



Paul R. LaPage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-8016; Fax: (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH
JUNE 16, 2016
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 (*Jim Davis, Chair*)
- 11:05** Introductions (*Christopher Pezzullo, DO, State Health Officer*)
- 11:15** Review of Agenda (*Jim Davis, Chair*)
Review of Minutes
- 11:20** Summary of SCC SHNAPP Responses: An Update (*Nancy Birkhimer, Manager, Quality Assurance and Performance Improvement*)
- 11:35** What is Maine's Public Health Response to the Opioid Epidemic?
Facilitated Discussion
- District Representative Reports: One Update, Action, or Plan Per Public Health District
 - From our diverse perspectives, how is the Public Health Infrastructure responding?
 - What is planned for the future in the Public Health Districts?
 - Other comments
- 12:10** Break: 10 Minutes
- 12:20** PUBLIC Law, Chapter 488, An Act To Prevent Opiate Abuse by Strengthening the Controlled Substances Prescription Monitoring Program (*Christopher Pezzullo, DO & Sheryl Peavey, Chief Operating Officer of Maine CDC*)
- 12:35** Caring for ME: Response to LD 1646 (*Lisa Letourneau, MD, MPH; Executive Director, Quality Counts*)
- 12:55** Maine's Opioid Epidemic: Overview Of Recommendations from the Three Task Forces (*Gordon Smith, Executive Vice President, Maine Medical Association*)
<http://www.themha.org/Publications/Recommendations-of-the-Maine-Opiate-Collaborative.aspx>

Comments, Questions, Additional Information

- *Lisa Letourneau, MD, MPH; Treatment*
- *Sheriff Joel Merry, Sagadahoc County, Law Enforcement Task Force Co-Chair*

1:55 Next Steps, Evaluation

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.*



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 287-8016; Fax: (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

**Statewide Coordinating Council for Public Health
Meeting Minutes for March 17, 2016 11:00 am to 2:00 pm
Augusta Armory, Room 209, 179 Western Avenue, Augusta, ME**

In attendance:

Members

Kenneth Albert, Meg Callaway, Andy Coburn, Jim Davis, Kristen Dow, Nancy Dube, Patricia Duguay, Jaki Ellis, Jennifer Gunderman-King, Joanne Joy, Betsy Kelly, Joanne LeBrun, Robin Mayo, Doug Michael, Bill Primmerman, Abdulkerim Said, Toho Soma and Martha Webster (via Adobe)

Others

James Markiewicz, Jamie Comstock, Sandra Yarmal, Jo Morrissey, Jamie Paul, Malory Shaughnessy, Adam Hartwig, Sue Patterson, Jim Douglas, Maria Donahue, Lori Wolanski, Nancy Beardsley, Andy Finch, Kate Marone, Erin Guay, Jessica Fogg (via Adobe)

SCC Meeting Convenes. Jim Davis and Ken Albert brought the meeting to order and reviewed the Agenda, followed by introduction of meeting attendees.

SHNAPP Summary Presentation of Outcomes/Common Themes from Community

Engagement Forums: Nancy Birkhimer and Jayne Harper provided information on outcomes of the many Community Engagement Forums that have taken place since November 2015. Some highlights of the presentation:

- Between November 2015 and February 2016, 23 forums and 18 events were held
- The most common topics from breakout sessions were:
 - Drug and Alcohol Abuse
 - Obesity
 - Mental Health
 - Cancer
- Participants were asked to break into groups to choose preliminary priorities for health improvement planning.
- Please see the attached summary notes from the breakout sessions for additional information.

Adjourn. Meeting adjourned at 2:00 PM

Next Meeting: June 16, 2015 from 11:00 AM 2:00 PM at the Augusta Armory.

SCC Meeting 3/17/16 – breakout group discussions related to the SHNAPP

Summary:

After a brief presentation of SHNAPP and the data from it, attendees were asked to vote on priority areas. The top four were the topic areas for breakout group discussions. Those attending via adobe connect formed a separate group and addressed their top issue. Each group was asked to focus primarily on state-level work, and secondarily on district level work and address five questions.

