

List

Inquiry

Healthy Maine Partnerships

- A – Expanded Timeline of Events Related to HMP Lead Selection
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Timeline of Relevant Events Related to HMP Lead Selection (Expanded from Table 1 in OPEGA's Report)	
Time Frame	Description
November 2010	Bidders conference held to begin RFP process for FY12 HMP award.
July 1, 2011	Contracts awarded to 26 HMPs as a result of RFP process. Tribal HMP contract also awarded.
December 2011	DHHS proposes cuts to HMP program in FY13 Emergency Supplemental Budget.
January 2012	MCDC begins strategizing about possible move to nine HMPs.
February 29, 2012	MCDC core group members meet with DAFS Purchases for guidance on whether an RFP process is needed to reduce the number of HMPs.
April 5, 2012	MCDC's Director of Division of Local Public Health, Director of Division of Population Health and HMP Senior Program Manager meet to brainstorm criteria for determining best performing HMPs - a task that appears to have been assigned by the MCDC Deputy Director. They initially draft 4 core criteria and seven measures for those criteria. Those measures include four of the five categories/criteria HMPs were ultimately scored on: Cost of Operations - G&A expense %, Salary Guide Compliance and Surveys of the Project Officers (PO) and District Liaisons (DL) - as well as others.
April 23, 2012	The MCDC Core Group, including the Deputy Director and Director of the Office of Health Equity, meet on HMPs. The meeting is subject is given as "HMP Criteria Final Review". It appears that resulting from that meeting the group agreed on five "Core Criteria for Assessment" with eight related "Measures". Those measures still include four of the five category/criteria HMPs were ultimately scored on - as well as others. The category/criteria of Support and Promotion of Developing Infrastructure (SPDI) is not included as a measure. It appears the group also agreed on the survey questions for the POs and DLs as well as the language for the Introduction to the Survey.
May 3, 2012	MCDC conducts surveys of District Liaisons.
May 8, 2012	Provision requiring MCDC to fund all 27 HMPs is added to the budget.
May 16, 2012	FY13 Supplemental Budget passes, including one-third cut in HMP funding, from \$7.5 million to \$4.7 million, and requirement for MCDC to fund all 27 HMPs.
May 16, 2012	MCDC conducts surveys of Project Officers.
Late May 2012	Purpose of HMP selection shifts from choosing nine HMPs to choosing nine lead HMPs.
May 24, 2012	MCDC Core Group meets. Subject of the meeting is given as "HMP Assessment Results".
May 29, 2012	MCDC meets with stakeholders from the Friends for a Fund for Healthy Maine to solicit input on the planned changes.
June 1, 2012	MCDC Core Group meets. Subject of the meeting is given as "HMPs".
June 6, 2012	Some MCDC Core Group members meet with the Director of MCDC to present the results of their lead selection process.
June 13, 2012	Director of MCDC and core group members meet with the Commissioner of DHHS to present the results of their lead selection process.
June 14, 2012	Director of MCDC announces new HMP structure, funding distribution and lead selection at State Coordinating Council meeting.
June 18, 2012	MCDC has contacted lead HMPs who have agreed to serve in that role and is in process of contacting supporting HMPs.

