Springfield HSA Community Collaborative
2019 Community Health Needs Assessment Implementation Plan
Status Update April, 2021

The Springfield HSA Community Collaborative participated in the planning and implementation of the 2019 CHNA. Established with the purpose to "discuss and to make decisions at the community level to work towards the goal of health and well-being for those in our community" the CC has participation from more than 20 organizations and is organized into 6 workgroups addressing specific areas and goals to improve the health and wellbeing of the population across the HSA. These workgroups reviewed the findings of the CHNA and identified strategies and activities to address the priority areas: Dental Care/Oral Health, Substance Use, Mental Health and Access to Affordable Healthcare.

Each workgroup examined the findings of the Assessment and the supporting data and where indicated, collected or included additional data to inform their development of strategies and activities to improve the health of the HSA population in the four priority areas. These strategies and activities form the Implementation Plan which was adopted by the SMCS Board in February 2020.

The Springfield HSA Community Collaborative is guided by a charter and Steering Group which meets monthly; workgroups meet on a regular basis to develop strategy, coordinate activities and measure progress as defined by each group and progress is reviewed by the Steering Group and at quarterly meetings of the full collaborative and reported to the Vermont Blueprint for Health which provides support for CC operations.

The status of implementation strategies and activities as of February 2, 2021 is as follows:

CHNA Priority Area: Substance Use

The Substance Use Workgroup meets regularly and has developed strategies and activities and process and outcome measures to track progress. Current status is reflected below; in many instance baseline data on process and outcome measures is not yet established.

Strategy 1

Expand outreach to individuals presenting with substance use

Activities

A. Implement "Outreach following Opioid Overdose" initiative in Springfield
- Initiative is fully operational with automatic referrals to the Outreach Team following any emergency response interventions that are substance use related;
- the Springfield Outreach Project has expanded to Bellows Falls, VT as of March 2021

B. Institute immediate, on-site referral to Recovery Coach services in Springfield Hospital ED for anyone presenting with substance use disorder
- Recovery Coach services have been available in the Springfield Hospital ED as of October 2019

C. Implement SBINS screening at all primary care sites, with anyone positive for substance use receiving immediate referral
- SBINS screening is now standard at all primary care sites, with anyone positive for substance use receiving an appropriate referral for follow up

D. Explore application/adaptation of innovations developed in Windham County HRSA RCORP
- This activity will follow completion of the planning phase of the WC RCORP project

Progress/Process Measures

A. Number of referrals to OOD team
B. Number of referrals to Recovery Coaches from ED (93 referrals made; 85 accepted RC service)
C. Positive screens for SUD (3,442 screens completed in 2019; data on SU positives not yet available)
D. Elements from RCORP adapted to Windsor Cty; application to HRSA for planning grant

Outcome Measures

- Improvement in IET rates for HSA
- Reduction in opiate overdose rate for Windham and Windsor Counties

Strategy 2

Provide treatment on-demand

Activities

A. Incorporate education on treatment options and workflows to all primary care and ED staff
- Workflows on SU referral have been distributed; education ongoing

B. Initiate Rapid Access to Medically Assisted Treatment (MAT) in Springfield Hospital Emergency Department
- RAM was launched in November 2020 with follow up referral links in place to community MAT provider

C. Provide on-site assessment for Intensive Outpatient Program
- HCRS provides assessment through crisis team; SMCS and CHT staff are being identified to expand this

D. Expand capacity to provide MAT within HSA with SMCS and other practice
- A second MAT practice, SaVida Health, is operating in Springfield and exploring additional sites

E. Implement same-day access as preferred provider for SU treatment at HCRS
- HCRS has implemented same-day access as of October 2020

Progress/Process Measures

A. Updated workflows reflecting steps to refer to treatment
B. RAM operating at SH ED; number of inductions at ED
C. Number of IOP assessments performed in ED or at PCPs
D. Number of MAT providers; MAT treatment census (10 providers; 118 Medicaid census)
E. Number of individuals accessing same-day access at HCRS

Outcome Measures

- Improvement in IET rates for HSA
- Reduction in opiate overdose rate for

<u>CHNA Priority Area: Mental Health</u>

The Mental Health Workgroup meets regularly and has developed strategies and activities and process and outcome measures to track progress. Current status is reflected below; in many instance baseline data on process and outcome measures is not yet established.

