St. Mary’s Regional Medical Center
Community Health Needs Assessment Implementation Strategy
2019-2021

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 2018 Community Needs Assessment (CHNA) reports, visit: http://www.mainehealth.org/chna

An affiliate member of the MaineHealth system, St. Mary’s Regional Medical Center has identified these priorities from that CHNA including:

- Social Determinants of Health
- Mental Health
- Substance Use Disorder
- Access to Care
- Tobacco use

St. Mary’s Regional Medical Center (SMRMC) is a 233-bed acute care hospital, a primary care provider network, urgent care and emergency department, behavioral and mental health services, and outpatient specialty practices that combine talented and compassionate caregivers with state-of-the-art medical technology to meet the healthcare needs in the Androscoggin County area and beyond.

St. Mary’s Regional Medical Center is a member of Covenant Health, an innovative, not-for-profit health system, delivery network and leader in Catholic healthcare. Covenant Health is dedicated to its mission of collaboration and delivering the highest quality, compassionate care to the individuals and communities it serves.
**Implementation Plan for Community Health Needs Assessment 2019-2021**

**MaineHealth/Affiliate Hospital:** St. Mary’s Regional Medical Center  
**County:** Androscoggin  
**Health Priority:** Social Determinants of Health-Cultivating Equitable Access to Food and Land  
**Goal of Health Priority:** To improve and expand access to food and the resources, tools, and knowledge that support equitable access to food and land.

<table>
<thead>
<tr>
<th>Strategies for: Social Determinants: Food</th>
<th>Metrics/What are we measuring?</th>
<th>Partners/External Organizations</th>
<th>Year of Work (1-3)</th>
</tr>
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</table>
| **Strategy 1:** Increase access to urban spaces for food production on a variety of scales. | A. One new community garden constructed  
B. One new school garden constructed at the Connors Elementary School  
C. Additional 30+ households of low-income gain access to growing space. | Healthy Neighborhoods Planning Council; Good Food Council of Lewiston-Auburn; City of Auburn; Auburn Land Trust; Lewiston School District | Years 1-3 for all metrics |
| **Strategy 2:** Create more equitable access to healthy, local food through innovative community engagement strategies. A key strategy will be to assess community food access, engage a broad group of stakeholders in community dialogue about hunger, and develop an action plan. | A. Facilitate *Local Food Local Places* community planning process, engaging at least 60 stakeholders in developing an action plan.  
B. Conduct feasibility study to determine appropriate food access resource investments for the Tree Streets. Strategy will be included in the HUD Choice Implementation grant.  
C. Pilot two food access programs that emphasize agency, ownership, and engagement. Models to be determined by assessment and planning process. | Good Shepherd Food Bank; The Root Cellar; The Cooperative Development Institute; Healthy Neighborhoods Planning Council | A. Year 1  
B. Year 1-2  
C. Year 2-3 |
| **Strategy 3:** Engage community members as liaisons, “Community Food Champions,” to support outreach, education, and engagement. | A. Utilization of existing food access sites and programs (SNAP, Maine Harvest Bucks) by people vulnerable to food insecurity is increased - at least 400 households annually receive information and direct peer support.  
B. 5-10 community members receive in-depth peer-to-peer outreach and education training and job experience.  
C. Food Access map resource is refined and easily accessible across the community. | Maine Farmland Trust; The Root Cellar; Healthy Neighborhoods Planning Council | Years 1-3 for all metrics |
## Implementation Plan for Community Health Needs Assessment 2019-2021

**MaineHealth/Affiliate Hospital:** St. Mary’s Regional Medical Center  
**County:** Androscoggin  
**Health Priority:** Mental Health  
**Goal of Health Priority:** To improve integration and treatment of mental health

