COMMUNITY BENEFITS IMPLEMENTATION PLAN

HEALTHALLIANCE HOSPITAL

FY2016 – FY2018

AN AFFILIATE OF

UMASS MEMORIAL HEALTH CARE, INC.

UMassMemorial
HealthAlliance Hospital

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I. Executive Summary

The 2015 Community Health Assessment of North Central Massachusetts is an updated review of health status, issues, and related factors that have an impact on residents living in a very diverse area of the State. The current study was conducted as a collaborative effort between Heywood Healthcare's Heywood Hospital and Athol Hospital; HealthAlliance Hospital; the Joint Coalition on Health (JCOH); the Montachusett Public Health Network (MPHN); and numerous other community partners that provide health-related services, as well as organizational and individual advocacy, via hospitals, health centers, rehabilitation centers, primary care physician and specialty networks, public health networks, schools, and community-based organizations. The study researchers and report writers were staff and consultants of the Center for Health IMPACT™ (formerly known as the Central Massachusetts Area Health Education Center, Inc.), located in Worcester, Massachusetts.

Many important initiatives have resulted from past community health assessments of North Central Massachusetts. The current comprehensive study of overall health in the North Central Massachusetts region, including exploration of health status, issues, concerns and assets in communities defined by lines drawn upon a map, as well as the real social issues crossing those invisible lines, is intended to provide up-to-date and salient data to inform stakeholders from every sector of the community in their efforts to improve the health and welfare of persons living in North Central Massachusetts

II. Community Benefits Mission

Mission Statement

As a member or UMass Memorial Health Care, HealthAlliance Hospital is committed to improving the health status of all those it serves and to addressing the health problems of the poor and other medically underserved populations. In addition, nonmedical conditions that negatively impact the health and wellness of our community are addressed.

The Mission incorporates the World Health Organization's broad definition of health defined as "a state of complete physical, mental and social well being and not merely the absence of disease." The UMass Memorial Health Care (UMMHC) Community Benefits Mission was developed and recommended by the Community Benefits Advisory Committee and approved by the UMass Memorial Health Care Board of Trustees.

III. Overview and Key Themes

The problems identified reflected the main themes that emerged across the Focus Group discussions and the Key Informant interviews. More detailed information about themes across Focus Groups, as well as themes that emerged within particular Focus Group and during Key Informant interviews are included in the full report

Substance Use: "Alcohol and drug use is a real problem, especially access to treatment resources and especially in the rural areas. For example, there are not detox, treatment or stabilization step 1 or step 2 resources in those areas at all." Substance use has been a consistent concern in past assessments of the health status of the Study Area. In the current study, issues of substance use and abuse were paramount. A lack of adequate treatment resources – both short term and long term – and the related impacts of substance use and abuse on individuals and communities were emphasized by nearly all of the study participants. This may be reflective of the opioid overdose crisis occurring in many parts of Massachusetts, including in the Study Area. However, alcohol use was highlighted as a serious health problem as well.

Mental Health: "The world feels scary and frightening and the services are not enough." Clinicians, health and social service providers, community adults, and youth across racial and ethnic groups alike stated that untreated mental health problems are increasing among both adults and youth in the communities of the Study Area. There was widespread concern about the shortage of mental health counselors in general, trauma counselors, and specialists to work with specific populations (e.g. pediatric, adolescents, LGBTQ individuals, non-English speaking, and racial/ethnic groups); waiting lists for mental health services; inadequate access to psychiatric care and hospitalization; and insurance coverage issues that limit placements. Depression, stress and trauma were cited as common concerns, as well as a lack of hope for the future – especially among youth, and high rates of suicide ideation and suicides. Descriptions of stigma related to mental illness diagnoses and suicide-related behaviors were mentioned as an ongoing barrier to mental health-seeking behavior.