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June 21, 2012	Lewiston Sun Journal (LSJ) reporter contacts DHHS Director of Communications by phone with questions about the change in HMP structure, funding decisions and process for selecting lead agencies. Asks to speak with the Commissioner. Director of Communications responds via email with explanations similar to information DHHS released publicly but not scoring results. Explains Commissioner is unavailable and arranges for reporter to speak with MCDC Deputy Director instead. Appears Deputy Director and LSJ reporter do speak by phone.
June 21, 2012	Senate Democratic Majority Office Aide emails DHHS Director of Legislative Affairs formalizing Senator Craven's request for a meeting with DHHS Commissioner and Director of MCDC.
June 25, 2012	DHHS Director of Legislative Affairs responds via email to the Senate Democratic Majority Office Aide stating Commissioner is unavailable until July and offering an earlier meeting with MCDC Director.
June 26, 2012	LSJ Managing Editor-Days contacts DHHS Director of Communications via email following up on LSJ reporter's story. States that MCDC Deputy Director told the LSJ reporter there were score sheets used to narrow to the nine selected lead agencies. Requests copies of the score sheets for all 27 HMP Coalitions and asks if DHHS would like this formalized as a FOAA request. Director of Communications responds that he will work with MCDC and get back to LSJ as soon as he can.
June 27, 2012	MCDC Director and Deputy Director and DHHS Director of Legislative Affairs meet with Sen. Craven, Reps. McCiellan and Beaulieu, and representatives from Healthy Androscoggin.
June 29, 2012	LSJ Managing Editor-Days contacts DHHS Director of Communications via email asking for status of getting the score sheets. Director of Communications responds, apologizing for the delay and stating the scores were posted to the web the previous day. Sends the link to the score sheet on the website which includes the scores by criteria for all 27 HMPs.
July 1, 2012	Contracts awarded to nine lead HMPs, terminated with 18 supporting HMPs.
July 2, 2012	LSJ reporter sends email to DHHS Director of Communications with LSJ's initial Freedom of Access Act request. Requests 1) a copy of the underlying RFP, salary guidelines and salaries used to judge salary compliance for each HMP; 2) actual Likert scores each HMP received in the infrastructure category and the PO and DL scores for each question posed to them; 3) the POs and DLs who scored the HMPs and how long they have been serving in that role; 4) any written or electronic communications between Commissioner Mayhew and Director Pinette or their staff members on the entire process - specifies the timeframe of January 1, 2012 to June 30, 2012 (if a timeframe is needed).
July 3, 2012	MCDC Deputy Director sends email to LSJ reporter with attached letter that is agency's response to the FOAA. Letter estimates having the documents available by July 25, 2012 with an estimated cost of \$500.
July 9, 2012	DHHS Commissioner, MCDC Director and Deputy Director and DHHS Director of Legislative Affairs meet with Senators Craven and Rotundo, Reps McCiellan, Beaulieu and Lajoie and representatives from Healthy Androscoggin..
July 9, 2012	LSJ Managing Editor-Days emails MCDC Deputy Director regarding the agency's July 3 rd response to the FOAA request. States she finds the cost estimate preposterous, considers it an effective denial of the LSJ's initial request and requests to trim the FOAA request to eliminate the email communications. Reiterates that LSJ still wants to receive the other information requested. Also requests a) the 27 score sheets the DHHS Communications Director said he would work with MCDC to provide and which LSJ has not received and b) copies of all FOAA requests DHHS has received for the same information the LSJ is requesting and the Department's responses to those FOAAs.
July 10, 2012	MCDC Deputy Director forwards the LSJ's July 9 th email to several members of the MCDC Core Group involved in the HMP selection process and asks them for an estimate of the time needed to address the specific items requested in the FOAA. In this same email, she also asks the DHHS Director of Communications to explain what the Managing Editor's reference to him working on getting the 27 "score sheets" is about.

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July 12, 2012	MCDC Deputy Director sends email to LSJ Managing Editor-Days with attached letter that is agency's response to July 9 th revised FOAA request. Letter states information can be provided within two weeks of LSJ go ahead and that cost estimate is \$60. Also states there have been no other FOAA requests for information the LSJ is seeking.
July 17, 2012	LSJ Managing Editor-Days emails MCDC Deputy Director with go ahead to proceed with revised FOAA request at the \$60 cost estimate but asks the fee be waived given she believes there are legislators asking for the same information.
July 25, 2012	MCDC Deputy Director emails LSJ Managing Editor-Days with several documents requested in the FOAA. These are: 1) HMP salaries and the part of the RFP related to salaries; 2) PO and DL scores for each question for each HMP by District and a link to the web documents that contains the actual wording of the questions. The email explains the scores for the infrastructure category are those in the original scoring document on the CDC website. These scores were provided by Andy Finch and Sharon Leahy-Lind; 3) The names of the POs and DLs scoring the HMPs, which districts they serve, and how long each has served in that capacity. The email explains how three people scored the HMPs in the Western District in a collaborative manner. DHHS also waived the fee.
April 2, 2013	MCDC Director of Division of Local Public Health files complaint with Maine Human Rights Commission. Complaint alleges unlawful discrimination in retaliation for not complying with a directive by the MCDC Deputy Director to shred public records related to the HMP lead selection "before a certain FOIA request was made by the LSJ". Complaint states "The records in question showed the scoring results for all Healthy Maine Partnerships purportedly used to designate the nine "lead" programs that got substantially more funding than the others. What was described as an "objective" test was in fact manipulated so certain HMPs were favored over others."
April 3, 2013	LSJ runs a story on the filing of the Human Rights complaint which states that, through her lawyer, the MCDC Director of the Division of Local Public Health also said that the official scoring results posted on CDC's website differed from the scoring results she was told to shred.
April 3, 2013	LSJ reporter files two FOAA requests via email to DHHS Director of Communications. The requests are seeking 1) copies of all drafts of the scoring results associated with the Healthy Maine Partnerships scoring change and 2) all emails between the MCDC's Deputy Director, Director of Office of Health Equity and Director of the Division of Local Public Health (FOAA names the individuals specifically) between 5/1/12 and 8/1/12 regarding HMPs and/or FHM.
April 3 - 10, 2013	Email exchanges between LSJ reporter and DHHS Director of Communications where Director is responding to various questions posed by the reporter.
April 10, 2013	DHHS General Counsel emails LSJ reporter with Department's initial response to FOAA request stating that Department should be able to provide documents within approximately one week at no cost.
April 19, 2013	DHHS General Counsel emails LSJ reporter providing all emails retrieved by the MCDC to date between the MCDC's Deputy Director, Director of Office of Health Equity and Director of the Division of Local Public Health (FOAA names the individuals specifically) between 5/1/12 and 8/1/12 regarding HMPs and/or FHM. General Counsel also explains he has asked Office of Information Technology to also do a search and has received no estimate of timeframe on that yet.
April 19, 2013	DHHS General Counsel emails LSJ reporter re: her FOAA request for copies of drafts of scoring results stating they have not yet located any directly relevant documents. It is his understanding that the master Excel spreadsheet was updated and overwritten periodically and no versions appear to have been electronically transmitted. He has asked DHHS Internal Audit to conduct search of files for paper copies and OIT is already searching for emails. He will keep reporter posted.

