

**WINDSOR HSA COMMUNITY COLLABORATIVE
MEETING MINUTES
WEDNESDAY APRIL 15, 2020**

Attended by: Joanne Arey, Jenna Austin, David Baker, Samantha Ball, Mary Boardman, Thomasena Coates, Gretchen Cole, Hilary Davis, Barbara Dore, Paul Dragon, Janice Eberly, Rudy Fedrizzi, Jodi Frei, Maurine Gilbert, Sue Graff, Carla Kamel, George Karabakis, Sandy Knowlton Soho, Richard Marasa, Lisa Paquette, David Park, Otelah Perry, Alice Stewart, Becky Thomas, Susan White

1. CELEBRATION – Jill started the meeting by recognizing the collaboration and integration power of Collective Impact and working together that has been shown during this COVID-19 pandemic.

Jill led the group in a virtual celebration and honoring with a special and rare award that we give out to people for meritorious service, representing the work, commitment and caring of key individuals. The Giraffe, representing the “Stick Your Neck Out Award,” was presented to Sandy Knowlton Soho, representing OneCare Vermont to recognize her role in improving the health and wellbeing of our community. She has led with passion, nobility, expertise and a real commitment. She has led the Senior Workgroup. It is with honor that we thank and recognize Sandy!

Sandy shared that she is truly honored.

2. COVID-19 RESOURCE SHARING AND REPORT OUTS –

Healthcare and Rehabilitation Services (HCRS)

George shared that services across the two counties have gone almost completely remote. All services are continuing to be provided, but in different ways; supporting people with developed COVID 10 crisis plans, continuing to do intakes, assessments and therapies. Implemented Zoom Bingo, Jeopardy, reading groups, parent training, and individualized training. 4 weeks ago, 5 hospitals, including the Brattleboro Retreat, started doing telemedicine crisis evals, which reduced wait times and no shows. HCRS developed a Warm Line and trained 25 staff peer support staff who work 7:30a-10:30pm, 7a days a week. Redeployed staff helping families who are delivering academics. They are delivering food and providing coaching. The model of care has changed dramatically. Zoom is being used for support groups, managers meeting, and follow up for 6 residential programs. It is working well. HCRS has not had to lay off or furlough any staff. They have been redeployed. It has been a challenge with PPE and developing protocols. George clarified that the Warm Line, is for existing clients, and community at large. Jill will attach this to the minutes. On behalf of our communities George was thanked for this outreach. It is much needed.

Southern VT Area Health Education Center (AHEC)

Sue shared that high school students are joining with college students as mentors. Students are doing remote workshops online. Internships are being offered, with students at home doing college classes remotely. Two students have jumped at the opportunity. They will be working at MAHHC with Alice in the Prevention Coalition, and RiseVT. These are called “Micro-internships” and they will continue through the summer. If you have projects like data collection or college student type projects, please let AHEC know. The students are desperate for experience. Summer jobs not as available. It is a great opportunity for agencies to work with these students.

Windsor Central Supervisory Union (WCSU)

Dr. Baker shared that employees have gone beyond the call of duty to respond to situations. He is most proud of the food service, bus drivers, and volunteers for delivering food. There are many challenges with food and with educating remotely, but mostly that challenges with remote learning is with parents. The school is trying to help students and families keep up the academics while not going overboard. Food is critical because parents are losing jobs and this is going on longer than anticipated. The numbers are climbing from 400-500, now to 700-800 kids per day. We are referring to it as the “Summer Lunch Program.” Our area is identified as a fairly needy area, so we are a universal site, which means we can satellite out to other areas and serve all children aged 18 and under. Special thanks to Craig, Jim Taft, Mike Bodette, who will resume production and delivery of food. They had to get Windsor site ready for a larger production. They dropped off extra food on Thursday and Friday prior to school vacation week. Dr. Baker checked in with Craig, who had a good couple of days and he is preparing and planning menu today. This is a huge undertaking. Jill helped find extra volunteers. The numbers could grow as the economy declines. Finding child care for essential workers has not been easy. The school has placed about 15-16 kids in private daycare centers. With the schools closed for the rest of the year, teachers are boosting remote skills and have done a good job, getting work out and making videos for lessons. Google Hang Out and Zoom primary platforms. Thank you to the WCSU.

