



Paul R. LePage, Governor

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Department of Health and Human Services
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STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH DECEMBER 17, 2015

AGENDA

11:00-2:00 PM (please feel free to bring your lunch)
Room 209, 2nd floor, Augusta Armory, 179 Western Avenue
Call-in Information: Call number: 877-455-0244; Passcode: 8793033495

- 11:00** **Welcome, Review Agenda** (*Ken Albert/Jim Davis*)
- 11:05** **Introductions**
- 11:15** **Marijuana in ME: The Latest on Legalization and Education Initiatives** (*Scott Gagnon*)
- 12:00** **Break**
- 12:15** **Maine Medical Marijuana Program: The Current Regulatory Framework** (*Marietta D'Agostino*)
- 1:00** **Health Disparities Video** (*Lisa Sockabasin*)
- 1:30** **District Reports** (Written reports for review. Reports to focus on district level activity around marijuana, education, issues, etc., etc.)
- 1:55** **Next Steps**
- 2:00** **Adjourn**

Purpose of the SCC

The Statewide Coordinating Council for Public Health, established under Title 5, section 12004-G, subsection 14-G, is a representative statewide body of public health stakeholders for collaborative public health planning and coordination. The Statewide Coordinating Council for Public Health shall:

- * Participate as appropriate to help ensure the state public health system is ready and maintained for accreditation;*
- * Assist the Maine Center for Disease Control and Prevention in planning for the essential public health services and resources to be provided in each district and across the State in the most efficient, effective and evidence-based manner possible.*

Marijuana: Prevalence, Policy, and Promotion



Scott M. Gagnon, MPP, PS-C
State Director

Presentation Overview

- Maine Data (2015 MIYHS data)
- Recap from Maine Marijuana Summit
- Update on the political/policy landscape
- Latest public health data from Colorado
- Policy considerations and resources from legal states
- Q & A

What is SAM Maine?

Background and History

About Smart Approaches to Marijuana

Project SAM is a nonpartisan alliance of lawmakers, scientists and other concerned citizens who want to move beyond simplistic discussions of “incarceration versus legalization” when discussing marijuana use and instead focus on practical changes in marijuana policy that neither demonizes users nor legalizes the drug.

SAM Maine’s Four Goals

- To inform public policy with the science of today’s marijuana.
- To prevent the establishment of “Big Marijuana” — and a 21st-Century tobacco industry that would market marijuana to children.
- To promote research of marijuana’s medical properties and produce, non-smoked, non-psychoactive pharmacy-attainable medications.
- To have an adult conversation about reducing the unintended consequences of current marijuana policies, such as lifelong stigma due to arrest.

Youth Data in Maine - Middle School

	2013	2015
Lifetime Use	8.2%	7.2%
Past 30 Day Use	4.4%	3.8%
Easy to Obtain	17.8%	15.3%
Parents accepting of use	5.1%	5.1%
Low perceived risk of harm from regular use	29.4%	28.5%

NOTE: None of the changes from 2013 to 2015 are statistically significant. All measures are statistically flat.

Maine Integrated Youth Health Survey, 2015

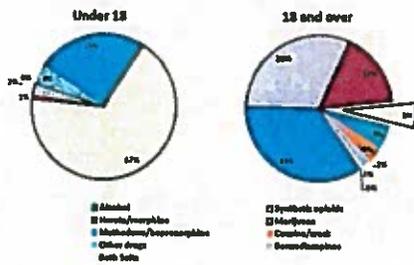
Youth Data in Maine - High School

	2013	2015
Part 30 Day Use	22.0%	19.1%
Easy to Obtain	56.2%	54.6%
Parents accepting of use	15.3%	16.6%
Low perceived risk of harm from smoking 1-2 times/week	58.3%	59.9%
Peers accepting of regular use	52.7%	53.3%

NOTE: None of the changes from 2013 to 2015 are statistically significant. All measures are statistically flat.

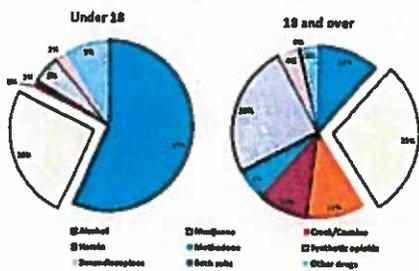
Maine Integrated Youth Health Survey, 2015

Primary Drug Admissions (TDS, 2013)



❖ In 2013, Marijuana accounted for 67% of primary treatment admissions for under 18 and 5% for adults 18 and over.

Secondary Drug Admissions (TDS, 2013)



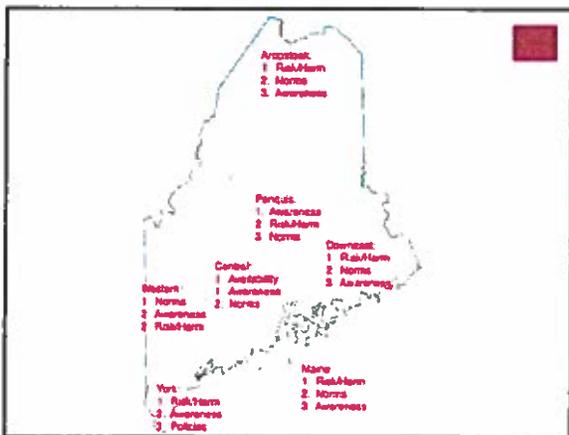
❖ In 2012, Marijuana accounted for 26% of secondary treatment admissions for under 18 and 29% for adults 18 and over.

Marijuana in the New Millennium
Presented at the 2015 Summit

National leaders in the fields of public health and safety discuss the changing landscape of today's marijuana.

Gauging Intervening Variables across Maine

- Summit participants were asked to think about their community and rate intervening variables for marijuana:
 - Perception of Risk/Harm
 - Access & Availability
 - Pricing & Promotion
 - Policies & Enforcement
 - Lack of Awareness
 - Community Norms
- Participants ranked each intervening variable on a scale of 1 – 5 (1 being "not significant" and 5 being "very significant")



Breakout Sessions

- Three Regional breakout groups
- Each group prioritized 3 intervening variables they wanted to discuss.
- Discuss and list the local conditions associated with the variables
- After local conditions identified:
 - What's happening already to address this?
 - Resources or materials to share with others?
 - What needs to happen to address the local condition and what resources are needed?



Community Norms

- Parental Apathy
- Parental Modeling
 - Using in front of children
 - Using with adolescents
- Proliferation of marijuana commercialization & normalizing messages
 - Head shops & marijuana-themed or tie-in products
 - Vaping rooms
 - Marijuana-themed festivals & events
 - Social club for those with Medical MJ cards (Bangor)



Perception of Risk/Harm

- Marijuana is "safer" than...
- Parental/Adult attitudes: "At least they're using pot and not...[alcohol, tobacco, heroin, etc.]"
- Glamorization in the media and pop-culture
- Hempfest and other marijuana-centered events promoted as family events
- Pregnant women certified for Maine Medical MJ



This is What Today's Marijuana Looks Like...



Before Legalization: In 2006, Colorado ranked 14th for current marijuana use amongst youth.



After Legalization: Colorado now ranks 3rd for current marijuana use amongst youth. (National Survey on Drug Use and Health, 2013)



I prefer **marijuana** over alcohol because it doesn't make me rowdy or reckless.



YES Question 1

www.MarijuanaSafely.org



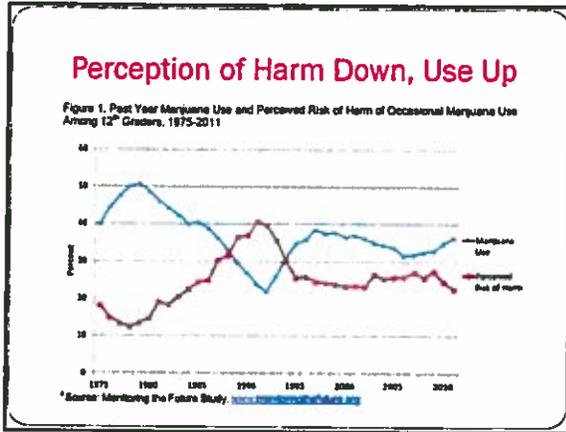
Heavily promoted Medical Marijuana Festivals in communities.



"Drug Duel" – normalizing marijuana and alcohol



Norms from radio – "4:20" Bar Crawl and "Roll Your Own"



Policies & Enforcement

- Challenges and barriers for law enforcement
- Landlord and tenants looking for clarity on what is allowed/not allowed
- Lack of leadership from federal government
- School RNs lack of guidance and feel ill-equipped to navigate new school medical marijuana law.

Local Conditions

Marijuana certifications being issued to pregnant women



- Reports of MMJ certificates being written for pregnant women
- Resources
 - Marijuana and Pregnancy Risk Cards (SAMHS)
 - Hospital policies not allowing MMJ certifications
- What can we start doing to address this?
 - Educate physicians/NPs with focus on marijuana and pregnancy
 - Training and education
 - Policy and Procedures

"Marijuana is considered the least harmful drug"



- What can we start doing to address this condition?
 - Training on how to reach audiences and getting messages to them.
 - Coordination & Cooperation across the state
 - Prioritization (how to make sure we don't lose sight of marijuana when other drugs are in the headlines)
- Resources Needed:
 - Facts: How many people who are opiate-addicted started with marijuana?
 - Data on the social and financial costs of marijuana use. "The other side of the ledger"

Schools



- Issues
 - Schools experiencing issues with marijuana, seeking guidance on policy & training
- Resources:
 - Handouts related to Maine Medical Marijuana Program laws and schools
- What can we start doing to address this condition?
 - Many schools/staff unaware of Oct 1st law allowing accommodations for students with certificates
 - Guidance from the state around policy
 - Potential impact or jeopardy to federal funding at schools?

