

Community Health Implementation Plan (CHIP)

October 1, 2025 -
September 30, 2028

**Behavioral Health
Community/
MaineHealth
Behavioral Health
at
Spring Harbor**



Implementation Plan for Community Health Needs Assessment FY2025-FY2028

MaineHealth Hospital: MaineHealth Behavioral Health at Spring Harbor

County: Cumberland

Health Priority: Social Drivers of Health

Goal of Health Priority: Policy and advocacy steps as a health system to support decrease in SDOH impact; addressing social drivers of health, not just individual health-related social needs.

Strategies	Proposed Measures	Partners / External Organizations
Strategy 1: Increase key age-appropriate social drivers of health (SDOH) screening for inpatient and outpatient.	<ul style="list-style-type: none">• % of appropriate patients screened for SDOH – inpatient• % of appropriate patients screened for SDOH - outpatient	<ul style="list-style-type: none">• Local SDOH workgroup, CCBHC workgroups, Programmatic Steering Committees, findhelp Community Engagement Workgroup
Strategy 2: Increase the number of referrals to resources supporting patients with positive SDOH screens.	<ul style="list-style-type: none">• % of care team members using findhelp• # of connections made using findhelp• Years 2 & 3: % of patients referred to social worker or case manager	<ul style="list-style-type: none">• Local SDOH workgroup, CCBHC workgroups, Programmatic Steering Committees, findhelp Community Engagement Workgroup
Strategy 3: Increase connections to coverage and care through Access to Care programs.	<ul style="list-style-type: none">• # of MaineCare enrollments for people under 21 years old	<ul style="list-style-type: none">• MaineHealth Access to Care, MHBH Programmatic Steering Committees, findhelp Community Engagement Workgroup

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Health Priority: Healthy Eating Active Living

Goal of Health Priority: Improve healthy eating and active living behaviors across the lifespan.

Strategies	Proposed Measures	Partners / External Organizations
Strategy 1: MaineHealth Food Service Directors will explore and identify strategies that will have an impact on climate change.	<ul style="list-style-type: none">• Year 1: Develop strategy to reduce meat purchasing• Years 2 & 3: \$ spent on animal products	<ul style="list-style-type: none">• Hospital Food Service Director Workgroup, SHH Food Service Director(s), SHH triad, MHBH Programmatic Steering Committees, Food & Nutrition Services Operating Model 2.0 Workgroup

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Health Priority: Mental Health

Goal of Health Priority: Youth Mental Health - Improve the mental health status of Maine youth

Adult Mental Health - Decrease the prevalence of unmanaged depression and decrease number of suicides and suicide attempts.

Strategies	Proposed Measures	Partners / External Organizations
Youth Mental Health		
Strategy 1: Increase awareness and number of youth mental health best practices strategies being implemented/supported by MaineHealth (e.g. MindUp, SOS, Youth / Teen Mental Health First Aid (MHFA), Trauma-Focused Cognitive Behavioral Therapy, Adolescent Community Reinforcement Approach).	<ul style="list-style-type: none"> # of trainings conducted # of people trained 	<ul style="list-style-type: none"> Youth Mental Health Workgroup, schools, CCBHC Leadership, youth serving agencies (YMCA, Parks and Recreation Departments, schools, youth centers/teen centers)
Strategy 2: Increase the number of strategies / positive youth experiences that increase feelings of mattering being implemented / supported by MaineHealth.	<ul style="list-style-type: none"> # experiences supported/offered 	<ul style="list-style-type: none"> Municipalities, CCBHC Leadership, youth serving agencies (YMCA, Parks and Recreation Departments, schools, youth centers/teen centers)
Adult Mental Health		
Strategy 3: Provide training to care team members across the healthcare system using Question, Persuade, Refer (QPR) model as part of the Zero Suicide program to effectively address suicidality in patients.	<ul style="list-style-type: none"> % of non-clinical staff trained and recertified in Question, Persuade, Refer model 	<ul style="list-style-type: none"> Zero Suicide Grant team, MHBH Ambulatory Services, Programmatic Steering Committees (as needed)
Strategy 4: Meet and/or maintain the MaineHealth target for % of adults screened for depression.	<ul style="list-style-type: none"> % of patients 12+ screened for depression in the last year and, if positive, had a follow-up plan documented within 2 days 	<ul style="list-style-type: none"> MaineHealth Medical Group, Ambulatory Leadership Group, Programmatic Steering Committees
Strategy 5 (MHBH only): Increase behavioral health occupancy	<ul style="list-style-type: none"> % of capacity filled 	<ul style="list-style-type: none"> MHBH Access Workgroup, Integrated Steering Committee
Strategy 6 (MHBH only): Reduce emergency department length of stay (LOS) for behavioral health patients	<ul style="list-style-type: none"> Average LOS (in hours) for behavioral health patients 	<ul style="list-style-type: none"> MHBH Access Workgroup, MHBH Access workgroup, Integrated Steering Committee
Strategy 7 (MHBH only): Decrease behavioral health inpatient length of stay	<ul style="list-style-type: none"> # of days of inpatient stay 	<ul style="list-style-type: none"> MHBH Access Workgroup, Integrated Steering Committee