Details:

Mental Health

1. *Is there anything from community events that should be carried forward to the state level for SHIP planning?*
 - Access to services in state
 - No trickle down/up with Behavioral health
 - Youth data – 8th grade females at more risk shift up in HS, not valued
 - ACES/resiliency
2. *What are the desired outcomes of community engagement forums and events?*
 - Get input
 - Share data
 - Engaging the community
 - Buy-in, funding
 - New and different community members
 - Primary care to see PH issues come to them
 - “Everyone’s problem rather than a them vs. us mentality
 - Identify links – looking at data
3. *If we are not getting our desired outcomes currently, how do we get there? What tools, resources, or activities do we need to get these outcomes from community engagement?*
 - Tolls/resources/activities
 - From community engagement
 - Pulling people together
 - Increasing money in and decreasing access/success
 - Prevention is lacking and not connected
 - Behavioral health in schools
 - Redirect people to proper assistance
 - Local delivery effective
 - Utilization of local resources
 - Broader community involvement
 - Economic impact
 - Marketing

4. *What additional input do we need from community members?*
 - Input from community members
 - Level of involvement – keep engaged overtime
 - Leveraging resources – connecting different entities
 - So what – give info, no answers
 - Manage expectations
 - Inventory resources
 - Local coalitions
 - Opportunities
5. *What tools, resources, or activities do we need to get to improve the health status of Mainers?*
 - Marketing – stigma elimination
 - Evidence-based resources
 - Connect to other health issues
 - Breakdown silos
 - Shared experience – personal stories
 - Linking programs – connectedness
 - What do you want your community to be?
 - Addressing, identifying barriers
 - Community visioning
 - Social media
 - This is local – state can support
 - Local do a “google” process
 - Buy-in at state level and commitment
 - Use data to strategic resource use
 - With evidence and outcomes

Substance Abuse

1. *Is there anything from community events that should be carried forward to the state level for SHIP planning?*
 - Carryover to state for SHIP
 - Opioid epidemic forums
 - Preventions at local community level
 - Align activities across funding portfolio]
 - Don't address in siloes
 - Lack of treatment in districts/lack of payment
 - Access # of slots
 - Models/evidence-based practice/evaluate and time to put in to practice
 - Needle exchange
 - Youth
 - Marijuana educations
 - Prescription drug abuse
 - Alcohol use/abuse
2. *What are the desired outcomes of community engagement forums and events?*
 - Desired outcomes
 - Further collaboration
 - Consolidate public health planning
 - Align public health and healthcare
 - Common goals
 - Common training
 - Research messaging OK
 - Using evidence based when available
3. *If we are not getting our desired outcomes currently, how do we get there? What tools, resources, or activities do we need to get these outcomes?*
 - Evaluation/shared evidence
 - Need QI/QA and tools
 - Aspirations:
 - Cross sector engagement
 - Solid focused funding
 - Address root causes to reduce risk behaviors
 - ACES
 - Maintain trained workforce
 - Resilience building (i.e. positive youth development)
 - Trained adults to work with youth
 - Support to youth building organizations
 - Building capacity and community

4. *What additional input do we need from community members?*

- Additional input
- We don't need more – let's do
- Focus groups with youth
- Work with community to identify tools
- Connect dots – involved in the whole process
- Identify low hanging fruit to build momentum
- Involve recovery community

5. *What tools, resources, or activities do we need to get to improve the health status of Mainers?*

- Tools and resources to impact health
- Funding
- Social determinants
- Trained workforce
- Too many priorities – can we learn to prioritize?
- State departments working together – silos in government
- Health in all policies
- Culture of Health (RWJ Foundation)