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April 26, 2013	DHHS Office of Quality Improvement Services completes report on the HMP selection process identifying multiple issues.
May 14, 2013	DHHS Director of Communications drops off documents to LSJ reporter in response to FOAA request for copies of draft scoring results. Via subsequent email in response to LSJ reporter question about contents of package, Director of Communications confirms these are any drafts they were able to recover and some additional emails she had not previously received. Says they are still working on one person's communications and having OIT do an independent search.
July 1, 2013	Contracts renewed with nine lead HMPs for FY14.
Source: As determined by OPEGA from interviewee accounts and documentation reviewed.	

Government Oversight Committee Inquiry
Healthy Maine Partnerships FY13 Contracts and Funding
Summary of Criteria/Data Points Planned and Used for Scoring HMPs

Original Criteria/Data Points that Appear to have been Agreed to by Core Group on 4/23/12	Actual Criteria/Data Points Used
KIT Quarterly Work Plan Reports on Time and Complete	
Fiscal Reports Up to Date and On Time	
Senior Management Team Review of Strategies in the KIT 2012 Work Plan	
Ratio of Quarter 1 and 2 Milestones Reported as on Target, Not on Target	
Survey of Project Officers	Survey of Project Officers
Survey of District Liaisons	Survey of District Liaisons
Ratio of General and Admin Costs to Program Funds (Cost of Operations)	Ratio of General and Admin Costs to Program Funds (Cost of Operations)
Compliance with MCDC Guidance for Salaries (Salary Guide Compliance)	Compliance with MCDC Guidance for Salaries (Salary Guide Compliance)
	Support and Promotion of Developing Infrastructure
	Average Completion of Tobacco & Physical Activity and Nutrition Milestones (Tiebreaker used Only for Central District)

