

Progress report on

Community Health

Needs Assessment

Implementation Strategy

fiscal year

2019 **2020** 2021

(October 1, 2019 – September 30, 2020)

Franklin Memorial Hospital/ Franklin Community Health Network



### **CHNA Implementation Plan 2019-2021**

### **Franklin Community Health Network**

The following report outlines progress on the Franklin Community Health Network Implementation Strategy on key health priorities identified in the **2018 Maine Shared Community Health Needs Assessment.** 

The vision of the Maine Shared Community Health Needs Assessment is to help to turn data into action so that Maine will become the healthiest state in the United States. Its mission is a dynamic public/private partnership that creates Shared Community Health Needs Assessment Reports, engages and activates communities and supports data-driven health improvements for Maine people. To access the MaineHealth 2019 Community Needs Assessment Reports, visit: <a href="https://mainehealth.org/healthy-communities/community-health-needs-assessment">https://mainehealth.org/healthy-communities/community-health-needs-assessment</a>.

A member of the MaineHealth system, Franklin Community Health Network has a set of health priorities including:

Access to Care

Mental Health

Poverty

Obesity Prevention

Opioid Use Disorder

#### **About Franklin Community Health Network**

Greater Franklin County is tucked in the beautiful western mountain foothills of Maine, one of the most spectacular places in New England. This quaint, four-season region offers numerous opportunities for its 40,000 residents, including a nationally-acclaimed health care system, pristine lakes, panoramic views and bustling downtowns with a distinct local flavor.

The region's health care is served by Franklin Community Health Network, a locally controlled, nonprofit, integrated network of rural health care providers, created by Franklin Memorial Hospital in 1991. Affiliates include Franklin Memorial Hospital and Healthy Community Coalition of Greater Franklin County. We have been part of the MaineHealth family since October 2014. Our mission is to work cooperatively with others to achieve the highest level of health and wellness possible for the people of West Central Maine.

#### **The MaineHealth System**

MaineHealth is a not-for-profit integrated health system consisting of nine local hospital systems, a comprehensive behavioral healthcare network, diagnostic services, home health agencies, and more than 1,700 employed and independent physicians working together through an Accountable Care Organization. With more than 22,000 employees, MaineHealth is the largest health system in northern New England and provides preventive care, diagnosis and treatment to 1.1 million residents in Maine and New Hampshire.

In keeping with the health system's vision and mission, MaineHealth organizations work together to offer a wide range of community programs focused on disease management, prevention and population health, free of charge, and no one is ever denied care because of inability to pay. In 2019, the MaineHealth system provided over \$487.5 million in community health programs or services without reimbursement or other compensation.

### Community Health Needs Assessment 2019-2021 Annual Implementation Plan Update FY20

Please highlight progress made from **October 1, 2019 - September 30, 2020** for strategies and actions taken to address the priority areas your organization selected as part of the 2018 Community Health Needs Assessment (CHNA) process. The strategies that your organization recorded in the 3-year Implementation Strategy section of your CHNA report are listed below. In addition, you are encouraged to include progress made for any additional strategies you implemented.

MaineHealth Member Organization: Franklin Memorial/FCHN

Date: October 1, 2019- September 30, 2020

| 2019 CHNA<br>Priority | 2019 Implementation Strategy / Planned Actions to Address Priority of Focus  | If Action Implemented - Describe actions taken, impact from those actions, and collaborating partners |
|-----------------------|--|---|
| Selected              |  | If NO - Provide a reason why no action was taken  |
| Access to Care        | Establish Transportation workgroup to outline existing services  | Community conversation around transportation planned for October.                                     |
|                       | and explore sustainable options to address lack of   | May be delayed due to COVID.  |
|                       | transportation   |   |
|                       | Action Implemented? $oximes$ Yes $oximes$ No   |   |
|                       | Continuing in FY21? ⊠Yes □No   |   |
|                       | Expand the use of the Mobile Health Unit (MHU) for clinical  | Mobile Health Unit started events in August and hosted providers                                      |
|                       | services in rural isolated regions of Franklin County  | multiple times in rural locations.  |
|                       | Action Implemented? ⊠Yes □No   |   |
|                       | Continuing in FY21? $	extstyle 	ext$ |   |
|                       | Host quarterly Community Conversations to update the   | Community conversations have happened Quarterly throughout year 1.                                    |
|                       | community on progress of work on the strategies and to   |   |
|                       | inform them of new and existing efforts.   |   |
|                       | Action Implemented? ⊠Yes □No   |   |
|                       | Continuing in FY21? ⊠Yes □No   |   |
|                       | Increase the number of individuals who have an established   | Over 500 new patients since the beginning of 2020.  |
|                       | relationship with a Primary Care Provider  |   |
|                       | Action Implemented? ⊠Yes □No   |   |
|                       | Continuing in FY21? ⊠Yes □No   |   |
| Healthy Eating        | Expand Let's Go! in school, child care, out of school and  | Let's Go! is in all schools in Franklin County and has expanded its number                            |
| <b>Active Living</b>  | community sites  | of daycares.  |
| (HEAL) /              | Action Implemented? ⊠Yes □No   |   |
| Obesity               | Continuing in FY21? ⊠Yes □No   |   |
| Prevention            | Increase access to diabetes education  | National Diabetes Prevention Program classes are running - virtually at                               |
|                       | Action Implemented? ⊠Yes □No   | this point due to Covid-19.   |
|                       | Continuing in FY21? ⊠Yes □No   |   |
|                       | -  |   |
|                       |  |   |



