

Fiscal Year
2017-2019

Community Health Strategy

Addressing Community Health Needs



Blue Hill Memorial Hospital



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Introduction

EMHS and our more than 11,000 employees care deeply about our neighbors and communities. EMHS member organizations work hard to understand and address priority needs. We meet regularly with community partners to plan and implement local solutions that make it possible for people in our communities to lead healthier lives. By working together, we promote a culture of stewardship and foster vibrant communities.

Blue Hill Memorial Hospital is committed to shaping health improvement efforts in its service area based on sound data, personal and professional experience, and community need. Through collaborative efforts, Blue Hill Memorial Hospital creates healthier communities through the provision of services, resources, and programs within and beyond the walls of the hospital.

About EMHS

EMHS is an integrated health delivery system serving the state of Maine. EMHS offers a broad range of health delivery services and providers, including: acute care, medical-surgical hospitals, a free-standing acute psychiatric hospital, primary care and specialty physician practices, long-term care and home health agencies, ground and air emergency transport services, community and population health.



About Blue Hill Memorial Hospital

Blue Hill Memorial Hospital (BHMH) is a 25 bed critical access hospital located in Blue Hill, Maine. As our mission states, we are dedicated to improving the health and wellness of our communities by providing primary and specialty health care of outstanding quality and caring for our patients with respect and compassion. BHMH has three primary care clinics located in the rural communities of Deer Isle/Stonington (population 2,500), Castine (population 1,366), and Blue Hill (population 2,686). The hospital offers many specialty services including Orthopedics, Cardiology, Urology, and Women's Health. The 24 hour emergency room is staffed by physicians and serves approximately 5,000 patients per year. BHMH has a very strong swing bed program allowing patients to be cared for close to home.



Our community outreach efforts, as well as the services we deliver within our hospital and practices, are shaped by our community's needs. We work closely with patients to identify programs that will cover their healthcare costs. When no coverage is available, there are assistance programs to help ensure that every patient has access to medically necessary care.

Addressing Community Health Needs

Shared Community Health Needs Assessment

In 2016, Maine's four largest healthcare systems – EMHS, Central Maine Health Care, MaineGeneral Health, and MaineHealth – as well as the Maine Center for Disease Control and Prevention, an office of the Maine Department of Health and Human Services (DHHS) partnered to research and publish a shared Community Health Needs Assessment (Shared CHNA). The Shared CHNA provides a comprehensive review of health data and community stakeholder input on a broad set of health issues in Maine. The Shared CHNA data were made widely available to the public, as community engagement forums were held across the state, gathering additional feedback on priority issues and opportunities for community health improvement. These reports and the community input received are fundamental to achieving our goal of partnering with community, public health entities and accountable care networks to improve the health and well-being of the communities we serve.



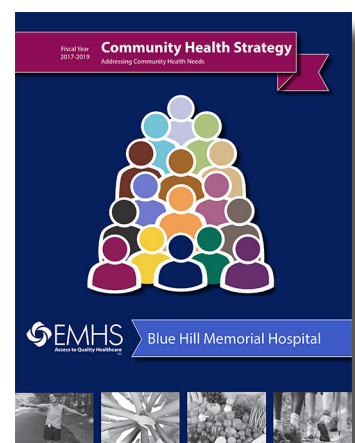
Results of the 2016 Shared CHNA along with community input were used to inform the development of this three-year Community Health Strategy by Blue Hill Memorial Hospital. The efforts identified within help demonstrate our commitment to our community, as we provide benefits reflective of our mission and tax-exempt status. These benefits include a focus on the clinical, social, and environmental factors that influence the ability of people to lead healthier lives.

Community Health Strategy

This Community Health Strategy was developed with input from community stakeholders including those who serve priority populations, local Public Health District Liaisons, local business leaders, and community advocates.

Priorities were selected after weighing the severity of each priority area, availability of known and effective interventions, determination that the priority area was un-addressed or under-addressed, and community collaborations underway with Blue Hill Memorial Hospital.

Blue Hill Memorial Hospital reserves the right to amend this Community Health Strategy as circumstances warrant. For example, certain community health needs may become more pronounced and require enhancements or a refocus to the selected priorities of focus.



