

Application Cover Page

Mail your complete application to:

2011 Foster G. McGaw Prize
American Hospital Association
155 North Wacker, Suite 400
Chicago, IL 60606

Applications must be received by mail in the Prize office by close of business on April 1, 2011.

Questions? Please contact AHA Member Relations at 312/422-3932, or visit the web site at www.aha.org/foster.

Checklist

Be sure to include:

- ✓ 5 copies of complete application
- ✓ 1 copy of audited financial statement
- ✓ 1 copy of most recent annual report and/or community benefit report
- ✓ 1 copy of current board of directors/trustees list

Mt. Ascutney Hospital and Health Center

Name of Health Delivery Organization
289 County Road

Mailing Address
Windsor, VT 05089

City, State, Zip Code
Mrs. Jill Lord, RN, MS, Director of Patient Care Services/CNO

Name of Contact (Mr. Ms. Mrs.)	Phone	Fax	Title
802-674-7224	802-675-7155		jill.lord@mahhc.org

Name of Contact (Mr. Ms. Mrs.)	Phone	Fax	Title
802-674-7224	802-675-7155		jill.lord@mahhc.org

My health delivery organization is a (check one):

- Hospital Health System Integrated Network Community Partnership Other

Primary type of community:

- Urban Rural Suburban Mix

References

Please list three (3) individuals who can be contacted to provide reference information about: (a) the commitment of the health delivery organization to community service; and (b) the impact of the applicant's community service initiatives.

Rev. Amanda Lape-Freeburg	Pastor, Old South Church
Name of Reference, Title	Organization
P.O. Box 298 Windsor, VT 05089	Ministerium Representative

City, State, Phone Number	Relationship to Health Care Org.
Lee E. Larson	Office of Alcohol and Drug Abuse Vermont Department of Health

Name of Reference, Title	Organization
226 Holiday Drive, #22 White River Jct., VT 05001	Prevention Specialist for Region Member of the Mt. Ascutney


City, State, Phone Number	Relationship to Health Care Org.
802-295-8835	Prevention Partnership Board Member of Hartland Community Connections

Name of Reference, Title	Organization
301 Neal Road, Hartford, VT 05047	Member of Mt. Ascutney Prevention Partnership

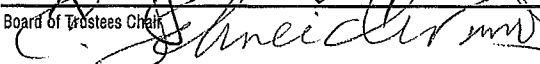
City, State, Phone Number	Relationship to Health Care Org.
802-295-9530	

Signatures

In submitting this application, we give the American Hospital Association permission to use and disseminate the information contained herein except the audited financial statements.

