

Update on Selected Priorities and Activities since the 2022 Community Health Needs Assessment - Midcoast District (Knox Lincoln, Sagadahoc, and Waldo Counties)

In response to the 2022 Community Health Need Assessment (CHNA) along with community input, hospitals and local public health districts developed their own three-year strategies and plans. Below are these organization’s updates on their selected priorities and activities since the 2022 Community Health Needs Assessment. The Community Action Programs developed their plans in response to community input and their 2022 Community Needs Assessment. One full year of implementation has taken place to date in 2023, 2024 implementation work is currently underway with 2025 work on the horizon for implementation activity on these identified priorities.

For a number of organizations listed in this document priority work spans across multiple counties throughout Maine though their physical location may be in one county.

Priority	Activities	Partners	Key Accomplishments
Organization - MaineHealth Lincoln Hospital			
Priority: Mental Health/Access to Care	In 2023: 1) 70% of patients in primary care screened for ACES and connected families as needed to mental health and social services. 2) Trained one MaineHealth Lincoln Community Health team member in the national "Youth Mental Health First Aid" train the trainer program and offered one program to schools and community organizations working with youth 3) Over 900 referrals for behavioral health services 4) 26 Community Based Organizations offering behavioral health and social services added to FindHelp	1) MaineHealth Medical Group, Lincoln; Maine Behavioral Health and community partners 2) MaineHealth Lincoln Community Health 3) School Based Health Centers in Lincoln County schools and MaineHealth Medical Group, Lincoln practices	Increase patients screened and provide access to mental health and social services through access to resources in FindHelp; increase access to mental health services through embedded services in the primary care practices and School Based Health Centers.
	In 2024: 1) 79% of patients in primary care screened for ACES and connect families as needed to mental health and social services. 2) Offered one "Youth Mental Health First Aid" training to schools and adults in community organizations who work with youth; 18 participants	1) MaineHealth Medical Group, Lincoln; Maine Behavioral Health and community partners 2) MaineHealth Lincoln Community Health	1) Increase patients screened and provide access to mental health and social services through access to resources in FindHelp; increase access to mental health services through embedded services in the primary care practices. 2) Expand support for youth by training adults in how to help youth experiencing mental health issues and about access to mental health resources.

Priority	Activities	Partners	Key Accomplishments
Priority: Substance Use Disorder including Tobacco	<p>In 2023:</p> <p>1) 23 hours of prevention education (Catch My Breath; Stanford REACH) provided to 329 students at 4 high schools and 7 middle schools in Lincoln County</p> <p>2)</p> <ul style="list-style-type: none"> - Distributed 79 kits of Naloxone at 12 community events - 61 patients receiving naloxone <p>3) 130 patients receiving Medical Assisted Treatment (MAT) services</p> <p>4) Participation in Maine MOM Program</p> <p>5) 69% Screening, Brief Interventions and Referrals to Treatment in primary care practices for patients 18 yrs of age and older.</p>	<p>1) Healthy Lincoln County; MaineHealth Lincoln Community Health; local schools</p> <p>2) Healthy Lincoln County; MaineHealth Medical Group, Lincoln</p> <p>3) MaineHealth Medical Group, Lincoln</p> <p>4) Lincoln Hospital OB/GYN; MaineHealth Medical Group, Lincoln</p> <p>5) MaineHealth Medical Group, Lincoln</p>	<p>1) Increase awareness by providing prevention education to middle and high school students in preventing substance and tobacco misuse.</p> <p>2) Improve harm reduction and reduce stigma through distribution of Naloxone to treatment opioid overdoses to patients and community members.</p> <p>3) Provide access to MAT for substance use disorder.</p> <p>4) Provide support and referrals for pregnant and new parents with substance use disorder.</p> <p>5) Increase rates of Screening, Brief Interventions and Referrals to Treatment in primary care practices for patients 18 yrs of age and older to refer for services if needed.</p>
	<p>In 2024:</p> <p>1) 71 hours of prevention education (CATCH My Breath; Standford REACH) provided to 1,122 students at four high schools and 7 middle schools</p> <p>2) Distributed 179 kits of Naloxone at 19 community events. - 120 patients receiving naloxone kits through Sept 2024</p> <p>3) 132 patients receiving MAT services</p> <p>4) Participation in Maine MOM Program</p> <p>5) 74% Screening, Brief Interventions and Referrals to Treatment in primary care practices for patients 18 yrs of age and older.</p>	<p>1) Lincoln County; MaineHealth Lincoln Community Health; local schools</p> <p>2) Healthy Lincoln County; MaineHealth Medical Group, Lincoln</p> <p>3) MaineHealth Medical Group, Lincoln</p> <p>4) Lincoln Hospital OB/GYN; MaineHealth Medical Group, Lincoln</p>	<p>1) Increase awareness by providing prevention education to middle and high school students in preventing substance and tobacco misuse.</p> <p>2) Improve harm reduction and reduce stigma through distribution of Naloxone to treatment opioid overdoses to patients and community members.</p> <p>3) Provide support and referrals for pregnant and new parents with substance use disorder.</p> <p>4) Provide support and referrals for pregnant and new parents with substance use disorder.</p> <p>5) Increase rates of Screening, Brief Interventions and Referrals to Treatment in primary care practices for patients 18 yrs of age and older to refer for services if needed.</p>