Obesity and Unhealthy Eating: "We eat too much unhealthy foods because they are cheap or easily accessible (fast foods, cheap snacks/drinks.)" Interestingly, while unhealthy eating, a lack of access to healthy foods, too little exercise and a lack of information or education about nutrition were mentioned during several Focus Groups and by several Key Informants, the topic did not generate as much discussion and did not emerge to be one of the most urgent barriers to good health. However, based on their responses when asked to identify the three biggest health problems in their communities, participants clearly rank obesity and unhealthy eating as high among their health problems.

Transportation: "Because there is little transportation, [people] can't access quality health care." Insufficient public transportation and poor transportation infrastructure were widely identified as having a negative impact on community health and safety in every focus group and in multiple interviews with Key Stakeholders. Participants stated that transportation in the Study Area has not improved or has worsened, identifying the condition of roads, bridges and poor street lighting and also a lack of sufficient and affordable public transportation services as major barriers to staying healthy and accessing health services. Participants reported waiting hours to catch a bus, having to push baby carriages in inclement weather in order to make appointments; having to walk to the doctor's office even when very sick, and ending up in places "you shouldn't be" because of limited transportation. The impact of insufficient public transportation resources was considered even worse for those residing outside the Study Area's cities. "Elders in small towns are far away from health services out in the boonies; if you're in a rural area, you're pretty much on your own." 19 2015 Community Health Assessment of North Central Massachusetts

Poverty: “We’re all poor.” The economy, unemployment and poverty continue to exacerbate many issues associated with health and access to healthcare in the Study Area, despite decreases in unemployment since the last community health assessment in 2011. The accumulative and ongoing impact of economy-related stressors are considered to have an ongoing impact on mental health, substance use and abuse, violence, healthcare seeking behavior and general health status in in Study Area communities. Both community members and community leaders described a common state of resource insecurity among large numbers of community members who are either living in poverty, or have just enough money or resources to get by, but not enough to feel secure or be able to weather new circumstance that might arise and require more. Descriptions of choices between putting food on the table and purchasing prescribed medications; purchasing nutritious foods vs. less expensive “fast food”; or not seeking healthcare because of the high cost of co-pays for each visit, were common.

Housing and Homelessness: “The housing stock is old and chopped up.” “Homeless families in hotels… temporary placements are now turning permanent.” Homelessness and insecure housing were themes that arose throughout the qualitative data. Participants identified what they perceived as an increase in homelessness, questioning if there was a relation to the opioid crisis. In addition, service providers and community members alike expressed concern about the unanticipated relocation of homeless families to long term hotel stays in the region with corresponding impacts upon the families as well as on the regional educational and human service systems. The qualitative data reflected serious concerns about the living conditions of renters in the region; problems related to old and inadequately maintained housing stock; and increased conflict between tenants and landlords.

Child and Adolescent Health: “Every school system, every school should have a health curriculum from 4th – 12th grade.” Adults and youth alike expressed concern about the health of children and adolescents in the region, in particular about their social/emotional and mental health, and about a lack of adequate resources tailored for children and youth. Examples provided included the need for more pediatric mental health and treatment services, health education, employment opportunities, and encouragement for educational attainment, mentoring and expanded recreational options.

Social and Cultural Isolation: “So then they are sitting out there alone with all their problems.” Despite widespread agreement about and appreciation of community members’ willingness to help each other and the positive impact of strong organizational collaboration in the Study area, social and cultural isolation was considered by most Focus Group participants to have worsened in the past few years. Participants expressed concern about the isolation of elders; rural residents; LGBTQ individuals; families living in hotels; recent immigrants; and newcomers to the country. Wintertime was said to increase isolation in the Study Area and participants consistently mentioned a relationship between social and cultural isolation with loneliness, mental health problems, and drug and alcohol use.