Tobacco

1. *Is there anything from community events that should be carried forward to the state level for SHIP planning?*
 - E-cigarettes – youth and others
 - Marijuana crossover
 - Policies on e-cigarettes not caught-up
 - Countering marketing e-cigarettes as a healthy option
 - Youth prevention – evidence-base is limited, US CDC doesn't fund
 - Increasing media showing use
 - Decreasing media prevention messages
2. *What are the desired outcomes of community engagement forums and events?*
 - Reprioritize tobacco (eliminate message of "it is only tobacco, not opioids)
 - Increase awareness and new issue and resources available
 - Link to health disparities and health care utilization and costs
 - Make all tobacco use socially unacceptable
 - Identify effective interventions for disparate populations (cultural competence)
3. *If we are not getting our desired outcomes currently, how do we get there? What tools, resources, or activities do we need to get these outcomes?*
 - More analysis, awareness and dissemination of data
 - More capacity to address sub-populations
 - More and clearer regulation and policies
 - Tools for enforcement of existing laws
 - Equalize taxes
 - Include disparate populations in coalitions working on this
 - Expand options for uninsured people
 - Working with small business and self-employed, small contractors
 - Link to business costs
 - Very local social norms changes
 - Local coalitions across State of Maine fine-grained interventions
 - More conversations with specific groups in order to become more culturally competent
 - Youth prevention needs to link to bullying and positive youth development
 - More funding for after-schools activities
 - Community development and connectedness
 - All elements in the comprehensive tobacco control program
 - Cultural competence for treatment as well as prevention

Questions 4 & 5 not addressed separately.

Physical Activity and Nutrition

1. Is there anything from community events that should be carried forward to the state level for SHIP planning?

Augusta Group:

- Uncertainty about state level capacity to address PAN-O
- Lack of access to childcare, transportation, parent/child programs, modeling
- Lack of access to healthy foods programming

Phone group

- In Aroostook, we agreed to move forward on the three identified priorities from the Stakeholder Survey
- In Penquis, the top issues are opioids, obesity, and behavioral health and mental health.
- Downeast saw some overlap when the breakout groups were discussing obesity and diabetes as topics
- Some Successes or Innovations:
- In Penquis, ongoing work from the Community Transformation Grant Active Community Environment Team had grant funding to assess sidewalks. From this activity, the team built a trail system that integrated the students from the school (Lincoln). School children built the obstacles for a Mud Run on the trails as well as physical activity stations. This also is used by the school for weekly physical activity and is built into the curriculum (e.g., math skills for building obstacles; science skills for understanding burning calories, etc.)
- In Downeast, one innovative idea was that sites like health centers and libraries have weighing stations available so that folks who are tracking weight loss can easily have access to it. If in the health center, it also provides opportunities for a check in with a nurse
- We also heard that losing home economics in schools many years ago is an important factor for some people not having the skills in basic shopping for food, cooking, maintaining a household, and understanding basic nutrition

2. What are the desired outcomes of community engagement forums and events?

Augusta Group:

- Raise awareness
- Increase collaboration
- Identify and address barriers of specific populations
- Address social determinants of health
- Identify champions
- Identify and address emerging issues

Phone group

- From the perspective of hospitals, one outcome is to complete the IRS 990 form and create an Implementation Strategies document that will be shared with the community (e.g., website)

- From the perspective of public health, community engagement meets many of the accreditation standards and measures that Maine CDC needs to consider
 - Another outcome would be to develop implementation strategies and district/state public health improvement plans that have gone through a discernment process
 - The forums provide open discussion and input that is documented and can be reviewed
3. *If we are not getting our desired outcomes currently, how do we get there? What tools, resources, or activities do we need to get these outcomes?*

Augusta Group:

- Mass media campaign
- Increase funding for obesity prevention
- Need to go where people are
- Need to tailor to specific age group
- Worksite initiatives
- Using ACA navigators
- Engage community leaders, especially with subpopulations using existing trust networks

Phone group

- In Penquis, we were thoughtful on the geography and making sure we captured diverse community input. Saying that, we found that it may not be necessary to have all these forums or small community events unless you are targeting a specific population with inequities. Are having more forums/small events necessary and/or beneficial?
 - In Aroostook, we did an outreach to a business meeting and received no real input (just nodding in agreement)
 - In Downeast, meetings with the two county superintendent associations showed great concern for their school and community around drugs and mental health services, and that there were barriers (costs, no way of billing, linking to services) to getting these in the school and local community
4. *What additional input do we need from community members?*

Augusta group:

- Barriers
- Evidence based strategies
- How to tailor national best practices for local level
- Get help from medical providers about who the 'medically underserved' are
- Should we look for more specific input from populations with disparities?

