to Mt. Ascutney Hospital and Health Center Board, Green Mountain Care Board and a minimum of one public community presentation.</th>
<th>Post implementation plan and summary of achievements on website.</th>
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<td>Organize 2 regional Community Health Improvement Summits.</td>
<td>See Access to Mental Health for breakdown of donation of in kind time and expertise.</td>
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<td>Implement the Community Health Improvement Plan, as an Accountable Community for Health, utilizing a collective impact model maximizing resources and avoiding duplication.</td>
<td>Ongoing aggressive recruitment of primary care providers.</td>
<td>$218,600 Community Health Team from Blueprint</td>
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<td>NCQA Patient Centered Medical Home Accreditation.</td>
<td>$9380 Blueprint Self-Management Program</td>
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<td>Support and Services at Home (SASH) and SPOKE linkages to primary care.</td>
<td>$25,000 OneCare Vermont Care Coordination Agreement</td>
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<td>$25,000 DH Innovation Grant</td>
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- 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. |  |
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<td><strong>Healthcare for Seniors</strong></td>
<td>Educate and engage the community regarding the outcomes of the Community Health Needs Assessment.</td>
<td>Organize 2 regional Community Health Improvement Summits.</td>
</tr>
</tbody>
</table>
| | 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 |
| **Affordable Housing** | 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. | • 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. |
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| | 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 |
| 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. |
| 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. | 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.
| Implement the Community Health Improvement Plan, as an Accountable Community for Health, utilizing a collective impact model maximizing resources and avoiding duplication. | **Community Health Team and SPOKE Staff work with Red Logan Dental Clinic.**  
**Dental vouchers for adults through Windsor Community Health Clinic.**  
**Case management to assist adults to find dental homes.** | **$14,500 MAHHC staff time** |
| --- | --- | --- |
| Evaluate impact of efforts using Results-Based Accountability. |  | **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.** |
| 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.** |  |