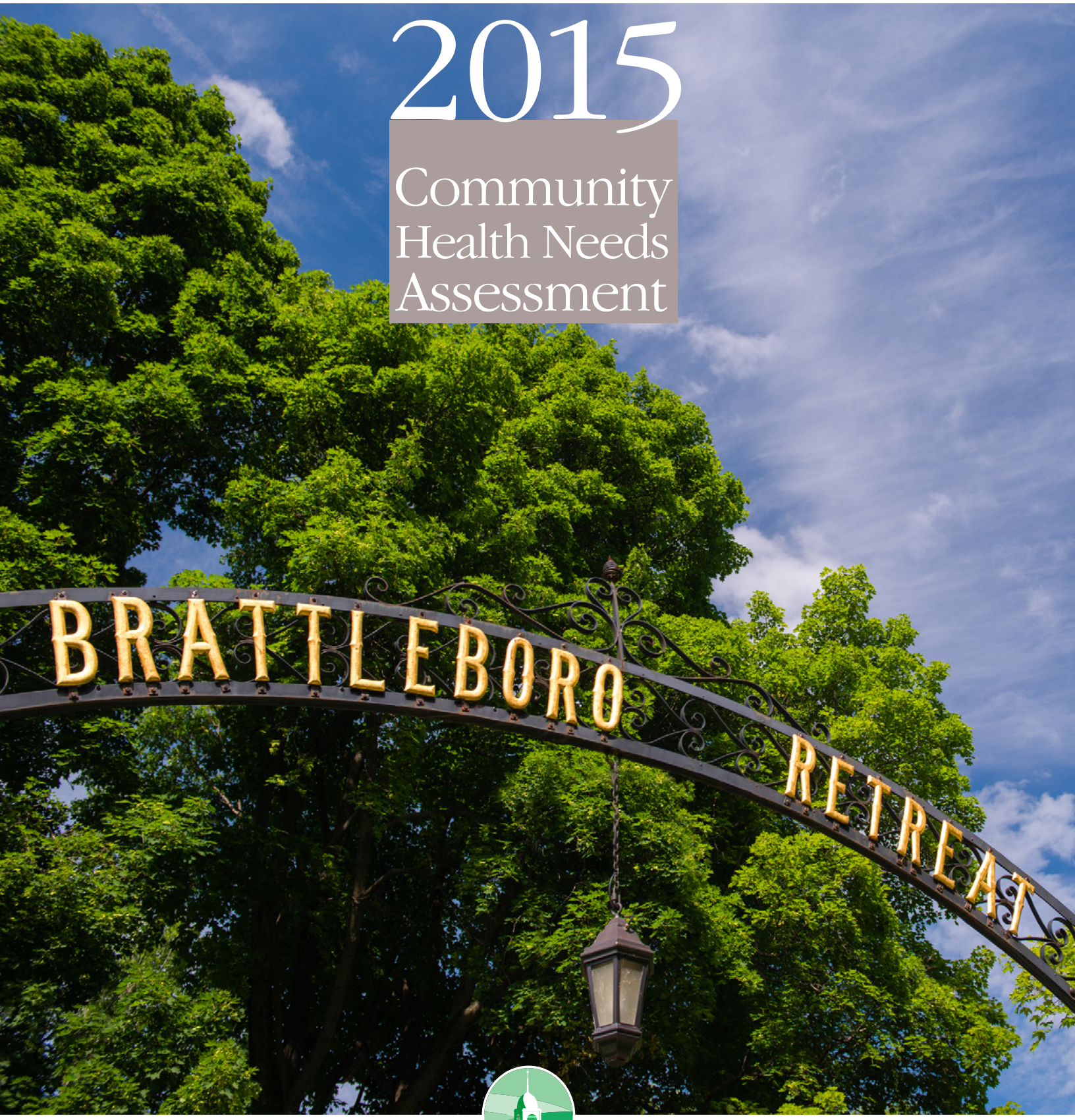
Examining the state of mental health and substance abuse in Vermont

2015 Community Health Needs Assessment



Brattleboro Retreat

MENTAL HEALTH AND ADDICTION CARE

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Executive Summary

The Brattleboro Retreat conducted a community health needs assessment (CHNA) throughout 2015 to fulfill its legal obligation as mandated by the Patient Protection and Affordable Care Act (PPACA). This structured CHNA process not only served as an opportunity to maintain compliance with state and federal regulations, but it also served as a means to engage a range of stakeholder groups throughout Vermont, the Retreat's primary service area, to learn more about the most pressing mental health and addiction care concerns and needs.

The Brattleboro Retreat's 2015 CHNA was divided into two phases: Phase I for Windham County and Phase II for the state of Vermont. For Phase I (Windham County), the Retreat partnered with the other two hospitals in the county, Grace Cottage Hospital and Brattleboro Memorial Hospital, to gather and assess both quantitative and qualitative data. The qualitative research included a county-wide survey and a focus group on health care needs of minority and underserved populations. During the research process, the Steering Committee consulted with Vermont Agency of Human Services District Leadership Team and the Clinical Planning Group of the Vermont Blueprint for Health—Brattleboro Service Area.

In Phase II (statewide), the Brattleboro Retreat gathered and assessed quantitative and qualitative data on mental health and addiction in the state of Vermont and consulted with the Vermont Department of Health. The Retreat conducted an online survey, distributing it widely across the state to various stakeholder groups and to the general public.

Once the qualitative and quantitative data were collected, planners reviewed the community health needs that emerged, identified major themes and developed broader priority areas to encompass these needs. Next, planners shared the results of the results of the needs assessment and recommended priority areas with the Brattleboro Retreat's Consumer Advisory Council and a group of Brattleboro Retreat staff members. After collecting input, the Brattleboro Retreat identified three priority areas in which to focus its efforts for the upcoming 2016-2018 reporting period:

1. Enhance care coordination activities between medical and mental health providers so that individuals and families receive more timely and effective mental health and addiction treatment and aftercare support.
2. Make the Retreat's programs and services more accessible to populations that have historically been underserved by some mental health and addiction treatment providers, particularly racial/ethnic minorities, LGBTQ individuals and low-income families, by improving cultural competencies and addressing various barriers such as language and mobility.
3. Increase educational initiatives, both for providers as well as for the general public, to increase understanding of and treatment for mental illness and addiction.

In the first quarter of 2016, planners at the Brattleboro Retreat, in consultation with various staff members from across the hospital and the Brattleboro Retreat's Consumer Advisory Committee, will develop a three-year action plan to address these priority areas.

Background on the Brattleboro Retreat

The Brattleboro Retreat is a not-for-profit, regional specialty mental health and addictions treatment center providing a full range of diagnostic, therapeutic and rehabilitation services for individuals of all ages and their families.

Nationally recognized as a leader in the field, the Brattleboro Retreat offers a high-quality, individualized, comprehensive continuum of care including:

- inpatient programs for children, adolescents and adults
- specialized mental health and addiction inpatient treatment program for lesbian, gay, bisexual and transgender individuals
- partial hospitalization and intensive outpatient mental health and addiction treatment services for adults
- specialized trauma and addiction treatment for police officers, fire fighters, military personnel, veterans, emergency responders, corrections personnel and other uniformed service professionals
- specialized pain management program
- residential programs for children and adolescents
- outpatient mental health and addiction treatment for people of all ages.

The Retreat plays a vital role as a large provider of mental health and substance abuse services in New England. It treats people from throughout the area, accepts high numbers of Medicare and Medicaid funded patients, and provides services offered by few other hospitals. In 2014, 67.2 percent of the Retreat's funding came from public sources—23.5 percent from Medicare, 24 percent from adult Medicaid / state programs, and 19.7 percent from child and adolescent residential funding or Medicaid.

Introduction

The Retreat, a tax-exempt health care organization, is conducting a community health needs assessment (CHNA) to fulfill its legal obligation as mandated by the Patient Protection and Affordable Care Act (PPACA). This structured CHNA process not only provides the opportunity to maintain compliance, but it also serves as a means to engage the communities served and better understand their health care needs. The CHNA also provides an opportunity for the Retreat to examine current programs and services in the context of state and national benchmarks.

As mandated by the PPACA, the overarching view of the assessment and identification of the health needs must be taken from the perspective of the community. Participating health care organizations may utilize existing information and research conducted by public health agencies and not-for-profit organizations. Additionally, health care organizations may work in partnership with one another to complete the assessment.

According to the PPACA, the purpose of the CHNA is to identify the following:

- community needs, concerns and issues
- major risk factors and causes of ill health in the community

- resources required to meet the needs of the community
- health care organizations' priorities to meet the needs in their service areas
- target outreach programs for needed services
- services that community members would like to see offered or extended in their health care service area.

Although the Brattleboro Retreat is a specialty mental health and addiction treatment hospital, planners chose to conduct a portion of this CHNA in collaboration with medical hospitals in Windham County, Vermont in order to gain a better understanding of health as a state of complete physical, mental and social well-being. As stated by Dr Brock Chisholm, the first Director-General of the World Health Organization (WHO), "without mental health there can be no true physical health." (World Health Organization, 2013). Moreover, the Centers for Disease Control and Prevention maintain that many associations exist between mental illness, cariovasular disease, diabetes, obesity, asthma and arthritis, among other chronic diseases (2012).

Description of the Community Served

The Brattleboro Retreat is located in Brattleboro, Vermont, which is in the southwestern corner of Vermont—on the border with both New Hampshire and Massachusetts. It is a small, rural town with a population of 11,765. The 2014 population estimate for Windham County is 43,714. The state of Vermont has an estimated population of 626,562. (U.S. Census, 2014)

The three hospitals located in Windham County, Vermont—Brattleboro Memorial Hospital (BMH), Grace Cottage Hospital (GCH) and the Brattleboro Retreat—together serve the rural population of southeastern Vermont. The specific geographic areas cover all of Windham County, Vermont and Bondville in Bennington County, Vermont. This area has a combined population of roughly 44,000. BMH and the Retreat also serve some towns in southwestern New Hampshire, and the total combined population of these areas is approximately 59,000.

The Brattleboro Retreat is the only mental health and addiction specialty hospital in Vermont and one of the few in New England. In Vermont, only four private medical hospitals have psychiatric units. The Retreat operates roughly the same number of beds as the other four hospitals combined, making it the largest provider of inpatient psychiatric services in the state. The Retreat is also the only mental health hospital in Vermont for children and adolescents who require inpatient care.

As a regional specialty hospital, the Retreat draws patients from a large and diverse catchment area: across Vermont and throughout the greater New England area and beyond. Over 65 percent of patients in inpatient care come from within the state of Vermont, 15 percent from Massachusetts, 10% from New Hampshire, 2 percent from New York, and 2 percent from Connecticut (2014 census data). In 2014, the Retreat provided inpatient treatment to individuals from a total of 26 states. The Retreat's service area is extremely diverse in terms of geography and socioeconomic indicators. Included in this expansive area are urban, suburban and rural communities with varying degrees of education, economic opportunities, and access to health

services and treatment. Furthermore, these populations perceive health, namely mental health, differently.

In 2014, the Retreat provided ambulatory services to more than 3,600 individuals of which over 70 percent were from the state of Vermont. These services include outpatient counseling services in the Anna Marsh Clinic; partial hospitalization and intensive outpatient mental health and addiction treatment programs in the Birches Treatment Center; outpatient and intensive outpatient addiction treatment in Starting Now; outpatient services in the Mind-Body Pain Management Clinic; and specialized treatment services for police officers, fire fighters, veterans and other uniformed professionals in the Uniformed Service Program.

According to the VT Agency of Administration's 2015 Population-Level Outcomes and Indicators Report, approximately 12 percent of the state's population lives below the Federal Poverty Level, which is lower than the national average of 16 percent. However, the percentage of individuals in Vermont living below the poverty level has increased significantly over the last decade—it was at 9% in 2004.

Process

Because the Retreat has a diverse and extensive service area, the Retreat chose to define its service area at both the county and state levels, assessing the health needs of both areas. By assessing health status at both the county and state levels, planners gained a detailed understanding of the needs of the local populations as well as a broader assessment of Vermont. The CHNA was therefore divided into two phases: Phase I for Windham County and Phase II for the state of Vermont.

For Phase I (Windham County), the Retreat partnered with Grace Cottage Hospital and Brattleboro Memorial Hospital to gather and assess both quantitative and qualitative data. The three health care organizations developed a steering committee, made up of representatives from each of the hospitals as well as from the Vermont Department of Health, Brattleboro Office, to guide the qualitative research and collect and analyze the quantitative data. The 2015 Windham County CHNA Steering Committee planned and conducted qualitative research, which included a county-wide survey and a focus group on health care needs of minority and underserved populations. During the research process, the Steering Committee consulted with Vermont Agency of Human Services District Leadership Team and the Clinical Planning Group of the Vermont Blueprint for Health—Brattleboro Service Area.

In Phase II (statewide), the Retreat gathered and assessed quantitative and qualitative data on mental health and addiction in the state of Vermont. Additionally, qualitative data was collected from community stakeholders across the state of Vermont through an online survey that was widely distributed across the state. During this phase of research, the Retreat consulted with the Vermont Department of Health, the Brattleboro Retreat's Consumer Advisory Council as well as a range of Retreat staff members, including clinical and administrative staff.

Once the qualitative and quantitative data were collected and analyzed, planners reviewed the community health needs that emerged as a result of conducting the assessment. They carefully

assessed each need, identified the major themes and developed broader priority areas to encompass these needs. Planners carried out this process by focusing only on needs and priority areas that fall within the mission and scope of the Brattleboro Retreat, namely in mental health and addiction treatment, as well as within the Retreat's capacity to make an impact. Planners also worked to identify needs that were supported by quantitative research data OR were identified in the community input process, through either of the surveys or the focus group.

Once the planners identified some potential priority areas, they shared the results of the needs assessment as well as the recommended priority areas with the Brattleboro Retreat's Consumer Advisory Council and a group of Retreat staff members that included both clinical and administrative staff from various departments.

Quantitative Data

Demographic, economic, education and health data was obtained from the following sources:

- Alzheimer's Association
- American Cancer Society
- Centers for Disease Control and Prevention
- Community Commons 2015 Community Health Needs Assessment for Windham County
- Kids Count Data Center
- National Heart, Lung & Blood Institute
- Poverty in America Living Wage Calculator
- U.S. Department of Agriculture
- U.S. Department of Commerce
- U.S. Department of Health & Human Services
- Vermont Department of Health
- Vermont Department of Labor
- Vermont Department of Transportation
- Vermont Foodbank
- Vermont Town and County Data Pages.

Given the purpose and scope of the Brattleboro Retreat's CHNA, data that is pertinent to the state of mental health and addiction is here in the body of the report. The data in its entirety is in the Appendix, in Section A.

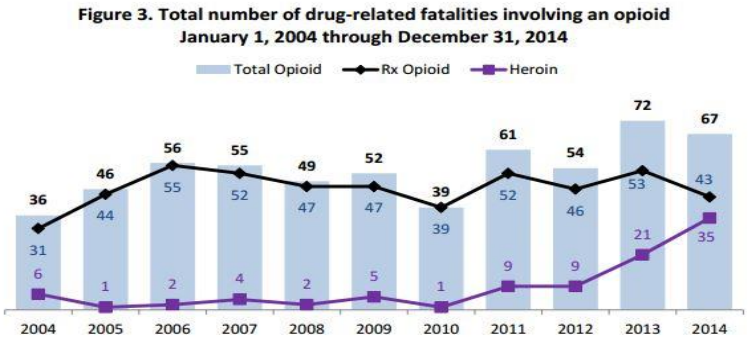
Depression

In Windham County, 24% of the adult population has reported a diagnosis for a depressive disorder, which is nearly the same as the state rate of 23% (Vermont Department of Health, Chronic Condition Measures, 2013). The prevalence of depressive disorders in the Brattleboro Health District is higher among low-income adults (Vermont Department of Health, Brattleboro Health District, 2014). According to the Vermont Department of Health, "[a]dults in homes making $50,000 or more annually are significantly less likely than those with incomes of less than $25,000 to report a depressive disorder (15% v. 36%)." (Community Commons, 2014).