Feedback Opportunity

Contact communitybenefits@emhs.org with feedback on this report.

Addressing Community Health Needs

Evaluation Efforts

The priorities identified in the next section will guide the development of a community health improvement plan. This annual plan defines the operational approach to be taken to address the goals and strategies articulated within. By using SMART Objectives (Specific, Measurable, Achievable, Realistic, and Time-Bound) to guide the intervention approach deployed, Blue Hill Memorial Hospital will be able to monitor and evaluate progress over time.

Approval from Governing Board

Blue Hill Memorial Hospital's Community Health Strategy was reviewed by the hospital's governing board and a resolution was made to approve and adopt both the Shared CHNA and the Implementation Strategy on **May 26, 2016**.

Selected Priorities of Focus

Priority #1: Obesity (Physical Activity/Nutrition)

Rationale:

To increase the screening in our care delivery model of the overweight and obese population and provide the opportunity for education in the clinical setting and collaboration with community resources for weight loss and physical activity in an effort to improve the health condition of this population in our community.

Intended action to address the need:

1. Explore options to engage in evidence-based programs such as "Let's Go!" (for pediatrics)
2. Screening at PCP and Specialty Practice visits with BMI plan that includes referrals for diet and exercise counseling
3. Weight management classes
4. Transition from healthcare based services to community based wellness programming
5. Include more Maine Care patients diagnosed with Obesity in the Health Homes Portal
6. Group visits for obesity

Programs and resource allocation:

1. Space
2. Utilities
3. Staff
4. Marketing

continued on next page

Selected Priorities of Focus

Priority #1: Obesity (Physical Activity/Nutrition) *continued*

Planned collaborations:

1. “Let’s Go” would be a collaboration with MCMH, MDI and Downeast Community Hospital
2. Collaboration with Healthy Peninsula on their food insecurity programs such as the Magic Food Bus and Gleaning
3. Healthy Acadia and Healthy Peninsula – Double Your SNAP Benefit sponsorship – encouraging healthy food choices
4. Collaboration with Blue Hill YMCA

Population of focus:

Obese children and adults

Priority #2: Drug and Alcohol Abuse

Rationale:

To develop a consistent screening and referral process for both outpatient clinics and the emergency department including counseling resources in an effort to improve the identification of those in need and increase referrals to the appropriate support services.

Intended action to address the need:

1. Substance abuse counselor @ BHFM, CCHS, IFM
2. Implement SBIRT (Screening, Brief intervention, and Referral to Treatment) in Primary Care Practices
3. Explore nurse case management in the ED
4. Collaborate with ED providers and hospitalists to develop a workflow and communication pathway for patients admitted with drug and alcohol problems
5. Identify and discharge plan for this patient population that includes support services and referrals

Programs and resource allocation:

1. Screening protocols
2. Evidence based workflow development in the outpatient and ED setting
3. Allocated staff for substance abuse prevention skills training
4. Staff to review and identify community based resources for this population
5. Drug take back programs / Needle Disposal

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Selected Priorities of Focus

Priority #2: Drug and Alcohol Abuse *continued*

Planned collaborations:

1. Maine Coast Memorial Hospital, Mount Desert Island Hospital, and Acadia Hospital
2. Eastern Area Agency on Aging
3. Alcoholics Anonymous Program
4. Community Resource Guide with Healthy Peninsula
5. Collaboration with Healthy Acadia and Healthy Peninsula on “Hungry Heart” showing and community panel discussion
6. Maine Association of Substance Abuse Programs
7. Open Door

Population of focus:

Primary Catchment Area

Priority #3: Transportation

Rationale:

Transportation is a major barrier for many in our community and has a negative impact on their health. We hope to identify those patients specifically in need and connect them with transportation resources to improve health outcomes for residents.

