



Cumberland District Public Health Council
Full Council Meeting
May 15th, 2026
Windham

Present: Emma Akuyeva (GPH), John Brennan (LHO/SFD), Anna Bullet (TOA/WIC), Cross Cultural Community Services, Sheila Franasin (LRRC), Kelcie Gagne (TOA/BridgtonPD), Rachel Gallo (USM), Alice Gormley (MH), Cathy Gosselin (LHO/Frye Island), Susie Guthro (TOA/LRCAN), Eden Hale (DPHE), Allie Harvell (MECDC), Amanda Hutchins (PPH), Kristine Jenkins (MECDC), Josephine Kamagaju (Project Home), Courtney Kennedy (GSFB), Johnny Loftus (Sweetser/Options), Tenicia Lovejoy (MaineMOM), Lonny Martin (Better Life Partners), Maggie McLoughlin (Portland DHHS), Nina Misra (UWSM), Kerri Nicholas (MH), Lee O'Conner (LHO/Raymond), Jean Paul Olish (MECDC/PHN), Morgan Pasquali (MECDC/PHN), Josh Pobrislo (MH Community Paramedicine), Bridget Rauscher (PPH), Justin Reid (LRRC), Preston Sanborn (PPH), Josh Shean (LHO/Brunswick), Hannah Siladi (UNE), Emer Smith (MECDC/EPI), Cameron Threadgoode (TOA), Melissa Toback (GPH), Ann Tucker (GPH), Mark Tweedy (PFD/MMO), Andrew Volkers (Preble St.), Branden Walker (SFD), Christine White (LRRC)

Topic	Discussion	Notes/Actions
Panel on Community and Street-based Medical Care	- CDPHC convened panel in context of: partners pivoting to provide off-site care during increased federal law enforcement; the Rural Health Transformation Grant and expansion of mobile health care; and CDPHC priorities of Housing, Mental Health, Access to Care, and Health Equity MaineHealth Community Paramedicine, Joshua Pobrislo MH has a small CP group in Franklin and the Greater Portland region that sees patients 5 days a week. Focus patient-centered and underserved populations – reducing pressure for brick-and-mortar visits and acute care. Data indicates nearly 47% reduction in ED visits for greater Portland, and 43% reduction in Franklin County. During recent federal law enforcement surge they adapted, for example, combining mom and baby visits into one. (PowerPoint attached). They hope to expand area of service. Maine MOM Program, Tenicia Lovejoy MaineMOM is a MaineCare program providing team-based care for pregnant and postpartum individuals with Opioid Use Disorder. Services are provided during pregnancy and through 12 months postpartum and are designed to support recovery, promote healthy parenting, and improve maternal and infant health outcomes. Maine Mom works closely with	MH Community Paramedicine video here Referrals to CP are made in Epic, for questions contact Joshua.Pobrislo@mainehealth.org