Age similarly affects depression. The percentage of the Medicare population with depression is higher in Windham County (18.42%) than the United States as a whole (15.45%) (Community Commons, 2014).

Finally, race and ethnicity also affects rates of depression. The Vermont Department of Health reports that "racial and ethnic minorities in Vermont were two and a half times more likely to report that they had moderate to severe depression and nearly twice as likely to have been diagnosed with both an anxiety and a depression disorder when compared to white non-Hispanics." (Vermont Department of Health, Minority Health Data Pages, 2013).

Drug & Alcohol Use

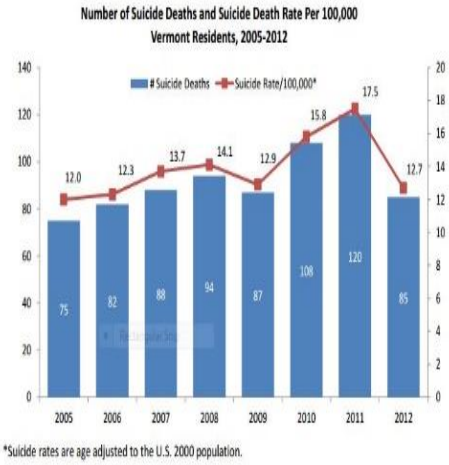


Graphic Source: Vermont Dep't of Health, Data Brief: Vermont Drug-Related Fatalities 2004-2014.

According to the Vermont Department of Health, heroin-related fatalities have risen sharply in Vermont starting in 2013 In 2014, there were eighty-eight drug-related fatalities in Vermont, of which sixty-seven involved an opiod.

(Data Brief, updated 2015).

According to the Data Brief Report updated in 2015, the Vermont Department of Health found "no specific trend in fatalities due to prescription opioids in the past nine years. [But] starting in 2013, heroin related fatalities have risen sharply."



Graphic Source: Vermont Department of Health: Suicide – Data Brief, Vermont Injury Prevention Program (2012).

Suicide

The Vermont Department of Health reports that "[s]uicide is the second leading cause of death for young Vermonters between the ages of 10 and 24, averaging nine deaths per year." (Healthy Vermonters, 2013). According to the VT Agency of Administration's 2015 Population-Level Outcomes and Indicators Report, Vermont rates of suicide are higher than the rates of neighboring states and the New England Region (VT Agency of Administration, 2015).

According to the Vermont Department of Health, risk factors for suicide include depression and other mental health diagnoses; a substance abuse disorder; a prior suicide attempt; firearms in the home; exposure to suicide behavior; family history of suicide, mental disorders or

substance abuse; and family violence. (Vermont Dep't of Health, Suicide Data Brief , 2014).

After consistently increasing from 2005 to 2011, the rate of suicide per 100,000 Vermonters fell in 2012 to 12.7 per 100,000 (Vermont Department of Health, 2014). From 2009 to 2011, the rate of suicide in Windham County was 15.2 per 100,000 (Vermont Department of Health, 2015).

Phase I: Windham County

The Brattleboro Retreat conducted CHNA Phase I for Windham County in partnership with Brattleboro Memorial Hospital and Grace Cottage Hospital. In December 2014, the Windham County Community Health Needs Assessment (CHNA) Steering Committee formed and began meeting.

The Steering Committee was comprised of representatives from:

- Brattleboro Memorial Hospital
- Brattleboro Retreat
- Grace Cottage Hospital
- Vermont Department of Health, Brattleboro District Office

The data collection process took place from December 2014 to June 2015.

Consulting with Persons Representing the Community's Interests

The Steering Committee held a special focus group to discuss and identify the health needs and concerns of minority, low income and under-served populations in Windham County. This broad category includes the following individuals: elderly/seniors, HIV+, homeless, those who identify as LGBTQ (Lesbian, Gay, Bisexual, Transgener and/or Queer), low income, migrant/undocumented workers, racial and ethnic minorities.

The following organizations participated in the Focus Group: ACT for Social Justice, AIDS Project of Southern Vermont, Boys & Girls Club of Brattleboro, Brattleboro Area Drop-In Center, Brattleboro Housing Authority, Children's Integrated Services, Green Mountain Crossroads, Morningside Shelter, Southeastern Vermont Community Action, The Root Social Justice Center, Vermont Partnership for Fairness & Diversity, Vermont Workers Center, Women's Freedom Center, and Youth Services.

The following four questions were posed to the group:

1. What are the most significant health issues or needs facing the population that your organization serves?
2. What are the barriers to good health facing the population that your organization serves?
3. What community resources are potentially available to address these health needs and barriers?
4. Where are the gaps in community resources to address these health needs and barriers?

The Steering Committee crafted the focus group questions in advance, and the moderator used those questions to guide the discussion. The moderator gave focus group participants a question

at a time, written, and gave them approximately 3-5 minutes to reflect on and write a response prior to group discussion. Facilitators collected the hand-written responses, which were later analyzed, and took thorough notes during the group discussion. This focus group format provided the facilitators the opportunity to hear from all participants, regardless of their level of participation in the group discussion.

Results from the Focus Group

Section B of the Appendix is an easily-referenced synopsis of key input obtained from the participating external organizations about local medical underservice and health access. Section A lists information from each participating organization in the areas of:

- Health needs of the identified population;
- Barriers to achieving or maintaining good health faced by the identified population;
- Community resources potentially available to address these needs and barriers; and
- Gaps in community resources to address these needs and barriers.

Health Care Needs/Concerns:

Several common themes regarding the health needs and concerns of medically underserved populations in Windham County emerged from the group's written comments and discussion:

- **Mental Health.** Mental health issues were a significant concern among all populations. "Mental health" broadly included Alzheimer's, anxiety, bipolar, borderline personality disorder, dementia, depression, PTSD, as well as undiagnosed mental health issues. A "big gap" between "crisis and stability" was noted.

- **Alcoholism and Substance Addiction.** Alcoholism and substance addiction were another area of concern among most underserved populations. In particular, there has been a rise in opiate use, such as heroin, in Windham County.

- **Chronic Illnesses.** Chronic illnesses (diabetes, cancer, glaucoma, respiratory illnesses) were identified as a specific health need of the older black male population.

- **Dental & Vision.** The need for dental and vision services was a recurrent theme across all age groups from children and young adults to seniors.

- **Diet & Nutrition.** Poor diet and nutrition were raised as concerns for pregnant and nursing women, young children, and young adults (ages 18-24). Resulting health issues such as overweight and obesity were also a concern.

- **Vaccinations.** Vaccinations (pneumonia and flu) were identified as a health need for the elderly. The elderly also have medication management needs. "Med management is the number one reason why people end up back in the ER," one commentator explained. Seniors also need home health services (including homemaking and shopping).

Barriers:

A number of barriers to attaining desired health and wellness among minority and underserved populations face also emerged. The barriers discussed and/or listed include:

- **Financial barriers**: Poverty leads to issues around safe housing, transportation, safe and reliable employment that offers sick time, diet, etc. Transportation challenges arose as a common barrier across all populations. Winter road conditions make getting to appointments difficult. Even for individuals who live in Brattleboro, sidewalk and weather conditions can make walking to appointments challenging, especially for individuals with disabilities. Low-income individuals and families are forced to choose between basic necessities (food, housing, heat) and health care. Additionally, individuals in poverty may not be able to afford a phone or may end up having phones disconnected, which puts them out of contact with their medical providers. Affording healthy food as well as supplements/vitamins is also a barrier for families living close to or below the poverty level. Sodas and processed foods are often less expensive than whole fresh foods. Lack of knowledge on how to eat healthy on a budget.

- **Insurance premiums, deductibles, copays, etc:** Even those with insurance may face prohibitive health care costs. High deductibles and co-pays create a barrier to good health forcing individuals to meet their health needs last as basic necessities must come first. The high cost of prescriptions may cause patients to stop using their prescription medicines. Likewise, the costs of prescription glasses can bar someone from getting glasses. It's not just individuals at or below the federal poverty level affected by the high costs of health care; the cost of health care can be prohibitive to low-income workers as well. In short, many people are living paycheck to paycheck, and a $100 deductible or a $20 co-pay is out of reach. One accident or medical emergency can send people into crisis. It was also noted that oftentimes these populations lack dental insurance, and there is a high demand for dental care.

- **Deficiencies in cultural competencies:** The need for culturally competent medical providers was discussed in depth. A lack of cultural competency can show up in many different ways – some visible and some invisible. Overall, improvements are needed in the skill and training of medical office staff and medical providers in working with people from different cultures and backgrounds. Members of the LGBTQ community, for example, are traveling out of state to find providers with whom they feel comfortable. Additionally, the region has few medical providers of color. Another area for improvement is meeting the needs of individuals with limited English proficiency. Lack of cultural competency and sensitivity among health care providers: inability to serve individuals from various racial/ethnic groups and with those who identify as LGBTQ; lack of providers of color; lack of or inaccurate outreach and messaging to minority populations; language barriers.

- **Challenging systems to navigate:** As one commenter stated, "paperwork is prohibitive. Support services for people with Medicare exist, but the system is still difficult to navigate." Literacy barriers exacerbate the paperwork problem. Or people may be in

crisis and unable to fill out the necessary forms due to the stress of their current situation. People noted that VT Health Connect and Medicaid are particularly difficult to navigate. Not everyone has health insurance. Even for those who do, insurance caps on coverage (whether a dollar figure limit or a limit on the number of covered treatments) creates a barrier to fully achieving good health: "care is being cut off by insurance before folks are truly well." Additionally, migrant workers have a fear of seeking health care; therefore, health care needs to be brought to these populations in our area.

- **Lack of providers:** There are too few providers in southern Vermont, particularly psychiatrists, and dentists who take Medicaid. Participants also noted a lack of consistency in primary care providers due to high turnover. There are also a lack of treatment centers—the wait list for mental health services can be as long as 2-3 months. It was cited that the lack of emergency prescribers is a concern for women in crisis who need to flee an abusive situation.

- **Lack of patient education:** People note that there is inadequate support, assistance and training around medication management.

- **Loss of humanity in the patient experience:** Most people go into the medical field because they want to help, but participants noted that the current health care system is overburdening them. Another commenter explained that "clients often need more time and more services. The way the system works is moving them in and out in 15 minutes, and people need more than that."

2015 CHNA Windham County Survey

The Steering Committee prepared a short, 12-question survey (*see* Appendix ____), which was distributed to Windham County residents via hard-copy as well as electronically.

Hard copies distributed at the following locations:

- Every Town Hall meeting in Windham County: Held annually in March in each town in Vermont, Town Meetings elect municipal officers, approve town budgets, and conduct other town business. Town Meetings provide ideal venues to reach a wide representation of county residents.
- Hospitals: Brattleboro Memorial Hospital offices and waiting rooms, Grace Cottage Hospital offices and waiting rooms, and the Birches and Starting Now programs at the Brattleboro Retreat
- Local service providers and community centers to reach low-income and medically underserved populations: Brooks Memorial Library, Brattleboro Memorial Hospital Free Clinic, Brattleboro Memorial Hospital Health Connect Navigator, Brattleboro Area Drop In Center, Brattleboro Retreat Outpatient (Birches), Loaves & Fishes (a congregate meal site located in Brattleboro), Vermont Agency of Human Services Division of Economic Services (waiting room), Vermont Department of Health-Brattleboro District Office, Habit Opco, Morningside Shelter, and the Jamaica/Wardsboro Food Pantry.

Finally, the same survey was available online via Survey Monkey. The online survey link was made available via each hospital's website, and Facebook pages, as well as the Vermont Department of Health—Brattleboro District's Facebook page. A press release about the survey was released to the media, including the *Brattleboro Reformer*, BCTV, *The Commons*, *Deerfield Valley News*, *Healthcare Review*, Keene Sentinel, New England Cable News, *Manchester (VT) Journal*, *The Message*, *The Rutland Herald*, *Times Argus*, *Seven Days Vermont*, *Shopper News*, WCAX, WKVT, WTSA, WYRY, iBrattleboro, Vermont Association of Hospitals and Health Systems, *Vermont Business Magazine*, *Vermont Digger*, *Vermont Magazine*, Vermont Media, *Vermont Roundtable*, *Valley Reporter*, and Vermont Public Radio.

Summary of Data

Out of a county population of 43,714, at least 699 adults completed the survey either in hard-copy or online.[1] The consumer survey had good participation from the region. It is important to use caution when reviewing the consumer survey results, however, as it is not a randomized, scientific survey; it is only representative of the people who took the survey. Comparing the demographic information on Windham County adult survey respondents to the estimated Windham county adult population (data from BRFSS, 2012 &2013) show the following:

- The age breakdown of the survey population is close to the county age distribution. The 18-29 year olds are somewhat under represented.
- The income level of the survey population was slightly different than the county population, with 7% more consumer survey respondents reporting household income of $20,000 or less.
- Many more females responded to the survey than males. There was a 25% difference between the survey respondents' gender and the county population.
- Survey respondents were considerably more educated than the county residents population as a whole, with 31% percent more reporting college or higher.
- The race/ethnicity question was asked differently than comparison data sources. Ninety-two percent of the survey respondents answered white/Caucasian as their ethnic group.

The data collected from this county-wide survey is summarized below. To see a complete list of the health issues and concerns, barriers and places to obtain health information, please refer to the full survey in Section D of the Appendix.

Top 5 most significant health issues or concerns facing "you or your family"[2]:

1. Stress
2. Depression
3. Dental problems
4. Obesity/overweight
5. Stress

[1] Because the survey was distributed online, some respondents were not from Windham County. In the demographic information section, 699 respondents provided a Windham County zip code. However, a number of respondents did not complete the demographic section; accordingly, the actual number of Windham County respondents is likely higher.

[2] In order of popularity with the most popular response being #1.

Top 5 most significant health issues or concerns facing "your neighbors or your community"[3]:

1. Alcoholism
2. Drug abuse or addiction
3. Mental health issues
4. Depression
5. Obesity/overweight

Top 5 most significant barriers that prevent "you and your family from attaining good health and well-being"[4]:

1. Can't afford healthy foods
2. Too busy to exercise
3. Don't have a dentist
4. Unable to pay co-pays
5. Can't always afford to fill prescriptions

Top 5 responses: What community resources are available to address these needs and barriers?[5]:

1. Hospitals and local providers
2. Community nonprofit organizations
3. Federal assistance programs
4. Don't know
5. *3-way tie*: free health & dental clinics; senior housing and support services; places of recreation

Top 5 places where "you and your family get your health information"[6]:

1. Doctor/Nurse
2. Internet searches
3. Family and friends
4. WebMD
5. *2-way tie*: Magazines and Newspaper

Vermont Agency of Human Services Meeting

In April 2015, the Steering Committee met with the Vermont Agency of Human Services District Leadership Team. Representatives from the following organizations attended: NFI Vermont, Inc., Boys & Girls Club of Brattleboro, Health Care & Rehabilitation Services of Vermont, Women's Freedom Center, Vermont 2-1-1, Windham Child Care Association, United Way of Windham County, Windham County Safe Place Child Advocacy Center, Vermont Department of Corrections Probation and Parole, Building Bright Futures, Habit OPCO, Vermont Department of Health, Brattleboro Area Prevention Coalition, Morningside Shelter, Vermont Department for Children and Families, Child Development Division, Vermont

[3] In order of popularity with the most popular response being #1
[4] In order of popularity with the most popular response being #1
[5] This question was open-ended; therefore, the responses were coded and categorized.
[6] In order of popularity with the most popular response being #1

Department of Vermont Health Access, and Vermont Chronic Care Initiative. The Steering Committee shared preliminary data with the AHS District Leadership Team and sought feedback on the methodology for the 2015 Windham County CHNA.