Phone group

- In Penquis, at our last meeting, we started to think through the priorities and realize that the district council does not need to lead transportation efforts for example but it does need to document that information so that folks have it
- In Aroostook, having access to district partners' planning process would be helpful as we plan the district health plan

- There were current public meetings on Areas on Aging plans that were briefly advertised and wondered how they could be brought to the councils for discussion
 - Districts should not manage other organization plans but look for areas that cross over each
5. What tools, resources, or activities do we need to get to improve the health status of Mainers?

Augusta group:

- Best practices & tailoring to local level, subpopulations
- Funding
- Bringing best practices to scale
- PAN related policies
- Creating a less disjointed strategy
- Collaborative strategic planning
- Include built environment and health impact assessment (HIA)
- Health in all policies (develop model)
- Centralized Maine CDC PAN –HW program
- Continue the HMPS as they do all of the above
- Training & best practices
- Statewide refugee & immigrant health program

Phone group

- Tough question to answer
- Some ideas: better one on one community healthcare provider and patient dialogue (health literacy) this suggests training for providers using PCMH model
- Create better opportunities for economic development in all areas with focus on areas with health access/insurance issues
- Education=more specific information available to consumers through a discerned process (how to create usable information and how to get it to the consumer and how to evaluate its use)
- A resource directory is the default idea that comes up in so many community meetings but then no one wants to take it on and it seems doomed to failure as it is out of date within a short time if not managed
- The use of 211 in rural areas in Maine has been problematic as it has not been maintained (United Way has just become the home for 211 and they are putting staff and funds into making it work better)

Feedback from larger group:

- Different sectors should be able to scan others' plans
- Include more parties in the assessment
- Local capacity may be limited
- Continue to align vertically – local, district, state – communication is important
- SCC role can be to help local partners be more aware of each other and to break down barriers.
- We need clear timelines for different parties
- Health Improvement Plans should drive that allocation of resources; however, this could get too complicated
- Add teeth behind the requirements for funded entities
- Consider RWJ “Culture of Health” model and indicators

SCC Meeting 3/17/16
Addendum to Minutes
Breakout group discussions related to the SHNAPP

Summary:

After a brief presentation of SHNAPP and the data from it, attendees were asked to vote on priority areas. The top four were the topic areas for breakout group discussions. Those attending via adobe connect formed a separate group and addressed their top issue. Each group was asked to focus primarily on state-level work, and secondarily on district level work and address five questions.

Details:

Mental Health

1. *Is there anything from community events that should be carried forward to the state level for SHIP planning?*
 - Access to services in state
 - No trickle down/up with Behavioral health
 - Youth data – 8th grade females at more risk shift up in HS, not valued
 - ACES/resiliency
2. *What are the desired outcomes of community engagement forums and events?*
 - Get input
 - Share data
 - Engaging the community
 - Buy-in, funding
 - New and different community members
 - Primary care to see PH issues come to them
 - “Everyone’s problem rather than a them vs. us mentality
 - Identify links – looking at data
3. *If we are not getting our desired outcomes currently, how do we get there? What tools, resources, or activities do we need to get these outcomes from community engagement?*
 - Tolls/resources/activities
 - From community engagement
 - Pulling people together
 - Increasing money in and decreasing access/success
 - Prevention is lacking and not connected
 - Behavioral health in schools
 - Redirect people to proper assistance
 - Local delivery effective
 - Utilization of local resources
 - Broader community involvement
 - Economic impact
 - Marketing
4. *What additional input do we need from community members?*
 - Input from community members
 - Level of involvement – keep engaged overtime
 - Leveraging resources – connecting different entities

- So what – give info, no answers
 - Manage expectations
 - Inventory resources
 - Local coalitions
 - Opportunities
5. What tools, resources, or activities do we need to get to improve the health status of Mainers?
- Marketing – stigma elimination
 - Evidence-based resources
 - Connect to other health issues
 - Breakdown silos
 - Shared experience – personal stories
 - Linking programs – connectedness
 - What do you want your community to be?
 - Addressing, identifying barriers
 - Community visioning
 - Social media
 - This is local – state can support
 - Local do a “google” process
 - Buy-in at state level and commitment
 - Use data to strategic resource use
 - With evidence and outcomes

