

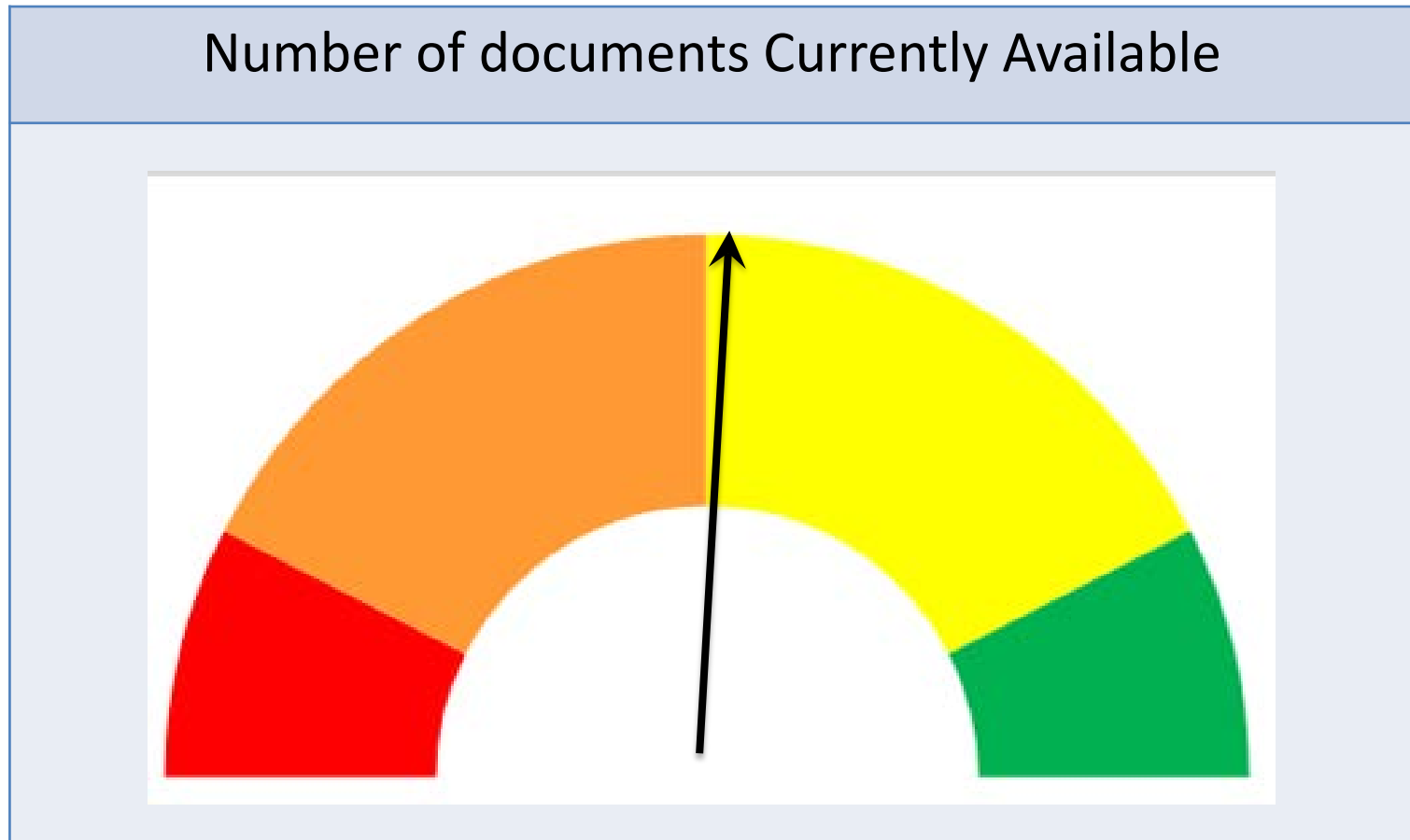
# Accreditation Update



# Planning for Reaccreditation

- Will need to submit application in early 2021.
  - Based on “shorter set” of Reaccreditation measures.
  - Shorter turnaround time for document submission.
  - Virtual site visit.
- 12 Domain Teams are currently developing timelines for documenting the measures in their domain.
- We will be assess which measures might be brought to the SCC to assist with.

# Initial Assessment for Reaccreditation



# Preventive Health and Health Services Block Grant Update



# F2018 Activities are underway

## Program period ends September 30, 2019

Most activities underway.

- 31% were completed as of the end of January (as planned).

Some changes:

- Proposed funding for the replacement of the PHN Information system will not occur in this budget period.
- The need for BRFSS funding may be reduced based on other available funding.
- Other Quality improvement investments are being explored.