Clinical Planning Group of the Vermont Blueprint for Health—Brattleboro Service Area

In April 2015, the Steering Committee presented preliminary data to the Clinical Planning Group of the Vermont Blueprint for Health—Brattleboro Service Area. Representatives from the following organizations attended the meeting: Brattleboro Memorial Hospital Community Health Team, Grace Cottage Hospital Community Health Team, Brattleboro Area Housing Authority, Habit Opco, Vermont Department of Health, Vermont Wellness Education, Department of Vermont Health Access, Children's Integrated Services, Pine Heights Nursing Home, Morningside Shelter, Senior Solutions, Natural Healthcare Associates, and West River Valley Thrives. Attendees provided feedback on the preliminary data, and input on identifying which health needs were significant based on their practice experience. Commenters noted that the psycho-social issues raised in the survey are seen every day in clinical practice. Another commenter pointed out that education on healthy foods is necessary to counter the campaign by the packaged foods industry to buy unhealthy foods. Finally, the point was made that barriers to good health can be very individualized and may need to be addressed on a more individualized level.

The Windham County 2015 CHNA Steering Committee met twice to review the quantitative data collected from the consumer surveys, the qualitative data obtained from the medically underserved focus group, and the quantitative population health data.

Phase II: Statewide

For this phase, the Retreat gathered and assessed quantitative and qualitative data on mental health and addiction in the state of Vermont. Additionally, qualitative data was collected from community stakeholders across the state of Vermont through an online survey that was widely distributed across the state. During this phase of research, the Retreat also consulted with the Vermont Department of Health, the Brattleboro Retreat's Consumer Advisory Council as well as a range of Retreat staff members, including clinical and administrative staff.

Statewide Survey

The Brattleboro Retreat conducted an online, 15-question survey via SurveyMonkey focused solely on mental health and addiction-related issues. The hospital submitted a press release announcing the survey to print, radio and broadcast media throughout the state of Vermont, and made the link to the online survey available on the hospital's website. Hospital planners emailed invitations to participate in the survey to all Brattleboro Retreat referral sources in Vermont as well as Continuing Education customers. The link was also shared on Retreat's Facebook page and the Retreat's Twitter account.

Summary of Data

The Brattleboro Retreat's online survey was open for nearly 3 weeks (10/26 – 11/15/15) and drew a total of 444 survey respondents, 279 of whom are from the state of VT. It is important to note that like the Windham County CHNA survey, this too was not a randomized, scientific survey. The survey results are only representative of the people who took the survey. 84 percent of the respondents are female; the largest age bracket of respondents 50-59 years of age; and 41 percent of the respondents are from Windham County, Vermont.

Survey respondents were asked to identify to which groups they belong. Here is a summary of the groups and the percentage of respondents in each (respondents were asked to choose all that apply):

- Family member or close friend of a person with mental illness or addiction (38%)
- Nonprofit staff member or volunteer (32%)
- Mental health provider (32%)
- Educator (17%)
- Mental health advocate (15%)
- Other consumer/peer in mental health (14%)
- Participant in community mental health or addiction recovery program (10%)
- Community leader (10%
- Current or former patient of the Brattleboro Retreat (8%)
- Community organizer (8%)
- Medical provider (7%)
- Public health employee (4%)
- Holistic or integrative health practitioner (3%)
- Insurer/payer source (2%)
- Legislator (1%)

67 percent of respondents said that individuals with mental illness, their families, friends and allies are not able to talk openly about mental illness due to fear of stigmatization, discrimination or prejudice.

Most pressing needs in your community in the areas of mental health and addiction care[7]:

1. Better integration between mental health services and medical or other community services
2. More qualified and trained mental health & addiction professionals
3. More residential treatment programs for adults
4. Greater variety of treatment options, such as mind-body techniques and nutrition counseling
5. Safe & sober housing

Most commonly cited barriers that keep people from access mental health or substance abuse services:

1. Lack of health insurance or money

[7] In order of popularity with the most popular response being #1

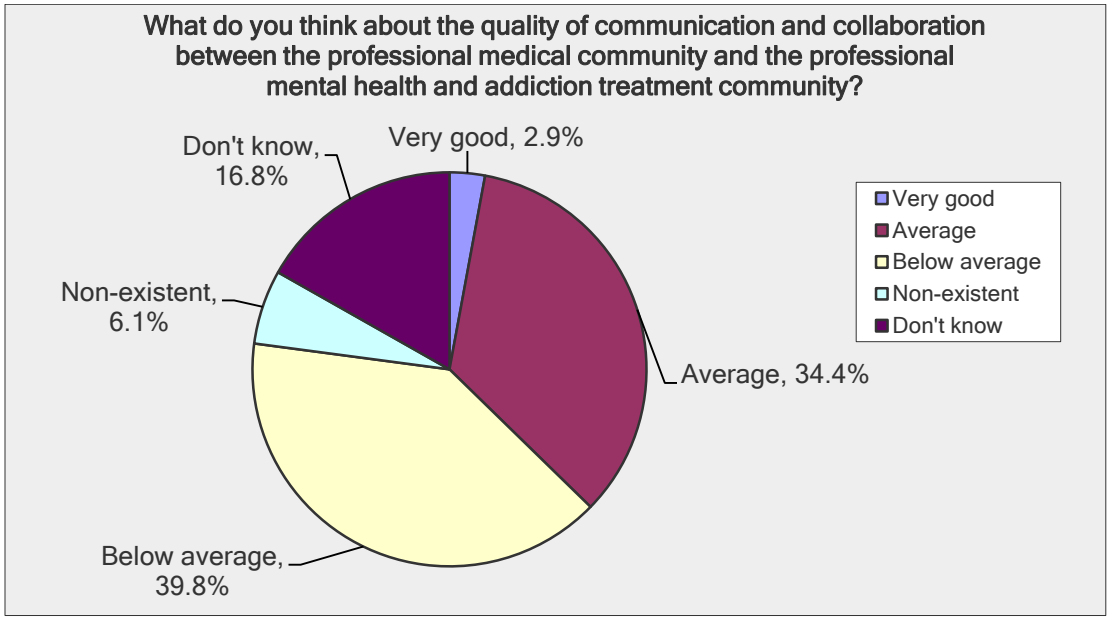
2. Denial of illness or addiction
3. Lack of mental health care and addiction treatment providers
4. Stigma associated with mental illness and addiction
5. Difficulty getting appointments that work for clients' schedules
6. System too complicated to access

How can mental health and substance abuse services best be improved? Top 8 responses:

1. Better integrate mental health services with medical and other types of community services.
2. Enhance the mental health workforce through increased or improved education/training.
3. Increase accessibility of services.
4. Improve the funding for mental health and addiction treatment.
5. Increase funding to make mental health services more affordable for consumers.
6. Listen more to the people who use services.
7. Improve services for under-served populations.
8. Offer more holistic or alternative health services.

How can the Brattleboro Retreat best contribute to improving mental health and addiction care?[8]

1. Improve aftercare planning
2. More advocacy at the state and federal levels
3. Make care/treatment more affordable
4. Build satellite branches/services in other areas of the state
5. Offer more alternative treatments
6. Increase education/training for providers
7. Increase education/training for the general public
8. Increase beds



[8] This question was open-ended; therefore, the responses were coded and categorized.

Findings

Once the qualitative and quantitative data were collected and analyzed, Brattleboro Retreat planners reviewed the community health needs that emerged as a result of conducting the assessment. They carefully assessed each need, identified the major themes and developed broader priority areas to encompass these needs.

Once the planners identified some potential priority areas, they shared the results of the needs assessment as well as the recommended priority areas with the Brattleboro Retreat's Consumer Advisory Council and a group of Brattleboro Retreat staff members that included both clinical and administrative staff from various departments. After input from these groups, the Brattleboro Retreat identified three priority areas in which to focus its efforts for the upcoming 2016-2018 reporting period:

1. Enhance care coordination activities between medical and mental health providers so that individuals and families receive more timely and effective mental health and addiction treatment and aftercare support.
2. Make the Retreat's programs and services more accessible to populations that have historically been underserved by some mental health and addiction treatment providers, particularly racial/ethnic minorities, LGBTQ individuals and low-income families, by improving cultural competencies and addressing various barriers such as language and mobility.
3. Increase educational initiatives, both for providers as well as for the general public, to increase understanding of and treatment for mental illness and addiction.

Limitations and Information Gaps

The data presented in this report has several limitations.

First, as noted above, this report used various secondary sources for information on demographic data, social and economic factors, health behaviors and health outcomes. These various sources segment by geography in different ways. Some sources use county geography; others are by town. Accordingly, data sources may not be consistent in their geographic scope, which limits comparisons. In addition, the data sources use different reporting periods, and some sources have not been updated in several years. Although the most current available data was used in this report, the secondary data may be several years old.

Second, the data collected in the surveys was self-reported. The advantage to self-reported data is that it provides the opportunity to hear directly from respondents, learning about their perceptions of themselves and of the community in which they live. The main disadvantage of self-reported data is that there is no independent verification of the respondents' answers and, therefore, does not necessarily reflect the population at large. Self-reporting may suffer from recall bias, social desirability bias, and errors in self-observation. The survey attempted to correct for social desirability bias by including a second question that deflected the focus away from the respondent (i.e., Q2 focused on "neighbors and friends").

Finally, the focus group method presents its own disadvantages. Compared to individual interviews, focus groups are not as useful in covering maximum depth on a topic. One risk of focus groups typically is that members may hesitate to express their thoughts, especially when opposite those of another participant. To correct for this effect, the Steering Committee chose to seek input from representatives of organizations that serve minority, low-income and medically underserved populations. As organizational representatives, the speakers were less inhibited than a direct consumer focus group could have been. (Note, direct consumer data was sought through the survey process). Care was also taken to correct for any inadvertent moderator bias being injected into the focus group exchange.

Appendix

Section A: Population Health Indicators

Aging

According to the Vermont Department of Health, the prevalence of heart disease, diabetes, and COPD (chronic obstructive pulmonary disease) among adults in the Brattleboro Health District[9] all increase with age. Adults age 65 and older are significantly more likely to report heart disease than those age 45-64 (21% v. 7%) (2012 Behavioral Risk Factor Surveillance System Data). Likewise, individuals age 65 and older are more likely to report COPD than younger adults. (2012 Behavioral Risk Factor Surveillance System Data). Similarly, the elderly are more at risk for hospitalization for falls (Vermont Department of Health, Healthy Vermonters 2020). Indeed, Vermont is statistically worse than the national population when it comes to fall-related deaths among people age 65+ (Vermont Department of Health, Healthy Vermonters 2020). As of 2011, the number of fall-related deaths for Vermont adults aged 65+ per 100,000 people was 95.1, while the number for Windham County adults aged 65+ per 100,000 was 147.2 (Vermont Department of Health, Brattleboro District Office Data Request).

Cancer – Colon

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer is the second leading cause of cancer-related deaths in both men and women in the United States, and the third most common cancer in both men and women (Colorectal Cancer Statistics). The age adjusted incidence rate for colon and rectal cancer for Windham County was 40.3, which was slightly below the national rate of 43.3, but above the Healthy Vermonters 2020 target set by the Vermont Department of Health's Office of Disease Prevention and Health Promotion (Community Commons 2015). The incidence rate for Vermont men was 45.6 in 2009, and the rate for Vermont women was 40.5 (Vermont Department of Health, Colorectal Cancer in Vermont, 2013). Current guidelines from the American Cancer Society recommend that men and women receive a flexible sigmoidoscopy every 5 years or a colonoscopy every 10 years starting at age 50 (Guidelines for Early Detection of Cancer). In Windham County, 63.9% of adults aged 50 and older self-reported that they have had a sigmoidoscopy or colonoscopy. For the Brattleboro Health District, only 61% of adults met the cancer screening recommendations (Vermont Department of Health, 2012-2013 Behavioral Risk Factor Surveillance System). This marker falls significantly behind the State of Vermont, which was at 71% according to the Vermont Department of Health (Vermont Department of Health, 2012-2013 Behavioral Risk Factor Surveillance System).

[9] Towns included in the Brattleboro Health District include Athens, Brattleboro, Brookline, Dover, Dummerston, Guilford, Halifax, Jamaica, Marlboro, Newfane, Putney, Somerset, Stratton, Townshend, Vernon, Wardsboro, Westminster, Whitingham, and Wilimington.

Cancer – Breast

According to the American Cancer Society, breast cancer is the second most common cancer among American women and the second leading cause of cancer death in women (What are the Key Statistics about Breast Cancer, 2014). The age adjusted incidence rate for women with breast cancer for Windham County was 131.8, above the national rate of 122.7 and well above the Healthy Vermonters 2020 target (Community Commons 2015). Annual mammograms can detect cancer early, when it is most treatable. Current guidelines from the American Cancer Society recommend that women receive annual mammograms starting at age 40, although the U.S. Preventive Services Task Force recommends that routine screening begin at age 50. The U.S. Preventive Services Task Force recommends that women age 50-74 get a mammogram once every two years. Among women aged 50-74 in the Brattleboro Health District, the Vermont Department of Health found that 82% self-reported receiving a mammogram within the past two years in 2012 (2012 Behavioral Risk Factor Surveillance System Data).

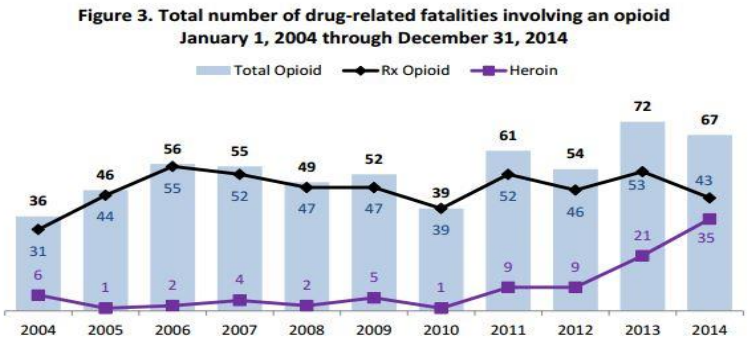
COPD (Chronic Obstructive Pulmonary Disease)

COPD or chronic obstructive pulmonary disease is a progressive disease that makes breathing difficult. As the National Heart, Lung and Blood Institute explains, COPD includes two main conditions: emphysema and chronic bronchitis. COPD is a major cause of disability, and the third leading cause of death in the United States (What Is COPD?). Cigarette smoking is a leading cause of COPD. In Windham County, 9% of the adult population has reported a diagnosis for COPD. Within the Brattleboro Health District, the rate was 8%. (Vermont Department of Health, Chronic Condition Measures- Behavioral Risk Factor Surveillance System on InstantAtlas, 2013). The rate for the State of Vermont is 6%. According to the Vermont Department of Health, low-income individuals are significantly more likely than those making $50,000 or more to have COPD (VT Department of Health, 2012 Behavioral Risk Factor Surveillance System Data). Generally, lung disease has a higher mortality rate in Windham County (53.86 per 100,000 pop) than Vermont (46.53 per 100,000) or the United States (42.67 per 100,000) (Community Commons, Lung Disease, 2015). When broken down by gender, men experience lung disease as a cause of death slightly more than women.

