



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

.....
2026 - 2028



St. Joseph Healthcare
St. Joseph Hospital

A Member of Covenant Health

St. Joseph Hospital

360 Broadway, Bangor, Maine 04401



2025 Maine Shared Community Health Needs Assessment

Penobscot County

2026 - 2028 Action Plan

Implementation Plan for Community Health Needs Assessment FY2026 - FY2028

Identified Community Need: Mental Health

In the years 2026 - 2028, 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: Reducing the stigma associated with mental health.</p>	<p>Behavioral health provider resource providing staff education/reducing stigma. Increase behavioral health provider collaboration in community.</p>	<p>Implementation Only.</p>	<p>Year 2 - 3.</p>
<p>Strategy 2: Collaboration with Acadia Hospital.</p>	<p>Continue collaboration, behavioral health coverage in primary care with PMHNP/LCSW.</p>	<p>Implementation Only.</p>	<p>Year 2 - 3.</p>
<p>Strategy 3: Expand access to BH in acute setting.</p>	<p>E-psychiatry group.</p>	<p>Implementation Only.</p>	<p>Year 2 - 3.</p>
<p>Strategy 4: Collaboration with Community Health and Counseling.</p>	<p>Real time hand off to community resources for behavioral health.</p>	<p>Implementation Only.</p>	<p>Year 2 - 3.</p>
<p>Strategy 5: Improving screening for at risk populations.</p>	<p>Screening and coordination of care in Emergency Department.</p>	<p>Implementation Only/ Visit data upon request.</p>	<p>Year 2 - 3.</p>

Implementation Plan for Community Health Needs Assessment FY2023 - FY2025

Identified Community Need: Age Related Services

In the years 2026 - 2028 St. Joseph Hospital will focus on improving the community health need by:

1. Implement and continue programs to support older adults within our community.
2. Continue and expand programs with our care locations to support patient focused age related care.

Strategies	Implementation	Metrics	Year of Work
<p>Strategy 1: Age Friendly Care Emergency Department.</p>	<p>1. Geriatric Certified ED. 2. Age Friendly Renovations.</p>	<p>As Requested.</p>	<p>Year 2 - 3.</p>
<p>Strategy 2: Age Friendly Rooms 6th Floor.</p>	<p>Age friendly designed rooms located on the medical floors to enhance experience.</p>	<p>No Data.</p>	<p>Year 1.</p>
<p>Strategy 3: Age Friendly Initiatives Staff Education.</p>	<p>1. Offer positive approach classes to nursing staff. 2. Age Friendly Training.</p>	<p>As Requested.</p>	<p>Year 2 - 3.</p>
<p>Strategy 4: TCM Pilot.</p>	<p>Implement process to support older adults with chronic conditions as they transition from hospital to community.</p>	<p>As Requested.</p>	<p>Year 2 - 3.</p>
<p>Strategy 5: Collaborations with community partners supporting aging populations.</p>	<p>Penquis, Bangor Nursing and Rehab, Maine Center on Aging, Husson University.</p>	<p>Attendance as Requested.</p>	<p>Year 2 - 3.</p>

Implementation Plan for Community Health Needs Assessment FY2026 - FY2028

Identified Community Need: Age Related Services

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1. Implement and continue programs to support older adults within our community.
2. Continue and expand programs with our care locations to support patient focused age related care.

Strategies	Implementation	Metrics	Year of Work
<p>Strategy 6: Age Friendly documentation for nursing to use for all nursing units each shift.</p>	<p>Implementation of smartphraseto ensure Age Friendly Approach to Care.</p>	<p>As requested.</p>	<p>Year 2 - 3.</p>
<p>Strategy 7: AWV documentation age friendly and care management notes.</p>	<p>Age Friendly 4M's question imbedded for patients 65 and older in the annuak wellness visit/care management transition of care calls.</p>	<p>As requested.</p>	<p>Year 2 - 3.</p>
<p>Strategy 8: Aging Well Lunches in Community.</p>	<p>Strategy 8: Aging Well Lunches in Community.</p>	<p>As requested.</p>	<p>Year 2 - 3.</p>
<p>Strategy 9: 5 Wishes Advanced Directives.</p>	<p>Strategy 9: 5 Wishes Advanced Directives.</p>	<p>Areas/Service lines implementing.</p>	<p>Year 2 - 3.</p>