IV. Target Geography and Vulnerable Populations

The Study Area configuration for the current assessment includes the 30 municipalities listed below, including nine (9) cities and towns included for the first time in this report (in italics) and excluding six (6) cities and towns represented in prior reports: Barre, Berlin, Hardwick, New Braintree, Oakham, and Rutland. Ashburnham Ashby Athol Ayer Bolton Clinton Erving Fitchburg Gardner Groton Harvard Hubbardston Lancaster Leominster Lunenburg New Salem Orange Pepperell Petersham Phillipston Princeton Royalston Shirley Sterling Templeton Townsend Warwick Wendell Westminster Winchendon

Within the Health Status and Outcomes section of the report, some data sets reflect a further distillation of data from the communities of: Princeton/ East Princeton; Lancaster/South Lancaster; Groton/West Groton; Townsend/West Townsend; and Winchendon/Winchendon Springs, resulting in a presentation of data from 35 communities. The

Study Area communities are diverse in many ways, including falling into three counties (Worcester, Franklin and Middlesex), and exhibiting other contrasts that may be broadly considered as: eastern/western geographies; mostly homogenous/more diverse populations; and more affluent/economically struggling residents. Additionally, 80% of the included cities and towns are classified “rural,” defined as having fewer than 500 people per square mile (MacDougall and Campbell, 1995), which comprise 49% of the Study Area population.

Overall, but uneven population growth ● Older population than the State in general ● Slightly more females than males ● 91% of population is non-Hispanic, Caucasians ● 8.5% of population is Hispanic/Latino ● 3% of population is nonHispanic, Black/African American ● 2% of population is non-Hispanic, Asian ● A few communities have larger percentages of ethnically/racially diverse population than in State overall ● “I think we fall short a little when it comes to diversity and being sensitive to linguistic needs”

Population Growth: In 2010, the Study Area population was 268,539, a 3.96% increase from 2000 and a slightly higher growth rate than the State’s during the same time period (3.1%). However, it should be noted that the five largest cities and towns in the region: Leominster, Fitchburg, Gardner, Clinton and Athol, all experienced growth rates lower than the State’s, and four Study Area communities lost population: Gardner, Leominster, Townsend, and Wendell. Age and Sex: Different from past assessments, the Study Area population in 2010 was older than in the State overall, with 52% of Study Area residents aged 50 years or older compared to 33.5% in the State. This may reflect not only an aging population, but also the 9 2015 Community Health Assessment of North Central Massachusetts new configuration of cities/towns in the current study. Similar to the State population of 51.6% females to 48.4% males, the Study Area has slightly more females (50.5%) than males (49.5%). Race/Ethnicity: The Study Area population comprises primarily non-Hispanic, Caucasians (91%). Latinos are the largest racial/ethnic group (8.5%) in the Study Area, representing a slight increase from 2000 to 2010. Notably, three Study Area cities have higher percentages of population that identify as Latino: Fitchburg at 21.6%, Clinton at 15% and Leominster at 14.5%. The percentage of the Study Area population that is non-Hispanic, Black/African American is 3%, as compared with 6.6% in the State overall. Three percent (3%) of the Study Area population identifies as “Some Other Race.” Two percent (2%) of the Study Area population are Asian, compared with the State percentage of 5.3%. Three percent (3%) of the Study Area population identifies as “Two or More Races.”

V. Background

The HealthAlliance Hospital Community Benefits Implementation Plan focuses on meeting priority needs identified in the Community Health Assessment coordinated by Community Health Network Area 9 (CHNA 9). They began as a Massachusetts Department of Public Health (MDPH) initiative in 1994 with the goal of continually improving the health status of the region by creating partnerships among MDPH, service providers, local health departments, consumers, community members, the business sector, neighborhood coalitions, faith based organizations, social service agencies, community health centers, and hospitals. The focus is on health equity and addressing and eliminating health disparities. They endorse the Healthy Communities Principles with its broad definition of health encompassing not just the absence of disease, but the full range of quality of life issues. CHNA 9 advocates that “community” includes diverse resident participation, particularly those disproportionately affected by disease and negatively impacted by the social determinants of health.