Priority	Activities	Partners	Key Accomplishments
Priority: Social Drivers of Health	In 2023: 1) One location added for dental care for adults with SUD. 2) 11 Schools offering dental care services 3) 78% adult patients 18 yrs and older screened for food insecurity 4) Access to food provided at the MaineHealth Medical Group Lincoln provider practice sites and through distribution of emergency food bags. Over 20,000 pounds of food distributed.	1) Lincoln County Dental 2) School Based Health Centers 3) MaineHealth Medical Group, Lincoln 4) MaineHealth Lincoln Community Health, Local Food Pantries, Good Sheperd Food Bank, Mid Coast Hunger Prevention, Lincoln County Gleaners and MaineHealth Medical Group, Lincoln	1) Increase access to dental care for adults with SUD. 2) Increase dental care prevention services 3 & 4) Connect patients who screen positive or self-identify for food insecurity with emergency food and access to healthy food resources
	In 2024: 1) 2 "Matter of Balance" class series offered to community members 2) 84% of adult patients 18 yrs and older for food insecurity 3) Access to shelf-stable and fresh food provided at the MaineHealth Medical Group Lincoln provider practice sites and through distribution of emergency food bags.	1) MaineHealth Lincoln Community Health 2) MaineHealth Medical Group, Lincoln and Lincoln Hospital 3) MaineHealth Lincoln Community Health, Local Food Pantries, Good Sheperd Food Bank, Mid Coast Hunger Prevention, Lincoln County Gleaners and MaineHealth Medical Group, Lincoln	1) Increase physical activity and falls prevention through evidence-based programming. 2 & 3) Connect patients who screen positive or self-identify for food insecurity with emergency food and access to healthy food resources
Priority: Healthy Aging	In 2023: Screen adults 65+ during annual wellness visit: 86% for Depression (target: 84%) 94% for Falls Assessment (target: 92%) 62% for an Advance Care Directive (target: 40%) 2 MH LH Community Health staff trained as "Matter of Balance" instructors	MaineHealth Medical Group, Lincoln MaineHealth Lincoln Community Health	Increase prevention and early identification for referrals for services as needed. Offer the evidence based falls prevention program "Matter of Balance" in 2024.
	In 2024: 2 "Matter of Balance" class series offered to community members Screen adults 65+ during annual wellness visit: 87% for Depression (target: 84%) 95% for Falls Assessment (target: 92%) 62% for an Advance Care Directive (target: 40%)	MaineHealth Lincoln Community Health Boothbay Region YMCA; Skidompha Library MaineHealth Medical Group, Lincoln	Increase physical activity and falls prevention through evidence-based programming. Increase prevention and early identification for referrals for services as needed.

Priority	Activities	Partners	Key Accomplishments
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Additional information on MaineHealth Lincoln Hospital's priority activity can be found at: <https://www.mainehealth.org/healthy-communities/community-health-needs-assessment>
 Contact: Cathy Cole, Director, MaineHealth Lincoln Hospital Community Health Director, 207-563-4830

Organization - MaineHealth Mid Coast Hospital

Mental Health	<p>In 2023</p> <p>Participate in and support community workgroups & initiatives addressing mental health</p> <p>Meet SAMHSA Mental Health Awareness training and awareness grant goals</p> <p>Provide Community Health & Wellness programs for seniors to decrease social isolation</p>	<p>Mid Coast Community Alliance, local schools, Community Mental Health Taskforce, NAMI Maine, Maine Fishermen's Association, Bridge to Belong, Bath Area YMCA, People Plus</p>	<p>~14 mental health awareness trainings held, 315 people trained</p> <p>~51 Community Health & Wellness classes held</p> <p>~Continued coordination of regional taskforce, participated in community and school mental health workgroups</p> <p>~51 unique Community Health & Wellness classes held</p>
	<p>In 2024</p> <p>Participate in and support community workgroups & initiatives addressing mental health</p> <p>Meet SAMHSA Mental Health Awareness training and awareness grant goals</p> <p>Increase local mental health resources listed in FindHelp and 2-1-1, and increase community and provider use</p> <p>Provide Community Health & Wellness programs for seniors to decrease social isolation</p>	<p>Mid Coast Community Alliance, local schools, Community Mental Health Taskforce, NAMI Maine, Maine Fishermen's Association, Bridge to Belong, Bath Area YMCA, People Plus</p>	<p>~20 mental health awareness trainings, 468 people trained</p> <p>~Continued coordination of regional taskforce, participated in community and school mental health workgroups</p> <p>~Shared youth mental health data trends with all school districts</p> <p>~470 local mental health resources listed in FindHelp</p> <p>~Community Health Improvement Fund prioritizes youth mental health, providing \$1 million to middle and high schools to increase youth involvement and connection</p> <p>~40 unique Community Health & Wellness classes held, including 28 The Art of Wellness classes and 100 Walk with the Doc walks</p>

