

2019 Community Health Implementation Plan

Since 2011, Care New England has participated with the Hospital Association of Rhode Island (HARI) and other member hospitals across Rhode Island to conduct a statewide Community Health Needs Assessment (CHNA). The 2019 CHNA builds upon prior studies to monitor health status across the state and in local hospital communities.

The CHNA study examined a broad range of health indicators data and input from a wide representation of health and human service providers, community stakeholders, representatives of community based organizations, and the Rhode Island Department of Health, among others. The comprehensive study provided valuable insights into pressing health and social needs of community residents, illuminated health disparities experienced by population groups and across communities, and identified new opportunities for collaboration with community entities.

Results from the CHNA report will be used to guide community health planning for Care New England hospitals and as a baseline to evaluate outcomes from those initiatives. Available to the public on each hospitals' website, the report will also serve as a resource for grant making, advocacy, and as a valuable tool for community health and social service partners.

In response to the findings of the 2019 CHNA, Care New England developed three-year action plans for community health improvement action plans for each of its hospitals: Butler Hospital, Kent Hospital, and Women & Infants Hospital. These plans build upon previous health improvement activities across Care New England and outline strategies to tackle new health concerns and a changing care delivery environment. System-wide goals and objectives, and hospital-specific strategies are outlined below.

Care New England Community Health Implementation Plan 2019-2022

Hospitals

- > Butler Hospital
- > Kent Hospital
- > Women & Infants Hospital

Priority Areas:

- > Behavioral Health
- > Chronic Disease
- > Maternal & Child Health

Behavioral Health

Goal: Increase access to and the advancement of treatment for mental health and substance use disorders.

Objectives:

- > Increase availability of behavioral health services for all residents.
- > Increase effective screening for depression and treatment at all stages of life.
- > Reduce the number of deaths due to mental and behavioral disorders.
- > Reduce the proportion of people engaging in excessive drinking of alcohol, and reduce driving deaths due to alcohol consumption.
- > Reduce the number of deaths due to overdose and substance use.
- > Reduce the number of youth who engage in substance use.

Hospital Specific Strategies:

Butler Hospital

- > Staff a Behavioral Health Call Center to serve as a live resource for individuals in crisis or those seeking behavior health services. Referrals and information are provided for services within Care New England as well as community-based agencies.
- > Provide the *True Self Program* to address behavioral health needs specific to the LGBTQ+ community, particularly among adolescents and young adults.
- > Partner in *Safe Stations Providence* initiative, which provides 24-hour walk-in support at fire stations throughout Providence for anyone experiencing a behavioral health crisis or seeking services.
- > Hosts the *Get Psyched!* community event series which is a free, “stigma-busting,” education program about mental health and addiction disorders.
- > Participate in the Rhode Island State Innovation Model (SIM), a federally funded program aimed at improving the primary care and behavioral health infrastructure, engaging patients in positive health behaviors and self-advocacy, and expanding the ability of providers and policy makers to use and share data.
- > Partner with The Providence Center to provide *AnchorED*, which connects certified peer recovery coaches to individuals who present at the ED with an opioid overdose.
- > Continue *Care New England Connect*, a partnership between The Providence Center and Care New England that develops a true center of behavioral healthcare excellence in Rhode Island.
- > Support the *Crisis Stabilization Unit* on campus, which provides short-term care for patients experiencing an acute psychiatric and/or substance use crisis that could escalate to a point of requiring hospitalization.
- > Provide the *Recovery Stabilization Program*, an intensive outpatient program offering medication assisted treatment for opioid addiction, which has been designated as a Center of Excellence (COE) by the State of Rhode Island.
- > Continue offering support groups including Al-Anon, Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery (Self-Management and Recovery Training), Anxiety and Depression, MDDA-DBSA (Depression and Bipolar Support Alliance), Cognitive Behavior Therapy (CBT) Skills Group, SS (Suicide Survivors) Hope Group, and NAMI Family and Connection Recovery.
- > Continue to support the *Community Diversion Program* that provides for a clinician to ride along with police to respond to individuals in psychiatric or substance use crises.