The Joint Coalition on Health (JCOH) was formed in 1998 to continue the efforts of area health coalitions in addressing priority issues raised in community health assessments. They are a group of committed individuals and organizations working collaboratively as catalysts for change and advocates for the underserved to improve the health and well-being of everyone in North Central Massachusetts. The JCOH has a history of leadership and action in tackling challenging issues affecting the health and well-being of the North Central MA region.

VI. Methodology

This Community Health Assessment of North Central Massachusetts 2015 is a joint effort among Heywood Healthcare, HealthAlliance Hospital, the Joint Coalition on Health (JCOH), the Montachusett Public Health Network (MPHN), all described further below, and a wide range of numerous community partners. The assessment is designed to provide information and analyses relative to the health status, issues, concerns, and assets of the North Central Region of Massachusetts. Funding has been provided by Heywood Healthcare, HealthAlliance Hospital, and the Montachusett Opportunity Council. The goal of this report is that it can be utilized by stakeholders from every sector of the community to improve the health and welfare of persons living in North Central Massachusetts. Many important initiatives have resulted from past community health assessments.

One unique aspect of the assessment is the level of attention paid to "communities within communities," health disparities, and health equity. In order to reflect the rich diversity of the region, qualitative data for this assessment was collected via Focus Groups and interviews with individual Key Informants. Those responsible for gathering qualitative data made every effort to ensure racial/ethnic, socioeconomic, and geographic diversity in the composition of Focus Groups and with interview participants. The result is a much more comprehensive picture of the health status, issues, concerns, and assets of North Central Massachusetts.

Quantitative data for this study were obtained from many of the same resources used in prior assessments, including MassCHIP data obtained by individual request and configured manually in collaboration with MA DPH; the Youth Risk Behavior Survey (YRBS) data; U.S. Census data; and other authoritative data sources (e.g., state and federal governmental organizations or agencies) subject to rigorous review and data verification processes.

Qualitative data were gathered through 16 Focus Groups with 228 participants and 26 Key Informant interviews with individuals representing diverse communities and populations of North Central Massachusetts.

The methodology and scope of this community health assessment contains many of the same elements and principles of prior assessments. However, it also contains several unique assets and challenges including: x The expanded and newly configured geographic scope of the region. The expanded scope served to strengthen partnerships and to view health issues and assets in a broader and more complex perspective. This may have particular implications for enhanced funding applications to bring greater resources into the region, streamline efforts, and to achieve greater efficiencies. The newly configured regions required additional data reconfiguration. In many cases, this enhanced the richness of the data; however, at times, the overlapping configuration of the regions dilutes the data and provides a less definitive picture of health issues, particularly from Service Area to Service Area. The expanded and newly configured region includes:

- Thirty cities/towns of which nine have been added to the Study Area since the last community health assessment: Athol; Erving; New Salem; Orange; Petersham; Phillipston; Royalston; Warwick; and Wendell;
- Five Service Areas: HealthAlliance Hospital Primary Service Area (HA-1); HealthAlliance Hospital Secondary Service Area (HA-2); Athol Hospital; Heywood Hospital; Montachusett Public Health Network; (MPHN);
- Five largest cities/towns (5 cities/towns): Athol is being included among the five in this report for the first time;
- The Study Area as a whole;

- The Commonwealth of Massachusetts as a whole.

An additional advantage of the expanded region includes access to additional data elements and other recent work, including the MPHN Community Health Assessment, Athol Hospital Community Health Assessment. For example, while 24 2015 Community Health Assessment of North Central Massachusetts 2013 Youth Behavior Survey data were not available for this report, these other reports contained selected data from the survey that could be reported here.

For the first time in recent community health assessments, neither MassCHIP data, nor the latest 2013 Youth Behavior Survey were publicly available.