Priority	Activities	Partners	Key Accomplishments
Social Determinants of Health & ACES	<p>In 2023</p> <p>Implement DEI plan to improve quality of care</p> <p>Increase # patients screened for social determinants and ACEs</p> <p>Support initiatives to increase # of emergency shelter beds available</p> <p>Identify recovery housing options for Maine Maternal Opioid Misuse patients</p> <p>Support community initiatives addressing Social determinants of health and ACEs</p>	<p>MaineHealth DEI team, Mid Coast Hunger Prevention, Bath Area Food Bank, Tedford Housing, Southern Midcoast Housing Collaborative, Brunswick Housing Authority, Harpswell Aging at Home, Age Friendly Communities of the Lower Kennebec, Midcoast Maine Community Action, United Way of Midcoast Maine</p>	<p>~\$500,000 donated to Tedford Housing capital campaign from Community Health Improvement Fund</p> <p>~Mid Coast Hospital DEI Team expanded, # of DEI ambassadors increased</p> <p>~Recovery Housing Committee continued to explore partnership with Brunswick Housing Authority and MOM Program for recovery housing</p> <p>~Supported initiatives such as Working Community Challenge, Bath and Brunswick Teen Centers and Mid Coast Hunger Prevention</p> <p>~2 local Pride events supported</p> <p>~Community Baby Shower launched to provide resources to low income families, 80 families attended</p>
	<p>In 2024</p> <p>Implement DEI plan to improve quality of care</p> <p>Increase # patients screened for social determinants and ACEs</p> <p>Support initiatives to increase # of emergency shelter beds available</p> <p>Identify recovery housing options for Maine Maternal Opioid Misuse patients</p> <p>Support community initiatives addressing Social determinants of health and ACEs</p>	<p>MaineHealth DEI team, Mid Coast Hunger Prevention, Bath Area Food Bank, Tedford Housing, Southern Midcoast Housing Collaborative, Brunswick Housing Authority, Harpswell Aging at Home, Age Friendly Communities of the Lower Kennebec, Midcoast Maine Community Action, United Way of Midcoast Maine</p>	<p>~Began screening all inpatients for SDOH, shared results with community partners</p> <p>~Continued Recovery House meetings</p> <p>~Supported teen center initiatives. Brunswick Teen Center expanded space, Midcoast Youth center expanded programming and opened transitional housing space</p> <p>~Brunswick mobile home park residents supported to create cooperative and successfully submitted offer to purchase property</p> <p>~Increased use of FindHelp by providers and community partners to connect patients with SDOH resources, 416 connections made</p>

Priority	Activities	Partners	Key Accomplishments
Substance Misuse, including Tobacco	<p>In 2023</p> <p>Meet annual Tobacco Prevention grant targets to increase smoke free policies and environments</p> <p>Support community coalition efforts to prevent and decrease youth substance use and decrease stigma</p> <p>Meet Maine Maternal Opioid Misuse grant goal</p> <p>Continue medication safety and disposal outreach</p>	<p>Local schools, alcohol licensees, State of Maine CDC, Southern Midcoast Communities for Prevention community coalition, treatment and recovery providers, local law enforcement</p>	<p>~ Secured grant to distribute Deterra medication disposal pouches, increased # of medication collection boxes in community</p> <p>~ Held responsible alcohol seller and server trainings for local alcohol licensees</p> <p>~ Universal distribution of First Aid and safety kits, including Narcan, launched in labor and delivery department</p> <p>~ Cannabis safe storage campaign launched to prevent unintentional ingestion and poisoning</p>
	<p>In 2024</p> <p>Meet annual Tobacco Prevention grant targets to increase smoke free policies and environments</p> <p>Support community coalition efforts to prevent and decrease youth substance use and decrease stigma</p> <p>Meet Maine Maternal Opioid Misuse grant goal</p> <p>Continue medication safety and disposal outreach</p>	<p>Local schools, alcohol licensees, State of Maine CDC, Southern Midcoast Communities for Prevention community coalition, treatment and recovery providers, local law enforcement</p>	<p>~Launched community tip line "Speak Up" to encourage youth and adults to text anonymous safety concerns to law enforcement</p> <p>~Attended Maine Fishermen's Forum to assess substance use and tobacco beliefs to tailor outreach</p> <p>~ Launched vaping campaign tailored to rural youth</p> <p>~Developed safe vape disposal program to pilot at local schools</p> <p>~Increased # of schools implementing Sources of Strength program, peer led program to increase resiliency and connection</p> <p>~ Created Youth in Action coalition to increase voice of youth in prevention efforts</p>
Access to Care	<p>In 2023</p> <p>Improve patient access by implementing DEI strategies</p> <p>Increase # patients with a primary care provider</p> <p>Increase # patients referred to behavioral health team</p> <p>Identify dental resources for uninsured and MaineCare patients</p>	<p>Oasis Free Health Clinics, Immigrant Resource Center of Maine, Maine Behavioral Health, ACT team and Access to Care</p>	<p>~ Morse School Based Health Center opens, provides medical and dental services</p> <p>~Increased # of Mid Coast patients referred to MaineHealth ACT (Assertive Community Treatment) and Access to Care team</p> <p>~ Immigrant Health community and system committees continue to identify barriers and needs</p> <p>~Mainly teeth program increases reach in Mid Coast service area, providing free dental cleanings</p>