# F2018 – Spending began October 1, 2018

Program Area		
Community Based Prevention	\$ 532,385	35%
Epidemiology	\$ 385,084	25%
Prenatal Substance Use	\$ 49,402	3%
Accreditation	\$ 487,313	32%
Sexual Assault Prevention	\$ 29,701	2%
Administration	\$ 32,767	2%

# F2018 Activities are underway

## Program period ends September 30, 2019

Final changes will be submitted to US CDC

- Due May 31.
- **The SCC will be asked for their approval via e-mail to these changes prior to submission**

- Allocation reduced by \$111,967
- Planning for same personnel (four positions)
  - Salaries are up slightly
  - Fringe Benefits are down slightly
  - Indirect charges may change slightly
  - Still waiting to get technology-related estimates.



# F2019 – Spending to begin October 1, 2019

*DRAFT*

Program Area		
Community Based Prevention	\$ 532,529	38%
Epidemiology	\$ 259,853	19%
Prenatal Substance Use	\$ 47,825	3.4%
Accreditation	\$ 497,411	35%
Sexual Assault Prevention	\$ 29,701	2.1%
Administration	\$ 35,370	2.5%

- Major activities remain the same.
- Still under discussion:
  - Reduced BRFSS spending
  - Increased Accreditation spending

Public Hearing will be scheduled in April.

- Suggestions for increasing participation?

**The SCC will be asked for their approval via e-mail to the final budget and work plan after the public hearing and prior to submission**

# Maine Shared CHNA Update



# Major milestones

- Completed:
  - 16 County Health Profiles
  - 5 additional multi-county District Profiles
  - State Health Profile
  - City Profiles for Bangor, Portland and Lewiston/Auburn
  - 23 Community Forums
  - Key Informant Interviews
  - Interactive data on web:  
<https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/maine-interactive-health-data.shtml>

# Priorities from the Shared CHNA

Substance Use

Mental Health

Social Determinants of Health

Access to Health Care

Physical Activity, Nutrition and Healthy Weight

Older Adult Health and Healthy Aging

# Coming Soon

- Final reports:
  - County and State at the end of March
  - District at the end of April
- Updated data on the web platform in June
- 33 non-profit hospitals will be developing Implementation Strategies this year.
- Contact info:  
Jo Morrissey [JLMorrisse@mainehealth.org](mailto:JLMorrisse@mainehealth.org)