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Health Priority: Substance Use

Goal of Health Priority: Decrease the prevalence of substance use disorders and decrease the number of drug overdose deaths.

Strategies	Proposed Measures	Partners / External Organizations
Strategy 1: Increase referrals to substance use disorder (SUD) treatment (including ambulatory alcohol withdrawal management (AWM), medication for opioid use disorder (MOUD), contingency management, MaineMom, etc.).	<ul style="list-style-type: none"> Year 1: Plan developed to disseminate stigma training to care team members # of patients receiving buprenorphine 	<ul style="list-style-type: none"> CAPS leadership, SUD Programmatic Steering Committee, harm reduction programs (e.g. Safe Syringe Program, tier 1 and 2 naloxone distributors, recovery community centers, peer recovery partners)
Strategy 2: Increase access to harm reduction services (e.g. recovery center, recovery coaches, stigma training, MaineHealth peer support services, Syringe Services Programs (SSPs), drug overdose prevention).	<ul style="list-style-type: none"> Years 2 & 3: # of patient encounters with Peer Recovery Partners 	<ul style="list-style-type: none"> CAPS leadership, SUD Programmatic Steering Committee, harm reduction programs (e.g. Safe Syringe Program, tier 1 and 2 naloxone distributors, recovery community centers, peer recovery partners)
Strategy 3: Increase referrals to evidence-based tobacco treatment services to meet and/or maintain the MaineHealth target.	<ul style="list-style-type: none"> % of patients 18+ who were screened for tobacco use within the last 2 years and, if a smoker, received cessation counseling # MaineHealth Medical Group Clinical Orientations at which Brief Intervention & Referral training was provided Years 2 & 3: # of provider referrals to Maine QuitLink per 1,000 patients using tobacco 	<ul style="list-style-type: none"> MaineHealth CTI, Programmatic Steering Committees (Integrated, SUD), CCBHC workgroups
Strategy 4: Assess and develop a plan for youth intervention and treatment for SUD.	<ul style="list-style-type: none"> Year 1: Assess current state of youth treatment for SUD at MaineHealth 	<ul style="list-style-type: none"> CHI teams, Programmatic Steering Committee (youth/adolescents), CCBHC workgroup, community-based organizations and schools

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Health Priority: Priorities Not Selected

Goal of Health Priority: N/A

Health Priority	Reason Not Chosen
Chronic Disease	While chronic disease remains a critical public health concern, MaineHealth Behavioral Health (MHBH) did not include a specific strategy addressing chronic disease in this cycle of the Community Health Improvement Plan. This decision reflects the distinct focus and scope of MHBH's work, which is centered on advancing behavioral health outcomes through targeted strategies such as access to care, substance use treatment and addressing SDOH in our communities. MHBH recognizes the intersection between chronic disease and behavioral health; and the system-wide chronic disease strategy was not directly applicable to the specialized services and priorities within MHBH. Instead, MHBH has committed to a robust set of initiatives, including three additional mental health strategies, that more directly align with its mission and the needs of the populations it serves.