Diabetes

Diabetes is a disease that causes blood sugar levels to rise higher than normal. Diabetes can cause serious health complications such as high blood pressure, heart disease, kidney failure, and stroke. According to the CDC, diabetes is the seventh leading cause of death in the United States. In 2013, the prevalence of diabetes among Vermont adults was 8%, and Windham County's diabetes prevalence rate was 9% (Vermont Dep't of Health, Chronic Condition Measures – Behavioral Risk Factor Surveillance System on InstantAtlas, 2013). The percentage of the Medicare fee-for-service population with diabetes, however, is much higher than the general adult population. In 2012, according to Centers for Medicare and Medicaid Services claims data, 20.87% of the Medicare fee-for-service population in Windham County had diabetes. According to the Vermont Department, racial and ethnic minorities have a higher prevalence rate of diabetes than white non-Hispanics (Vermont Dep't of Health, Minority Health Data Pages, p 15).

Drug & Alcohol Use



Graphic Source: Vermont Dep't of Health, Data Brief: Vermont Drug-Related Fatalities 2004-2014, available at

According to the Vermont Department of Health, heroin-related fatalities have risen sharply in Vermont starting in 2013 In 2014, there were eighty-eight drug-related fatalities in Vermont, of which sixty-seven involved an opiod (Data Brief, updated 2015).

According to the Data Brief Report updated in 2015, the Vermont Department of Health found "no specific trend in fatalities due to prescription opioids in the past nine years. [But] starting in 2013, heroin related fatalities have risen sharply."

Flu Vaccine

Within the Brattleboro Health District, only 62% of adults age 65 & older reported getting a flu vaccine in the last year, which is similar to the overall Vermont rate of 64% (2012 Behavioral Risk Factor Surveillance System Data). According to the CDC, for the most recent flu season, fewer than half of children and adults nationwide were vaccinated by early November 2014 (2014). This is consistent with CDC estimates for the State of Vermont, which found that 50% of all Vermonters received the flu vaccine in the 2013-2014 flu season (2013-14 State, Regional and National Vaccination Report I).

Heart Health

According to the U.S. Department of Health & Human Services, coronary heart disease is the #1 cause of death for both men and women in the United States. High blood pressure, high cholesterol, and smoking are key risk factors for heart disease. Every year, about 735,000 Americans suffer a heart attack (U.S. Dept of Health & Human Services).

Heart Disease

The Vermont Department of Health reports that as of 2010, "[m]ore than 43,000 adult Vermonters have some form of cardiovascular disease." (Healthy Vermonters 2020, 2012). Within the Brattleboro Health District, 8% of adults have been diagnosed with heart disease, which is the same as the State (8%) (2012 Behavioral Risk Factor Surveillance System Data). In Windham County, there were 109.1 coronary heart disease deaths per 100,000 in 2007-2009 (Healthy Vermonters 2020). Within the Windham County Medicare population, 19.14% of beneficiaries had heart disease in 2012 (Community Commons). This is consistent with findings

by the Vermont Department of Health, which concluded that "[a]dults 65 and older are significantly more likely to report cardiovascular diseases than those 45-64 (21% vs. 7%)." (2012 Behavioral Risk Factor Surveillance System Data).

High Blood Pressure

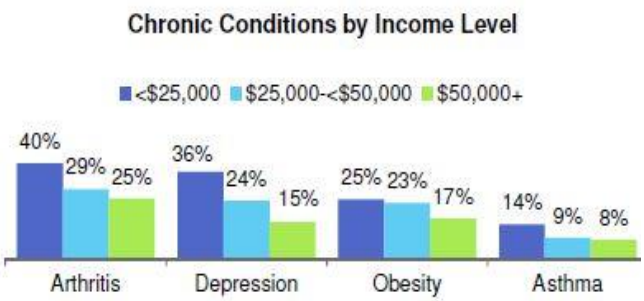
In 2013, the Vermont Department of Health reported that 27% of adults in Windham County had high blood pressure, which is the same as the State percentage (Healthy Vermonters 2020, 2014). 41.59% of the Medicare fee-for-service population in Windham County has high blood pressure, which is lower than the rate for Vermont (45.15%) and the United States (55.49%); howeover, 25.64% of Windham County adults self-reported that they are not taking medication for their high blood pressure (Community Commons).

High Cholesterol

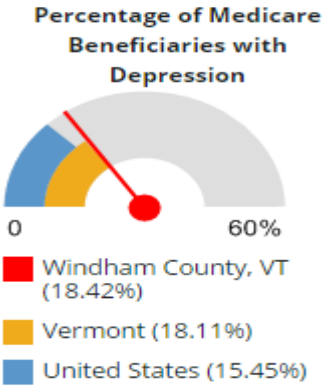
In Windham County, 39% of the adult population reported a diagnosis for high cholesterol in 2011-2013 (Behavioral Risk Factor Surveillance System on InstantAtlas, 2013). By comparison, 33% of the Medicare population have high cholesterol (Community Commons). According to Healthy Vermonters 2020, about one-quarter of Vermonters have not had their cholesterol checked in the past five years. For Windham County, the rate was 27% in 2013 (Healthy Vermonters 2020, 2012).

Depression

In Windham County, 24% of the adult population has reported a diagnosis for a depressive disorder, which is nearly the same as the state rate of 23% (Vermont Department of Health, Chronic Condition Measures, 2013). The prevalence of depressive disorders in the Brattleboro Health District is higher among low-income adults (Vermont Department of Health, Brattleboro Health District, 2014). According to the Vermont Department of Health, "[a]dults in homes making $50,000 or more annually are significantly less likely than those with incomes of less than $25,000 to report a depressive disorder (15% v. 36%)." (Community Commons, 2014).



Graphic Source: Vermont Dep't of Health, Brattleboro Health District, 2012 Behavioral Risk Factor Surveillance System Data , May 2014.



Graphic Source: Community Commons 2015 Community Health Needs Assessment for Windham County, Depression

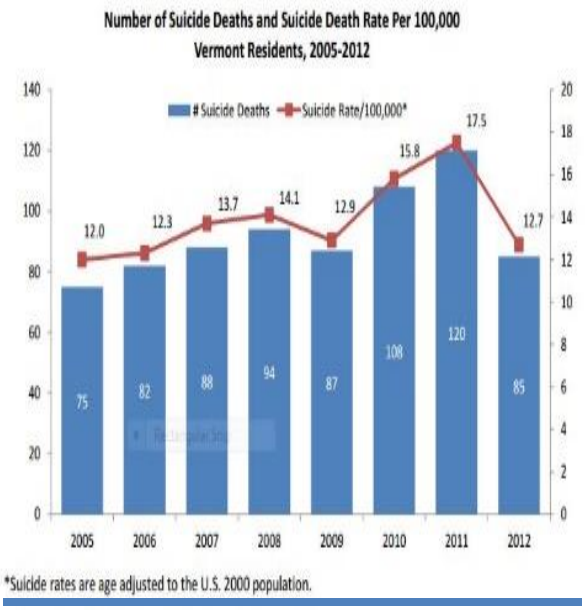
Age affects depression. The percentage of the Medicare population with depression is higher in Windham County (18.42%) than the United States as a whole (15.45%) (Community Commons, 2014).

Finally, race and ethnicity also affects rates of depression. The Vermont Department of Health reports that "racial and ethnic minorities in Vermont were two and a half times more likely to report that they had moderate to severe depression and nearly twice as likely to have been diagnosed with both an anxiety and a depression disorder when compared to white non-Hispanics." (Vermont Department of Health, Minority Health Data Pages, 2013).

Dementia/Alzheimer's Disease

Dementia refers to a group of diseases and conditions characterized by a decline in memory or other thinking skills (Alzheimer's Association, 2014). Alzheimer's disease is the most common type of dementia in the United States, and accounts for 60-80% of the cases (Alzheimer's Association, 2014). According to the Alzheimer's Association, "Alzheimer's disease is officially listed as the sixth-leading cause of death in the United States [and it] is the fifth-leading cause of death for those age 65 and older." (2014 Alzheimer's Disease Facts and Figures). In 2010, the mortality rate for Alzheimer's disease was 27 deaths per 100,000 people for the United States as a whole (Alzheimer's Association, 2014, pg 26). Vermont, however, is significantly higher at 38 deaths per 100,000 (Alzheimer's Association, 2014, pg 27). According to the Alzheimer's Association, between 2014 and 2025, every state in the country is expected to experience double-digit percentage increases in the numbers of people with Alzheimer's. During that time period, Vermont is expected to experience a 54.5% increase in Alzheimer's prevalence. (Alzheimer's Association, 2014, pg 21-22).

Suicide



Graphic Source: Vermont Department of Health: Suicide – Data Brief, Vermont Injury Prevention Program (2012).

The Vermont Department of Health reports that "[s]uicide is the second leading cause of death for young Vermonters between the ages of 10 and 24, averaging nine deaths per year." (Healthy Vermonters, 2013). According to the VT Agency of Administration's 2015 Population-Level Outcomes and Indicators Report, Vermont rates of suicide are higher than the rates of neighboring states and the New England Region (VT Agency of Administration, 2015).

According to the Vermont Department of Health, risk factors for suicide include depression and other mental health diagnoses; a substance abuse disorder; a prior suicide attempt; firearms in the home; exposure to suicide behavior; family history of suicide, mental disorders or substance abuse; and family violence. (Vermont Department of Health, Suicide Data Brief , 2014).

After consistently increasing from 2005 to 2011, the rate of suicide per 100,000 Vermonters fell in 2012 to 12.7 per 100,000 (Vermont Department of Health, 2014). From 2009 to 2011, the rate of suicide in Windham County was 15.2 per 100,000 (Vermont Department of Health, 2015).

Obesity and Overweight

The terms "obesity" and "overweight" refer to a body weight that is greater than what is considered healthy for a certain height. Both are measured using a Body Mass Index (BMI). Obesity is categorized as a BMI of 30 or greater. Overweight is categorized as a BMI of 25.0 to 29.9 (U.S. Dep't of Health & Human Services, National Heart, Lung, and Blood Institute). According to the U.S. Department of Health & Human Services, being overweight or obese puts an individual at risk for heart disease, high blood pressure, Type 2 diabetes, breathing problems, and certain cancers. In 2013, 24% of adults age 20 and older in Windham County were obese (Healthy Vermonters 2020). In 2012, 31.54% of adults age 18 and older in Windham County self-reported that they were overweight, which is better than the state and national rates (Community Commons). Together, however, the obesity and overweight rates indicate that over 50% of Vermont adults have a body weight greater than what is considered healthy (Healthy Vermonters 2020, p 26). In terms of children, the early childhood obesity prevalence among Vermont children in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has been hovering around 12-13% since 2002 (Vermont Department of Health, Nutrition & Weight Status) which is consistent with national rates (Centers for Disease Control and Prevention).

Smoking

Smoking is considered the single most preventable cause of death in the United States. According to the CDC, "smoking harms nearly every organ of the body" and it significantly increases the risk for heart disease, cancer, lung disease, and stroke (Health Effects of Cigarette Smoking[).

As of 2013, 17% of adults in Windham County smoke cigarettes, which is comparable to the Vermont rate of 18% (Healthy Vermonters 2020, 2014). This number equates to about 81,000 adult smokers in Vermont and within the Brattleboro Health District the number drops slightly to 14% (Tobacco Use Performance Dashboard). However, a significantly higher percentage (25%) of racial and ethnic minorities in Vermont reported that they currently smoke (Vermont Dep't of Health, Minority Health Data Pages – 2013, p. 20). Adults under the age of 64 are significantly more likely to report smoking than older adults (2012 Behavioral Risk Factor Surveillance System Data).

Most smokers try to quit. Each year since 2004, more than half of all smokers in Vermont have made a quit attempt. In 2013, for example, 59% of smokers in the Brattleboro Health District attempted to quit in the past year, comparable to the Windham County rate of 63% (Healthy Vermonters 2020, 2014).

Section B: Health Needs of Minority, Low-Income & Medically Underserved Populations

A major focus of this 2015 Community Health Needs Assessment (CHNA) was to identify individuals and groups in the community who may be medically underserved. Persons potentially at risk for medical underservice include low-income individuals, minorities, and any others who may experience difficulty in accessing appropriate health care.

The following organizations provided qualitative input concerning the health needs of potentially medically underserved people in the community: ACT for Social Justice, AIDS Project of Southern Vermont, Boys & Girls Club of Brattleboro, Brattleboro Area Drop-In Center, Brattleboro Housing Authority, Children's Integrated Services, Green Mountain Crossroads, Morningside Shelter, Southeastern Vermont Community Action, Vermont Partnership for Fairness & Diversity, Vermont Workers Center, Women's Freedom Center, and Youth Services.

Participating organizations' responses:

ACT for Social Justice

Population served: ACT for Social Justice works with individuals experiencing injustices (bullying, racial profiling, eviction, lack of accessibility, etc.).
Health Needs of Population Served: Clients have so many stresses (employment, housing, access to healthy foods, lack of transportation) that health takes a back seat. All of these issues are interconnected with health. ER becomes Primary Care as clients put off health issues until crisis. Clients want access to naturopathic services.
Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: So many people are living paycheck to paycheck, there's no room for a deductible or a co-pay. One accident or medical emergency can send people into crisis. These are not just low-income or FPL individuals; middle class workers can't afford health care. Lack of child care can prevent accessing health care when needed as well. Oppression and privilege shows up in organizations. Some ways are invisible. Need to expand what is viewed as "normal" to include everybody.
What Community Resources Are Potentially Available to Address These Needs & Barriers? ACT for Social Justice provides training and equity consulting. It's a 12 month process that includes assessment and 3 workshops. Sojourns provides naturopathic services, but insurance doesn't always cover.
Where Are The Gaps In Community Resources To Address These Needs & Barriers? What really works best is connections, not just access to a service. Individuals can feel shamed or inadequate when having to "access a service." It's easier to get needs met when connected and have relationships. Spontaneous community health networks would strengthen the health of the community. Peer to peer networks and peer advocates. Question for health care organizations is how can you support those networks? Encourage health care providers to educate themselves on diversity issues and creating an equitable and diverse environment.

