



Social
Drivers of
Health
Impacting
Youth with
SUD

- **Adrienne W. Carmack, MD**
- **April 2023**



Disclosures

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Objectives

01

Review social drivers or determinants of health, and how they may impact the treatment and care of youth with substance use disorder

02

Consider resources within your practice and health system

03

Review local and state resources available to youth and families

Social Determinants of Health



Social Determinants of Health
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 Healthy People 2030

[Healthy People 2030](#)

Social Determinants of Health

- Income and social protection
 - Education
 - Unemployment and job insecurity
 - Working life conditions
 - Food insecurity
 - Housing, basic amenities and the environment
 - Early childhood development
 - Social inclusion and non-discrimination
 - Structural conflict
 - Access to affordable health services of decent quality.
- https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

SDOH screening tools

- BMC Thrive
<https://sirenetwork.ucsf.edu/tools-resources/resources/boston-medical-center-thrive-screening-tool>
- Health Leads
<https://healthleadsusa.org/resources/the-health-leads-screening-toolkit/>

- [The Everyone Project](#)

The EveryONE Project™
Advancing health equity in every community



Social Determinants of Health

GUIDE TO SOCIAL NEEDS SCREENING











RECOMMENDED SCREENING TOOL

Health Leads' screening toolkit is licensed under a Creative Commons CC BY-SA 4.0 license, which means you can freely share and adapt the tool however you like. All we ask is you include attribution to Health Leads and, if you modify the tool, that you distribute the modifications under the same licensing structure. Full details on the Creative Commons license are available at creativecommons.org/licenses/by-sa/4.0/.

Example introductory text: This form is available in other languages. If you do not speak English, call (800) 555-6666 (TTY: (800) 777-8888) to connect to an interpreter who will assist you at no cost.

Name _____ Phone number _____

Preferred Language _____ Best time to call _____

		Yes / No
	In the last 12 months*, did you ever eat less than you felt you should because there wasn't enough money for food?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, has the electric, gas, oil, or water company threatened to shut off your services in your home?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are you worried that in the next 2 months, you may not have stable housing ?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do problems getting child care make it difficult for you to work or study? (leave blank if you do not have children)	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, have you needed to see a doctor, but could not because of cost ?	<input type="checkbox"/> Y <input type="checkbox"/> N
	In the last 12 months, have you ever had to go without health care because you didn't have a way to get there ?	<input type="checkbox"/> Y <input type="checkbox"/> N
	Do you ever need help reading hospital materials ?	<input type="checkbox"/> Y <input type="checkbox"/> N
	I often feel that I lack companionship .	<input type="checkbox"/> Y <input type="checkbox"/> N
	Are any of your needs urgent? For example: I don't have food tonight, I don't have a place to sleep tonight	<input type="checkbox"/> Y <input type="checkbox"/> N
	If you checked YES to any boxes above, would you like to receive assistance with any of these needs?	<input type="checkbox"/> Y <input type="checkbox"/> N

*time frames can be altered as needed

FOR STAFF USE ONLY:

- Place a patient sticker to the right
- Give this form to the patient with patient packet
- PRINT your name and role below

Place patient sticker here

Staff Name _____

SDOH and Youth with SUD

- In study from Canada in 2018
 - 80% of youth seeking SUD treatment reported at least one domain
 - Financial concerns
 - Housing
 - Financial instability
 - Access to treatment
 - Large proportion of the youth expected the identified problems to interfere with their treatment

Settipani CA, Hawke LD, Virido G, Yorke E, Mehra K, Henderson J. Social Determinants of Health among Youth Seeking Substance Use and Mental Health Treatment. *J Can Acad Child Adolesc Psychiatry*. 2018 Nov;27(4):213-221. Epub 2018 Nov 1. PMID: 30487936; PMCID: PMC6254257.

- Integrating substance use care into primary care for adolescents and young adults: Lessons learned - Sarah M. Bagley, Scott E. Hadland, Samantha F. Schoenberger, Mam Jarra Gai, Deric Topp, Eliza Hallett, Erin Ashe, Jeffrey H. Samet, Alexander Y. Walley. Journal of Substance Use Treatment, October 2021.***

3.2. Social determinants of health

Seventy-nine (53.4%) patients completed the THRIVE screen to assess social determinants of health. Of those who completed the screen, 13.9% reported difficulty with transportation to medical appointments, 24.1% reported unemployment and looking for a job, 29.1% reported housing insecurity or homelessness, and 29.1% reported food insecurity (Table 3).

Table 3. Social determinants of health screening^a (N=79).

Variables	N (%)
Trouble paying for medicines	8 (10.1%)
Trouble getting transportation for medical appointments	11 (13.9%)
Trouble paying heating/electric bill	1 (1.3%)
Trouble taking care of a child, family member, or friend	2 (2.5%)
Currently unemployed and looking for a job	19 (24.1%)
Housing insecurity or homelessness ^b	23 (29.1%)
Food insecurity ^c	23 (29.1%)

a

Social Determinants of Health screening began in August 2017.

b

Ever marked yes to either "I do not have a steady place to live," or "I have a steady place today but am worried."

c

Ever marked sometimes or often true to "Past 12Months, Food Didn't Last and No Money to Get it" or "Past 12Months, Worried Whether Food Would Run Out," or marked experiencing a food emergency.