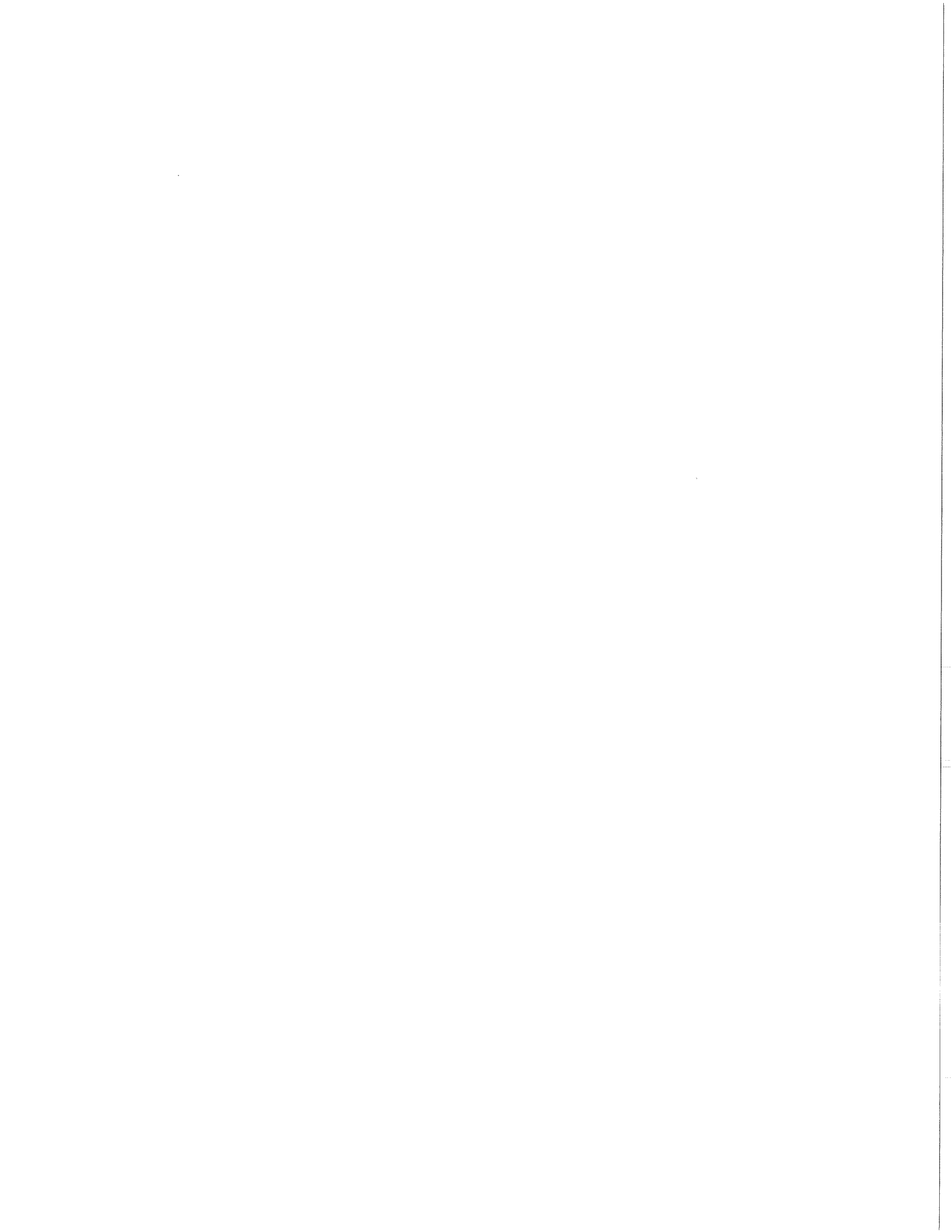
 Kevin W. Donovan

Chief Executive Officer
 Nancy Loux, President

Board of Trustees Chair
 Catherine Schneider, MD

Chief Medical Officer
 Jill Lord, RN, MS

Application Contact Person
 Jill Lord, RN, MS



#2 Mt. Ascutney Hospital and Health Center Executive Summary

In 1932, a dedicated coalition of Windsor residents opened the Windsor Hospital in an historic mansion on Main Street in Windsor, Vermont. Forty years later, the future of the hospital was threatened by new regulations and more stringent life safety codes. At that time, the Windsor community refused to bow to State and Federal pressure to close the hospital, and launched a capital gain campaign, which resulted in the opening of Mt. Ascutney Hospital and Health Center (MAHHC) in 1972, without one dollar of Federal and State capital funds. The hospital's efforts to improve the health status of the community are not new, but are grounded in a rich tradition of mutual support between the community and the hospital. For over 30 years, the hospital has supported community health education and disease prevention activities.

For the past 15 years, the hospital has served as the catalyst to bring together a coalition of local health and human service providers, educators, law enforcement officials, clergy, parents, and consumers to collectively identify, plan and provide community health programs and services to the community. We've intentionally built a community outreach infrastructure to pursue the goals of health promotion, disease prevention, and the achievement of health and well-being for the community, through coalition building. The community health infrastructure is the first program highlighted in our application.

The second program highlighted is our Substance Abuse Prevention Program. The initiatives in this program started in 1996 and have been comprehensive in nature. Outcomes have been astounding and celebratory. For example, 30-day tobacco use among eighth graders declined from 26.2% in 1995, to 9% in 2009. This has happened with expert advice, hard work, grant support and community participation in a comprehensive approach.