AIDS Project of Southern VT

Population served: The AIDS Project of Southern VT provides medical case management to HIV+ individuals, and supportive services to their families. We also provide prevention services, including counseling and testing for HIV and HEP C.
Health Needs of Population Served: Appropriate screening exams (Gay, trans, LGBTQ) Complicated multiple health issues
Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: Transportation; PCPs – lack of continuity of care; Coordination of care-multiple diagnoses; Insurance coverage (co-pays, co-insurance, deductibles, no dental); Lack of dentists; Lack of psychiatrists
Comprehensive support systems (24/7)
What Community Resources Are Potentially Available to Address These Needs & Barriers? Vermont 211/Resources sharing
Where Are The Gaps In Community Resources To Address These Needs & Barriers? Providing transportation; Coordination of care; PCPs; Dental care; Psychiatric; Mental health/ addictions; Supportive housing; Cultural competency

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Boys & Girls Club of Brattleboro

Population served: Boys & Girls Club of Brattleboro serves youth up to age 19 in Brattleboro and Bellows Falls, Vermont. A large percentage of BCG members are from disadvantaged or low-income homes. BCG of Brattleboro has over 1200 members.
Health Needs of Population Served: Food insecurity, nutrition, knowing where the next meal is coming from; Cutting is on the rise among teenagers; Marijuana is an issue among high school students; Dental; Vision; Mental health
Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: Lack of parental assistance/involvement; Cost of seeing a provider (co-pays, etc.). Many will have an injury, but not have it seen due to cost issues. Stigma attached to the school lunch program. Teens won't complete the paperwork and miss a meal. Free school lunch program only allows certain food items. Lack of mental health providers, long wait and delays for mental health services. Navigating services is a challenge – where is it, what time, is it child friendly? Transportation always an issue for kids. Safety concerns arise when children are walking alone, at night/dusk. Few dentists take Medicaid. Lack of child care/child friendly sites.
What Community Resources Are Potentially Available to Address These Needs & Barriers? Food Bank (gleaning program provides fresh vegetables) Boys & Girls Club provides dinner to members and families 6 night/week.
Boys & Girls Club has extended hours in the summer with a sliding fee scale – provides summer meals, too.
Where Are The Gaps In Community Resources To Address These Needs & Barriers? Meal sites are scattered and not family-friendly. Transportation. Trying to keep track of where services are offered and how to get there is complicated. Lack of child care.

Brattleboro Area Drop-In Center (now called Groundworks Collaborative)

Population served: Our organization has a wide variety of people we serve. Our food shelf serves, families (low to medium income); seniors; homeless men/women and families; and we also have young people (19 to 30). Most of these individuals also receive case management. Individuals serve in the Overflow Shelter range in age from 19 to 70 who fall at or below the poverty level or who are low income. Majority of them have no income.
Health Needs of Population Served: Alcoholism; Dental (rotten teeth, no teeth at all); Drug addiction; Eye care; Respiratory issues
Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: Transportation, Education, Co-pays/no money, Not using meds due to cost of the prescription, Cultural differences, Housing, Food/nutrition, Availability of doctors, dentists, therapists, Employment, Systemic issues, Not everyone has insurance, Not enough providers for mental health needs, Not enough detox and treatment centers, Poverty
What Community Resources Are Potentially Available to Address These Needs & Barriers? Current Bus
Where Are The Gaps In Community Resources To Address These Needs & Barriers? Current Bus needs to increase their routes and schedules; Education; Affordable housing; Availability of dentists, therapists, and psychiatrists; Employment; Providers of mental health services who receive funding to work with low income people but are not currently doing that very well.

Brattleboro Housing Partnership/ SASH

Population served: The Brattleboro Housing Partnerships houses seniors, adults with disabilities and families. The mission of the Brattleboro Housing Partnerships is to ensure the provision of quality affordable housing opportunities in viable communities for lower income households. The Support and Services at Home (SASH) program serves Medicare recipients in meeting their health related goals and supports participants in becoming better self- managers.
Health Needs of Population Served: Dental; Home health services for seniors (including homemaking, shopping); Medication management; Nutrition; Unaddressed addiction issues; Undiagnosed dementia and Alzheimer's; Vaccinations (child, flu, pneumonia); Vision
Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: Transportation; Lack of case management/organization of services; Poverty; Housing; Insurance gaps; Not enough providers; Education; Access to healthier foods; Transportation; Education; Stigmas; Poverty; Waitlists; Lack of connections from where one service stops and another begins; ASL (American Sign Language)
What Community Resources Are Potentially Available to Address These Needs & Barriers? Community Health Team Wellness Programs; Moderate Needs/Choices for Care Programs; Wellness Programs with Incentives; Connecticut River Transit –Transportation
Where Are The Gaps In Community Resources To Address These Needs & Barriers? Poverty – livable wages, insurance that covers more and costs less; MN & CFC Programs are hard to qualify for, not enough to go around; More Wellness programs with incentives – money or paid time off work; Education; Information; More transportation; Connections from where one service stops and another begins; More services (wait lists)

Children's Integrated Services

Population served: Children's Integrated Services (CIS) serves pregnant women and families with children 0-6 years old. Many of our families are low-income and we focus on coordinated child developmental services and family support.
Health Needs of Population Served: Diabetes; Dental; Poor diet and nutrition (and knowledge of diet and nutrition); Mental health including depression, anxiety, bipolar, borderline personality disorder (and mental health issues without a defined diagnosis). Mental health issues impact other areas of health such as meeting daily needs, diet, exercise, self-care, etc.; Respiratory issues from smoking; Substance abuse (heroin, alcohol); Weight issues.
Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: Transportation; Waiting lists, lack of providers; Lack of information/knowledge. Lack of basic needs such as housing and childcare – clients in "crisis" mode and so don't have time/energy, etc. to look after health needs. Bad experiences/trauma in the past; Guilt around not keeping up with healthcare; Time management/ ability to keep appts; Mental health issues can take over – ability to keep appointments, etc.; Surrounded by negative influences; Poverty – again always in "crisis" mode; Access to phones/changing numbers – being in contact with medical providers
What Community Resources Are Potentially Available to Address These Needs & Barriers? Med Rides – The Current; CIS/other agencies; Y Bus; Health care navigators through VT Health Connect (Amanda Sabo through SEVCA); Housing case workers
Where Are The Gaps In Community Resources To Address These Needs & Barriers? Consistent and accessible to all transportation to medical appointments; Waiting lists at local agencies; Information sharing – clients just don't know; Affordable housing; Staffing; Assistance w/ getting driver's licenses and vehicles; Access to apartments; Cultural competency

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Green Mountain Crossroads

Population served: Green Mountain Crossroads primarily works with youth, adults, and seniors who are Lesbian, Gay, Bisexual, Transgender, and/or Queer. Of particular interest to us and to the individuals served are access to LGBTQ-competent physical and mental health care providers with a specific focus on competency and familiarity with providing care to trans and gender non-conforming people. Many of the individuals we serve are also low-income.
Health Needs of Population Served: Access to competent care providers for queer and trans people. This extends to all types of care, not those dealing specifically with directly-related items such as hormone-replacement therapy. We find frequently that even when care providers say they are LGBTQ friendly, they are not experts or even have basic competencies in serving trans patients. Frequently, our folks are travelling out of state and/or many hours to find care providers with whom they are comfortable working. Care that is affordable even though trans care is supposedly covered under Medicaid in the State of Vermont. These days, many providers are not aware. Folks wait and/or delay or skip seeking care until health issues are dire. Endocrinologist, surgeons for gender confirmation surgery; Hormone replacement therapy; Peer-based services; Trans competent therapists

Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: Gatekeeping- needing letters for surgery, etc. Must go through a certain amount of therapy before "earning" other care. Insurance companies, not care providers, deciding how long and what type of treatments make sense. Care being cut off by insurance before folks are truly well. Challenges updating identity documents to match gender. Misunderstanding what's possible – trans folks having kids for example. Ability to pay. General stigma; Cultural competency; Lack of providers. For folks with physical disabilities, sidewalks and road conditions in winter are dismal means folks cannot be self-reliant on getting to appointments, meetings, social gatherings, etc. Lack of sober spaces to gather; Fear; Must take time off work to recover from surgeries, etc. A widely-held belief that medical professionals know us and our own body and needs better than we do. Forms that don't adequately apply to folks
What Community Resources Are Potentially Available to Address These Needs & Barriers? GMC provides trainings and education on competency around working with LGBTQ folks. Happy to work developing materials and/or providing training. Send providers to Philadelphia TransHealth Conference in June. Other training include Think Again, Women's Freedom Center, Vermont Worker's Center, ACT for Social Justice
Where Are The Gaps In Community Resources To Address These Needs & Barriers? Funding for peer-based services. Sober spaces to gather; Connecting folks at the state level; Dentistry that's available, quality care and affordable; More competent endocrinologists; Care for elderly who are LGBTQ; Access to the internet; General isolation – folks who live out of town

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Morningside Shelter (now called Groundworks Collaborative)

Population served: As the only year round shelter in Southeastern VT, Morningside Shelter serves individuals and families that are experiencing homelessness or those that are transitioning back into tenancy. Founded in 1979, our mission is to provide a safe space and ongoing support to families and individuals facing challenges of maintaining stable housing.
Health Needs of Population Served: Dental; Mental Health including depression, anxiety, PTSD; Pain management; Substance abuse/maintenance
Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: Lack of psychiatric prescribers; Transportation; Wait time to receive mental health services (can be 2-3 months)
What Community Resources Are Potentially Available to Address These Needs & Barriers? Retreat, HCRS, Families First, Otter Creek, SEVCA, BMH, Turning Point
Where Are The Gaps In Community Resources To Address These Needs & Barriers? Long wait list for PCPs and mental health; Lack of psychiatric prescribers

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Southeastern Vermont Community Action

Population served: Southeastern Vermont Community Action serves the low-income population of Windham and Windsor Counties.
Health Needs of Population Served: Change in life circumstances; Mental Health; Stress (leading to inability to function, focus); Substance abuse, recovery issues – homeless population

Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: Inability to connect with appropriate health services (i.e., can't get in to see/meet PCP); Access including but not limited to insurance (insurance used to facilitate, now it deters); Information; Basic needs especially housing; Continuity/coordination of care; Racism/classism Bureaucracy in health care and dearth of civility/ humanity
What Community Resources Are Potentially Available to Address These Needs & Barriers? Best resources lie within our community, in our people
Where Are The Gaps In Community Resources To Address These Needs & Barriers? Access: low barrier clinics, cultural competency lessons in kindness and civility; Community organizing; Big gap in our municipal partners

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Vermont Partnership for Fairness & Diversity

Population served: Vermont Partnership for Fairness & Diversity works to strengthen inclusive and equitable practices as a means to eliminate prejudice and discrimination of all kinds.
Health Needs of Population Served: Aging (50s & 60s) black males w/ chronic illnesses (diabetes, cancer, glaucoma, respiratory illnesses). Information
Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: Lack of culturally competent providers force/deter black males from seeking services; Lack of providers of color; Lack of targeted information; Unconsciously unskillful providers; Rude & disrespectful front office
What Community Resources Are Potentially Available to Address These Needs & Barriers? Vermont Partnership currently provides training and coaching to state and municipal agencies, businesses and civic groups on cultural competency, implicit bias, and affirmative marketing. Regrettably none of our clients are in Windham County except the AIDS Project of Southern Vermont about a decade ago.
Where Are The Gaps In Community Resources To Address These Needs & Barriers? Affirmative marketing; Cultural competency

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Vermont Worker's Center

Population served: The Vermont Workers' Center is a democratic, member-run organization dedicated to organizing for the human rights of the people in Vermont. We seek an economically just and democratic Vermont in which all residents can meet their human needs and enjoy their human rights, including dignified work, universal healthcare, housing, education, childcare, transportation and a healthy environment.
Health Needs of Population Served: Lack of dental and eye care
Mental health
Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: Capitalism (insurance companies and CEOs); Poverty-austerity; Thread of oppression. Racism is killing people. Can't afford healthcare. Have to find a job connected to healthcare. Co-pays, deductibles, premiums. Lack of people of color medical professionals (mental health, primary care, etc.). Lack of culturally competent providers; Lack of psychiatrists to give meds. Not everyone can "afford" to have "healthcare!" Information/understanding and

navigating the system. Personal situations – high needs medically specific plan. Transportation; Language – lack of interpretive services; Immigrant access; Paid Sick Days. Other healthy, family policies. People are unable to access "healthcare" because of health insurance packages/policies which often discriminate on various levels, age, race, status, ability, lifestyle, etc. The premiums are too high as well as the deductibles and the co-pays are also often a hardship which prevents or delays treatment. Transition for youth –adult becomes tricky. Fall through the hoops. Medicaid and Medicare participants are either not able to afford or get the care they need.

What Community Resources Are Potentially Available to Address These Needs & Barriers? Vermont Worker's Center, Green Mountain Crossroads, AIDS Project, Women's Freedom Center, Churches, VT Department of Health, Pathways, Therapists, The Root, Schools

Where Are The Gaps In Community Resources To Address These Needs & Barriers? Livable wage jobs. Lack of persons of color and persons of color medical professionals; Lack of recovery places and services; Isolation; Lack of mental health providers, especially psychiatrists; LGBTQ competent services and other cultural competencies. Stigma of health choice, methadone, medical marijuana, homeopathic, - having to be "diagnosed". Funding; Transportation; Interpretation services. Change the structure (the system) from actual health insurance model to a health care model where everyone can access and contribute what they can. Healthcare is a human right.

WIC Program

Population served: Through the WIC program, we see pregnant and postpartum women, and parents with their children aged newborn up to 5 years old, who are at or below 185% of Federal Poverty level. If the women or children are receiving Vermont Medicaid/Dr Dynasaur, they are automatically eligible for WIC and can be at an income level of 300% of FPL.

Health Needs of Population Served: Alcohol and drug use; Dental care; Overweight and obesity (and resulting health issues); Tobacco use

Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: For Medical care – premiums for insurance too high as well as co-pays, etc., difficulty with applications/navigating the system, health care providers aren't getting reimbursed enough by Medicaid so they limit how many people on Medicaid they will see (especially dentists). Food – Adequate resources to be able to feed their families nourishing food. Sodas and processed foods are often less expensive than whole fresh foods. Advertising non-nutritious foods often geared to kids. Perception that fast food is cheaper (though it may be sometimes). Lack of time or knowledge on how to prepare whole, fresh foods. Physical activity – "car-centric' society. Rural community. People live far from work and resources. Less focus on PE at schools. Stress – makes it hard for people to be able to quit smoking. Not enough funding for prevention. Let's keep people healthy vs. focusing on treating them when ill. Lack of insurance for dental care.

What Community Resources Are Potentially Available to Address These Needs & Barriers? Blueprint CHT works to keep people with chronic conditions as healthy as possible. Food Connects – working to make health local foods/produce more accessible to lower income folks and to kids in schools and people in nursing homes and hospitals. Language line for translations at health care and other public serving facilities. Blueprint – working on chronic

disease. Health Department – works with community partners to make health eating and physical activity more accessible through Fit & Healthy Kids Coalition and other community partnerships. WIC Program – Provides nutrition education to women and kids. BAPC – prevention of tobacco use and prescription drugs – parenting classes on this.
Where Are The Gaps In Community Resources To Address These Needs & Barriers? Information about the resources (difficult because we all have information overload); Not enough funding for so many things like 3Squares Vermont or infrastructure to improve sidewalks and bike lanes to increase ability to be physically active; Not enough prevention funding. Not enough places for seniors or others to get physical activity indoors in the winter for free or very low cost especially in rural areas. I'd like to see more schools open their doors to their community to walk in the halls or halls or gym.

Women's Freedom Center

Population served: The Women's Freedom Center is the domestic and sexual violence resource agency for Windham and southern Windsor counties. While the Women's Freedom Center works to end men's violence against women, we provide support to all survivors of domestic and sexual violence. The majority of the survivors we work with are in fact women and children. And while these issues cut across all socio-economic lines, most of the women we serve have significant financial challenges. Not only do those challenges make them more likely to need our help, but their trauma history itself can create huge economic repercussions.
Health Needs of Population Served: Mental Health
Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: Stress/ overwhelmed = exacerbated by long waits for mental health support – wide gap between crisis and stability support. Domestic violence wreaking havoc on financial options/work history/ rental stability, etc. Victims are often starting over from zero – may put their health last instead of first unless it is a medical emergency. Challenges getting access to mental health providers (wait time, HCRS especially)
For women fleeing without their psych meds sometimes, it's hard to see a psychiatrist quickly
What Community Resources Are Potentially Available to Address These Needs & Barriers? Numerous progressive grass roots orgs to keep a spotlight on the kind of dialogue we had today. 2 hospitals, Retreat, HCRS, Phoenix #s, private therapists, free clinic
Where Are The Gaps In Community Resources To Address These Needs & Barriers? Not enough money put toward front line mental health supports for early stabilization help. Dental.