Healthy Maine Partnership Ranking

LEAD AGENCY	HMP	Cost of Operations		Salary Guide Compliance		Project Office Discussions		District Liaison Discussions		Average completion of Tobacco & PAH				
		Total	Overhead Rating	Percent of staff within salary guidelines	Salary Rating	Support and Promotion of Infrastructure	Total	Rating	Total	Rating	Sub Total	Adherence	Rating	Fiscal Score
Aroostook County Action Program	Healthy Academics	17,000	1	80.00%	1	3	48	57	2	15				18
Cary Medical Center	Power of Prevention	5,518	2	66.67%	1	3	34	54	2	13				12
Healthy Communities of the Capital Area	Healthy Communities Capital Area	4,800	1	75.00%	2	3	36	57	2	14	50.00%	1	21	
Metropolitan Health	PHAC	7,300	2	100.00%	2	3	53	61	2	18	81.67%	4	26	
Madeline Johnson Hospital	Straker Services	11,876	1	100.00%	2	5	54	58	3	20	79.67%	3	18	
Suburban Valley Hospital	Healthy PV	3,000	3	100.00%	2	2	34	28	2	17	56.33%	2	19	
Portland, City of (HMP)	Healthy Portland	8,200	3	26.57%	1	5	18	60	2	20			20	
Portland, City of (HMP)	Healthy City of Portland	7,400	4	17.14%	2	3	38	56	1	21			21	
People's Regional Opportunity Program (HMP)	Healthy Jobs	18,750	1	68.90%	4	1	36	58	1	18			18	
People's Regional Opportunity Program (HMP)	Healthy Jobs	26,350	2	90.90%	1	1	36	57	1	18			18	
Healthy Acadia	Healthy Acadia	17,350	1	80.00%	2	4	34	56	2	15			25	
Washington County of	Washington Co. One	9,800	2	66.67%	1	2	36	36	1	12			12	
York County	York County	12,800	2	72.00%	1	1	36	36	1	12			12	
York Region	York Region	54,320	2	100.00%	1	1	36	36	1	12			12	
York Region	York Region	8,000	2	28.57%	1	1	36	36	1	12			12	
York Region	York Region	11,500	2	38.57%	1	1	36	36	1	12			12	
York Region	York Region	10,000	2	33.33%	1	1	36	36	1	12			12	
York Region	York Region	7,500	2	25.00%	1	1	36	36	1	12			12	
York Region	York Region	3,800	2	13.33%	1	1	36	36	1	12			12	
York Region	York Region	2,770	2	9.23%	1	1	36	36	1	12			12	
York Region	York Region	12,000	2	66.67%	1	1	36	36	1	12			12	
York Region	York Region	18,500	2	90.00%	1	1	36	36	1	12			12	
York Region	York Region	8,000	2	25.00%	1	1	36	36	1	12			12	
Mean		12,140		68.75%										

PHMP and Grant Cost/Contract FY 12 Rating Tables Pa.doc

Summary Explanation of Total Scoring

Cost of Operation Column: All Operating Costs and General and Administrative (G&A) were derived from the FY12 contract numbers. Total contract amounts minus school health coordinator funding were used to determine the percentage. Scoring was done on a ranking basis within each District with the HMP with the lowest G&A awarded the highest score.

Salary Guide Compliance Column: Staff within salary guidelines was determined by the hourly salary rate from each FY12 budget compared to the representation contained in WFF 2010/2011. Scoring was conducted on a ranking basis within each District with the HMP with the greatest percentage of salaries within guidelines given the highest score.

Infrastructure Development Column: The Support and Implementation of Developing Infrastructure score was determined from staff knowledge of coalition activities and progress in this area. Each HMP was scored in a Likert scale (rating scale) within each District.

Project Office and District Liaison Columns: These discussions focused on questions that assessed grantee collaboration with Maine CDC, compliance with Maine CDC direction, implementation of Maine CDC initiatives at the local level, and support of Maine CDC's district level work. Each HMP was rated by supplying a Likert scale of 1-5 to questions that were designed to show the individual HMP performance in key areas of leadership (as opposed to programmatic performance) that were determined to be important to Maine CDC. These ratings were aggregated to provide a total score within the Project Office/District Liaison discussion columns. HMPs were then rated within their district dependent on their aggregated score.

The Breaker Column: Where aggregate scores tied, a tie breaker was used. The tie breaker consisted of the measure of completion of tobacco-related and physical activity and nutrition-related initiatives as reported by each grantee in the HMP RPT monitoring system. This score was a strict percentage of completion of initiatives with the HMP completing the highest percent of their initiatives given the highest score.

Aggregate Subtotal: Aggregate subtotal scores were derived from totaling the rating scores from each column after applying a weighting to two areas determined to be most significant, Support and Promotion of Developing Infrastructure and Leadership from the Project Office Discussions. These areas were selected because of Maine CDC's investment in developing the public health infrastructure at the district level. In addition, because the project officers have worked closely with the HMPs for a significant number of years and are very familiar with their respective strengths and weaknesses their input was considered key. The formula used to rank the aggregate subtotal compiled the ratings in the following way: Cost of Operations + Salary Guide Compliance + (Support and Promotion of Developing Infrastructure *2) + (Project Office discussions*2) + District Liaison discussions.

Total Score: The total score is the aggregated subtotal, except in the Central District where the aggregate subtotal resulted in a tie score for two coalitions. In that case, scoring from the Tie Breaker Column was added to the aggregated subtotal.



