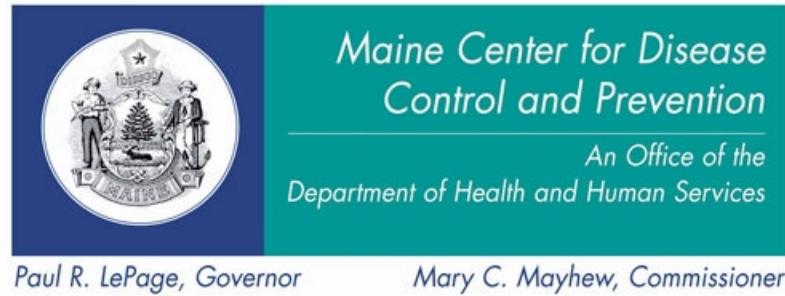


SHIP Implementation Plan

Last Updated Date: January 25, 2016



SHIP Implementation Reporting

Year 1

October 2014 – July 2015

SHIP Implementation Plan: Immunizations

Progress Report

| | | | | | QUARTER 1 | QUARTER 2 | QUARTER 3 |
|--|-------------------|--|---|--|--|--|--|
| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Objective 1: Childhood Routine Immunization Schedule | | | | | | | |
| Measure: Percentage of children assessed who are up to date. Data Source: Maine Immunization Program, Immunization Information System- ImmPact system Quarterly Report Assessments. (NOTE: assessment is based on 4DTaP, 3Polio, 1MMR, 3HIB, 3HepB, 1Var, 4PCV – 4:3:1:3:3:1:4 – antigen series.) | | | | | 74% | 77% | Unable to measure this quarter |
| Strategy 1.1 Educate health care providers on use of reminder/recall system. | | | | | | | |
| Provide Assessment, Feedback, Incentives, and eXchange (AFIX) visits to 25% of our enrolled vaccine for children (VFC) providers with active agreements | Ongoing annually | MIP AFIX Coordinator/ Health Program Manager | <u>Outcome:</u> 25% of enrolled VFC providers get an AFIX visit | <u>Measure:</u> AFIX visit report | 135 AFIX visits provided in 2014 - Met | 135 AFIX visits provided in 2014 - Met AFIX visits begin in April. | 51 AFIX visits provided to date in 2015. |
| Provide targeted resources to facilitate use of reminder/recall options | CY2014 | MIP AFIX Coordinator/ Health Program Manager | <u>Outcome:</u> Increased # of provider offices using reminder/recall system | <u>Measure:</u> # of onsite visits # of postcards provided to offices | 35 AFIX visits. 5000 reminder/recall postcards distributed. | 135 AFIX visits. 5000 reminder/recall postcards distributed. | 51 AFIX visits. 2000 reminder/recall postcards distributed in 2015. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 1.2 Encourage provider enrollment and use of state registry. | | | | | | | |
| Upon initial contact with provider, refer to MIP to enroll in VFC program | Ongoing | MaineHealth, Bangor Public Health | <u>Outcome:</u> Increased enrollment in VFC | <u>Measure:</u> # of newly enrolled providers in 2014 | MIP had 28 new providers in 2014 | There have been three new enrollments in this quarter. | Two new providers enrolled in the second quarter for a total of five to date. |
| MIP will provide training on use of state registry for all newly enrolled providers (in-person visit). | Ongoing | MIP/ ImmPact staff | <u>Outcome:</u> All newly enrolled providers receive training in use of the state registry | <u>Measure:</u> # of visits completed list/log | Impact completed 31 on-site trainings. This included practices with new staff as well as newly enrolled practices. | Training provided to three new providers this quarter. | Training provided to two new providers this quarter. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 1.3 Educate health care providers who are fully integrated in the state registry on the importance of keeping their client immunization history information up to date and identifying, and disassociating, former clients who have moved or gone elsewhere. | | | | | | | |
| Provide reminders to providers about the importance of disassociating former patients through AFIX visits and monthly newsletter | Ongoing | MIP | <u>Outcome:</u> Providers will ID disassociated patients on a regular basis (i.e.: quarterly) | <u>Measure:</u> # of AFIX visits # of newsletter mentions | 135 AFIX visits in 2014 | AFIX visits began in April. | 51 AFIX visits provided to date in 2015. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 1.4 Provide quarterly assessment reports to health care providers that are fully integrated into the ImmPact system (Maine immunization information system). | | | | | | | |
| Generate quarterly reports and mail to all fully integrated providers statewide | Ongoing Quarterly | MIP/Provider Relations Specialist | <u>Outcome:</u> Providers receive reports quarterly | <u>Measure:</u> # of providers receiving quarterly report | 235 providers were fully integrated and received this report. | Ongoing - approximately 235 providers received this report this quarter. | No reports generated this quarter |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |

| | | | | | QUARTER 1 | QUARTER 2 | QUARTER 3 |
|--|-------------------|---|---|---|---|--|--|
| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Strategy 1.5 Conduct Assessment, Feedback, Incentives, eXchange of Information (AFIX) site visits to a minimum of 25% of Maine health care providers enrolled in the Vaccines for Children (VFC) program. | | | | | | | |
| AFIX coordinator will choose a minimum of 25% of enrolled VFC providers who are eligible to receive an AFIX visit based on criteria established by Federal CDC (can change slightly from year to year) | Annually | MIP AFIX Coordinator & Health Program Manager | <u>Outcome:</u> Minimum of 25% of eligible providers receive visits | <u>Measure:</u> # of visits provided, measured at mid-year and annual report | 135 AFIX visits in 2014 | NO AFIX visits this quarter; AFIX Coordinator began them in April. | 51 AFIX visits provided to date in 2015. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Objective 2: Adolescent Routine Immunization Schedule | | | | | | | |
| Measure: Percentage of adolescents assessed who are up to date. Data Source: MIP ImmPact system Quarterly Report Assessments. (NOTE: assessment is based on 3HepB, 1meng, 2MMR, 2var, 1Tdap – 3:1:2:2:1 antigen series) | | | | | 60% | 62% | Unable to measure this quarter |
| Strategy 2.1 Educate health care providers on use of reminder/recall system. | | | | | | | |
| Provide AFIX visits to 25% of our enrolled VFC providers with active agreements | Ongoing aAnnually | MIP AFIX Coordinator/ Health Program Manager | <u>Outcome:</u> 25% of enrolled VFC providers get an AFIX visit | <u>Measure:</u> AFIX visit report | 135 AFIX visits in 2014 | AFIX visits began in April. | 51 AFIX visits provided to date in 2015. |
| Provide targeted resources to facilitate use of reminder/recall options | CY2014 | MIP | <u>Outcome:</u> Increased # of provider offices using reminder/recall system | <u>Measure:</u> # of onsite visits conducted # of postcards provided to offices | 135 AFIX visits. 5000 reminder/recall postcards distributed. | 10,000 reminder/recall postcards are printed and are being distributed to providers. | 2,000 reminder/recall postcards have been distributed this year. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 2.2 Educate health care providers on use of reminder/recall system. | | | | | | | |
| Upon initial contact with provider, refer to MIP to enroll in VFC program | Ongoing | MaineHealth, Bangor Public Health | <u>Outcome:</u> Increased enrollment in VFC | <u>Measure:</u> # of newly enrolled providers in 2014 | MIP had 28 new providers in 2014 | There were three new providers in the first quarter of the year. | Two new providers enrolled in the second quarter for a total of five to date. |
| MIP will provide training on use of state registry for all newly enrolled providers (in-person visit). | Ongoing | MIP/ ImmPact Staff | <u>Outcome:</u> All newly enrolled providers receive training in use of the state registry | <u>Measure:</u> # of visits completed list/log | 31 total on-site trainings for both new enrollees and new staff | All new providers received training on use of the registry (ImmPact). | Training provided to two new providers this quarter. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 2.3 Educate health care providers who are fully integrated in the state registry on the importance of keeping their client immunization history information up to date and identifying, and disassociating, former clients who have moved or gone elsewhere. | | | | | | | |
| Provide reminders to providers about the importance of disassociating former patients through AFIX visits and monthly newsletter | Ongoing | MIP | <u>Outcome:</u> Providers will ID disassociated patients on a regular basis (i.e.: quarterly) | <u>Measure:</u> # of AFIX visits # of newsletter mentions | 135 AFIX visits in 2014. Reminder will be included in "AFIX Corner" of newsletter in first quarter of 2015. | Ongoing | 51 AFIX visits provided to date in 2015. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

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| Strategy 2.4 Provide quarterly assessment reports to health care providers that are fully integrated into the ImmPact system (Maine immunization information system). | | | | | | | |
| Generate quarterly reports and mail to all fully integrated providers statewide | Ongoing Quarterly | MIP/ Provider Relations Specialist | <u>Outcome:</u> Providers receive reports quarterly | <u>Measure:</u> # of providers receiving quarterly report | 235 providers were fully integrated and received this report. | 235 providers were fully integrated and received this report. | No reports generated this quarter |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |
| Strategy 2.5 Conduct AFIX site visits to a minimum of 25% of Maine health-care providers enrolled in the VFC program. | | | | | | | |
| AFIX coordinator will choose a minimum of 25% of enrolled VFC providers who are eligible to receive an AFIX visit based on criteria established by Federal CDC (can change slightly from year to year) | Annually | MIP AFIX Coordinator/ Health Program Manager | <u>Outcome:</u> Minimum of 25% of eligible providers receive visits | <u>Measure:</u> # of visits provided, measured at mid-year and annual report | 135 AFIX visits completed in 2014 | There may be less than 25% of providers receiving visits as we are providing targeted AFIX assistance to chosen providers. | 51 AFIX visits provided to date in 2015. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Objective 3: Adolescent Human Papillomavirus (HPV) | | | | | | | |
| Measure: Percentage of female adolescents, 13-18 years of age, who received HPV vaccine. Data Source: MIP Immunization Information System -ImmPact system Quarterly Report Assessments. | | | | | No reports generated this quarter | 49% | No reports generated this quarter |
| Measure: Percentage of male adolescents, 13-18 years of age, who received HPV vaccine. Data Source: MIP Immunization Information System -ImmPact system Quarterly Report Assessments. | | | | | No reports generated this quarter | 33% | No reports generated this quarter |
| Strategy 3.1 Provide assessment and feedback information to health-care providers re: current HPV vaccination rates and suggestions for methods to improve clinical rates. | | | | | | | |
| Specifically address HPV in AFIX visits; provide HPV specific immunization rates to provider in both AFIX visits and quarterly reports | Ongoing | MIP | <u>Outcome:</u> Providers know what their HPV coverage rates are by gender | <u>Measure:</u> # of quarterly reports sent containing HPV information | 235 providers were fully integrated and received this report. | 235 providers were fully integrated and received this report. | No reports generated this quarter |
| Update provider reference manual to include HPV information and strategies for improving rates. | 10/1/2014 | MIP, Maine Immunization Coalition (MIC) | <u>Outcome:</u> Updated provider manual | <u>Measure:</u> Provider manual with HPV included (yes/no) | Yes, packet completed and added to Manual 8/2014 | Yes, packet completed and added to Manual 8/2014 | New toolkit developed and distributed at two regional trainings this quarter. |
| Disseminate HPV – updated provider reference manual to providers | October 1, 2014 - Ongoing | MIP | <u>Outcome:</u> Providers receive manuals with updated HPV information | <u>Measure:</u> # of manuals handed out to providers | 184 manuals were distributed to providers. | 35 updated manuals were distributed the first quarter of 2015. | 59 updated manuals distributed this quarter and ~ 80 toolkits. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 3.2 Educate health-care providers who are fully integrated in the state registry on the importance of keeping their client immunization history information up to date and identifying, and disassociating, former clients who have moved or gone elsewhere. | | | | | | | |
| Provide reminders to providers that give the HPV vaccine about the importance of disassociating former patients through AFIX visits and monthly newsletter | Ongoing | MIP | <u>Outcome:</u> Providers will ID disassociated patients on a regular basis (i.e.: quarterly) | <u>Measure:</u> # of AFIX visits # of newsletter mentions | 135 AFIX visits in 2014 | Ongoing | 51 AFIX visits provided to date in 2015. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Strategy 3.3 | | | | | Provide quarterly assessment reports to health-care providers that are fully integrated into the ImmPact system. | | |
| Generate quarterly reports on HPV coverage rates and mail to all fully integrated providers statewide | Ongoing Quarterly | MIP/ Provider Relations Specialist | <u>Outcome:</u> Providers receive reports quarterly | <u>Measure:</u> # of providers receiving quarterly report | 235 providers were fully integrated and received this report. | Ongoing | No reports generated this quarter |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |
| Strategy 3.4 | | | | | The Maine Immunization Coalition will disseminate best practice information to health care providers and school based health centers on HPV vaccinations | | |
| Include on Maine Immunization Council (MIC) December meeting HPV discussion | December-14 | Maine CDC - Celeste Poulin, MIC – Caroline Zimmerman | <u>Outcome:</u> Information selected to disseminate | <u>Measure:</u> # of members/providers information sent to | Meeting held 12/11/14. Information disseminated to 18 individuals and discussed. | Completed in December 2014. | Completed in December 2014. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |
| Objective 4: Seasonal Flu | | | | | | | |
| Measure: Enrollment count of schools registered in ImmPact and Department of Education (DOE). Data Source: MIP ImmPact System and DOE record. | | | | | data not available | data not available | data not available |
| Strategy 4.1 | | | | | Identify underserved areas of need and work with School Administrative Units (SAUs) to increase the number of SAUs offering seasonal influenza vaccine. | | |
| Assess access, and underserved areas, penetration rate. Present to Community Health Partners, School Nurse Conferences, Maine Superintendents Association Exec Directors and Executive Committee and FQHCs to engage additional school and community engagement. | '14-'15 School Year, ongoing | SLVC Project Staff | <u>Outcome:</u> 60% of school systems participate and 75% of enrolled school children have access | <u>Measure:</u> ImmPact Data DOE Data | Surveys sent 11/2014 for school year 2014. Will be analyzed when MIP hires program epidemiologist. | 124 schools participated (a 46% increase from the previous year) | Survey information released and posted on program web site in June 2015. |
| Reach out to SAUs not participating and discuss potential participation. Phone calls, emails (school boards, superintendents, principals, school nurses varies by school system). Provide tools, resources and where applicable encourage community partnerships. | '14-'15 School Year, ongoing | SLVC Project Staff | <u>Outcome:</u> Increase in school systems participating | <u>Measure:</u> Data on participation rates # of school systems contacted | Strategies will be employed when MIP hires epidemiologist. | Strategies will be employed when MIP hires epidemiologist. | Strategies will be employed when MIP hires epidemiologist. |
| Partner with Community Health Partners (CHP) such as VNA, Home Health and Hospice, MaineGeneral, and Bangor Public Health to develop CHP mentors who will be available to mentor community health organizations who may be interested in school located vaccine clinics. | Summer 2014 | SLVC Project Staff | <u>Outcome:</u> Increase in # of school nurse mentors to support school located vaccine clinics | <u>Measure:</u> # /increase of school nurse mentors engaged | Strategies will be employed when MIP hires epidemiologist. | Strategies will be employed when MIP hires epidemiologist. | Strategies will be employed when MIP hires epidemiologist. |
| Overall status of progress in this strategy: | | | | | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |

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| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Strategy 4.2 Identify and recruit community partners to support and assist with school located vaccine clinics (SLVC). | | | | | | | |
| Partner with Community Health Partners (CHP) such as VNA, Home Health and Hospice, MaineGeneral, and Bangor Public Health to develop CHP mentors who will be available to mentor community health organizations who may be interested in school located vaccine clinics | Summer 2014 | SLVC Project Staff | <u>Outcome:</u> Increase in # of CHP to support school located vaccine clinics | <u>Measure:</u> # of CHPs engaged | 24 | 24 | 24 |
| Engage other Community Health Partners, FQHCs, Community Health Clinics, home health agencies, hospitals by calling, meeting with, encouraging school nurses to deliver | Ongoing | SLVC Project Staff | <u>Outcome:</u> Increased awareness and engagement of community partners | <u>Measure:</u> # of meetings held | data not available | data not available | Community partners were engaged, however, data on meetings is not available |
| Partner with School Nurse mentors (currently 9 mentors) who will be available to mentor other school nurses | SY2014-15 | SLVC Project Staff | <u>Outcome:</u> Increase in # of SNs mentored to support school located vaccine clinics | <u>Measure:</u> Number of school systems where SN's were mentored | 124 school systems | 124 school systems | 124 school systems |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 4.3 Build a sustainable billing structure to cover vaccine administration costs associated with conducting SLVCs in Maine schools to include private health insurance reimbursement. | | | | | | | |
| Identify and engage a billing partner who will develop relationships with commercial insurers, school systems, and CHPs conducting vaccine clinics | Summer 2014 | SLVC | <u>Outcome:</u> Billing partner agrees (Commonwealth Medicine) | <u>Measure:</u> Number of billing partners in place | 2 (Maine Care and Commonwealth Medicine) | 2 | 2 |
| Engage insurers to agree to contract with the billing partner | SY2014-15 | SLVC, billing partner | <u>Outcome:</u> 2-5 commercial insurer contracts in place | <u>Measure:</u> # of contracts in place | 4 | 4 (+1 pending) | 5 |
| Engage school systems to contract with billing partner | Fall 2014 | SLVC, billing partner | <u>Outcome:</u> 5 school systems enter into a contract | <u>Measure:</u> # of contracts in place | 18 | 18 | 18 |
| Engage Community Health Partners to contract with billing partner | Fall 2014 | SLVC, billing partner | <u>Outcome:</u> 2 CHPs enter into a contract | <u>Measure:</u> # of contracts in place | 5 (38 school systems) | 5 (38 school systems) | 5 (38 school systems) |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

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|---|------------------------|--|---|--|---|---|--|
| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Objective 5: Adult Pertussis | | | | | | | |
| Measure: Percentage of OB/GYN providers who receive educational/outreach materials regarding Tdap recommendations. | | | | | 100% | 100% | 100% |
| Strategy 5.1 Develop a packet of information for obstetric providers to include: the need and rationale for pertussis vaccine in pregnancy, recommended guidelines for administering pertussis vaccine, and reminder/recall systems. | | | | | | | |
| Obtain list of all OB/GYN practices/practitioners in state to send contact letter and/or email, re: availability of Tdap vaccine for pregnant women and their partners through MIP | 2015 | MIP | <u>Outcome:</u> Information sent to 80% of OB/GYN practitioners | <u>Measure:</u> # of contacts made | Information sent by federal Fellow serving with Infectious Disease program 10/2014 to licenced OB/GYN providers; MIP to send follow up first quarter of 2015. | follow up to be piggybacked with perinatal Hep B letter sent May 2015. | Information included in Peri-natal Hep b letter sent in May 2015. |
| Incorporate development of packet into VFC 2015 work plan | 2015 | MIP | <u>Outcome:</u> Information sent to 80% of OB/GYN practitioners | <u>Measure:</u> # of contacts made | Information to be included in first quarter communication to all licenced OB/GYNs. MIP approximates +/-200 providers statewide. | Information to be piggybacked with perinatal Hep B letter sent May 2015. | Information included in Peri-natal Hep b letter sent in May 2015. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 5.2 MIP will send information packet to all enrolled providers. | | | | | | | |
| Include information in adult section of revised provider resource manual | March 2014 - Ongoing | MIP | <u>Outcome:</u> Information is available in the manual going forward | <u>Measure:</u> # of updated manuals distributed | Manual updated to include this March 2014. 189 updated Provider Manuals distributed. | 35 updated Provider Manuals distributed. | 94 updated Provider Manuals distributed. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 5.3 Work with provider organizations to establish a baseline of providers who have new Tdap guidelines. | | | | | | | |
| Disseminate Tdap guidelines through PCMH and HH Learning Collaborative structure. | December, 2014 | Maine Quality Counts (Anne Connors) | <u>Outcome:</u> List of providers who have the new guidelines | <u>Measure:</u> # of new specialty (OB/GYN) providers enrolled to provide specialty Tdap for uninsured pregnant women and their partners | Five providers have enrolled so far for adult Tdap in 2015, however Provider Agreements are still in process. | All MIP providers have received the new guidelines via the newsletter. Ob/Gyn providers have received an additional targeted mailing. | no new data |
| Increase number of dissemination points for new guidelines provided, via letter from MIP (if cost associated, build into 2015 work plan) | Fall 2014- Spring 2015 | MIP, Professional Medical Associations | <u>Outcome:</u> Increased awareness of Tdap guidelines for pregnant women | <u>Measure:</u> # of professional associations that received updated guidelines | Letter sent by federal Fellow serving with Infectious Disease program 10/2014 to licenced OB/GYN providers; MIP to send follow up first quarter of 2015. | To be piggybacked with perinatal Hep B letter sent May 2015. | Information included in perinatal Hep b letter sent in May 2015. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

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| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
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| Objective 6: Pneumococcal Vaccination Among Seniors | | | | | | | |
| Measure: Percentage of Maine adults over age 65 who have received a pneumococcal vaccination. Data Source: BRFSS, Baseline 2012: 70.7% | | | | | 73.8% (2013) | no new data | no new data |
| Strategy 6.1 Explore possibilities for accessing, aggregating and analyzing relevant population-level data for pneumococcal vaccinations in order to identify pockets of need and facilitate strategic targeting of vaccinations and tracking of progress toward this objective. | | | | | | | |
| Contact BRFSS to obtain aggregate pneumococcal vaccine data, by county. | Fall 2014/ Winter 2015 | MIP – Celeste Poulin | <u>Outcome:</u> Baseline data obtained | <u>Measure:</u> # of vaccinated seniors | Yet to be completed | Yet to be completed | Yet to be completed |
| Reach out to Health InfoNet to determine if they have aggregate pneumococcal vaccine data, by county | Fall 2014/ Winter 2015 | MIP - Celeste Poulin | <u>Outcome:</u> Baseline data obtained | <u>Measure:</u> # of vaccinated seniors | Yet to be completed | Yet to be completed | Yet to be completed |
| Overall status of progress in this strategy: | | | | | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |
| Strategy 6.2 Increase public and provider awareness of the recommendations for pneumococcal vaccination, and execute proven communication strategies to engage both primary care providers and community partners/organizations who serve seniors in promoting pneumococcal vaccination. | | | | | | | |
| Collect/ develop messaging information for dissemination (i.e. federal CDC-patient friendly fact sheet) across the state via community organizations | 1/1/2015 | MIP | <u>Outcome:</u> Information disseminated to community organizations | <u>Measure:</u> # of organizations contacted | New guidelines were disseminated to 629 MIP providers when recommendations were updated by ACIP in 8/2014. | no new data | no new data |
| Dissemination of messaging via websites, newsletters, targeted email blasts, social media re: pneumococcal vaccination | 1/1/2015 | AAAs – Ted Trainer, MaineHealth – Gloria Neault, Maine Community Health Options | <u>Outcome:</u> Providers and public get information | <u>Measure:</u> Report or list re: reach from organizations | New guidelines were disseminated to 629 MIP providers when recommendations were updated by ACIP in 8/2014 via blastfax and email. Also included on website, Provider Manual, and newsletter. | no new data | no new data |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

SHIP Implementation Plan: Obesity

Progress Report

| | | | | | QUARTER 1 | QUARTER 2 | QUARTER 3 |
|--|----------------------------|--|--|--|---|--|--|
| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Objective 1: Decrease Sugar-Sweetened Beverage Consumption | | | | | | | |
| Measure: Percentage of youth who drink one or more sugar-sweetened beverages a day. Data Source: MIYHS; Baseline (2011): 29.1% | | | | | 26.2% (2013) | no new data | 23.1% (2015) |
| Measure: Percentage of adults who drink one or more sugar-sweetened beverages a day. Data Source: BRFSS (NOTE: this question was not asked until 2015, and therefore data will not be available until 2016) | | | | | not available | not available | not available |
| Strategy 1.1 Increase outreach and education to the public and to partners, using currently available resources to decrease consumption of sugar-sweetened beverages. | | | | | | | |
| Community and School-based education - Deliver nutrition education program to low-income youth and adults about sugar-sweetened beverages and healthier alternatives | Ongoing | SNAP-ED (UNE) and UMaine Extension Joan and Kate | <u>Outcome:</u> education sessions on sugar-sweetened beverages delivered | <u>Measure:</u> # of educational sessions conducted # of individuals reached | Sessions: 320 Participants: 3,813 | Sessions: 219 Participants: 2,535 | Sessions: 230 Participants: 3,312 |
| Number of schools, out-of-school programs, early childhood programs and healthcare practices engaged with Let's Go! through the use of the 5-2-1-0 message | July 1, 2014-June 30, 2015 | Let's Go! Emily | <u>Outcome:</u> Sites use the 5-2-1-0 message | <u>Measure:</u> # of sites registered with Let's Go! (results available September 2015) | Numbers for year reported in quarter three | Numbers for the year reported in quarter three | 230 Childcare Programs: 8,000+ children birth to 5 207 Schools: 65,000 youth K-12 123 out of school programs: 8,500 youth 5 - 18 147 Healthcare Practices: 224,000 pediatric patients 45 School nutrition professional 94,000 students K - 12 |
| Research outreach and education campaigns designed for the general public | September-14 | MPHA - Tina | <u>Outcome:</u> A social marketing plan will be researched, created and approved by MPHA Obesity Policy Committee | <u>Measure:</u> One plan created | Plan has been completed. Currently, partner has no resources to implement the plan | no change | no change |
| K-12: Adopt and implement model wellness policies that include student access to water, limit access to sugar sweetened beverages | Ongoing | HMP | <u>Outcome:</u> Policies adopted and implemented | <u>Measure:</u> # of policies adopted and implemented | Data not available: the Environmental Indicators (EI) school survey was completed prior to this quarter and will not be repeated for 2-3 years. | no new data | no new data |
| Municipalities and Worksites: Adopt and implement model wellness policies that include access to water, limit access to sugar sweetened beverages | Ongoing | HMP | <u>Outcome:</u> Increased access to healthy foods at municipal-owned or managed sites | <u>Measure:</u> # municipalities reached | Data not available: dat from the Environmental Indicators (EI) school survey. | no new data | no new data |
| Adopt/ Implement worksite healthy meeting guidelines that include limiting access to sugar sweetened beverages | 6/1/2015 | Maine CDC PAC – Mary Ellen | <u>Outcome:</u> worksites will develop guidelines that increase access to healthy beverages in vending machines and cafeterias | <u>Measure:</u> # of worksites that implement guidelines to increase access to water and unsweetened beverages | None reported this quarter | 17 worksites reducing or eliminating high sugar beverages from vending machines | Nine new worksites working to implement guidelines |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

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| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Strategy 1.2 Implement a media campaign to raise public awareness of the relationship between sugar-sweetened beverages and obesity. | | | | | | | |
| Research outreach and education campaigns designed for the general public | September-14 | MPHA - Tina | <u>Outcome:</u> A social marketing plan will be researched, created and approved by MPHA Obesity Policy Committee | <u>Measure:</u> One plan created | Plan has been completed. Currently, partner has no resources to implement the plan | no change | no change |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |
| Strategy 1.3 Encourage school departments to limit access to sugar-sweetened beverages in schools. | | | | | | | |
| K-12: Adopt and implement model wellness policies that include student access to water, limit access to sugar sweetened beverages (SSB) beyond the half hour after the end of the school day. | Ongoing | HMPs, DOE – Gail Lombardi and Stephanie Stambach | <u>Outcome:</u> Schools limit SSB access after the school day, same as during the school day | <u>Measure:</u> Policies adopted and implemented | Data not available: the Environmental Indicators (EI) school survey was completed prior to this quarter and will not be repeated for 2-3 years. | no new data | no new data |
| Provide training to school groups such as sports teams, concession groups, principals, and teachers to implement rules that encourage limiting access to SSBs beyond the school day | Current/Ongoing | Maine CDC PAC – Mary Ellen, DOE – Gail Lombardi and Stephanie Stambach | <u>Outcome:</u> More schools limit sugar-sweetened beverages | <u>Measure:</u> # schools trained on implementing policies to limit sugar-sweetened beverages beyond the school day | Not aware of any trainings specific to SSB are currently being provided | no change | no change |
| Informing schools on adhering to current Maine law regarding advertising Sugar-sweetened beverages on school property | Current/Ongoing | Maine CDC PAC – Mary Ellen | <u>Outcome:</u> Schools adherence to state law | <u>Measure:</u> # of schools informed of law | Work in this area is likely to happen in year 3 of the PAC grant, after September 2016 | no change | no change |
| Implementation of <i>Let's Go!</i> Strategy # 2: Provide water and low fat milk; limit or eliminate sugary beverages in participating schools | July 1, 2014 – June 30, 2015 | <i>Let's Go!</i> Emily | <u>Outcome:</u> Implementation of strategy in all or most classrooms of participating schools | <u>Measure:</u> % of schools reporting they are implementing this strategy in all or most classrooms (Results available September 2015) | Numbers for year reported in quarter three | Numbers for year reported in quarter three | 77% (150 of 195 reporting schools) |
| Research outreach and education campaigns designed for the general public | September-14 | MPHA - Tina | <u>Outcome:</u> A social marketing plan will be researched, created and approved by MPHA Obesity Policy Committee | <u>Measure:</u> One plan created | Plan has been complete. Currently no money to implement the plan | Plan has been complete. Currently no money to implement the plan | Plan has been complete. Currently no money to implement the plan |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