Youth Services

Population served: The population served by Youth Services includes the following:
- Families with children of all ages
- Adults and youth who are involved in the justice system (through court diversion and now the new pretrial program)
- Children ages 0 all the way up to age 22. The majority of youth we serve are school age or transitional age.

Health Needs of Population Served: Nutrition and exercise; Substance abuse and misuse

Barriers to Achieving or Maintaining Good Health Faced By the Population Served By The Organization: Capitalism; Affordability for health care, food, quality supplements; Accessibility (cultural, transportation); Lack of treatment capacity (developmentally and culturally); Poverty; Homelessness; Education/information – information about health in general; Depression (not feeling well enough to even motivate to make change or access care); Violence, trauma in the home; Lack of hope – communities not vibrant w/ good economic opportunities for all skill sets and backgrounds; Trust in systems; Discrimination- against poverty, race, gender, etc.; Lack of investment/ resources in school-age youth population – focus & funding is shifting to early childhood. We need to support significant developmental changes in teens, young adults.

What Community Resources Are Potentially Available to Address These Needs & Barriers? State keeps cutting resources; we need to generate more revenue by tax policies that are not shifting burden to middle and low income

Where Are The Gaps In Community Resources To Address These Needs & Barriers? Services for youth in transition population – there are some, but resources are being diverted to early childhood. Lack of developmentally appropriate treatment options for youth. More assistance to help people buy health foods and supplements.

Section C: Press Release for the Windham County CHNA Survey

For new briefs, announcements, calendar listings, and PSAs

Media Contact: Jeff Kelliher, 802-258-6132 or jkelliher@brattlebororetreat.org

Area Hospitals Launch Community Health Needs Assessment (CHNA)

BRATTLEBORO, VT (February 23, 2015)—Brattleboro Memorial Hospital, the Brattleboro Retreat, and Grace Cottage Hospital are launching a new community health needs assessment (CHNA) to engage the communities they serve and learn more about the most pressing health care concerns and needs. Based on the data that the hospitals gather, each hospital will develop an implementation strategy to address prioritized health care needs. This CHNA is also an opportunity for hospitals to maintain compliance with federal regulations.

The three health care organizations are working collaboratively to gather information by conducting focus groups, developing and disseminating a short survey to the general public, and collecting and analyzing quantitative data. The Vermont Department of Health is providing population based indicators as part of the process.

The 2015 CHNA of Windham County Steering Committee invites residents of Windham County to complete a short, 12-question survey about health needs and concerns in their respective communities. The survey should take less than 5 minutes to complete. All results will remain anonymous. This survey will provide participating health care organizations with valuable input into the health needs in Windham County, and results will be used to guide future clinical and other planning.

The survey is open now through March 31, 2015 and is available online or in hard copy format.

Hard copies will be available at all Windham County town meetings on March 3, 2015, as well as at Brattleboro Memorial Hospital and Grace Cottage Hospital.

Residents who prefer to complete the survey online can go directly to **https://www.surveymonkey.com/s/BrattleboroCHNA2015**.

Survey hard copies available at:

- Brattleboro Memorial Hospital, Main hospital entrance front desk and Richards Building ground floor front desk, 17 Belmont Ave, Brattleboro, VT
- Grace Cottage Hospital, Main Entrance, 185 Grafton Road, Townshend, VT.

# # #

Section D: 2015 Windham County CHNA Survey

1. What are the most significant health issues or concerns facing you or your family? (Mark all that apply)

Value	Count
Contagious diseases (e.g., measles, TB, etc.)	7
Teen pregnancy	8
Sexually transmitted diseases	9
Pre-natal care	16
Suicide	19
Lung Disease	24
Flu/pneumonia	26
Home health services for the elderly	44
Lyme Disease	45
Osteoporosis	56
Nutrition	72
Alcoholism	83
Heart disease	93
Asthma	94
Diabetes	99
Drug abuse or addiction	102
Vision	102
High Cholesterol	103
Other (please specify)	104
Hearing problems	106
Smoking/tobacco use	115
Cancer	121
Mental health issues	147
Chronic Pain	159
Physical fitness	175
High Blood Pressure	181
Arthritis	183
Obesity/Overweight	193

Dental problems	200
Depression	232
Stress	260
Other	104

2. What are the most significant health issues or concerns facing your neighbors or your community? (Mark all that apply)

Alcoholism	338
Arthritis	93
Asthma	43
Cancer	196
Chronic Pain	170
Contagious diseases (e.g., measles, TB, etc.)	22
Dental problems	220
Depression	278
Diabetes	130
Drug abuse or addiction	342
Hearing problems	70
Heart disease	145
High Blood Pressure	152
High Cholesterol	95
Home health services for the elderly	182
Flu/pneumonia	54
Lung Disease	35
Lyme Disease	85
Mental health issues	277
Nutrition	152
Obesity/Overweight	275
Osteoporosis	40
Physical fitness	196
Pre-natal care	49
Smoking/tobacco use	253
Sexually transmitted diseases	34
Stress	246
Suicide	88
Teen pregnancy	74
Vision	51
Other (please specify)	68

3. What prevents you and your family from attaining good health and well-being? (Mark all that apply)

Alcohol/drug use	57
Can't afford healthy foods	164
Hard time finding healthy foods	21
Lack of good transportation options	76

Lack of health insurance	81
Lack of adequate housing	60
Domestic violence	19
Too busy to exercise	172
Too busy to cook healthy foods	78
No options for physical activity	70
Can't find child care	47
Can't get off work to see doctor	38
Unable to get appointment with doctor	33
Having a hard time finding a doctor	57
Don't have a primary care doctor	40
Don't have a dentist	124
Too long a wait at doctor's office	29
Unable to pay co-pays	96
Can't always afford to fill prescriptions	86
Can't access a specialist	36
Lack of mental health treatment services	69
Smoking/tobaccouse/2nd hand smoke	62
Lack of after-school activities for kids	37
Other (please specify)3	141

4. What community resources are potentially available to address these needs and barriers?

Condensed and summarized version:	Count
hospitals and local medical providers	39
community organizations	27
federal assistance programs	17
Don't know	14
free health & dental clinics	11
other	10
state programs and services	10
senior housing/services	10
places of recreation (gyms, parks, etc)	10
food pantries and soup kitchens	9
HCRS	9
public transportation	6
housing support services	6
schools	4
therapists, alternative health practitioners	4
police, fire, EMS	4
peer support programs	3
farmer's markets and CSAs	3
food coops; fresh, organic produce at grocery stores	3
smoking cessation programs	3
vocational rehab	3
childcare	3

5. Where do you and your family get your health information?

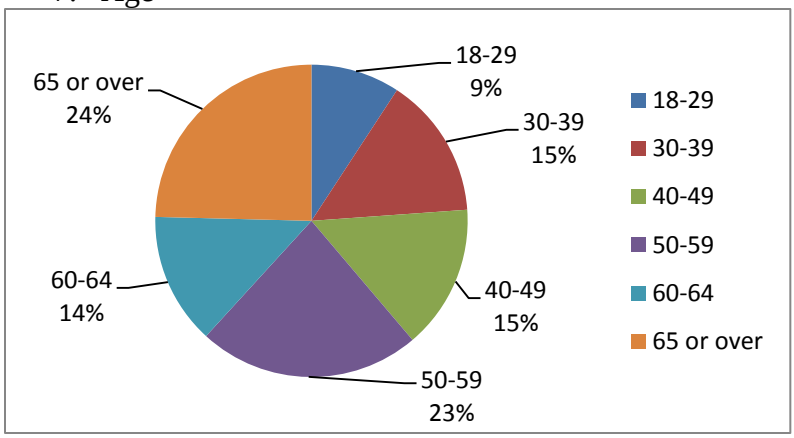
Doctor/Nurse	592
Facebook	57
Faith-based community	19
Family and friends	234
Health Department	111
Hospital website	77
Internet searches	426
Magazines	158
Newspaper	156
Radio	92
School	29
Television	114
WebMD	226
Wellness in Windham Health Festival	35
Other (please specify)	63

6. Zip code

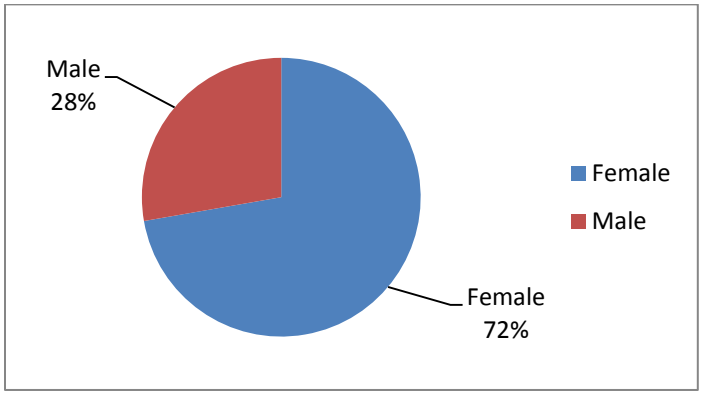
Zip code	Count
05101	28
05143	14
05146	22
05148	2
05154	5
05155	5
05158	5
05159	1
05301	303
05302	3
05303	6
05304	1
05341	11
05342	2
05343	28
05344	4
05345	40
05346	38
05351	7
05353	39
05354	26
05355	20
05356	13
05357	3
05358	4
05359	19
05360	23
05361	6

05362	5
05363	16

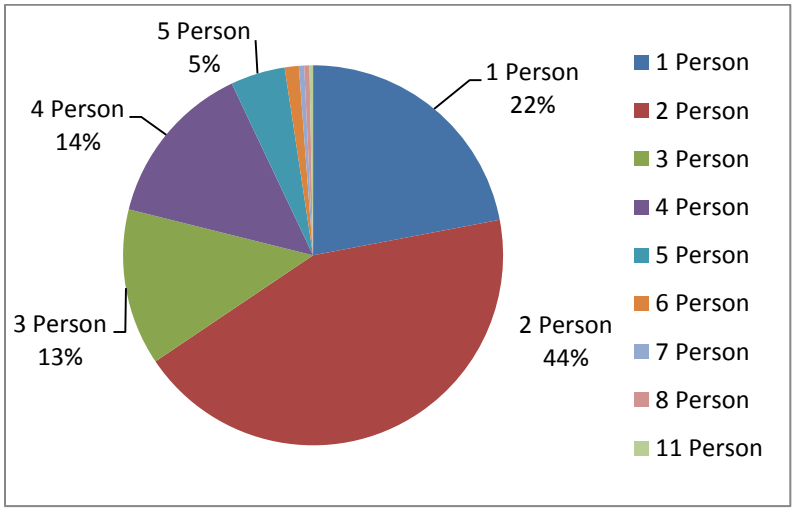
7. Age



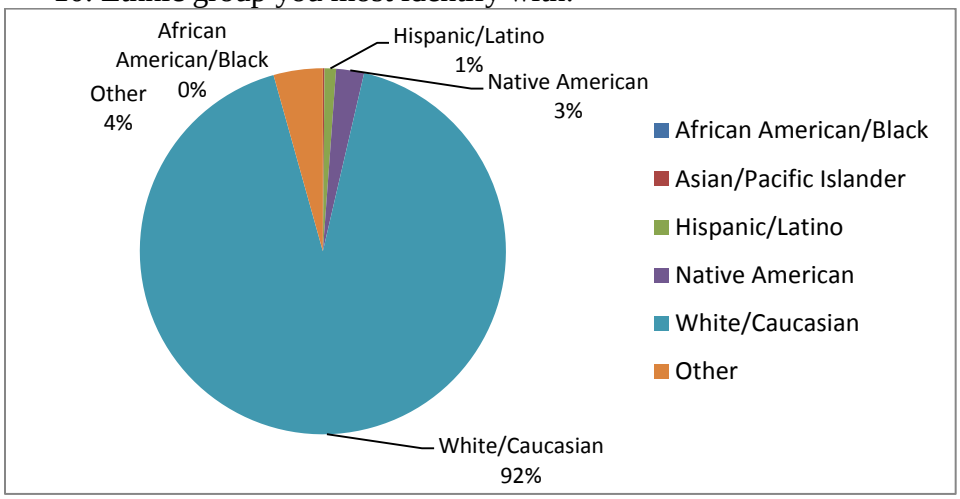
8. Gender



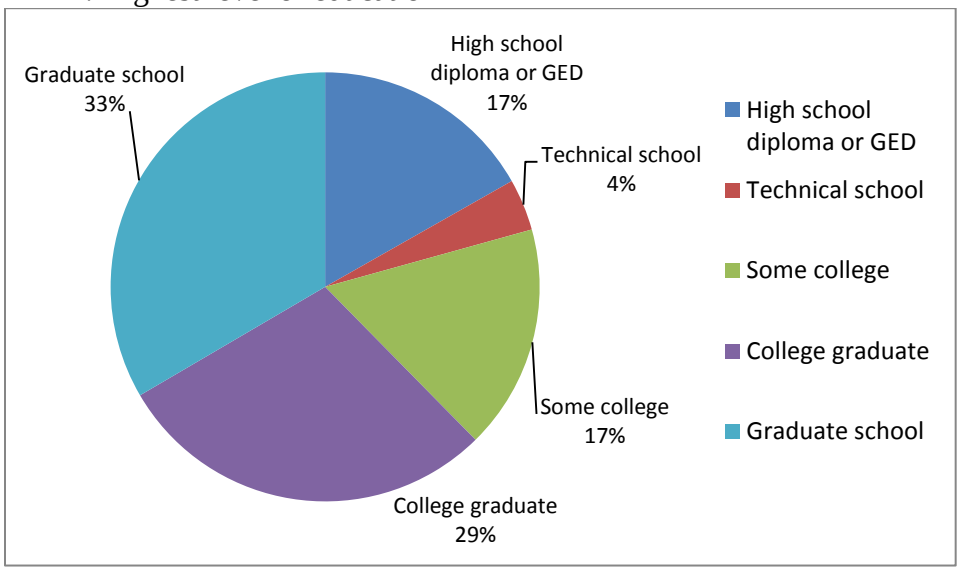
9. # of Persons in Your Household:



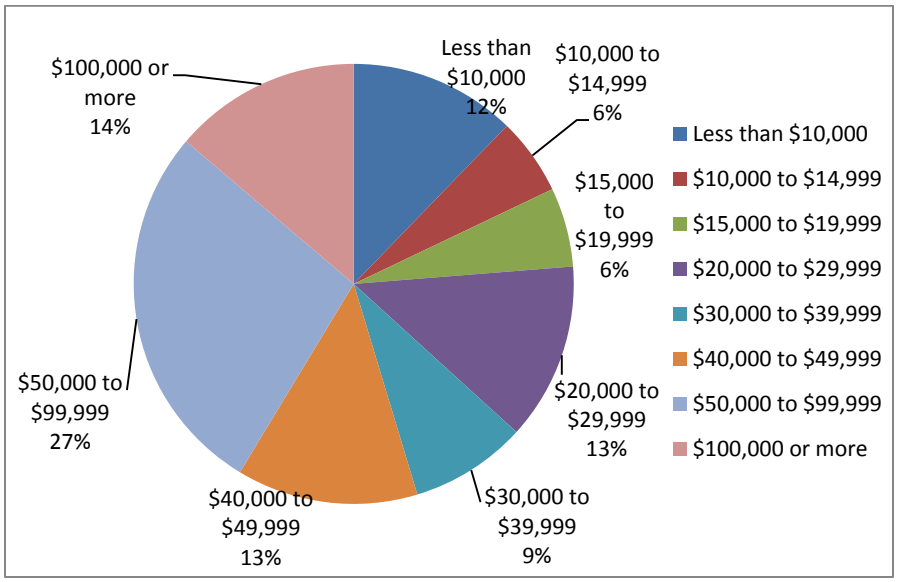
10. Ethnic group you most identify with:



11. Highest level of education



12. Annual household income



Section E: Press Release for the Statewide CHNA Survey

For Immediate Release—News and announcements, PSAs, etc.

