Community Health Strategy
Addressing Community Health Needs

Fiscal Year 2017-2019

Acadia Hospital

EMHS
Access to Quality Healthcare
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Introduction

EMHS and our more than 11,000 employees care deeply about our neighbors and communities. EMHS member organizations work hard to understand and address priority needs. We meet regularly with community partners to plan and implement local solutions that make it possible for people in our communities to lead healthier lives. By working together, we promote a culture of stewardship and foster vibrant communities.

Acadia Hospital is committed to shaping health improvement efforts in its service area based on sound data, personal and professional experience, and community need. Through collaborative efforts, Acadia Hospital creates healthier communities through the provision of services, resources, and programs within and beyond the walls of the hospital.

About EMHS
EMHS is an integrated health delivery system serving the state of Maine. EMHS offers a broad range of health delivery services and providers, including: acute care, medical-surgical hospitals, a free-standing acute psychiatric hospital, primary care and specialty physician practices, long-term care and home health agencies, ground and air emergency transport services, community and population health.

About Acadia Hospital
The primary mission of Acadia Hospital is to empower people to improve their lives. Acadia Hospital is a non-profit acute care psychiatric hospital offering many different services to all Maine residents, with a particular focus on the Greater Bangor Region.
Addressing Community Health Needs

Shared Community Health Needs Assessment
In 2016, Maine’s four largest healthcare systems – EMHS, Central Maine Health Care, MaineGeneral Health, and MaineHealth – as well as the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services (DHHS) partnered to research and publish a shared Community Health Needs Assessment (Shared CHNA). The Shared CHNA provides a comprehensive review of health data and community stakeholder input on a broad set of health issues in Maine. The Shared CHNA data were made widely available to the public, as community engagement forums were held across the state, gathering additional feedback on priority issues and opportunities for community health improvement. These reports and the community input received are fundamental to achieving our goal of partnering with community, public health entities and accountable care networks to improve the health and well-being of the communities we serve.

Results of the 2016 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by Acadia Hospital. The efforts identified within help demonstrate our commitment to our community, as we provide benefits reflective of our mission and tax-exempt status. These benefits include a focus on the clinical, social, and environmental factors that influence the ability of people to lead healthier lives.

Community Health Strategy
This Community Health Strategy was developed with input from community stakeholders including those who serve priority populations, local Public Health District Liaisons, local business leaders, and community advocates.

Priorities were selected after weighing the severity of each priority area, availability of known and effective interventions, determination that the priority area was un-addressed or under-addressed, and community collaborations underway with Acadia Hospital.

Acadia Hospital reserves the right to amend this Community Health Strategy as circumstances warrant. For example, certain community health needs may become more pronounced and require enhancements or a refocus to the selected priorities of focus.

Feedback Opportunity
Contact communitybenefits@emhs.org with feedback on this report.
Addressing Community Health Needs

Evaluation Efforts
The priorities identified in the next section will guide the development of a community health improvement plan. This annual plan defines the operational approach to be taken to address the goals and strategies articulated within. By using SMART Objectives (Specific, Measurable, Achievable, Realistic, and Time-Bound) to guide the intervention approach deployed, Acadia Hospital will be able to monitor and evaluate progress over time.

Approval from Governing Board
Acadia Hospital’s Community Health Strategy was reviewed by the hospital’s governing board and a resolution was made to approve and adopt both the Shared CHNA and the Implementation Strategy on May 25, 2016.

Selected Priorities of Focus

Priority #1: Drug and Alcohol Abuse

Rationale:
The anticipated impact of this action is to increase the number of providers qualified to offer Suboxone therapy to individuals living with opioid dependence in Penobscot County. This expanded access will enable more people to obtain the appropriate, and most effective level of treatment for their condition.

Intended action to address the need:
   i. Partner with others (e.g. primary care providers) to expand access to Suboxone treatment

Programs and resource allocation:
   i. Pursue and participate in Suboxone expansion grants when available

Planned collaborations:
   i. Acadia will collaborate with other members of the Community Health Leadership Board, which is focused on measurably reducing the impact of addiction and substance abuse in the Bangor region. Acadia staff with experience in addiction medicine and substance abuse treatment will serve as subject matter experts to special task force initiatives as needed.

   ii. Acadia has applied to (but has not yet been awarded) a grant from the Maine Community Foundation for Acadia to train primary care providers (PCPs) from Eastern Maine Medical Center (EMMC) and St. Joseph Hospital on how to provide Suboxone inductions and treatment so that these PCPs can then begin to do this in their practices.