The third program highlighted is our Windsor Community Health Center. This is a free clinic organized for the uninsured and underinsured, integrated into the Mt. Ascutney ambulatory clinic, which provides comprehensive care, including prevention, health care maintenance, and chronic care. Our medication donations for 2009 exceeded \$56,000, and the hospital and medical in-kind donations exceeded \$99,000.

The fourth program highlighted in this application is that of the Windsor Connection Resource Center. Windsor is a "gap" community which receives part-time human services. With grant funding, we rehabilitated and restored an historic industrial building in the downtown, co-locating the health and human service agencies, and creating a network that maximizes the scarce resources.

The fifth program highlighted is that of Historic Homes of Runnemedede (HHR). In 1997, MAHHC affiliated with Stoughton House, a provider of Level 3 residential care. Together with Stoughton House, Inc., the hospital has preserved and restored three historic mansions in downtown Windsor to increase residential housing opportunities for the elderly. This project not only provides additional housing, it improves the health care of those elders, improves the appearance of our downtown area, and created a revolving loan fund for the town to use for future development.

As you read our application, we hope you will agree that MAHHC has provided the leadership to bring together diverse partners in our community to meet the health needs of our citizens. The depth and breadth of activities runs the gamut from improved access to healthcare, literacy improvement and drug prevention. We are committed to continue this work with the ultimate goal of improving the health status and quality of life of our community.

3 Overview of Healthcare Delivery Organization

Mt. Ascutney Hospital and Health Center (MAHHC) is a 25-bed Critical Access Hospital with an additional 10-bed rehabilitation unit, a 25-bed nursing facility, and large ambulatory clinic, located in Windsor, Vermont. MAHHC also operates a smaller ambulatory clinic, the Ottauquechee Health Center, located in Woodstock, Vermont. We are a not-for-profit hospital corporation, governed by a local Board of Trustees. The Hospital has a Board of Incorporators consisting of approximately 125 citizens, who elect the Board of Trustees and approve amendments to corporate bylaws. MAHHC is a member of the New England Alliance for Health, a limited partnership, which allows us to gain economies for improved purchase power, as well as access to resources, expertise, and services. This affiliation is based on the principle of maintaining a community based, but integrated health care system, which is consistent with the mission, vision and values of our institution. In 1997, MAHHC became the sole member of the Stoughton House, Inc., a provider of assisted living residential services for the elderly. This affiliation has enabled our two organizations to expand residential services to the elderly in the Windsor area and to broaden the hospital's service offerings to the elderly. MAHHC is a rather unique community hospital which offers a continuum of care ranging from outpatient primary and specialty care, acute care, transitional care, rehabilitative services, skilled nursing care, nursing home beds, school nursing, emergency care, surgical services, and a significant community outreach program.

#4 Description of Community Served

The primary service area for the hospital's acute care services consists of a 9-town area of approximately 16,000 people. We also serve a much broader service area for our acute and post-acute rehabilitation programs. This market extends to the north and south along the Connecticut River Valley, west to the Green Mountains, and east across the Connecticut River into the Western boarder of New Hampshire, serving a population of approximately 125,000 people.

Our community is a blue collar community with primary employment in service industries. Employed citizens primarily leave the community for work. Our hospital and the school are the primary employers in our primary service area. Our community is rural in nature.

Fifty-four percent (54%) of children in the elementary school come from families where incomes are below 110% of the poverty rate. Families with female head of the household and children under 18, average 33% for the five primary towns of our outreach work. Per capita income averages \$21,936. At the outset of our journey to positively impact indicators of community health, we found the incidence of respiratory disease, COPD and cancer of the respiratory systems, and diabetes, were much higher than state and national averages. All of these diseases have lifestyle implications which can be addressed through targeted community health initiatives. The rural nature of Windsor and the fragmentation of services contributed to the under utilization or lack of access to services for many families. Many of the needed social service agencies had their offices in Springfield or White River Junction, each approximately 25-30 minutes from Windsor. Since many families had no form of transportation, they found it difficult to access these needed services. Significant gaps in services include psychiatry and dental care. Significant trends are a recent history of constant change in town government, police and fire departments. Also, significant is the loss of a local newspaper for local communication.

