

1 **State Coordinating Council for Public Health Governance Structure**
2 **State Coordinating Council for Public Health**
3 **December 2018**

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5 **Article I. Legislative Purpose and Mission**
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7 The State Coordinating Council for Public Health, established under Title 22, section 12004-G,
8 subsection 14-G, is a representative statewide body of public health stakeholders for
9 collaborative public health planning and coordination.

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11 The State Coordinating Council for Public Health shall:

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13 (1) Participate as appropriate to help ensure the state public health system is ready and
14 maintained for accreditation;

15 (2) Assist the Maine Center for Disease Control and Prevention in planning for the
16 essential public health services and resources to be provided in each district and across
17 the State in the most efficient, effective and evidence-based manner possible;

18 (3) Receive reports from the Tribal District Coordinating Council for public health
19 regarding readiness for tribal public health systems for accreditation if offered; and

20 (4) Participate as appropriate and as resources permit to help support tribal public
21 health systems to prepare for and maintain accreditation if assistance is requested from
22 any tribe.

23 **Article II. Role and Structure of the Council**
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25 **Section 1. Council Role**
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27 The Council is responsible for providing assistance and support to the Maine CDC in fulfillment
28 of the directives established by legislation. In addition, the Council may:

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30 a. Review and comment on reports from entities within and outside the public health
31 infrastructure including the State Health Improvement Plan, and assist in identifying
32 districtwide and statewide streamlining and other strategies leading to improved
33 efficiencies and effectiveness in the delivery of essential public health services
34 throughout the public health infrastructure.

35
36 b. Develop reports and summaries for the purposes of fulfilling their role annually and
37 as determined necessary.
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39 **Section 2. Council Size**
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41 The Council is comprised of twenty-three (23) members.
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44 **Section 3. Council Members**

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46 Members of the Statewide Coordinating Council for Public Health are appointed as follows:

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48 (1) Each district coordinating council for public health, including the tribal district
49 coordinating council, shall appoint one member.

50 (2) The Director of the Maine Center for Disease Control and Prevention or designee
51 shall serve as a member.

52 (3) The DHHS Commissioner shall appoint an expert in behavioral health from the
53 Department to serve as a member.

54 (4) The Commissioner of Education shall appoint a health expert from the Department
55 of Education to serve as a member.

56 (5) The Commissioner of Environmental Protection shall appoint an environmental health
57 expert from the Department of Environmental Protection to serve as a member.

58 An additional ten (10) members, selected from the following sectors, according to the process
59 described in Section 4:

60

- 61 a. county governments
- 62 b. municipal governments
- 63 c. tribal governments/health departments
- 64 d. city health departments
- 65 e. local health officers
- 66 f. hospitals
- 67 g. health systems
- 68 h. emergency management agencies
- 69 i. emergency medical services
- 70 j. comprehensive community health coalitions
- 71 k. school districts
- 72 l. institutions of higher education
- 73 m. physicians and other health care providers
- 74 n. clinics and community health centers
- 75 o. voluntary health organizations
- 76 p. family planning organizations
- 77 q. area agencies on aging
- 78 r. mental health services
- 79 s. substance use prevention, treatment, and recovery services
- 80 t. organizations seeking to improve environmental health
- 81 u. other community-based organizations

82

83 **Section 4. Selection of Council Members**

84
85 The Director of the Maine Center for Disease Control and Prevention, in collaboration with the
86 Chair of the Statewide Coordinating Council for Public Health shall convene a Membership
87 Committee.

88
89 After evaluation of the appointments to the Statewide Coordinating Council for Public Health,
90 the Membership Committee shall appoint no more than 10 additional members and ensure that
91 the total membership has at least one member who is a recognized content expert in each of
92 the essential public health services and has representation from populations in the state facing
93 health disparities.

94
95 The Membership Committee shall also strive to ensure diverse representation on the Statewide
96 Coordinating Council for Public Health from county governments, municipal governments, tribal
97 governments, tribal health departments or health clinics, city health departments, local health
98 officers, hospitals, health systems, emergency management agencies, emergency medical
99 services, community health coalitions, school districts, institutions of higher education,
100 physicians and other health care providers, clinics and community health centers, voluntary
101 health organizations, family planning organizations, area agencies on aging, mental health
102 services, substance abuse services, organizations seeking to improve environmental health and
103 other community-based organizations.

104
105 **Section 5. Council Terms**

106
107 The term of office for each member is three (3) years. A non-state agency member may serve
108 up to two terms. All vacancies must be filled for the balance of the unexpired term in the same
109 manner as the original appointment. A partial term shall not count toward term limits. Terms
110 are not linked to Seat; terms apply to individuals regardless of Seat or role.