Paul E. LePage, Governor Mary C. Haysler, Commissioner

HMP Performance Review

Contents of this packet:

1. The original criteria and survey document
2. A summary sheet of data from the different analysis performed

Contained in the summary sheet are data on:

- Cost of operations – All operating costs such as rent, telephone, utilities etc. added to the indirect rate taken, expressed as a percentage of the total community grant (no school funds)
 - Kit Quarterly reports – A sum total of quality rating two quarters of KIT progress reports (Q1 & Q2 FY-12)
 - Compliance with the salary guidelines contained in the RFP – Expressed as a percentage of funded staff within the guidelines
 - Project Officer and District Liaison survey results – Expressed as the average score and total scores for each coalition.
3. District Liaison survey raw data by District and question – Absent Midcoast data
 4. Project Officer survey raw data by District and question

LEAD AGENCY	HMP	Oper+G&A/Commun Total	Timeliness of Quarterlies	Salary Guide Compliance	Project Officers			District Liaisons		
					Average	Total	StdDev	Average	Total	StdDev
Aroostook County Action Prc	Healthy Aroostook	17.00%	4	80.00%	4.78	43	4.500	4.07	57	1.500
Cary Medical Center	Power of Prevention	5.51%	2	66.67%	3.78	34		3.86	54	
Healthy Communities of the	Healthy Communities Capitol Area	4.65%	5	75.00%	4.00	36	1.090	1.93	27	16.269
MaineGeneral Health	PATCH	7.38%	6	100.00%	3.67	33		4.36	61	
Redington Fairview Hospital	Greater Somerset	11.87%	3	100.00%	3.78	34		4.21	59	
Sebastcook Valley Hospital	Healthy SV	5.00%	6	100.00%	3.78	34		2.00	28	
Portland, City of (HP)	Healthy Portland	8.29%	3	28.57%	4.33	39	1.299	4.29	60	1.118
Portland, City of (HCB)	Healthy Casco Bay	7.48%	4	57.14%	4.22	38		4.21	59	
People's Regional Opportunt	Healthy Lakes	18.76%	6	60.00%	4.00	36		4.14	58	
People's Regional Opportunt	Healthy Rivers	16.33%	6	40.00%	4.00	36		4.07	57	
Healthy Acadia	Healthy Acadia	17.35%	5	80.00%	3.78	34	0.500	4.00	56	10.500
Washington, County of	Washington Co. One	9.36%	5	66.67%	3.89	35		2.50	35	
Mid Coast Hospital*	Access Health	12.01%	4	42.86%	4.44	40	7.649			
Youth Promise*	Healthy Lincoln Co.	24.52%	4	100.00%	2.78	25				
Penobscot Bay YMCA	Knox Co. Healthy Com	8.98%	5	33.33%	2.44	27				
Waldo County General Hosp	Healthy Waldo Co.	11.59%	5	33.33%	4.11	37				
Bangor Health and Welfare	Bangor Regional	13.04%	6	75.00%	4.00	36	0.816	3.74	44	7.625
Katahdin Shared Services	Healthy No. Penobscot	8.66%	3	100.00%	3.78	34		3.50	49	
Mayo Regional Hospital	Piscataquis Pub Health	10.47%	2	66.67%	3.89	35		3.57	50	
Central Maine Community Hi	Healthy Androscoggin	10.00%	4	66.67%	4.22	38	5.804	3.00	30	12.153
Healthy Community Coalition	Healthy Comm. Coalition	7.32%	2	100.00%	3.00	27		1.70	17	
River Valley Healthy Commu	Healthy River Valley	9.33%	2	100.00%	4.44	40		4.60	46	
Western Maine Health	Healthy Oxford Hills	5.87%	4	100.00%	3.11	28		1.60	16	
Goodall Hospital, Inc.*	Partners for Healthier Comm	16.05%	6	66.67%	3.22	29	3.091	2.07	29	14.353
University of New England	Coastal Healthy Comm	13.32%	6	50.00%	3.89	35		4.43	62	
York Hospital	Choose to be Healthy	9.38%	4	25.00%	4.00	36		2.50	35	

Average

11.14%

Review of local Healthy Maine Partnerships

May 2012

The following information is contained in the review grid reading from left to right with the two pages together:

1. Lead Agency name.
2. Healthy Maine Partnership coalition name.
3. Funding amounts from SFY-12 contract broken out by concentration area.
4. Rating of the quality of work and completeness of reporting taken from the last two reporting quarters.*
5. Survey results from surveys of the 8 Project Officers.*
6. Survey results from surveys of the 8 District Liaisons.*
7. Comments on the HMP's quality of work and partnership with MCDC.*

*While these assessments are subjective in nature, every effort has been made to be as objective in rating as possible.