Media Contact: Jeff Kelliher, 802-258-6132 or jkelliher@brattlebororetreat.org

The Brattleboro Retreat Seeks Public Input on Statewide Community Mental Health Needs Assessment

BRATTLEBORO, VT (October 27, 2015)— The Brattleboro Retreat is currently in the process of conducting the statewide phase of the Community Health Needs Assessment (CHNA) that is focused on mental health and addiction-related issues and needs. Earlier this year, the Retreat completed the Windham County portion of the CHNA in collaboration with Grace Cottage Hospital and Brattleboro Memorial Hospital.

As part of the statewide CHNA, the Brattleboro Retreat has now made available a short online survey to learn more about the state of mental health and addiction care needs throughout Vermont. People of all professions and backgrounds living or working in Vermont are encouraged to participate.

The Brattleboro Retreat hopes to see a wide range of individuals complete this survey including individuals who utilize mental health and addiction services, family and community members providing support, advocates, professional health care providers, educators, and human service providers.

The purpose of the statewide survey is to gain a better understanding about public perceptions of mental illness and addiction; barriers to accessing mental health and addiction treatment services; mental health and addiction services Vermonters would like to see offered (or extended) in their communities; and how the Brattleboro Retreat can best meet the mental health and addiction care needs of Vermonters.

This anonymous online survey includes 15 questions and can be completed in 15 minutes or less. The survey can be accessed online now through Sunday, November 15, 2015, at https://www.surveymonkey.com/r/2015VTCHNA.

Individuals who prefer to complete a paper copy of the survey can contact Jill Terrell-Ouazzani, Marketing and Community Relations coordinator, at (802) 258-3785 or email at jouazzani@brattlebororetreat.org.

The Brattleboro Retreat, founded in 1834, is a not-for-profit, regional specialty psychiatric hospital and addictions treatment center, providing a full range of diagnostic, therapeutic and rehabilitation services for individuals of all ages and their families. Recognized as a national leader in the treatment mental illness and addiction, the Brattleboro Retreat offers a high quality, individualized, comprehensive continuum of care including inpatient, partial hospitalization, residential and outpatient treatment.

# # #

Section F: 2015 Statewide CHNA Survey

Which of the following groups best describe you? Please check all that apply.		
Answer Options	**Response Percent**	**Response Count**
Current or former patient of the Brattleboro Retreat	6.5%	29
Other consumer/peer in mental health	11.7%	55
Family member or close friend of a person with mental illness and/or addiction	36.0%	162
Mental health provider	31.5%	155
Medical provider	8.3%	40
Mental health advocate	13.7%	62
Holistic or integrative health practitioner	2.9%	13
Legislator	0.7%	3
Educator	16.2%	72
Insurer/payer source	1.4%	6
Health department of other public health employee	3.8%	17
Participant in community mental health or addiction recovery program	8.3%	37
Community leader	9.2%	41
Community organizer	6.3%	28
Staff member/volunteer of nonprofit organization	30.9%	137
Other (please specify)		51

If you're a provider, what age groups do you primarily work with?		
Answer Options	**Response Percent**	**Response Count**
Children	20.8%	25
Adolescents	25.0%	30
Adults	55.8%	67
Seniors	15.8%	19
All	20.8%	25
Other population (please specify)	6.7%	8

How much do you agree with the following statements?						
Answer Options	**Strongly agree**	**Agree**	**Disagree**	**Strongly disagree**	**Don't know**	**Response Count**
Good mental health is essential to overall health.	286	27	1	1	0	315

In my community, individuals with mental illness, their families, friends & allies can talk openly about mental illness without fear of stigmatization, discrimination or prejudice.	10	83	178	33	10	314
Stigma about mental illness leads people to access fewer services than they need.	128	157	18	5	7	315
Stigma causes individuals with mental illness to feel defeated or humiliated.	143	133	21	5	12	314

What are the most pressing needs in your community in the areas of mental health and addiction care? You may choose up to 3 answers.

Answer Options	Response Percent	Response Count
A more streamlined, efficient referral process	22.2%	70
Better integration between mental health services and medical or other community services	51.3%	162
Improved early and accurate assessments and diagnoses	24.7%	78
More prevention services	29.7%	94
More qualified and trained mental health & addiction professionals	41.1%	130
More residential treatment programs for adults	32.9%	104
More residential treatment programs for youth	24.1%	76
Greater variety of treatment options, such as mind-body techniques and nutrition counseling	30.7%	97
More trauma-informed care	18.0%	57
Prescription drug abuse prevention programs and treatment	22.8%	72
Safe & sober housing	29.7%	94
Suicide prevention programming	9.5%	30
More clinicians with expertise in treating postpartum depression	4.7%	15
Other (please specify)		63

What are the most commonly cited (or observed) barriers that keep people from accessing mental health or substance abuse services when they or their loved ones need it? You may choose up to 3 answers.

Answer Options	Response Percent	Response Count
Denial of illness or addiction	41.1%	130
Difficulty getting appointments that work for clients' schedules	22.2%	70
Discrimination or lack of cultural sensitivity in the mental health & addiction field	9.5%	30

Do not see mental health care or addiction treatment as a priority concern for themselves or their loved ones	20.3%	64
Fear of legal ramifications	8.2%	26
Lack of health insurance or money	45.3%	143
Lack of mental health care and addiction treatment providers	29.7%	94
Lack of time (too busy)	4.1%	13
Lack of transportation	21.2%	67
Lack of trusted mental health care and addiction treatment providers	22.5%	71
Previous experience in seeking help was bad	20.9%	66
Stigma associated with mental illness and addiction	26.9%	85
System too complicated to access	22.8%	72
Limited access to needed services due to childcare issues	4.4%	14
Lack of providers who can prescribe medications	18.4%	58
Other (please specify)		26

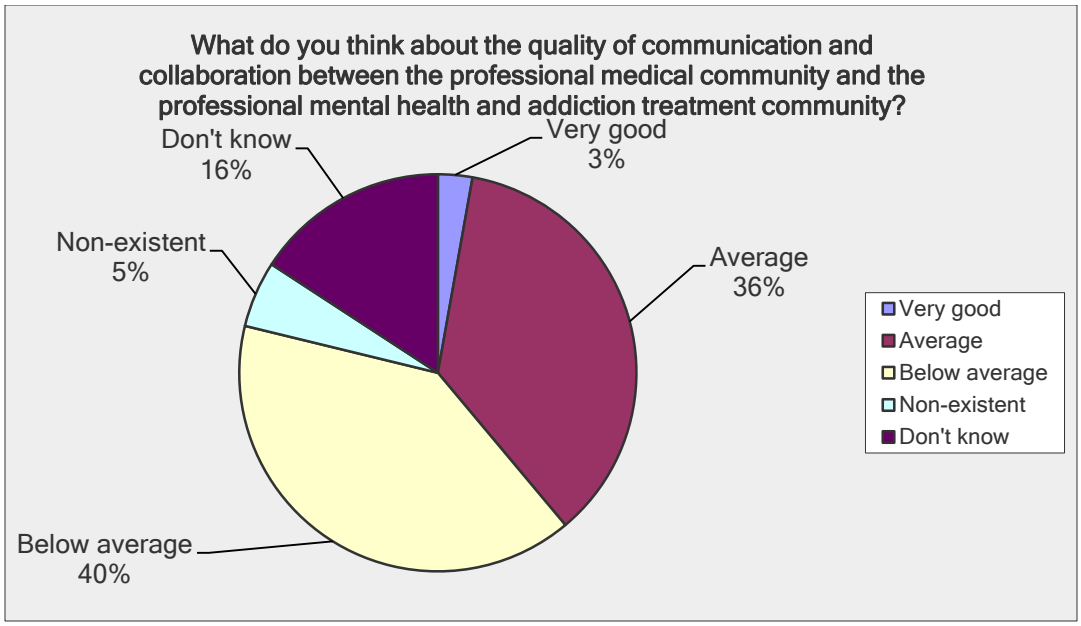
In your opinion, how can mental health and substance abuse services best be improved? You may choose up to 4 answers.		
Answer Options	**Response Percent**	**Response Count**
Address family needs, values and supports.	21.8%	69
Better integrate mental health services with medical and other types of community services.	53.5%	169
Enhance the mental health workforce through increased or improved education/training.	18.4%	58
Increase accessibility of services.	52.8%	167
Increase community education around suicide prevention.	8.9%	28
Increase community education on the appropriate & safe use and proper storage & disposal of prescription drugs.	7.3%	23
Increase funding to make mental health services more affordable for consumers.	37.3%	118
Implement more prescription drug monitoring programs.	7.9%	25
Improve services for under-served populations.	22.5%	71
Improve the funding for mental health and addiction treatment.	42.7%	135
Increase funding in research focused on the understanding and treatment of mental illness.	8.9%	28

Offer more holistic or alternative health services.	22.2%	70
Listen more to the people who use services.	25.3%	80
Provide tuition assistance and/or scholarships for individuals entering the field of mental health care	10.1%	32
Raise the pay scale for providers of mental health services.	21.8%	69
Increase Medicaid compensation for mental health services.	21.2%	67
Improve cultural competency among health care providers to better serve individuals in minority populations	7.0%	22
Increase diversity among mental health care providers	5.4%	17
Other (please specify)		34

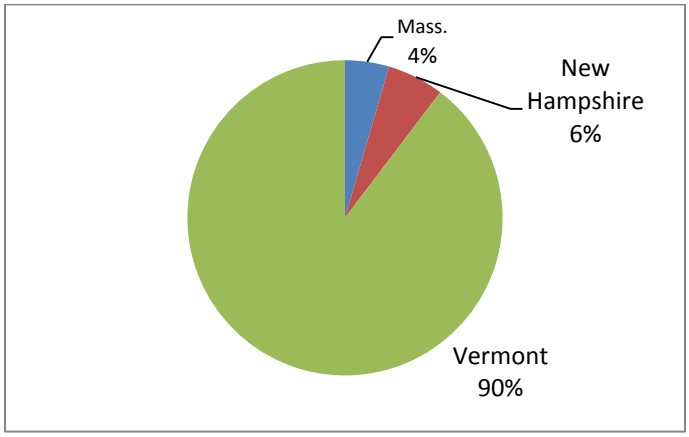
In your opinion, how can the Brattleboro Retreat best contribute to improving mental health and addiction care in the ways you have identified above?

Focus Area	Category	Count
Treatment	More alternative treatments to treat the "whole" person (without medication), such as minfulness, nutrition counseling, acupuncture, reiki, peer support	15
Treatment	Increase therapeutic programming and patient education during care	8
Treatment	Improve cultural competencies	2
Treatment	Engage families more in the treatment plan (family meetings) and aftercare plan; education for families	11
Aftercare	Improve aftercare planning; promptly share information with referral source	22
Aftercare	Have social workers devote more time and attention to follow-up with patients following discharge	2
Aftercare	Enahnce coordination with designated agencies and community-based supports	6
Aftercare	strengthen coordination with medical community	9
Aftercare	Follow up with patients after they are discharged; assist with medication management	6
New Programs & Services	Offer services for children with addicted parents	2
New Programs & Services	Make outpatient services more accessible, such as expanding outpatient addiction treatment, providing more psychotherapy, creating longer hours for outpatient and greater variety of outpatient programs	11

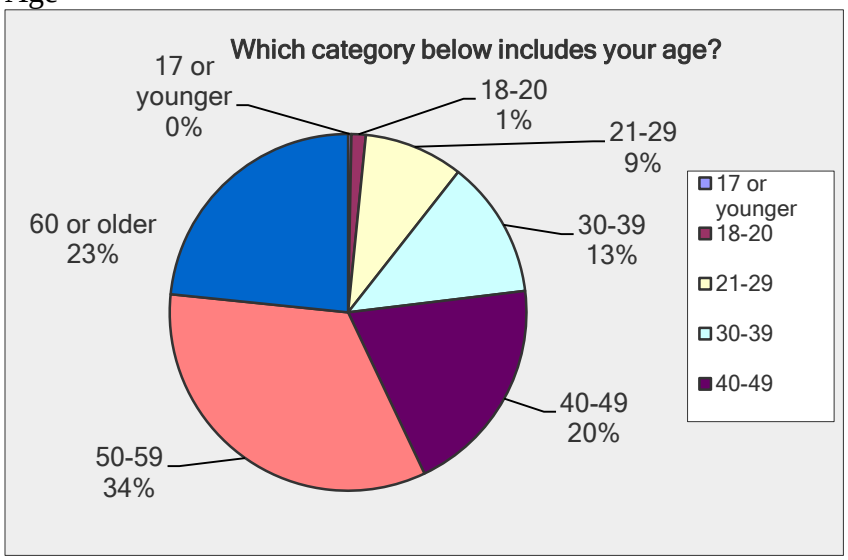
New Programs & Services	Outpatient psychiatry	3
New Programs & Services	Build satellite branches/services in other areas of the state	17
New Programs & Services	Offer more prevention-based programs	3
New Programs & Services	Safe house for patients waiting for treatment; transitional housing; wrap-around services	3
New Programs & Services	Adult and adolescent residential programs for dual diagnosis (with trained substance abuse clinicians)	4
Education & Training	Increase education/training for providers, including in children's mental health aimed at early intervention & prevention and LGBT cultural competency and group facilitation	15
Education & Training	More advocacy at the state and federal levels--for more funding towards mental health & addiction, for more outpatient services in communities served	21
Education & Training	Offer more education and training for the general public, such as free classes & workshops both on-site and off-site such as schools	15
Education & Training	Expand stigma reduction campaign	7
Accessibility	Make care/treatment more affordable; expand charity care	18
Accessibility	Improve referral and addmissions processes	5
Accessibility	Lengthen stays for inpatient	4
Accessibility	Work more closely with schools	2
Accessibility	Increase number of beds	13
Outreach	Have presence in the community, such as at the Transportation Center, in rural areas, etc.	11
Outreach	Offer suicide prevention programs to area middle and high schools	2
Outreach	Better publicize programs and services	6
General	Brattleboro Retreat is working well; continue doing what you're doing; the improvements we need to see lie at the community and systems levels	10
General	Increase rewards/compensation for staff (to decrease turnover and create a more skilled workforce) thru increase in salaries, tuition reimbursement, employee recognition programs	10


What do you think about the quality of communication and collaboration between the professional medical community and the professional mental health and addiction treatment community?
Don't know 16%
Very good 3%
Non-existent 5%
Average 36%
Below average 40%
Very good
Average
Below average
Non-existent
Don't know