The HEADSSS assessment

Home

Education/employment/eating

Activities

Drugs

Sexuality

Suicide/depression

Safety

Table 2
HEADSSS psychosocial assessment tool

H	Home: where do you live; with whom do you live; relationships at home; violence at home
E	Education: what grade are you in; school performance; changes in school performance; favorite subjects; future plans/goals; problems at school with bullying, suspension Employment: hours; effect on school performance Eating: history of dieting; concerns about weight/body; exercise habits
A	Activities: activities with friends; activities with families; extracurricular activities/sports; hobbies; television/media use
D	Drugs: tobacco, alcohol, or substance use; frequency of use; social use vs using alone; CRAFFT questionnaire if concerns for abuse
S	Sexuality: romantic relationships; interested in boys/girls/both; sexual activity (ask about types of sexual activity; have you ever used birth control; have you ever been pregnant; have you have had an STI or STI testing; is family aware of sexual activity or sexual/gender identity; safe sex practices)
S	Suicide/depression: are you more sad, irritable, or anxious than usual; do you have a lack of interest in activities or difficulty with sleep or energy; are you more isolated; any thoughts of killing yourself, hurting yourself or other; have you ever tried to kill yourself or hurt yourself?
S	Safety: seatbelt use; helmet/protective equipment use; texting and driving; ridden with someone who was impaired; exposure to violence at home, at school; history of physical or sexual abuse; bullying at school; cyber bullying; access to guns

Abbreviation: CRAFFT, car, relax, alone, forget, friends, trouble.

Adapted from Goldenring J RD. Getting into adolescent heads: An essential update. *Contemp Pediatr* 2004;21:64.

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost **help starts here:**

ZIP

22,568,065 people use it (and growing daily)

If you or someone you know is in crisis, call or text 988 to reach the [Suicide and Crisis Lifeline](#), chat with them online via their website, or text HOME to 741741 (multiple languages available). If this is an emergency, call 911.

By continuing, you agree to the [Terms & Privacy](#)



ZIP or keyword or program name



Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here:

Select Language



FOOD



HOUSING



GOODS



TRANSIT



HEALTH



MONEY



CARE



EDUCATION



WORK



LEGAL



1,931 programs

in the bangor, me 04401 area

Choose from the categories above and browse local programs



A path to resources and supports for families in Maine.

About Access Maine

Access Maine is an online resource guide with information to connect people living in Maine to public programs, services, and other resources that are available to provide support they need to be safe, happy, healthy, and successful.

To begin searching for programs, click on a category or type in the search feature above.

- I'm looking for...
- 211 Maine
- Crisis Support Numbers

What do you need help with?

Find services in your area by selecting an area of need or by searching by keyword. You can also dial 211 or text your zip code to 898-211.

Select a need below:

SELECT AN AREA OF NEED ▼

SELECT THE SITUATION ▼

Town or Zip Code 🔍

LOCATE SERVICES

Search by keyword:

Select an option or type a keyword

Town or Zip Code 🔍

OR

LOCATE SERVICES

You can also connect with Maine specialists by dialing 211 or texting your zip code to 898-211.

Need help using this tool?

Welcome to My Maine Connection

The State of Maine's space for you to connect with state resources

Apply for Benefits

Get benefits for health, food, and household expenses.

Prescreening Tool

See if your household may be potentially eligible for benefits.

https://www.mymaineconnection.gov/benefits/s/?language=en_US

Health Assistance, Food Assistance, TANF, Information from OFI

Transportation:

<https://www.maine.gov/dhhs/oms/member-resources/transportation>

Resources for Youth Experiencing Homelessness

For more information
contact Alice Preble
Alice.preble@maine.
gov

- **Preble Street:** Leah McDonald- lmcdonald@preblestreet.org
Transitional Housing to Rapid Rehousing Program (TH-RRH) serves York, Cumberland, Oxford, and Sagadahoc counties.
- Mobile Diversion and Navigation team serves 11 counties: York, Cumberland, Oxford, Franklin, Androscoggin, Kennebec, Somerset, Waldo, Knox, Lincoln, and Sagadahoc counties
- **Shaw House:** David McCluskey- McCluskey, DMcCluskey@comcareme.org (in partnership with Aroostook CAP)
 - Transitional Housing to Rapid Rehousing Program (TH-RRH) Aroostook, Washington, Piscataquis, Penobscot, and Hancock Counties.
 - Mobile Diversion and Navigation Team serves Aroostook, Washington, Piscataquis, Penobscot, and Hancock Counties.
- **Penquis CAP:** Tamar Mathieu- Tamar Mathieu- TMathieu@penquis.org
 - Host Home Pilot Project will be serving greater Piscataquis County (Piscataquis County and the Dexter area in Penobscot County).
- **VOA, Northern New England:** Mike Merrill - michael.merrill@voanne.org

Youth Homeless Services Continuum of Care

The agencies that provide Youth Shelter Programming, Drop-In programming, Community and Street Outreach, Transitional Living, and Housing Support Voucher Programming are:

Region I- Preble Street , Leah McDonald :
lmcdonald@preblestreet.org

Region II- New Beginnings- Jennifer Needham,
jneedham@newbeginmaine.org

Region III- Community Care/Shaw House- AlisonSmall,
AlisonSmall@shawhouse.us

Shelters and transitional programs for youth and young adults

- Mid Maine Homeless Shelter and Services in Waterville has a Transitional Housing for youth 18-24 in Waterville [Youth Empowerment Supports \(YES\) \(shelterme.org\)](http://shelterme.org)
- The Landing Place in Rockland [The Landing Place — Knox County Homeless Coalition \(homehelphope.org\)](http://homehelphope.org)
- The Northern Lighthouse : the Safe House Shelter, with 4 beds,: [Safe Harbor Shelter – The Northern Lighthouse, Inc. \(tnlh.org\)](http://tnlh.org)
- The Northern Lighthouse recently opened a transitional living program that is licensed for 16 beds and presently has 14 beds [Transitional Living Program – The Northern Lighthouse, Inc. \(tnlh.org\)](http://tnlh.org)

Where to learn more about the McKinney –Vento Homeless Assistance

The screenshot shows the Maine Department of Education website. At the top left is the logo with a star and the text "Maine Department of Education". To the right are links for "Newsroom | Contact Us | Commissioner | A-Z Index" and a search bar labeled "Search Maine DOE Website" with a "SEARCH" button. A dark navigation bar contains menu items: "About", "Educators", "Teaching & Learning", "Maine Schools", "Assessment & Accountability", "Data & Reporting", and "Funding". Below this is a breadcrumb trail: "Home → Maine Schools → School & Student Supports (O3S) → School Based Mental Health Supports → McKinney-Vento Education in Maine → McKinney-Vento Education in Maine".

On the left is a vertical sidebar menu with the following items: "Attendance & Dropout Prevention", "Community Schools", "Counseling & Social Services" (highlighted in dark blue), "Employee and Student Wellness", "Family Engagement and Cultural Responsiveness", "Highly Mobile Students", "Legal Services for Families", "LGBTQ+", "School Climate", and "School Health Services".

The main content area features the heading "McKinney-Vento Education in Maine". Below it is a graphic with a teal wave icon in the top left corner. The text reads: "IS YOUR HOUSING SITUATION MAKING IT HARD TO SUCCEED IN SCHOOL?" followed by "You may be eligible for certain educational protections under the McKinney-Vento Act, such as:". Three green callout boxes with checkmarks list the following benefits:

- Access to free meals, school supplies, and transportation to/from school
- Ability to enroll in a new school immediately, without usual required documentation
- Ability to stay in the same school even if you're living out of the district

At the bottom of the graphic, it says: "Connect with your local liaison today to learn more about your rights: <https://bit.ly/3Eh3RIt>".

<https://www.maine.gov/doe/schools/safeschools/counseling/highmobility/homelessed>

Youth Peer support

- If you have youth that may be interested in a one a 1:1 Youth Peer Support Specialist, or to participate in some of the Youth Peer Support Statewide Network activities, here is a link to their website.
- [Youth Peer Support Statewide Network | Maine Behavioral Healthcare | Maine \(mainehealth.org\)](https://www.mainehealth.org/youth-peer-support)



Serving Youth in Rural Jurisdictions: Maine's Regional Care Team Initiative

For more information or to place a referral :