Intended action to address the need:

1. Screening at check out for Blue Hill Memorial Hospital Family Medicine (BHMHFM) appointments to identify patients with transportation needs
2. Provide transportation resources to Blue Hill Memorial Hospital patient community
3. Collaborate with Chamber of Commerce regarding potential transportation resource development

Programs and resource allocation:

1. Healthy Acadia transportation brochure in all patient exam rooms
2. Staff training regarding transportation resources
3. Develop referral process at check out for patients that need transportation prior to their next visit

Planned collaborations:

1. Friends in Action (new coordinator in Deer Isle)
2. At Home Downeast
3. Community Resource Guide – Healthy Peninsula
4. Eastern Area Agency on Aging
5. WHCA
6. Friendship Cottage
7. Meals for Me
8. Healthy Acadia

Population of focus:

Primary Catchment Area

Health Priorities Not Addressed

Blue Hill Memorial Hospital considered all priorities identified in the Shared CHNA, as well as other sources, through an extensive review process. While the full spectrum of needs is important, Blue Hill Memorial Hospital is currently poised to focus only on the highest priorities at this time. A number of priorities not selected, due to a variety of reasons are listed below:

1. Diabetes was not selected by Blue Hill Memorial Hospital as this focus area will be included in our Community Health Improvement Plan for Obesity. Within our Obesity work we will review conditions related to obesity such as diabetes. We have an active diabetes prevention program as well as a full time diabetes educator.
2. Depression was not selected by Blue Hill Memorial Hospital as this focus area will be an indicator that will be addressed in our Drug and Alcohol work. Social workers are now embedded in all primary care practices and tele-psych services are available at all primary care locations.
3. Health Care Insurance was not selected by Blue Hill Memorial Hospital as this focus area was included in our 2015 Community Health Improvement Plan, we continue to make improvements in the area of access to health insurance. Our navigator system is in place and our Blue Hill Memorial Hospital financial counselors are well equipped to assist those needing help connecting with health insurance options. We also have a population health specialist who serves as a patient resource for insurance and billing challenges.
4. Health Literacy was not selected by Blue Hill Memorial Hospital as we plan to collaborate and learn from Maine Coast Memorial Hospital's efforts as this is one of their priority initiatives.
5. Employment was not selected by Blue Hill Memorial Hospital as we don't have the ability to drive significant change in this area and are aware of other agencies focused on this community health factor.
6. Poverty was not selected by Blue Hill Memorial Hospital. While this broad area of focus is outside of our scope, we will address many of the food insecurity and transportation issues with our obesity and transportation priorities.

Conclusion

Blue Hill Memorial Hospital is thankful for the participation and support of our community members and many area organizations in the Shared CHNA process and for contributing their knowledge of local community health needs. Through existing and future partnerships, collaborative efforts will be essential in addressing the identified community health strategies prioritized within.

Blue Hill Memorial Hospital will engage in another Shared CHNA in 2019 and looks forward to ongoing community participation in these important efforts.

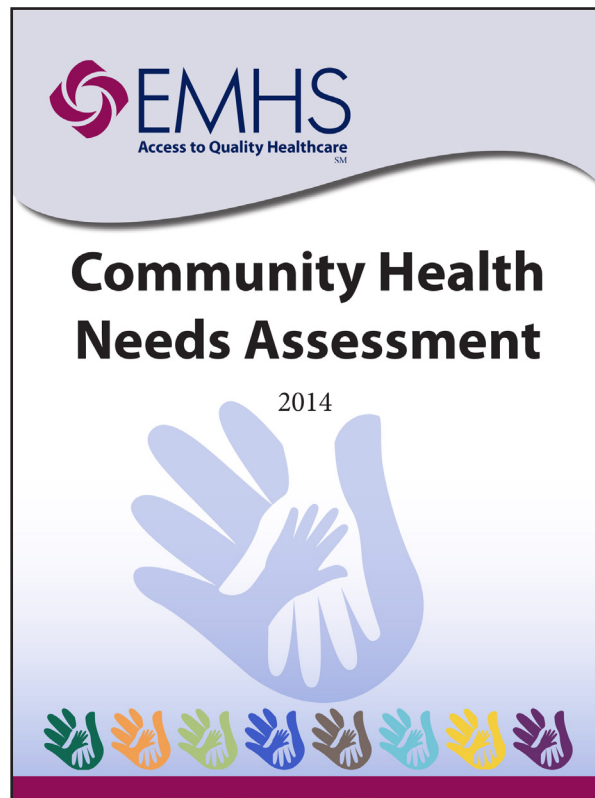


Appendix - Evaluation of Impact

Progress report on selected priorities from Blue Hill Memorial Hospital's last (2014) Community Health Needs Assessment.

