Berkeley Medical Center & Jefferson Medical Center

Community Health Implementation Plan 2023



Prepared for: Berkeley Medical Center and Jefferson Medical Center

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Document Acronyms	

Document Acronyms

The following acronyms are used throughout this document:

Acronym	Definition	
вмс	Berkeley Medical Center	
BCSD	Berkeley County Sheriff's Department	
CDSMP	Chronic Disease Self-Management Program	
CPSMP	Chronic Pain Self-Management Program	

Acronym	Definition		
CHNA	Community Health Needs Assessment		
CHIP	Community Health Implementation Plan		
CISD	Critical Incident Stress Debriefing		
COAT	Comprehensive Opioid Addiction Treatment		
CORE	Community Outreach for Resources and Education Team		
ЕРТА	Eastern Panhandle Transit Authority		
HFFM	Harper's Ferry Family Medicine		
HHSC	Health and Human Services Collaborative		
HIDTA	High Intensity Drug Trafficking Areas		
JMC	Jefferson Medical Center		
MCOAT	Maternal Comprehensive Opioid Addiction Treatmen		
MOUD	Medications for Opioid Use Disorder		
MPD	Martinsburg Police Department		
NACCHO	National Association of County and City Health Officials		
SBIRT	Screening, Brief Intervention, and Referral to Treatment		
SNAP	Supplemental Nutrition Assistance Program		
SUD	Substance Use Disorder		
UHAE PCP	Primary Care Provider		
WVU	West Virginia University		
WVUHS	West Virginia University Health System		

Strategy One: Live Well Chronic Disease/Chronic Pain Self-Management

Priorities Targeted: This project targets the priority area of Chronic Disease and community health concerns of those living with chronic disease and chronic pain.

Table 1: Live Well Chronic Disease/Chronic Pain Self-Management

Live Well Chronic Disease/Chronic Pain Self-Management		
Objectives	Offer CDSMP at least 2 times a year and CPSMP at least 2 times a year. Offer CDSMP and CPSMP at least 1 x in each county, Berkeley, Morgan and Jefferson and virtually.	
Activities	Determine locations	
	Recruit leaders	
	Schedule workshops	
	Promote workshops	
	Conduct workshops	
Planning Partners	WV School of Osteopathic Medicine (license)	
	WV Health Connect (tracking)	
	Workshop Leaders	
Implementation Partners	Workshop leaders	
	WVU Medicine Marketing Dept	
	Quality Insights	
	Workshop sites (TBD)	
Resources	Marketing Dept for promotion	
	WVSOM for resources	
	Workshop supplies (grant funded)	
	Facilities to hold workshops	
Evaluation Activities	Pre and Post Quality of Life Surveys	
	Enrollment	
	Attendance	
	Post Workshop Satisfaction Survey	
Point of Contact	Dana M. DeJarnett, Health Promotion Coordinator	

Strategy Two: Diabetes Community Coalition Initiative

Priority Targeted: This strategy targets the community health concern of diabetes and aims to lead a coalition to work on a plan to address diabetes in the community.

Table 2: Diabetes Community Coalition Initiative

Diabetes Community Coalition Initiative		
Objectives	Work with the established community collaborative that meets monthly and work to develop a cohesive community plan to address diabetes.	
Activities	 Discover organizations that provide programs and services in Berkeley, Jefferson and Morgan County to meet the needs of those with pre-diabetes or diabetes. 	
	 Hold monthly coalition meetings. 	
	Determine community strengths and needs utilizing AmeriCorps Member.	
	 Partner with WVU Extension to offer Dining with Diabetes. 	
	Hold events for Diabetes Awareness Events in November.	
Planning Partners	WV Medicine Outpatient Nutrition and Diabetes Education Dept.	
	WVU Medicine Center of Diabetes and Metabolic Health	
	WVU Extension	
	WVU Medicine Health Promotion/Community Outreach	
	AmeriCorps Member	
	And other Eastern Panhandle Diabetes Coalition Members	
Implementation Partners	WV Medicine Outpatient Nutrition & Diabetes Education Dept.	
	WVU Medicine Center of Diabetes and Metabolic Health	
	WVU Extension	
	AmeriCorps Member	

	And other Eastern Panhandle Diabetes Coalition Members
Resources	• TBD
	Meeting space
Evaluation Activities	Monthly meetings held
	 Inventory of programs and services
	Needs assessment completed
	Gaps determined
	Solutions proposed
Point of Contact	Dana M. DeJarnett, Health Promotion Coordinator
	Val Penick, Education and Training

Strategy Three: Community Food Initiative

Priority Targeted: This strategy targets the community health concern food insecurity and how it affects health status.

