Community Health Needs Assessment
The Mental Health Implementation Strategy Work Group

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Background

- Mental health disorders are the most common diseases of childhood
  - 17.1 million of 74.5 million children have or have had a psychiatric disorder
  - More than number of children with cancer, diabetes, and AIDS combined

- 49.5% will have a diagnosable mental illness before 18
- 22.2% of those will have “serious impairment” before 18
- Only 7.4% will have any mental health visits during a year

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- Mental health care are in short supply

- Who doesn’t get treatment

Introduction

Community Health Needs Assessment

- UVM Medical Center representatives met with community leaders in focus groups, public forums and individual interviews to identify community health needs
- Survey’s were sent to the community
- Mental health challenges were cited as an important need for the community.
  - Most often discussed area of need at community breakfast
- Affordable Care Act (ACA) requires hospital organizations to conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy every three years
- Possible change in reimbursement system and moving away from fee for service

Areas of need identified by community leaders:
- Prevention and early intervention
  - Poverty
  - Substance Abuse
  - Lack of housing
  - Family issues
- Coordination and integration of services, especially with regards to substance abuse care
- Inpatient and acute care
- On-going mental health treatment
- Needs of children whose parents are in treatment
- Reduce stigma
- Recruitment of mental health providers
- Other areas of need identified
  - Substance abuse
  - Early childhood and family supports
  - Access to healthy food
  - Oral health
- 9 working groups were convened to address each identified area

The Mental Health Strategy Working Group

- Goal: Increase access to mental health services and support for all ages
- The group will recommend at least strategy for the medical center to implement in 2016

Results and Recommendations

Consideration of Existing Services

- Four services categories
  - Early Detection & Intervention (prevention)
  - Support Services
  - Acute Treatment
  - Outpatient/Non-Acute Treatment
- Issues identified
  - Inadequate supply for current demand
  - Reimbursement for services is prohibitive
  - Inequality of services (acute facilities for children and adolescents are a particular problem)
  - Current programs lack resources to be effective (staffing, and funding)

Solutions Identified:

- Resources
  - Partner with community organizations to improve access to acute services
  - Increase early support services for high need families
  - Continue to expand housing initiatives between UVMMC and community partners
  - Increase support for transition age youths
  - Increase case management and social works services in acute setting

- Primary Care Offices
  - Include mental health/psychiatric consultants in PCP offices
    - Currently in some offices
    - Integrate mental health providers in treatment team (not only co-locate)
    - Increase mental health screening
  - Education
    - Educate community about prevention strategies
    - Educate non-mental health providers and other staff member about mental health and improve patient sensitivity
    - Educate other community leaders such as teachers

- Policy
  - Address legal barriers to sub-optimal communication
  - Legal partnerships to share information between schools, counselors, and medical providers
  - Advocate for school based counselors in every school
  - Address disruptions in treatment and services during summer months
  - Reimbursement are at times below cost of providing care
  - Diagnostic codes does not cover prevention and at risk behavior

Recommendations:

- Collaborate with other community provider to increase number of hospital diversion beds
- Explore feasibility of adding inpatient unity at UVM Medical Center

SELECTED CITATIONS