VII. Community Benefit Strategic Implementation Plan

The focus of the HealthAlliance Hopital Community Benefit Strategic Implementation Plan is to align with the North Central Mass CHIP to improve the health of the community, based on the needs identified by Community Health Assessments. The North Central CHIP is based on the 2015 Community Health Assessment conducted for our region It includes four priority areas with goals, objectives, strategies and measures to address them. The CHIP will be implemented over the next 3 years and contains opportunities for partnership, leverage, and focus to enhance collective impact.

Priority Area	Based on
Healthy Eating and Active Living	high rates of diabetes/heart disease/obesity
Healthy and Safe Relationships	high rates of domestic violence and child abuse/neglect
Mental and Behavioral Health and Substance Abuse	high rates of smoking, alcohol, and opioid abuse and an ongoing shortage of beds/services for mental and behavioral health
Transportation and Access	data showing transportation as a major barrier to accessing health care, jobs, social services, and healthy foods

Healthy Eating and Active Living

Goal: Create an environment that supports people's ability to make healthy eating and active living choices in their community.

Objective 1.1: Assess barriers to accessing affordable fruits and vegetables in North Central and implement a plan to reduce these barriers by 2020.

Strategies		
1.1.1: By 2018, create a food access assessment for North Central using available regional data as well as input from community members, organizations, policy makers, and other stakeholders and develop a regional community food access plan based on the assessment.	**1.1.2:** Work with Worcester County Food Bank, Community Harvest Project, local farmers, farmers' markets, and supermarkets to increase the consistent availability of fresh fruits and vegetable donations to food pantries in the North Central area.	**1.1.3:** Support the efforts of local groups to develop and implement educational curricula to teach residents the skills to grow, harvest, and prepare healthy and culturally relevant foods.
1.1.4: Increase access to resources and land use rights to allow North Central residents to grow and harvest their own food.	**Successful 2020 Outcomes**	
	By fall of 2017, a regional community food assessment plan has been completed and an implementation plan is in place.	Participation of students in the free breakfast program in all North Central schools with free/reduced rates of 60%+ is 80%.
1.1.5: Advocate for an increase in the number of grocery/food markets in food desert communities in North Central.	Youth and adults in North Central report an overall 5% increase in awareness and knowledge of available land use and skills to grow, harvest, and prepare healthy and culturally relevant foods.	
1.1.6: Increase participation of eligible North Central residents in federal nutrition programs, including school meals, summer meals, SNAP, WIC, etc.	All North Central residents eligible for Mass Health benefits have been informed of eligibility for SNAP.	The number of eligible North Central residents applying for SNAP benefits has increased.
	All food pantries in the North Central area report an increase in the quality, variety and consistency of fresh fruit and vegetable donations.	
1.1.7: Train referring and providing organizations on nutrition program eligibility in order to better serve undocumented and otherwise ineligible/limited eligibility residents.	90% of North Central residents whose SNAP benefits were terminated but who are eligible for SNAP have had those benefits restored.	There has been a 5% increase in access to fresh produce in food desserts.

Objective 1.2: By 2020, develop and implement an active living campaign that is holistic, culturally competent, and redefines active living in the North Central communities.

Strategies		
1.2.1: By 2018, form a coalition of community residents, organizations, policy makers, and stakeholders to engage disenfranchised community groups in order to understand barriers, myths and facts about what defines an active lifestyle in North Central and create a holistic and culturally competent active living campaign.	**1.2.2:** Engage community residents, organizations, policy makers, and stakeholders representing all North Central communities in the active living campaign by 2020.	
	Successful 2020 Outcomes	
1.2.3: Evaluate and promote successful existing models for active living, including employee/company wellness programs, recess, gym classes, and other programs in schools, and dual use agreements.	A coalition of community residents, organizations, policy makers, and stakeholders has researched barriers, myths and facts about what defines an active lifestyle.	
1.2.4: Ensure that all North Central communities have promotional materials for trails, parks, and other recreational spaces by 2019.	A coalition of community residents, organizations, policy makers, and stakeholders has developed an active living campaign.	Community residents, organizations, policy makers, and stakeholders representing all North Central communities are engaged in the active living campaign.

