Community Health Implementation Plan

October 1, 2022 - September 30, 2024

Southern Maine Health Care
**Implementation Plan for Community Health Needs Assessment 2022-2024**

**MaineHealth Hospital:** Southern Maine Health Care  
**County:** York  
**Health Priority:** Access to Care

**Goal of Health Priority:** To improve access, reduce barriers and decrease health inequities for all people.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Metrics/What are we measuring?</th>
<th>Partners/External Organizations</th>
<th>Year of Work (1-3)</th>
</tr>
</thead>
</table>
| **Strategy 1:** Roll out the Lend a Hand (LAH) complex care management program to provide care coordination and patient navigation in the SMHC practices | - Number of LAH-enrolled patients (at SMHC practices)  
- Percentage of patients discharged from LAH with “goals met” | SMHC ambulatory practices  
SMHC/MHMG Population Health | 1-3 |
| **Strategy 2:** Improve connections to community-based programs/organizations providing health and social services to address the unmet healthcare needs of vulnerable populations. | - Increase referrals to the Patient Assistance Line (PAL) over baseline  
- Increase number of community-based programs/organizations added to FindHelp (formerly Aunt Bertha)  
- Increase the number of connections on FindHelp  
- Participation in MaineHealth Community Engagement Workgroup & support toward meeting quarterly outreach goals | SMHC Population Health  
FindHelp  
Community Health Improvement Team | 1-3 |
| **Strategy 3:** Increase patients referred and enrolled in National Diabetes and Prevention Program (NDPP) | - Percentage of patients who are enrolled in NDPP Program, meeting or exceeding the targets established on the system quality dashboard | SMHC Population Health  
MaineHealth NDPP Program | 1-3 |
| **Strategy 4:** Expand, support and collaborate with partners to address needs of New Mainers. | - Increase connections to local meetings and partners working with New Mainers  
- Establish a baseline of numbers of countries of origin of New Mainers in our primary service areas.  
- Ensure sustainability of the Saco Refugee Resettlement Assessment clinic | Community Health Improvement Access to Care team  
Catholic Charities | 1-3 |
### Implementation Plan for Community Health Needs Assessment 2022-2024

**MaineHealth Hospital:** Southern Maine Health Care  
**County:** York  
**Health Priority:** Social Determinants of Health  
**Goal of Health Priority:** To prevent and improve health outcomes for patients with substance use disorders

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Metrics/What are we measuring?</th>
<th>Partners/External Organizations</th>
<th>Year of Work (1-3)</th>
</tr>
</thead>
</table>
| **Strategy 6:** Expand equitable access to care by supporting people with transportation services. (Access) | • With MH, explore utilization of Uberhealth under the Findhelp platform as a possible transportation alternative for patients in need  
• Track utilization of program.  
• Track Number of patients receiving assistance from the Shuttle through NorthEast Mobile Services  
• Partner with YCCAC on transportation options for patients (HRSA Grant) for patients seeking support of substance and alcohol use.  
• Track utilization of patients using Southern Maine Connector which is a partnership program between SMHC and YCCAC | UberHealth  
NorthEast Mobile Services  
YCCAC  
FindHelp | 1-2 |
| **Strategy 7:** Improve utilization of FindHelp, as a tool to address identified SDOH barriers by increasing staff awareness. | • Track Population Health/Care Management staff actively using/accessing FindHelp  
• Trainings for staff to increase awareness and usage of FindHelp | Community Health Improvement Team  
SMHC Population Health  
FindHelp | 1-3 |
| **Strategy 3:** Increase depression screenings for Maine Families participants | • 100% of mothers enrolled in the Maine Families program will be screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) | Maine Families Staff | 1-2 |
| **Strategy 4:** Increase resources for food insecurity | • Increase Patients screened for food insecurity from 80% to 95% (inpatient)  
• Increase food bags distributed from 75% to 90% every time a patient screens positive (inpatient)  
• Increase fresh produce distributed in the Emergency Departments to 200 bags per year  
• Continue to increase the Produce Prescription Program in the Biddeford Retail Pharmacy | SMHC Nutrition Staff  
Community Health Improvement Team (Let’s Go!)  
Good Shepard Food Bank | 1-2 |
<table>
<thead>
<tr>
<th>Strategies</th>
<th>Metrics/What are we measuring?</th>
<th>Partners/External Organizations</th>
<th>Year of Work (1-3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategy 1:</strong> Participate in Age Friendly Health System (AFHS) goals</td>
<td>• Increase rate of assessment of 4 M’s in Primary Care Practices <em>(Mobility, Medications, Mentation and What Matters)</em> in patients over age 65</td>
<td>SMHC Population Health SMHC Ambulatory Practices Geriatric Steering Committee</td>
<td>1-3</td>
</tr>
<tr>
<td><strong>Strategy 2:</strong> Improve health outcomes of older adults by delivering and referring to preventive services</td>
<td>• Track and increase the percentage of qualified patients with an Annual Wellness Visit (AWV) in the last 12 months</td>
<td>SMHC Ambulatory Practices SMHC Population Health</td>
<td>1-3</td>
</tr>
<tr>
<td><strong>Strategy 3:</strong> Increase connections to lifestyle programs among older adults</td>
<td>• Ensure that FindHelp Directory includes community-based programs/organizations focused on serving older adults</td>
<td>Community Health Improvement Team Southern Maine Agency on Aging Population Health Matter of Balance</td>
<td>1-3</td>
</tr>
</tbody>
</table>
### Implementation Plan for Community Health Needs Assessment 2022-2024