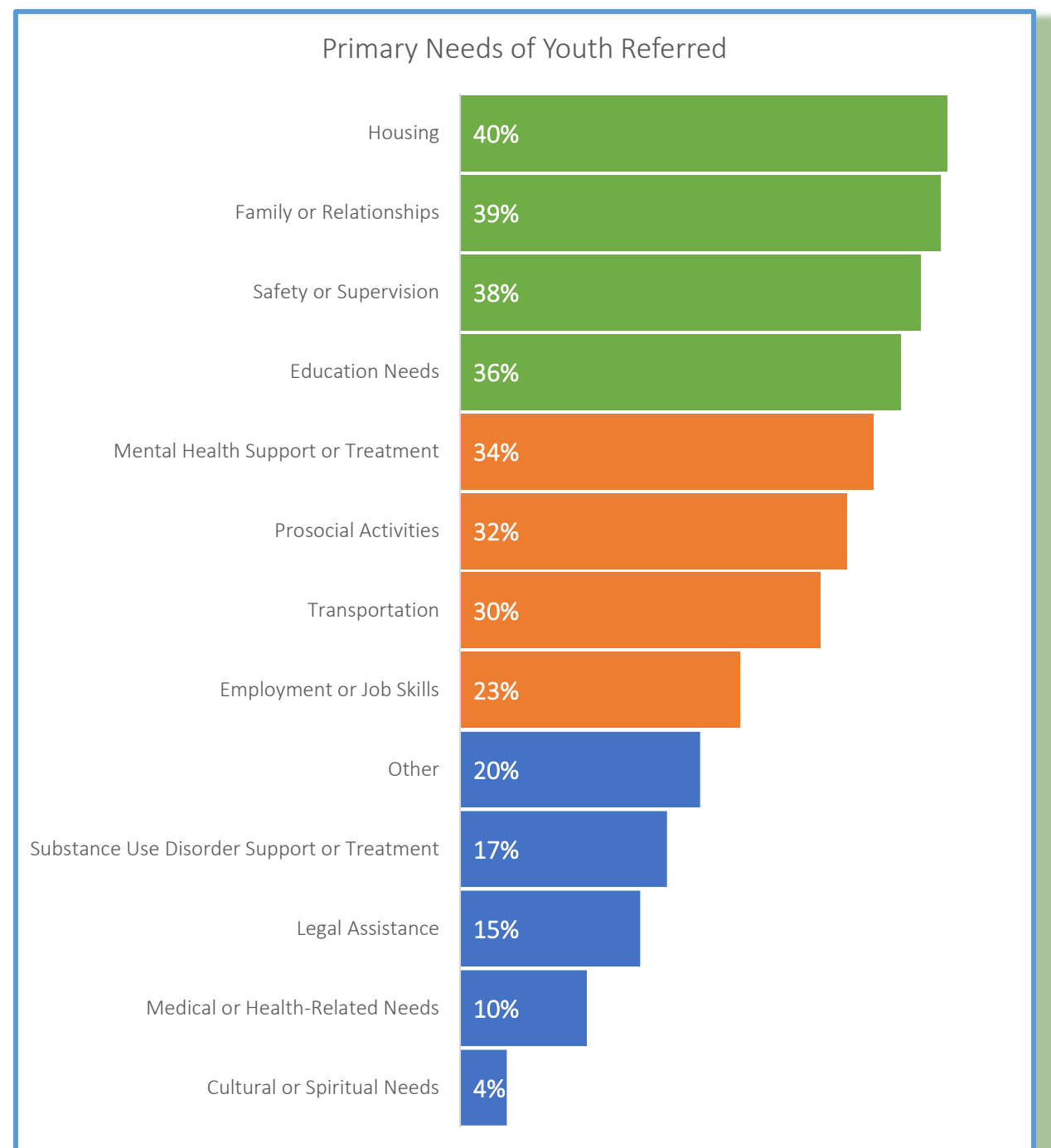
<https://placemattersmaine.org/regional-care-teams/>.

Regional Care Teams

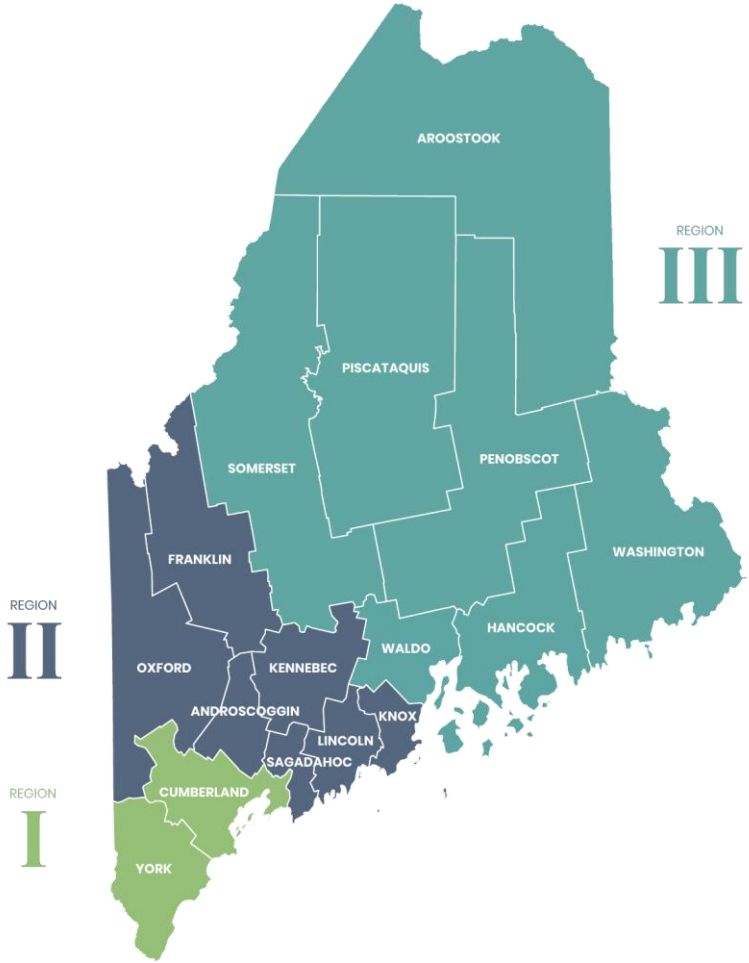
- Intentional cross systems teams sharing resources and strategies to inform programmatic, regional and system decision making and improve youth, program, and population outcomes.
- The RCTs foster collaboration in each region with **two main goals:**
 - 1) support individual system-involved youth and their families
 - 2) inform broader system change

Primary Needs of Youth Referred to RCT

- Top areas of need were **Housing (40%), Family or Relationships (39%), and Safety or Supervision (38%)**.
- **83%** of referrals had juvenile justice history- with 42% under DOC community supervision at the time of referral.
- In addition, 31% had a known history with child welfare and 25% had a history of school discipline.
- **54%** of referrals had the potential to aid in the **prevention of youth commitment or detention**.