- > Continue to implement a Zero Suicide Initiative that provides evidence based treatments to patients with an elevated risk of suicide by
 - partnering with the American Foundation for Suicide Prevention to host local education events to raise awareness about suicide;
 - collaboration with peer specialists that have lived experience with suicide to expand outreach to patients post-discharge from hospital programs;
 - increasing the number of Rhode Islanders that are screened for suicide by providing suicide prevention education across CNE operating unit staff with support from a federally funded Zero Suicide grant

Kent Hospital Program:

- > Provide the *Comprehensive Care Program for Older Adults* (Kent Geriatrics Consultation Team) to optimize treatment and recovery, and assist patients to return safely to their lives with a focus on quality of life and maintaining independence.
- > Support the *Crisis Stabilization Unit*, which provides short-term care for patients experiencing an acute psychiatric and/or substance use crisis that could escalate to a point of requiring hospitalization.
- > Partner with the Rhode Island Parent Information Network, whose mission it is to assist individuals, parents, families, and children to achieve their goals for health, education, and socio-economic well-being by providing information, training, education, support, and advocacy for person/family-centered care and system change.
- > Participate in the *Rhode Island State Innovation Model (SIM)*, a federally funded program aimed at improving the primary care and behavioral health infrastructure, engaging patients in positive health behaviors and self-advocacy, and expanding the ability of providers and policy makers to use and share data.
- > Partner with The Providence Center to provide *AnchorED*, which connects certified peer recovery coaches to individuals who present at the ED with an opioid overdose.
- > Continue to support the *Community Diversion Program* that provides for a clinician to ride along with police to respond to individuals in psychiatric or substance use crises.

Women & Infants Hospital

- > Provide care and support for women experiencing depression or mood and anxiety disorders while pregnant or postpartum, with consultations provided through the *Women's Behavioral Health Consultation Liaison Service*.
- > Continue to provide the *Moms MATTER* (Medication Assisted Treatment to Enhance Recovery) Program, providing a safe place for pregnant and breastfeeding women with an opioid use disorder to seek compassionate and non-judgmental care.
- > Increase depression and other behavioral health screening efforts for pre- and postpartum women across physician and hospital settings.
- > Partner with the Rhode Island Department of Health and the Department of Children and Youth to develop and implement opioid recovery treatment programs that allow mother and baby to remain together.

Chronic Disease

Goal: Address cyclical poverty, trauma, and health disparities that lead to poorer outcomes and shortened life expectancy.

Objectives:

- > Reduce risk factors for chronic disease.
- > Increase chronic disease screening rates and disease management among affected populations.
- > Improve health and social outcomes for seniors.

Hospital Specific Strategies:

Butler Hospital

- > Continue to screen for and treat diabetes among patients receiving treatment for behavioral health services.
- > Identify and develop care plans that address comorbidities for behavioral health and
- > Lead efforts to grow integrated care delivery within primary care and specialty practices.
- > Provide expertise and guidance to assist Care New England develop systemwide delivery of trauma-informed care.

Kent Hospital

- > Offer the Healthy Steps Program, a 12-week medically based weight management program that focuses on long-term lifestyle changes.
- > Offer the Take Off Pounds Sensibly (TOPS) Program/Support Groups, a weight loss program and support group offered weekly.
- > Continue to provide the Center for Surgical Weight Loss, performing lap band, sleeve gastrectomy, and gastric bypass surgeries for individuals meeting criteria established by the National Institutes for Health.
- > Partner with community based organizations to promote activities that reduce risk factors for disease.
- > Continue The Doctor is In wellness series, a free community program that provides education about health issues including risk factors for chronic disease, preventive care, and chronic disease management.
- > Provide *Uber Health* transportation for patients to get to specialty care appointments for services not provided at the Pawtucket Family Care Center.
- > Offer the Cardiovascular Risk Reduction Program, a 12-week program that provides an individualized exercise program to meet specific needs.
- > In conjunction with Integra ACO, provide *Certified Diabetes Outpatient Educators* to reduce negative outcomes for patients with diabetes.
- > Provide free glucose testing at health fairs.
- > Provide the *Lung Cancer Screening Program*, offering a state-of-the art approach to the early diagnosis of lung cancer, and increasing the community's awareness of the dangers of continued tobacco use.
- > Provide the *Comprehensive Care Program for Older Adults* (Kent Geriatrics Consultation Team) to optimize treatment and recovery, and assist patients to return safely to their lives with a focus on quality of life and maintaining independence.
- > Staff and host the following support groups: cardiology (patient and family), weight loss, stroke, amputee, and breast cancer.

- > Provide financial and programmatic support to the Pawtucket/Central Falls (PCF) HEZ, including offering evidence-based walking clubs and group exercise programs for adults at risk of heart disease, hypertension, stroke, and diabetes.