The Political & Policy Landscape

- November 2014, three Maine cities targeted for local legalization ordinance referenda:
 - York (Board of Selectmen refused to put on ballot citing it as "unlawful")
 - South Portland (Passed 52% vs 48%)
 - Lewiston (Defeated 45% vs 55%)
- Bills introduced to legalize recreational marijuana were defeated in 2013, 2014, and 2015
 - In 2015, vote in the Maine House was 98-45 against. 27 more votes against compared to identical bill in 2013
- Statewide voter referendum all but certain for November 2016
 - Marijuana Policy Project
 - Legalize Maine
 - In October these two groups have combined to work on one ballot initiative.

"Responsible" Ohio

- Issue 3 Would have essentially created a Marijuana cartel or monopoly of 10 producers, who also happen to be the investors in the campaign to pass the initiative
- Would have set preferential tax rates into the Ohio Constitution, preventing them from being changed like alcohol, tobacco, etc.
- Ohioans voted on this in November, 2015.
- Issue 3 faced opposition and criticism from other legalizers.
- However, Marijuana Policy Project and NORML endorsed this plan.

Oh, and they created a mascot, say hello to "Buddie"



Issue 3 defeated 65% vs 35%



And then there is this...



HOME THE BOX IN-DEPTH LITWORN EVENTS THE BEATS SOUND

Will smoking pot at a bar soon be legal in Denver?

Markano Overland
August 8, 2015 Health 1 Comment

Lighting up a stogie on a bar's enclosed patio? Enjoying a pot brownie at an art opening? It's against the law now, but supporters of a Denver ballot measure to allow for "indoor social use" are hoping Denver voters will approve it come November.

HHS FINDS MARIJUANA USE INCREASING

- Department of Health and Human Services found that marijuana use among all Americans 12+ – especially those over 26 – significantly increased in 2014 compared to 2013.
- The survey also found that the number of people, especially young people, perceiving great harm in smoking marijuana at least once a week also fell significantly. Currently, only 37% of 12-to-17 year-olds find smoking marijuana at least once a week to be harmful, compared to 55% in 2005 and 45% in 2011.

Journal of American Medical Association: Medical Marijuana: Is the Cart Before the Horse?

"There is some evidence to support the use of marijuana for nausea and vomiting related to chemotherapy, specific pain syndromes, and spasticity from multiple sclerosis. *However, for most other indications that qualify by state law for use of medical marijuana, such as hepatitis C, Crohn disease, Parkinson disease, or Tourette syndrome, the evidence supporting its use is of poor quality.*"

The Legalization of Marijuana in Colorado: The Impact

Data from Rocky Mountain High Intensity Drug Trafficking Area

Impaired Driving

- In 2014, when retail marijuana businesses began operating, there was a 32 percent increase in marijuana-related traffic deaths in just one year from 2013.
- Colorado marijuana-related traffic deaths increased 92 percent from 2010 – 2014. During the same time period all traffic deaths only increased 8 percent.

Youth Marijuana Use

- In 2013, 11.16 percent of Colorado youth ages 12 to 17 years old were considered current marijuana users compared to 7.15 percent nationally. Colorado ranked 3rd in the nation and was 56 percent higher than the national average.
- Drug-related suspensions/expulsions increased 40 percent from school years 2008/2009 to 2013/2014. The vast majority were for marijuana violations.

Adult Marijuana Use

- In 2013, 29 percent of college age students (ages 18 to 25 years old) were considered current marijuana users compared to 18.91 percent nationally. Colorado, ranked 2nd in the nation, was 54 percent higher than the national average.
- In 2013, 10.13 percent of adults ages 26 years old and over were considered current marijuana users compared to 5.45 percent nationally. Colorado,

Emergency Room Admissions

- In 2014, when retail marijuana businesses began operating, there was:
 - 29 percent increase in the number of marijuana-related emergency room visits in only one year.
 - 38 percent increase in the number of marijuana-related hospitalizations in only one year.
- In the three years after medical marijuana was commercialized, compared to the three years prior, there was a 46 percent increase in hospitalizations related to marijuana.
- Children's Hospital Colorado reported 2 marijuana ingestions among children under 12 in 2009 compared to 16 in 2014.

Marijuana-related Exposure

- During the years 2013 – 2014, the average number of all age exposures was 175 per year. Exposures have doubled since marijuana was legalized in Colorado.
- Young children (ages 0 to 5) marijuana-related exposures in Colorado: o
 - During the years 2013 – 2014, the average number of children exposed was 31 per year.
 - This is a 138 percent increase from the medical marijuana commercialization years (2009 – 2012) average which was a 225 percent increase from pre-commercialization years (2006 – 2008).

Marijuana Policy Resources and Considerations for Maine

Impaired Driving

- The issue: Colorado marijuana-related traffic fatalities increase 92% from 2010-2014
- What are other states doing? – Colorado has limit of 5 nanograms of active THC. Colorado also uses DREs to detect impairment.
- Policy considerations for Maine: Assess capacity of DREs in relation to current Maine marijuana policy. Consider similar active THC blood content limit.
- Colorado Marijuana and Driving campaign:

[http://www.coloradomarijuanaanddriving.com](#)
[http://www.coloradomarijuanaanddriving.com](#)

Marijuana and Youth: Schools

- Issues: Colorado schools: Marijuana is "The No. 1 Problem in Schools Right Now."
 - Marijuana coming into schools
 - Students coming to school under the influence
 - Increase in Marijuana-related suspensions/expulsions
- What are other states doing? Colorado schools reviewing and revising school policies.
- Resource: RMC Health guidance on policies and evidence based curricula addressing marijuana
[http://www.rmc.org/healthguidance](#)

Marijuana and Youth: Schools

- Policy considerations for Maine:
 - School Districts reviewing and revising policies:
 - Are they current to deal with today's environment (i.e. "medical" marijuana, e-cigs/vaping devices, etc.)
 - SBIRT protocols or diversion to education interventions vs. suspensions (e.g. SIRP)
 - Codify use of evidence-based curricula and programming for universal, primary prevention
 - Rules, guidelines, and expectations for conduct of guests. (e.g. adults at a school sports event)

Marijuana and Young Adults: Colleges

- Issue: Because most colleges receive federal funding, marijuana is still illegal on campus in legal states, whether or not one is over 21.
 - Many students don't understand this state/federal law conflict
- Second issue: Marijuana tax revenues for education aren't going to colleges. No funding for colleges to do prevention amongst their population.

Compact for Maine Marijuana Policy – SAM Maine’s Vision

Criminal Justice

- Education as an alternative to 1st time offenses in 0 – 2.5 oz. possession cases
- Seal or expunge certain non-violent, non-trafficking marijuana possession charges
- Panel for possession charges of 2.5 ozs and above
 - Distinguish between someone with dependence and traffickers
- Encourage research to establish DUI limit for THC in Maine

Maine’s Substance Abuse Portfolio

- Greater investment in Prevention, Treatment, and Recovery services
- SBIRT
 - Strengthen implementation of SBIRT services in hospitals, colleges, workplace, and other settings
 - Require SBIRT before marijuana certificates are issued

Worksites & Recovery

- Support/training services and resources for individuals in recovery with non-violent drug offenses
- Tax incentives or other incentive programs for employers who hire applicants in recovery
- Paths to employment for individuals who fail drug tests (education, screening, etc.)
 - E.g. Prime for Life/SIRP for employers

Resources

- Maine Office of Substance Abuse and Mental Health Services
www.mosah.org
- National Institute on Drug Abuse
www.nida.nih.gov
- Smart Approaches to Marijuana
samainc.org
- Rocky Mountain High Intensity Drug Trafficking Area
www.rhidta.com

SAM Maine Social Media

- SAM Maine Facebook Page
 - www.facebook.com/MaineProjectSAM
- SAM Maine Twitter handle
 - @maine_SAM
 - @ScottMGagnon

SAM Maine Contact Info

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Recreational Marijuana Use and Public Health - Fact Sheet

Marijuana Harms Youth. Science has proven – and all major scientific and medical organizations agree – that marijuana is both addictive and harmful to the human brain, especially when used as an adolescent.

Marijuana is Addictive. One in every six 16 year-olds (and one in every eleven adults) who try marijuana will become addicted to it.ⁱ More young people are in treatment for marijuana abuse or dependence than for the use of alcohol and all other drugs.ⁱⁱ

Marijuana has changed over the past 20 years. The **psychoactive ingredient in marijuana—THC—has increased almost six-fold in average potency during the past thirty years.**ⁱⁱⁱ

Marijuana is the #1 drug listed as primary drug for treatment amongst Maine youth 18 and under admitted for substance abuse treatment.

- 56% of 18 and under youth list marijuana as primary drug for treatment, alcohol is second at 27%.
- For 14 year olds and under, 100% of admissions list marijuana as the primary drug for treatment.
- 60% of 18 and under seeking treatment for marijuana are also using alcohol.

Marijuana Threatens Public Safety

Marijuana use, and its impairment of motor coordination and reaction time, **doubles the risk of car crashes.**^{iv} In Colorado, Traffic fatalities involving operators testing positive for marijuana have increased 100% from 2007 to 2012.^v

In Colorado, in one year from 2013 to 2014 when retail marijuana businesses began operating, there was a 167 percent increase in explosions involving THC extraction labs.