# State Health Improvement Plan Update



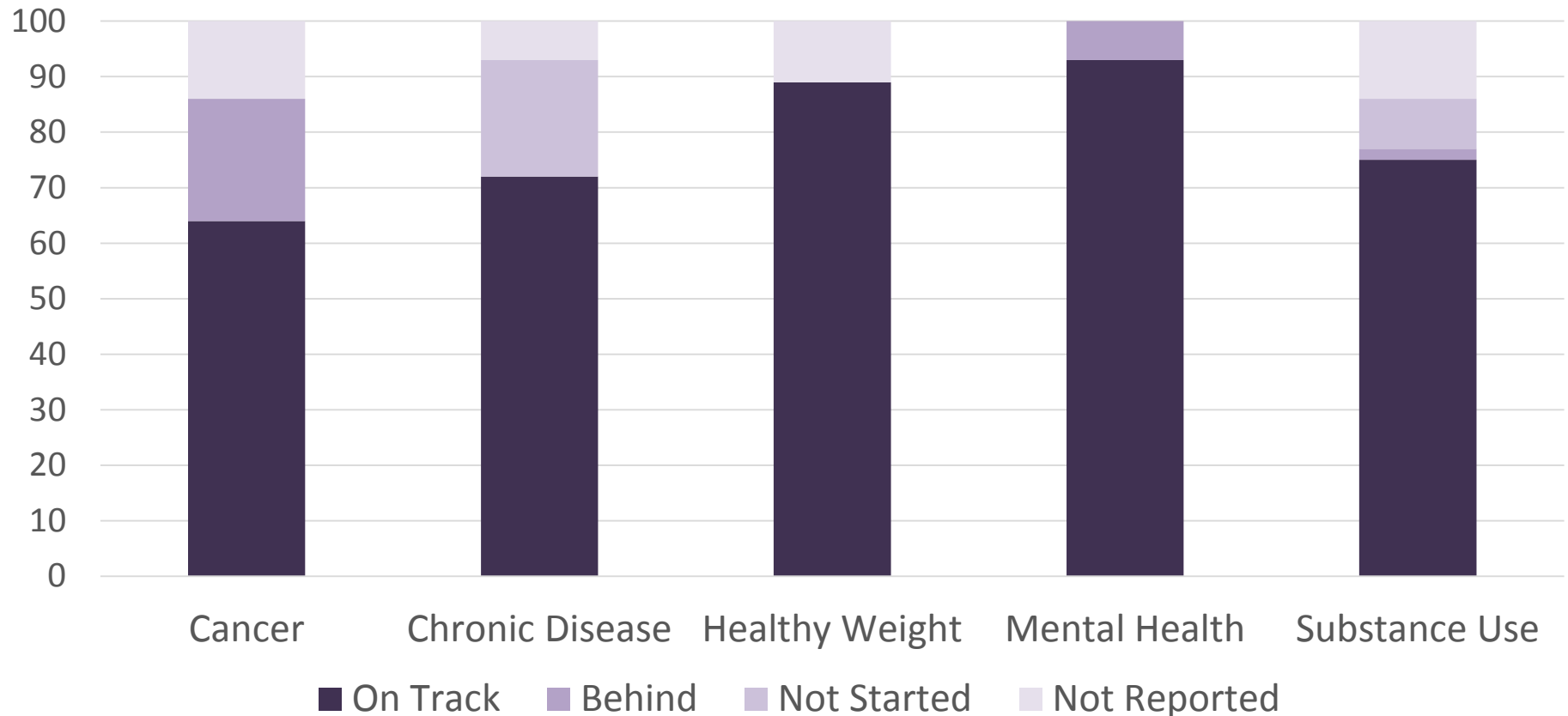
# Progress reporting

- Planned to gather updates every six months
  - Pushed back to annual for 2018
- Using Smartsheets tool for state-level strategies
  - Allows state and non-state-partners to provide input directly into a single document.
- Planning to add Quantitative outcomes data to the Shared CHNA web platform as a new tab



# Progress Reporting

Percentage of Strategies:  
On Track, Behind, Not Started, Not Reported



# Progress Reporting – Highlights (Cancer)

- Best practice information on HPV vaccinations at 5 regional trainings; information and HPV toolkits are included in MIP Provider Reference Manual; outreach via the Maine Dental Association's newsletter reached 450 dental providers.
- In collaboration Maine's Impact Cancer Network and Maine CDC's Healthy Maine Works, MCCCCP developed a "Cancer Tab" and "Cancer Policy Generator" for Health Maine Works' online work site wellness tool, the Health Us Scorecard.
- 1,975 women enrolled in the Maine Breast and Cervical Health Program received a mammogram in 2018.

# Progress Reporting – Highlights (Chronic Diseases)

- 68 home visits and 52 workshops provided asthma self-management education from Oct. 1, 2017 through Dec. 31, 2018
- 1,975 women enrolled in the Maine Breast and Cervical Health Program received a mammogram in 2018.
- Currently, 49,001 Maine Care members are part of a Health Home for better chronic disease management. 9,202 of these members were added in November 2018, via auto-assignment.
- There are currently 178 MaineCare Health Home sites, 38 Behavioral Health Home (BHH) organizations and 157 BHH sites.

# Progress Reporting – Highlights (Healthy Weight)

- 70 SAUS, representing 234 schools, have adopted new food service guidelines/nutrition standards and implemented policies that align with Healthy Hunger Free Kids Act.
- 14,406 Northern Light Health patients were screened for food insecurity with 453 (3.1%) screening positive.
- 385 early childhood educators report adoption of policies and practices supportive of increasing PA opportunities for children in their care.
- 59 municipalities have an Active Community Environment Team, and 10 have adopted a “Complete Streets” policy that is supportive of physical activity.

# Progress Reporting – Highlights (Mental Health)

- 65% of clients of DHHS mental health services contractors received services within seven days of enrollment.
- 92.2% of authorizations requests were completed within two business days.
- 455 suicide-safer practices trainings were provided to Behavioral Health Home practices.
- 3 community mental health agencies are currently implementing the Towards Zero Suicide model.

# Progress Reporting – Highlights (Substance Use)

- 2,015 Prime for Life classes covered alcohol, marijuana and prescription drug prevention for high risk youth.
- From 7/17 to 6/18 there were 733 prescribers trained in opiate addiction, safe prescribing practices, safe storage, and the Prescription Monitoring Program via Maine CDC sponsored trainings.
- Social media on safe storage and disposal of medication resulted in 48,601 website visits; 21,647,554 digital media ad views; 2,081,810 video views, 69,241 ad clicks from the EyesOpenForME.org campaign.
- 32 comprehensive tobacco-free school and 51 recreational policies were adopted. The school policies incorporated provisions regarding Electronic Nicotine Delivery Systems (ENDS).

# Progress Reporting - Observations

- Most strategies were planned around existing activities and funding
- Areas with lower levels of “on-track” progress reflect changes in grants and funding
- Few strategies are collaboratively planned.
- Disconnects between planning and implementation remain.

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# Timeline for Revisions

- Considerations:
  - Alignment with DPHIPs (extending 1 year)
  - New leadership
  - Alignment with Maine Shared CHNA partners
- Proposal:
  - Revise current SHIP to include further elements related to:
    - Social Determinants of Health
    - Access to Care
    - Older Adult Health/Healthy Aging
  - Plan for a new Plan to start July 2020

# Interagency Collaboration

## Levels of Joint Action – where do we want to be?

- **Networking:** exchange information.
- **Coordination:** exchange information and link existing activities for mutual benefit.
- **Cooperation:** share resources for mutual benefit and to create something new.
- **Collaboration:** work jointly to accomplish shared vision and mission using joint resources.

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# Questions?

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