LEAD AGENCY	HMHP	Contract Activities BY - 12					Work and Reporting			Project Officers Survey results			District Liaison Survey results			Comments
		Support of Public Health Infrastructures	Tobacco, Physical Activity, & Nutrition, and Chronic Diseases	OSA	Coordinated School Health	Total Contract	Average		Meaningful Differences by District			Meaningful Differences by District				
							Average Quality of Work Over 2 Quarters	Completeness of Reporting Over 2 Quarters	Average	Total	Difference by District	Average	Total	Difference by District		
Arrowsick County Action Program	Healthy Arrowsick	\$72,888	\$164,763	\$48,000	\$70,000	\$947,620	3.8	3.0	4.28	43	4,900	2,000	4.87	57	1,500	2.800 Does very good work and is a good partner to MCDC
City Medical Center	Power of Prevention	\$47,875	\$109,894	\$40,000	\$65,132	\$278,671	2.0	2.0	3.78	34		1,000	8.96	54		1.000
Healthy Commission of the Capital Area	Healthy Communities Capital Area	\$44,847	\$212,381	\$30,000	\$140,000	\$425,038	1.5	2.8	4.08	26	1,080	2,000	1.98	27	38,260	1.000 Work is good but partnership with MCDC is poor
Meine General Health	PATCH	\$87,808	\$149,205	\$30,000	\$70,000	\$277,326	3.0	2.5	4.67	38		1,000	4.36	61		1.000
Redington Family Hospital	Orpheus Wellness	\$25,114	\$115,318	\$20,000	\$70,000	\$298,432	3.4	2.0	3.78	34		1	4.21	50		2.000 Reporting is cursory, but work and partnership are excellent
Substance Valley Hospital	Healthy SV	\$34,376	\$81,834	\$30,000	\$70,000	\$425,238	1.5	4.0	3.79	34		1,080	2.80	28		1.000
Portland, City of (PCL)	Healthy Portland	\$36,440	\$128,552	\$18,181	\$70,000	\$295,157	3.0	2.8	4.23	30	1,284	2,000	4.29	60	1,118	1.000 Work is generally excellent, partnership can be touchy at times
Portland, City of (PCL)	Healthy Labor	\$44,189	\$128,552	\$18,181	\$80,000	\$386,833	3.0	2.5	4.23	36		1,000	4.14	38		1.000
People's Regional Opportunities Program (PR)	Healthy Labor	\$38,802	\$188,485	\$14,368	\$84,528	\$305,964	1.5	1.5	4.08	36		1,000	4.14	38		1.000
People's Regional Opportunities Program (PR)	Healthy Myers	\$44,808	\$237,278	\$24,381	\$70,000	\$276,588	1.5	2.5	4.02	36		1,000	4.07	37		1.000
Healthy Acadia	Healthy Acadia	\$80,801	\$150,514	\$40,000	\$140,808	\$480,416	1.5	4.0	1.79	84	8,508	1,000	4.00	16	10,500	2.000 Work is very good, partnership can be a challenge
Washington, County of	Washington Co. One	\$64,793	\$124,682	\$40,000	\$70,000	\$318,646	1.5	2.0	1.80	35		1,000	2.90	35		1.000
Wall Coast Hospital	Access Health	\$38,288	\$116,465	\$20,000	\$140,000	\$417,763	1.5	2.0	4.44	40	7,849	1,000	4.14	34	8,100	1.000 Excellent work
Health Promotion	Healthy Health Co.	\$38,894	\$126,422	\$20,000	\$87,898	\$251,963	3.0	3.0	2.76	25		1,800	4.14	44		1.000
Perennial Inc (PCL)	Perennial Inc. Healthy Care	\$40,728	\$187,333	\$38,000	\$70,000	\$267,459	3.5	3.5	2.47	23		1,600	4.21	58		1.000 Mostly good work, partnership is good
Wash County Memorial Hospital	Healthy Wash Co.	\$41,838	\$244,933	\$20,000	\$70,000	\$274,280	2.5	2.5	4.31	17		2,000	4.07	57		1.000