#5 Mt. Ascutney Hospital and Health Center's Story

Overview

"It was a dark and stormy night," actually it was a typical gray afternoon in the office of MAHHC's CEO, in 1995 when the CEO challenged the Director of Patient Care Services, and the President of the Medical Staff, to build a community outreach program. The discussion centered on the mission of our small rural community hospital to promote the health and well-being of its citizens, as opposed to "waiting to receive and care for the ill and injured of our community." From that afternoon, the passion and commitment never wavered. An academically-based community assessment was conducted, utilizing a public health model to determine the indicators of health and wellness in the community. Benchmarks were then set using National and State data to establish the goals, objectives and targets of our programs. The incidence of respiratory diseases and associated conditions, such as COPD and cancer of the respiratory system and diabetes, were found to be much higher than the National and State averages. All these diseases have life-style implications, which we felt could be addressed in a community health approach. We also discovered alarming rates of domestic violence and child abuse and neglect. These goals and progress in meeting them have been tracked and reported in an annual report underscoring our determination to make a difference.

A social scientist, Jane Korey, PhD, has conducted external evaluations of our efforts since 1996, stemming from our commitment to produce measurable positive outcomes. MAHHC is an organization intimately linked in the fabric of the lives of the people it serves. We believe it is not sufficient for us to care only for our community members' wounds, injuries and illnesses. Our vision is to prevent the wounds, injuries and illnesses, and to have a leadership role in promoting the health and well-being of those we serve as neighbors and friends.

Leadership

The leadership of MAHHC recognized that our vision was too grand to accomplish by hospital staff only. Intentional partnerships with Federal, State and Local agencies are critical to the success of achieving our goals and objectives. Dedication, time, talent, and expertise of hospital leadership and staff at all levels have been generously committed to the effort. Reports have been regularly provided to the Board of Trustees to keep them abreast of goals and objectives achieved, as well as activities and services provided to the community. An infrastructure has been built by identifying key local stakeholders and building coalitions that move our goals and objectives into achievable outcomes. Today, the following mature functioning community coalitions are in operation to advance our work: the Mt. Ascutney Community Health Foundation, the Windsor Area Community Partnership, the Windsor Area Patch, the Windsor Connection Resource Center, the Mt. Ascutney Prevention Partnership, the Windsor Area Drug Task Force, the Windsor Area Community Health Clinic, the Mt. Ascutney Community Health Team, School Nurses, and the PEP Community Outreach Department.

Commitment

The hospital CEO, CFO, and Director of Patient Care Services/CNO are officers of the Mt. Ascutney Hospital Community Health Foundation Board. The Director of Patient Care Services/CNO dedicates a significant percentage of her position to the leadership of the Foundation and also serves as the President of the Windsor Area Community Partnership, supervisor of the Mt. Ascutney Prevention Partnership, Chair of the Windsor Area Drug Task Force, and Supervisor of the Windsor Patch, Windsor Connection Resource Center, Windsor Community Health Clinic, Community Health Team and School Nurses. Hospital staff participate in the Windsor Area Community Partnership, the Mt. Ascutney Prevention Partnership, and the Windsor Drug Task Force. Hospital staff lead and man the programs of the Mt.

Ascutney Prevention Partnership, Windsor Area Task Force, Windsor Connection Resource Center, Windsor Community Health Clinic, Windsor Community Health Teams, and School Nurse Program.

The Mt. Ascutney Hospital Board of Trustees appoint Board members to the Mt. Ascutney Hospital Community Health Foundation. Outcome measures have been identified and tied to established goals and objectives. These are reviewed annually, and a report generated to the Windsor Area Community Partnership, as well as the hospital CEO and Board of Trustees. This report details the outcome of our activities and programs, utilizing measurable objectives. Community Health is identified as an organizational responsibility for the Director of Patient Care Services/CNO of the hospital and is included in the performance evaluation of this professional. We post outcomes on the hospital's website and deliver a report of our activities and outcomes to community coalitions and the Windsor Area Community Partnership on an annual basis.

