# UVA Haymarket Medical Center UVA Prince William Medical Center

In Partnership Networking Event

## Agenda

Welcome
Behavioral Health &
Substance Use Spotlight
Networking Time
Overview
CBIP | Grant funding priorities
Closing Comments









## In Partnership Networking Event

Meeting Objective

Key Messages

**Grants Process** 

Questions

Collaboration through networking

 Discover connections where your work intersects to both share resources and collaborate for the good of our community **UVA Community Health** 

Behavioral/Mental Health & Substance Use Spotlight

Community Engagement is connecting health care services to our communities

Community Engagement provides community benefits of equitable quality care for all people

**Grant Making Open Season** 

Understanding our why

Assessment and implementation plans

Grant success highlights

**Staying Connected** 

Future partnerships

Collaborate

## **Behavioral Healthcare at UVA Health**

#### Jennifer Hanni (Jenni) (she/her/hers)

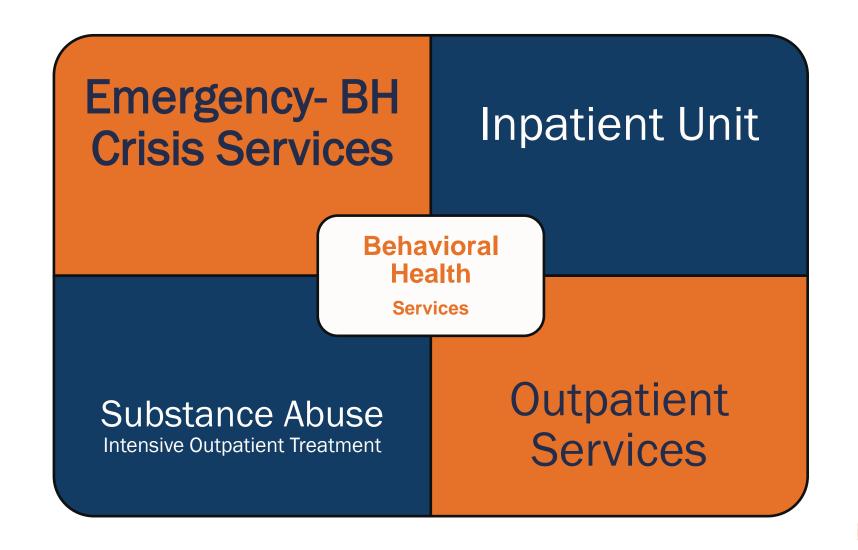
MSN, RN, NE-BC, PMHC-RN, CARN, HTI Behavioral Health Inpatient Program (BHIP) Nurse Manager UVA Health Prince William Medical Center

#### Jennifer Strickland, LPC-S, CAADC

IOP Clinical Supervisor
UVA Health Prince William Medical Center



## **Behavioral Health Services available at UVA Health**





## **Behavioral Healthcare at UVA Health**

#### **Emergency Crisis Services**

Access, the behavioral health team, is embedded in the Emergency Department to provide level of care assessments, crisis intervention, and resources/referrals for children (aged 5 years and up) through geriatric patients.

Access sees roughly 230 consults each month. Of that number, approximately 160-184 patients per month are seen for substance use disorder-related issues.

#### **Inpatient Unit**

- Dually licensed for adult acute psychiatric stabilization and detox for alcohol and opiates
- Medication evaluation provided by psychiatrists and NPs with specialized training in psychiatry
- BH therapists and Recreation Therapists provide treatment throughout the day with evidenced based interventions.
- Additional wellness and recovery activities including pet therapy and spirituality.
- Case management to coordinate care after discharge
- 24-hour support from assigned specialty trained nurses and psychiatric technicians
- 90-95% dual diagnosis compared to 30% prior to COVID-19 pandemic



## **Behavioral Healthcare at UVA Health**

#### **Substance Abuse IOP (Intensive Outpatient Treatment)**

- Provides evaluations to determine appropriate level of care
- Provides referral and care coordination with community MAT providers
- Evidenced-based group treatment utilizing the Matrix Curriculum
- Individual and family therapy as appropriate
- Case Management

#### **Outpatient Services**

Medication management for adult patients

#### **Questions?**

Please contact Amy Emkes, Manager of Behavioral Health Operations: <a href="mailto:eua7ks@uvahealth.org">eua7ks@uvahealth.org</a>