Women & Infants Hospital

- > Continue offering support groups, including *Crohn's Disease and Colitis Support Group for Women* and *Take Off Pounds Sensibly (TOPS)*.
- > Partner with community based organizations that serve women of color and others at increased risk for chronic disease to provide community based education, screenings, and health services.
- > Provide education in community and healthcare settings about risk factors associated with gestational diabetes for mothers and infants.
- > Promote the benefits of breastfeeding to reduce obesity and related diseases for mothers and infants.

Maternal and Child Health

Goal: Deliver the best birth outcomes for all mothers and babies and improve the well-being of families.

Objectives:

- > Reduce the number of births to mothers under age 20.
- > Increase the proportion of pregnant women who receive early and adequate prenatal care.
- > Reduce low birth weight and preterm births.
- > Increase the number of women who breastfeed their babies at the point of hospital discharge, at 30 days postpartum, at six months postpartum, and at one year.
- > Increase early recognition and treatment of depression in pre- and post-natal women.
- > Reduce the occurrence of Neonatal Abstinence Syndrome (NAS).
- > Reduce the rate of maternal morbidity and mortality during pregnancy and birth.
- > Reduce exposure to child and family trauma.

Hospital Specific Strategies:

Butler Hospital

- > Support Women & Infants programs to address behavioral health and wellbeing of women and children.
- > Provide community education and services to reduce behavioral risk factors among young women that may contribute to teen pregnancy.
- > Provide subject matter expertise about behavioral health to primary care, specialists, health clinics, and other providers.
- > Continue partnership with Women & Infants Hospital to provide behavioral health services to women in crisis or recovery.

Kent Hospital

- > Offer free or reduced cost childbirth and breastfeeding programs and lactation consultations for new mothers.
- > Provide the *Mothers on Methadone (MOM)* Program, a comprehensive educational and support program for expectant and postpartum women receiving methadone maintenance and/or opiates for other medical conditions.
- > Partner with Women & Infants Hospital to provide education and programs that support healthy births and families.

Women & Infants Hospital

- > Partner with community networks of women of color to build collective power for social, economic, and political transformation.
- > Partner with community clinics to provide medical care to individuals without health insurance, to provide OBGYN services and lab testing.
- > Provide care and support through the *Women's Behavioral Health Consultation Liaison Service* for women experiencing depression or mood and anxiety disorders while pregnant or postpartum.
- > Continue to provide the *Moms MATTER (Medication Assisted Treatment to Enhance Recovery)* Program, providing a safe place for pregnant and breastfeeding women with an opioid use disorder to seek compassionate and non-judgmental care.

- > Offer free or reduced cost childbirth and breastfeeding programs and lactation consultations for new mothers.
- > Offer the *Healthy Early Relationships (HER) Program*, focused on strengthening the parent-child relationship to promote child development and healthy family functioning.
- > Continue to screen mothers for tobacco, alcohol, and substance use and provide education on the negative effects of these substances and treatment options.
- > Provide consultation and oversight of obstetrics and gynecology at *Thundermist*, a Federally Qualified Health Center.
- > Provide *The Warm Line*, a toll-free telephone support system staffed by professional nurses to provide information for questions on newborns, breastfeeding, postpartum issues and other issues.
- > Participate in the *Prematurity Task Force*, a multidisciplinary, multi-stakeholder task force aimed at reducing premature birth in Rhode Island.
- > Lead the *Maternal Mortality Review Program* in collaboration with the Rhode Island Department of Health, dedicated to the enhancement of maternal mortality review in Rhode Island.
- > Support the *Rhode Island Free Clinic*, which provides women's health services to some of Rhode Island's most vulnerable women using trainees and preceptors from the Women & Infants Department of Obstetrics and Gynecology.
- > Lead the *Clinical Care Working Group* to improve continuity of care, promote a culture of inclusion and humility, and create an environment that supports low intervention births, inter-professional collaboration, and patient and family centered care.
- > Provide financial counseling to assist pregnant women and women seeking gynecologic and well-woman services acquire insurance coverage.
- > Conduct *unconscious bias training* with Women & Infants staff and administrators to improve care and outcomes for women of color.
- > Provide enrichment opportunities for teens through the *Teen Volunteer Program*.

At Care New England, we know we cannot make the progress alone. We are dedicated to working within—and with—our communities to improve the health and quality of life of all residents. We respect and value the expertise and services of the many individuals and organizations across Rhode Island that are committed to this work every day. In carrying out the action plan we've outlined, we will continue to sustain our ongoing collaborative efforts and seek to foster new partnerships to better reach diverse populations and address social determinants of health that create an imbalance in quality of life and equity for all residents.