	Comprehensive Addiction Medicine, and cooperate with Mobile Medical Outreach. Services are resource heavy, especially around housing. Addition of attorney to the team has been helpful, especially for people who get connected before they give birth. • Greater Portland Health Mobile Medical Unit, Emma Akuyeva and Melissa Toback Unit was established in 2024 and is staffed by a Nurse practitioner, a Registered nurse, social workers, peer support (SUD Team), and Community Health Workers. The unit visits community-based sites, including schools and shelters on a weekly schedule. They noted weather as one barrier (citing phlebotomy cold-related issues, and staff safety) PowerPoint attached. • Mobile Medical Outreach /Portland Fire Dept. Mark Tweedy The team came out of Portland FD, in cooperation with PPH. They provide outreach and act as brokers. Team huddle every Wednesday morning with key partners (PPH, Park Rangers, needle exchange) and coordinate and prioritize work. When EMT is involved with an overdose, the MMO model allows for follow-up and recovery the next day. Work closely with Maine MOM and Lifeline. 20 people (all paramedics) on team and 18 people actively completing EMT training. Dr. Bilodeau is the medical director. • Project Connect/Learning Collaborative, Andrew Volkens The Connect Van is a collaborative effort between Preble Street and the MH Learning Collaborative. PS also works closely with MMO and other partners. A continuum of care model provides: Health Services (HS): Outreach and case management centered around healthcare connections, agency and community trainings, and other public health efforts.; Street Outreach Collaborative (SOC): Outreach and case management centered around basic needs and connecting to services (e.g. helping with vital records, shelter referrals, etc.); MaineHealth-Preble Street Learning Collaborative (MH-PSLC): Walk-in medical clinic that provides social services support through social work and resource navigation. Health Services is embedded in the PSLC.; Project CONNECT Rapid Re-Housing Services (CONNECT RRH): Case management specifically for obtaining housing. Clients for this program are required to be engaged in CONNECT mental health and substance use treatment care plans. Successes include 2044 services provided, such as accompanying clients to medical appointments, supporting them in navigating the criminal justice system, and supporting them in developing crisis plans. • Maine CDC Public Health Nursing, Morgan Pasquali Currently, there are 9 Maine CDC public health nurses covering Cumberland and York Counties. The Supervisor position for those roles is open, and one additional PHN is onboarding. There is also a Community Health Worker, Jean Paul Olish, on the team. PHN covers two main issues in our region, Tuberculosis care and Maternal Child Health. Monitoring TB treatment: in	• Maine MOM video here • To refer people to Maine MOM call 207-661-0700, ext. 7 • Mobile Medical Outreach video here • To refer someone, or to learn more about Cradle Me visit here
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	2025 PHN monitored 24 Active TB Cases Cumberland County; PHN provided Case Management around housing insecurity, access to health care, and food insecurity. PHN provides Direct Observation Therapy (DOT) In person and Electronic, and assist with case investigation in shelters, schools, and group homes. Maternal Child Health supports occur under the Cradle Me system: Prenatal care; Education and Monitoring Postpartum care; Breastfeeding support, access to health care, mental health monitoring, and connections to resources. As an example, Morgan works with 40 families, and of those 2 are American born/native English speakers.	
Questions and Discussion	- Regarding MH CP: -Plan is to expand (eventually in state), in rural areas for example Oxford County. -They collaborate with CAM on SUD -Patients with some connection to MH provider (even old) can be served – contact Josh with questions otherwise - Collaboration: -Occasional difficulties collaborating between healthcare systems (around medications, bloodwork, release of records) -Capacity and the scale of issues make some duplication of efforts with outreach – but things are getting better, for example with Portland Unsheltered Huddle -Barrier to collaboration can sometimes be that connections are built over time, and new people have to establish connections -Lack of phone on mobile units can restrict communications occasionally - Barriers -“Everything bumps up against billing” for example casework: “do you need MaineMom or Spurwink?” ... answer is a little bit of both... -Getting in touch with people is hard, request for numbers to be updated in Epic -Transportation to food pantries and other services can be challenge -HR1 and ABAWD (Able-bodied Adults w/out Dependents) changes to SNAP have caused disruption for many – good to find smoother way to get information out (if people don’t have ready access to email or text) -Importance of having proper translation/interpretation of materials and culturally appropriate foods (Josephine shared a story about a couple not recognizing a “bar” as food) -There are no mobile services in the Lake Region – other than local ambulances going to homes. MH CP is expanding area of service, and municipalities can sign a letter of cooperation for this to happen	

	• Data: -MaineHealth CP has great data -Challenge – how do you track how many 911 calls were averted? • Referrals to services: -MaineMOM gets fresh food from GSFB, and canned goods when that runs out (distributed can openers) -Unhoused persons are suffering chronic malnutrition which needs to be addressed (vitamin deficiencies, dentation issues, etc) Partners should consider providing Ensure and Glucerna. (WIC working with LC to address billing for this) - CHECKING INFORMATION: it was shared that 211 is not trusted in immigrant community circles due to a suspected connection/relationship with federal law enforcement – Anna Bullett of WIC is looking into this – please stay tuned...	
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