<table>
<thead>
<tr>
<th>Strategies for Mental Health</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:** Create a new adult psychiatric unit at St. Mary’s Regional Medical Center | Creation of new adult psychiatric unit  
Patient satisfaction survey results | Patient Advisory Council  
Community Clinical Services (CCS) | Years 2-3 |
| **Strategy 2:** Explore new treatment options for people who cannot tolerate standard medication as treatment for mental illness. | # of new treatment options explored  
# of new treatment options utilized  
Patient satisfaction survey results  
# of mind body medicine groups and # of participants in those groups | Patient Advisory Council  
Community Clinical Services (CCS) | Years 2-3 |
| **Strategy 3:** Implement depression/suicide screening for ambulatory care with treatment guidelines. | Creation of treatment guide  
% of people who are screened for depression/suicide in ambulatory care | Community Clinical Services (CCS)  
Community Health Stakeholder Coalition, Maine Resiliency Building Network | Years 2-3 |
| **Strategy 4:** Continue growth of pediatric Behavioral Health Home to coordinate care for at-risk youth. | # of youth served through Behavioral Health Home  
# of interventions  
# of educational sessions | CCS Outpatient Counseling; School Based Health Centers  
Community Health Stakeholder Coalition, Maine Resiliency Building Network | Years 1-3 |
| **Strategy 5:** Expand partnerships with area schools and colleges to serve at-risk youth. | # partnerships developed  
# programs or initiatives developed  
# children/youth served | CCS School Based Health Centers, CMCC, area schools | Years 1-3 |
| **Strategy 6:** Create and implement implementation plan to address Adverse Childhood Experiences (ACEs.) | Creation of implementation plan  
# of interventions  
# of educational sessions | Community Health Stakeholder Coalition, Maine Resiliency Building Network | Years 1-3 |
### Implementation Plan for Community Health Needs Assessment 2019-2021

**MaineHealth/Affiliate Hospital:** St. Mary’s Regional Medical Center  
**County:** Androscoggin  
**Health Priority:** Substance Use Disorder  
**Goal of Health Priority:** To prevent and treat substance use disorder

<table>
<thead>
<tr>
<th>Strategies for Substance Use Disorder</th>
<th>Metrics/What are we measuring?</th>
<th>Partners/External Organizations</th>
<th>Year of Work (1-3)</th>
</tr>
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<tbody>
<tr>
<td><strong>Strategy 5:</strong> Develop protocols for rapid access to suboxone in the Emergency Department (ED)</td>
<td>Protocol developed</td>
<td>Hospital ED, MaineHealth</td>
<td>Year 1</td>
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<td><strong>Strategy 2:</strong> Increase timely access to treatment after ED visit for substance use disorder (SUD)</td>
<td>Guarantee immediate placement in Intensive Outpatient Program (IOP) within 3-5 days</td>
<td>Hospital ED, IOP</td>
<td>Year 1</td>
</tr>
<tr>
<td><strong>Strategy 3:</strong> Continue coordinated perinatal Substance Use Disorder (SUD) program</td>
<td>% of pregnant women with SUD receiving coordinated care</td>
<td>Behavioral Health, Women’s Health; MaineHealth</td>
<td>Years 1-3</td>
</tr>
<tr>
<td><strong>Strategy 4:</strong> Provide integrative therapies for pain management through shared medical group sessions</td>
<td>-Number of shared medical groups per year offered by St. Mary’s Integrative Medicine</td>
<td></td>
<td>Years 1-3</td>
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| **Strategy 5:** Provide greater access to polypharmacy guidance for opioid tapers and relief from side effects through UNE pharmacy student partnership | # of patient consultations  
# of opioid tapers | UNE School of Pharmacy | Years 1-3 |
| **Strategy 6:** Decrease access to prescription drugs in the community. | #Drug Take Back events  
#pounds of drugs collected | Community Health Stakeholder Coalition and Project Unite | Years 1-3 |
| **Strategy 7:** Facilitate access to 12 step and other recovery programs | # groups hosted on site | Local recovery programs | Years 1-3 |
MaineHealth/Affiliate Hospital: St. Mary’s Regional Medical Center  
County: Androscoggin  
Health Priority: PRIORITIES NOT SELECTED  
Goal of Health Priority: N/A

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<tr>
<th>Priority:</th>
<th>Reason Not Chosen</th>
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<tr>
<td>Priority 1: Access to Care</td>
<td>Access to care is a concern for residents in this community, St. Mary’s offers financial assistance, helps connect people to resources, and assists in applying for MaineCare. Community Clinical Services, the local Federally Qualified Health Center, is affiliated with St. Mary’s and also offers financial assistance.</td>
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| Priority 2: Tobacco use    | While tobacco use continues to be a concern in the community, the local public health agency, Healthy Androscoggin addresses this key issue in the community, in schools and partners with health care agencies. St. Mary’s participates by hosting tobacco cessation programs but it is not a key priority for this implementation strategy.  
St. Mary’s and the other local hospital, Central Maine Medical Center, are partnering to address youth tobacco and vaping use and a work plan is being developed for that initiative. |