## **Networking to continue Cultivating Healthy Communities & Belonging For All**

## Who is UVA Community Health (UVACH)?

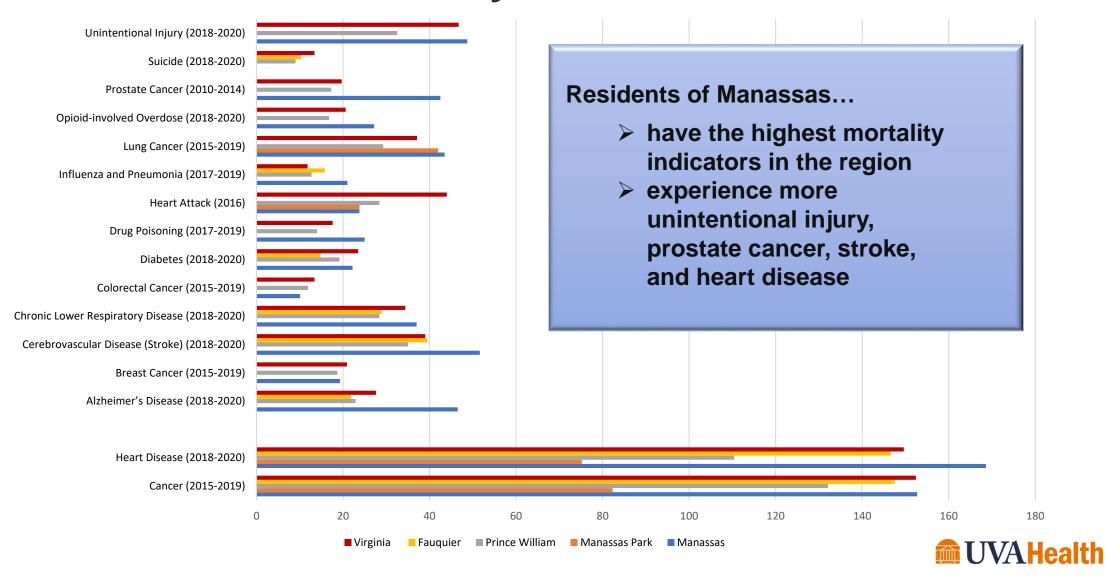
- Now fully a part of UVA Health, formerly "Novant Health UVA Health System"
- UVACH is the community medicine arm of UVA Health comprised of 3 community hospitals and an integrated network of clinical practices and outpatient locations:
  - UVA Health Culpeper Medical Center (70 beds)
  - UVA Health Haymarket Medical Center (60 beds)
  - UVA Health Prince William Medical Center (130 beds)
  - UVA Health Cancer Care Gainesville
  - UVA Health Caton Merchant House Assisted Living
  - UVA Community Health Medical Group Clinics
  - Outpatient Imaging Partnerships
  - Ambulatory Surgery Center Partnerships







## **Mortality Indicators**



## **CHNA Key Findings**

**Five most frequently mentioned health concerns** 

- ➤ Behavioral/Mental Health
- ➤ Overweight/Obesity
- ➤ Diabetes
- ➤ Substance Use
- ➤ Dental/Oral Care



## **Community Benefit Implementation Plan**

#### **Priorities**

#### Identified priorities:



- 1) Behavioral/Mental Health (Substance Use)
- 2) Chronic Disease Prevention & Intervention

#### **Actions and Impacts**

#### **ACTIONS:**

- ➤ Collaborate with community partners and community experts to increase awareness, education, and access to resources
- > Provide variety of educational programs and activities to increase awareness, knowledge, and describe how to access resources
- > Increase community-based screenings with education and connection to resources



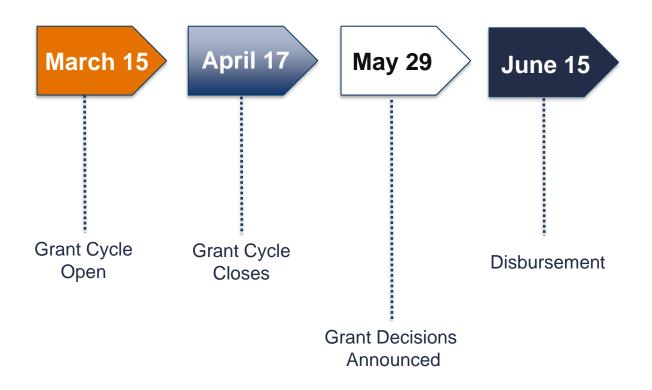
#### **IMPACTS:**

- Impacts mental health/drug misuse, resilience to stress, housing, violence in the home, food insecurity, community building
- >Impacts chronic disease, diabetes response, hypertension, blood pressure and BMI screening to detect disease, food security