Objective 1.3: Develop and promote at least 3 projects that improve walkability, public safety, access to recreational spaces, or physical activity programming in North Central by 2020, especially for marginalized populations.

Strategies		
1.3.1: Create a gap analysis of barriers to equitable access to physical activity opportunities in North Central by 2018.	**1.3.2:** Identify and pursue funding for projects that improve access to or create new physical activity opportunities in North Central by 2020.	
	Successful 2020 Outcomes	
1.3.3: Work with local and state legislators to ensure policies and funding that reduce barriers to physical activity opportunities in North Central by 2020.	A coalition of community residents, organizations, policy makers, and stakeholders has identified barriers, myths and facts about what defines an active lifestyle and barriers to physical activity and created a prioritized gap analysis by 2018.	At least 3 projects that facilitate active living have been identified, funded, and begun in coalition with community residents, organizations, policy makers, stakeholders, and local and state legislators.

Healthy and Safe Relationships

Goal: Improve and sustain the safety and overall security of the region's children, families, and individuals.

Objective 2.1: By 2020, service providers, institutions, and community members representing all North Central communities will participate in training sessions geared towards a collective understanding and coordinated response to creating healthy relationships.

Strategies	
2.1.1: Develop a coalition of at least 10 diverse service providers that work with children, families, and individuals impacted by domestic/intimate violence, abuse, and exploitation in North Central, along with community residents, organizations, policy makers, and stakeholders to facilitate the development and/or discovery of a best practices curriculum that is all inclusive (domestic violence, substance abuse, sexual exploitation, human trafficking, child abuse, bystander), interdisciplinary and culturally competent.	**2.1.2:** Secure funding for curriculum development and trainings through sponsorships, grants and other means identified and pursued by the coalition.

	Successful 2020 Outcomes	
2.1.3: Facilitate "train the trainer" sessions that allows trainers to share the curriculum with their own agencies/organizations.	A best practices curriculum specific to North Central that is all inclusive, interdisciplinary, and culturally competent will be in use by organizations representing all North Central cities and towns.	60% of the "train the trainer" curriculum participants will report an increase in knowledge of healthy relationships as measured annually by entry/exit surveys.
2.1.4: Conduct curriculum trainings for community members in North Central, ensuring that at least one training takes place in each of the region's cities and towns.	60% of the community members attending curriculum trainings will report an increase in knowledge of healthy relationships as measured by entry/exit surveys administered at each presentation.	

Objective 2.2: By 2020, 40% of the local and state legislators within the region will pledge support for the best practices curriculum.

Strategies	
2.2.1: Build relationships with existing advocacy groups.	**2.2.2:** Promote opportunities for North Central residents to advocate for legislation in support of healthy and safe relationships.

	Successful 2020 Outcomes	
2.2.3: Use social media to raise community awareness of proposed legislation in support of healthy and safe relationships by 25% by 2020.	40% of the region's local and state legislators will sign a letter pledging support for any proposed legislation that complies with the recommendations of the best practices curriculum.	
2.2.4: Organize an annual legislative breakfast that will support the safety and overall security of the region's children, families, and individuals.	At least 75% of CHNA 9 group members will report an increase in knowledge of legislative action items in support of the overall goal annually.	Social media page(s) will demonstrate a 25% increase in "followers" annually.
	25% of the region's local and state legislators will be represented at one or more advocacy event hosted by the coalition.	

Objective 2.3: Expose each of the North Central cities and towns to targeted, culturally competent marketing and engagement efforts on key components of the healthy and safe relationships curriculum and locally available resources.

Strategies	
2.3.1: Create a directory of available services and resources supporting healthy and safe relationships both online and in print.	**2.3.2:** Distribute directory of available services and resources to participants in healthy relationships curriculum trainings.