Regional Care Team Boundaries



1: Cumberland and York

2: Androscoggin, Knox, Kennebec, Oxford, Lincoln, Sagadahoc, Franklin

3: Aroostook, Piscataquis, Penobscot, Washington, Waldo, Hancock, Somerset

Services through Children's Behavioral Health

MaineCare services are available to children who [receive health care coverage from MaineCare](#) or have the Katie Beckett Waiver. Eligibility for these services is determined by [MaineCare rules](#).

Katie Beckett Waiver- Additional coverage for children who do not meet regular MaineCare eligibility requirements may be available through a Katie Beckett Waiver. See our **Apply for [Health Coverage Assistance page](#)** for more information.

Referrals for all Children's Behavioral Health Services can be made by parents, guardians, or any support person who has parent/guardian permission.

The Katie Beckett Program

An Eligibility Roadmap

Katie Beckett is a MaineCare program that provides medical coverage for children living at home with long-term disabilities or complex medical needs. Katie Beckett eligibility allows these children to be cared for at home instead of in an institution. Only the child's income and assets are considered when determining eligibility for Katie Beckett. The parent's income is needed to see if the child is eligible in another MaineCare category and to determine a monthly premium amount.

A child must meet all the non-financial MaineCare requirements for citizenship, Maine residency, etc. **and:**

- Be under 19 years of age
- Be disabled by Social Security Disability standards
- Live at home with their family
- Have monthly income less than 300% of the Supplemental Security Income (SSI) and resources less than \$2,000
- Not incur a cost at home that exceeds the cost MaineCare would pay if the child were in an institution
- Not be eligible for MaineCare in another category
- Require a level of care typically provided in a psychiatric hospital, nursing facility, or group home

What is meant by "level of care"?

Level of care is care normally provided in one of the following: an acute care hospital (medical or psychiatric), nursing facility, or an Intermediate Care Facility or group home. There are five Katie Beckett levels of care: psychiatric hospital; nursing facility; individuals with intellectual disability – group home; individuals with intellectual disability – nursing facility; and hospital.

Who's who?

There are a few different agencies involved in determining eligibility for the Katie Beckett program.

Office for Family Independence (OFI): This is the DHHS agency that determines if someone is eligible for MaineCare, including Katie Beckett.

Office of MaineCare Services (OMS): This is the DHHS agency that pays providers for the services they provide to MaineCare members. OMS facilitates the medical assessment process with KEPRO (see below) and collaborates with OFI regarding medical eligibility. OMS also tracks the financial charges to ensure the member does not exceed the annual maximum amount that MaineCare will pay each year based on the level of care needed.

Medical Review Team (MRT): This team is responsible for reviewing an individual's medical documents to determine if they meet the Social Security Administration's disability standards. DHHS has a contract with the University of Massachusetts (UMass) to conduct this review.

KEPRO: This agency has a contract with DHHS to complete the medical assessment to determine if the child meets the standards for institutional level of care.

- [Article in NY Times on her mother](#)
- [Guide to the Mainecare Katie Beckett Application Process](#)

Julie Beckett, Who Helped Disabled Children Live at Home, Dies at 72

A waiver named for her daughter, Katie, has allowed hundreds of thousands of children to receive medical care without having to live in a hospital.



Julie Beckett with her daughter, Katie, when Katie was released from a hospital in Iowa in 1981. Ms. Beckett became a leading disability-rights advocate, fighting for changes in Medicaid coverage of in-home care. United Press International



- **Children's Behavioral Health Services Website**

- **Information for families:**

- <https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/services>

- **Helpful Tools for Youth and Caregivers:**

- <https://www.maine.gov/dhhs/ocfs/support-for-families/childrens-behavioral-health/services/resources>

- **Information for providers:**

- <https://www.maine.gov/dhhs/ocfs/provider-resources/staff-development-training>



For more information to help families:

- MaineCare Information
- **Judy DeMerchant**- Family Information Specialist
- Telephone: (207)493-4135
- Fax: 493-4168
- judy.demerchant@maine.gov
- Children with Special Health Care Needs
- **Pamala Martin**- SHCN Coordinator
- Telephone 207-287-5349
- Pamala.martin@maine.gov



Answers...

A handbook

for youth

by youth

in foster care

[Link to PDF of handbook](#)

For more information on
foster youth:
dulcey.lebarge@maine.gov

This handbook was created by the Youth Leadership Advisory Team, (YLAT).

HIGH SCHOOL & BEYOND



A Guide to
TRANSITION
Services in
Maine

[Link to PDF of Guide](#)

Know where to refer:



SAMHSA

Substance Abuse and Mental Health
Services Administration

For help finding treatment: [800-662-HELP \(4357\)](tel:800-662-HELP)

Search SAMHSA.gov

Search

Home

Search For Treatment

State Agencies

Facility Registration

FAQs

Help

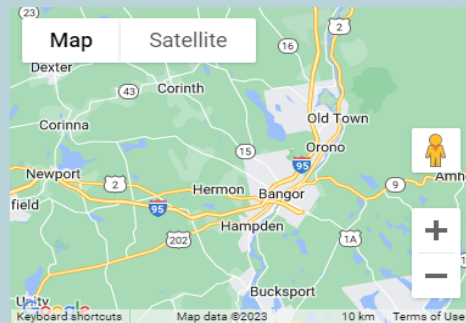
About

Contact Us

Search For Treatment

Confidential and anonymous resource for locating treatment facilities for mental and substance use disorders in the United States and its territories.