# **Community Health Needs Assessment 2019-2021 Annual Implementation Plan Update FY20**

| 2019 CHNA      | 2019 Implementation Strategy /                                  | If Action Implemented - Describe actions taken, impact from those actions, |
|----------------|---|--|
| Priority       | Planned Actions to Address Priority of Focus                    | and collaborating partners   |
| Selected       |   | If NO - Provide a reason why no action was taken                           |
| Healthy Eating | Increase access to fresh produce within the community           | • 2200 lbs of food distributed from October 2019-September 2020.           |
| Active Living  | Action Implemented? $oximes$ Yes $oximes$ No                    |  |
| (HEAL) /       | Continuing in FY21? $oximes$ Yes $oximes$ No                    |  |
| Obesity        | Increase pre- diabetes/diabetes screening on the mobile health  | Screenings happened from August through October while Mobile Health        |
| Prevention     | unit  | Unit was out in the community.   |
|                | Action Implemented? $oximes$ Yes $oximes$ No                    |  |
|                | Continuing in FY21? $oximes$ Yes $oximes$ No                    |  |
| Opioid Use     | Decrease access to prescription drugs among high school         | One event held in October 2019. Events in 2020 have been postponed.        |
| Disorder       | students  | ·  |
|                | Action Implemented? ⊠Yes □No                                    |  |
|                | Continuing in FY21? ⊠Yes □No                                    |  |
|                | Increase access to Medication Assisted Treatment (MAT)          | 18 providers are offering MAT services.                                    |
|                | Action Implemented? ⊠Yes □No                                    |  |
|                | Continuing in FY21? ⊠Yes □No                                    |  |
|                | Increase recovery services                                      | Peer recovery coaches trained and looking at starting peer led support     |
|                | Action Implemented? ⊠Yes □No                                    | group.   |
|                | Continuing in FY21? ⊠Yes □No                                    |  |
|                | Increase use of Substance Use Disorder (SUD) screening tools    | Pregnant women and all ED patients are being screened.                     |
|                | Action Implemented? $oximes$ Yes $oximes$ No                    |  |
|                | Continuing in FY21? ⊠Yes □No                                    |  |
|                | Offer OUD prevention education to increase awareness            | Education created and distribution started.                                |
|                | Action Implemented? $oximes$ Yes $oximes$ No                    |  |
|                | Continuing in FY21? $oximes$ Yes $oximes$ No                    |  |
|                | Office staff and Medical Assistant (MA) training on Opioids Use | Stigma trainings had started but, due to COVID, needed to become           |
|                | Disorder and stigma   | digital. Digital training has been recorded.                               |
|                | Action Implemented?   Yes   No                                  |  |
|                | Continuing in FY21? ⊠Yes □No                                    |  |
|                | Provide coordinated Perinatal Substance Use Disorder care       | Information from previous strategy is being collected.                     |
|                | Action Implemented? ⊠Yes □No                                    |  |
|                | Continuing in FY21? ⊠Yes □No                                    |  |
|                | Use harm reduction models of care delivery and treatment for    | Narcan distribution program started in December 2019. Trainings have       |
|                | those with active OUD   | been provided to community members and organizations. Trainings are        |
|                | Action Implemented? ⊠Yes □No                                    | scheduled for September and October.                                       |
|                | Continuing in FY21? ⊠Yes □No                                    |  |



# **Community Health Needs Assessment 2019-2021 Annual Implementation Plan Update FY20**

| 2019 CHNA<br>Priority<br>Selected | 2019 Implementation Strategy / Planned Actions to Address Priority of Focus   | If Action Implemented - Describe actions taken, impact from those actions, and collaborating partners If NO - Provide a reason why no action was taken |
|-----------------------------------|---|--|
| Mental Health                     | Create coordinated and collaborative referral and service delivery processes for mental health resources  Action Implemented?                     | Staff has been trained and local resources are being added to Aunt Bertha.   |
|                                   | OTHER: Screen patients 0-17 with 2 question Trauma screener at well-child visits  Action Implemented?   | Staff in multiple practices are trained and screening rates hit the 80% benchmark by end of Year 1.  |
| Poverty<br>(SDOH)                 | Engage two additional practices in screening for food insecurity Action Implemented?  | Goal has been met. Two new practices are screening.      Currently MaineHealth is funding food bags.   |
|                                   | Explore opportunities to partner with large employers in Franklin County to identify and address needs of low-wage employees  Action Implemented? | Employers have been identified.      89.05% of patients screened from October 1, 2019 - August 31, 2020.   |
|                                   | Provide poverty/stigma/bias education on vulnerable populations to community Action Implemented? ⊠Yes □No Continuing in FY21? ⊠Yes □No            | Have presented to 3 locations.   |

