



Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: MidCoast	Date: 9/24/15
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Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. For agendas and copies of minutes, please see district’s website at:

<http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml>

Ongoing or upcoming projects or priority issues:

- The Shared Health Needs Assessment & Planning Process is next on the DCC’s priority list. The DCC has reached out to Jayne Harper to participate in our September meeting to educate members on the process, timeline and expectations around SHNAPP. We have also dedicated a portion of the December agenda to presentation of the Community Health Needs Assessment Data to begin community engagement. Members of the DCC Steering Committee will also be participating in a Midcoast SHNAPP Community Engagement Committee to discuss, develop and coordinate forums throughout the district along with hospital representatives.
- Successes: The Behavioral Health subcommittee continues to work with area agencies including law enforcement and emergency management on medication collection events. The annual fall medication collection is scheduled for Saturday, Sep 26 from 10:00 till 2:00. At some sites valuable health and emergency preparedness information may be available as well as the opportunity to talk with emergency management and law enforcement representatives.
- Fourth Annual Aging in Place Symposium co-hosted again with Spectrum Generations is scheduled for September 17 and promoted to the entire district. Finding the Courage and Confidence to Age My Way—In My Community is the theme for this fall’s community conversation. Keynote speaker is Lenard Kaye, D.S.W./PH.D, and Director of the Maine Center on Aging at the University of Maine.

Progress with District Public Health Improvement Plan:

DPHIP priority subcommittees (Transportation and Behavioral Health) continue work on topic related issues.

- The Behavioral Health Committee has identified the uptick in heroin use as a possible topic of education for our district. Sheriff Joel Merry of Sagadahoc County will present to the DCC in December on the issue.
- The Transportation Committee continues to monitor state-level advocacy efforts through our coalition partners at CEI, Inc in Wiscasset. Transportation continues to be a challenge in the Midcoast area that is really a public infrastructure issue offering few concrete opportunities that are workable for District wide activities. We continue to monitor for advocacy opportunities and will review this priority for continuation in our next District Public Health Improvement Plan.
- “Emerging Issues” committee is ongoing to keep the DCC informed by way of speakers, trainings, communication and advocacy. This committee will allow us to flesh out some of the issues that need more data or strategies for the district to act, have other strong leaders and that we can support or advocate for at the local or state level, or may emerge and need a response outside our DPHIP process (e.g. vulnerable

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6/14/12

22 M.R.S. §412 (2011).

A. A district coordinating council for public health shall:

- (1) Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation; and
- (4) Ensure that the essential public health services and resources are provided for in each district in the most efficient, effective and evidence-based manner possible.

A-1. The tribal district coordinating council shall:

- (1) Participate as appropriate in department district-level activities to help ensure the tribal public health system in the tribal district is ready and maintained for tribal public health accreditation; and
- (2) Ensure that the national goals and strategies for health in tribal lands and the tribal district health goals and strategies are aligned and that tribal district health goals and strategies are appropriately tailored for each tribe and tribal health department or health clinic



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populations, tick borne disease).

Structural and Operational changes, including updates in membership.

- The steering committee conducted a gap analysis of the membership. Sector gaps were identified and potential members identified. The next step in the process is outreach to the identified potential members to inquire whether they are willing and able to join the DCC. Once steering committee members have contacted individuals, a steering committee and membership roster will be developed for presentation to the entire DCC for a vote. We anticipate this happening at the scheduled December meeting.

In-district or multi-district collaborations:

- Multiple “Drug Takeback” locations for the September event will be in place throughout the district. Locations are being promoted widely on social media and through outreach activities.
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- Collaboration opportunities continue to be a standing DCC agenda item. At our last DCC meeting we connected with new community members/agencies that had been invited to join the DCC and accepted. We are excited to include members from organizations not previously involved with the DCC and look forward to expanded collaborations.
- As mentioned earlier, moving forward the DCC will be actively engaged in the SHNAPP process. Working on the development and coordination of forums throughout the district along with hospital representatives.

Other topics of interest for SCC members:

- Healthy Lincoln County recently announced staff transitions that include the selection of Kate Marone as the new Director at a 40% FTE level while she completes her responsibilities for the State of Maine accreditation efforts at 60% FTE; Tom Mahoney, MPH will join the staff as Project Manager on 10/13/2015. Patricia Buck-Welton was promoted over the summer and became a full time Project Assistant at HLC effective 9/1/2015.
- Healthy Lincoln County was awarded a five year Drug Free Communities grant from the federal Office of National Drug Control Policy & Substance Abuse Mental Health Services Administration. This initiative leverages past work in the community and expands capacity while being fully integrated with state supported work plans and begins 10/1/2015.
- Access Health just received a SAMHSA “Now is the time – Project Aware”, which will allow them to partner with NAMI to provide Youth Mental Health First Aid county in their service area. The goal is to train 1,000 youth serving adults by the end of the three year cycle. The interest and concern has grown out of the work they have done leading the DPHIP Behavioral Health priority committee.

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