Lessons from States who have Legalized Recreational Use

In 2006, Colorado was ranked 14th in the nation for past 30-day use of marijuana amongst 12-17 year olds. Post-legalization, in 2013, they were ranked #3. Use amongst 12-17 year olds increased 6.6% between 2012 and 2013 after Colorado legalized. (Source: National Survey on Drug Use and Health)

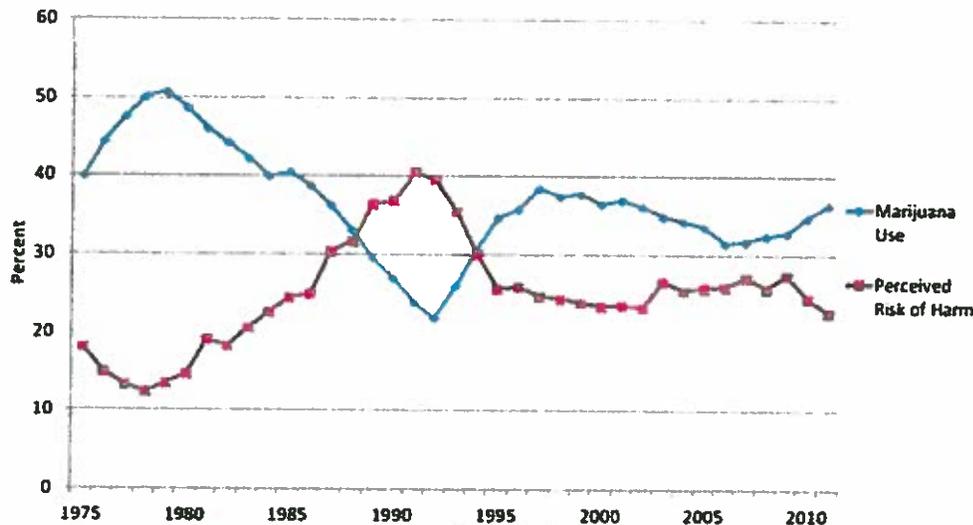


Edible marijuana products use youth marketing strategies in states that have legalized recreational use

Increased Access = Lower Perception of Risk = Higher Use

Over 30 years of national data shows a strong link between perception of risk and prevalence of marijuana use amongst youth. When perception of risk falls, use rises. This pattern has held without fail since 1975. In Maine, perception of risk is falling amongst high school youth. Percentage of high school youth who believe regular use of marijuana was risky for health has fallen from 60.9% in 2009 and 48.4% in 2013.

Figure 1. Past Year Marijuana Use and Perceived Risk of Harm of Occasional Marijuana Use Among 12th Graders. 1975-2011



^a Source: Monitoring the Future Study. www.monitoringthefuture.org

Marijuana Use Keeps Teens From Doing Their Best Studies indicate that problems with attention, learning, memory and processing speeds can be associated with heavy marijuana use during adolescence. ^{vi}

Marijuana use in teens is linked to lower academic performance and reduced job prospects. ^{vii}

Heavy marijuana users experience attention and memory problems which last beyond the time when they are high. Studies indicate these problems can worsen with years of regular use. ^{viii}

Marijuana Burdens the Economy with Increased Health and Social Costs

Most recent cost report shows substance abuse costs the state of Maine over \$1.4 Billion, amounting to \$1,057 for every resident of Maine. ^{ix} This includes costs associated with healthcare and lower worker productivity. Increasing access and use of marijuana will increase these costs.

In Colorado, from 2011 to 2013 there was a 57% increase in emergency room visits related to marijuana. Hospitalizations related to marijuana have increased by 82% from 2008 to 2013. ^x

In Colorado, marijuana-related exposures to children ages 0 to 5 went from just 4 in 2006 to 38 in 2014, a 950% increase. ^{xi}

ⁱ Anthony, J.C., Warner, L.A., & Kessler, R.C. (1994). Comparative epidemiology of dependence on tobacco, alcohol, controlled substances, and inhalants: Basic findings from the National Comorbidity Survey. *Experiential and Clinical Psychopharmacology*, 2

ⁱⁱ SAMHSA, Center for Behavioral Health Statistics and Quality (2010), Substance abuse treatment admissions by primary substance of abuse according to sex, age group, race, and ethnicity, United States [Data table from Quick Statistics from the Drug and Alcohol Services Information System]. Available at <http://www.dasis.samhsa.gov/webt/quicklink/US10.htm>; See also <http://www.dasis.samhsa.gov/webt/New>

Mapv1.htm.

ⁱⁱⁱ ElSohly M.A., Ross S.A., Mehmedic Z., Ararat R., Yi B., & Banahan B.F. 3rd. (2004). Potency trends of delta9-THC and other cannabinoids in confiscated marijuana from 1980–1997 *Journal of Forensic Sciences* 45(1), 24-30; Mehmedic, Z., Pharm, M., Suman, C., Slade, D., Denham, H. Foster, S., et al. (2010). Potency trends of D9-THC and other cannabinoids in confiscated cannabis preparations from 1993 to 2008 *Journal of Forensic Sciences* 55(5), 1209–1217.

^{iv} M. Asbridge, J.A. Hayden, J.L. Cartwright. (2012) *Acute cannabis consumption and motor vehicle collision risk; systematic review of observational studies and meta-analysis*. *British Medical Journal*, 344 : e536: DOI: [10.1136/bmj.e536](https://doi.org/10.1136/bmj.e536)

^v The Legalization of Marijuana in Colorado: The Impact Volume 2, Rocky Mountain High Intensity Drug Trafficking Area, August 2014.

^{vi} Meier, MH et. al (2012) Persistent Cannabis Users Show Neuropsychological Decline from Childhood to Midlife. *Proceedings of the National Academy of Sciences*. 109(40) e2657-e2664.

^{vii} Meier, MH et. al (2012) Persistent Cannabis Users Show Neuropsychological Decline from Childhood to Midlife. *Proceedings of the National Academy of Sciences*. 109(40) e2657-e2664.

^{viii} Solowij N, Stephens RS, Roffman RA, et al. (2002) Cognitive Functioning of Long-term Heavy Cannabis Users Seeking Treatment. *JAMA*, 287(9):1123-1131.

^{ix} The Cost of Alcohol and Drug Use in Maine. Maine Office of Substance Abuse, 2013.

^x The Legalization of Marijuana in Colorado: The Impact Volume 2, Rocky Mountain High Intensity Drug Trafficking Area, August 2014.

^{xi} Ibid

**Maine Medical Use of Marijuana
Program Overview**

Marietta D'Agostino
11/19/2015



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Marietta D'Agostino@maine.gov
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www.maine.gov/dhhs/dlrs/Contra.html

- > Phyllis Powell – Director, Division of Licensing and Regulatory Services
- > Marietta D'Agostino – Manager, MMMP and BH Programs 287-5810
- > Ginger Jackson – MMMP support staff 287-3282
- > Nikki Schooler – MMMP support staff 287-9330
- > Field Investigator – 2 positions in hiring process
- > <http://www.maine.gov/dhhs/dlrs/mmm/index.shtml>

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**General Program
Information**

- Self funded program
- Relatively new program
- Numerous program changes
 - > Rules and Statute
 - > Staff
 - > Forms
 - > Processes

Department of Health and Human Services 3

Medical Marijuana 101

Generally speaking, there are two distinct types of medical marijuana:

- Indica
- Sativa

Each type has specific properties and characteristics and it is up to the certifying physician, caregiver, and patient to determine which will work best for them.

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Definitions

► Cannabinoids are a class of **chemical compounds** that activate **cannabinoid receptors** on cells that repress neurotransmitter release in the brain. This includes phytocannabinoids found in **cannabis**.

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Two most common Cannabinoids

- Cannabidiol (CBD) is one of at least 85 **cannabinoids** found in **cannabis** and is considered to have a wider scope of medical applications than THC
- THC commonly refers to **tetrahydrocannabinol**, the main active chemical compound in cannabis.

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Differences between
THC and CBD

- **THC is the psychoactive ingredient in marijuana and produces the high associated with marijuana use**
- **CBD is non-psychoactive and does not produce any high**

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Differences between
THC and CBD

- **THC may produce feelings of anxiety and paranoia**
- **CBD is believed to have the opposite effect**

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Differences between
THC and CBD

- **THC may induce sleep and lethargy**
- **CBD's can promote wakefulness and energy**

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Lawful Possession

- 1.17.1 Allowable usable amount of marijuana for medical use. The allowable usable amount of marijuana for medical use that may be possessed at any one time by an authorized person means 2 1/2 ounces or less of prepared marijuana and a total of up to 6 mature marijuana plants.
- 1.17.2 Incidental amount of marijuana. Incidental amount of marijuana per patient means up to 12 female nonflowering marijuana plants; an unlimited amount of marijuana seedlings, seeds, stalks and roots; and up to eight (8) pounds of harvested dried unprepared marijuana in varying stages of processing that are not included when calculating the "allowable useable amount of marijuana." See 22 M.R.S. §2422 (4-A).