Partnerships

Active partnerships include:

- (1) At the Federal level, the U.S. Department of Education, the American Academy of Pediatrics, Substance Abuse Mental Health Services, and Agency of Rural Health Outreach, a division of the HRSA (Health Resources and Services Administration)
- (2) At the State level, the Vermont Department of Health, Office of Alcohol and Drug Abuse, the Department of Education, the Division of Advocacy and Independent Living, Department of Aging and Disabilities, Department of Economic Services, the Department of Children and Family Services, and Vermont Agency of Human Services.
- (3) Local partners include volunteer youth, adults and elders, the local ministerium, Headstart, New Beginnings, Chamber of Commerce, Recreation Department, School District, Police, Volunteers in Action, Rotary, Town Government, Substance Abuse Professionals, Health Care and Rehabilitative Services, Probation and Parole, local daycare centers, Southeastern Vermont Community Action, VNA/VHA Nurse Association and Hospice, Windsor Early Childhood Education Center, Windsor Before/After/Summer Childcare Program, 21st Century Childcare Program, and physicians, nurses, and Allied Health Professionals.

Breadth and Depth of Initiatives

A review of the impact and outcomes of programs and activities to improve community health and quality of life are delineated below:

- (1) Creation of the Windsor Area Connection Resource Center and the coalition of human service agencies within it, entitled the Patch. The Resource Center served 3,248 citizens last year, with services ranging from alcohol and drug counseling, computer services, crisis fuel, electric and housing, adult education, mental health counseling, economic services, job skills and legal assistance, to name a few.
- (2) Through the Substance Abuse Prevention Program, which achieved the following outcomes using eighth grade students as our benchmark year:
 - a. 30-day use of alcohol was reduced from 35% in 1997 to 19% in 2009
 - b. 30-day use of tobacco reduced from 26% in 1997 to 9% in 2009
 - c. 30-day use of marijuana reduced from 21% in 1997 to 8% in 2009
 - d. Substantiated child abuse rate reduced from 115.4 cases (substantiated per 10,000 children, 0-17) to 72 in 2010
 - e. A Life Skills Program was taught in the 6th, 7th and 8th grades of four schools. Parenting and family programs were provided as follows: Strengthening Families

curriculum, Guiding Good Choices curriculum, and Friendly Persuasion Program. Each of these programs is research-based, effective and recommended through the Federal Center for Substance Abuse Programs.

- (3) 617 patients were served in the Windsor Community Health Clinic. These patients received \$15,424 in pharmaceutical vouchers; \$40,407 of free medications through private foundation and pharmaceutical programs. Twelve (12) physicians and 5 nurse practitioners, 14 nurses, 2 mental health providers, administration, 4 PTs, 2 CRNAs, 8 radiology and lab techs, and 8 business office staff assisted in the Windsor Community Health Clinic.
- (4) The 21st Century Learning Center, Bridging the Gap, Before, After and Summer School Programs served 130 students with 88 regular attendees. The percentage of low income students served is 54%. The Bridging the Gap program provided homework assistance, a literary club, a math club, cheerleading club, sign language, arts and crafts, computer lab, nutrition, physical activities, science activities, social skills activities and gardening activities.
- (5) The financial statement of the Historic Homes of Runnemedede improved from a loss on operations of \$29,012 in 1997, to a gain of \$17,069 for 2009. The hospital provides resources in staff education, skill development, quality improvement, and administrative/financial support. New programs developed at Historic Homes of Runnemedede include a Meals on Wheels Program, and a Respite Program. All three historic mansions were renovated, utilizing grant funding and the average daily census rose from 30 to 40 residents.
- (6) MAHHC also provides a School Nurse serving three elementary schools and the high school in our service area and has developed a robust community health and outreach program promoting the health and well being of the communities that we serve.
- (7) A Community Health Team was established for the clinic in 2010, and has served 232 patients in the community.
- (8) Emergency community education courses were provided such as EMT, basic CPR and first aid, and babysitting courses. This has implications in saved lives and skilled emergency response.