White River Family Practice (WRFP)

Joanne shared they have implemented visits by Telehealth. Patients who need to be seen in the office (newborns, etc.), are seen early in the AM. The biggest thing to share is patients have been sent letters and e-Blasts. High risk patients with COPD, asthma, etc. are getting phone calls asking them if they are ok and if there’s anything that can be done to help. Patients have so much appreciation for these calls. MA’s have been calling all the Telehealth patients, reconciling meds, allergies, and depression screenings. Clara Martin is available one day a week in house, at no charge to patients. We are calling each person, so mental health issues are still addressed. The practice is hanging in there and keeping staff very busy. Lisa shared that everyone is adhering to social distancing, providing community support, meals to kids, senior connections, and previous groundwork they have laid is coming to fruition, and it is heartening to see. Congratulations for the hard work!

Vermont Health Department (VDH)

Rudy shared the VHD COVID Response. They are hearing more and more that “if and when” we open the country, we will need to be doing aggressive testing, however VT has been doing this right along. Becky and Rudy have been part of a team visiting congregate living places, to do wide testing out of concern for outbreak in those settings. Testing capability is growing. Doing proactive outreach to settings of the most vulnerable, long term or senior facilities. They spent a couple weeks, going over infection prevention, and what their needs are. Ideally interventions before they are confronted with a real case. Rudy reflected on the foresight and the work of the Great Upper Valley Integrated Services Team. A Network analysis has been started to identify ways we work together to improve and create effective and efficient process for families. Most agencies are integrated and are coordinating care. We will study how to improve interactions/relationships. We will learn a lot about what is possible if we connect even stronger.

Becky shared updates for WIC. They have gone entirely remote, referred to as “TeleWIC.” Staff are rotating through the office. There are two people on site on any given day. This includes one certifier and one nurse. This is working well. Numbers are up as people are losing their jobs; new participants, or old have re-joined the program. Laptops with phones are available. If proof of anything is needed, it is done by email. It has been a challenge getting up to speed with remote care and electronics. The WIC program received Federal permission to waive nutrition education requirements, extend certification, and add food that may be hard to find in grocery stores as a result of hoarding. We have been able to expand food options, like breads, etc. that were not previously on the food program before. We have waived a lot of the WIC “hoops”, which has been tough for staff to let go of some of those rules. The central office has been supportive and district offices are helping each other. Technology and confidentiality items include permission to share by mail. Staff working remotely but still a team effort with communication, but still has been a challenge. Thank you to VDH, you are making a difference!

Rudy reported a significant increase in MRC volunteers. Volunteerism is important, HE hopes the volunteers will stay on past the COVID 19. Dr. Levin made a comment that the number of people coming forward for tobacco cessation has increased. Risk factors related to smoking has huge factors related to chronic disease. 802Quits and Sarah Doyle, Regional Self-Management Coordinator are available for tobacco cessation help. Jill will put both numbers for tobacco for the minutes. (See attachment)

MAHHC- Self Management

Sarah Doyle, Regional Self-Management Coordinator has started a number of online workshops including chronic disease management and chronic pain. Sarah can be reached at 802-674-7089.

Vermont Agency on Human Services (AHS)

Paul shared Rudy’s sentiment that it is a wonderful opportunity to accomplish the network analysis partnering with the Couch Foundation. This is an opportunity to think differently about how we do our work. He hopes that this will help create a Bi-State regional partnership, based on modes of communication for shared leadership. Goddard College was established as a COVID-

19 site, particularly for those experiencing homelessness or those in group homes. They spent 3 weeks getting that site prepared, however decided to stand down, but are still holding it as a backup. The Holiday Inn in S. Burlington is managed by AHS. They were on site over the weekend to help get them prepared, and obtain materials. It has been operational since Monday AM. One person came in on Monday evening. With the Stay At Home order and people who are COVID-19 positive and need a place to stay, this is an option. In White River Junction, the Homeless Response Team are meeting later this afternoon. It is impressive to have the Homeless Response Team working in conjunction with Upper Valley Strong Team and all the amazing work they are doing. Great to be a part of this, and connected to the work that is going on.