Priority	Activities	Partners	Key Accomplishments
	In 2024 Improve patient access by implementing DEI strategies Increase # patients with a primary care provider Increase # patients referred to behavioral health team Increase awareness of dental services for uninsured and MaineCare patients	Oasis Free Health Clinics, Immigrant Resource Center of Maine, Maine Behavioral Health, ACT team and Access to Care, Mainely Teeth	~Oasis Free Health Clinic and Mid Coast providers begin meeting new patients the the Immigrant Resource Center of Maine's Brunswick Welcome Center ~Oasis Free Health Clinics moves to Parkview Campus in Brunswick and expands clinic space ~ Provider trainings include health needs of asylum seeking patients ~ # of patients enrolled with a primary care provider increased
<p>Additional information about MaineHealth Midcoast Hospital's priority activity can be found at: https://www.mainehealth.org/healthy-communities/community-health-needs-assessment</p> <p>Contact: Melissa Farrington Fochesato, MPH, MaineHealth Mid Coast Hospital Community Health 207-373-6957</p>			

Organization - MaineHealth Pen Bay Hospital			
Priority: Substance Use Disorder	In 2023: 25 patient education pamphlets handed out on proper disposal of medication. 2 Naloxone distribution events in the community. 4 medication take back events in the community. 4 trainings provided on naloxone for Knox and Waldo counties. 20 referrals to the Maine MOM grant program. 47 peer referrals made. 982 at-risk patients provided with naloxone prescription. 1714 doses of naloxone and fentanyl test strips distributed. 1462 patients screened with the 4Ps. 14 Substance Use Prevention/Stigma reduction programs offered. 20 community support groups that address stigma. 35 participants in educational programs.	Waldo Hospital OB/GYN, CHA Community Health, Pen Bay Community Health Partnerships, Knox County Recovery Collaborative (KCRC), local schools, law enforcement, EMS, primary care at Pen Bay and Waldo, Volunteers of America (VOA).	Improve treatment access and retention through strengthening awareness of Maine Behavioral Health Peer Support Specialists. Substance use prevention and stigma reduction through community involvement. Decreasing the misuse of prescribed controlled substances through distribution of patient education materials and medication take-back events. Improve harm reduction services through distribution of naloxone and fentanyl test strips. Improve perinatal substance use disorder screening and services.

Priority	Activities	Partners	Key Accomplishments
Substance Use Disorder	<p>In 2024:</p> <ul style="list-style-type: none"> 23 patient education pamphlets handed out on proper disposal of medication. 22 Naloxone distribution events in the community. 4 medication take back events in the community. 22 trainings provided on naloxone for Knox and Waldo counties. 2 referrals to the Maine MOM grant program. 13 peer referrals made. 2008 at-risk patients provided with naloxone prescription. 963 doses of naloxone and fentanyl test strips distributed. 892 patients screened with the 4Ps. 22 Substance Use Prevention/Stigma reduction programs offered. 20 community support groups that address stigma. 308 participants in educational programs. 	<p>Waldo Hospital OB/GYN, CHA Community Health, Pen Bay Community Health Partnerships, Knox County Recovery Collaborative (KCRC), local schools, law enforcement, EMS, primary care at Pen Bay, Volunteers of America (VOA).</p>	<p>Improve treatment access and retention through strengthening awareness of Maine Behavioral Health Peer Support Specialists.</p> <p>Substance use prevention and stigma reduction through community involvement.</p> <p>Decreasing the misuse of prescribed controlled substances through distribution of patient education materials and medication take-back events.</p> <p>Improve harm reduction services through distribution of naloxone and fentanyl test strips.</p> <p>Improve perinatal substance use disorder screening and services.</p>
Priority: Mental Health	<p>In 2023:</p> <ul style="list-style-type: none"> 25 of departments provided with crisis team education materials. Updated crisis information on Pen Bay and Waldo Intranet. 39 of Community Health classes offered to the community 297 of low barrier therapy provided to youth through the Landing Place 2 of Mental Health First Aid Trainings offered 10 of community members trained in Mental Health First Aid 223 of families receiving services through the JT Gorman Grant 59 of families moving from one “tier” to the next 156 of referrals/connections to services 	<p>CHA Community Health, MaineHealth, Maine Behavioral Healthcare, Child Development Services, Case Management, Population Health, DHHS, Emergency Department, NAMI, PBCHP, faith community, Law Enforcement, KCRC, local school districts, Pen Bay and Waldo primary care, Pen Bay Pediatrics.</p>	<p>Improve crisis team engagement and awareness for providers.</p> <p>Improve screening and mental health education for youth and families.</p> <p>Provide preventive, resilience-building, low-barrier services to families through the MaineHealth Pen Bay Pediatrics Early Childhood Support Specialist Program.</p> <p>Increase suicide prevention information and awareness in two local school districts.</p>