Community Involvement

The community has been involved in the following aspects: strategic planning, program implementation, participation in activities, and program evaluation. A familiar phrase used within this community program is "together we are better." Qualitative response of the community is, by far, appreciative, grateful and supportive. In one case, a program was actually redesigned based on significant community concern. In that particular situation, a formal meeting was held and the project was improved as a direct result of community input.

Sustainability

The programs offered in the Community Outreach Program have been primarily funded through in-kind donations of time and grant support. We have built internal competence in grant writing, having successfully raised well over \$3 million in the last 10 years for our community work. Our track record for successful management of grants, in terms of both process and outcomes, makes us an attractive and reliable agency for Federal, State, local and private funders. Fee schedules are used, as appropriate, with sliding scales. We have leveraged the time, talents and resources of committed citizens and agencies. The specifically designed community infrastructure through partnerships and relationships, effectively mobilizes the community to sustain our programs.

#6 Community Service Initiative (1) – Community Health Infrastructure

Overview

In 1996, MAHHC identified the glaring problems of fragmented care and lack of centralized or easily accessible services. The hospital alone could not solve all the community health programs. Our goal to improve the health status of the community was achieved by building collaborative relationships. Although we have initiated and continue to lead the coalitions described below, the success belongs to our community.

- (1) **Mt. Ascutney Hospital Community Health Foundation** – A non-profit health education, health promotion organization. 9 years of operation.
- (2) **Windsor Area Community Partnership (WACP)** – A coalition that connects agencies, community leaders and constituencies, providing strategic planning, improved communication and networking, and oversight to activities for health promotion and disease prevention efforts. 15 years of operation.
- (3) **Windsor Connection Resource Center (WCRC)** – Co-locates human service providers in a one-stop shop. It also networks providers to maximize scarce resources. 9 years of operation.
- (4) **Patch Team Services** – Patch is the coalition of service agencies serving our “Patch of ground” at the WCRC. 9 years of operation..
- (5) **The Mt. Ascutney Prevention Partnership (MAPP)** – The MAPP is the action arm of the WACP dedicated to creating a substance and violence free culture in which health options abound as choices to high risk behaviors. 9 years of operation.
- (6) **Windsor Area Drug Task Force** –A coalition of key community members dedicated to reducing incidence of substance abuse in our community. 10 years of operation.

Impact

Mt. Ascutney Hospital Community Health Foundation managed 14 major separate health promotion and disease prevention programs in 2010. The **WACP** has provided oversight and strategic planning, while improving communication, networking, and outcomes. The **WCRC** has served 3,248 individuals providing assistance with counseling, housing, crisis, fuel, education, and computer access. **Patch** is the organization providing these services at the Resource Center. The **MAPP** has mobilized our community and provided programs from parenting, substance abuse prevention, obesity prevention, and nutrition and exercise programs. The **Windsor Area Drug Task Force** has implemented programs such as the community drug protocol, drug take back activities, and prescription drug initiative.

Lessons Learned

The systematic infrastructure with partnering agencies exponentially improves our health promotion and disease prevention work. The consistent leadership of the hospital in facilitating and coordinating each of these groups is essential for smooth operations and goal achievement. The loss of the town newspaper has increased difficulty with communication. We cannot over communicate and this loss complicates our efforts.

Future Goals

Each of these coalitions described are mature, functioning efforts led by hospital staff with active participation on an ongoing basis. It is through this infrastructure that the future goals of health improvement and disease prevention can, and will, be met. Please see attached Annual Report for concrete goals.

Operating Expenses for the Past Fiscal Year are \$17,090.