Search Results



Legend: Facility Types

- Health Care Centers
- Substance Use
- Mental Health
- Buprenorphine Practitioners
- Opioid Treatment Programs

Your Location

Veazie, ME 04401, USA

State

County

Distance

10 miles

Search

PLEASE NOTE: Call the facility before your visit to make sure they provide the services you need. See [common questions](#) to help guide your conversation. Learn more about [treatment options](#).

<https://findtreatment.gov/locator>



Substance Use/Opioid Treatment

[Youth Peer Support Statewide Network](#)

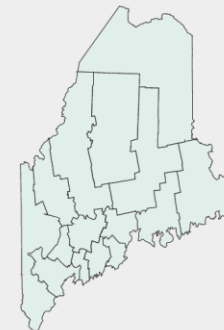
Youth Peer Support Statewide Network now accepting referrals for youth peer support!

Maine Behavioral Healthcare was awarded a new contract with the State of Maine to develop a Youth Peer Support Statewide Network (YPSSN). This program offers anyone in the state of Maine who is between the ages of 14 and 26 access to a variety of peer support opportunities. The contract officially began in February of this year and we are already offering a number of activities for Maine's youth and young adults who are struggling or have struggled with their mental health, which may include substance use. There is no insurance needed, no diagnosis required, and no cost.

The YPSSN has youth peer support staff in Portland, Lewiston and Bangor primarily. We also will have staff in Piscataquis, Aroostook, and Penobscot Counties offering support to youth and young adults on waitlists for behavioral health services. Again, this is a statewide program, so youth and young adults from across Maine can access virtual and in-person activities.

Resource Locator

Click on your county in the map. Local, state, and national resources will be shown.



Washington County Resources

Aroostook Mental Health Center (AMHC)

Offers a variety of inpatient and outpatient substance use disorder prevention and treatment services, including residential, peer recovery, and Medication Assisted Treatment (MAT). MAT available at Madawaska, Caribou, Presque Isle, Houlton, and Ellsworth locations.

Outpatient Locations:

- Aroostook:**
- 43 Hatch Drive, 3rd Floor, Caribou, (207) 493-3361
- 104 East Main St., Fort Kent, (207) 834-3186
- 11 Mill St., Houlton, (207) 532-6523
- 88 Fox St., Suite 101, Madawaska, (207) 728-6341
- 180 Academy St., Presque Isle, (207) 764-3319

- Hancock:**
- 710 Bucksport Road, Ellsworth, (207) 667-6890

- Washington:**
- 127 Palmer St., Calais, (207) 454-0775
- 14 Steve's Ln., Marsfield, (207) 255-0996

Outpatient Services available to adolescents:

- Mental health counseling
- Substance use counseling
- Medication Assisted Treatment (MAT)
- Dual-diagnosis treatment
- Detoxification management

[Maine AAP Webpage for Providers](#)

Child Health Disparities: What Can a Clinician Do? Pediatrics. November 2015

- Clinicians can play a critical role in
- (1) diagnosing disparities in one's community and practice,
- (2) innovating new models to address social determinants of health,
- (3) addressing health literacy of families,
- (4) ensuring cultural competence and a culture of workplace equity,
- (5) advocating for issues that address the root causes of health disparities.
- Clinical care approaches to address social determinants of health and interrupting the intergenerational cycle of disadvantage include (1) screening for new health "vital signs" and connecting families to resources, (2) enhancing the comprehensiveness of services, (3) addressing family health in pediatric encounters, and (4) moving care outside the office into the community.



Integrating Social Determinants of Health Into Health Supervision Visits

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.¹

Bright Futures Guidelines promote the lifelong health of children and families by considering the many contexts in which people live. By integrating the social determinants of health into health supervision visits, health care practices can take a broad view of the circumstances in a family's life and offer strategies that enhance its health and wellness.

WHAT ARE SOCIAL DETERMINANTS OF HEALTH?

Social determinants of health are the web of interpersonal and community relationships experienced by children, parents, and families. They can include strengths and protective factors and risk factors.

Strengths and protective factors and risk factors emerge from parents, families, and communities (see table on page 2).

Children exposed to stable, safe, and nurturing environments can typically develop into resilient and healthy adolescents and adults. However, children who are exposed to excessive and repeated stress in their family and social relationships are at elevated risk for disrupted development and long-term negative consequences. These adverse childhood experiences (ACEs) harm both physical and mental health.

Although social determinants are not new to health care professionals, new science underpins their importance and provides evidence for effective interventions. For example, abuse and neglect have long-term effects on brain development and increase the likelihood of behavioral disorders in the child. In addition, families with less access to healthful food (food insecurity) are more likely to buy

and consume less expensive foods, which are often lower in nutritional value but more calorically dense than more expensive foods.