EMHS and Blue Hill Memorial Hospital are committed to promoting a culture of community stewardship, and partnering together with community stakeholders to address high priority health issues. In order to do so effectively, we regularly monitor the impact of our community health efforts, and make this information widely available to our communities in the form of annual Community Benefit statements, and this triennial Community Health Strategy report. The following table provides a summary evaluation of impact of the actions taken by Blue Hill Memorial Hospital to address community health priorities adopted in 2014.

Measuring and reporting on progress is critical to making a difference in the communities we serve, and in the lives of those we care for.



Appendix - Evaluation of Impact *continued*

Community Health Strategy - Evaluation of Impact Since 2014

Evaluation of impact of actions taken by the organization to address selected health priorities identified in the 2014

EMHS Member Organization: Blue Hill Memorial Hospital

Date: July 15, 2016

White Cells: description of actions the hospital intends to take to address the health need.

Grey Cells: identified programs/resources the hospital plans to commit to address the health need.

Green Cells: planned collaborations between the hospital and other organizations to address the health need.

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Substance Abuse	SBIRT screening in family practice clinics	No	Competing priorities in Primary Care / Provider issues.
	Review Substance Abuse counseling embedded in all family practice clinics	Yes	All LCSW have Substance Abuse Certificates and BHFH and IFM has AMHC substance abuse services on-site.
	Controlled Substance Policy (ongoing Medical Staff PIPs related to utilization of this policy, trainings, audits)	Yes	Fully implemented and currently being measured as part of QAPI.
	Embedded Social Workers	Yes	LCSW with primary focus on counseling in all clinics. Need still exists for additional FTEs of Social Worker services in Primary Care.
	ED staff training	No	Training planning is in progress.
	Family practice staff training for controlled substance diagnosis and policy	Yes	Ongoing training has been implemented.
	Drug take back programs	Yes	Several Drug take backs occurred with successful results. More frequent and/or accessible options are still needed.
	Recruit additional Suboxone Providers	Yes	One new provider added this year. A couple other providers in training.
	Host Healthy Peninsula's Community Resource Guide on BHMH.org	Yes	Fully implemented in collaboration with Healthy Peninsula. Ongoing administration continues to be a joint effort.
	Collaborate with Healthy Acadia Drug Free Communities	Yes	BHMH has representation in several initiatives including showings of "Hungry Heart" and community conversations.

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Substance Abuse	Collaborate with Eastern Area on Aging	Yes	Primary Care refers to EAA as appropriate and connected via Thriving in Place. Also, store Meals on Wheels at multiple hospital sites.
	Local high school health fair	Yes	Occurred at George Steven's Academy.
	Collaborate with local pharmacists and ED physicians regarding our policies and management	No/Yes	No: regarding local pharmacists. Yes: regarding collaboration with ED providers. Continued efforts with implementations related to new State Narcotic Regulations.
	Explore Pain management clinic options for BHMH, building off new Psychiatry program	Yes	Multiple pain management groups occurring . More work needed in this area.
	Open Door	Yes	Work with Open Door as part of the Downeast Substance Treatment Network.
	Acadia Hospital Maine Quality Counts	Yes Yes	Tele-pysch., Tele-CBT, and substance abuse support. PCMH process and pilot involvement.
Lack of Insurance/ Unable to Pay for Care	Review navigator process and implementation guidelines in the health care setting	Yes	Work with Federally Trained Navigators and have Certified Application Counselors employed and on-site at BHMH. Additionally, multiple community outreach events have occurred at BHMH locations.
	Free Community Health Fairs to make screenings available to uninsured (what do we do now, what is missing)	Yes	Two annual events: BHMH Women's Wellness Fair and IFM "Men's Health Overhaul". Additionally, "Simmering Pot" has offered health screenings and flu shot clinics throughout the year.
	Develop a workflow and training for hospital and outpatient staff regarding access to insurance and resources available	Yes	Work -flows have been hard-wired into department processes.
	Develop relationship with local Navigators to provide service to new and existing BHMH patients who don't have insurance	Yes	Ongoing relationship between Navigators and BHMH Certified Application Counselors.

