

## Public Health Working Group Process Plan

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*The mission of the PHWG is to recommend the framework for Maine's comprehensive public health system.*

From L.D. 1614: "By January 1, 2007, the PHWG shall report to the Joint Standing Committee on Health and Human Services on any action that it has taken with regard to core competencies, functions and performance standards for comprehensive community health coalitions and the resource inventory and integration of funding sources. The report must also include identification of administrative units and regions for the purposes of administration, funding and the effective and efficient delivery of public health services."

The PHWG is composed of 33 members. The group will seek 100% consensus through a well-structured and staged process with a fallback of a 90% "super majority" for decision-making if consensus can't be reached. The 90% trigger would be measured by full membership, not those participating in the meetings. Proxies will not be allowed except under very special circumstances.

A significant portion of the PHWG's work toward its final recommendations will take place through formal Subcommittees. Only PHWG members will be voting members of Subcommittees, however other stakeholders will have the opportunity to have their voices heard at the Subcommittee level. The PHWG will instruct the Subcommittees with regard to those stakeholders – at a minimum – who should be included in the discussions at the Subcommittee level. The PHWG will accept recommendations of Subcommittees as part of a consent agenda, however if any member of the PHWG finds that he or she has a significant issue with a Subcommittee recommendation, the issue can be subject to further discussion at the large group level.

Five Subcommittees are proposed at this time. This recommended Subcommittee structure does not preclude establishing additional Subcommittees or Task Forces in future that the PHWG may find necessary to further its work.

1. Coalition Core Competencies Subcommittee (as called for in L.D. 1614)
2. Current Public Health Infrastructure Subcommittee
3. Public Health Models and Options Subcommittee
4. Interdepartmental Subcommittee (as called for in L.D. 1614)
5. Communication and Feedback Subcommittee

PHWG members will self-assign to one or more individual Subcommittees (with the exception of the Interdepartmental Subcommittee). Subcommittees will be asked to report on their progress at PHWG whole group meetings and all PHWG members will have opportunities to provide input to Subcommittees. Each Subcommittee will have facilitation services available through Stern Consulting International. Initial meetings of Subcommittees 1 – 3 (above) will be scheduled in April. Charges to the Subcommittees and a master PHWG workplan follow.

**1. Coalition Core Competencies Subcommittee (as called for in L.D. 1614)**

Chairs: Joanne Joy and Lynne Rothney-Kozlak

From L.D. 1614: "The Coalition Core Competencies Subcommittee must be cochaired by the member of the Maine Network of Healthy Communities and the member of the Maine Center for Public Health that sit on the Public Health Work Group. The subcommittee shall develop core competencies, functions and performance standards for comprehensive community health coalitions. The subcommittee shall report on its work to the Public Health Work Group and to the Joint Standing Committee on Health and Human Services by August 30, 2006. Comprehensive community health coalition functions may include, but are not limited to, needs assessment; development of a community action plan; leveraging and coordinating resources, funding and programs; monitoring quality of life indicators; communication; technical assistance; and evaluation of health initiatives."

Core Competencies Subcommittee Charge: To prepare an interim report and recommendations to the PHWG by July 19 and a final report and recommendations by August 17 that respond to the following questions:

- A. What core competencies must a Comprehensive Community Health Coalition have in place, e.g. what governance and administrative capacities? What specific organizational skills and resources?
- B. Which functions within the ten essential public health services should be carried out by Coalitions – either directly or through appropriate contracting?
- C. What performance standards must be met by Coalitions?

**2. Current Public Health Infrastructure Subcommittee**

Chairs: Bill Primmerman and Shawn Yardley

Current Infrastructure Subcommittee Charge: To prepare an interim report and recommendations to the PHWG by July 14 and a final report and recommendations by August 31 that respond to the following questions:

- A. How are the ten essential public health services currently being carried out in Maine?
- B. What is the current inventory, baseline and map of services? How are they funded?
- C. What additional existing policies, systems or factors should be noted with regard to delivery of public health services?

**3. Public Health Models and Options Subcommittee**

Chairs: Leah Binder and Andy Coburn

Models and Options Subcommittee Charge: To prepare an interim report and recommendations to the PHWG by July 14 and a final report and recommendations by August 31 that respond to the following questions:

- A. What are the best practice models and options for comprehensive statewide public health frameworks in other U.S. states and abroad, including communications infrastructures?
- B. How are other Maine statewide and substate health, government and comparable functions structured?

- C. Shown on a matrix, what are the pros and cons of these frameworks and structures and what additional qualitative perspectives are helpful?
- D. Shown on a matrix, what are the pros and cons of these Maine structures and what additional qualitative perspectives are helpful?

#### **4. Interdepartmental Subcommittee**

Chairs: TBD

From L.D. 1614: "The Interdepartmental Subcommittee members must include representatives of Communities for Children, the Governor's Office of Health Policy and Finance, the Department of Health and Human Services and that department's Office of Substance Abuse and Maine Center for Disease Control and Prevention, the Department of Education, the Department of Corrections, the Department of Conservation and the Department of Transportation. The subcommittee shall inventory resources and develop a plan to integrate some funding sources to support the public health priorities and functions identified in the State Health Plan. Each state agency member of the subcommittee shall determine how to integrate the core competencies, functions and performance standards into the work and funding decisions of that member's agency. The subcommittee shall report on its work to the Public Health Work Group and to the Joint Standing Committee on Health and Human Services by October 30, 2006."

Interdepartmental Subcommittee Charge: To prepare a report and recommendations to the PHWG by September 1 that respond to the following questions:

- A. What is the inventory of resources and plan to integrate some funding sources to support the public health priorities and functions identified in the State Health Plan?
- B. How will each state agency integrate the core competencies, functions and performance standards into the work and funding decisions of that agency?
- C. What additional funding sources, private and public, might be explored to support implementation of the PHWG recommendations for delivery of public health services?

#### **5. Communication and Feedback Subcommittee**

Chairs: TBD

Communications Subcommittee Charge: To develop and begin implementing plans for the PHWG by May 31 that respond to the following questions:

- A. How will the PHWG conduct two-way communications with its constituencies?
- B. Who must be reached?
- C. What will be the messages, tools, and communications methods?
- D. How will PHWG members work together to carry out communications plans?