Funding has come from MAHHC, VT Economic Services, VT Adult Learning, 2-1-1, SEVCA, Mt. Ascutney Community Health Foundation, Individuals, New Beginnings, Voc Rehab, VNA/VNH, Dept. of Corrections, School, ADA P/VDH, Police, States Attorney, Diversion, Ottawaquechee Health Foundation, Vermont Associates, Windsor Downtown, More than Wheels, SAMHSA, SPF SIG, Springfield Supportive Housing, Windsor on Air, HHR, Headstart, HCRS, Tobacco Prevention and Control, Champs, Ministerium, and Windsor County Partners.

Community Service Initiative (2) – Substance Abuse Prevention

Overview

Our goal is to reduce the percentage of students who use alcohol, tobacco or other drugs one or more times in the past 30 days by 20% every two years. The target population are students from the hospital's catchment area. Partners in this initiative include the SAMHSA, the VT Department of Health, the CSAP and the VT Strategic Prevention Framework Program. The activities implemented in this program include education, community mobilization, and implementation of the following research-based effective programs: Friendly Persuasion, Strengthening Families and Guiding Good Choices, bartender and sale training, sticker shock, media campaigns, parent up campaign, development of a parent network in each of the towns, and the provision of team peer training.

Impact

A 9-year longitudinal research study with analysis by our program evaluator, Jane Korey, PhD, demonstrated statistically significant positive trends for high risk behaviors of substance use. Target population of study include eighth through twelfth grade students in four towns. A sample of our outcomes include:

Behavior	2001 N=423	2003 N=377	2005 N=342	2007 N=327	2009 N=317
Students who drank alcohol in the past 30 days	46	32	31	29	27
Students who binge drank 5 or more drinks in a row within a couple of hours	25	20	22	15	13
Smoked during the past 30 days	29	20	17	12	11
Students whoever tried marijuana in the past 30 days	33	22	20	14	17
Students whoever used inhalants	17	9	15	10	8

Lessons Learned

Working with State and Federal agencies provides both the resources and expertise to make gains in reduction of substance abuse and prevention in our community. Prior to this experience, people felt hopeless and helpless to impact the numbers and lives reflected above. These numbers are analyzed to be statistically significant in reduction of youth substance abuse. Implementing best practice programs, utilizing federal expertise as opposed to "look good, feel good" approaches has a significant positive impact. Our community cares about our children. The community was mobilized to partner in these efforts. There is no one magic bullet in this hard work. Complimentary, coordinated, varied, educational, experiential, and environmental programs all were merged to create positive outcomes. Our efforts must be consistent and ongoing. This is truly an area where no child, class or generation can be left behind.

Future Goals

Our future goals are to reduce the percentage of students involved in high risk health behavior, to quickly identify new trends and substance abuse use, such as the current one with prescription drug use, and to mobilize the community with effective research-based programs.

Operating Expenses for the Past Fiscal Year are \$264,000

Funding has come from SAMHSA Drug Free Communities (\$100,000); State Prevention Framework State Incentive Grant (\$120,000) and Tobacco Prevention and Control Grant (\$44,000).

Community Service Initiative (3) – Windsor Community Health Clinic

Overview

The Windsor Community Health Clinic is a free clinic organized to serve the healthcare and case management needs of the un-insured and under-insured citizens of our communities. Services accessed through the clinic include the full range of prevention, healthcare maintenance, chronic care, emergency care, and episodic care. Participating professionals include a nurse coordinator/case manager, 12 doctors, 5 nurse practitioners, 14 nurses, 2 mental healthcare providers, administrative support and supervision, 4 physical therapists, 2 certified registered nurse anesthetists, 8 radiology and lab techs and 8 business office staff. Patients are referred to medical providers, assisted with case management, assisted with applying for eligible insurances, such as Medicaid, and assistance with vouchers and programs to pay for medications and dental care. This integrated model of care utilizes our existing clinic structure, as opposed to a model that separates the uninsured patients from those with insurance. This integrated model transforms care from episodic care to comprehensive care and takes the negative “labeling” away from the target population.