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Lawful Possession

- 1.17.3 Mature marijuana plant. Mature marijuana plant means a harvestable female marijuana plant that is flowering. See 22 M.R.S. §2422 (4-B).
- 1.17.4 Prepared marijuana. Prepared marijuana means the dried leaves and flowers of the marijuana plant that require no further processing, and any mixture or preparation of those dried leaves and flowers, including but not limited to tinctures, ointments, and other preparations. It does not include the seeds, stalks, leaves that are disposed of and not dried for use and roots of the marijuana or other ingredients in goods prepared for human consumption or use.
- 1.17.5 Seedling. Seedling means a marijuana plant that has no flowers (buds), is less than 12 inches in height and diameter. A plant that does not meet all three criteria will not be considered a seedling.

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Methods of Ingestion

- > Smoking
- > Vaporizer
- > Edibles
- > Tinctures
- > Topicals

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Patient Information

- > Registration is voluntary
- > New certification process began 01/05/15
- > No fee to register with the State

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Patient Options for Medicine

- > Patient – Grow
- > Patient – Designate caregiver
- > Patient – Designate dispensary
- > Patient – Grow/Caregiver
- > Patient – Grow/Dispensary

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Caregivers

- > Must have designation form for each patient
- > Must have the state issued designation card for each patient
- > \$240 fee per patient if cultivating
- > Annual SBI (State Bureau of Investigation) check
- > May only cultivate at one location, which must be clearly stated on the application.

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Cultivators

- > No fee if caregiver for member of immediate family
- > No fee if caregiver for member of same household
- > No fee for non-grow caregiver
- > No fee if two patient/caregivers are members of same household and assist one another
- > All cultivation must be locked, secured and accessible only to the caregiver/caregiver employee

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Cultivators

- > May grow for up to five patients
- > Must meet requirements for disqualifying drug offenses
- > No more than 6 mature budding plants per patient if cultivating
- > May have one employee if cultivating

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Outside Grow Location

- > Must have fence at least 6' high
- > Must obscure grow from view
- > Must comply with all other safety and security contained in Rules or Statute
- > This applies to all cultivating patients, caregivers and dispensaries

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Public Petition

- > Public petitions for new debilitating conditions are allowed
- > Appeal process
- > Forms available on website

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Approved Medical Conditions

- > Cancer
- > Glaucoma
- > HIV Positive
- > AIDS
- > Hepatitis C
- > Agitation of Alzheimer's Disease
- > Nail-Patella Syndrome

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Approved Medical Conditions

- > Lou Gehrig's Disease
- > Crohn's Disease
- > Intractable Pain (other conditions apply)
- > Post Traumatic Stress Disorder
- > Inflammatory bowel disease
- > Dyskinetic and spastic movement disorders
- > Other diseases causing severe and persistent muscle spasms

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Collectives

"Collective means an association, cooperative, affiliation or group of primary caregivers who physically assist each other in the act of cultivation, processing or distribution of marijuana for medical use for the benefit of members of the collective."

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THANK YOU

Department of Health and Human Services 22

Questions?

**Marietta D'Agostino
Manager, MMMP
Contact Information
207-287-5810**



Paul H. LePage, Governor Mary C. Mahoney, Commissioner

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MARIJUANA TALKING TIPS

A Guide for School Staff



Prevent youth substance use

Receiving consistent and clear messages about the risks and disapproval from a trusted adult helps prevent youth substance use.

The big picture message: It is not appropriate for youth to use mood/mind altering substances, just like it is not acceptable for a 12 year old to drive or for anyone under 18 to vote.

Share a prevention message

Below are three common themes that are often discussed regarding marijuana use. Each category lists possible statements that you may hear from students and recommended responses. **Pick a fact/response that resonates with you and personalize it.** This will help you provide prevention messages to your students when the opportunity arises.

THEME ONE: BRAIN (BODY) INFORMATION

STUDENT STATEMENTS

SUGGESTED RESPONSES

"I know kids who smoke and play sports and have no problems."

It may seem that way but marijuana affects timing, movement, and coordination, so they may be making errors in the game and not be performing their best.¹

"It does not impair driving or other things I do, like alcohol does."

Marijuana use more than doubles a drivers risk of being in a car accident.²

Marijuana use affects your motor skills (like coordination and reaction)¹, which can impact driving.

"What's the big deal I still go to school and get good grades?"

It may not seem like a big deal but your brain is still developing until your early 20's so you are not performing your best.¹

"I hear it will help me focus better in school..."

Regular teen marijuana use can lead to continuous problems with attention, learning, memory, and ability to quickly take in information.³

Marijuana use has been linked to higher school drop-out rates.⁴

"It's only pot..."

Marijuana use impacts attention and memory and makes it difficult to learn something new or do tasks that require focus and concentration.¹

Really? Is it only pot? There is a danger that comes with minimizing the power of what a substance can do to your brain and body.

THEME TWO: MEDICAL MARIJUANA/MEDICINAL USE

STUDENT STATEMENTS

SUGGESTED RESPONSES

<p><i>"It's not a big deal it's used for medicinal purposes."</i></p> <p><i>"It's good, it's used for cancer treatments."</i></p>	<p>Yes, it is used medicinally for treating a diagnosed medical condition, but like any other medicine, if misused it can be harmful.</p> <p>Medicine isn't designed to be recreational.</p> <p>It requires a certificate, unless you have this, it's illegal for you to use.</p> <p>It may be helpful to some with cancer or other medical conditions, but not helpful for non-medicinal use.</p>
<p><i>"My friend uses it to reduce stress."</i></p>	<p>When you are "high", this drug may make you feel more relaxed; but it also doubles the risk of depression and anxiety.^{5,6}</p> <p>It may feel like it helps with stress or anxiety, but teens that smoke weekly are three times more likely to have suicidal thoughts.⁶</p> <p>It may make some people feel more relaxed, but there are other safer ways to relax.</p>
<p><i>"It's not addictive so it must be okay."</i></p>	<p>It is addictive, 1 in 11 adults who use, and 1 in 6 teens who use will become addicted.¹</p> <p>You don't have to be addicted to have bad things happen.</p> <p>9 out of 10 adolescent treatment admissions involved marijuana use.⁷</p> <p>It is addictive and your body has similar withdrawal symptoms as nicotine like sleep problems, cravings, irritability and anxiety.¹</p>
<p><i>"It doesn't have any side effects"</i></p>	<p>Actually, getting "high" is a side effect and there are additional side effects like: blood shot eyes, increased heart rate, anxiety, fear and panic.¹</p>
<p><i>"You don't overdose on marijuana."</i></p>	<p>That's true but it has other effects like impacting relationships, athletics, and actions, as well as a belief that things are better with pot.</p>

THEME THREE: LEGAL ASPECTS

STUDENT STATEMENTS

SUGGESTED RESPONSES

<p><i>"It's not a big deal to use marijuana, it's legal in Portland and other places."</i></p>	<p>Yes, it is legal in Portland, but you must be 21 years of age, so it is still illegal for you and you can be fined.</p> <p>It's still illegal for teens to use or purchase, the same as alcohol and tobacco.</p> <p>We know that marijuana use can lead to using other illegal drugs.¹</p> <p>Just because something is legal does not mean it's safe.</p>
<p><i>"Marijuana is safer than alcohol and alcohol is legal..."</i></p>	<p>One is not necessarily safer than the other; both are harmful for developing brains.³</p> <p>There is a difference. Alcohol is regulated, but marijuana is not. You have no idea how much THC (the chemical part of marijuana that makes you high), or other substances are in it, which can be very dangerous and potentially life threatening.</p> <p>Alcohol isn't necessarily safe because it is legal, it can be very harmful if misused and abused.</p>
<p><i>"It's not a big deal, I know parents who use it..."</i></p>	<p>Many adult activities are not suitable for kids because your brain is not done growing and developing.</p> <p>Some adults make that choice, but marijuana use can cause harm, have negative effects and consequences like loss of job, housing, and fines.</p>

References: 1) National Institutes of Health, National Institute on Drug Abuse (2013) *Marijuana Facts for Teens* [Brochure] Bethesda, MD. 2) Ashbridge, M. & Hayden, JA (2012) *Acute Cannabis Consumption and Motor Vehicle Collision Risk: Systematic Review of Observational Studies and Meta- Analysis*. *British Medical Journal*: 344:e356. 3) Meier, MH et al. (2012) *Persistent Cannabis Users Show Neuropsychological Decline From Childhood to Midlife*. *Proceedings of the National Academy of Sciences*. 109(40) e2657-e2664. 4) DuPont, Robert et al. (2013) *America's Dropout Crisis: The Unrecognized Connection to Adolescent Substance Use*. Rockville, MD: Institute for Behavior and Health, Inc. 5) Hayatbakhsh, M.R. et al. (2007) *Cannabis and Anxiety and Depression in Young Adults: A large prospective study*. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(3): 408-17. 6) Patton, GC et al. (2002) *Cannabis Use and Mental Health in Young People: a cohort study*. *British Medical Journal*, 325: 1195-1198. 7) SAMHSA Treatment Episode Data Set, 2012.

Prevent youth substance use

One of the hardest questions to answer may be when we are asked by youth about our own marijuana or other illegal substance use. Below is some guidance on how to answer this question, "Have YOU ever used marijuana or other drugs?"

If you are NOT comfortable sharing your past:

Redirect the question back to the youth such as: "This is not about me, but about your use, I'd really like us to stick to the conversation about you.

-OR-

Use the phrase, "Someone I know"; this maintains confidentiality but can provide the conversation with real stories.