	Successful 2020 Outcomes	
2.3.3: Utilize social media pages to engage and educate communities on key components of the healthy relationships curriculum and locally available resources.	10 marketing and engagement efforts have been initiated focusing on collectively reaching each of the North Central cities and towns.	50% of surveyed participants demonstrate an increased awareness of available services in their communities as measured by surveys administered at each training.
	Social media page(s) will demonstrate a 25% increase in "followers" annually.	

Mental and Behavioral Health and Substance Abuse

Goal: Improve overall mental and behavioral health and wellbeing, including preventing substance abuse, in a culturally competent, responsive, and holistic manner.

Objective 3.1: By 2020, decrease the amount of time youth and adults in North Central spend on waiting lists at behavioral health and substance abuse providers by 10%.

Strategies

3.1.1: Establish baseline wait list information for mental and behavioral health inpatient and outpatient providers for youth and adults in North Central.

3.1.2: Using the Community Hospital Acceleration, Revitalization, and Transformation (CHART) program as a best practice model, increase the capacity of inpatient and outpatient mental and behavioral health and substance abuse providers by training staff on shorter term treatments and improving access to complementary wellness programs and bridge services.

3.1.3: Support the work of the Regional Behavioral Health Collaborative to facilitate registration and training of agencies with the Community Resource Finder powered by HelpPRO, train providers to use peer recovery services, and identify bridge services and flag them in HelpPRO.

Successful 2020 Outcomes

Pediatric waiting list times for clinical mental and behavioral health and substance abuse care in North Central have been reduced, on average, by 10%.

Adult waiting list times for clinical mental and behavioral health and substance abuse care in North Central have been reduced, on average, by 10%.

3.1.4: Advocate for legislative action to incentivize more people to become mental and behavioral health and substance abuse professionals, especially pediatric.

The number of youth and adults in North Central accessing complementary wellness programs, bridge services, and peer recovery programs has increased by 10%.

Objective 3.2: By 2020, stabilize the overall rate of mental and behavioral health related deaths and injuries in North Central.

Strategies

3.2.1: Educate the community on the signs, symptoms, and resources available for mental and behavioral health through a public marketing campaign.

3.2.2: Collaborate with schools, PTO, community and civic groups to schedule and offer trainings for mental and behavioral health using established, evidence-based best practices such as Question, Persuade, Refer (QPR).

Successful 2020 Outcomes

3.2.3: Create a Mental and Behavioral Health and Substance Abuse toolkit, including information on signs, symptoms and resources, for distribution to the community at trainings. and through key distribution channels.

Pediatric waiting list times for clinical behavioral health and substance abuse care in North Central have been reduced, on average, by 10%.

There have been fewer suicides and attempted suicides in North Central as compared with 2015 numbers.

There have been fewer reported deaths or injuries to others caused by persons experiencing behavioral health crises as compared with 2015 reports.

A majority of participants in trainings report increased confidence in their ability to intervene appropriately for a person experiencing a behavioral health issue.

Objective 3.3: By 2020, stabilize the overall substance abuse rates in North Central.

Strategies

3.3.1: Educate the community on the signs, symptoms, and resources available for substance abuse through a public marketing campaign.

3.3.2: Collaborate with schools, PTO, community and civic groups to schedule and offer trainings for substance abuse using established, evidence-based best practices such as Screening, Brief Intervention, and Referral to Treatment (SBIRT).

Successful 2020 Outcomes

3.3.3: Create a Mental and Behavioral Health and Substance Abuse toolkit, including information on signs, symptoms and resources, for distribution to the community at trainings and through key distribution channels.

Fewer youth in North Central report having ever used drugs, alcohol, or nicotine products as compared with 2015 numbers.

More adults and youth seek or are referred to substance abuse treatment programs as compared with 2015 rates.