Wash County Memorial Hospital	Wash County Health	\$71,575	\$272,802	\$36,881	\$80,000	\$437,413	1.5	2.5	4.00	30	1,116	1,000	3.14	34	1,625	1.000 Good work, but priority is not of better
Wash County Memorial Hospital	Wash County Health	\$80,801	\$140,188	\$40,000	\$70,000	\$297,881	1.0	1.0	4.00	30		1,000	3.14	34		1.000 Excellent work
Wash County Memorial Hospital	Wash County Health	\$80,801	\$140,188	\$40,000	\$70,000	\$297,881	1.0	1.0	4.00	30		1,000	3.14	34		1.000 Excellent work
Wash County Memorial Hospital	Wash County Health	\$80,801	\$140,188	\$40,000	\$70,000	\$297,881	1.0	1.0	4.00	30		1,000	3.14	34		1.000 Excellent work
Wash County Memorial Hospital	Wash County Health	\$80,801	\$140,188	\$40,000	\$70,000	\$297,881	1.0	1.0	4.00	30		1,000	3.14	34		1.000 Excellent work
Wash County Memorial Hospital	Wash County Health	\$80,801	\$140,188	\$40,000	\$70,000	\$297,881	1.0	1.0	4.00	30		1,000	3.14	34		1.000 Excellent work
Wash County Memorial Hospital	Wash County Health	\$80,801	\$140,188	\$40,000	\$70,000	\$297,881	1.0	1.0	4.00	30		1,000	3.14	34		1.000 Excellent work
Wash County Memorial Hospital	Wash County Health	\$80,801	\$140,188	\$40,000	\$70,000	\$297,881	1.0	1.0	4.00	30		1,000	3.14	34		1.000 Excellent work
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LEAD AGENCY	HMP	Cost of Operation		Salary Scale Compliance		Project Officer Discussions		District Liaison Discussions		Comments			UFW Score	SD(UW)	W Score	SD(W)
		All operating costs-GMA as % of Community Total	Overhead Rating	Percent of staff within salary guidelines	Salary Rating	Support and Promotion of Developing Infrastructure	Total	Rating	Total	Rating	Score	Average completion of Tobacco & PAM Milestones				
Arcoosook County Action Plan	Healthy Arcoosook	27.00%	2	80.00%	2	3	45	2	57	2	18		19			
Dartmouth Medical Center	Power of Prevention	5.53%	2	68.57%	1	5	54	3	54	1	12		13			
Healthy Communities of the Capital Area	Healthy Communities of the Capital Area	4.82%	4	75.00%	1	5	54	3	54	1	12		13			
Matheson Health	PATCH	7.50%	2	100.00%	2	5	88	9	27	3	20		21			
Radiance Palmyra Hospital	Greater Somerset	11.87%	2	100.00%	2	5	54	2	61	4	16		19			
Schoonover Valley Hospital	Healthy SV	3.09%	3	100.00%	2	5	54	2	29	3	20		20			
Portland, City of (HCS)	Healthy Portland	8.29%	2	28.57%	2	5	34	2	28	2	17		18			
Portland, City of (HCS)	Healthy Gains Bay	7.46%	4	57.14%	2	5	38	4	60	4	28		20			
People's Regional Operations	Healthy Maine	16.79%	1	80.00%	4	4	50	2	54	2	19		23			
People's Regional Operations	Healthy Maine	16.93%	2	40.00%	4	4	50	2	54	2	19		23			
Healthy Acadia	Healthy Acadia	17.93%	1	80.00%	2	4	54	2	57	1	15		18			
Washington County of	Washington Co. One	3.98%	2	66.67%	3	2	85	2	85	2	12		15			
Mid Coast Hospital	Access Health	17.01%	2	41.88%	2	4	40	2	40	2	12		12			
York Hospital	Healthy Lincoln Co.	24.87%	1	100.00%	4	3	25	3	44	4	34		25			
Penobscot Bay Health	East Co. Healthy Co.	8.98%	4	33.33%	2	3	21	4	34	4	17		16			
Waldo County Regional Hosp	Healthy Waldo Co.	11.59%	2	25.00%	1	1	11	3	27	2	18		18			
Central Maine Community Health	Healthy Androscoggin	10.00%	2	100.00%	2	3	30	2	41	2	12		12			
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Wigand, Debra A.

