



ST. JOSEPH HEALTHCARE'S Community Health Implementation Plan (CHIP)

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2022 - 2025



St. Joseph Healthcare
St. Joseph Hospital

A Member of Covenant Health

St. Joseph Hospital

360 Broadway, Bangor, Maine 04401



2022 Maine Shared Community Health Needs Assessment

Penobscot County

2023 Action Plan

Implementation Plan for Community Health Needs Assessment FY2023 - FY2025

Identified Community Need: Mental Health

In the years 2023 - 2025, St. Joseph Hospital will focus on improving the community health need by:

1. Expanding access to mental health services.
2. Reducing the stigma associated with mental health.
3. Improving screening intervention for identified populations.

Strategies	Implementation	Metrics	Year of Work
<p>Strategy 1: Expanding access to mental health services.</p>	<p>Access to behavioral health providers in primary care - collaboration with Acadia.</p>	<p>Number of virtual visits.</p>	<p>Year 1 - 3.</p>
	<p>Dedicated behavioral health providers in Emergency room/inpatient floors.</p>	<p>Number of referrals/visits.</p>	
	<p>Expand access to telehealth providers - collaboration with St. Mary's.</p>	<p>Number of virtual visits.</p>	
<p>Strategy 2: Reducing the stigma associated with mental health.</p>	<p>Staff education regarding stigma/resources.</p>	<p>Provider hired.</p>	<p>Year 2 - 3.</p>
	<p>BH Provider rounding to provide education/support.</p>	<p>Provider hired.</p>	<p>Year 2 -3.</p>
<p>Strategy 3: Improving screening intervention for identified populations.</p>	<p>Implementation of screening tools in EMR.</p>	<p>PHq-2 and PHQ-9.</p>	<p>Year 1 - 3.</p>
	<p>Emergency department care managers additional screening.</p>	<p>Number of patients screened.</p>	<p>Year 3.</p>

Implementation Plan for Community Health Needs Assessment FY2023 - FY2025

Identified Community Need: Social Determinants of Health

In the years 2023 - 2025, St. Joseph Hospital will focus on improving the community health need by:

1. Implement and continue programs to support food security.
2. Continue and expand programs to support the integration of wellness services within housing insecure population.

Strategies	Implementation	Metrics	Year of Work
<p>Strategy 1: Emergency food boxes/fresh produce.</p>	<p>Collaboration with Good Shepard Food Bank/John T. Gorham Foundation to provide emergency food boxes and fresh produce.</p>	<p>Number of food boxes provided volume of fresh produce provided.</p>	<p>Year 1 - 3</p>
<p>Strategy 2: Collaborations with Community Partners.</p>	<p>Nurse care manager support shelters weekly.</p>	<p>Nurse care manager support weekly for 40 weeks a year.</p>	<p>Year 1 - 3.</p>
<p>Strategy 3: Screening of patients for social drivers of health.</p>	<p>Ambulatory practices.</p>	<p>Number of patients screened.</p>	<p>Year 2 - 3.</p>
	<p>Patients admitted to the hospital.</p>		<p>Year 2 - 3.</p>
	<p>Link to community resources in primary care for patients screen positive for social drivers of health.</p>	<p>Number of patients provided resources.</p>	<p>Year 2 - 3.</p>
<p>Strategy 4: Increase access to transportation services after hours.</p>	<p>Uber Health Account</p>	<p>Number of rides.</p>	<p>Year 3.</p>

Implementation Plan for Community Health Needs Assessment FY2023 - FY2025

Identified Community Need: Substance and Alcohol Use

In the years 2023 - 2025, St. Joseph Hospital will focus on improving the community health need by:

1. Actively participating with collaborative community initiatives focused on improving access to Naloxone, substance use prevention, substance use education.
2. Expanding substance use disorder treatment options (alcohol and opioid utilization)

Strategies	Implementation	Metrics	Year of Work
<p>Strategy 1: Facilitated training to clinical departments.</p>	Education regarding destigmatizing language, MOUD, Naloxone, primary focus areas, hospital/primary care.	Number of meetings.	Year 1 - 2.
	Subcommittee steering committee.	Number of meetings.	Year 1 - 2.
	SUD IDT	Number of meetings.	Year 2 - 3.
<p>Strategy 2: Participate in Community Collaboratives.</p>	Community Health Leadership Board.	Number of meetings.	Year 1 - 3.
	Substance Use Stewardship Collaborative.	Number of meetings.	Year 2 - 3.
	Bangor Area Community Substance Use Work Group Participation.	Number of meetings.	Year 2 - 3.
<p>Strategy 3: Improve access to recovery support/services.</p>	Grant funding to support patients with community resources for recovery support - collaboration with YMCA and community sober living.	Number of patients assisted.	Year 2 - 3.
	Grant funding for peer support - Bangor Area Recovery Network	Number of resources for support.	Year 2 - 3.

Implementation Plan for Community Health Needs Assessment FY2023 - FY2025

Identified Community Need: Access to Care

In the years 2023 - 2025, St. Joseph Hospital will focus on improving the community health need by:

1. Implementing new care delivery models which align with providers practice preference in an effort to improve provider satisfaction and enhance access.
2. Expanding same day care services.
3. Expanding primary care access (*the correct level of care at the correction location of service*).

Strategies	Implementation	Metrics	Year of Work
<p>Strategy 1: Implement Epic telehealth.</p>	<p>Telehealth to enhance access to care.</p>	<p>Number of visits completed.</p>	<p>Year 1</p>
<p>Strategy 2: Increase awareness of St. Joseph Primary Care.</p>	<p>Community awareness campaign.</p>	<p>Marketing/social media platforms.</p>	<p>Year 1</p>
<p>Strategy 3: Same Day Care.</p>	<p>Expand access to same day services.</p>	<p>Number of visits.</p>	<p>Year 1 - 3</p>
<p>Strategy 4: Nursing support.</p>	<p>Implementation of practice based nurses and enhanced nurse care manager support.</p>	<p>Number of staff/visits.</p>	<p>Year 1 - 3</p>
<p>Strategy 5: Community Health Resources.</p>	<p>Patient education regarding wellness resources/programs within the community - YMCA, etc. during annual wellness visits/physicals.</p>	<p>Number of post visit summaries.</p>	<p>Year 2 - 3</p>