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| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Strategy 1.4 Encourage providers to include screening and counseling on sugar-sweetened beverage consumption as part of routine medical care. | | | | | | | |
| Healthcare practices that conduct Well Child visits participate in the <i>Let's Go!</i> Healthcare program | July 1, 2014 – June 30, 2015 | <i>Let's Go!</i> | <u>Outcome:</u> Healthcare practices that conduct Well Child visits, participate in the <i>Let's Go!</i> Healthcare program | <u>Measure:</u> # of healthcare practices that participate in the <i>Let's Go!</i> Healthcare program. (Results available September 2015) | Numbers for year reported in quarter three | Numbers for year reported in quarter three | 147 Healthcare Practices, reaching nearly 650 clinicians and 224,000 pediatric patients |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 1.5 Discourage the consumption of sugar-sweetened beverages by seeking a waiver from the federal government to disallow the use of Supplemental Nutrition Assistance Program (SNAP) benefits for purchase of sugar-sweetened beverages. | | | | | | | |
| Monitor progress of DHHS Commissioner's Office in seeking and receiving a federal waiver | | DHHS Commissioner's Office | <u>Outcome:</u> Waiver explored with USDA | <u>Measure:</u> Existence of policy that disallows purchase of sugar sweetened beverages with SNAP benefits | Nothing to report this quarter | Nothing to report this quarter | Waiver was not received |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |
| Objective 2: Increase Fruit and Vegetable Consumption | | | | | | | |
| <u>Measure:</u> Percentage of youth who consume five or more servings of fruits and vegetables a day.. Data Source: MIYHS baseline (2011): 16.5% | | | | | 16.8% (2013) | no new data | 16.1% (2015) |
| <u>Measure:</u> Percentage of adults who consume less than 1 servings of fruit a day. Data Source: BRFSS (NOTE: this question is only asked every other year.) | | | | | 34% (2013) | no new data | no new data |
| <u>Measure:</u> Percentage of adults who consume less than 1 serving of vegetables a day. Data Source: BRFSS (NOTE: this question is only asked every other year.) | | | | | 17.7% (2013) | no new data | no new data |
| Strategy 2.1 Increase outreach and education to the public and to partners, using currently available resources, to guide increased consumption of fruits and vegetables. | | | | | | | |
| Deliver nutrition education program to low-income youth and adults about the importance of fruit and vegetable consumption and ways to shop for and prepare fruits and vegetables on a limited budget | Ongoing | SNAP-ED and UMaine Extension | <u>Outcome:</u> UMaine Extension – self-reported fruit and vegetable intake | <u>Measure:</u> # of educational sessions conducted # of individuals reached | Sessions: 3,046 Participants: 16,385 | Session 3,381 Participants: 5,838 | Sessions: 2,791 Participants: 5,214 |
| Implementation of <i>Let's Go!</i> Strategy # 1: Provide healthy choices for snacks and celebrations; limit unhealthy choices in participating schools, early childhood and out-of-school programs | July 1, 2014 – June 30, 2015 | <i>Let's Go!</i> - Emily | <u>Outcome:</u> Implementation of strategy in sites program/organization wide | <u>Measure:</u> % of sites reporting they are implementing this strategy program/organization wide. (Results available September 2015) | Numbers for year reported in quarter three | Numbers for year reported in quarter three | 90% of Child Care Programs 190 of 212 58% of Schools: 113 of 195 99% of out of school programs 114 of 115 |
| K-12: Adopt and implement model wellness policies that include student access to fruits and vegetables, limit sugary snacks | Ongoing | HMP | <u>Outcome:</u> Youth eat more fruits and vegetables | <u>Measure:</u> # of schools adopting model policy that increases access to fruits and vegetables | Data not available: the Environmental Indicators (EI) school survey was completed prior to this quarter and will not be repeated for 2-3 years. | no new data | no new data |

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| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Municipalities and Worksites: Adopt and implement model wellness policies that include access to fruits and vegetables | Ongoing | HMP | <u>Outcome:</u> Increased access to healthy foods at municipal-owned sites | <u>Measure:</u> # municipalities reached | Data not available: the Environmental Indicators (EI) school survey was completed prior to this quarter and will not be repeated for 2-3 years. | no new data | no new data |
| Adopt/ Implement foodservice guidelines that include encouraging healthy snacks such as fruits and vegetables in worksite cafeterias and vending machines | 6/1/2015 | Maine CDC PAC – Mary Ellen | <u>Outcome:</u> Guidelines to increase access to healthy foods developed by worksites | <u>Measure:</u> # worksites that develop and adopt guidelines | None reported this quarter | 51,874 fruit/vegetable vouchers issued 41,233 fruit/vegetable vouchers redeemed 13,744 fruit/vegetable vouchers redeemed per month 79.49% redemption rate for the quarter | None reported this quarter |
| Provide vouchers and/or eWIC benefits for fresh frozen and canned fruits and vegetables on a monthly basis | Ongoing | WIC - Karen | <u>Outcome:</u> WIC women and children receive and redeem monthly benefit for fruits and/or vegetables | <u>Measure:</u> # of WIC participants redeeming fruit and/or vegetable benefit each month % of WIC participants redeeming fruit and/or vegetable benefit each month | 53,023 fruit/veg vouchers issued 41,697 fruit/veg vouchers redeemed Monthly average of 13,899 fruit/vegetable vouchers redeemed/month 78.14% Redemption Rate for the Quarter | 51,874 fruit/vegetable vouchers issued 41,233 fruit/vegetable vouchers redeemed 13,744 fruit/vegetable vouchers redeemed per month 79.49% redemption rate for the quarter | 80.94% WIC participants redeeming fruit and vegetable benefit each month |
| Issue Farmers Market benefits in the summer time | May - October 2015 | WIC - Karen | <u>Outcome:</u> WIC participants receive and redeem WIC Farmers' Market benefits during the summer season | <u>Measure:</u> # of redemptions Redemption % | Data N/A - Program offered during the summer only | Data N/A - Program offered during the summer only | This measure will not be available until winter |
| Provide infant fruits and vegetables (jarred) | Ongoing | WIC - Karen | <u>Outcome:</u> WIC infants, age 6-11 months, receive and redeem benefits for infant fruits and/or vegetables | <u>Measure:</u> # of redemptions Redemption % | 11,111 of 15,695 redeemed benefit for the quarter 70.8% redemption rate for the quarter | 11093 of 15636 infant fruit and vegetable checks were redeemed 70.95% of infant fruit and vegetable checks are redeemed | 67.5% redemption rate |
| Provide educational materials to Senior FarmShare Program participants on the benefits of eating fruits and vegetables daily | Ongoing | Maine Senior FarmShare Program - Julie Waller | <u>Outcome:</u> More seniors eat fruits and vegetables | <u>Measure:</u> # of seniors in program reached with educational materials | October 2014- nutrition education materials mailed to 17,327 Senior FarmShare participants along with the program survey | No new mailing this quarter. The Program received a \$850+ grant to provide Senior Farmers Market Nutrition Program benefits to more than 15K eligible participants | No new data this quarter |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Strategy 2.2 Promote Food Policy Councils as a way to increase access to affordable healthy foods for all Maine people. | | | | | | | |
| Work with municipalities to form or participate on Food Policy Councils | Ongoing | 12 HMPs | <u>Outcome:</u> More Food Policy Councils have municipal representation/involvement | <u>Measure:</u> # of municipalities participating on Food Policy Councils # of Food Policy Councils | One municipality participating in Food Policy Council (FPC) 10 FPC | One municipality participating in Food Policy Council (FPC) 10 FPC | No new data this quarter |
| Lead educational events to support the Maine Network of Food Councils to improve local food systems and increase access to local healthy foods and beverages | Ongoing | Maine Network of Food Councils - Ken Morse | <u>Outcome:</u> Increased capacity of food councils to improve access to local healthy foods | <u>Measure:</u> # of food council meetings held # of educational events held | Still seeking data update | Still seeking data update | 12 meetings held 2 educational events held |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 2.3 Increase or expand fruit and vegetable market outlets such as farm to institution, farm to school, farmers' markets. | | | | | | | |
| Host farmers at WIC offices for farmers market events | Summer 2014- possibly ongoing | WIC - Karen | <u>Outcome:</u> WIC Local Agency Farmers' Market season outreach plans will include Farmers' Market events when possible | <u>Measure:</u> # of offices holding Farmers' Market events | Data N/A - Program offered during the summer only | Data N/A - Program offered during the summer only | All eight WIC Local Agencies have FMNP events during the summer growing season |
| Work with Good Shepherd to increase the number of farm stands or farmers' markets in underserved areas for lower income people | Ongoing | Maine CDC PAC, Cultivating Community – Mary Ellen | <u>Outcome:</u> Increased access to fresh produce | <u>Measure:</u> # of markets in underserved areas | 3 new markets (Bingham, Orrington and Milo) | Seasonal, no new winter markets | 3 Markets in underserved areas Bingham, New Sweden, Howland |
| Provide outreach and technical assistance to farms and schools to increase local foods in schools or Farm to School (F2S) programs. | Ongoing | F2S Network- Ellie Libby, FoodCorps | <u>Outcome:</u> Increased consumption of healthy local foods among youth | <u>Measure:</u> # of F2S programs | Still seeking data update | Still seeking data update | 240 Schools in Spring of 2015 |
| Provide technical assistance to farmers | Ongoing | Extension, MOFGA – Heather Ormond | <u>Outcome:</u> More Maine farmers know how to market and sell their products to schools | <u>Measure:</u> # farmers reached | Still seeking data update | 2 trainings on how to accept EBT parment at farmers markets | No reporting this quarter |
| Farm to college and hospital: increasing the # of colleges and hospitals using local food | Ongoing | FINE - Ken Morse | <u>Outcome:</u> Increased purchase and sales of local (healthy) food at colleges and hospitals | <u>Measure:</u> # of colleges using X amount of local food (TBD) # of hospitals using X amount of local food (TBD) | Still seeking data update | Still seeking data update | 6 college systems using local foods. Percent of local food used varies from 23% - 44% |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input type="checkbox"/> off track |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Strategy 2.4 Increase participation in the Fresh Fruit and Vegetable Program (FFVP) by maximizing the use of federal funds so that more schools can join. | | | | | | | |
| Inform eligible schools serving pre-K – Grade 8 about fresh fruit and vegetable application to ensure all eligible schools apply | 2015 School Year | Department of Education, Stephanie Stambach | <u>Outcome:</u> More youth eat fruits and vegetables and know their nutritional value | <u>Measure:</u> percent of funding to Maine used | Still seeking data update | Still seeking data update | 100% |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Objective 3: Increase Physical Activity | | | | | | | |
| <u>Measure:</u> Percentage of youth who engage in vigorous physical activity that promotes cardio-respiratory fitness three or more days per week for 20 minutes or more each time. Data Source: MIYHS | | | | | 62.2% (2013) | no new data | 60.1% (2015) |
| <u>Measure:</u> Percentage of Maine adults who engage at least 150 minutes of physical activity per week. Data Source: BRFSS (NOTE: this question is only asked every other year.) baseline; 2011: 56.7% | | | | | 53.6% (2013) | no new data | no new data |
| Strategy 3a.1 Work with municipalities to increase opportunities for active transportation and access to indoor and outdoor recreational facilities. This includes, for example, increased sidewalks, bike path trails for public use and ‘complete street’ components, and would be done in compliance with Americans with Disabilities Act Accessibility Guidelines (ADAAG). | | | | | | | |
| Encourage/ support municipalities in the creation of local advocacy groups i.e.; Bike/Ped Committees, Active Community Environment Teams (ACETs) | Ongoing | HMPs, The Bicycle Coalition of Maine | <u>Outcome:</u> Increased local level capacity to implement policy and environmental change to support physical activity | <u>Measure:</u> # of additional ACETs # of additional Bike/Ped Committees | Still seeking data update | 25 total Bike/Ped committees | No new data reported this quarter |
| Complete Rural Active Living assessments (RALAs) for every city and town with whom HMPs work | Ongoing | HMP | <u>Outcome:</u> Increased awareness of relative ‘activity friendly’ built environment | <u>Measure:</u> # of completed RALAs | A survey to collect this data will be completed in Qtr 2 | 165 RALA surveys completed total not just this quarter | 195 RALA surveys completed total |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 3b.1 Work with school departments to increase the number of schools that provide public access to indoor and outdoor school facilities for out-of-school physical activity. | | | | | | | |
| Provide technical assistance to school administrations to adopt and implement policies that provide public access to indoor and outdoor facilities for after school physical activities | Ongoing | HMP- optional objective | <u>Outcome:</u> Increased access to places for physical activity | <u>Measure:</u> # of school open use policies | A survey to collect this data will be completed in Qtr 2 | 46 known schools open use policies | No new data reported this quarter |
| Provide technical assistance to school administrations to adopt and implement Collaborative use agreements to provide public access to indoor and outdoor facilities for after school physical activities. | Ongoing | HMP- optional objective | <u>Outcome:</u> Increased space for public access on school grounds and in schools | <u>Measure:</u> # of spaces available to the public | A survey to collect this data will be completed in Qtr 2 | 29 known private facilities with open use policies/agreements | No new data reported this quarter |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input type="checkbox"/> off track |