Population of focus:
The main population focus is the primary care physicians who practice in Acadia’s primary service area. The state needs additional treatment capacity for individuals seeking Medication Assisted Therapy (MAT) for opioid dependence, and primary care physicians are in the position to provide it. The secondary audience is those who currently are unable to receive the appropriate level of treatment for their opioid dependency.
Priority #2: Mental Health, and Access to Behavioral Care/Mental Healthcare

Rationale:
This priority was identified in the EMHS Community Health Needs Assessment. The anticipated impact of this action is to increase/enhance access to mental health and behavioral care which addresses the fact that Maine is a rural state, with many underserved areas. It will also provide more comprehensive services to a specific subset of the population, which will result in fewer emergency room visits, etc.

Intended action to address the need:
1. Increase tele-psychiatry consultations to rural emergency departments
2. Expand integration of behavioral health services with primary care
3. Provide tele-therapy services at Restorative Health, LLC (a related organization to Acadia Hospital)

Programs and resource allocation:
1. Allocate social workers and psychiatric mental health nurse practitioners (PMHNPs) to primary care practices and emergency departments
2. Leverage tele-health technology to deliver services in rural areas utilizing Restorative Health, LLC providers
3. Provide an online mental health screening questionnaire on Acadia’s website in partnership with Screening for Mental Health, Inc. This tool addresses multiple mental health problems including depression.

Planned collaborations:
1. Collaborate with a) EMMC primary care practices and primary care practices affiliated with other EMHS members, b) with rural federally qualified health centers in the region (e.g. Katahdin Valley Health Center, Health Access Network, etc.) and c) rural hospital emergency departments
2. Partner with Beacon Health, LLC to provide EMHS plan members access to mental health services via tele-therapy

Population of focus:
The populations that will be the focus of this initiative include individuals living in rural, underserved parts of the state, and people who are living with some type of chronic mental illness that requires additional supports.
Health Priorities Not Addressed

Acadia Hospital considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. While the full spectrum of needs is important, Acadia Hospital is currently poised to focus only on the highest priorities at this time. A number of priorities not selected are listed below:

- Obesity, Physical Activity and Nutrition, Cardiovascular diseases, Poverty, Employment, Health Care Insurance, and Health Literacy were not selected by Acadia Hospital due to lack of resources to address the non-selected priorities at this time.

Conclusion

Acadia Hospital is thankful for the participation and support of our community members and many area organizations in the Shared CHNA process and for contributing their knowledge of local community health needs. Through existing and future partnerships, collaborative efforts will be essential in addressing the identified community health strategies prioritized within.

Acadia Hospital will engage in another Shared CHNA in 2019 and looks forward to ongoing community participation in these important efforts.
Appendix - Evaluation of Impact

Progress report on selected priorities from Acadia Hospital’s last (2014) Community Health Needs Assessment.

EMHS and Acadia Hospital are committed to promoting a culture of community stewardship, and partnering together with community stakeholders to address high priority health issues. In order to do so effectively, we regularly monitor the impact of our community health efforts, and make this information widely available to our communities in the form of annual Community Benefit statements, and this triennial Community Health Strategy report. The following table provides a summary evaluation of impact of the actions taken by Acadia Hospital to address community health priorities adopted in 2014.

Measuring and reporting on progress is critical to making a difference in the communities we serve, and in the lives of those we care for.
### Community Health Strategy - Evaluation of Impact Since 2014

Evaluation of impact of actions taken by the organization to address selected health priorities identified in the 2014 Community Health Needs Assessment (CHNA) Report is an important part of the community health improvement cycle. The following progress on activities to address priority areas identified in the 2014 CHNA are as follows:

<table>
<thead>
<tr>
<th>2014 CHNA Priority of Focus</th>
<th>2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus</th>
<th>Was the Action Implemented (Yes/No)</th>
<th>If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO - Provide a reason why no action was taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol and drug related crime/violence</td>
<td>Continue providing a mental health worker to the Bangor Police Department and Penobscot County Sheriff’s Department to assist police when presented with an escalating encounter with potential for violence.</td>
<td>Yes</td>
<td>Co-located a certified mental health rehabilitation technician (MHRT) within the Bangor Police Department/Penobscot County Sheriff’s Department 40 hours/week</td>
</tr>
<tr>
<td>Alcohol and drug related crime/violence</td>
<td>An experienced mental health worker, a certified mental health rehabilitation technician (MHRT), employed by Acadia and integrated into the Bangor Police Department.</td>
<td>Yes</td>
<td>See above</td>
</tr>
<tr>
<td>Alcohol and drug related crime/violence</td>
<td>Bangor Police Department</td>
<td>Yes</td>
<td>See above</td>
</tr>
<tr>
<td>Alcohol and drug related crime/violence</td>
<td>Penobscot County Sheriff’s Department</td>
<td>Yes</td>
<td>See above</td>
</tr>
<tr>
<td>Alcohol and drug related crime/violence</td>
<td>Possibly other area police departments</td>
<td>Yes</td>
<td>Brewer Police Department</td>
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<tr>
<td>Substance Abuse</td>
<td>Acadia Hospital CEO is a member of the recently formed Community Health Leadership Board in Bangor and will participate in their strategic planning retreat on November 24, 2014.</td>
<td>Yes</td>
<td>Acadia’s CEO participated in the planning retreat on November 24, 2014.</td>
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## Appendix - Evaluation of Impact continued

