Progress report on
Community Health
Needs Assessment
Implementation Strategy

fiscal year

2016   2017   2018

(October 1, 2016 – September 30, 2017)

Spring Harbor Hospital/
Maine Behavioral Healthcare

Maine Behavioral Healthcare
MaineHealth
Annual update of progress: Fiscal Year 2017
Maine Behavioral Healthcare/Spring Harbor Hospital

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 the behavioral healthcare arm for the MaineHealth system. The organization was created in 2014 when five corporate entities merged to provide an integrated continuum of comprehensive, coordinated healthcare for Maine residents of all ages. Maine Behavioral Healthcare is the largest behavioral health organization in northern New England. It includes Spring Harbor Hospital, southern Maine’s only nonprofit, private psychiatric hospital, and a broad range of community-based intensive and outpatient treatment services offered at some 30 service locations from York to Norway to Belfast.

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 1,500 employed and independent physicians working together through an Accountable Care Organization. With close to 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 its vision and mission, MaineHealth and its member 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 2016, the MaineHealth system provided more than $403 million in community health programs or services without reimbursement or other compensation, including over $41 million in uncompensated care.
Please highlight progress made from **October 1, 2016 - September 30, 2017** for strategies and actions taken to address the priority areas your organization selected as part of the 2016 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: Spring Harbor Hospital/Maine Behavioral Healthcare

#### Date: October 1, 2016 - September 30, 2017

<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>
<th>If NO - Provide a reason why no action was taken</th>
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| Decrease RX Drug Use & Addiction | Support effort to provide IMAT Action Implemented? Yes ☐ No ☐ Continuing in FY18? 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 could receive treatment for Opioid Use Disorder in their communities through a holistic, integrated approach using existing primary care and specialty behavioral health clinics  
• As of September 30, 2017  
  o Each MaineHealth member health system was either providing integrated medication assisted treatment (IMAT) in at least one primary care practice or was ready and able to begin providing IMAT  
  o Via primary care practices and specialty behavioral health hubs, 384 individuals were receiving IMAT FY18:  
  • These implementation efforts will continue as each member health system develops and readies additional primary care practices and Maine Behavioral Healthcare opens an additional hub in York County with a focused goal of increasing system-wide capacity and to provide IMAT treatment a minimum of 650 individuals in need | |
| Train physicians on prescribing guidelines | Action Implemented? Yes ☐ No ☐ Continuing in FY18? Yes ☐ No ☐ | • In addition to education related to PL 488 and prescribing guidelines related to opioids, Maine Behavioral Healthcare and Maine Medical Center (MaineHealth) offered “Half and Half” Buprenorphine Waiver Training  
• Upon the completion of the Half and Half Waiver training being offered in 2017, almost 100 providers will have attended training required to earn an X Waiver to prescribe buprenorphine  
  o Additionally, the Education & Communication Workgroup, an adjunct to the MaineHealth Opioid Initiative, hosted a Grand Rounds titled “Compassionate Opioid Tapering”  
    • This Grand Rounds was broadcast to all member health systems in order to reach a broader audience across our expansive demographic. FY18:  
• The goal is to offer Half and Half Buprenorphine Waiver Trainings on a quarterly basis | |
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| Decrease RX Drug Use & Addiction | Develop prescribing guidelines Action Implemented? Yes | Maine’s PL 488, stringent prescribing laws related to opioids were 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  
Additionally, 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 Health Record System  
FY18:  
• The Safe Prescribing Workgroup and efforts related to ongoing education related to safe prescribing and alternatives to prescribing will continue |
| | Action Implemented? Yes |  
Continuing in FY18? Yes |
| Improve Access to Mental Health Services | Train primary care providers to manage behavioral health Action Implemented? Yes  
Continuing in FY18? Yes | MBH organized ongoing phone and face-to-face consultative relationships between Maine Medical Center Psychiatry staff and Maine Medical Partners practices, and Western Maine HealthCare Pediatric services  
Other efforts included: lunch and learn for Pen Bay physicians and staff in Waldo County; PCP/Psychiatry partnerships developed for Sanford Family Practice and Wiscasset to develop specific process for returning patients from specialty psychiatric care to PCP’s  
Sixty percent of providers rated “consultation services by integrated behavioral health clinicians” as Very Useful/Important  
FY18:  
• This will become a foundational model for the rest of the system  
• This is continuing with an emphasis on “sharing” patients who can return to primary care and Maine Behavioral Healthcare staff allocation to facilitate the process |
| | Action Implemented? Yes  
Continuing in FY18? Yes | |
| | Develop practice guidelines Action Implemented? Yes  
Continuing in FY18? Yes | Guidelines were drafted by Maine Behavioral Healthcare staff for Adult Attention Deficit Hyperactivity Disorder and vetted through the Psychiatry Department  
Rolled out to select Maine Medical Partners practices for their response  
Drafted recommendations for when psychiatry patients should be able to return to primary care provider  
Vetted with primary care providers/psych partners in several regions  
FY18:  
• This will continue in FY18 with additional PCP time devoted to the project |
| | Action Implemented? Yes  
Continuing in FY18? Yes | |
| | Open additional inpatient beds Action Implemented? Yes  
Continuing in FY18? Yes | 12 additional adult beds were opened May 31, 2016 and remain open today |
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<th>Early Identification of Mental Illness</th>
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<td>Embedded clinician at Boys and Girls Club</td>
<td>Action Implemented? Yes No</td>
<td>• A licensed clinical social worker spent every Wednesday at the club</td>
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<td>Continuing in FY18? Yes No</td>
<td>○ Activities included provided training, consultation, and clinical support to the staff regarding enhancing their trauma-informed approach to supporting our community’s children after school</td>
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<td>○ Common challenges that children have brought up for support are more in the range of experiences with racial discrimination issues, bullying, gender-identification, romantic relationships, academic stressors, behavioral issues, food insecurity, homelessness, and family stressors</td>
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<td>○ At times, children have also come with reports of exposure to violence or trauma in their home and community</td>
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<td>• The clinician’s work at the club has been to listen and support children in these challenges; to help facilitate relationship repair when conflicts arise; to support and model for staff how to intervene with very challenging behaviors or disclosures; to strategize who and when to engage around some of the larger high-risk challenges; and to support the staff in identifying when reports or referrals need to be made on the child’s or family’s behalf</td>
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<td>• In addition, the clinician provides consultation for staff leadership about the team as a whole, programmatic considerations, and specific children who may require accommodations or special considerations</td>
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<td>Connect youth to social services and violence prevention resources</td>
<td>Action Implemented? Yes No</td>
<td>• From October 2015 – September 2016 (year prior – no embedded clinician), 86 clubhouse members were referred to external social service and violence prevention resources</td>
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<td>Continuing in FY18? Yes No</td>
<td>○ Average of 7.16 referrals per month</td>
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<td>• From October 2016 – June 2017 (with embedded clinician), 106 clubhouse members were referred to external social service and violence prevention resources</td>
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<td>○ Average of 11.7 referrals per month = increase</td>
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<td>• Additionally, the embedded clinician has provided 30 hours of consultation to clubhouse staff on the above-referenced topics since October 2016</td>
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<td>○ Despite the fact that the clinician is no longer spending one day a week at the Club, she is still providing regular consultation to the staff</td>
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