Substance Abuse

1. *Is there anything from community events that should be carried forward to the state level for SHIP planning?*
 - Carryover to state for SHIP
 - Opioid epidemic forums
 - Preventions at local community level
 - Align activities across funding portfolio]
 - Don't address in siloes
 - Lack of treatment in districts/lack of payment
 - Access # of slots
 - Models/evidence-based practice/evaluate and time to put in to practice
 - Needle exchange
 - Youth
 - Marijuana educations
 - Prescription drug abuse
 - Alcohol use/abuse
2. *What are the desired outcomes of community engagement forums and events?*
 - Desired outcomes
 - Further collaboration
 - Consolidate public health planning
 - Align public health and healthcare
 - Common goals
 - Common training

- Research messaging OK
 - Using evidence based when available
3. *If we are not getting our desired outcomes currently, how do we get there? What tools, resources, or activities do we need to get these outcomes?*
 - Evaluation/shared evidence
 - Need QI/QA and tools
 - Aspirations:
 - Cross sector engagement
 - Solid focused funding
 - Address root causes to reduce risk behaviors
 - ACES
 - Maintain trained workforce
 - Resilience building (i.e. positive youth development)
 - Trained adults to work with youth
 - Support to youth building organizations
 - Building capacity and community
 4. *What additional input do we need from community members?*
 - Additional input
 - We don't need more – let's do
 - Focus groups with youth
 - Work with community to identify tools
 - Connect dots – involved in the whole process
 - Identify low hanging fruit to build momentum
 - Involve recovery community
 5. *What tools, resources, or activities do we need to get to improve the health status of Mainers?*
 - Tools and resources to impact health
 - Funding
 - Social determinants
 - Trained workforce
 - Too many priorities – can we learn to prioritize?
 - State departments working together – silos in government
 - Health in all policies
 - Culture of Health (RWJ Foundation)

Tobacco

1. *Is there anything from community events that should be carried forward to the state level for SHIP planning?*
 - E-cigarettes – youth and others
 - Marijuana crossover
 - Policies on e-cigarettes not caught-up
 - Countering marketing e-cigarettes as a healthy option
 - Youth prevention – evidence-base is limited, US CDC doesn't fund
 - Increasing media showing use
 - Decreasing media prevention messages

2. *What are the desired outcomes of community engagement forums and events?*
 - Reprioritize tobacco (eliminate message of “it is only tobacco, not opioids)
 - Increase awareness and new issue and resources available
 - Link to health disparities and health care utilization and costs
 - Make all tobacco use socially unacceptable
 - Identify effective interventions for disparate populations (cultural competence)
3. *If we are not getting our desired outcomes currently, how do we get there? What tools, resources, or activities do we need to get these outcomes?*
 - More analysis, awareness and dissemination of data
 - More capacity to address sub-populations
 - More and clearer regulation and policies
 - Tools for enforcement of existing laws
 - Equalize taxes
 - Include disparate populations in coalitions working on this
 - Expand options for uninsured people
 - Working with small business and self-employed, small contractors
 - Link to business costs
 - Very local social norms changes
 - Local coalitions across State of Maine fine-grained interventions
 - More conversations with specific groups in order to become more culturally competent
 - Youth prevention needs to link to bullying and positive youth development
 - More funding for after-schools activities
 - Community development and connectedness
 - All elements in the comprehensive tobacco control program
 - Cultural competence for treatment as well as prevention

Questions 4 & 5 not addressed separately.

Physical Activity and Nutrition

1. *Is there anything from community events that should be carried forward to the state level for SHIP planning?*

Augusta Group:

- Uncertainty about state level capacity to address PAN-O
- Lack of access to childcare, transportation, parent/child programs, modeling
- Lack of access to healthy foods programming

Phone group

- In Aroostook, we agreed to move forward on the three identified priorities from the Stakeholder Survey
- In Penquis, the top issues are opioids, obesity, and behavioral health and mental health.
- Downeast saw some overlap when the breakout groups were discussing obesity and diabetes as topics
- Some Successes or Innovations:
- In Penquis, ongoing work from the Community Transformation Grant Active Community Environment Team had grant funding to assess sidewalks. From this activity, the team built a trail system that integrated the students from the school (Lincoln). School children built the obstacles for a Mud Run on the trails as well as physical activity stations. This also is used by

the school for weekly physical activity and is built into the curriculum (e.g., math skills for building obstacles; science skills for understanding burning calories, etc.)