Strategy 1

Increase early identification of individuals who may benefit from mental health treatment

Activities

A. Implement SBINS in all primary care practice sites

- SBINS screening is now standard at all primary care sites, with anyone requiring behavioral health interventions or treatment is receiving an appropriate referral for follow up

B. Offer Mental Health First Aid trainings to practices and community partners

- MHFA trainings have been offered in the HSA with a schedule for trainings into the future

C. Develop strategy to implement Zero Suicide initiative within HSA

- Strategy for Zero Suicide initiative is in place
- LHC, MVHC, RHC and SHC are all participating with HCRS in the Safer Pathways initiative as part of Zero Suicide, with practice staff being trained in CALM and CAMS and refining referral workflows

D. Springfield School District to implement UMatter

- SSD is looking at a different program to implement

Process Measures

A. % of patients eligible for SBINS screening who are screened
B. # of MHFA trainings offered; # of people trained
C. # of people screened for suicide
D. # You Matter presentations

Outcome Measures

Reduced number of suicides in Windsor/Windham Counties

Strategy 2

Improve timely access to mental health services

Activities

A. Improve initiation of treatment time by 50% at HCRS (time between request for service to first appointment post assessment)

- HCRS has gone live with same-day access as of October 2020

B. Offer Rapid Access Clinics in Springfield and Rockingham

- RAC are offered weekly at Springfield and Rockingham health centers

C. Complete two PDSAs with aim of improved initiation of treatment following positive screening at SMCS primary care site

- Practices are reviewing baseline data to prepare for PDSA design

Process Measures

A. avg. time between request for service to first appointment post assessment, # seen following self-report on ED visit or inpatient;
B. # of patients seen at RAC; referrals following RAC that are kept
C. # of patients receiving referral following positive screen; # engaging in treatment

Outcome Measures

- Reduced number of suicides in Windsor/Windham County
- Improved IET Rate for HSA
- higher show rate for appointments at HCRS/SMCS BH appointments

CHNA Priority Area: Dental Care/Oral Health

The Dental Workgroup meets regularly and has developed strategies and activities and process and outcome measures to track progress. Current status is reflected below; in many instance baseline data on process and outcome measures is not yet established.

Strategy 1:
Expand access to oral health services to children (ages 0-18) in SMCS service area

Activities

A. make dental hygienist available for dental education, dental screening and hygiene services to elementary, middle and high schools within the SMCS service area
- Hygienist had been available to an expanding number of schools up until schools were closed due to the Covid19 emergency

B. secure grant funding to support dental hygiene services to maximize availability
- Holt Fund grant awarded in June to support expansion of dental services; will be complete by June 2021

C. make referrals for follow up dental care for children seen by hygienist
- Referral were being made routinely until school program suspended with closure of schools due to Covid19 emergency

D. increase capacity of dental clinics to accommodate referrals of children seen by hygienist
- Holt Fund support will facilitate expanded capacity of dental services; timeline impacted by Covid19 emergency but will be completed by July 2021

Progress/Process Measures

A. number of children and number of screening, hygiene visits and number of education presentations; number of new children served
B. amount of grant funding secured to support program ($59,540)
C. referrals made for follow up care, appointments kept by referrals
D. wait time for referral appointment

Outcome Measures

- Number of children in SMCS service area reporting having a dental home

Strategy 2:
Expand access to dental care for adults (ages 19-99) in HSA

Activities:

A. Add two operatories to FQHC dental clinic site(s) to expand capacity of existing dental staff
- in process, will be complete by June 2021

B. Equip operatories at FQHC dental service sites
- in process, will be complete by June 2021

C. Add appointment times available for both hygiene and dental exams, procedures
- will follow once operatories are complete

D. Evaluate need for dental outreach to senior service centers (housing, adult day, SNFs)
E. Identify and/or seek sources of financial assistance for dentures

F. Make OB/GYN providers, WIC providers aware of financial assistance (i.e. Medicaid) for dental services (including dentures) available to pregnant women
G. Evaluate access to oral surgery for Medicaid and/or financial assistance recipients served by SMCS

Process Measures

a) # of Operatories added to FQHC dental facilities
b) Equipment added
c) Appointments per day; visits by adults, individual adults served, new adults seen, wait time for first available appointment (new patient and existing and emergent cases), new patients added
d) Number of senior service centers identified that have been assessed and number of services identified
e) Sources of financial assistance for dentures identified and secured
f) Number of providers made aware of financial assistance
g) Completed assessment; identification of strategies to improve access; number of targeted recipients receiving oral surgery

Outcome Measure

- improved dentist to patient ratio in counties served by SMCS

CHNA Priority Area: Access to Affordable Healthcare

Strategy 1

Convene workgroup to develop strategies to improve access to primary care and specialty care

Activities

A. Invite representatives from practices, community partners and stakeholders to participate in workgroup
- Workgroup began meeting March 9, 2021

B. Review data from CHNA and other sources to identify opportunities to improve access to primary care and specialty care
- Data points, including number of people requesting financial assistance and levels/types of assistance utilized have been identified and are being collected

C. Develop implementation plan with targets to improve identified baseline measures
- Plan will be developed following full review of identified data points