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Lack of Insurance/ Unable to Pay for Care	Identify available facilities to offer navigator sessions and community education about the process	Yes	Several sessions occurred at different on and off campus locations.
	Collaborate with local business leaders re: needs of their uninsured workers (e.g. Mike Hewes has expressed interest in past of working on this issue collaboratively)	No	Resources focused on other initiatives.
	Free Clinic (Clarification needed)	Yes	Collaborate to offer supplies and discounted vouchers for imaging and lab services.
Transportation	Assess current transportation providing agencies	Yes	Implemented through Thriving in Place initiatives. Friends in Action, At home Downeast.
	Assess local community transportation sharing opportunities in existence or to be developed	Yes	In collaboration with Friends in Action.
	Review potential hospital provided transportation services and conduct a feasibility study	No	Efforts have been focused on initiatives above.
	Link resources on website	Yes	Online Community Resource Guide.
	Staff to complete research and assessment	No	More research still needed.
	Develop current brochure or handout with all resources for staff to use with patients must be built in electronically for providers or available in exam rooms	Yes	Fully implemented online and available in paper form in Primary Care practices.
	Train staff in all patient care areas about available transportation resources	No	Implementation scheduled for FY16.
	Nurse Care managers	Yes	Hard-wired into Care Manager's process.
	CCT	Yes	Education has been completed.
	Healthy Peninsula Resource Guide – hosted by BMMH on BMMH.org	Yes	Fully implemented ongoing administration is occurring.
Eastern Area on Aging Resources	Yes	As part of the Resource Guide.	

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Transportation	WHCA	Yes	As part of the Resource Guide.
	Friends in Action	Yes	As part of the Resource Guide, new branch now in Stonington.
	IMC Medical Board	Yes	IMC is providing space to Friends in Action Transportation Coordinator.
	Churches that provide transportation	No	Area not reviewed for resource guide.
	Other local transportation services	Yes	As part of the Resource Guide.
	At Home DownEast	Yes	As part of the Resource Guide. BMMH provides financial support to sponsor memberships. Also, BMMH works in collaboration with At Home DownEast to coordinate transportation for shared patients.
	Friendship Cottage	Yes	As part of the Resource Guide.
	Meals for Me	Yes	BMMH houses meals on site.
Behavioral Health/Mental Health	Identify need for higher level provider of services either in person or tele health (adult and PEDS)	Yes	Implemented Tele-psych in ED and Primary Care.
	Identify community resources for private counseling	Yes	As part of the Community Resource Guide.
	Review group process opportunities with embedded LCSW staff in each office	Yes	Fully implemented. Ongoing improvement efforts established.
	Review need for behavioral health support in the ED	Yes	Tele-psych through Acadia, Crisis Hotline.
	Educate Community regarding behavioral health services embedded in BMMH system	Yes	Information posted internally and in local media.
	Marketing plan	No	Limited marketing resources.
	Recruitment plan or telehealth development plan	Yes	In collaboration with Acadia.
	Staff for educational process with the community	No	Limited staff resources.

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Behavioral Health/Mental Health	Group visit protocols and development with LCSW staff	Yes	Ongoing development continues.
	Community Health Workers	Yes	Pilot project in development in 2015, implemented 2016 in collaboration Healthy Peninsula .
	Local high school health fair	Yes	As part of George Steven's Academy Health Fair.
	Elementary and High School nurses/guidance counselors	Yes	Ongoing collaboration between Primary Care and local schools. Castine Clinic MD is school doctor in Castine/GSA and BHMH MD and RN are school physician and RN at Harbor School. IFM provides MD and RN services to Deer Isle and Stonington.
	Healthy Acadia	Yes	Ongoing collaboration.
	Healthy Peninsula Thriving In Place Project and Community Resource Guide hosted by BHMH	Yes	Ongoing collaboration.
	Eastern Area Agency on Aging	Yes	Ongoing collaboration.
	Acadia Hospital	Yes	Ongoing collaboration.
	Crisis Response	Yes	Ongoing collaboration
	Adult Protective Services	Yes	Ongoing collaboration.
Aging Related Protective Services	Population Management Quality Support Process to review patient need and communication both to providers and patients	Yes	Fully implemented Population Health RN and Population Specialist MA reviewing daily.
	Community Education regarding screening timelines and reasons for screening	Yes	Several throughout the year. Examples: Colon Health, Benefit of Vaccines.
	Fully loaded outpatient family practice visits	Yes	Fully implemented ongoing work-flow development to optimize results.
	Panel Manager RN and Clinical Quality Director	Yes	Fully implemented.
	Workflow for population management	Yes	Fully implemented.