Priority	Activities	Partners	Key Accomplishments
	<p>In 2024:</p> <p>39 of Community Health classes offered to the community</p> <p>343 of low barrier therapy provided to youth through the Landing Place</p> <p>1 of Mental Health First Aid Trainings offered</p> <p>10 of community members trained in Mental Health First Aid</p> <p>223 of families receiving services through the JT Gorman Grant</p> <p>23 of families moving from one “tier” to the next</p> <p>121 of referrals/connections to services</p>	<p>CHA Community Health, MaineHealth, Maine Behavioral Healthcare, Child Development Services, Case Management, Population Health, DHHS, Emergency Department, NAMI, PBCHP, faith community, Law Enforcement, KCRC, local school districts, Pen Bay and Waldo primary care, Pen Bay Pediatrics.</p>	<p>Improve crisis team engagement and awareness for providers.</p> <p>Improve screening and mental health education for youth and families.</p> <p>Provide preventive, resilience-building, low-barrier services to families through the MaineHealth Pen Bay Pediatrics Early Childhood Support Specialist Program.</p> <p>Increase suicide prevention information and awareness in two local school districts.</p>
<p>Priority: SDOH</p>	<p>In 2023:</p> <p>2 of educational programs for providers re: food insecurity resources</p> <p>543 of food emergency food bags distributed</p> <p>80% of patients screened for food insecurity, Pen Bay</p> <p>1476 of community members provided with SNAP information</p> <p>>8000 pounds of vegetables distributed through Mainers feeding Mainers program</p> <p>1054 of households provided food through the Help-Yourself Shelves at PenBay and Waldo MaineHealth locations</p> <p>228 of clients served in Knox County by the Knox County Homeless Coalition</p> <p>2 of housing units</p> <p>22 of community partners who claim their resource in FindHelp</p> <p>393 of patients assessed through Lend a Hand</p> <p>269 of patients served through Lend a Hand</p>	<p>Pen Bay and Waldo practices, CHA Community Health and Wellness, Population Health, MaineHealth ACO, Good Shepherd Food Bank, local food pantries, local soup kitchens (i.e. Area Interfaith Outreach, Belfast Soup Kitchen), Maine Hunger Initiative, local food councils, Waldo County Building Communities for Children (BCC), SNAP-Ed, Homeworthy.</p>	<p>Connect patients who screen positive for food insecurity with local resources.</p> <p>Increase pathways of independence with collaborative housing solutions in Knox county. Develop survey and strategy to understand and impact transportation barriers for patients. Improve utilization and awareness of community resources.</p>
	<p>In 2024:</p> <p>2 of educational programs for providers re: food insecurity resources</p> <p>543 of food emergency food bags distributed</p> <p>83% of patients screened for food insecurity, Pen Bay</p> <p>1448 of community members provided with SNAP information</p> <p>4658 pounds of vegetables distributed through Mainers feeding Mainers program</p> <p>881 of households provided food through the Help-Yourself</p>	<p>Pen Bay and Waldo practices, CHA Community Health and Wellness, Population Health, MaineHealth ACO, Good Shepherd Food Bank, local food pantries, local soup kitchens (i.e. Area Interfaith Outreach, Belfast Soup Kitchen), Maine Hunger Initiative, local food councils, Waldo County Building Communities for Children (BCC), SNAP-Ed, Homeworthy.</p>	<p>Connect patients who screen positive for food insecurity with local resources. Increase pathways of independence with collaborative housing solutions in Knox county. Develop survey and strategy to understand and impact transportation barriers for patients. Improve utilization and awareness of community resources.</p>

Priority	Activities	Partners	Key Accomplishments
Priority: Access to Care	In 2023: 35% of referred patients enrolled in Living Well: Pen Bay 35% of low severity ED visit: Pen Bay 51% of referred patients enrolled in NDPP: Pen Bay 60% of POC diabetic eye exams done in the practice at Pen Bay and Waldo: Pen Bay	CHA Community Health, ACO, Marketing, Pen Bay and Waldo Walk-in clinics, Pen Bay and Waldo IMAT practices and providers, Maine Behavioral Health, MaineHealth Telehealth, Diabetes Nutrition and Education, MaineHealth, Epic team.	Increase Living Well with Diabetes and National Diabetes Prevention Program (NDPP) referrals. Improving access to diabetic eye exams. Telehealth video visits: continue to offer a telehealth access option for IMAT patients. Improve communication on “Where to go for Care” in Knox and Waldo County.
	In 2024: 31% of referred patients enrolled in Living Well: Pen Bay 32% of low severity ED visit: Pen Bay 40% of referred patients enrolled in NDPP: Pen Bay 66.60% of POC diabetic eye exams done in the practice at Pen Bay and Waldo: Pen Bay 12 of patients served by individual IMAT Zoom Connect or phone sessions	CHA Community Health, ACO, Marketing, Pen Bay and Waldo Walk-in clinics, Pen Bay and Waldo IMAT practices and providers, Maine Behavioral Health, MaineHealth Telehealth, Diabetes Nutrition and Education, MaineHealth, Epic team.	Increase Living Well with Diabetes and National Diabetes Prevention Program (NDPP) referrals. Improving access to diabetic eye exams. Telehealth video visits: continue to offer a telehealth access option for IMAT patients. Improve communication on “Where to go for Care” in Knox and Waldo County. Track data and create relevant strategy on patients accessing Care Partners and improve subsequent primary care access in