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<tr>
<td>Substance Abuse</td>
<td>The Community Health Leadership Board is initially focused on measurably reducing the impact of addiction and substance abuse in the Bangor community. A subgroup has been formed to hold panel discussions over the next two months. A senior staff member with experience in substance abuse treatment will serve as a member of one of the panels.</td>
<td>Yes</td>
<td>Acadia Hospital has remained active in the events, such as the One Life Project, and has provided the services of Vijay Amarendran, MD as a substance abuse treatment expert.</td>
</tr>
<tr>
<td></td>
<td>Acadia Hospital will collaborate with one or more of the other ten members serving on the Community Health Leadership Board.</td>
<td>Yes</td>
<td>Acadia has collaborated on the public events, such as the One Life Project, and is also actively contributing to the Healthy Region Blog, in partnership with all CHLB partners.</td>
</tr>
<tr>
<td></td>
<td>Acadia Hospital will also collaborate with its subsidiary, Acadia Healthcare, Inc., which is licensed to provide alcohol and drug treatment.</td>
<td>Yes</td>
<td>Expanded number of clients in treatment and have provided educational sessions to legislators and community leaders.</td>
</tr>
<tr>
<td>Preventive Screenings</td>
<td>The Acadia mental health symptom screening tool is utilized and this initiative will be expanded.</td>
<td>Yes</td>
<td>An average of 85 people complete the screening each month. Acadia was recognized as one of the top screening sites.</td>
</tr>
<tr>
<td></td>
<td>Acadia Hospital will explore how to raise more awareness about how to access this screening tool.</td>
<td>Yes</td>
<td>Yes. Advertised on Acadia Website and via social media.</td>
</tr>
<tr>
<td></td>
<td>Staff time and leverage the existing online tool.</td>
<td>Yes</td>
<td>Acadia Community Relations staff promotes screening tool and monitors its activity.</td>
</tr>
<tr>
<td></td>
<td>Acadia Hospital will collaborate with the online screening vendor.</td>
<td>Yes</td>
<td>Acadia Community Relations stays in touch with the vendor, Screening for Mental Health, and receives usage data from them.</td>
</tr>
</tbody>
</table>
## Appendix - Evaluation of Impact continued

<table>
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<tr>
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<tr>
<td>Pain management alternatives to prescription drugs/opioids</td>
<td>Expand cognitive behavioral treatment (CBT) for pain management by:</td>
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<tr>
<td></td>
<td>Train additional staff in CBT.</td>
<td>Yes</td>
<td>One additional provider trained</td>
<td></td>
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<td></td>
<td>Explore the use of tele-health to deliver services in rural areas.</td>
<td>Yes</td>
<td>Technology capacity has hindered this goal. Two patients at Unity Family Care scheduled to attend pain program in late July via televideo</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Collaborate with primary care practices, FQHCs, rural health centers, etc.</td>
<td>Yes</td>
<td>One partnership with Inland Hospital’s Unity Family Care</td>
<td></td>
</tr>
<tr>
<td>General availability of providers addressing mental/behavioral health needs.</td>
<td>Expand behavioral/medical integration in primary care practices through the following:</td>
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<tr>
<td></td>
<td>Allocate social workers and psychiatric mental health nurse practitioners (PMHNP) to primary care practices.</td>
<td>Yes</td>
<td>1418 patient encounters Oct 14 - Mar 15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Leverage tele-health technology to deliver services in rural areas.</td>
<td>Yes</td>
<td>201 Telemental health ED encounters Oct ’14 - Mar ’15. Increased number of EDs to 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Collaborate with EMMC primary care practices, primary care practices affiliated with other EMHS members</td>
<td>Yes</td>
<td>Increased Acadia staff integration at PCP sites from 7 to 8 and supervise clinicians integrated at 4 additional sites</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Explore collaborations with rural federally qualified health centers (FQHCs) e.g. Katahdin Valley Health Center, Health Access Network, etc.</td>
<td>Yes</td>
<td>Now have a full-time provider at KVHC</td>
<td></td>
</tr>
</tbody>
</table>