From: Finch, Andrew
Sent: Friday, July 20, 2012 10:25 AM
To: Leahy-Lind, Sharon
Cc: Wigand, Debra A. (Debra.A.Wigand@maine.gov)
Subject: Sharon_Andy_Rationale.xlsx
Attachments: Sharon_Andy_Rationale.xlsx

Penquist remains an issue as the data from the mean of the DL scores does not support the ratings that we gave them for infrastructure. As I remember the conversation, we discussed how close all three were in most aspects. Given that we felt that Piscataquis was more difficult to engage on apposite basis than the other two – though this was a matter of degree and not a judgment that they were difficult. A

LEAD AGENCY	HMP	Support and Promotion of Developing Infrastructure	Rating results for the 5 DL questions	Mean of DL Q's 1-3, 5&7	DL Q1	DL Q2	DL Q3	DL Q6	DL Q7	Comments:
Aroostook County Action Pr	Healthy Aroostook	5	2	4	5	4	4	4	3	Healthy Aroostook is very involved in the DCC and in support of MCDC projects. In general her work is excellent and in line with the goals of MCDC. Carol is engaged and is a good partner. Power of prevention has relatively new director and has been much less engaged. POP seems more tied to Cary Medical than to Maine CDC.
Cary Medical Center	Power of Prevention	3	1	3.2	5	3	2	3	3	
Healthy Communities of the	Healthy Communities Capitol Area	3	2	1.8	2	1	2	3	1	Greater Somerset has been a good partner. They work with MCDC well, and are invested in development of the Infrastructure as a
Maine General Health	PATCH	3	3	4.4	4	4	5	5	4	whole. HCCA, while technically competent can present difficulties in supporting the work of MCDC. HSV and PATCH are less engaged in MCDCs work and both have new directors.
Redington Fairview Hospital	Greater Somerset	5	4	4.8	5	5	5	5	4	
Sebastcook Valley Hospital	Healthy SV	3	2	2	2	2	2	3	1	
Portland, City of (HP)	Healthy Portland	5	4	4.8	5	4	5	5	5	HP is easy to work with and Joan is engaged in most of the MCDC work around infrastructure. Since scoring is at the HMP level, HP seems more engaged than the other Partnership Directors. A difficult district to rate since each partnership is engaged and the District works as a whole much more than any other.
Portland, City of (HCB)	Healthy Casco Bay	3	3	4.8	5	4	5	5	5	
People's Regional Opportuni	Healthy Lakes	4	2	4.4	4	4	5	4	5	
People's Regional Opportuni	Healthy Rivers	3	3	4.4	4	4	5	4	5	
Healthy Acadia	Healthy Acadia	4	2	4	4	3	4	4	5	HA is much more engaged in the infrastructure work than WC1C though they present challenges in partnership.
Washington, County of	Washington Co. One	2	1	2.6	3	2	2	3	3	
Mld Coast Hospital*	Access Health	5	4	4.6	5	4	5	4	5	Access is much more involved than the other HMPs. Melissa seems to have a better grasp of the District level picture and an
Youth Promise*	Healthy Lincoln Co.	2	2	3.6	4	3	5	3	3	
Penobscot Bay YMCA	Knox Co. Healthy Com.	3	4	4.4	5	4	5	4	4	Interest in working with MCDC. The other partnerships, while competent are much more service area focused. Healthy Lincoln Co. has a new Partnership Director and engagement there is still being worked out.
Waldo County General Hosp	Healthy Waldo Co.	3	3	4.4	4	4	5	4	5	
Bangor Health and Welfare	Bangor Regional	5	1	3.4	4	3	3	4	3	This District is very hard to rate since all are extremely competent and engaged. Bangor seems to be a little more engaged into the big PH Infrastructure picture.
Katahdin Shared Services	Healthy No. Penobscot	4	1	3.6	4	3	4	4	3	
Mayo Regional Hospital	Piscataquis Pub Health	4	2	3.6	4	3	4	4	3	
Central Maine Community H	Healthy Androscoggin	3	3	3	3	3	3	3	3	River Valley is knowledgeable about the District picture and Patty is very approachable and easy to work with. She gets District level work. The other partnerships seem more internally focused. HCC seems to be struggling the past couple of years.
Healthy Community Coalitio	Healthy Comm. Coalition	1	2	1.6	1	2	1	2	2	
River Valley Healthy Commu	Healthy River Valley	5	4	4.6	5	4	5	4	5	
Western Maine Health	Healthy Oxford Hills	2	2	1.6	1	1	2	2	2	
Goodall Hospital, Inc.*	Partners for Healthier Comm	2	1	1.4	1	2	1	2	1	UNE is quietly competent and supportive of MCDC Infrastructure work. York's support is less evident. PHC does not seem to grasp the big picture easily and has always required more support than the others in their work.
University of New England	Coastal Healthy Comm	5	3	4.8	5	5	5	4	5	
York Hospital	Choose to be Healthy	3	2	2.2	1	3	1	3	3	