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| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
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| Strategy 3b.2 | Work with childcare centers to increase the number of centers using evidence-based approaches (e.g. Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC), Let's Move!) to implement policies and create environments that support physical activity and meet safety guidelines. | | | | | | |
| Ages Birth -5: 5-2-1-0 Goes to Child Care: work on implementing policy and environmental change at childcare sites to support PA | July 1, 2014 – June 30, 2015 | <i>Let's Go!</i> | <u>Outcome:</u> Increase in number of policies and environmental changes supporting physical activity in birth to 5 childcare settings | <u>Measure:</u> # sites statewide implementing the PA strategy | Numbers for year reported in quarter three | Numbers for year reported in quarter three | 98% of Child Care Programs: 207 out of 212 |
| K – 5: 5-2-1-0 Goes to School: work on developing and implementing policy and environmental change at K-5 schools to support PA | July 1, 2014 – June 30, 2015 | <i>Let's Go</i> | <u>Outcome:</u> Increase in number of policies and environmental changes supporting physical activity in K-5 schools | <u>Measure:</u> # sites statewide implementing strategy re: physical activity | Numbers for year reported in quarter three | Numbers for year reported in quarter three | 69% of K-5 Schools: 134 out of 195 |
| <p>PA Strategy 5: Implement physical education and physical activity in early care and education (ECE)</p> <p>1. Implement comprehensive ECE standards</p> <p>a) Increase the number of ECEs that develop and implement standards to increase physical activity</p> <p>b) Increase the percent of schools within local education agencies that have established, implemented and/or evaluated comprehensive school physical activity programs (CSPAP)</p> | Ongoing | Maine CDC PAC – Doug Beck | <u>Outcome:</u> Increase in development and implementation of ECE standards increasing PA | <u>Measure:</u> a) # of ECEs that develop and implement standards to increase physical activity b) # of children who attend ECEs that adopt and implement guidelines to increase physical activity | Still seeking data update | a) 20 b) Data not available | a) remains 20 b) Estimate 500 children |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Objective 4: Breastfeeding | | | | | | | |
| Measure: Percentage of infants in Maine who are ever breastfed to 80%. Data Source: NIS | | | | | 81.7% (2011) | | 81.6% (2012) |
| Measure: Percentage of infants in Maine who are breastfeeding at six months of age to 45%. Data Source: NIS | | | | | 50.5% (2011) | | 55.7% (2013) |
| Strategy 4.1 | Educate employers on how to comply with Maine Workplaces Support Nursing Moms law in order to support employees who are breastfeeding (including a private location to pump, flextime and breast milk storage space). | | | | | | |
| Provide technical assistance to those employers choosing this strategy from the Healthy Maine Works (HMW) tool | Ongoing | HMP - Optional Objective | Outcome: More employers have private clean space for employees to breastfeed | Measure: # of employers working on the HMW strategy | Reporting not available until next quarter due to HMW system change | Baseline all numbers: Written policy 39 worksites Flextime for breastfeeding 18 worksites Designated location to express milk 26 worksites | May - December New Written policy 10 worksites Flextime for breastfeeding 4 worksites Designated location to express milk 9 worksites |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 4.2 | Educate mothers about Maine Workplaces Support Nursing Moms law along with other applicable laws and resources for lactation support. | | | | | | |
| Include law in WIC participant handbook so all those enrolling in the program have the information | Ongoing | WIC - Karen | Outcome: WIC pregnant and breastfeeding women will be aware of the Maine Workplace law | Measure: # of participants receiving handbook | Data N/A | 501 pregnant and breastfeeding women provided breastfeeding law information via WIC handbook - began 3/2 | 100%: all participants must have a handbook to redeem benefits |
| Disseminate information on law via website, wallet card, near future: bus boards. Cumberland, Androscoggin and York counties, and City of Bangor Public Health. | Ongoing | HMP/Opportunity Alliance | Outcome: More mothers aware of Maine's Workplace (lactation) law | Measure: # wallet cards out/estimate | Still seeking data update | Still seeking data update | No wallet cards distributed; Breastfeeding ads on 30 metro buses and Lakes Region Bus; Website and Facebook pages up |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 4.3 | Educate child-care centers on how to create and implement policies and environments that support breastfeeding. | | | | | | |
| Number of early childhood programs that participate in the 5-2-1-0 Goes to Child Care Program. Resources available include: toolkit handouts, online module and statewide trainings | July 1, 2014 – June 30, 2015 | Let's Go! Emily | Outcome: Early childhood programs participate in 5-2-1-0 Goes to Child Care Program | Measure: # of early childhood programs registered with Let's Go! (Results available September 2015) | Numbers for year reported in quarter three | Numbers for year reported in quarter three | 230 Childcare Programs |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

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| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Strategy 4.4 | Educate birthing facilities in Maine on the Baby-Friendly Hospital Initiatives 10 Steps to Successful Breastfeeding in order to increase the percentage of infants ever breastfed (including infants in a Maine neonatal intensive care unit (NICU) setting). | | | | | | |
| Host breastfeeding learning collaborative for Maine hospitals focused on 6 of the 10 Steps | By June 2015 | Maine CDC/ <i>Let's Go!</i> , MaineHealth - Mary Ellen | <u>Outcome:</u> More mothers are assisted and supported to exclusively breastfeed at 3 and 6 months | <u>Measure:</u> # participants | None this quarter - planned for next quarter | 90 participants including representation from 14 different hospitals | No breast feeding learning collaboratives held this quarter |
| Conduct up to 12 webinars on perinatal breastfeeding | By June 2015 | Maine CDC/ <i>Let's Go!</i> , MaineHealth - Mary Ellen | <u>Outcome:</u> All perinatal providers are familiar with perinatal breastfeeding best practice | <u>Measure:</u> # of webinar participants | Oct. webinar 11 participants Nov. webinar 7 participants | Decision was made to discontinue webinars due to low participation | Decision was made to discontinue webinars due to low participation |
| Collaborate to offer skills training for hospital perinatal staff | By March 2015 | <i>Let's Go!</i> Emily Walters | <u>Outcome:</u> Hospital perinatal staff are trained in hospital breastfeeding best practice | <u>Measure:</u> # of participants trained | Trainings occurring in April & May 2015 | 6 for ME information was presented to the perinatal leadership council this quarter. | <i>Let's Go</i> trained 64 perinatal staff through hospital skills trainings across the whole year. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