Sue shared that she is convening a workgroup for Springfield District. Please get in touch with Sue if you'd like to be part of the team. Many people have been housed and are able to self-isolate. Sue gave a shout out to Economic Services, for the hard work to house people in hotels. Hartford and Brattleboro District will collaborate on housing as Springfield's one hotel is full. We are establishing how to mass feed those housed in hotels 3 times a day, and 7 days a week. Looking at all available resources. Very appreciative of all the partners, and everyone on this call, as well as Springfield Medical Systems and Precision Valley Co-Ag.

OneCare Vermont (OCV)

Jodi shared how they trying to support their network and doing so in a variety of ways. The CEO is working closely with payers, GMCB and CMS to assess what type of relief we can provide to our network/hospitals, and what everyone is doing to try and manage COVID-19 situation. They will be exploring financial relief and relief in the quality reporting process. They anticipate much of 2020 to be a reporting year only. They have delayed the start of our new 2020 care coordination payment model strategy. The new payment model will transition many organizations from a Capacity Payment Model, to a Value Based Model. April was not a good timeframe to start a new payment model. There have been furloughs and redeploying of care managers. One care has made the decision to delay the model to May 1 at the earliest. There has been talk to delay start of the new payment model to Quarter Two 2020 (could be July 1st). Norm, the Medical Director/CMO has been working on Telehealth and Telemedicine services. Reimbursement was limited in the state. One Care has worked with a variety of payers on "parody" visits. They are paying for visits as if they were in person. More information available on the OneCare Network News. Jodi would like to recognize Norm and Sue Shane. There is a new care coordination application available to identify high risk COVID-19 patients. The Analytics team came together, recognized the need for health services in the area. They have built an app that has allowed OneCare participants to narrow down their attributed lives to most vulnerable population and risk factors around COVID-19. Patients who are considered "frail" with chronic diseases and those with mental health issues are the most vulnerable of the vulnerable. The new tools will to help understand who these patients to reach out to. Jodi echoed Jill's acknowledgement of Sandy Knowlton Soho. Jodi has witnessed her passion, commitment, expertise and her ability to have impact on workflows and patient care.

Sandy reiterated how their new App will be able to provide tools we can use going forward beyond pandemic and the App will be useful in the future. Jill added that MAHHC started using

the app ASAP and our community health team went through our high risk patients and did outreach.

Visiting Nurse and Hospice of Vermont and New Hampshire (VNH)

Hilary shared that they have been able to obtain universal PPE, which has helped to adjust to doing more in home visits with PPE for patients and staff. Recognizing that clinics are closed, they have increased their skills for patients who still need infusions, INR's checked, BP or even diabetic foot care. They have started to deploy staff to do those types of care. Increased phone visits for senior patients were amped up from monthly to once a week to be sure they have appropriate access to medications, and resources.

Scotland House Adult Day Care

Gretchen reported that the Adult Day Care Program was mandated to close back in March. Primary responsibilities have been to outreach in many ways. They have been doing a video chat once a week with participants. Weekly calls with families and caregivers are done to check in with nurse or staff. Staff are making sure they have things at home to do. Much more stress added in the last two weeks related to caregiving at home. Families are struggling more and routines have been changed. Some patients with Dementia may not fully understand the implications of COVID-19. Some need to do activities with Scotland House over the phone. Scotland House is doing a little bit more one to one with families giving them ideas on what they could be doing. Scotland House has partnered with VT Alzheimer's Association. They have facilitated a support group every Monday. VT Alzheimer's Association, has also seen an uptick in participants. Gretchen shared how she finds the video chats to be enjoyable and has made her realize how much she misses people.

Mt. Ascutney Hospital and Health Center (MAHHC)

Jill reported for the hospital in general, we stood up incident command early in the process twice daily and have moved to once daily. Staff showed an amazing effort for retraining, to handle ventilators that were infrequent before Covid-19. Workflows have changed in all areas of the hospital. Physical environment have changed as well as work flows and roles, Jill's new mantra "Clean, screen and space in between." A Respiratory clinic was established with our CCN's and providers are primarily supporting that work. They have been assessing and teaching people with symptoms and doing testing. They have adopted new PPE. We are working with D-HH system to adopt protocols across system.