If you ARE comfortable sharing that you HAVE used marijuana or other illegal substances:

Point out ways that marijuana was harmful for you such as: "I'm not going to pretend that I didn't. The reason why we are talking about this is because I did smoke marijuana and when I did my judgment was compromised. And the only thing that kept me from some harmful situations was luck. You may think that nothing happened to me, but I want you to know that these are chances and risks that you may take. What keeps us from making bad decisions is our ability to think through situations-and when we are stoned; our ability to make good choices is compromised."

If you are comfortable sharing that you HAVE NOT used marijuana or other illegal substances:

Point out reasons why you didn't want to use marijuana such as: "You might not believe this but I never did smoke pot because it would have interfered with some of the things I enjoyed like playing sports, dating, academics and playing music and I thought it smelled really bad."

Being a teenager can be challenging at times.

Creating opportunities to talk and support teens to find healthy ways to deal with difficulty will help prevent substance use.

CASA is a community coalition that works on substance abuse prevention and is coordinated by **Access Health**, your local **Healthy Maine Partnership**, supported by **Mid Coast Hospital**.



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(207) 373-6995

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Public Health
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Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Aroostook District	Date: December 11, 2015				
<p>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</p>					
<p>Ongoing or upcoming projects or priority issues: <u>DCC Board Education conducted 11/04/15:</u> Central Aroostook regional Shared CHNA Community Engagement forum replaced scheduled DCC meeting. Topic: Assessment Data reviewed in brief; small group discussion regarding the top 3 identified health issues in Aroostook ensued. <u>Upcoming Aroostook DCC dates of interest:</u></p> <table border="0"> <tr> <td>DCC Meeting</td> <td>02/03/16 9:00-12:00p</td> </tr> <tr> <td>Final planned Shared Health Needs Assessment Forum</td> <td>01/07/16 9:00-11:00a</td> </tr> </table> <p>Health and Risk Communications Subcommittee Q4 Priority Messaging: Prescription Drug Awareness</p>		DCC Meeting	02/03/16 9:00-12:00p	Final planned Shared Health Needs Assessment Forum	01/07/16 9:00-11:00a
DCC Meeting	02/03/16 9:00-12:00p				
Final planned Shared Health Needs Assessment Forum	01/07/16 9:00-11:00a				
<p>Progress with District Public Health Improvement Plan: ❖ Activities planned for completion during the quarter – 10/06/15 Electronic Death Registry training for Pines Health Services/Cary Medical Center Death Certifiers conducted</p>					
<p>Structural and Operational changes, including updates in membership.</p> <ul style="list-style-type: none"> Continued work on (sub) committee charter documents; continued review of current procedures to ensure alignment with DCC by-laws. 					
<p>In-district or multi-district collaborations: Emergency Preparedness Point of Dispensing (POD) exercise sponsored by Wabanaki Public Health on behalf of the Aroostook Band of MicMacs</p>					
<p>Other topics of interest for SCC members: Q4 MARIJUANA related activity as reported by District Partners: <u>DCC:</u> Substance Abuse is not identified in the current DPHIP <u>Healthy Aroostook:</u></p> <ul style="list-style-type: none"> Facilitation of regional planning session for "Marijuana in the New Millennium" Conference Offered <i>Marijuana for Parents</i> resources to schools for use at the start of the school year. Resources subsequently requested by Hodgdon, Ashland (Limestone and Caribou materials distributed by Power of Prevention coalition). Promotion of Medical Marijuana Presentation in Houlton Provided sample ordinances to City of Presque Isle 					

District Name

1

Date

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



Public Health
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Statewide Coordinating Council for Public Health District Coordinating Council Update

- Spoke at length with Houlton Police Chief about MJ harms, policy work, and ordinance.
- Marijuana presentations conducted for a group of students at UMPI
- More than 69 people educated in 1-1 and small group sessions on Marijuana 101, education on harms and impact of legalization,
- Provided and distributed marijuana materials for Community Living Association attended by 92.
- Educated 4 new providers at HRH and 5 members of public about harms, forms, and impact of legalization. Director of Nursing wants our marijuana presentation for her nursing staff.
- Scheduled presentations to Mars Hill town council, the Aroostook DCC, and the County Commissioners

VA:

As you know the VA is very strict regarding to whom we dispense narcotics. It includes an opioid agreement, random urine drug screen and quarterly face-to face reassessment. We often find that veterans will not self-disclose their marijuana use. We usually find it by the positive urine screen. They will then argue that they have a medical certificate for Marijuana. We have to explain how the VA does not recognize the Maine statute since the Federal law outweighs the State and we have to abide by Federal law.

Some veterans will state that the marijuana helps their pain, although there are no reputable studies to demonstrate the efficacy of Marijuana used to treat pain. If that is the case, they don't need the opioid for pain since they have the marijuana and they think it helps. We also have veterans who test positive for Cannabis but negative for the opioid that has been prescribed. That also jeopardizes their ability to get opioids from the VA.

It will make it very difficult for the VA if the government ever changes their stance on marijuana use.

Pines Health Services:

A local independent Internist continues to work, possibly part-time, at the THC Clinic on Sweden Street where he provides medical marijuana certificates on a cash basis.

District Name

2

Date

22 M.R.S. §412 (2011).

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Public Health
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Central

Date: December 17, 2015

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> At the July 28 DCC meeting, we heard updates from the DPHIP workgroups, our SCC Representative, the Maine SHNAPP Coordinator, and meeting attendees. We focused on 'Opioid Addiction in Maine', starting with a presentation from Dr. Ann Dorney, MD, from Skowhegan Family Medicine and Redington-Fairview General Hospital. Then we had a group discussion about how opioid addiction is affecting us in our work and home, and what we need to do about it in the district. The discussion was followed by updates from meeting participants.

Ongoing or upcoming projects or priority issues: Shared Health Needs Assessment & Planning, Community Engagement forums 12/10 & 11, compiling results and evaluation, and use for next DPHIP cycle; MGMC/District Oral Health Implementation Grant from MeHAF/Maine Oral Health Funders and increasing/sustaining resources for community health workers; Vaccination Workgroup communication on flu immunization efforts; recruiting/maintaining sector membership; district transportation services, gaps, and volunteer efforts; vulnerable populations HAN; real-time mapping of district resources; ongoing sustainability of successful initiatives.

Progress with District Public Health Improvement Plan (DPHIP): *Activities planned for completion during the quarter and whether activities were able to be completed on schedule*

- ▶ Use Central District Public Health Unit updates and DCC website to communicate important information to DCC, LHOs, and partners – ongoing task with updates going out weekly as needed
- ▶ Establish and implement DCC Vaccination Work Group and communication network – ongoing with school flu immunization clinics held this fall
- ▶ Oral Health Workgroup met – reorganized to meet requirements of implementation grant; hired Community Health Worker to assist priority populations and with health care outreach/ navigation
- ▶ Mental Health & Substance Abuse Workgroup -- met to discuss needs and next steps

Successes achieved

- ▶ Awarded 4-year Maine Oral Health Funders implementation grant to prevent dental disease in children, focusing on expansion of oral health care in district clinical settings for children up to age nine and adding a Community Health Worker to work in the northern part of the district on oral health improvement, primarily with low SES parents
- ▶ Collaboration on MGMC PICH grant focused on chronic disease prevention in district medical settings and in geographical areas with especially low socioeconomic status

Barriers encountered

- ▶ How to keep Community Transformation Grant progress going in the district without grant funding
- ▶ Staff/volunteer resources for data/intervention analysis, implementation, and workgroup support

Structural and Operational changes, including updates in membership: filling school nurse gaps in Vaccination Workgroup coverage; reviewing membership and filling gaps for annual meeting in January

In-district or multi-district collaborations: SHNAPP, Oral Health Implementation Grant; MGMC PICT Grant; Senior Transportation and Neighbors Driving Neighbors pilot; Poverty Action Coalition

Other topics of interest for SCC members: Steadily building participation in and awareness of the DCC has led to more interest in using the DCC to recruit partners and 'asks' to take on work as a district -- a good success, but one that highlights our lack resources to complete some work identified by the DCC.

SCC Focus Topic for December 2015 -- Marijuana:

DPHIP/Mental Health & Substance Abuse Workgroup – created district inventory of integrated treatment with primary care; helped draft HMP snapshot assessments for the HMP prevention grants

Four District HMPs receiving SAMHS grants (Expanded Services + PFS II) --

Healthy Communities of the Capital Area (HCCA):

- support towns to create ordinances to limit youth exposure to marijuana in the town
- contract with Spurwink Services to provide direct education on the connection between mental health and marijuana use
- provide the 6-hour preventive PRIME class
- create a youth-to-youth messaging campaign
- distribute targeted messaging to people serving youth or their parents

Healthy Northern Kennebec (HNK):

- use social media to allow local youth share their stories of abstaining from marijuana and prescription drug use
- find or create materials to help parents know how to talk with their children about some of the common myths associated with marijuana and work with local pediatricians' offices to post information in waiting rooms, patient rooms, and bathrooms
- issue mini-grants of \$1,000 to each of the school districts in our service area to be used for the creation of a student-led substance abuse awareness activity

Healthy Seabasticook Valley (HSV):

- partner with town officials and other stakeholders to coordinate 2 town hall meetings and lead discussion around local substance abuse
- engage a minimum of 6 local of communities in discussions around establishing a minimum of 2 municipal policies addressing marijuana access
- coordinate High On Life, Not On Drugs 5k event to promote Above the Influence campaign message
- coordinate a minimum of 4 trainings around drug identification, signs, and symptoms

Somerset Public Health (SPH):

- provide 3 education sessions on marijuana to include: recreational use, medical use, public health concerns and use rates from MIYHS
- provide 2 (minimum) Prime for Life programs for Universal Prevention delivered in schools and/or community setting
- conduct 1 Media campaign done for either radio, television, or cinema
- post 6 (minimum) messages to social media; Facebook and Instagram
- disseminate SAMHS and/or agency created material on marijuana to 20 sites (social service agencies, healthcare providers, schools, and/or worksites)
- engage 2 schools or school-based daycares in review and/or revision of their substance abuse policies as it relates to use and/or possession of medical marijuana

Central District

2

12/17/15

22 M.R.S. §412 (2011).

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**Statewide Coordinating Council for Public Health
District Coordinating Council Update**



District: Cumberland District

Date: 12/17/2015

For agendas and copies of minutes, please see district's website at:
<http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml>

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting:

The Cumberland District Executive Committee continues to meet regularly. Recently the EC has focused on furthering DPHIP priorities, and focusing on rising issues within Cumberland County.