Implementation Plan for Community Health Needs Assessment FY2026 - FY2028

Identified Community Need: Illicit Drug Use

In the years 2026 - 2028, St. Joseph Hospital will focus on improving the community health need by:

1. Actively participating with collaborative community initiatives focused on improving access to substance use prevention, substance use education.
2. Expanding substance use disorder treatment options (alcohol and opioid utilization)
3. Expand/continue collaborations within the community for individuals living with substance use disorder.

Strategies	Implementation	Metrics	Year of Work
<p>Strategy 1: Participating in community substance use collaboratives.</p>	<p>SJH participates in CCPM Substance Use Group and Maine State Collaborative</p>	<p>Participation in meetings</p>	<p>Year 2 - 3.</p>
<p>Strategy 2: Improve access to recovery support/services for patient receiving care.</p>	<p>Explore grant funding resources to support patients with SUD access treatment services and care peer support available to patients, focus, ED/INPT.</p>	<p>Referrals, grant data available.</p>	<p>Year 2 - 3.</p>
<p>Strategy 3: Education/peer support to provide education/digmatize care, improve patient outcomes. Areas of priority focus: ED, inpatient.</p>	<p>Standing meetings/collaboration with community partners providing peer support services in community peer support resources/BARN implementation.</p>	<p>Data on meeting requency/minutes, grant deliverables upon request.</p>	<p>Year 2 - 3.</p>
<p>Strategy 4: Expand collaboration with community partners providing SUD support to improve/inform care/improve transitions of care.</p>	<p>Population health service line addition to respond to needs of community/collaboration with community partners for SUD/vulnerable populations.</p>	<p>Data regarding collaborations/work upon request.</p>	<p>Year 2 - 3.</p>

Implementation Plan for Community Health Needs Assessment FY2026 - FY2028

Identified Community Need: Provider Availability

In the years 2026 - 2028, 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 correct location of service).

Strategies	Implementation	Metrics	Year of Work
<p>Strategy 1: Practice based nurse.</p>	<p>Expand support with desktop management to support providers/improve care.</p>	<p>Number of nurses.</p>	<p>Year 2 - 3.</p>
<p>Strategy 2: Nurse care manager support.</p>	<p>Increased access RN Care Manager visits for chronic disease management and preventative care support.</p>	<p>Number of visits.</p>	<p>Year 2 - 3.</p>
<p>Strategy 3: Team based care model.</p>	<p>Team model to help distribute delivery of care, increasing access/improving capacity in PCP schedule.</p>	<p>TBD.</p>	<p>Year 2 - 3.</p>
<p>Strategy 4: Increased access provider schedules.</p>	<p>Dax Nuance Co-pilot Panel Methodology work. Same day care design.</p>	<p>Visit capacity.</p>	<p>Year 2 - 3.</p>

Implementation Plan for Community Health Needs Assessment FY2026 - FY2028

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Strategies	Implementation	Metrics	Year of Work
<p>Strategy 5: Recruitment efforts.</p>	<p>Non-panelized providers. Addition of panelized providers.</p>	<p>Number of new providers.</p>	<p>Year 2 - 3.</p>
<p>Strategy 6: Night nurse call.</p>	<p>Implement an after hours nurse supported call coverage model to reduce weekend and holiday call burden.</p>	<p>Number of calls.</p>	<p>Year 2 - 3.</p>
<p>Strategy 7: Virtual Urgent Care.</p>	<ol style="list-style-type: none"> 1. Explore option for implementing virtual urgent care in ambulatory practices. 2. Implement virtual urgent care hours. 	<ol style="list-style-type: none"> 1. Hours of operation. 2. Number of visits completed. 	<p>Year 2 - 3.</p>