111
112 A Council member may resign from the Council by written notice to the Steering Committee.

113
114 **Section 6. Council Meetings and Operations**

115
116 A simple majority of the current Council membership shall constitute a quorum. In the absence
117 of a quorum, a Council meeting may continue discussion; however, no formal actions shall be
118 taken, except a vote to adjourn the meeting to a subsequent date.

119
120 (1) The Council shall

- 121
122 a) Elect a chair and a co-chair annually from among SCC members in good standing at the
123 time of nomination;
- 124 b) The Chair and Co-Chair positions will be nominated by current members of the Council
125 at the last regularly-scheduled meeting of the calendar year;
- 126 c) The Chair and Co-Chair will be elected from the nominees by simple majority of eligible
127 members by electronic ballot, to assume their positions in January of the subsequent
128 calendar year;
- 129 d) The Chair shall serve to determine the agenda for each meeting, serve on the
130 Membership Committee and the Steering Committee, and be the primary point liaison
131 for members and the Maine CDC leadership;

132 e) The Co-Chair will serve on the Membership Committee and the Steering Committee and
133 assume the functions of Chair in the absence of the Chair.

134
135 (2) Time and Place of Meetings

136
137 The Statewide Coordinating Council for Public Health shall meet at least quarterly, and
138 will be staffed by the Department as resources permit. Maine CDC will set place of
139 meetings.

140
141 (3) Agenda

142
143 The Steering Committee shall prepare an agenda of items requiring Council action, and
144 add items of business as may be requested by Council members.

145
146 (4) Notice

147
148 Council members shall be sent electronic mail notice of the time and date of the
149 meetings at least three business days before a regular Council meeting. In the event of
150 an emergency, the Steering Committee may call a meeting and shall give as much
151 notice as possible.

152
153 (5) Rules of Order

154
155 Robert's Rules of Order or another agreed-upon system of operation shall govern
156 regular Council meetings unless the Council adopts other rules of order.

157
158 (6) Council Meeting Minutes

159
160 The Maine Center for Disease Control and Prevention is responsible for minutes and
161 Council records as resources permit. Minutes recording attendance, all motions and
162 subsequent action including the number of yea, nay, or abstentions shall be recorded.

163
164 (7) Voting

165
166 Formal Council actions are limited to the legislatively established responsibilities of the
167 Council defined in Article II, Section 1 of this document. Council actions must be subject
168 to vote by the Council when a quorum is present. Once a quorum is established, each
169 Council member shall have one vote.

170
171 Electronic voting on a specific issue may be conducted with prior agreement of the
172 Council.

173

174 (8) Council Member Responsibilities

175
176 Members shall demonstrate an interest in and commitment to public health; have the
177 capacity for district-level decision-making, and the ability to share critical information
178 with their sector/district peers.

179
180 Members shall regularly attend meetings of the Council, and meetings of committees to
181 which they are appointed.

182
183 Membership in good standing requires minimal annual attendance at 75% of full SCC
184 meetings and meetings to which they are appointed.

185
186 As representatives to the Council, each Council member shall routinely communicate
187 decisions, discussions, and business of the Council to the member's sector/district, and
188 likewise communicate sector/district information back to the Council.

189
190 As the Council has membership drawn from across the public health infrastructure, it is
191 anticipated that at times some members may find themselves in a position where there
192 exists the potential for a conflict of interest or the appearance thereof as defined in
193 Article VI.

194
195 Council members are expected to maintain vigilance for this event, and to recuse
196 themselves from any voting or actions that present a conflict of interest. Failure to do
197 so may be grounds for dismissal from the Council.

198
199 (9) Operations Calendar

200
201 The operations calendar of the Council is the calendar year.

202
203 **Article III. Steering Committee**

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205 **Section 1. Steering Committee Responsibilities**

206
207 The Steering Committee will provide leadership through convening regularly scheduled Council
208 meetings, facilitation of meetings, agenda setting for the Council meetings, and identifying ad-
209 hoc committees as needed. The Steering Committee members and staff appointed by Maine
210 Center for Disease Control and Prevention shall ensure that accurate records are maintained of
211 Council actions, adequate notice is sent regarding Council meetings, and maintain records of
212 active membership for purposes of establishing quorum. Steering Committee members shall
213 regularly attend meetings of the Council and meetings of the Steering Committee.

214
215 The Maine Center for Disease Control and Prevention shall be responsible for Council
216 communications.