The last meeting took place on November 20th. Some highlights include Sue Kring updating the Council on the Affordable Care Act (ACA) Open Enrollment period. Bethany Sanborn led a discussion regarding what the Council would like to see on the January agenda specifically regarding the Heroin/Opiate Crisis.

The Council spent a significant amount of time discussing the various aspects of the issue and what steps the Council should take. The Council weighed hosting a community forum or panel versus inviting specific speakers to a Council meeting.

It was suggested that a smaller group look at the data and make some recommendations for the Council to review.

Alysia Melnick from the United Way of Greater Portland led the Council through a community conversation.

The conversation focused on three questions:

- 1) What kind of community do you want?
- 2) What's stopping us from having that community?
- 3) What would make a difference?

An online survey will be available on the United Way website for individuals who would like to contribute to the conversation but were unable to attend the Council meeting.

Ongoing or upcoming projects or priority issues:

Health Needs Assessment Planning Process, which is currently planning two Community Forums.

The forums will be held on January 11, 2016 (from 3:00 PM — 6:00 PM) and February 2, 2016 (from 3:00 PM — 6:00 PM). The January forum will be held at MaineHealth (110 Free Street, Portland) and the February forum will be held at St. Joseph's College (278 Whites Bridge Rd, Standish). Snow dates for the forums are January 15th and February 4th, respectively.

In addition to the two large community forums, smaller 10—30 minute presentations are available for smaller community groups.

Progress with District Public Health Improvement Plan:

Public Health Emergency Preparedness:

- **CRI:** The Maine CRI Program Coordinator has been collaborating with local, regional, and statewide partners to promote and maintain the project and explore new partnerships.
- **PHECLP:** The City of Portland's Public Health Division was awarded a one year contract with the National Library of Medicine to work on a project with the Disaster Health Information Resources available at disasterinfo.nlm.nih.gov. The Public Health Emergency Coordination with Libraries Project (PHECLP) will develop the role of libraries in disaster health emergency response in Cumberland County. The Public Health Division is in the process of hiring a part-time position for this contract and is excited to be working with the Portland Public Library on this unique project.
- **SMRRC:** SMRRC has been actively involved in State and Region wide Ebola Planning, including getting the 4 assessment hospitals to Federal standards. We are also working on statewide Flu planning ongoing. Inclusive has been some informational meetings on Avian Flu. We will be working on a Regional Emergency Plan, which will include annexes on evacuation, Mass Fatality and Casualty and alternate care site planning. This will be exercised this spring.

Tobacco: The Tobacco Workgroup has met twice since our last report in July. The next meeting is scheduled for January 11, 2016. Representatives from Opportunity Alliance, Breathe Easy Coalition, ACCESS Health, Westbrook Communities that Care, Healthy Portland and Healthy Casco Bay have been consistent with their attendance at the district meetings. Recruitment of new members and re-engagement of past members was a priority of co-chairs. Due to this effort new members have stayed consistent in their attendance.

- Group has spent last two meetings discussing the recent update to Maine's Smoking Laws to include electronic nicotine delivery systems. Discussion has centered around what is happening at the State level to educate the public on this law change, how this will affect our work, and various ways we can best reach out partners in Cumberland County. Group has shared ideas and drafted resources to be sent to restaurants, workplaces, and tobacco retailers notifying them of this update.
- Group has discussed priority public health issues related to tobacco, including e-cigarette use among youth and tobacco use among pregnant women.
- All HMP's in County collaborated to develop a one page information sheet on e-cigarette use and vaping and the potential harms to young people. Included in this information sheet are tips on how to prevent youth from using these devices.
- An opportunity came up through Jana Richards to connect with Maine Calling on MPBN to discuss e-cigarette use with youth. Jana and workgroup are exploring who would be best to reach out to in the State to serve on a panel for this show.
- As Stephanie Gagne of Healthy Portland has changed roles, Jana of Healthy Lakes/ Healthy Rivers will serve as chair. Emily Clyatt of Healthy Portland may transition into a co-chair role once she becomes familiar with the tobacco work.

Structural and Operational changes, including updates in membership:

Statewide Coordinating Council for Public Health District Coordinating Council Update



In-district or multi-district collaborations:

A meeting is being organized for York and Cumberland counties to come up with new resources and strategies to work on increasing flu immunizations, and schools holding clinics. The meeting will take place on January 5 at Home Health Visiting Nurses office in Saco.

Other topics of interest for SCC members:

Liz Blackwell-Moore has been working with the statewide Marijuana workgroup to develop a presentation and materials on marijuana to be used with young people specifically. She, along with Lee Anne Dodge, lead the development of a presentation to be used by SAMHS grantees statewide. They have since made a recording of the Prezi and developed a script to be used by presenters. That was disseminated to statewide partners yesterday morning by Christine Theriault. I would be happy to forward along that e-mail if you would like.

Since September, the Opportunity Alliance has integrated marijuana information and discussion into a training for all coaches at Windham High School, a staff training for Westbrook Teen Center, and two parent nights. Further, they shared marijuana resources and information during meetings with two superintendents new to the Rivers Region, in South Portland and Gorham. Further, this spring and Summer they developed a series of marijuana ads and ran in local weekly papers. A copy of those ads are available by request.

While not strictly marijuana related, their program had previously received a federal grant to formally mentor Windham and Raymond's Be the Influence coalition, to prepare them to submit an application for full DFC funding. In March, they submitted that application and learned in early September that they had been awarded a five-year contract for \$625,000. They have recently hired a full-time Coalition Director: Becky Ireland, formerly of SAMHS.

22 M.R.S. §412 (2011).

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 12/2015 (added SCC Focus Topic)

District: Down East	Date: 17 December 2015
<p>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</p> <p style="text-align: center;">District Public Health Council Meetings</p> <p>September 25 at Mano en Mano in Milbridge with fifteen participants (Adobe Connect was utilized=eleven in person and four electronically). The agenda action items:</p> <ul style="list-style-type: none"> • Services for Older Adults: mapping of services for older adults in two counties. • DE PHC Business: Membership, Executive Committee Slate • DPHIP Priority Work Group Status • DPHIP Workgroup focus: Food Access/Policy: programs occurring in both counties around food issues was presented • SHNAPP Community Engagement Meetings Planned <p>November 20 at Maine Veterans Home in Machias with thirty-one participants (no Adobe Connect or Conference Call was used). The focus of this meeting was the Community Engagement Forum with breakout sessions on Drug and Alcohol Abuse, Obesity, and Tobacco Use.</p> <p>Meetings in 2016 are still to be determined: one in January 2016.</p>	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> • Food Security • Aging Population and determining systems approach to opportunities for better health. • Emergency Preparedness: Washington County Infrastructure committee formed to implement and exercise Points of Dispensing sites and developing a Disaster Behavioral Health Response Team. • Transportation 	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> • Environmental Health=well water awareness and testing outreach. • Food Access and Policy=ongoing progress at community and county levels. • Clinical Health Care System==finalize toolkit, process document, and materials for screening initiative. 	
<p>Structural and Operational changes, including updates in membership.</p> <ul style="list-style-type: none"> • Partner/Member organizations need to complete revised member forms • New Member Outreach • Executive Committee Nominations/Election in January 2016 	

Downeast District

1

December 9, 2015

³Section 5. 22 MRSA c. 152

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;
2. Provide a mechanism for district-wide input to the state health plan under Title 2, section 103;
3. Ensure that the goals and strategies of the state health plan are addressed in the district; 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

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Public Health
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Statewide Coordinating Council for Public Health District Coordinating Council Update

In-district or multi-district collaborations:

- Ongoing Behavioral Health Integration Project in Washington County.
- Ongoing Gay Straight Alliance project in Washington County for supporting schools in creating safe environments for students.
- Maine Health Foundation has active funding projects in Achieving Better Health in Communities, Thriving in Place, and Health Care for the Uninsured.
- Aging Task Force work in both counties.
- Substance Abuse Treatment Task Force in Hancock County.
- Health Care Organizational Crosswalk in Washington County.