- In Downeast, one innovative idea was that sites like health centers and libraries have weighing stations available so that folks who are tracking weight loss can easily have access to it. If in the health center, it also provides opportunities for a check in with a nurse
- We also heard that losing home economics in schools many years ago is an important factor for some people not having the skills in basic shopping for food, cooking, maintaining a household, and understanding basic nutrition

2. What are the desired outcomes of community engagement forums and events?

Augusta Group:

- Raise awareness
- Increase collaboration
- Identify and address barriers of specific populations
- Address social determinants of health
- Identify champions
- Identify and address emerging issues

Phone group

- From the perspective of hospitals, one outcome is to complete the IRS 990 form and create an Implementation Strategies document that will be shared with the community (e.g., website)
- From the perspective of public health, community engagement meets many of the accreditation standards and measures that Maine CDC needs to consider
- Another outcome would be to develop implementation strategies and district/state public health improvement plans that have gone through a discernment process
- The forums provide open discussion and input that is documented and can be reviewed

3. If we are not getting our desired outcomes currently, how do we get there? What tools, resources, or activities do we need to get these outcomes?

Augusta Group:

- Mass media campaign
- Increase funding for obesity prevention
- Need to go where people are
- Need to tailor to specific age group
- Worksite initiatives
- Using ACA navigators
- Engage community leaders, especially with subpopulations using existing trust networks

Phone group

- In Penquis, we were thoughtful on the geography and making sure we captured diverse community input. Saying that, we found that it may not be necessary to have all these forums or small community events unless you are targeting a specific population with inequities. Are having more forums/small events necessary and/or beneficial?
- In Aroostook, we did an outreach to a business meeting and received no real input (just nodding in agreement)
- In Downeast, meetings with the two county superintendent associations showed great concern for their school and community around drugs and mental health services, and that

there were barriers (costs, no way of billing, linking to services) to getting these in the school and local community

4. What additional input do we need from community members?

Augusta group:

- Barriers
- Evidence based strategies
- How to tailor national best practices for local level
- Get help from medical providers about who the 'medically underserved' are
- Should we look for more specific input from populations with disparities?

Phone group

- In Penquis, at our last meeting, we started to think through the priorities and realize that the district council does not need to lead transportation efforts for example but it does need to document that information so that folks have it
- In Aroostook, having access to district partners' planning process would be helpful as we plan the district health plan
- There were current public meetings on Areas on Aging plans that were briefly advertised and wondered how they could be brought to the councils for discussion
- Districts should not manage other organization plans but look for areas that cross over each

5. What tools, resources, or activities do we need to get to improve the health status of Mainers?

Augusta group:

- Best practices & tailoring to local level, subpopulations
- Funding
- Bringing best practices to scale
- PAN related policies
- Creating a less disjointed strategy
- Collaborative strategic planning
- Include built environment and health impact assessment (HIA)
- Health in all policies (develop model)
- Centralized Maine CDC PAN –HW program
- Continue the HMPS as they do all of the above
- Training & best practices
- Statewide refugee & immigrant health program

Phone group

- Tough question to answer
- Some ideas: better one on one community healthcare provider and patient dialogue (health literacy) this suggests training for providers using PCMH model
- Create better opportunities for economic development in all areas with focus on areas with health access/insurance issues
- Education=more specific information available to consumers through a discerned process (how to create usable information and how to get it to the consumer and how to evaluate its use)
- A resource directory is the default idea that comes up in so many community meetings but then no one wants to take it on and it seems doomed to failure as it is out of date within a short time if not managed

- The use of 211 in rural areas in Maine has been problematic as it has not been maintained (United Way has just become the home for 211 and they are putting staff and funds into making it work better)

Feedback from larger group:

- Different sectors should be able to scan others' plans
- Include more parties in the assessment
- Local capacity may be limited
- Continue to align vertically – local, district, state – communication is important
- SCC role can be to help local partners be more aware of each other and to break down barriers.
- We need clear timelines for different parties
- Health Improvement Plans should drive that allocation of resources; however, this could get too complicated
- Add teeth behind the requirements for funded entities
- Consider RWJ “Culture of Health” model and indicators