## **GRANT CYCLE TIMELINE**





# Community Partnerships

We support **community health needs** in central Virginia, northern Virginia, and around the state by developing and **fostering strategic partnerships** focused on **addressing health priorities**.

We join with community service leaders to foster consensus and build networks with others invested in improving population and community health.

Website: https://uvahealth.com/services



## Apply for a Grant

The UVA Health community outreach team is accepting community grant applications. See the eligibility criteria and <u>submit an application here</u>.



UVA Health's community hospitals are committed to giving back to the communities we serve.

Investments in strategic partnerships with nonprofit organizations that address identified health needs help expand the reach of UVA Health's mission outside the walls of our hospitals and ambulatory locations.

Our goal is to improve the health of individuals in our community by promoting health, healing, and treatment in response to identified community health needs.

Responding to the health needs of our communities especially to the most vulnerable among us is central to UVA Health's mission. We strongly believe in our role as a socially responsibility healthcare system, which involves partnering with nonprofit organizations to improve health outcomes across the Commonwealth of Virginia.

Identified community health needs vary across the communities in which UVA Community Health serves and include, but are not limited to: chronic disease, behavioral health/mental health and substance use disorder, obesity and wellness.

#### Technical Questions?

Check out the Submitter Resource Center or contact Submittable Customer Support



## **Guiding Principles**

We invest in the health and well-being of our communities through supporting community-based programs that align with these guiding principles:

- Close fit with UVA Health's mission, vision and values
  - https://uvahealth.com/about/mission
- Positive impact to identified community health needs and/or social determinants of health
- Intentional focus on our communities' most vulnerable populations



#### Context



Investments align with community benefit strategy to maximize impact of charitable contributions



Clearly defined priorities will lead to measurable health outcomes for the communities we serve



Giving strategy will ensure charitable funding is made in high performing, sustainable partnerships that will contribute to healthier communities



Leveraging partnerships will allow us to share our philanthropic story and engage team members



## Pre-plan: Know how you will demonstrate outcomes:



Organizations are expected to provide data demonstrating their positive impact on identified community health needs and/or social determinants of health.

#### 1. Determine what success looks like:

- Number of individuals in target population receiving education or service
- Behavior change among participants (knowledge, skills, confidence change)
- Health outcome change among participants (biometric change)

#### 2. Establish a baseline to demonstrate impact:

- Pre/Post Comparisons (evaluates the same group at different times)
- With/Without Comparison (evaluates two different groups)

#### 3. Gather data:

- Quantitative (surveys, participation rates, biometric measurements)
- Qualitative (interviews, focus groups)





## **Outcomes examples**



- Number of vulnerable persons provided food access (with & without)
- Demonstration of positive neighborhood change (pre & post)
- Usage metrics for parks, trails or housing units in target neighborhoods



- Number of persons afforded access to care (with & without)
- Demonstration of behavior change (pre & post)
- Demonstration of biometric change in preventable risk factors



- Number of programs offered to students in target population
- Number of students successfully completing program
- Demonstration of knowledge, skills and abilities gained



## **Eligibility Criteria**

- 1. Address a current documented community need
- 2. Include at least one of these community benefit objectives:
  - •Increase access to healthcare services through programs that address transportation, medication assistance, and medical home connection programs
  - •Promote healthy behaviors, awareness of health risk factors, access to resources focused on behavioral/mental health, substance use disorder, and chronic disease management and prevention



## **Partnership beyond grants**

- Attend health and community events
- Offer educational presentations
- Collaborate on community projects
- Promote community awareness
- In kind donations
- Blood Pressure & Body Mass Index Health Screenings
- Speaker's Bureau





## **Thank You!**

For Grant questions, contact
UVA Community Health Community Engagement Team
UVACHCommunityEngagement@uvahealth.org
For partnership questions in the northern market, contact:
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