Table 3: Community Food Initiative

Community Food Initiative		
Objectives	Establish new community garden location by the end of 2023. Offer at least 1 cooking demo per year in location to be determined. Offer at least 1 Farm to School program for educators.	
Activities	Establish new community garden location	
	Hold Farm to School education program	
	Hold Farm to You cooking demos	
	 Support nutrition security through Farm to You, School Pop Up Markets and community garden donations 	
	Establish relationship with new Martinsburg Farmers Market to continue to support SNAP program at market and educational programming	
	MedCHEFS Cooking Demos	
	Continue Food Pantry Health Newsletter Initiative	

Planning Partners	WVU Medicine Center of Diabetes and Metabolic
	Health
	WVU Extension
	WVU Medicine Health Promotion/Community Outreach
	AmeriCorps Member
	Garden Volunteers
	Garden of Promise
	WVU Medical School
	Berkeley County Schools
	 Jefferson Growers, Artisans, and Producers (GAP) Coalition
	Local Food Pantries/Churches
	WV Dept of Ag
	Master Gardeners
Implementation Partners	 WVU Medicine Center of Diabetes and Metabolic Health
	WVU Extension
	WVU Medicine Health Promotion/Community Outreach
	AmeriCorps Member
	Garden Volunteers
	Garden of Promise
	WVU Medical School
	Berkeley County Schools
	 Jefferson GAP Coalition
	 Local Food Pantries/Churches
	WV Dept of Ag
	Master Gardeners
Resources	Grant funds secured
	Community partnerships
Evaluation Activities	Garden established
	Produce give away documentation

	Program attendanceProgram evaluation
Point of Contact	 Dana M. DeJarnett, Health Promotion Coordinator Carla Toolan, Community & Research Program Manager

Strategy Four: Access to Transportation

Priority Targeted: This strategy aims to improve access to transportation for medical appointments and emergencies in the community. Increased access to transportation will also increase access to primary and emergency care.

Table 4: Access to Transportation

Access to Transportation		
Objectives	Address access to transportation for medical appointments and emergencies	
Activities	 Search and apply for state grants funding transportation costs Work with community-level providers to introduce Uber Health in Berkeley and Jefferson Counties Hand out additional EPTA bus passes to facilitate transportation to local outpatient clinics and/or home from the hospital Reintroduction of discussion of shuttle bus between campuses, outbuildings, etc. 	
Planning Partners	 HHSC Behavioral Health Workgroup and Bridges Coalition- multiple community organizations EPTA VP of Strategic Projects and Partnerships 	
Implementation Partners	 HHSC Behavioral Health Workgroup and Bridges Coalition- multiple community organizations EPTA 	
Resources	 Time for planning Finances Additional funding for van/car and driver 	
Evaluation Activities	Reduction of wait times for discharge	

	•	Decrease in number of "no-show" appointments due to issues with transportation
Point of Contact	•	Ben Repine, Director of Security

Strategy Five: Substance Use and Mental Health-Community and Health Professionals

Priority Targeted: Substance Use and Abuse and Mental Health and significant health concerns for many communities across West Virginia. This strategy plans to utilize a variety of approaches to address this issue in the community.