Additional information about Pen Bay Hospital's priority activity can be found at: <https://www.mainehealth.org/healthy-communities/community-health-needs-assessment>
 Contact: Jemma Penberthy, RN, Director, Community Health at MaineHealth Pen Bay Hospital and MaineHealth Waldo Hospital 207-301-3957

Organization - MaineHealth Waldo Hospital

Priority: Substance Use Disorder	In 2023: 25 patient education pamphlets handed out on proper disposal of medication. 2 Naloxone distribution events in the community. 4 medication take back events in the community. 4 trainings provided on naloxone for Knox and Waldo counties. 20 referrals to the Maine MOM grant program. 47 peer referrals made. 982 at-risk patients provided with naloxone prescription. 1714 doses of naloxone and fentanyl test strips distributed. 1462 patients screened with the 4Ps. 14 Substance Use Prevention/Stigma reduction programs offered. 20 community support groups that address stigma. 35 participants in educational programs. In 2024: 23 patient education pamphlets handed out on proper disposal of medication.	Waldo Hospital OB/GYN, CHA Community Health, Pen Bay Community Health Partnerships, Waldo County Recovery Coalition (WCRC), local schools, law enforcement, EMS, primary care at Waldo, Volunteers of America (VOA)	Improve treatment access and retention through strengthening awareness of Maine Behavioral Health Peer Support Specialists. Substance use prevention and stigma reduction through community involvement. Decreasing the misuse of prescribed controlled substances through distribution of patient education materials and medication take-back events. Improve harm reduction services through distribution of naloxone and fentanyl test strips. Improve perinatal substance use disorder screening and services.
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Priority	Activities	Partners	Key Accomplishments
Priority: Mental Health	<p>In 2023: 25 of departments provided with crisis team education materials. Updated crisis information on Pen Bay and Waldo Intranet. 39 of Community Health classes offered to the community 297 of low barrier therapy provided to youth through the Landing Place 2 of Mental Health First Aid Trainings offered 10 of community members trained in Mental Health First Aid 223 of families receiving services through the JT Gorman Grant 59 of families moving from one “tier” to the next 156 of referrals/connections to services</p>	<p>CHA Community Health, MaineHealth, Maine Behavioral Healthcare, Child Development Services, Case Management, Population Health, DHHS, Emergency Department, NAMI, PBCHP, faith community, Law Enforcement, KCRC, local school districts, Pen Bay and Waldo primary care, Pen Bay Pediatrics.</p>	<p>Improve crisis team engagement and awareness for providers. Improve screening and mental health education for youth and families. Provide preventive, resilience-building, low-barrier services to families through the MaineHealth Pen Bay Pediatrics Early Childhood Support Specialist Program. Increase suicide prevention information and awareness in two local school districts.</p>
	<p>In 2024: 39 of Community Health classes offered to the community 343 of low barrier therapy provided to youth through the Landing Place 1 of Mental Health First Aid Trainings offered 10 of community members trained in Mental Health First Aid 223 of families receiving services through the JT Gorman Grant 23 of families moving from one “tier” to the next 121 of referrals/connections to services</p>	<p>CHA Community Health, MaineHealth, Maine Behavioral Healthcare, Child Development Services, Case Management, Population Health, DHHS, Emergency Department, NAMI, PBCHP, faith community, Law Enforcement, KCRC, local school districts, Pen Bay and Waldo primary care, Pen Bay Pediatrics.</p>	<p>Improve crisis team engagement and awareness for providers. Improve screening and mental health education for youth and families. Provide preventive, resilience-building, low-barrier services to families through the MaineHealth Pen Bay Pediatrics Early Childhood Support Specialist Program. Increase suicide prevention information and awareness in two local school districts.</p>

Priority	Activities	Partners	Key Accomplishments
Priority: SDOH	<p>In 2023:</p> <p>2 of educational programs for providers re: food insecurity resources</p> <p>543 of food emergency food bags distributed</p> <p>89.8 % of patients screened for food insecurity, Waldo County General Hospital</p> <p>1476 of community members provided with SNAP information</p> <p>>8000 pounds of vegetables distributed through Mainers feeding Mainers program</p> <p>1054 of households provided food through the Help-Yourself Shelves at PenBay and Waldo MaineHealth locations</p> <p>2 of housing units</p> <p>22 of community partners who claim their resource in FindHelp</p> <p>393 of patients assessed through Lend a Hand</p> <p>269 of patients served through Lend a Hand</p>	<p>Pen Bay and Waldo practices, CHA Community Health and Wellness, Population Health, MaineHealth ACO, Good Shepherd Food Bank, local food pantries, local soup kitchens (i.e. Area Interfaith Outreach, Belfast Soup Kitchen), Maine Hunger Initiative, local food councils, Waldo County Building Communities for Children (BCC), SNAP-Ed, Homeworthy.</p>	<p>Connect patients who screen positive for food insecurity with local resources. Increase pathways of independence with collaborative housing solutions in Knox county. Develop survey and strategy to understand and impact transportation barriers for patients. Improve utilization and awareness of community resources.</p>
	<p>In 2024:</p> <p>2 of educational programs for providers re: food insecurity resources</p> <p>543 of food emergency food bags distributed</p> <p>92 % of patients screened for food insecurity, Waldo County General Hospital</p> <p>1448 of community members provided with SNAP information</p> <p>4658 pounds of vegetables distributed through Mainers feeding Mainers program</p> <p>881 of households provided food through the Help-Yourself Shelves at PenBay and Waldo MaineHealth locations</p> <p>2 of housing units</p> <p>9 of community partners who claim their resource in FindHelp</p> <p>689 of patients assessed through Lend a Hand</p> <p>419 of patients served through Lend a Hand</p> <p>>3000 patients surveyed about transportation barriers at Pen Bay and Waldo</p>	<p>Pen Bay and Waldo practices, CHA Community Health and Wellness, Population Health, MaineHealth ACO, Good Shepherd Food Bank, local food pantries, local soup kitchens (i.e. Area Interfaith Outreach, Belfast Soup Kitchen), Maine Hunger Initiative, local food councils, Waldo County Building Communities for Children (BCC), SNAP-Ed, Homeworthy.</p>	<p>Connect patients who screen positive for food insecurity with local resources. Increase pathways of independence with collaborative housing solutions in Knox county. Develop survey and strategy to understand and impact transportation barriers for patients. Improve utilization and awareness of community resources.</p>