**MaineHealth Hospital:** Southern Maine Health Care  
**County:** York  
**Health Priority:** Substance Use Disorder  
**Goal of Health Priority:** To prevent and improve health outcomes for patients with substance use disorders.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Metrics/What are we measuring?</th>
<th>Partners/External Organizations</th>
<th>Year of Work (1-3)</th>
</tr>
</thead>
</table>
| Strategy 1: Increase access to naloxone by prescribing and distributing kits to patients and family members at risk of overdose | • Pilot distribution of Harm Reduction bags for both Biddeford and Sanford Emergency Departments  
• Track number of bags distributed.  
• Partner with York County Sheriff’s Office and Jail on distribution of harm reduction bags | SMHC Emergency Departments  
HRSA Grant  
Community Health Improvement  
Caring Unlimited  
State Resources | 1-3 |
| Strategy 2: Offer Substance Abuse Prevention Education and ACES training in the Local Community and Schools | • Number of students educated  
• Number of community education programs offered in the SMHC service areas | Community Health Improvement  
Local Schools  
Maine Prevention Service  
Maine Resiliency Building Network | 1-3 |
| Strategy 3: Increase and support nicotine/tobacco/vaping free policies and trainings in the communities and schools | • Number of presentations in the community on nicotine risks  
• Number of persons participating in these presentations | Community Health Improvement  
Local Schools  
MaineHealth Center for Tobacco Independence (CTI)  
Maine Youth Action Network | 1-3 |
| Strategy 4: Increase access to IMAT | • Establish IMAT spokes in Sanford and Kennebunk  
• Number of patients utilizing services  
• Increase the number of MOUD (Medical Opioid Use Disorder) providers who are prescribing at capacity | Maine Behavioral Health Care  
HRSA | 2-3 |
| Strategy 5: Assess and Implement OPAT (Outpatient Parenteral Antibiotic Therapy) | • Explore a possible OPAT program for patients with SUD (Substance Use Disorder)  
• Implement a program for OPAT | Gilman Clinic (MMP)  
Ambulatory Practices | 2-3 |
| Strategy 6: Increase access to treatment for opioid use disorder (OUD) using all forms of buprenorphine, including long acting injectable buprenorphine (Sublocade) | • Implement program with MBH  
• Track utilization and outcomes | Maine Behavioral Health Care  
MMP | 2-3 |
### Implementation Plan for Community Health Needs Assessment 2022-2024

<table>
<thead>
<tr>
<th>MaineHealth Hospital:</th>
<th>Southern Maine Health Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>County:</td>
<td>York</td>
</tr>
<tr>
<td>Health Priority:</td>
<td>Priorities Not Selected</td>
</tr>
<tr>
<td>Goal of Health Priority</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Priority</th>
<th>Reason Not Chosen</th>
</tr>
</thead>
</table>
| Physical Activity, Nutrition, Weight (Obesity) | - SMHC has a focus on food insecurity work and will be increasing local initiative for patients and staff experiencing. (Social Determinants of Health)  
- SMHC has added in work focused on increasing healthy initiatives for the older adult population. (Older Adult/Healthy Aging)  
- SMHC supports other existing initiatives with Let’s Go and the National Diabetes Prevention Program.  
- SMHC and MMC collaborate in a regional medical and surgical bariatrics program. |
| Mental Health                            | - SMHC supports a number of strategic goals around the integration of behavioral health into patients’ overall care delivery models.  
- The SMHC continually screens for Adverse Child Experiences (ACEs), utilizing risk stratification and reporting to identify patients, referral to case management.  
- SMHC partners with Maine Behavioral Health Care offering inpatient services throughout the County.  
- There are several areas of Substance Use/Mental Health that are being addressed in the plan. |