SUPPORT FAMILIES BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH

The Bright Futures health supervision visits provide opportunities to identify and address the social determinants of health through screening and anticipatory guidance for

ABOUT BRIGHT FUTURES

Bright Futures is a national health promotion and prevention initiative, led by the American Academy of Pediatrics (AAP) and supported by the Maternal and Child Health Bureau, Health Resources and Services Administration. The *Bright Futures Guidelines* provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits. Bright Futures content can be incorporated into many public health programs such as home visiting, child care, school-based health clinics, and many others. Materials developed especially for families are also available. Learn more about Bright Futures and get Bright Futures materials by visiting brightfutures.aap.org.



Tips to Link Your Practice to Community Resources

START SMALL

Creating effective partnerships with your community is an ongoing, evolving process.

Consider starting with a narrow focus of 1 or 2 services your patients need most frequently and 1 or 2 strategies for linking to agencies that provide those services. Direct your practice's community liaison or team to research community resources for those topics and develop systems for working with the organizations that provide relevant services. What you learn by fully developing 1 or 2 links at a time provides lessons learned that your practice can use to create future partnerships.

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Bright Futures content can be incorporated into many public health programs such as home visiting, child care, school-based health clinics, and many others. Materials developed especially for families are also available. Learn more about Bright Futures and get Bright Futures materials by visiting brightfutures.aap.org.



Your community is rich with resources to provide a wider range of services to your patients and families. Many community-based agencies and organizations extend the reach of primary care professionals and support expanded counseling, extensive follow-up for patients who have complex conditions, and targeted services for routine problems. Identifying the strengths and needs of the individual child and family, then maximizing access to community supports to address the wide range of issues patients face, promotes a holistic approach to supporting patients and families.

Practices can undertake several key changes to more effectively connect with their community:

- Identify a community liaison (or team).
- Identify frequent community referrals.
- Determine high-quality community resources that serve the infant and early childhood population.
- Ask patients and their families to share what they know about helpful resources and services.
- Identify contacts at agencies for information exchange and support for referred patients.
- Create a community resources and agencies list to share with patients and staff.
- Develop simple tracking systems that support patient care among agencies and the practice (eg, eligibility criteria from agencies, uniform "release of information" forms).
- Gather and share information from community resources.
- Document referrals to and use of community services in patients' charts.
- Update information about community resources systematically and regularly.



Prepare your practice to support SDOH



Build a team in your practice- medical assistant, RN, social worker, care coordinator, care manager, -“care coordination staff”



Build a system for screening



Be prepared with resources for action and referral



Know your community resources



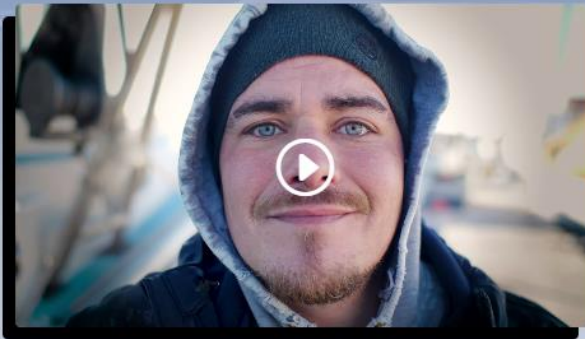
Know where to find information on state resources



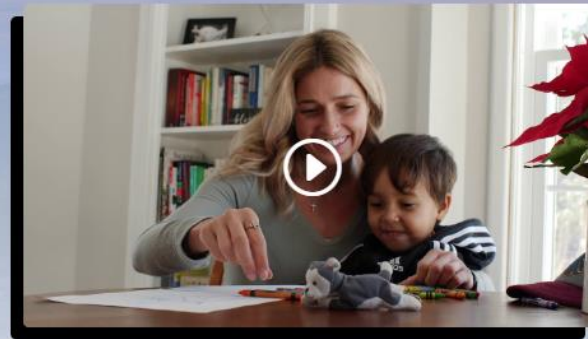
Use the EHR or other electronic tools to help with reminders and screening

WHEREVER YOU ARE IN YOUR
JOURNEY,

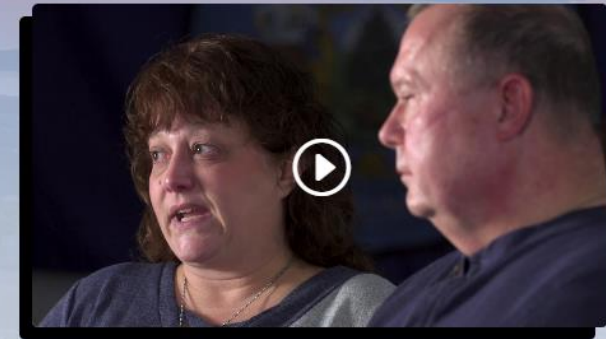
You're Not Alone.