Priority	Activities	Partners	Key Accomplishments
Priority: Access to Care	In 2023: 41% of low severity ED visit: Waldo 50% of referred patients enrolled in NDPP: Waldo 74% of POC diabetic eye exams done in the practice at Pen Bay and Waldo: Waldo 10 of patients established with Primary care in Knox and Waldo	CHA Community Health, ACO, Marketing, Pen Bay and Waldo Walk-in clinics, Pen Bay and Waldo IMAT practices and providers, Maine Behavioral Health, MaineHealth Telehealth, Diabetes Nutrition and Education, MaineHealth, Epic team.	Increase Living Well with Diabetes and National Diabetes Prevention Program (NDPP) referrals. Improving access to diabetic eye exams. Telehealth video visits: continue to offer a telehealth access option for IMAT patients. Improve communication on “Where to go for Care” in Knox and Waldo County.
	In 2024: 38.6% of low severity ED visit: Waldo 38% of referred patients enrolled in NDPP: Waldo 66.8% of POC diabetic eye exams done in the practice at Pen Bay and Waldo: Waldo 12 of patients served by individual IMAT Zoom Connect or	CHA Community Health, ACO, Marketing, Pen Bay and Waldo Walk-in clinics, Pen Bay and Waldo IMAT practices and providers, Maine Behavioral Health, MaineHealth Telehealth, Diabetes Nutrition and Education, MaineHealth, Epic team.	Increase Living Well with Diabetes and National Diabetes Prevention Program (NDPP) referrals. Improving access to diabetic eye exams. Telehealth video visits: continue to offer a telehealth access option for IMAT patients. Improve communication on “Where to go for Care” in Knox and Waldo County.

Additional information about Waldo County Hospital's priority activity can be found at: <https://www.mainehealth.org/healthy-communities/community-health-needs-assessment>
 Contact: Jemma Penberthy, RN, Director, Community Health at MaineHealth Pen Bay Hospital and MaineHealth Waldo Hospital 207-301-3957

Organization - Penobscot Community Health Care (PCHC) -- WALDO COUNTY SITES in Belfast and Winterport

Mental Health	In 2023: 1. Hired a full-time Case Manager at Belfast practice in August. 2. Hired a full-time Psychiatric Nurse Practitioner.		
	In 2024 1. Full time Case Manager continues to work at Belfast practice 2. Hired a new Family and Child LCSW 3. Psych NP continues to work at Belfast practice		1. Currently working with 25 behavioral health patients (BHH and embedded social needs), reducing barriers to accessing care and increasing assistance with SDoH. Current waitlist for Seaport is: 9 embedded, 8 BHH. 2. Currently has a full panel 3. Currently has a full panel
Social Determinants of Health	In 2023: Hired a full-time Case Manager at Belfast practice in August.		
	In 2024: Full time Case Manager continues to work at Belfast practice		Currently working with 23 behavioral health patients, reducing barriers to accessing care and increasing assistance with SDoH. CHW support available for Homeless population and works with to refer patients to Waldo CAP for area resources.
	In 2023		

Priority	Activities	Partners	Key Accomplishments
Substance and Alcohol Use	<p>In 2024</p> <ol style="list-style-type: none"> 1. Allocated a .75 FTE Provider fully to Substance Use Disorder Services 2. Expanded Opioid Health Homes (OHH) 		<ol style="list-style-type: none"> 1. Currently, this provider supports a population of ~200 patients in the Recovery Program here at Seaport 2. OHH panel has grown for the Seaport practice, assisting uninsured patients needing Substance Use treatment. 13 OHH patients and new referrals being received.
	<p>In 2023</p> <ol style="list-style-type: none"> 1. Hired a full-time Case Manager at Belfast practice in August 2. Added Medicare Wellness Specialist to Belfast practice in Jan. 2023 4 days/week and to Winterport practice 1 day/week. 3. HOME Program implemented, accepted referrals from Seaport clinic for patient needs. 4. Added a Full-Time Registered Nurse to work at Belfast Practice 		<ol style="list-style-type: none"> 1. Health Coach with Seaport covered Winterport as well in 2023, helped managed social needs and coordinator with social supports. 2. Medicare Annual Wellness Specialist for Seaport changed to full time in May 2023, completing MAWV 5 days a week. 3. Two Community Health Worker referrals for Homeless Outreach received for HOME team in Nov. 2023 and members enrolled, due to member needs they were transitioned to practice support and Waldo CAP for Homeless/community support in June 2024. 4. Seaport CM Panel: 80 patients for Health Coach and Care Manager. 4. Deeped Integrated Care Model within Seaport by adding Registered Nurse to support patient hospital follow-up visits to ensure patient receives comprehensive care once leaving the hospital and help support efforts to prevent patient from further hospitalizations.