SCC Focus Topic for December 2015: Marijuana

- DCC Meeting:
 - Recreational Marijuana presentation at June 2014 council meeting based on new information from national conference and Maine stakeholders.
- DPHIP: our district does not currently have substance abuse as a priority.
- Work being done by partners includes:
 - Healthy Acadia in conjunction with Bangor Public Health co-sponsored a collaborative statewide marijuana summit in September 2015.
 - Community Health & Counseling Services Chief of Psychiatry presented at this forum with new evidence on effects of medical marijuana and has set a policy that any type of marijuana is not compatible with any other controlled substance prescribed in clinic (sedatives, stimulants and suboxone).
 - Funding from the Maine Office of Substance Abuse and Mental Health Services and by the federal Drug Free Communities provides marijuana prevention strategies:
 - Educational presentations and information dissemination on best practices to prevent marijuana use among youth, including information on the brain science of addiction.
 - Implement educational programs, including Prime for Life, which provides students with information about the risks related to substance use and how to make healthy choices.
 - Coalition building to expand capacity and engage partners and volunteers in substance prevention efforts.
 - Funding from the Healthy Maine Partnership Program allows Healthy Acadia to provide technical assistance to schools for reviewing and revising school substance abuse policies, based on SAMHS guidelines.

Downeast District

2

December 9, 2015

¹Section 5. 22 MRSA c. 152

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;
2. Provide a mechanism for district-wide input to the state health plan under Title 2, section 103;
3. Ensure that the goals and strategies of the state health plan are addressed in the district; 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
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Public Health
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Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 12/2015 (added SCC Focus Topic)

District: Mid Coast

Date: 17 December 2015

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>

District Coordinating Council Meetings

September 8 at Knox County EMA with fourteen participants. Key agenda action items:

- Maine Shared Health Needs Assessment and Planning Process overview (Jayne Harper)
- Public Health Emergency Preparedness: Maine Responds (Jared McCannell) and Vulnerable Population Communication Plan (Jane Coolidge)
- County Emergency Management Agency Collaboration: Sagadahoc (Eric Sawyer) and Knox (Ray Sisk)

December 8 at Knox County EMA with thirty-seven participants. Key agenda action items:

- Informal District/County SHNAPP Community Engagement: Nancy Birkhimer facilitated the presentation of district/county data through the forum presentation. Breakout groups by county then reviewed the data through facilitated question process; good sector representation and engaged discussion.

Ongoing or upcoming projects or priority issues:

- SHNAPP: steering committee members along with hospital representatives have formed community engagement committee to plan out county forums and community events. County based forums are planned for January and February 2016: Knox County = January 12; Waldo County = January 27.
- Success: Medication collection event on 9/26 was a collaboration of law enforcement, emergency management and district council partners and provided needed health and emergency preparedness information.
- Success: Great participation from across the district/state for the Aging in Place Symposium co-hosted by Spectrum Generations on 9/17.

Progress with District Public Health Improvement Plan:

- Behavioral Health: heroin usage will be the topic for the March 2016 DCC meeting. Various experts from law enforcement, drug treatment, and substance abuse are being invited as speakers and/or panel. Access Health received a SAMHSA Project Aware grant to deliver Youth Mental Health First Aid trainings in its service area, Melissa will share progress and assist any district wide replication as requested.
- Transportation: ongoing work with partners to monitor state-level advocacy efforts. Transportation came up in the SHNAPP discussion as well as the stakeholder survey data.

MidCoast District

1

December 9, 2015

22 M.R.S. §412 (2011).

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Structural and Operational changes, including updates in membership.

- Based on gap analysis of DCC sector membership, new members/organizations have been identified and recruited to become voting members of the Mid Coast DCC. New members were welcomed at the December 8 meeting; a more formal process for approving and welcoming new members will occur at the March 8, 2016 meeting.

In-district or multi-district collaborations:

- Collaboration opportunities continue to be a standing DCC agenda item.
- SHNAPP process.

SCC Focus Topic for December 2015: Marijuana

- DCC Meeting:
 - Scott Gagnon was to present Smart Approaches to Marijuana Maine goals/approaches at DCC meeting in January 2014; council members provided an overview and discussion of SAM as a starting point.
- DPHIP Behavioral Health Committee Priority:
 - Committee focus was to review messaging and identify one message that we could develop and share across the district. Implementation of this work has been delayed due to required district response to the transition of medication collection coordination, which was cancelled by the DEA, adopted by Maine Sheriffs' Association, and then reinstated by DEA.
- Partner Work:
 - Healthy Maine Partnerships as part of SAMHS grant work focus on marijuana:
 - Sharing/training of SAMHS five key messages on marijuana==audience included school teachers and staff; Facebook campaign targeting parents.
 - Strategies: developed talking points, responses, and teachable moments for teachers; will be conducting focus groups with teens and parents on identifying risks; offer SIRP intervention program to youth caught using alcohol or marijuana; and piloting Teen Mindfulness Based Stress Reduction course in two high schools (teens use marijuana as means to control stress).

MidCoast District

2

December 9, 2015

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Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Penquis District

Date: December 11, 2015

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>

Presentation from the Attorney General's Office Tobacco Enforcement Coordinator Amber Desrosiers on tobacco policies and laws in the State of Maine.

A review of legislation from the last legislative session was presented.

1. Tobacco law now encompasses vaping and electronic cigarettes
2. Requires child proof packaging for e-juice (goes into effect January 1, 2016).
3. Be on the lookout for a bill that will allow Retail 3 tobacco stores (who don't sell tobacco) to serve food and beverage (including alcoholic beverages) and would allow kids to be present.
4. Fund for a Healthy Maine study update

Current rate of adult smoking: Penobscot is 20%, Piscataquis is 24%, both over the state rate.

No Smoking signs available from the PTM Store. Home based childcare providers can smoke when the childcare business is not open. Adults may not smoke in cars when children under the age of 16 are present. Smoking prohibited in outdoor dining establishments, including drive in restaurants and movie theatres.

Limitations:

If someone is in your house doing work for their employer (ie home care of cable person) you are prohibited from smoking.

Workplace law hasn't been updated. If a business is not open to the public then it doesn't include vaping. Amber is working with the Maine Public Health Association to update the definition of smoking so that all sections of the Maine tobacco law can be updated together.

Vaping is not recommended as a cessation device.

Resources: Quitlink, Breathe Easy Coalition

Ongoing or upcoming projects or priority issues:

- Review and analysis of the information collected at three Community Engagement forums
- Prepare and plan for the discussion to select district priorities for the District Public Health Improvement Plan

Progress Shared Health Needs Assessment Planning Process :

The steering committee has identified themselves as the Community Engagement Committee along with other key healthcare partners to executed three District Forums.

Action Steps:

- The Piscataquis County Community Engagement Forum was held at The Mill in Dover-Foxcroft on November 12. Forty-one people attend and there was representation from a variety of sectors including, public health, healthcare, local/state government, and community coalitions. The Community Engagement forms have been completed and have been sent to be uploaded to the website.
- The Penobscot County Community Engagement Forum was held at Jeff Catering in Brewer on November 18. Sixty-three people attend and there was representation from a variety of sectors including, public health, healthcare, local/state government, and community coalitions. The Community Engagement forms have been completed and have been sent to be uploaded to the website.
- The Northern Penobscot County/Millinocket Forum was held at Millinocket Regional Hospital on December 1. Ten people attended and there was representation from a variety of sectors including, public health, healthcare, local/state government, community coalitions and schools. The Community Engagement forms have been completed and have been sent to be uploaded to the website.



Public Health
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Statewide Coordinating Council for Public Health District Coordinating Council Update

District Partner success story:

The SHNAPP Community Engagement Forums were a big success in Penquis District. We engaged over 100 people in the process. We had a multi-disciplinary group of healthcare and public health professional that put in several hours of planning as well as implementing the three forums.

Structural and Operational changes, including updates in membership.

New members:

Larry Clifford- Penobscot Community Health Care, FQHC

In-district or multi-district collaborations:

- Partnership to Improve Community Health grant with EMHS, multi-district
- Save a Life Drug Task Force, Lincoln
- Hoarding Taskforce, District
- Community Health Leadership Board, Greater Bangor
- Thriving in Place (MeHAF Grant Initiative), Millinocket, Old Town, Orono, Vezie, Dover-Foxcroft,
- Healthy Communities (MeHAF Grant Initiative), Dover-Foxcroft, Bangor

Other topics of interest for SCC members-Marijuana:

Submitted by Jamie Comstock:

On September 23rd, Bangor Public Health's Substance Abuse Task Force (a Drug Free Communities Coalition) co-hosted two marijuana educational events: a daytime summit and an evening forum with a neighboring DFC Coalition: Healthy Acadia. Sixteen businesses and organizations from across the state helped to make the events possible with generous sponsorships and in-kind support.

The daytime summit was held at Morgan Hill Event Center in Hermon and was an opportunity to bring key stakeholders and coalitions together from across the state to learn more about the changing landscape of today's marijuana, and begin to address concerns about access and availability to the substance in Maine. Approximately 145 individuals were in attendance, and all 16 counties were represented among the participants. Two national speakers addressed the audience, Dr. Stuart Gitlow President of National Society on Addiction Medicine, and Thomas Gorman, Director of the Rocky Mountain High Intensity Drug Trafficking Area. Dr. Gitlow's remarks focused on marijuana as medicine, myths and facts about marijuana, and marijuana addiction. Thomas Gorman focused on national drug policy, and The State of Colorado's experiences with retail marijuana. Additionally two Maine-based speakers provided education. Marietta D'Agostino provided an overview of The State of Maine's Medical Marijuana Program, and Scott Gagnon provided some Maine-specific substance abuse data, and gave an overview of marijuana policy in Maine. Following the educational presentations, the attendees split into three groups to identify issues and priorities in Maine. That information is currently being compiled, and will be shared with statewide leaders in the coming months. The group also identified some opportunities to work together, and follow-up on projects is already underway.