217
218 **Section 2. Steering Committee Members**

219
220 The Steering Committee is composed of five members, including the chair, the co-chair, two
221 elected members at large and the CDC Director or designee. Nominations will be taken from
222 the floor for the non-state positions.

224 **Section 3. Steering Committee Terms**

225
226 Elected members serve two-year terms and may serve up to a maximum of three, two-year
227 terms. However, their total SCC membership term cannot exceed terms outlined in Article II,
228 Section 5.

229
230 **Section 4. Steering Committee Meetings**

231
232 The Steering Committee shall meet on a regular schedule that it deems necessary and
233 appropriate in order to fulfill its responsibilities as set forth in the Governance Structure. Notice
234 of all regular Steering Committee meetings shall be communicated via electronic mail at least
235 five days prior to the meeting.

236
237 Special or emergency meetings of the Steering Committee may be called as needed. Notice of
238 special or emergency meetings shall be sent via electronic mail with as much notice as possible.

239
240 **Article IV. Committees/Workgroups**

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242 **Section 1. Creation of Committees**

243
244 The Steering Committee shall have the power to create standing and ad-hoc committees and
245 workgroups. The Steering Committee shall appoint and charge each committee with its
246 responsibilities and shall appoint the committee chair.

247
248 **Section 2. Committee Membership**

249
250 Membership on a committee or workgroup, with the exception of the Steering Committee, is not
251 limited to (voting) members of the Council. The Steering Committee and other committees may
252 call on non-Council members as advisors to provide information and guidance.

253
254 **Section 3. Committee Operations**

255
256 Committee chairs shall bring proposed activities to the Council for discussion and approval. The
257 Council may accept recommendations of committees/workgroups as part of a consent agenda;
258 however, if any Council member finds that he/she has a significant issue with a
259 committee/workgroup recommendation, he/she shall raise said issue at the Council meeting and
260 bring it for further discussion and separate vote at the Council level.

261
262 **Section 4. Committee Chair**

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264 The Committee Chair shall be responsible for scheduling meetings, assigning specific tasks
265 within the mandate of the committee, and reporting to the Steering Committee and the Council
266 concerning the work of the committee.

267
268 **ARTICLE V. Non-partisan Activities**

269
270 The Council shall be non-partisan. No part of the activities of the Council shall consist of the
271 publication or distribution of materials or statements with the purposes of attempting to
272 influence or intervene in any political campaign on behalf of or in opposition to any candidate
273 for public office.

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ARTICLE VI. Conflict of Interest

A conflict of interest is defined as any personal or organizational financial or other interest which prevents or appears to prevent an impartial action or decision on the part of a Council member. A conflict occurs when a financial or other interest could:

- a. Significantly impair the individual's objectivity.
- b. Create an unfair competitive advantage for any person or organization.
- c. Provide a direct or indirect fiduciary interest of financial gain for that individual or organization.

Should a matter before the Council present a known, or a potential conflict of interest, Council members are required to disclose such potential conflict to the Steering Committee at the earliest point possible. Once a conflict or potential conflict is disclosed, the steering shall lead the rest of the members in deciding how the member with the conflict or potential conflict may participate in discussions or voting.

ARTICLE VII . Process for Governance Structure Review and Revision

The Steering Committee shall review the Governance Structure every two years.

1. Any current Council member may propose an amendment to the Governance Document.
2. The Steering Committee, upon majority vote, may advance proposed amendment to the full SCC for a first reading at the next regularly scheduled Council meeting.
3. The SCC will schedule the amendment for a first reading at a scheduled quarterly meeting, and refer for a second reading at the next regularly scheduled meeting.
4. Upon a second reading, the proposed amendment will be considered a proper motion without need for a second. The amendment will be considered adopted if 2/3 of those present at the regularly scheduled meeting vote in favor of the amendment.

ARTICLE VIII. Reporting

The Maine Center for Disease Control and Prevention shall prepare and draft an annual report on behalf of the State Coordinating Council to the joint standing committee of the Legislature having jurisdiction over health and human services matters and the Governor's office on progress made toward achieving and maintaining accreditation of the state public health system and on districtwide and statewide streamlining and other strategies leading to improved efficiencies and effectiveness in the delivery of essential public health services.

313 Adopted December 2018.
314
315 State Coordinating Council Chair, acting on behalf of
316 State Coordinating Council for Public Health:

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319 Signed,
320 _____
321 Chair

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324 Director, Maine Center for Disease Control and Prevention, acting on behalf of the Maine Center
325 for Disease Control and Prevention:

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328 Signed,
329 _____
330 Director