Progress report on Community Health Needs Assessment Implementation Strategy

fiscal year

2016 2017 2018

(October 1, 2017 – September 30, 2018)

Spring Harbor Hospital/ Maine Behavioral Healthcare
The following report outlines progress on the Maine Behavioral Healthcare/Spring Harbor Hospital Implementation Strategy on key health priorities identified in the 2016 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 2016 Community Needs Assessment reports, visit: https://mainehealth.org/healthy-communities/community-health-needs-assessment.

A member of the MaineHealth system, Maine Behavioral Healthcare/Spring Harbor Hospital has a set of health priorities including:

- Access to Mental Health
- Treatment of Opioid Use Disorder
- Early Identification of Mental Illness

About Maine Behavioral Healthcare/Spring Harbor Hospital

Maine Behavioral Healthcare is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and better access to medical care through integration with primary care services. Effectively coordinating client and patient care across multiple locations and treatment settings will not only provide optimal health outcomes, but serve as a national model for treating people with serious mental health issues. We are a proud to be part of MaineHealth, Maine’s largest health system, working together to make our communities the healthiest in America.

Maine Behavioral Healthcare’s 30-plus clinical programs and nearly 30 service locations, from York to Norway to Belfast, is one of the broadest behavioral healthcare programs in the state. Our primary goal is connecting clients and patients to appropriate care when they need it.

The MaineHealth System

MaineHealth is a not-for-profit integrated health system consisting of eight local hospital systems, a comprehensive behavioral healthcare network, diagnostic services, home health agencies, and more than 1,600 employed and independent physicians working together through an Accountable Care Organization. With more than 19,000 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 2017, the MaineHealth system provided $451 million in community health programs or services without reimbursement or other compensation.
## 2016 CHNA Priority Selected

<table>
<thead>
<tr>
<th>2016 CHNA Priority Selected</th>
<th>2016 Implementation Strategy / Planned Actions to Address Priority of Focus</th>
<th>If Action Implemented - Describe actions taken, impact from those actions, and collaborating partners</th>
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</table>
| **Decrease RX Drug Use & Addiction** | Support effort to provide integrated medicine-assisted treatment (IMAT) | If Action Implemented?  Yes  No  
Action Implemented?  Yes  No  
Continuing in FY19?  Yes  No | • As the Behavioral Health Service Line leader, Maine Behavioral Healthcare was charged with leading the implementation efforts of a system-wide response to the opioid crisis – a hub and spoke model of treatment where individuals can receive treatment for opioid use disorder in their communities through a holistic, integrated approach using existing primary care and specialty behavioral health clinics  
• The MaineHealth network of Care provided IMAT in at least one primary care practice with a minimum of two X-Waivered primary care physicians offering the service  
• Four intensive treatment hubs throughout the MaineHealth network of care provided care to individuals with opioid use disorder and supporting spoke providers  
• Via primary care practices and specialty behavioral health hubs, 1056 individuals received IMAT with 664 individuals actively receiving IMAT care  

**FY19:**  
• These implementation efforts will continue as each health system develops and readies additional primary care providers and practices and Maine Behavioral Healthcare opens an additional hub in the Greater Portland area of Cumberland County with a focused goal of increasing system-wide capacity and to provide IMAT treatment to a minimum of 700 additional individuals in need |

| Develop prescribing guidelines | Action Implemented?  Yes  No  
Action Implemented?  Yes  No  
Continuing in FY19?  Yes  No | • Maine’s PL 488, stringent prescribing laws related to opioids, was put into place  
• Through the MaineHealth Opioid Initiative and Maine Behavioral Healthcare leadership of the Behavioral Health Service Line, prescribing guidelines and education regarding PL 488 was widely distributed  
○As an adjunct to the larger MaineHealth Opioid Initiative, a Safe Prescribing Workgroup met regularly, developed additional guidelines and implemented prescribing tools within the Epic electronic health record system  

**FY19:**  
• With Maine’s PL 488 guiding opioid prescribing practices, the focus has shifted to providing ongoing education related to not only safe prescribing, but alternatives to prescribing, how to have conversations with individuals about alternatives to opioids and discussing tapering options when indicated and appropriate |
### Community Health Needs Assessment 2016-2018 Annual Implementation Plan Update FY18