SHIP Implementation Plan: Substance Abuse and Mental Health

Progress Report

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| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Objective 1: Early Intervention | | | | | | | |
| Measure: Number of MaineCare claims using CPT code 96110 for general developmental screening. (Children's Health Insurance Program Reauthorization Act (CHIPRA) Initial Core Set of Children's Health Care Quality Measure #8 and CPT codes 96110HI and 96111HK for autism-specific screening IHOC Measure #9. Data Source: MaineCare claims data. | | | | | Request to MaineCare | Request to MaineCare. | This is an annual calculation and is not ready as of yet. |
| Strategy 1.1 Continue education of MaineCare health home practices in the use of developmental screening tools and in the submission of claims for the screenings through Improving Health Outcomes for Children (IHOC), the Patient Centered Medical Home (PCMH) Learning Collaborative administered by Maine Quality Counts, and the training being developed and implemented under the State Innovation Model (SIM) grant for primary care practices serving children with developmental disabilities | | | | | | | |
| Through IHOC, Maine Quality Counts will train primary care practices on developmental screening and autism screening | Ongoing- ends Sept 30, 2014 | MaineCare Amy Dix | Outcome: Completed training for at least 43 practices | Measure: # of practices trained | 77 practices trained | Annual Report is done at the end of Dec 2015. No Data as of yet. | Annual Report is done at the end of Dec 2015. No Data as of yet. |
| Assess the extent to which children at various ages from 0-36 months were screened for social and emotional development with a standardized tool or set of tools | 12/31/2014 | MaineCare – Amy Dix | Outcome: Annual claims analysis of data results on MaineCare Code 96110 | Measure: Report results for the developmental screening of children who turn 1, 2, and 3 years of age during the measurement year (using code 96110) with recommendations to MaineCare | Results included in FFY14 annual report to Federal CMS | Continued work in progress for SFY 15. | Annual Report is done at the end of Dec 2015. No Data as of yet. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |
| Objective 2: Physician Drug Protocols | | | | | | | |
| Measure: Number of hospitals, health systems and FQHCs with drug prescribing protocols. Data Sources: MMA, Substance Abuse and Mental Health Services (SAMHS), Maine Hospital Association (MHA), Maine Association of School Psychology (MASP), MOA | | | | | Work in progress | Work in progress | 3 confirmed |
| Strategy 2.1 Develop and distribute a fact sheet with key elements for drug prescribing protocols and resources. | | | | | | | |
| Assess what currently exists for fact sheets and/or drug prescribing protocols within SAMHS and statewide partners (Licensing Boards) | 1/1/2015 | SAMHS | Outcome: Completed assessment of drug prescribing protocols | Measure: # of electronic factsheets collected # of electronic protocols collected | Contacting Licencing Boards to see what informiton the may have and are providing | # of electronic factsheets 2 # of electronic protocols 5 | # of electronic protocols 4 |
| Conduct a scan of hospital policies and protocols that are currently in place and request copies | 1/1/2015 | MMA, MHA, FQHCs, MPCA, SAMHS | Outcome: Completed scan of policies and protocols | Measure: # of electronic copies collected | Spoke with Gordon Smith at MMA to collect these items in his travels visiting Hospitals. | Maine Board of Medicine has protocols in rule for 5 Licensing Boards. Chapter 21: USE OF CONTROLLED SUBSTANCES FOR TREATMENT OF PAIN is a joint rule of the Board of Osteopathic Licensure, the Board of Licensure in Medicine, the Board of Dental Examiners, the Board of Nursing and the Board of Podiatric Medicine. | Received protocols from Maine General, EMHS, and EMMC Benzodiazepine Prescribing Guidelines. Have request into Maine Health and waiting for response. Maine Medical Association has resources at: https://www.mainemed.com/education-info-cme/pain-mgmt-diversion |
| Overall status of progress in this strategy: Moving in the right direction, but with staffing challenges in SAMHS, priorities do change. | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Strategy 2.2 | Identify Continuing Medical Education (CME) opportunities that are quality and user-friendly; obtain approval and buy-in from Maine Medical Association (MMA), Maine Osteopathic Association (MOA), Nurse Practitioner and Physician Assistant Associations, and Maine Primary Care Association (MPCA). | | | | | | |
| Investigate what is currently available online for Continuing Medical Education (CME) opportunities | January, 2015 | SAMHS | <u>Outcome:</u> Complete scan of online CME opportunities | <u>Measure:</u> List of opportunities and # | Working with Workforce Development Contractor and Associations regarding offering sessions. | 9 Online Courses were offer this quarter with 46 participant out of 25 total. Increase from previous quarter. | 10 Online were offered this quarter wit 100 participants. |
| Overall status of progress in this strategy: Inventory of online offerings needs to be conducted. | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 2.3 | Identify a method to assess the status of drug-prescribing protocols within a system of care. | | | | | | |
| Conduct a scan of hospital policies and protocols that are currently in place | 1/1/2015 | MMA, MHA, FQHCs, MPCA, SAMHS | <u>Outcome:</u> Completed scan of protocols in place | <u>Measure:</u> Completed list and copies of protocols that are in place in Maine | Also working with MMA on this and the PMP Program at SAMHS | Continued work in progress for SFY 15. | 4 additional protocols added see 2.1. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 2.4 | Investigate how to integrate drug-prescribing protocols into electronic medical records. | | | | | | |
| Conduct a scan of hospital/medical practices for policies and protocols in place | 1/1/2015 | MMA, MHA, FQHCs, MPCA, SAMHS | <u>Outcome:</u> Completed scan | <u>Measure:</u> Listing of hospitals, health care systems, or providers in Maine that have such integration | Also working with MMA on this and the PMP Program at SAMHS | no further data | no further data |
| Overall status of progress in this strategy: Due to staffing challenges, this has not been completed as of yet. | | | | | <input checked="" type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Objective 3: Coordination of Care | | | | | | | |
| Measure: Number of times SBIRT billing code appears in MaineCare and Maine Health Data Organization (MHDO). Data Sources: MaineCare billing data; MHDO billing data | | | | | MaineCare Request | MaineCare Request. | Maine Care Numbers Received |
| Measure: Number of times screening billing codes appear in MaineCare. Data Sources: MaineCare billing data | | | | | MaineCare Request | MaineCare Request. | Maine Care Numbers Received Third Quarter of 2015:234, Total since Jan 2013: 363 |
| Measure: Number of primary care practices implementing evidence based suicide prevention screening and assessment as standard care. Data Source: Maine CDC contractor quarterly reports (National Alliance on Mental Illness) | | | | | 0 | 144 PCPs (one network of providers) | no new data |
| Strategy 3a.1 Educate physician practices in the use of SBIRT tools and billing codes. | | | | | | | |
| Provide SBIRT training for primary care physicians and community organizations | Ongoing | HMPs participating- (10 or so) | <u>Outcome:</u> Completed trainings provided | <u>Measure:</u> # of trainings provided Locations by HMPs | This has been an ongoing initiative and strategy of SAMHS work with the HMPs. | 19 Agencies with 25 Providers Trained. 11 Community organizations received training reaching 83 individuals. | 8 Agencies with 18 providers trained. 3 Community organizations received trainings reaching 12 individuals. |
| Initiate discussions with MaineCare on billing code issues | By Jan 1, 2015 | SAMHS | <u>Outcome:</u> Schedule and hold meetings with MaineCare | <u>Measure:</u> Clarifying information on billing codes sent to providers | Had second round of conversations regarding billing codes for SBIRT with MaineCare. Another MaineCare Provider Announcement with clarification codes was sent out by MaineCare. | Completed. Seems that further work regarding Behavioral Health Practitioners able to bill under this code needs to be expanded. Next phase. | Completed. MaineCare did send out another SBIRT Billing instructions communication through their provider list-serv. |
| Develop and implement 1-year Learning Collaborative for Patient Centered Medical Home/Health Homes (PCMH/HH) to include SBIRT tools | October 2014-October 2015 | CCSME – Kate Chichester | <u>Outcome:</u> Completed training on SBIRT for nine (9) participating primary care practices | <u>Measure:</u> # of practices who complete training, # of staff who attend | 12 Practices Consulted; 7 Trainings Conducted; 50 primary care and 94 other staff attendees. | 16 Practices trained; 7 TA sessions. Waiting on Final number for QC. | 38 Practices, 1 Community Care Team, 52 participants. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 3a.2 Explore and learn more about the use of SBIRT in electronic medical records developed by Eastern Maine Healthcare Systems (EMHS). | | | | | | | |
| Schedule meeting with EMHS for site visit to review their processes | 1/1/2015 | SAMHS | <u>Outcome:</u> Schedule meeting and review of electronic SBIRT | <u>Measure:</u> Outline of ESBIRT process | Completed visit fall of 2014. | no update | Need to revisit EMHS as a follow up to the use of SBIRT. Also to follow up with Health Infonet regarding integration in to EHR. |
| Meet with EMHS to learn about the outcomes of moving to this model | 3/1/2015 | SAMHS, Scott Gagnon/ Healthy Androscoggin | <u>Outcome:</u> Meet with EMHS to discuss model | <u>Measure:</u> Summary of strengths, weaknesses, opportunities and threats of this system/process | Met with EMHS, need to complete SWOT. | Need to finalize SWOT. | Quality Counts has worked on this and tracking Screening tools in EMR. 9 agencies implemented integration. Different than EMHS system. |
| Schedule meeting with stakeholders to investigate webinar/ education opportunities related to the EMHS system | 4/1/2015 | SAMHS | <u>Outcome:</u> Meet with stakeholders | <u>Measure:</u> # of stakeholders attended | In progress. | Initial conversations held | No further progress |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Strategy 3b.1 Educate MaineCare health home practices in the use of depression and substance abuse screening tools through the Patient Centered Medical Home Learning Collaborative. | | | | | | | |
| Provide education/training to MaineCare Health Homes practices in the use of depression and substance abuse screening tools | October 2014- October 2015 | Quality Counts- Anne Connors Connors, CCSME- Kate Chichester | <u>Outcome:</u> Use of tools by participating practices | <u>Measure:</u> # of dissemination opportunities through: Webinars Learning Sessions Quality Counts outreach | 12 Practices Consulted; 7 Trainings Conducted; 50 primary care and 94 other staff attendees. Online Screen Tool Kit and Bill Codes. | 16 Practices trained; 7 TA sessions. Waiting on Final number for QC. | 38 Practices, 1 Community Care Team, 52 participants. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 3c.1 Provide education and training to primary care providers, including staff of school-based health centers, on the integration and use of nationally recognized evidence-based suicide prevention screening and assessment tools. | | | | | | | |
| Partner with MMA on delivering training to primary care providers on the use of the Columbia Assessment Tool | Spring 2015 | Maine CDC, NAMI Maine | <u>Outcome:</u> Training on use of Columbia Assessment Tool delivered | <u>Measure:</u> # of primary care providers trained | Series being developed for Q3 & 4 about suicide awareness, communication, warning signs and assessment tools | Ongoing meetings and T/A with 2 HealthReach practices. Awareness sessions delivered. Gatekeeper training conducted. 6 lunch and learn trainings scheduled in Qtr 4 | 9 Lunch/Learn 102 participants and 1 Conference session 60 participants |
| Develop and pilot a ,webinar for primary care providers on using the Columbia assessment tool | Fall 2014 | Maine CDC, NAMI Maine | <u>Outcome:</u> Webinar developed | <u>Measure:</u> Video piloted and feedback obtained | completed available www.namimaine.org | completed | not aplicable |
| Provide trainings to school-based health center staff on the Columbia assessment tool | Fall 2014 | Maine CDC- Maine Suicide Prevention Program, NAMI Maine | <u>Outcome:</u> Training on use of Columbia Assessment Tool held | <u>Measure:</u> # SBHC that use/ implement tool | 1 training 34 participants 8 school districts with SBHC implementing C-SSRS | 3 trainings 35 participants | 0 |
| Provide staff training to larger employers of primary care providers to help them implement the assessment tools | Winter 2015 | Maine CDC/ NAMI Maine | <u>Outcome:</u> Trainings held | <u>Measure:</u> # of primary care provider staff trained | Presenting at ME Quality Counts in April expected 200 participants. Working with MaineGeneral 12 participants | Suicide Prevention in Healthcare Settings presented to 50 people. Follow up with 12 of them. 10 practices agreed to clinical assessment trinings. | 0 |
| Provide training to several community partners i.e.; National Guard, Universities, etc. on the Columbia assessment tool | Fall 2014 | Maine CDC- Maine Suicide Prevention Program, NAMI Maine | <u>Outcome:</u> Trainings held | <u>Measure:</u> # of community partners trained on the Columbia Assessment Tool | 2 trainings 42 participants | MOU between ME CDC and National Guard for direct services for guard members | 4 Assessment for Clinicians trainings 58 participants |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Strategy 3c.2 | Provide Maine's Gatekeeper training to all public school staff: a one day program that includes skills practice and been shown to significantly increase a respondent's knowledge of warning signs and risk factors for suicide as well as enhanced confidence in the ability to intervene. | | | | | | |
| Provide awareness training or workshop to public school staff. | Spring 2015 | Maine CDC, NAMI Maine | <u>Outcome:</u> Awareness training/workshop held | <u>Measure:</u> # of trainings offered # of persons trained | 12 trainings 1000+ participants | 5 trainings 397 participants | 10 trainings 288 participants |
| Provide Gatekeeping training statewide to various audiences throughout the year | Spring 2015 | Maine CDC, NAMI Maine | <u>Outcome:</u> Gatekeeper trainings held | <u>Measure:</u> # of trainings offered # of persons trained | 5 trainings 138 participants | 8 trainings 182 participants | 5 trainings 74 participants |
| Create 2 hour awareness video that will be made available on the NAMI, Maine website or on a video/ flash drive to train school personnel. | Ongoing | Maine CDC, NAMI Maine | <u>Outcome:</u> Awareness video developed and made available to school personnel | <u>Measure:</u> # of trainings offered # of persons trained | http://www.maine.gov/dae/calendarr/ http://www.namimaine.org/?page=LD609ToolkitVideo | not applicable - completed quarter 2 | not applicable - completed quarter 2 |
| Provide train-the-trainer at various locations around the state, throughout the year. | Spring 2015 | Maine CDC, NAMI Maine | <u>Outcome:</u> Train-the-Trainer trainings held | <u>Measure:</u> # of trainings offered # of persons trained | 3 trainings 45 participants | 4 trainings 96 participants | 3 trainings 22 participants |
| Assist school districts in protocol development | Ongoing | Maine CDC, NAMI Maine | <u>Outcome:</u> schools assisted with protocol development | <u>Measure:</u> # of schools with protocols | 5 trainings 61 participants 8 school districts with protocols | 2 trainings 14 participants | 0 |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Objective 4: Access to Care | | | | | | | |
| Measure: Number of times screening billing codes appear in MaineCare. Data Sources: MaineCare billing data | | | | | MH First Aid is not billable | MH First Aid is not billable. | MH First Aid is not billable. |
| Strategy 4.1 | Develop a train-the-trainer program based on Substance Abuse and Mental Health Services Administration's (SAMHSA) Mental Health First Aid program. | | | | | | |
| Provide Adult Mental Health First Aid trainings statewide to include 10 specifically targeted by DHHS | Ongoing | NAMI Maine | <u>Outcome:</u> 80 trainings held | <u>Measure:</u> # of persons nationally certified | # Trainings held: 25 # Certified: 512 | # Training held: 15 # Certified: 273 | # Trainings Held: 22 # Certified 357 |
| Provide Youth Models of Mental Health First Aid trainings to entities around the state | Ongoing | NAMI Maine | <u>Outcome:</u> 3 trainings held | <u>Measure:</u> # of persons nationally certified | # Trainings held: 4 # Certified: 58 | # Training held: 11 # Certified: 159 | # Trainings Held: 22 # Certified 280 |
| Identify and reach out to primary care associations to provide the Mental Health First Aid training to their members | Fall 2014 (outreach) Spring 2015 (provide training) | SAMHS, NAMI Maine | <u>Outcome:</u> Trainings held | <u>Measure:</u> # of primary care practices that have had staff certified | # Trainings held: 3 (MHFA Adult) • Riverview Psychiatric Hospital (24 Certified) • Thayer Medical Center, Maine General, Augusta (16 Certified) • United Ambulance, CHMC, St. Mary's, Lewiston (21 Certified) Total # Certified: 61 | # Trainings held: 3 Redington Fairview Hospital 18 Participants (MHFA) Dorothea Dix Psychiatric Hospital 20 Participants (MHFA) CMHC & ST Mary's Hospitals 14 Participants (YMHFA) Total # Certified: 52 | # Trainings held: 3 Franklin Memorial Hospital Farmington (28 Participants certified) Mid Coast Hospital Brunswick (13 Participants certified) Maine General Hospital Augusta (15 Participants certified) |
| Overall status of progress in this strategy: | | | | | <input type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

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| Strategy 4.2 Promote public service announcements using messages already developed (bringchangetomind.org). | | | | | | | |
| Develop and implement media campaign to include radio PSAs and dissemination of RAC cards | Ongoing | SAMHS | <u>Outcome:</u> Development of media campaign and materials | <u>Measure:</u> Website hits # of RAC cards output Catchment area for radio ad; reach | SAMHS has created and disseminated wrap cards, and did radio spots for three months. | SAMHS has been continuing to distribute cards, created and distributed infographics on the 5 things people need to know about Mental Health, and radio spots. | SAMHS developed infographics on the 5 things to know about mental health campaign for college students and sent out to campuses state wide. These were disseminated to campus population via web pages, list-serves, posters, and twitter feeds. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 4.3 Engage physician practices in a learning collaborative to adopt NIATx (Network for Improvement of Addiction Treatment Services) principles that have been shown to consistently influence efforts to overcome barriers to process improvement. (http://www.niatx.net/Content/ContentPage.aspx?NID=131) | | | | | | | |
| Identify and reach out to primary care agencies that are willing to receive training and participate in the NIATx Learning Collaborative | 1/1/15 | SAMHS - Linda Frazier | <u>Outcome:</u> Nucleus of practices willing to engage in a collaborative to look at access | <u>Measure:</u> # of practices/agencies reached # of agencies willing to collaborate | Due to staffing changes we are needing to revisit this capacity. | Due to staffing changes we need to revisit this capacity and do not have it at this time. | Due to staffing changes we need to revisit this capacity and do not have it at this time. |
| Overall status of progress in this strategy: | | | | | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |
| Strategy 4.4 Explore resources to expand Telehealth to areas in Maine with few mental health resources. | | | | | | | |
| Identify providers already providing or have infrastructure to provide Telehealth services | 1/1/2015 | SAMHS- Linda Frazier | <u>Outcome:</u> Providers identified | <u>Measure:</u> List of providers and systems using Telehealth | No progress | No progress | No progress |
| Reach out to Maine Association of Psychiatric Physicians to learn more about their grant to provide psychiatric consultation to rural primary care practices (Jeff Barkin/David Moltz) | 1/1/2015 | SAMHS- Linda Frazier | <u>Outcome:</u> Meet with or have conversations regarding this opportunity | <u>Measure:</u> Summary of this opportunity and the # of former/current grantees | No progress | No progress | No further progress |
| Assess and map infrastructure needs in Washington County (This could possibly be a template for others to use) | Ongoing | Washington County & One Community (Eleody Libby) | <u>Outcome:</u> Infrastructure needs for stationary telehealth units identified | <u>Measure:</u> 90% of telehealth units assessed | Work in progress | Work being conducted with Axiom, Downeast Community Hospital, researching use of Zoom, cloud based technology that is HIPPA Compliant for telehealth. | No progress |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Strategy 4.5 Explore resources for education for primary care providers to reduce stigma-related barriers to care via the SIM grant and behavioral health home training initiative. | | | | | | | |
| Work to reduce stigma-related barriers to integrated care for people with serious mental illness (SMI) and children with serious emotional disorders (SED) by promoting cross-training and collaboration through the Behavioral Health Home Learning Collaborative (BHHLIC) | 4/1/2015 | Quality Counts | <u>Outcome:</u> Enhanced access and improved health outcomes for people with SMI and SED | <u>Measure:</u> # of partnership opportunities offered through: Webinars Learning Sessions Warm handoffs from quality improvement specialists and BHH staff at Maine Quality Counts | 12 Practices Consulted; 7 Trainings Conducted; 50 primary care and 94 other staff attendees. Online Screen Tool Kit and Bill Codes. | Completed. | Completed. |
| Share best practices on integrated care (Tri-County Mental Health), possibly present at provider conferences (i.e.; MPCA, MMA, MHMC) | Fall 2014 | Tri-County Mental Health Services – Deanne Ochoa-Durrell, Melissa Tremblay, Catherine Ryder | <u>Outcome:</u> Increased number of primary care practices who understand how to embed behavioral health clinicians in their practices to provide integrated services | <u>Measure:</u> # of trainings delivered # of practices with embedded clinicians | Developed an Integrated Primary Care Tool kit at: http://tcmhs.org/pages/integrated-primary-care.php Work in Progress. | Completed. | Completed. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