The evening forum was held at Gracie Theater at Husson University. The approximately 150 individuals who attended heard a keynote address by Thomas Gorman, followed by a moderated question and answer session from a panel of local experts. Questions for the panelists were solicited prior to the event by The Bangor Daily News, and Roberta Winchell, Esquire - a local attorney served as the moderator. Each of the panelists gave opening and closing remarks and answered questions on the topics of healthcare, substance abuse treatment, public health, law enforcement, and marijuana policy. Panelists for the evening event were Patty Hamilton - Director, Bangor Public Health, Dr. Alan Schaffer - Chief of Psychiatry, Acadia Hospital, Barbara Royal - Executive Director, Open Door Recovery Center, Scott Gagnon - Director, Smart Approaches to Marijuana, and Sheriff Troy Morton - Chief, and Penobscot County. The event was widely covered by the local media, and included pieces by all three local television stations as well as the Bangor Daily News.

Both events were made possible by tremendous collaboration and support from our local coalition, and we hope they will serve as the catalyst for a coordinated approach to timely marijuana issues facing Maine.

Statewide Coordinating Council for Public Health District Coordinating Council Update



District: Western

Date: December 17, 2015

For agendas and copies of minutes, please see district's website at:
<http://www.maine.gov/dhhs/bol/olph/lphd/index.shtml>

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting:

The Western District Executive Committee continues to meet regularly. Recently the EC has focused on recruitment, reengaging membership, and planning for the Shared Health Needs Assessment and Planning Process forums.

The district held a full council meeting on October 16th focused on the Behavioral Health workgroup and strategic mapping with InsightVision. The DCC also had hospital partners present and reviewed the work that was happening around the district with the Shared Health Needs Assessment and Planning Process forums. The next meeting will take place in January 2016.

Ongoing or upcoming projects or priority issues:

The DCC EC is working with district partners to develop community forums for the Shared Health Needs Assessment and Planning Process. The first planned forum took place on November 17, 2015 at the Lewiston Chamber of Commerce as part of a Lunch and Learn. More dates will be forthcoming.

Progress with District Public Health Improvement Plan:

Obesity: Healthy Community Coalition discussed the Healthy Food Strategy Map created by Healthy Oxford Hills and whether Franklin County would like to use the same five themes that Oxford created. Healthy Oxford encouraged Franklin County members to share what they do in Franklin County around Healthy Foods and take the emphasis off of the InsightVision tool right now. Franklin County has been learning from the other district coalitions about creating a Food Council and will invite a District Food Council Representative to the next meeting.

Communications and Coordination Work Group and Behavioral Health Work Group: This work group continues to be chaired by Jim Douglas of Healthy Oxford Hills, and to focus on the use of the Insight Vision digital strategy mapping and project management tool in the Western Public Health District. Since the last report to the SCC, this District priority work group has:

1. Encountered a set-back on the development of the Behavioral Health strategy map at the district level. The chair of the District Beh. Health work group left Healthy Androscoggin, and our effort find a replacement was frustrated when the person who had volunteered to assume this role also withdrew from the process (moved out of the area.) The District BH work group is without a chair and convener at this point. It is on the agenda for the upcoming Western District Coordinating Council whole meeting on December 18, 2015.
2. Continued to support the involvement of the District Obesity work group in the planning and strategy mapping activities of the Healthy Food work group of the Oxford County Wellness Collaborative (OCWC.)
3. Continued to partner with the newly developed Western Maine Addiction Task Force. Leveraging resources of the OCWC, we contracted with Bill Barberg of Insightformation (the developer of the Insight Vision tool) to facilitate a strategy mapping and management training session via GoTo Meeting for members of the WMATF in two locations: So. Paris and Rumford. More than 40 people representing

Statewide Coordinating Council for Public Health District Coordinating Council Update



- many sectors of the community participated in learning about collective impact as an approach to making change and how strategy mapping and the IV tool support this work. The groups then worked on refining a strategy map for the work of the WMATF that will fall under the broader Behavioral Health (which includes substance abuse and mental health issues) strategy map for the OCWC and the Western District.
- Continued to share the IV tool and strategy maps as part of HMP Coalition gatherings, particularly at the Healthy Oxford Hills healthy community coalition meetings. Introducing more community members to this tool and process at HMP Coalition meetings is a goal for the remainder of FY2016.

Structural and Operational changes, including updates in membership:

In-district or multi-district collaborations:

Other topics of interest for SCC members:

Healthy Androscoggin: HA was a sponsor of the Marijuana Summit which was held in Bangor in September. This was a statewide event and attendees were from a range of backgrounds, recovery, prevention, treatment, law enforcement, child advocates, and schools.

State approved marijuana material was made available/handed out at the Dempsey Challenge and Healthy Kids Day. Both events have a large turnout.

Healthy Oxford Hills: Continued to partner with the newly developed Western Maine Addiction Task Force.

River Valley Healthy Community Coalition: Prevention – DFC Grant – “River Valley Rising”, Bethel Area Task Force, dissemination of materials, presentations

Enforcement – Work with 7 Law Enforcement Agencies to conduct party patrols (to include alcohol) and investigations (access)

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**Statewide Coordinating Council for Public Health
District Coordinating Council Update**



District: York District

Date: 12/17/2015

For agendas and copies of minutes, please see district's website at:
<http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml>

Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting:

The York District Executive Committee continues to meet regularly. Recently the EC has focused on member recruitment, reengaging membership, and planning for the Shared Health Needs Assessment and Planning Process community forums.

The district held a full council meeting on September 16th focused on public health emergency preparedness. The DCC partnered with the Healthcare Coalition to create a table top exercise based on flood scenarios which lead to mold, indoor air quality, and debris removal problems. This meeting was a success with many different sectors represented. A draft after action report has been created and is available upon request.

The next meeting will take place on December 14th and will be a Shared Health Needs Assessment and Planning Process community engagement forum.

Ongoing or upcoming projects or priority issues:

The DCC EC is working with district partners to develop community forums for the Shared Health Needs Assessment and Planning Process. The first planned forum will take place on December 14th at York County Community College, due to the timing of the forum and the SCC meeting results will be shared at the next SCC meeting. Or if interested please contact adam.hartwig@maine.gov.

Progress with District Public Health Improvement Plan:

Obesity: Obesity work group met Oct 7 and Dec 2.

Work group members consistently share and collaborate as a result of these meetings. Continue to have robust commitment and diverse representation: HMP, WIC, SNAP, YMCA, pediatrician staff, hospital staff, Hannafords, United Way.

Highlights:

Let's Go York County annual recognition event with 86 sites receiving recognition awards. Smarter school lunchrooms were included this year for the first time.

Community engagement of York County SHNAPP data and discussion

Public Health Preparedness: This group continues to meet with new leadership. A draft after action report from the September meeting has been created and is available upon request. Currently the group is meeting to plan a larger meeting and functional exercise for next year.

Behavioral Health: The hoarding task force continues to work with Eastern Maine Health Systems to develop a partnership to create more counseling groups, and treatment options.

The opiates task force held a community forum in Sanford on October 14th which was a large success with good media coverage, and a positive turn out from the community. A follow up meeting is currently being planned to look at the future direction of the task force.

Statewide Coordinating Council for Public Health District Coordinating Council Update



Structural and Operational changes, including updates in membership:

In-district or multi-district collaborations:

A meeting is being organized for York and Cumberland counties to come up with new resources and strategies to work on increase flu immunizations, and schools holding clinics. The meeting will take place in early January.

Other topics of interest for SCC members:

Choose To Be Healthy: York Hospital (YH) addiction counselor Caren Kline and local Sweetser supervisor, Maggie Norbert, trained in SIRP in October. YH addiction tx is collaborating with HMP on offering new SIRP program early 2016.

Monthly law enforcement work group facilitated by Sally has been very active—have received education from SA treatment staff, have requested resource/referral guide. Large group meeting which will include school staff Dec 16 to roll out SIRP/SBIRT among other topics.

Sally participating in State Opiate Task Force—prevention.

CTBH full coalition meeting Jan 21 will focus on progress made in the past year in opiate/heroin field.

CTBH does not currently have DFC grant—will apply in March for Fall 2016 start up.

Coastal Healthy Community's Coalition: With DFC funding, CHCC's goal by September 29, 2016 is to reduce youth marijuana use by .5% in our service area as measured by the MIYHS tool. Our activities will include:

- Coordination with Law Enforcement
- Designing and implementing communications plan
- Hosting 3 Table Talk events with parents
- Hosting 2 Marijuana Summits – first is in the works for Feb, Bill currently putting agenda together
- Carrying out All Stars program with middle and high school students

These activities will be youth-focused and are in addition to/expansion of activities under our SAHMS workplan.

Supporting all of this, the Project Alliance action team/board is meeting regularly, convening 12 sectors (schools, youth, clergy, govt, etc) for collaboration and action to reduce substance abuse.

Partners for Healthier Communities: DFC funding was received for the local Sanford area under a different organization but partners closely with PHC on all Substance Abuse related activities. Working with a very active Drug Free Task Force that over the past year assisted in the start-up of the York County Opiates Task Force and will be facilitating a planning meeting in the next two months to determine the outcomes the group is hoping to achieve in the next 1-3 years.

Active with the schools and offering very successful SIRP courses that include referrals from three different school districts.

Have been invited to the City Council meetings to talk about the current Marijuana Moratorium in the City of Sanford and to offer TA and resources.