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<td><strong>Decrease RX Drug Use &amp; Addiction</strong></td>
<td><strong>Train physicians on prescribing guidelines</strong>&lt;br&gt;Action Implemented? (☐ Yes ☐ No)&lt;br&gt;Continuing in FY19? (☐ Yes ☐ No)</td>
<td>In addition to education related to PL 488 and prescribing guidelines related to opioids, Maine Behavioral Healthcare and Maine Medical Center offered “Half and Half” Buprenorphine Waiver Training&lt;br&gt;○ Over 165 providers received the training required to qualify for the X-Waiver, which allows for the prescribing of buprenorphine&lt;br&gt;○ MaineHealth offered a full-day conference dedicated to the topic of alternatives to prescribing opioids&lt;br&gt;FY19:&lt;br&gt;• The goal is to continue to offer Half and Half Buprenorphine Waiver Trainings on a quarterly basis across the MaineHealth network of care</td>
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<td><strong>Early Identification of Mental Illness</strong></td>
<td><strong>Connect youth to social services and violence prevention resources</strong>&lt;br&gt;Action Implemented? (☐ Yes ☐ No)&lt;br&gt;Continuing in FY19? (☐ Yes ☐ No)</td>
<td>Provided ongoing consultation and technical assistance to Boys and Girls Club of Portland, on bi-weekly basis, regarding violence prevention and local social services&lt;br&gt;• Continued to partner with Maine Medical Center to implement screening for exposure to violence and trauma among children and youth&lt;br&gt;• Continued referring to services and treatment when appropriate in pediatric care settings&lt;br&gt;○ Over 6,000 children were screened for trauma during well child exams&lt;br&gt;• Trained over 500 community providers on social service resources, youth violence prevention and trauma-informed approaches to working with children and families impacted by violence</td>
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<td><strong>Improve Access to Mental Health Services</strong></td>
<td><strong>Develop practice guidelines</strong>&lt;br&gt;Action Implemented? (☐ Yes ☐ No)&lt;br&gt;Continuing in FY19? (☐ Yes ☐ No)</td>
<td>Psychiatry developed adult ADHD guidelines&lt;br&gt;○ They were distributed to many of the MaineHealth practices and have been adopted at varying levels across the Maine Medical Partners practices&lt;br&gt;○ Data was gathered on present prescribing trends to monitor use of the guidelines&lt;br&gt;• Maine Behavioral Health partnered with Maine Medical Partners in rolling out guidelines across the MaineHealth system&lt;br&gt;○ Behavioral health clinicians in the practices are seen as crucial members of the teams in assessing and treating children with trauma&lt;br&gt;FY19:&lt;br&gt;• Guidelines and protocols for screening and treatment for trauma in primary care continue to be a focus&lt;br&gt;• Spread the use of the ADHD guidelines while continuing to monitor prescribing patterns&lt;br&gt;• Identify other areas where guidelines will be helpful that can be applied in both primary care physician and specialty mental health settings&lt;br&gt;○ Develop and begin to implement at least one additional guideline</td>
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<td><strong>Open additional inpatient beds</strong></td>
<td>**Action Implemented? (☐ Yes ☐ No)&lt;br&gt;Continuing in FY19? (☐ Yes ☐ No)</td>
<td>The 12 additional adult beds that were opened May 31, 2016 remain open today</td>
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| Improve Access to Mental Health Services | Train primary care providers to manage behavioral health  
Action Implemented? Yes No  
Continuing in FY19? Yes No | • The Psychiatry and Primary Care Partnership program was expanded to include psychiatry consultation to one Southern Maine Health Care practice and several LincolnHealth practices  
• Ongoing partnerships continued for Pen Bay, Waldo County and Maine Medical Partners  
  • The program supports psychiatry time for phone consultation to primary care physicians, Lunch and Learn and group consultation to the integrated behavioral health clinicians  
  • Education and training happens through formal training activities, scheduled consultation times and ad hoc phone consultations  
  • An integrated psychiatrist is in place at Maine Medical Partners and an integrated psychiatric nurse practitioner in place at Southern Maine Health Care  
  ▪ Involvement of primary care providers as part of the primary care physician planning team has been helpful in aligning psychiatry resources with primary care physician needs  
  ▪ Maine Behavioral Health outpatient psychiatry leadership at has promoted the clinical philosophy of shared patients between MaineHealth primary care physicians and specialty behavioral health— with patients “flowing” between the two with greater ease (Maine Behavioral Health)  
| FY 19:  
• Update survey of primary care physicians re: their comfort and confidence in managing behavioral health concerns  
  • Target Lunch and Learns and protocols to issues reported with the survey  
• Expand integrated psychiatry staff in pediatric settings  
• Improve patient flow between primary care and psychiatry (Maine Behavioral Health Strategic initiative) |