SHIP Implementation Plan: Tobacco Use

Progress Report

| | | | | | QUARTER 1 | QUARTER 2 | QUARTER 3 |
|---|----------|-------------------|--|--|--|--|--|
| | | | | | Oct 2014-Dec 2014 | Jan 2015-Mar 2015 | Apr 2015-Jun 2015 |
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Objective 1: Treatment | | | | | | | |
| Measure: Number of referrals to Maine Tobacco Help Line (MTHL); # of MTHL callers; # of Maine Certified Tobacco Treatment Specialists; # of providers trained. Data sources: | | | | | 3333/44/45 | 3732/41/64 | 3716/48/560 |
| Strategy 1.1 Promote Maine CDC Partnership for a Tobacco-Free Maine (PTM) clinical outreach sessions to increase brief tobacco interventions in clinical settings. | | | | | | | |
| Identify clinical sites to deliver clinical outreach sessions | Ongoing | CTI, PTM | <u>Outcome:</u> delivery of sessions to sites | <u>Measure:</u> # of sessions delivered (aggregate) # of sites that participated | 32 sessions 29 sites | 57 sessions 57 sites | 59 sessions 59 sites |
| Engage organizations who will promote CTI clinical outreach sessions | Ongoing | CTI | <u>Outcome:</u> delivery of sessions to sites | <u>Measure:</u> # of organizations engaged | 53 | 108 | 216 |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 1.2 Promote Maine CDC PTM Basic Skills Training to increase brief tobacco interventions in clinical settings. | | | | | | | |
| Identify healthcare workers and other potential participants to attend PTM's Tobacco Intervention: Basic Skills Trainings. | Ongoing | CTI | <u>Outcome:</u> delivery of trainings | <u>Measure:</u> # of trainings delivered (aggregate) # of participants attended | 3 trainings 29 people | 2 trainings 66 people | 3 trainings 98 people |
| Engage organizations who will promote PTM's Tobacco Intervention: Basic Skills Trainings. | Ongoing | CTI | <u>Outcome:</u> delivery of trainings | <u>Measure:</u> # of organizations engaged | progress not reported | progress not reported | progress not reported |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 1.3 Promote Intensive Tobacco Cessation Training | | | | | | | |
| Identify potential participants to attend the PTM Tobacco Intervention: Intensive Skills Trainings and the Tobacco Treatment Conference | Ongoing | CTI | <u>Outcome:</u> delivery of trainings and conference | <u>Measure:</u> # of trainings delivered (aggregate) conference delivered # of participants attended each | 1 training 15 people | 0 trainings 0 people | 2 trainings 122 people |
| Engage organizations who will promote PTM Tobacco Intervention: Intensive Skills Trainings and the Tobacco Treatment Conference | Ongoing | CTI | <u>Outcome:</u> delivery of trainings and conference | <u>Measure:</u> # of organizations engaged | data not reported | data not reported | data not reported |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

| Objective 2: Policy and Environmental Change | | | | | | | | |
|--|---------|--|--|---|--|--|--|---------------------|
| Measure: Number of new laws, ordinances and policies; # of organizations and communities with smoke-free tobacco or tobacco-free policies. Data Source: Maine CDC HMP Evaluation | | | | | | 1 new law (LD 386) | N/A | 1 new law (LD 1108) |
| Strategy 2.1 | | Increase the number of organizations and local communities that have voluntarily adopted smoke-free or tobacco-free policies and maintain current strong protections from secondhand smoke under Maine law. | | | | | | |
| Engage municipalities around smoke free settings, which may include education on: • current Maine law on secondhand smoke/ smoke free/tobacco free policies • what is best practice for adopting/revising/enforcing smoke and tobacco free policies | Ongoing | HMP | <u>Outcome:</u> policies implemented/revised by municipalities re: smoke free/ tobacco free policies | <u>Measure:</u> # new policies implemented | 15 (FY14) | No new data | No new data | |
| Engage worksites on smoke free environments around smoke free settings, which may include education on: • current Maine law on secondhand smoke/ smoke free/tobacco free policies • what is best practice for adopting/revising/enforcing smoke and tobacco free policies | Ongoing | HMP | <u>Outcome:</u> policies implemented/revised by worksites re: smoke free/ tobacco free policies | <u>Measure:</u> # new policies implemented | 12 (FY14) | No new data | No new data | |
| Engage other organizations, which might include public schools on smoke free settings, which may include education on: • current Maine law on secondhand smoke/ smoke free/tobacco free policies • what is best practice for adopting/revising/enforcing smoke and tobacco free policies | Ongoing | PTM, HMP, Breathe Easy Coalition, Maine Youth Action Network | <u>Outcome:</u> policies implemented/revised by organization re: smoke free/ tobacco free policies | <u>Measure:</u> # new policies implemented # revised policies | 9 (FY14) | No new data | No new data | |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | |
| Objective 3: Second Hand Smoke | | | | | | | | |
| Measure: Percentage of children and adults exposed to environmental tobacco smoke in the home | | | | | | | | Not available |
| Strategy 3.1 | | Implement a statewide public awareness campaign about environmental tobacco smoke exposure and the effects on children in the home. | | | | | | |
| In 3rd quarter of FY15, identify whether this strategy is in alignment with PTM's communications and education plan as well as overall FY16 work plan. | Apr-15 | PTM | <u>Outcome:</u> inclusion in FY16 work plan | <u>Measure:</u> inclusion in FY16 work plan (yes/no) | not applicable | No | No | |
| Overall status of progress in this strategy: | | | | | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | |
| Strategy 3.2 | | Work with partners to increase the number of families who have rules against smoking in their home by adopting the smoke-free homes pledge. | | | | | | |
| Work with partners (i.e.; childcare providers) to encourage families to implement smoke free homes pledge. | Ongoing | Breathe Easy Coalition (BEC), HMP, PTM | <u>Outcome:</u> Partners reached with messages to encourage families to take the pledge | <u>Measure:</u> # families who have taken the pledge | 26 | 84 | 103 | |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | |
| Strategy 3.3 | | Work with partners to increase the number of landlords and property managers of subsidized housing, such as those accepting Section 8 vouchers, that have adopted smoke-free policies. | | | | | | |
| Provide targeted outreach to landlords, managers and owners of subsidized housing. | Ongoing | HMP, BEC | <u>Outcome:</u> Subsidized property owners/ managers received outreach | <u>Measure:</u> # outreach contacts delivered | 9 | 34 | 31 | |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | |

| | | | | | | | |
|--|----------------------|--|--|---|--|--|--|
| Strategy 3.4 | | Train child care and head start staff on messaging about the dangers of environmental tobacco smoke exposure and tobacco treatment resources available through the Maine Helpers' Training Program. | | | | | |
| Continue to make available webinar and pertinent resources for child care providers on Breathe Easy Coalition (BEC) website at: Breatheasymaine.org/childcare | Ongoing | BEC | <u>Outcome:</u> childcare providers receive information and training on smoke exposure, tobacco treatment | <u>Measure:</u> # BEC webinar views # downloads of childcare toolkit from BEC website | 18 views 19 downloads | 8 views 12 downloads | 4 views 2 downloads |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Objective 4: Disparities | | | | | | | |
| Measure: Number of clinical outreach engagements to Federally Qualified Health Centers, Indian Health Centers, behavioral health agencies, OB-GYN providers, identified providers to LGBT persons; # of comprehensive tobacco free policies among behavioral health provider agencies and organizations Data Sources: PTM Clinical Outreach Program reports; Breathe Easy Coalition | | | | | 17/N/A | 13/N/A | 8/N/A |
| Strategy 4.1 | | Promote clinical outreach and attendance at Maine CDC PTM basic skills training among providers that currently serve populations with health disparities. These partner organizations include Federally Qualified Health Centers, Indian Health Centers, behavioral health agencies, OB-GYN providers, and providers to Lesbian, Gay, Bi-sexual, Transgender (LGBT) individuals that currently serve populations with health disparities. These populations include: individuals with a behavioral health diagnosis, LGBT individuals, refugees and immigrants, pregnant women insured through MaineCare, Native Americans, and low socio-economic populations. | | | | | |
| Identify clinical sites to deliver clinical outreach sessions, and/or promote training to providers that care for populations with health disparities • OB/GYNs • FQHCs • Behavioral Health agencies • Indian Health Centers • Sites that primarily serve LGBT population specifically | Delivery is On-going | PTM, CTI | <u>Outcome:</u> Clinical sites caring for populations in the 5 listed categories receive clinical outreach | <u>Measure:</u> # of clinical outreach sessions delivered to providers in the 5 listed categories | 17 | 13 | 8 |
| Identify partners that can help promote PTM tobacco intervention trainings and conference to providers that care for populations with health disparities • OB/GYNs • FQHCs • Behavioral Health agencies • Indian Health Centers • Sites that primarily serve LGBT population specifically | Ongoing | Project Integrate, PTM | <u>Outcome:</u> Partners are currently promoting PTM trainings | <u>Measure:</u> # of partners identified | progress not reported | progress not reported | progress not reported |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |
| Strategy 4.2 | | Promote the development of comprehensive tobacco-free policies for all provider sites: refer to Breathe Easy Coalition standards. | | | | | |
| Promote the adoption of comprehensive, best practice tobacco policies for health care and behavioral health settings | Ongoing | BEC | <u>Outcome:</u> Increased tobacco policy change in behavioral health and health care settings | <u>Measure:</u> # of tobacco-free hospitals and behavioral health sites | 31 Hospitals | not applicable - completed in quarter 2 | not applicable - completed in quarter 2 |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |

| | | | | | | | | |
|--|---------|--|--|---|--|--|--|--|
| Strategy 4.3 | | Promote electronic communication such as websites, listserves, Twitter, Facebook and newsletters that are specific to the population such as Project Integrate for Behavioral Health populations. | | | | | | |
| In 3rd Quarter of FY15, identify whether this strategy is in alignment with PTM's communications and education plan as well as overall FY16 work plan | Apr-15 | PTM | <u>Outcome:</u> Inclusion in FY16 Workplan | <u>Measure:</u> Inclusion in FY16 Workplan | not applicable | progress not reported | progress not reported | |
| Overall status of progress in this strategy: | | | | | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | |
| Strategy 4.4 | | Promote the Maine Helpers trainings to organizations that currently serve populations with health disparities. | | | | | | |
| Develop plan for the revision and, if appropriate, implementation of the Helpers and Confident Conversations trainings | Ongoing | PTM, CTI | <u>Outcome:</u> Revision plan developed | <u>Measure:</u> TBD | progress not reported | progress not reported | progress not reported | |
| Overall status of progress in this strategy: | | | | | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | |
| Objective 5: Youth | | | | | | | | |
| Measure: Number of organizations that work with Maine Youth Action Network (MYAN), # of Drug-Free Community Coalitions that integrate tobacco prevention into their substance abuse prevention efforts. Data Sources: MYAN, SAMHS | | | | | 6 | 6 | 6 | |
| Strategy 5.1 | | Support organizations that provide leadership training to youth around tobacco cessation. | | | | | | |
| Train and provide resources and tech support and resources to adults who can provide education, and leadership training to youth | Ongoing | PTM, MYAN, HMPs | <u>Outcome:</u> increased awareness of tobacco, increased awareness of how youth can engage in tobacco awareness building projects | <u>Measure:</u> # of trainings # of Youth Leadership Summits # of completed tobacco awareness projects | 59 trainings 1 Summit 17 projects | 8 trainings 0 Summit 11 projects | 13 trainings 0 Summit 4 projects | |
| Train and provide resources and tech support and resources to youth who can create awareness among their peers | Ongoing | MYAN, HMPs | <u>Outcome:</u> increased awareness of tobacco, increased awareness of how youth can engage in tobacco awareness building projects | <u>Measure:</u> # of trainings # of Youth Leadership Summits # of completed tobacco awareness projects | 59 trainings 1 Summit 17 projects | 8 trainings 0 Summit 11 projects | 13 trainings 0 Summit 4 projects | |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | |
| Strategy 5.2 | | Implement evidence-based tobacco prevention curricula in schools. | | | | | | |
| Monitor developments in evidence-based strategies | Ongoing | Maine CDC - PTM | <u>Outcome:</u> use evidence-based prevention strategies in schools | <u>Measure:</u> # of school-based curricula added to US CDC recommended list of strategies | 0 | 0 | 0 | |
| Overall status of progress in this strategy: | | | | | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | |

| Strategy 5.3 | | Engage youth in supporting the development and implementation of evidence-based tobacco prevention policy changes. | | | | | | |
|--|---------|--|---|---|--|--|--|--|
| Train and provide resources and tech support to adults who can engage youth in policy change efforts | Ongoing | MYAN, HMPs | <u>Outcome:</u> increased awareness of how youth can engage in tobacco policy change projects | <u>Measure:</u> # of trainings # of Youth Leadership Summits # of completed tobacco policy change projects | 59 trainings 1 Summit 17 projects | 8 trainings 0 Summit 11 projects | 13 trainings 0 Summit 4 projects | |
| Train and provide resources and tech support to youth who can engage in policy change efforts | Ongoing | MYAN, HMPs | <u>Outcome:</u> increased awareness of how youth can engage in tobacco policy change projects | <u>Measure:</u> # of trainings # of Youth Leadership Summits # of completed tobacco policy change projects | 59 trainings 1 Summit 17 projects | 8 trainings 0 Summit 11 projects | 13 trainings 0 Summit 4 projects | |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | |

SHIP Implementation Plan: Inform, Educate and Empower the Public

Progress Report

| | | | | | QUARTER 2 Oct 2014-Dec 2014 | QUARTER 3 Jan 2015-Mar 2015 | QUARTER 4 Apr 2015-Jun 2015 |
|--|--|--|---|---|--|---|--|
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Objective 1: Message Delivery System | | | | | | | |
| Measure: Number of identified policies and procedures, channels and evaluation processes. Data Source: Maine CDC administration | | | | | | | |
| Strategy 1.1 | Map the public health information, health education and health promotion delivery system to identify and address gaps including message accessibility. | | | | | | |
| Convene 2 nd face-to-face meeting of SHIP Educate Implementation Team to review approved implementation plan, incorporate additional members, complete team formation tasks, e.g., SOW, roles, roles, data, schedule, communications, orientation manual. | Fall 2014 | Strategies 1.1-1.4 Maine CDC - OHE | <u>Outcome:</u> Team charters for all 3 groups. Establishes ongoing communication methods | <u>Measure:</u> Charters developed | not started | internal OHE deliberations on workplan & team membership explored. Workplan template redesigned. [new] CLAS Coordinator engaged. Teams not yet convened, thus no team charters. | Staff from all MCDC Divisions selected by SMT; assigned to MCDC Communications Systems Team; MCDC CIO attends. Team convened, calendar of activities for Objective 1 developed with workplan revisions process. Separate Consortium for Objective 2 concept temporarily deferred during agency changes. External stakeholders to be invited. |
| Establish Maine CDC Communications Systems Team to address deliverables identified in Objective 1. | | | | | | | |
| Establish Health Equity Communications Consortium to meet the deliverables in Objective 2. | | | | | | | |
| Hold a training for Maine CDC senior staff and selected staff on strategic communications planning for state public health departments conducted by the Public Health Foundation. | Winter 2015 | Maine CDC - OHE | <u>Outcome:</u> Maine CDC senior staff and communications staff have a shared understanding of communications | <u>Measure:</u> 100% training slots filled and evaluations returned | training completed. 15 cross division Maine CDC staff with roles related to communications + DHHS CIO. | no further follow up. | DHHS CIO now assigned PT to address MCDC public health communications |
| Develop, plan, and implement a Maine CDC Internal Environmental Scan/Inventory of communication policies/ procedures and channels for distribution and existing quality assurance/ evaluation processes. | Spring 2015 | Maine CDC - Chris Lyman, Al May, Melissa Fochesato, others as identified | <u>Outcome:</u> Internal environmental scan complete <input type="checkbox"/> | <u>Measure:</u> Categories of data needed identified and compiled <input checked="" type="checkbox"/> | not started | not started. | Timeline for environmental scan adjusted by team in collaborate with CIO, J. Martins |
| Obtain existing data on internet/ access for Mainers. | Spring 2015 | Maine CDC - Chris Lyman, State Library – Linda Lord | <u>Outcome:</u> Scan/ Inventory completed | <u>Measure:</u> Findings identified and compiled | not started | not started | deferred until Environmental Scan report completed, as supporting data. |
| Develop strengths/ gaps report of environmental scan/ inventory findings. | Spring 2015 | Maine CDC - Chris Lyman, Al May, John Spier, HMP - Melissa Fochesato , others as identified | <u>Outcome:</u> Draft report and recommendations completed | <u>Measure:</u> Maine CDC SMT receives draft report for review | not started | not started | to be completed by June 2016 if not sooner, with key external stakeholder inputs |
| Year 1 Progress Review Summary and Year 2 Objective 1 Action Plan pre-planning for Year 2 action plan based on final approvals. | Summer 2015 | Maine CDC – OHE | <u>Outcome:</u> Ready for Year 2 | <u>Measure:</u> Written plan for next steps finalized | not started | start scheduled for summer | process plan for summer revisions developed, implemented |
| Overall status of progress in this strategy: | | | | | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track |
| Strategy 1.2 | Develop a customer usage survey to understand and improve the reach of current messaging delivery system to identify accessibility, understanding and applicability. The survey is intended to be used by Maine CDC, HMPs, hospital systems, FQHCs, Tribal Health Departments and others. | | | | | | |
| Project team established to develop a Customer Reach/Use/Usability Survey | Fall 2014 | Maine CDC – Chris Lyman, Karyn Butts, HMP – Dana Leeper, City of Portland – Kalawole Bankole, and others as identified | <u>Outcome:</u> Clarification of charge and team charter with a clear scope of work and roles defined | <u>Measure:</u> Written charter completed | not started | no team convened. | MCDC Communication Systems Team [MCST] established to address Objective 1 strategies. |

| | | | | | QUARTER 2 Oct 2014-Dec 2014 | QUARTER 3 Jan 2015-Mar 2015 | QUARTER 4 Apr 2015-Jun 2015 |
|--|-------------|--|--|---|--------------------------------|---|---|
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Conduct environmental scan of current Maine CDC surveys and surveillance systems and evaluations for questions related to communication. Conduct research on best practices in survey design to meet the purpose of the survey and identify audiences. | Winter 2015 | Maine CDC – Chris Lyman, Karyn Butts, HMP – Dana Leeper, City of Portland – Kalawole Bankole, and others as identified | <u>Outcome:</u> Environmental scan compiled and survey audiences defined | <u>Measure:</u> Scan completed Survey audience list compiled | not started | Not started. | MCST queries feasibility/intent/metrics for this strategy given current MCDC Customer Service Satisfaction data collection plans. Revision planned. |
| Develop and pilot survey | Spring 2015 | Maine CDC – Chris Lyman, Karyn Butts, HMP – Dana Leeper, City of Portland – Kalawole Bankole, and others as identified | <u>Outcome:</u> Survey developed | <u>Measure:</u> Pilot implemented yes/no | not started | not started | deferred until more data obtained and potential revisions discussed. |
| Overall status of progress in this strategy: | | | | | on track off track | on track off track | on track off track |
| Strategy 1.3 Convene quarterly Maine CDC meetings for health educators and other health education staff for knowledge sharing and <input type="checkbox"/> bill building on public health communication. <input checked="" type="checkbox"/> | | | | | | | |
| Inventory Maine CDCs internal health educators and health communications in all categories of roles/practice. | Fall 2014 | Maine CDC - Chris Lyman, John Spier, David Pied, Karyn Butts, Tara Thomas, others as identified | <u>Outcome:</u> Complete inventory of health educators and health communications | <u>Measure:</u> Completed list of Maine CDC staff | not started | list of proposed team members (with justifications) submitted for Admin approval. | Maine CDC Communications Systems Team [MCST] established in lieu of establishing a separate group. |
| Convene first Maine CDC Public Health Educators Meeting and develop team charter. | Fall 2014 | Maine CDC - Chris Lyman, John Spier, David Pied, Karyn Butts, Tara Thomas, others as identified | <u>Outcome:</u> Group convened, list refined, members updated on competencies | <u>Measure:</u> # of participants | not started | not started | Purpose and intent of this strategy to be revised, replaced or dropped after review. |
| Convene 2 nd Maine CDC Public Health Educators meeting. Group leadership and roles clarified. Consider opening group to external health communications experts. | Winter 2015 | Maine CDC - Chris Lyman, John Spier, David Pied, Karyn Butts, Tara Thomas, others as identified | <u>Outcome:</u> Group develops shared purpose | <u>Measure:</u> Team charter completed | not started | not started | see above. MCST will review resource issues, links to external health education/health promotion stakeholders during review. |
| Convene 3 rd Maine CDC Public Health Educators meeting. Propose a skills self-assessment for members. Updates: activities, resources, tools, learning opportunities; meeting evaluation. | Spring 2015 | Maine CDC - Chris Lyman, Jessica Loney, John Spier, David Pied, Karyn Butts, Tara Thomas, others as identified | <u>Outcome:</u> Self-assessment findings drive learning plan development <input checked="" type="checkbox"/> | <u>Measure:</u> Self-assessment completed <input checked="" type="checkbox"/> | not started | not started | see above. MCST will review original purpose of this group vis a vis MCDC staff workforce competencies development opportunities. |
| Convene 4 th Maine CDC Public Health Educators meeting. Report on self-assessment results. Updates: activities, resources, tools, learning opportunities; meeting evaluation. | Summer 2015 | Maine CDC - Chris Lyman, John Spier, David Pied, Karyn Butts, Tara Thomas, others as identified | <u>Outcome:</u> Draft learning objectives and draft exploratory workforce development plan. | <u>Measure:</u> Learning objectives and workforce development plan completed yes/no | not started | not started | if this strategy remains and/or revised, planned activities will occur next year. |
| Overall status of progress in this strategy: | | | | | on track off track | on track off track | on track off track |
| Strategy 1.4 Develop a Memorandum of Understanding between DCCs and partner organizations for dissemination of Maine CDC health messages. | | | | | | | |
| District Communications Project Team – Review all DCC membership agreements and bylaws, including HMP contracts, to identify expectations related to communications and dissemination of Maine CDC messages. Clarify if all DCCs require signed MOUs of members. | Fall 2014 | Maine CDC – Chris Lyman, Al May Tribal Representative, others as identified | <u>Outcome:</u> All documents reviewed | <u>Measure:</u> Review findings documented | not started | not started | MSCT will review purpose, intent, metrics of this strategy for revision or elimination. |

| | | | | | QUARTER 2 Oct 2014-Dec 2014 | QUARTER 3 Jan 2015-Mar 2015 | QUARTER 4 Apr 2015-Jun 2015 |
|--|--------------|--|---|---|--|--|---|
| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Convene 2 nd meeting of District Communications Project – Based on findings, identify barriers and root causes to disseminating Maine CDC communications which all DCCs share, including Tribal DCCs. | Winter 2015 | Maine CDC – Chris Lyman, Al May, Tribal Representative, others as identified | <u>Outcome:</u> Written QI Project Plan <input type="checkbox"/> | <u>Measure:</u> QI Plan completed <input type="checkbox"/> | not started | not started | Environmental Scan Strategy will provide key data re vertical (state-local) internal communications. |
| Convene 3 rd meeting of District Communications Project – Develop an intervention proposal to address at least one of the shared barriers and a pilot plan for it, and send to SMT for approval. | Spring 2015 | Maine CDC – Chris Lyman, Al May, Tribal Representative, others as identified | <u>Outcome:</u> Intervention proposal developed | <u>Measure:</u> Proposal developed and submitted to SMT for approval | not started | not started | Environmental Scan Strategy will provide key data re vertical (state-local) internal communications. |
| Convene 4 th meeting of District Communications Project – Evaluate the intervention and identify next steps for statewide dissemination. | Summer 2015 | Maine CDC – Chris Lyman, Al May, Tribal Representative, others as identified | <u>Outcome:</u> Results identified and implementation options clarified | <u>Measure:</u> Implementation ready for statewide dissemination yes/no | not started | not started | Environmental Scan Strategy will provide key data re vertical (state-local) internal communications. |
| Convene 5 th meeting of District Communications Project – Develop a statewide evaluation plan for the intervention across all DCCs. | September-15 | Maine CDC – OHE | <u>Outcome:</u> Evaluation plan developed | <u>Measure:</u> Evaluation plan completed | not started | not started | Environmental Scan Strategy will provide key data. MCST will address resource issues for evaluation of any interventions. |
| Overall status of progress in this strategy: | | | | | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track | <input type="checkbox"/> on track <input checked="" type="checkbox"/> off track |

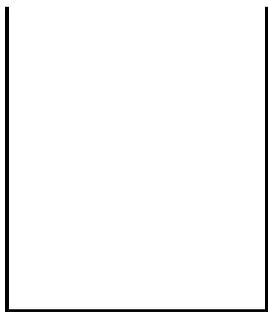
Objective 2: Cross-cultural, plain language communication

Measure: Number of cross-cultural, plain language documents available on Maine CDC website, # of organizations represented in consortium, documentation of statewide dissemination plan. Data Source: Maine CDC Office of Health Equity.