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Aging Related Protective Services	Workflow for fully loaded visits	Yes	Fully implemented.
	Training staff for fully loaded visits	Yes	Fully implemented.
	Women's Wellness Fair	Yes	Year over year increased attendance and additional collaborators.
	Local High School Health Fair	Yes	At George Steven's Academy.
	Healthy Peninsula Project Thriving in Place Project	Yes	Continue to be a part of this Project.
	Ready by 21	Yes	Implemented in Stonington.
	Healthy Acadia	Yes	Ongoing Collaboration.
	Eastern Area Agency on Aging	Yes	Ongoing Collaboration.
	Patient Advisory Group	Yes	Ongoing Development.
	Best Practice Council	Yes	Through Clinical Best Practice Council and Beacon Best Practice Council.
	PCMH teams	Yes	Acknowledged Level III.
Thriving in Place Project Bucksport Regional Healthy Coalition	Yes	Ongoing Collaboration.	
Dental Care	Gather information on current programs in place at other hospitals, agencies, public schools	No	Focus was on other initiatives in 2014.
	Review current status of dental care in the area	Yes	Resources listed in Community Resource guide, full dental review still needs to be completed.
	Review option of embedded staff to deliver preventive dental care	No	Focus was on other initiatives in 2014.
	Implement fluoride varnish program in offices	Yes	Staff trained and workflow implemented.
	Dental screenings and varnish at health fairs	No	Participant in health fair, not planning process.
	Staff to do research and program development	No	No staff resources.

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Dental Care	Community outreach program development with local dentists	No	Limited staff resources.
	Local dentists	No	Limited staff resources.
	Dental schools and hygienist training programs	No	Limited staff resources.
	Find out about local public school dental screenings	No	Limited staff resources.
	MDI Clinic	Yes	In Community Resource Guide.
	Bucksport Regional Health Center	No	Limited staff resources.
	Community Dental	No	Limited staff resources.
Don't understand or value the importance of seeking Healthcare	Develop community education program for health care	No	Limited resources/ Other health need priorities took precedent.
	Develop community health education program for prevention	No	Limited resources/ Other health need priorities took precedent.
	Identify opportunities to make care available outside traditional setting (schools, workplace, community events etc.)	Yes	Through outreach efforts at Simmering Pot community meals, Women's Wellness Fair, and other community health events and activities.
	Offer yearly health fair	Yes	Women's Wellness Fair offers a variety of opportunities for community members to receive information, education, screenings.
	Health coaching services	Yes	Limited program in PCP clinics, collaborate with CCT Health Coaches.
	Offer programs at library	No	Limited resources/ Other health need priorities took precedent.
	Marketing	No	Limited resources/ Other health need priorities took precedent.
	Staff to deliver programs	No	Limited resources/ Other health need priorities took precedent.

Appendix - Evaluation of Impact *continued*

2014 CHNA Priority of Focus	2014 Implementation Strategy Planned Actions (Impact Initiatives) to Address Priority of Focus	Was the Action Implemented (Yes/No)	If YES - Describe actions taken; Results from those actions; Progress made based on those actions If NO -Provide a reason why no action was taken
Don't understand or value the importance of seeking Healthcare	Facilities to deliver programs	No	Limited resources/ Other health need priorities took precedent.
	Tools used for programs	No	Limited resources/ Other health need priorities took precedent.
	Local Schools	Yes	GSA Health Fair.
	Healthy Peninsula Thriving in Place and Bucksport Healthy Coalition Thriving in Place	Yes	Continued collaboration, space for Clinics of Expertise at BMMH.
	Simmering Pot Program	Yes	Screenings offered.
	Healthy Acadia	No	Limited resources/ Other health need priorities took precedent.
	Local employers	No	Limited resources/ Other health need priorities took precedent.