Impact

The statistics for the Windsor Community Health Clinic for 2010 are as follows: 617 patients were assisted through the Windsor Community Health Clinic, 128 patients were assisted in applying for insurances, 59 patients were assisted in applying for SSI, 187 patients were assisted in providing community care through the hospital, 140 patients were assisted through the pharmacy and voucher program, \$15,424 in medication vouchers were provided to patients, and \$40,407 of free medications were provided to patients through the Dorothy Byrne Foundation and pharmaceutical programs.

Lessons Learned

An integrated model, where uninsured and underinsured patients receive access to the full continuum of healthcare, including prevention and healthcare maintenance services, have a significantly positive impact on their health and well-being. A significant number of uninsured patients are eligible for state programs of which they are unaware. The program provides effective help in the enrollment process. Voucher and medication support are an essential piece for the medical help of this patient population. The financial stress in our patient population has made this program even more necessary.

Future Goals

This program will be maintained as an integrated model for promoting access to medical care, case management, and pharmacy support for the uninsured and underinsured. Our goal continues to provide access to the full continuum of care to our patients in the community who are underinsured and uninsured. Similarly, we will continue to assist patients to apply for insurances and programs for which they are eligible.

Operating Expenses for the Past Fiscal Year are \$279,517.56.

Funding of programs include MAHHC (\$110,683); VDH/VCCU Grant (\$38,028); VDH Tobacco Grant (\$3,749.99); Foundation Funding (\$20,010); Ladies First Program (\$80); Medication Donations (\$15,033.63); PAP Programs (\$38,450); NAFC Medication Program (\$53,483).

Community Service Initiative (4) – Windsor Connection Resource Center

Overview

Windsor's need for increased human service coordination was identified as an acute need 15 years ago. Windsor is in a service gap area between two human service networks. There is a 30-44 mile round-trip drive to reach many services. Rurality and lack of transportation aggravate the problem. The Windsor Connection Resource Center was created to co-locate health and human services in a "one-stop shop" to increase access to necessary health and human services. The goal of the Windsor Connection Resource Center is to create a Patch Team to claim our "patch of ground." It requires the agencies to work as a team and to commit to fielding the same worker to the Patch so that interagency teaming can be sustained to achieve its desired effect. To create the Windsor Connection Resource Center, \$559,000 was obtained through Vermont Community Block Grants and a town revolving loan fund to renovate an historic building in the center of Windsor. The Windsor Connection Resource Center has been in operation since February 14, 2002.

Impact

The Windsor Connection Resource Center statistics for 2010 include: total individuals served 3,248, types of service: alcohol and drug—258; computer/email—644; crisis fuel/electric shelter—168; voc rehab—179; adult education—488; food stamps—54; food shelf—58; housing—103; general community information—149; legal assistance—128; mental health—419; phone, fax and copies—203; state economic services—171; tobacco—31; transportation—3; volunteer—20; Vaber Job Group—11. The Patch team, led by hospital staff, meets monthly to network and coordinate the provision of human services for the community.

Lessons Learned

Prior to the inception of the Windsor Connection Resource Center, multiple service providers entered the community and their services were underutilized and fragmented. Services are now coordinated and more easily accessed. The collaboration and communication between agencies allows resources to be maximized for target populations. The Resource Center is threatened by modernization with increased reliance on online programs and decreasing budgets of human service agencies. These threats underscore, to an even greater degree, the need for collaboration, cooperation and sharing of resources for the community-at-large.

Future Goals

To work intensively with human service agencies, through the Resource Center, to ensure community-based services continue. The Patch Team goals for 2011 are:

- a. Interagency collaboration to maximize resources for the community through information, communication, and sharing of programs.
- b. To improve access to human services for the Windsor area.
- c. Develop an interagency case management team.
- d. Maximize capacity of the Resource Center.
- e. As a coalition, advocate for the needs of individual members with State and Federal agencies.

Operating Expenses for the Past Fiscal Year are \$27,997.

Funding includes the Dorothy Byrne Foundation (\$24,332); SAMHSA Drug Free Community (\$14,980); the Estate of Marion Trepanier (\$3,907); Pizza Chef (\$150); Warren Stearns (\$25) and Cone Automatic (\$250).