| Strategy 2.1 Identify and convene stakeholders from different public and private sectors who are willing to collaborate on developing and sharing plain language resources that are appropriate across different cultures within Maine. | | | | | | | |
|---|-------------|---|---|---|---|---|--|
| Convene a Health Equity Communications Consortium of public/private membership from state and local levels. Build from invited SHIP Educate Implementation Team membership. | Fall 2014 | Strategies 2.1 – 2.4 Maine CDC – Chris Lyman, David Pied, Jane Coolidge, Gail Senese, Karyn Butts, Tribal District Representative, UNE – Sue Stableford, DHHS – Catherine Yomoah, City of Portland - Kalawole Bankole, HMPs – Dana Leeper, Melissa Focheschato, State Library – Linda Lord | <u>Outcome:</u> Official Consortium convened and defined based on SHIP guidelines | <u>Measure:</u> Meeting held, # of participants | OHE CLAS Coordinator began inventory. Position vacated for 1 month. No consortium convened. | no consortium members identified or convened. CLAS Coordinator position filled. | CLAS Coordinator provided OHE technical assistance on health communications access internally & externally with stakeholders. Contract position ends this summer. |
| Inventory sources of content expertise in health literacy, plain language and language translation and training on CLAS standards. | | | | | | | |
| Internal and external member activity updates. Establish a team charter, including how the group will communicate over time. | | | | | | | |
| Convene 2nd meeting of Health Equity Communications Consortium – Member participation in design of environmental scan and customer survey projects. Members update activities, opportunities for collaboration re: health literacy, plain language and language translation and training on CLAS standards. | Winter 2015 | Maine CDC – OHE | <u>Outcome:</u> Consortium convenes | <u>Measure:</u> Meeting held, # of participants | Staff | Consortium not convened. OHE CLAS Coordinator establishes relationships w/individual stakeholders, strengthens CLAS workplan. | Existing Workgroup members interested in Objective 2 to be invited for Strategy revision & workplan development. |
| Convene 3rd meeting/conference call/Adobe Connect meeting of Health Equity Communications Consortium – Identify key resources and opportunities for leveraging resources to support health literacy, plain language and language translation and training on CLAS standards activities. | Spring 2015 | Maine CDC – OHE | <u>Outcome:</u> Consortium convenes | <u>Measure:</u> Meeting held, # of participants | not started | CLAS Coordinator reviews existing CLAS related resources, activities | CLAS Coordinator continued to explore resource opportunities to address language access and health communications, reviewing MA Dept. of Health's framework to address CLAS. |
| Overall status of progress in this strategy: | | | | | on track off track | on track off track | on track off track |
| Strategy 2.2 The Maine CDC will develop procedures for development and review of plain-language and culturally and linguistically appropriate communications. | | | | | | | |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| <p>Review best practices in policies/stand operating procedures for design, production, funding and evaluation of non-urgent/urgent communications in terms of plain language and culturally and linguistically appropriate communications and materials.</p> <p>Review categories of resources for potential training and engagement to address development, production and review of existing and future written and visual products.</p> | Winter 2015 | Maine CDC – OHE, David Pied, Gail Senese, Karyn Butts, Chris Lyman, UNE – Sue Stableford, DHHS – Catherine Yomoah, Tribal District Representative, City of Portland - Kalawole Bankole, HMPs – Dana Leeper, Melissa Focheschato | <u>Outcome:</u> Consortium members have a shared understanding of the options for developing a sustainable infrastructure and SOPs for health communications | <u>Measure:</u> List of resources consulted and meeting minutes | OHE CLAS Coordinator proposes product delivery system. No consortium yet convened. | no workgroup team convened. new CLAS Coordinator reviewed best practices, status of DHHS Language Access Policy under development, and resources. | CLAS Coordinator identified recommendations on needed MCDC SOPs. Timing of OHE & MCDC strategic organizational changes creating resource challenges for forward progress on this strategy. Environmental Scan findings from Objective 1 may contribute data. |
| <p>Identify options for threshold population language translation formulas for population health and personal care services. Explore options for a Maine CDC-linked system of review or production, building on lessons learned from Maine CDC programs.</p> <p>Roles of state offices with a similar function, state contractors, and external stakeholders inventoried, and how Maine CDC contractors and core agency partners address the issues.</p> | Spring 2015 | Maine CDC – OHE, David Pied, Gail Senese, Karyn Butts, Chris Lyman, UNE – Sue Stableford, DHHS – Catherine Yomoah, Tribal District Representative, City of Portland - Kalawole Bankole, HMPs – Dana Leeper, Melissa Focheschato | <u>Outcome:</u> Shared knowledge among Consortium members | <u>Measure:</u> # people participating in reviews and inventories | CLAS Coordinator continues to inventory potential resources. Communicates with language access stakeholders at state/local levels. | CLAS Coordinator working w/Health Literacy contractor & OHE staff to develop proposals for OHE TA system for screening/TA of MCDC materials for Plain Language on request. | CLAS Coordinator drafted recommendations for a sustainable system for a OHE TA system, working with OHE's Special Projects Coordinator. |
| <p>Training on Health Literacy 101, Strategic Communication Planning, and related communications topics offered as resources permit.</p> | Fall 2014 - Summer 2015 | Maine CDC - OHE UNE – Sue Stableford, Others as identified | <u>Outcome:</u> Consortium convenes | <u>Measure:</u> Meeting held, # of participants | 2 Health Literacy trainings for MCDC/DHHS staff provided. At end of Dec, ~60 people attended OHE health literacy trainings | CLAS coordinator offered cultural competence/health literacy training. 10 participants. | OHE planned/provided a total of 22 hours of training and/or coaching on Plain Language and Cross Cultural communication to N=26 diverse staff. Sponsored a content expert at Minority Health conference on these topics (~175 participants). Maine Health staff provided a total of 22 hrs of training on CLAS, Plain Language and Implicit Bias for 9 different provider groups and 2 medical students across Southern Maine. |
| Overall status of progress in this strategy: | | | | | <input checked="" type="checkbox"/> on track <input type="checkbox"/> off track | on track off track | on track off track |
| Strategy 2.3 Identify and/or create measures to determine who is accessing cross-cultural, plain language materials and how. | | | | | | | |
| <p>Consortium lists methods for surveillance and evaluation methods to see who is accessing plain language and linguistically appropriate health communication materials, and from where, and on what, based on potential production system choices.</p> | Spring 2015 | Maine CDC - OHE, Consortium members | <u>Outcome:</u> List of options generated in document | <u>Measure:</u> Meeting minutes | not started. OHE CLAS Coordinator explored best practices. | no workgroup team convened yet. | CLAS Coordinator drafted recommendations for next steps before her departure. OHE established a self-service monitoring system on H:drive to inventory and catalogue MCDC sponsored translated materials. |
| <p>Proposal options listed for monitoring and evaluation of system performance, may include state, district programs and contractors delivering direct services.</p> | Summer 2015 | Maine CDC – Chris Lyman, John Spier, others as identified | <u>Outcome:</u> Maine CDC staff trained on health literacy | <u>Measure:</u> # people trained, # trainings held | not started | none required yet. [Metric may not be a good fit]. | OHE explored opportunities within DHHS for developing evaluation of system performance |
| Overall status of progress in this strategy: | | | | | on track off track | on track off track | on track off track |
| Strategy 2.4 Develop a statewide process for dissemination of cross-cultural, plain language resources. | | | | | | | |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| <p>Consortium reviews work to date on Objective 1 and Objective 2. Draft system infrastructure and management options for dissemination of Maine CDC approved for disseminating health communications materials.</p> <p>Set criteria for which materials should be translated first. Maine CDC staff will explore potential use of the Maine CDC website and use of Maine CDCs social media platforms.</p> | Spring 2015 | Maine CDC – Chris Lyman, John Spier, Tribal representative, et al | <u>Outcome:</u> Consortium review conducted | <u>Measure:</u> Meeting minutes | early exploration | communication with Office of Multicultural Affairs on DHHS language translation services, policies, and resources | Planning & dialogue ongoing with Office of Multicultural Affairs re DHHS language translation services, policies, resources. Initial focus on MCDC needs/issues versus that of external stakeholders. |
| Develop a decision-making process and draft a proposal with several options and alternative associated costs (materials, personnel, maintenance) for review by SHIP administrators and the Maine CDC senior administration. | Summer 2015 | Maine CDC – Chris Lyman, John Spier, Tribal representative | <u>Outcome:</u> Draft report ready for SMT | <u>Measure:</u> Meeting minutes | not started | scheduled for this summer | report deferred until Workgroup team on Objective 2 developed with a team charter & revised Strategies. |
| Overall status of progress in this strategy: | | | | | on track off track | on track off track | on track off track |



SHIP Implementation Plan: Mobilize Community Partnerships

Progress Report

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Objective 1: Local coalitions and health departments will identify gaps in representation and recruit to ensure all target populations are being adequately represented in our efforts. | | | | | | | |
| Measure: Number of individuals mobilized at the local level, at the district level (DCC) and at the state level (SCC). Data Sources: HMP, DCC and SCC memberships. | | | | | | | |
| Measure: Number of sectors mobilized at the local level (coalition, health department boards, etc.), at the district level (DCC) and at the state level (SCC). Data Sources: HMP, DCC and SCC memberships. | | | | | | | |
| Strategy 1.1 Map the public health information, health education and health promotion delivery system to identify and address gaps including message accessibility. | | | | | | | |
| Implement HMP mid-course assessment of Board composition: Through KIT Solutions and primary data collection | 9/30/14 | Maine CDC - Andy Finch | <u>Outcome:</u> establish baseline of representation | <u>Measure:</u> # sectors represented on HMP Boards | 17 HMPs have at least 4 Sectors 6 HMPs have at least 3 Sectors 3 HMPs have at least 2 Sectors 1 HMP has 1 Sector | 17 HMPs have at least 4 Sectors 6 HMPs have at least 3 Sectors 3 HMPs have at least 2 Sectors 1 HMP has 1 Sector | 17 HMPs have at least 4 Sectors 6 HMPs have at least 3 Sectors 3 HMPs have at least 2 Sectors 1 HMP has 1 Sector |
| Establish Maine CDC Communications Systems Team to address deliverables identified in Objective 1. | | | | | | | |
| Establish Health Equity Communications Consortium to meet the deliverables in Objective 2. | | | | | | | |
| Implement HMP mid-course assessment of populations with health disparity representation: Through KIT Solutions and primary data collection | Winter 2015 | Maine CDC - Andy Finch | <u>Outcome:</u> Gap Analysis report | <u>Measure:</u> % of HMPs within contract compliance | Midcourse assessment in planning stages | 96% of HMP are in contract compliance | 96% of HMP are in contract compliance |
| HMPs use data collected from assessments to address identified gaps in representation | 10/1/2014-6/30/2015 | Maine CDC - Andy Finch and HMPs | <u>Outcome:</u> 100% of HMPs that address gaps | <u>Measure:</u> actual % of HMPs gaps filled | Midcourse assessment in planning stages | Midcourse data is currently being processed. Feedback will be provided to HMPs following completion of data processing | no further data. |
| OHE to conduct an analysis of HMP reports on disparities related board representation; works with Andy Finch and HMPs to provide technical assistance in identifying and engaging disparate populations, including those HMPs whose service area abut Tribal reservations. | 9/15/2014 | Maine CDC OHE - Chris Lyman, Andy Finch and HMPs | <u>Outcome:</u> 100% of HMP Boards have representatives from disparate populations or those serving these populations | <u>Measure:</u> % of HMP Boards within contract compliance | Midcourse assessment in planning stages | Midcourse data is currently being processed. HMP will meet with OHE to develop plan following completion of data processing | OHE did not have the capacity to provide technical assistance, six webinars on health disparities provided to all HMPs, and recording posted on public wiki. Attendance ranges from 3 to 28 participants. |
| Scan and analyze projects/ groups Portland Public Health has led and/or partnered with, for compliance with its newly written policy on inclusion of disparate populations. | 6/30/2015 | Portland Public Health - Shane Gallagher | <u>Outcome:</u> Projects/ groups that comply with policy | <u>Measure:</u> List of projects with % compliance | Gathering list of current groups/projects to compare with current policy | 100% of 55 grants are compliant with Portland Public Health Policy | 100% of 55 grants are compliant with Portland Public Health Policy |
| Develop and implement a policy to ensure that disparate populations are represented on all Bangor Public Health and Community Services (BPHCS) boards and committees | 6/30/2015 | BPHCS - Patty Hamilton/Jamie Constock | <u>Outcome:</u> A policy is in place | <u>Measure:</u> # of policies | Waiting to hear back from Jamie Comstock. | Policy developed and in place | Completed, no monitoring in place |
| Overall status of progress in this strategy: | | | | | on track off track | on track off track | on track off track |
| Strategy 1.2 Each DCC will review representation annually, identify gaps in representation, and seek to fill those gaps. | | | | | | | |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Review DCC core sector list and compare to DCC representation list to ensure match/ compliance. OHE to provide technical assistance to DCCs in identifying and engaging disparate populations. | 1/1/2015 | DL/DCC Members | <input type="checkbox"/> <u>Outcome:</u> baseline | <input type="checkbox"/> <u>Measure:</u> report on list match/summary sheet | DLs in process of collecting DCC membership participation data by sectors. | DLs have collected the DCC membership data by sectors and it is compiled in an excel spreadsheet. | 2 DCCs have at least 22 Sectors 4 DCCs have at least 19 Sectors 6 DCCs have at least 18 Sectors 8 DCCs have at least 17 Sectors |
| Overall status of progress in this strategy: | | | | | on track off track | on track off track | on track off track |
| Strategy 1.3 The SCC will review representation annually, identify gaps and seek to fill those gaps. | | | | | | | |
| Review SCC By-law sector list and compare to SCC representation list to ensure match/ compliance. (Tribal included) | 1/1/2015 | SCC - Shawn Yardley | <input type="checkbox"/> <u>Outcome:</u> baseline | <input type="checkbox"/> <u>Measure:</u> report on list match/summary sheet | SCC has completed the review and have all membership requirements covered, have reviewed and updated by-laws, ensured DCCs have by-laws consistent with the SCC by-laws. | SCC discussed representation at last SCC meeting as there will be some membership changes due to roles and staffing changes. SCC will be cognizant of diversity. | New SCC members appointed, sectors not identified, meeting |
| Overall status of progress in this strategy: | | | | | on track off track | on track off track | on track off track |
| Objective 2: Increase awareness of public health to increase visibility and encourage engagement | | | | | | | |
| Measure: Number of times common messaging appears. Data source: annual audit or sample of local, district and state posters, websites, maine.gov, etc. | | | | | | | |
| Strategy 2.1 Identify and convene stakeholders from different public and private sectors who are willing to collaborate on developing a <input type="checkbox"/> sharing plain language <input type="checkbox"/> resources that are appropriate across different cultures within Maine. | | | | | | | |
| Assemble work group to identify best practices for common messaging that promotes awareness of the value of public health at the local, district and state levels. | 10/1/14 - 9/30/15 | Maine CDC - Andy Finch and Jamie Paul, SCC, DCC, local health departments, HMPs | <input type="checkbox"/> <u>Outcome:</u> Meeting between work group and partners | <input type="checkbox"/> <u>Measure:</u> Meeting agenda notes Attendance sheet List of ideas on how to message effectively | Planning stages for meeting | no further progress, | no further progress |
| Assess existing and any missing resources that can be utilized and potential partners and/or costs associated with them. | 10/1/14 - 9/30/15 | Maine CDC - Andy Finch and Jamie Paul, SCC, DCC, local health departments, HMPs | <input type="checkbox"/> <u>Outcome:</u> Identify best practice public health messaging used throughout the country and what will best suit Maine's needs | <input type="checkbox"/> <u>Measure:</u> # of best practice messaging models identified Assessment of existing resources to implement these models | Planning stages for meeting | no further progress | no further progress |
| Communicate with Maine CDC Senior Management team regarding these ongoing meetings and findings via meeting minutes. | 10/1/14 - 9/30/15 | Maine CDC - Jamie Paul and Andy Finch | <input type="checkbox"/> <u>Outcome:</u> Keep Maine CDC, Senior Management Team (SMT) apprised of resources being considered | <input type="checkbox"/> <u>Measure:</u> # of meeting minutes emailed to SMT | Planning stages for meeting | no further progress | no further progress |
| Overall status of progress in this strategy: | | | | | on track off track | on track off track | on track off track |
| Strategy 2.2 Distribute resources to community public health partners | | | | | | | |

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| Implementation Steps | Timeline | Responsible Party | Anticipated Outcomes | Anticipated Measures | Status of Outcomes/Measures | Status of Outcomes/Measures | Status of Outcomes/Measures |
| Explore available resources and based on findings address this strategy in years 2 and 3. | 10/1/14 - 9/30/15 | Maine CDC - Jamie Paul and Andy Finch | <u>Outcome:</u> resources identified | <u>Measure:</u> # of resources identified | no progress | no progress | no progress |
| Overall status of progress in this strategy: | | | | | on track off track | on track off track | on track off track |
| Strategy 2.3 Initiate discussions at Maine CDC administration about strategies to raise awareness of what public health is and its value. | | | | | | | |
| Have discussion with ME CDC Senior Management team to determine if there is a single contact person or if the entire senior management team is to receive meeting minutes from Strategy 2.1. | 10/1/2014 | Maine CDC - Andy Finch and Jamie Paul Nancy Birkhimer | <u>Outcome:</u> Clear direction on who should be contacted with this information | <u>Measure:</u> Andy and Jamie to email Maine CDC SMT with work group meeting minutes | Meeting not scheduled | Meeting not scheduled | Meeting not scheduled, no progress on this step |
| Overall status of progress in this strategy: | | | | | on track off track | on track off track | on track off track |