Meet Dustin



Meet Chantel



Meet David and Shelly



Get Maine Naloxone — Find Narcan® / Naloxone in Maine

[Home](#) [Get Naloxone](#) [Naloxone FAQ](#) [Respond to Overdose](#) [Overdose Response Mobile App](#) [Naloxone Finder Tool \(Beta\)](#)

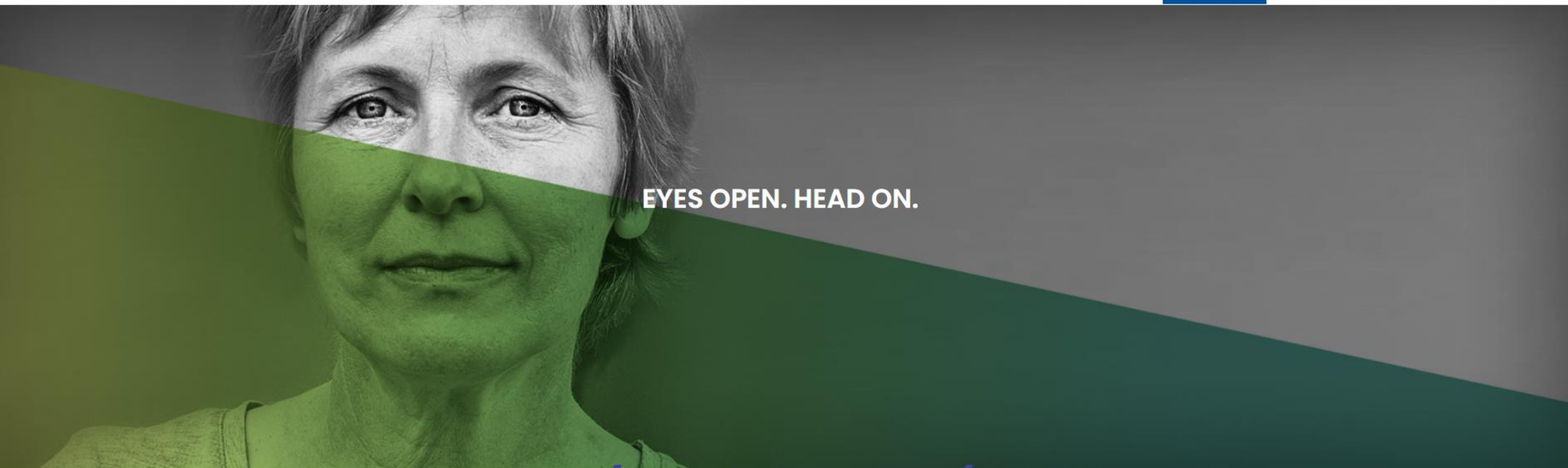
Naloxone in Maine saves lives

According to the [Maine Drug Data Hub](#) a minimum of 8,907 individuals were saved from opioid overdoses during 2021. That is nearly the population of Old Orchard Beach, Maine, the state's 14th largest town. These individuals survived due to two primary factors:

1. Someone was there to identify the sights and sounds of an overdose and was able to respond.
2. Naloxone was available for individuals, law enforcement professionals, and emergency medical personnel.

Since 2019, the State of Maine has made State-supplied naloxone available to organizations and members of the community that wish to have-it-on-hand in case of an opioid overdose emergency or to distribute to individuals that use opioids as well as their loved ones. From July 2019 to August 2022 the Maine Naloxone Distribution Initiative and the Maine Attorney General's Naloxone Distribution Program has distributed over 238,000 doses of naloxone to communities throughout Maine.

<https://getmainenaloxone.org/>



EYES OPEN. HEAD ON.



PATIENTS

PRESCRIBERS

FRIENDS & FAMILY







Be safe. Be educated.
BE RESPONSIBLE.

There are a few things you should know about Marijuana in Maine.

LEARN MORE >

- 
- <https://knowyouroptions.me/>
 - <https://getmainenaloxone.org/>
 - <https://eyesopenforme.org/>
 - <https://goodtoknowmaine.com/>
 - <https://www.maineaccesspoints.org/>
 - <https://findtreatment.gov/>
 - <https://www.thenationalcouncil.org/program/ysbirt/>
- 

Further reading on SDOH

- CSDH (2008). [Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization.](#)
- <https://health.gov/healthypeople/priority-areas/social-determinants-health>
- Office of Disease Prevention and Health Promotion. *Social determinants of health*. U.S. Department of Health and Human Services. <https://health.gov/healthypeople/priority-areas/social-determinants-health>
- Centers for Disease Control and Prevention. (2021). *About social determinants of health*. <https://www.cdc.gov/socialdeterminants/about.html>
- [Review of Evidence for Health-Related Social Needs Interventions](#) – The Commonwealth Fund

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- Cheng TL, Emmanuel MA, Levy DJ, Jenkins RR. Child Health Disparities: What Can a Clinician Do? *Pediatrics*. 2015 Nov;136(5):961-8. doi: 10.1542/peds.2014-4126. Epub 2015 Oct 12. PMID: 26459644; PMCID: PMC4621792.
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- Sokol R., Austin A, Chandler C, Byrum E, Bousquette J, Lancaster C, et al; Screening Children for Social Determinants of Health: A Systematic Review. *Pediatrics* October 2019; 144 (4): e20191622. 10.1542/peds.2019-1622
- Settiani CA, Hawke LD, Virido G, Yorke E, Mehra K, Henderson J. Social Determinants of Health among Youth Seeking Substance Use and Mental Health Treatment. *J Can Acad Child Adolesc Psychiatry*. 2018 Nov;27(4):213-221. Epub 2018 Nov 1. PMID: 30487936; PMCID: PMC6254257.



Thank you.

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