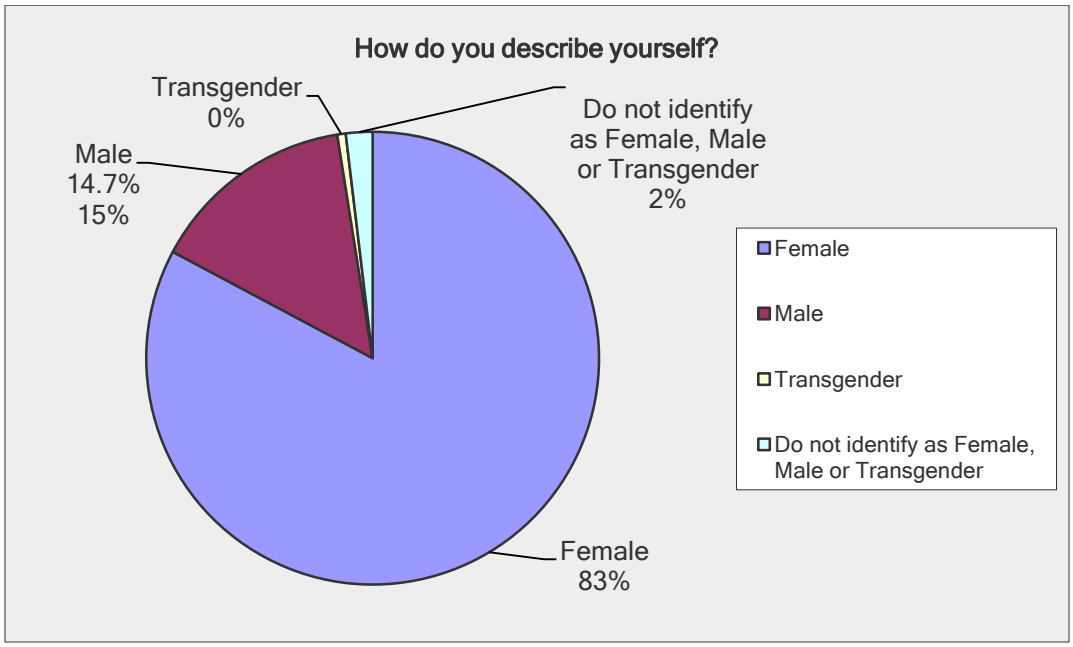
State


Mass. 4%
New Hampshire 6%
Vermont 90%

Age


Which category below includes your age?
17 or younger 0%
18-20 1%
21-29 9%
30-39 13%
40-49 20%
50-59 34%
60 or older 23%
17 or younger
18-20
21-29
30-39
40-49

Gender


How do you describe yourself?
Transgender 0%
Do not identify as Female, Male or Transgender 2%
Male 14.7% 15%
Female 83%
Female
Male
Transgender
Do not identify as Female, Male or Transgender

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Looking Ahead: 2016-2018 CHNA Implementation Plan

In the first quarter of 2016, planners at the Brattleboro Retreat, in consultation with various staff members from across the hospital and the Brattleboro Retreat's Consumer Advisory Committee, will develop a three-year action plan to address these priority areas.

Review of the 2013-2015 CHNA Implementation Plan

The Brattleboro Retreat successfully executed the 2013-2015 CHNA Implementation Plan. Below is the comprehensive plan with comments included on many of the items.

CHNA Implementation Plan

Applied Filters

Showing Parking Lot Items

70 items

#	Level	Name	Status	Start	Metric	Baseline	Target	Current Value	Last Comment
	Plan	CHNA Implementation Plan	Achieved	12/5/2012					
1	Goal	Support suicide prevention programming in the local community and across the state	Achieved	1/1/2013					
1.1	Objective	Decrease the suicide rate in Windham County by 10%	On Track	1/1/2013	Starting at 15 and tracking to 13.5	15	13.5	15	An updated rate is not yet available
1.1.1	Strategy	Partner with the Center for Health & Learning to train professionals in suicide prevention and prevention protocol and develop local capacity	Achieved	1/1/2013					
1.1.1.1	Tactic	Provide a suicide prevention training to mental health professionals (offering CEUs)	Achieved	1/1/2013					
1.1.1.2	Tactic	Provide a suicide prevention training to primary care physicians (offering CEUs)	Achieved	1/1/2013					
1.1.1.3	Tactic	Provide a suicide prevention training to faith leaders	Achieved	1/1/2013					
1.1.1.4	Tactic	Provide a suicide prevention training to social service and youth serving professionals	Achieved	1/1/2013					
1.1.1.5	Tactic	Provide a suicide prevention training to first responders (offering CEUs)	Achieved	1/1/2013					
1.1.1.6	Tactic	Provide a suicide prevention training to funeral directors	Achieved	1/1/2013					
1.1.1.7	Tactic	Provide a UMatter youth suicide prevention training to educators (offering CEUs)	Achieved	1/1/2013					
1.1.1.8	Tactic	Assist the Center for Health & Learning in developing and executing an ongoing support mechanism for trained professionals	Achieved	1/1/2013					As a member of the Vermont Suicide Prevention Coalition, we have guided CHL in the planning and establishment of the Vermont Suicide Prevention Center.
1.1.1.9	Tactic	Train representatives of professional groups in suicide prevention gatekeeping and prepare them to orchestrate suicide prevention and protocol trainings to their respective groups or networks	Achieved	1/1/2013					Partnered with CHL in 2013 and 2014 to offer CEUs at their trainings in prevention and postvention.
1.1.2	Strategy	Collaborate with community partners to provide suicide prevention programming to the community	Achieved	1/1/2013					

#	Level	Name	Status	Start	Metric	Baseline	Target	Current Value	Last Comment
1.1.2.1	Tactic	Schedule and produce one Brattleboro Community Television (BCTV) program each year on suicide prevention.	Achieved	1/1/2013					produced a segment in March 2015 with Kirk Woodring, LICSW
1.1.2.2	Tactic	Coordinate the production of two educational articles/press releases each year on the topic of suicide prevention	Achieved	1/1/2013					We've completed at least 2 per year.
1.1.2.3	Tactic	Partner with the Center for Health & Learning, Brattleboro Memorial Hospital and Grace Cottage Hospital to offer a Connect Youth Suicide Prevention workshop each fall and spring through the Wellness in Windham Health Education Program	Achieved	1/1/2013					
1.1.2.4	Tactic	Partner with the Center for Health & Learning, Brattleboro Memorial Hospital and Grace Cottage Hospital to offer UMatter Youth Suicide Prevention workshops to schools in Windham County	Achieved	1/1/2013					These are offered through Wellness in Windham Health Education
1.1.2.5	Tactic	Offer exhibit space to the Center for Health & Learning at the annual Wellness in Windham Health Festival to provide educational materials on youth suicide prevention	Achieved	1/1/2013					
1.1.2.6	Tactic	Collaborate with Grace Cottage Hospital, Brattleboro Memorial Hospital and the Center for Health & Learning to use social media to share information and resources on suicide prevention	Achieved	1/1/2013					
1.2	Objective	Decrease the statewide suicide rate by 10%	On Track	1/1/2013	Starting at 15 and tracking to 13.5	15	13.5	15	12.7 was the 2012 rate
1.2.1	Strategy	Participate in the VT Youth Suicide Prevention Coalition (VYSPC) to work collaboratively with agencies and organizations from across the state in suicide prevention and prevention protocol	Achieved	1/1/2013					Susan Buhlmann is an active participant in VYSPC
1.2.1.1	Tactic	Attend VYSPC meetings regularly	Achieved	1/1/2013					Susan Buhlmann is the lead representative from the Retreat, and she's been regularly attending meetings.
1.2.2	Strategy	Carry out a multifaceted campaign to increase public awareness of depression and available treatment options.	Achieved	1/1/2013					Stand Up to Stigma public awareness campaign
1.2.2.1	Tactic	Share a depression screening tool on the Retreat's website for the public to access	Not Achieved	1/1/2013					We did not find a screening tool that fit our criteria. We will continue exploring this option.
1.2.2.2	Tactic	Hold a free depression screening each year in conjuction with National Depression Screening Day	Not Achieved	1/1/2013					We tried this at the 2013 Wellness in Windham Health Festival and we didn't have any participation; therefore, we've decided not to continue it in future years.
1.2.2.3	Tactic	Hold annual training for primary care physicians in depression screening	On Track	1/1/2013					
1.2.2.4	Tactic	Publish two articles on depression each year	Achieved	1/1/2013					In 2015: Articles by Geoff Kane, MD, and Fritz Engstrom, MD
1.2.2.5	Tactic	Create and release two public service announcements on depression each year	Achieved	1/1/2013					Keep Talking Radio Shows
1.2.2.6	Tactic	Produce at least one Brattleboro Community Television (BCTV) program/video on depression each year	Achieved	1/1/2013					BCTV re-aired the segment on depression and the holidays with guest Robyn Ostrander, MD

#	Level	Name	Status	Start	Metric	Baseline	Target	Current Value	Last Comment
1.2.2.7	Tactic	Offer one Continuing Education program or Mid-winter Luncheon on depression each year	Achieved	1/1/2013					
1.2.2.8	Tactic	Develop and distribute depression screening materials	Achieved	1/1/2013					2013 Wellness in Windham Health Festival
2	Goal	Improve community awareness of existing health & wellness programs and services	Achieved	1/1/2013					
2.1	Objective	Triple the number of visitors to the Wellness in Windham website, a joint venture of the Brattleboro Retreat, Brattleboro Memorial Hospital and Grace Cottage Hospital.	Achieved	1/1/2013	Starting at 200 and tracking to 600	200	600	1.88k	
2.1.1	Strategy	Maintain an up-to-date Wellness in Windham (WiW) website	Off Track	1/1/2013					The three hospitals have made the deliberate decision to use hospital websites to showcase WiW events, workshops, etc.
2.1.1.1	Tactic	Expand health related content and resources on the WiW website	Off Track	1/1/2013					Hospitals have expanded educational content and resources on their websites and blogs
2.1.1.2	Tactic	Ensure the current Wellness in Windham Health Education Calendar is on the WiW website	Off Track	1/1/2013					Deliberate decision to put event on hospital websites rather than WiW website
2.2	Objective	Double the number of annual calls to 211 (calls made from Windham County residents only)	Achieved	1/1/2013	Maintaining between 36 and 72	36	72	175	175 calls in 2013
2.2.1	Strategy	Increase public awareness of 211	Achieved	1/1/2013					
2.2.1.1	Tactic	Promote 211 in social media and related press releases	Achieved	1/1/2013					
2.2.1.2	Tactic	Promote 211 at live events	Achieved	1/1/2013					
2.2.1.3	Tactic	Add 211 tag line to the BCTV Keep Talking programs' closing credits	Achieved	1/1/2013					Submitted a request to BCTV in October 2014
2.2.1.4	Tactic	Develop awareness campaign to include radio and print public service announcements	Not Achieved	1/1/2013					Will not be doing due to limited resources
2.2.1.5	Tactic	Work collaboratively with 211 staff to expand the database of mental health and addiction treatment providers	Achieved	1/1/2013					They participated in our 2015 Resource Fair
2.2.1.6	Tactic	Offer an exhibit space to 211 at the annual Wellness in Windham Health Festival	Achieved	1/1/2013					
2.3	Objective	Double attendance at Wellness in Windham Health Festival	Achieved	1/1/2013	Starting at 300 and tracking to 600	300	600	600	
2.3.1	Strategy	Work in partnership with Grace Cottage Hospital and Brattleboro Memorial Hospital to promote the festival	Achieved						
2.3.2	Strategy	Ensure a diverse representation of health & wellness exhibitors at the festival	Achieved						
3	Goal	Decrease prescription drug misuse	Achieved	1/1/2013					

#	Level	Name	Status	Start	Metric	Baseline	Target	Current Value	Last Comment
3.1	Objective	Double the number of patients receiving medication assisted treatments (buprenorphine and methadone) through the Hub and Spoke model, a joint venture of the Brattleboro Retreat and Habit OPCO.	Achieved	7/1/2013	Starting at 270 and tracking to 540	270	540	701	The Retreat has served 701 patients from 2013 to present
3.1.1	Strategy	Partner with Habit OPCO to offer coordinated and community-based comprehensive opioid dependence treatment and support program that meets the Department of Vermont Health Access' requirements.	Achieved	7/1/2013					
3.1.1.1	Tactic	Establish protocols and systems for administering buprenorphine, including the assessment, induction and stabilization to clinically complex patients	Achieved	1/1/2013					
3.1.1.2	Tactic	Negotiate a formal business agreement with Habit OPCO covering Hub service delivery systems, reimbursement arrangements and contract reporting requirements	Achieved	1/1/2013					
3.1.1.3	Tactic	Establish ancillary partnerships with community-based providers for Spoke services	Achieved	1/1/2013					
3.1.1.4	Tactic	Integrate and adhere to the new NCQA Speciality Standards for medical homes	Off Track	1/1/2013					
3.1.2	Strategy	Integrate Retreat's current outpatient medication assisted therapy program into the spoke portion of the State Hub and Spoke initiative.	Achieved	7/1/2013					
3.1.2.1	Tactic	Continue to provide buprenorphine services on an outpatient basis, and integrate this model into the State's "Spoke services" programming	Achieved	1/1/2013					
3.1.2.2	Tactic	Establish a collaborative relationship with local Community Health Teams in Windham and Windsor Counties to coordinate the medical and psychosocial needs of clients receiving buprenorphine through the Retreat's spoke services.	Achieved	1/1/2013					
3.2	Objective	Provide effective, non-narcotic alternatives for the treatment of chronic pain to 400 individuals.	Off Track	7/1/2013	Starting at 0 and tracking to 400	0	400	204	Mind Body Pain Management Program has served 204 patients since it opened in 2013.
3.2.1	Strategy	Develop and operate a behavioral pain management clinic providing behavioral pain management therapies	Achieved	1/1/2013					
3.2.1.1	Tactic	Obtain funding and treatment space for a pain management clinic.	Achieved	1/1/2013					
3.2.1.2	Tactic	Develop and implement a marketing plan for the pain management clinic by February 2013	Achieved	1/1/2013					
3.2.1.3	Tactic	Open the pain management clinic for business	Achieved	1/1/2013					
3.2.1.4	Tactic	Collaborate and coordinate with medical providers in the community, who would serve as referrals sources for this service	Achieved	1/1/2013					
4	Goal	Improve care coordination between medical and mental health providers	Achieved	1/1/2013					
4.1	Objective	Make Vermont Collaborative Care, LLC., a joint venture of the Brattleboro Retreat and Blue Cross Blue Shield of Vermont, 100% operational.	Achieved	7/1/2013	Starting at 0% and tracking to 100%	0%	100%	100%	
4.1.1	Strategy	Manage Blue Cross Blue Shield of Vermont health plans with expertise integrated across mental health, substance abuse, and physical health.	Achieved	7/1/2013					
4.1.1.1	Tactic	Work collaboratively with BC/BS to develop an integrated approach to case management for individuals who live with medical, mental health and/or addiction disorders	Achieved	1/1/2013					
4.1.1.2	Tactic	In collaboration with Blue Cross Blue Shield of Vermont, set goals and strategies for Vermont Collaborative Care	Achieved	1/1/2013					

#	Level	Name	Status	Start	Metric	Baseline	Target	Current Value	Last Comment
4.1.2	Strategy	Partner with Dartmouth Hitchock Medical Center, Fletcher Allen Healthcare and other providers in One Care, an accountable care organization for seniors with Medicare.	Achieved						