Priority	Activities	Partners	Key Accomplishments
Access to Care	<p>In 2024</p> <ol style="list-style-type: none"> 1. Full time Case Manager continues to work at Belfast practice. 2. Remote Case Manager assists with patients who are able to connect via telehealth 3. Health Coach hired for Winterport practice. 4. Continue to employ Medicare Wellness Specialist in both practices. 		<ol style="list-style-type: none"> 1. Currently working with 23 behavioral health patients, reducing barriers to accessing care and increasing assistance with SDoH. 2. Remote Case Manager holds 4 Seaport BHH patients. 3. Expanded CM (coaching) supports to patients with chronic conditions, increased collaborative care visits. Winterport CM Panel: 25 patients for Health Coach and Care Manager. Health Coaches have attended the MICN’s Annual Cancer Conference, CDC Asthma and Spirometry Respiratory Education Course, and “ Vitality Unleashed: Mastering the Triad of Nutrition, Sleep and Exercise for Optimal Well-Being” to be able to offer these reasources and coaching support to patients. HARP analytics tool being used to provide more detailed reports for specific populations/conditions/high cost/high risk patients. 4. Smoking cessation referral management transitioned from Bangor Public Health to PCHC Care Management Dept and Pharmacy Dept. RN CM and Health Coach MA for Winterport and

Additional information on Penobscot Community Health Care's priority activities can be found at: www.pchc.com
 Contact: Heather Blackwell, Director of Grants & Development, Penobscot Community Health Center, Inc. (PCHC), 207-992-9200 x1504, hblackwell@pchc.com

Organization – Midcoast Public Health Council (MPHC)

Priority: Social Determinants of Health	<p>In 2023:</p> <p>Committee work on the priorities included the following presentations to the Midcoast Public Health Council (MPHC):</p> <ol style="list-style-type: none"> 1. Find Help/211 Overview and Orientation by MaineHealth 2. Midcoast Oral Health Profile Presentation by MCD Global. 3. Help Me Grow Presentation by Maine DHHS for child development resources. 4. Lead Screening Successes in Knox County Presentation 	MaineHealth, ME CDC Division of Environmental and Community Health, MCD Global, Maine DHHS,	Improved awareness of local and statewide public health services, Increased Community Based Organizations (CBO) and provider use, Reducing barriers to care, Improved access to childhood lead screening in Knox County.
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Priority	Activities	Partners	Key Accomplishments
Health	<p>In 2024:</p> <ol style="list-style-type: none"> 1. Committee work on the priorities included a presentation to the Midcoast Public Health Council by the State of Maine Housing Policy and Innovation and Housing Initiatives in the Midcoast District. 	Governor's Office of Policy and Innovation, Midcoast Council of Governments (MCOG)	Improved awareness of local and statewide housing resources and programs,
Priority: Access to Care	<p>In 2023:</p> <ol style="list-style-type: none"> 1. Find Help/211 Overview and Orientation 2. Presentation of Statewide Local Health Officer Coordinator and (LHO)Survey Results 	MaineHealth, ME CDC, District Public Health (DPH)	Improved awareness of social/public health services, Enhanced coordination and collaboration within the Midcoast District Local Health Officers.
	<p>In 2024:</p> <ol style="list-style-type: none"> 1. Presentation to MPHIC from ME CDC Public Health Nursing (PHN) overview of services. 2. Midcoast Public Health District hosted an introductory and collaborative meeting for Local Health Officers, Community Health Workers (CHW) and Public Health Nursing (PHN). 	ME CDC, Public Health Nursing (PHN), MaineHealth Community Health Worker (CHW) program	Increased understanding and early intervention and support to perinatal and post partum support for families. Cultivated partner communication and collaboration.
Priority: Mental	<p>In 2023:</p> <p>Presentation to MPHIC from the Maine Resilience Building Network (MRBN).</p>	Maine Resilience Building Network (MRBN)	Improved awareness of mental health and anti-stigma campaigns (Youth Mattering).

Priority	Activities	Partners	Key Accomplishments
Health	In 2024: Presentation to MPHC from City of South Portland on Restorative Substance Use Policy and Athletic Code	City of South Portland, So Po Unite,	Improve understanding of youth restorative practices/prevention services

Additional information on the Midcoast District Public Health Improvement Plan priority activity can be found at:

<https://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district4/documents/mph-mphc-district-public-health-improvement-plan-June%202022.pdf>

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