A majority of participants in trainings report increased confidence in their ability to intervene appropriately for a person exhibiting signs of substance abuse.

Objective 3.4: By 2020, increase the number of individuals from marginalized groups who access mental and behavioral health and substance abuse services by 5%.

Strategies

3.4.1: Collect data from providers regarding current client demographics to establish a baseline.

3.4.2: Analyze provider data and conduct community led research to identify gaps in access for marginalized groups.

3.4.3: Partner with the Regional Behavioral Health Collaborative to provide evidence-based training to provider groups on cultural competency, especially with respect to stigma related to receiving services.

3.4.4: Outreach and engage the identified marginalized groups by utilizing existing Community Health Workers embedded in the community as well as NAMI, Minority Coalition, existing informal networks, and social media.

Successful 2020 Outcomes

3.4.5: Identify and market providers who are experienced with identified marginalized groups through HelpPRO, by including them on the resources list and providing insurance companies with information on providers that specialize in these groups.

A majority of providers who undergo training report an increase in cultural competency and an increased awareness of stigma among vulnerable populations.

5% more individuals from marginalized groups seek or are referred to mental and behavioral health and substance abuse treatment.

3.4.6: Form a legislative liaison sub-group and, with support from substance abuse/mental and behavioral health associations, educate legislators on different modalities for treatment, and the barriers to treatment created by insurance companies.

A majority of individuals from marginalized groups accessing mental and behavioral health and substance abuse services report a positive experience with the providers/clinicians.

Transportation and Access

Goal: Improve transportation services and systems to ensure equitable access for diverse communities.

Objective 4.1: By 2020, restructure existing transit service options in North Central to better align with the needs of current and prospective consumers.

Strategies

4.1.1: Form an accountability board that will conduct annual performance reviews of transit service providers and gaps as identified by consumers and prospective consumers and will review and call attention to and address policy issues and policy enforcement issues that affect utilization.

4.1.2: Work with transit providers to restructure eligibility guidelines for transportation vouchers.

4.1.3: Advocate for fixed buses to have fixed stops (end of flagging system except for people w/ special considerations) and for buses to announce upcoming stops and have visible LED signs showing the next stop.

Successful 2020 Outcomes

Ridership of existing transit options in North Central has increased by 15%.

Average ride time relative to distance traveled via public transit has decreased by 40%.

Availability of transit services and connections at peak times has increased by 10%.

Objective 4.2: By 2020, increase public knowledge and usage of available transit service options within North Central.

Strategies

4.2.1: Work with the Montachusett Regional Planning Commission to create an accessible database of transportation options geared toward health and human service providers.

4.2.2: Advocate to increase the number of bus shelters with schedules, including a signal for vision impaired indicating when the next bus will arrive.

4.2.3: Advocate to increase the amount of language appropriate visible bus signage.

4.2.4: Advocate for funding for an increased number of travel trainers with area language skills and cultural competence.

Successful 2020 Outcomes

Ridership of existing transit options in North Central has increased by 15%.

75% of health and human service providers surveyed report an increased knowledge of existing transportation options for their clients.

50% of surveyed consumers within public transit service areas report an increased knowledge of existing transit service options.

Objective 4.3: Identify the top five service gaps within North Central and successfully advocate for at least one of those gaps to be closed by 2020.

Strategies

4.3.1: Partner with Montachusett Regional Planning Commission and other regional groups to conduct transportation gap study.

4.3.2: Establish bus routes or other transit options in unserved communities as needed based on transportation gap study.

4.3.3: Work with transit providers to increase bus routes and other transit options in the evening and on weekends.

4.3.4: Organize constituencies of local citizens and civic leaders to raise awareness of identified transit gaps/needs and to advocate for projects intended to close those gaps.

Successful 2020 Outcomes

Service gaps have been identified in a comprehensive study.

Service hours have increased in response to the study results.

At least one new service or service expansion has been created to address an identified gap.