The Windsor Area COVID-19 Response Team is a coalition of professionals and citizens dedicated to helping the community meet the challenges of COVID-19 in a way that promotes the health and well-being of the community while keeping people safe and helping them have access to necessary services. The following groups comprise the team:

The Windsor school system, Windsor town government, Mt. Ascutney Hospital and Health Center, Volunteers in Action, The Windsor Improvement Corporation, The Windsor Resilience Committee, The Windsor churches, and citizens of Windsor

Subcommittees have formed as follows:

1. Communication – Purpose to educate, share resources, promote health and reduce risk of infection, decrease social isolation and promote compassionate support
 - Created a website for citizens to express needs and developed a workflow to meet the needs; to recruit support and mobilize community volunteers
 - Daily disseminate education and resources through website, social media, Front Porch Forum, town newsletter, electronic distribution networks
 - Develop a system of street captains for local communication network
 - Developed a compassionate support out reach of phone calls and pen pals to all local nursing homes and assisted living as well as elders and socially isolated individuals
2. Food- decrease risk of food insecurity and hunger in a time of crisis
 - Supported schools in packing and distribution of food
 - Supported Meals On Wheels with volunteers and alternate sources of food from two restaurants in town
 - Supported food shelves with volunteers and food drives
 - Outreach to farmers
 - Facilitation of resources with the Vermont Food Bank
 - VeggieVanGo at the school served 257 families
3. Economic Support
 - Developed an algorithm linking financial needs with traditional resources such as Economic Services and SEVCA and then to grant resources
 - Worked with DH \$20,000 grant, Woodstock Relief Fund \$130,000+ , VCF, OHF
 - Mobilized the CHT social workers with Volunteers In Action and our Windsor Community Health Clinic (free clinic at MAHHC) to assess and meet the pressing needs for social determinants of health
4. Child Care
 - Assessed increase signs of distress/stress of families , outreach of support through Family Wellness Program, video, mailings and phone calls

Carla reinforced how the phone check-ins with high risk patients have been great and patients appreciate it. We gain a lot of info. She reports a turnaround in reach out where people are checking in with Carla, and formulating their own phone tree. She shared a story of an apartment complex where people are isolated. People living in the complex made a huge dinner, and delivered meals on Easter. Networking is getting stronger and stronger. Carla shared the availability of the Windsor Area Relief Fund, under Woodstock Community Trust. Basic needs can be met for food, utilities, rent, etc. Online applications blew up overnight. They added on another case manager because numbers are so high. They are working diligently, and have a great team. There is up to \$1000 available for each family. Sometimes it may take an hour to speak with someone. With this reach out, they have discovered several patients who need healthcare insurance, and were referred to Samantha and Kristi.

Samantha reported that she received an email from Vermont Health Connect just today with the good news that VT just extended deadline to apply for insurance for another month. You can now apply for VT Health Connect until May 15th. This is only for those who have lost insurance

or are uninsured. They cannot change plans. They can help re-enroll or enroll people for the first time.

Jenna shared that providers reaching out stating this person could use a phone call. They are tackling the OneCare patient list, trying to reach out to people. Some have appreciated it, and others have said they will do what they wish. Liz and Amy are also reaching out and making sure patients have hot line numbers and what they need for resources. Most people just want to talk.

Thomasena shared that Springfield Middle School counted 400 people served for the Vermont Food Bank. Demand is high now. The 400+ families for Springfield was double what we've seen any of the last twelve months. There were many new participants, fueling a lot of questions and answers. The report I heard also noted that "the produce was beautiful!"

The overall consensus of today's meeting is that change in the community has been dramatic, with improvements and positive outcomes. Jill shared that she will be walking away feeling comforted, and thank you to all for your efforts and your time. Stay safe and continue to work together!

2. REVIEW OF WINDSOR HSA CC EVALUATION – Jill shared and reviewed the results of the HSA evaluation with graph results, comments and analysis of outcomes. See attached. She presented a graphic illustration of our ACH. See attached. We will recommend changes to our quarterly meeting as a result of the evaluation at our next meeting. We will also review the charter at our next meeting to see if any changes are needed.

3. NEXT AGENDA –

- Comment and recommend changes to Quarterly HSA Meeting
- Review Charter and make any changes needed.

Respectfully recorded,

Mary Boardman
Administrative Assistant