Table 5: Substance Use and Mental Health- Community and Health Professionals

Substance Use and Mental Health- Community and Health Professionals		
Objectives	Address substance use and mental health issues of community and health professionals by working collaboratively with community organizations. Examples include:	
	Host monthly HHSC work group meetings in 2023	
	Host monthly BRIDGES work group meetings in 2023	
Activities	Health and Human Services Collaborative Behavioral Health Work Group Meetings	
	BRIDGES work group meetings	
	Implementation of CIT (crisis intervention training) for MPD and BCSD	
	Stigma Reduction Education	
	 Formalized peer support CISD team for BMC and JMC 	
	CISD for EMS/First Responders	
	Continuation of federal and state funded grants aimed at initiation of MOUD, peer support and increased access to treatment	
	Continuation of harm reduction in BMC ED and community	

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	 Implementation of Drug Free Moms and Babies grant targeting at-risk mothers and youth in Berkeley County and continuation of MCOAT services in Jefferson County
	Youth SBIRT screening in ED (11-17yo) focusing on SUD education and human trafficking prevention
	 Use of local funds for a vehicle and driver to assist in transporting patients with Substance Use Disorder needs
	Application for federal funds towards transportation services
	 Creation of mobile crisis unit through East Ridge Mental Health Services
	Continuation of case management, peer support and community outreach for individuals with Substance Use Disorder and Mental Health needs
Planning Partners	HHSC Behavioral Health Workgroup and Bridges Coalition- multiple community organizations
	Martinsburg Police Department and Berkeley County Sheriff's Department
	Berkeley County Emergency Ambulance Authority/Local Fire Departments
	The Martinsburg Initiative
	First Choice Network
	HFFM, COAT, C.O.R.E
Implementation Partners	Bureau of Behavioral Health, HIDTA and NACCHO
	The Martinsburg Initiative
	Drug Free Moms and Babies
	First Choice Network
	HFFM, COAT, C.O.R.E
	Community stakeholders (outpatient providers, local churches, local nonprofit agencies)
Resources	Time for planning
	Finances
	Space as necessary

Evaluation Activities	Continue implementation of grants needed to expand services
	 Data points tracked monthly on individuals served/helped
	Creation of Tri-state Consortium for SUD
Point of Contact	Sarah Guthrie, LPC, Director of Behavioral Health Services

Strategy Six: Mental Health Medication Access

Priority Targeted: This strategy will allow more walk-in hours for mental health providers which will increase access to mental health services, including medication management.

Table 6: Mental Health Medication Access

Mental Health Medication Access		
Objectives	Increased access to mental health medication providers.	
Activities	Work with Healthy Minds in Morgantown to mirror walk in clinic in Berkeley County	
	 Adjust provider schedules to allow one walk-in afternoon per week 	
	Work with new Nurse Practitioner to provider walk-in services	
	Work with VP for possible Relative Value Unit (RVU) change	
	 Increase access to Emergency Department Consults at JMC ER 	
Planning Partners	Healthy Minds	
Implementation Partners	UHAE PCP Clinics	
	Chief of Psychiatry	
	• VP	
Resources	Location for walk-in clinic	
	Possible additional staff/rearrange current staffing model	
Evaluation Activities	Run reports to ensure the time is being utilized.	

	Check RVU reports for provider productivity
Point of Contact	Stephanie Kidwell, Director, Ambulatory Services, WVU Medicine East, Behavioral Medicine and Psychiatry

Strategy Seven: Cancer Support Group

Priority Targeted: This strategy will reach a specific population of Cancer patients in the community and allow for increased community engagement and support services for Cancer patients.

Table 7: Cancer Support Group

	Cancer Support Group
Objectives	Cancer Support Group
Activities	Establish cancer support group for female cancer patients (newly diagnosed, current treatment or post therapy). Will meet monthly (2 nd Tuesday). Starting by opening up support group to females only to gauge interest then reevaluate need to expand group.
Planning Partners	Pooja Sahni, MD
	Samantha Spearing, BSN, RN, OCN
	Kayla Mysliwiec, BSN, RN, OCN
	Erin Bower, RN
	Suzanne Egolf, RN
	Vickie Eichorn, BSN, RN
Implementation Partners	Oncology
	Behavioral health
	Pharmacy
	Nutrition
	Physical therapy/occupational therapy
	Endocrinology
	Community partners
Resources	Group discussions
	Handouts

	Demonstrations
	Held in DAMC conference room
Evaluation Activities	Monthly meeting
	Continue follow up after each meeting to gauge interest, need to expand, evaluate bandwidth to broaden to more disease or gender specific groups.
Point of Contact	Samantha Spearing, BSN, RN, OCN