Public Health
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Aroostook District	Date: June 7, 2016				
<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: 5/04/16 <u>Board Education: The Role of the District Coordinating Councils: Re-Establishing the Public Health Infrastructure</u> slide presentation; status update SHNAPP related projects including DPHIP development</p> <p>Upcoming Aroostook DCC dates of interest:</p> <table> <tr> <td>DCC Meeting</td> <td>08/03/16 9:00-12:00p</td> </tr> <tr> <td>Access to Care Committee</td> <td>07/19/16 9:00-11:00a</td> </tr> </table> <p>Conference Title TDB : Addressing Poverty as a Means of Improving Health Equity 6/29/16 9:00-4:00p</p>		DCC Meeting	08/03/16 9:00-12:00p	Access to Care Committee	07/19/16 9:00-11:00a
DCC Meeting	08/03/16 9:00-12:00p				
Access to Care Committee	07/19/16 9:00-11:00a				
<p>Progress with District Public Health Improvement Plan: ❖ DCC will convene ad hoc committees for the purpose of establishing goals and prioritizing resources for each of the 3 topic areas (Obesity, Substance Abuse, and Cardiovascular) of the DPHIP currently in development – evidence-based criteria identified at the last DCC meeting.</p>					
<p>Structural and Operational changes, including updates in membership.</p> <ul style="list-style-type: none"> Completed Lead Fiscal Agent scoring process and contract negotiations; on target to complete contracting and MOU process by July 1, 2016. In process of convening a Public Health Education Committee – initial approval for charter Changed Coordinated Approach to Care Management to Access to Care – initial approval for charter revisions 					
<p>In-district or multi-district collaborations: <i>None to report this quarter</i></p>					
<p>Other topics of interest for SCC members: Opiate Related Activities</p> <p>Pines Health Services:</p> <ul style="list-style-type: none"> In the last 2 months, all Pines Health Services Providers have received the CDC Opioid Prescribing Guidelines, recommended nonopioid treatment options for pain, the opioid law which has recently passed with the effective dates for each component along with other educational information. The PMP is embedded with a quick access button into the EMR and all nursing staff are being trained/registered under a provider to assist in pulling PMP information on a regular basis. The link to Maine Quality Counts Opioid Playbook has been sent to Pines providers and more educational lectures are in the works. 					

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
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

- Pines providers have started weaning doses of opioids in patients that will be affected by the new law. Medical Director is researching locally sustainable models of care for those with opioid use disorder.

Healthy Aroostook:

- Provided logistical support such as flyer creation and distribution, television promotion via WAGM Community calendar, social media on Facebook and Healthy Aroostook webpage, received RSVP information, and recorded and reported feedback for the Presque Isle Community Opiate Forum. 25 in attendance. (Healthy Aroostook anticipates contacting all Aroostook forum participants in June to reconvene to work on localized response)
- Additional related social media and other promotions include: *Up and Away* and *Rx Storage , RX Drug Take Back Day Saturday April 30th*. Cards promoting *Take Back Day* were distributed to PI Rite Aid, PI Pharmacy, City Drug, Walmart Pharmacy, FF Rite Aid, Mars Hill Pharmacy to be given to customers
- Continued support to providers and pharmacists on the Prescription Monitoring Program

Community Voices:

- Organized Fort Kent Opiate forum with partners from FRRH, UMFK, AMHC, HMPs, and the Maine Opioid Collaborative, including logistical arrangements, social media, online, and print promotion, community outreach, panel assembly, reservations, panel organization, and panelist. Meeting notes, recommendations, latest CDC information, "New Pocket Guide: Medication-Assisted Treatment of Opioid Use Disorder" sent to attendees. (46)
- HMP/OSA funded initiatives include promotion of the utility of SBIRT by providers, provision of Prime for Life education (includes all substances), provision of Student Intervention Reintegration Program (SIRP) which targets all substances, continued promotion of Drug Take Back, and safe storage campaigns.
- Outreach to stakeholder groups with information on trainings, resources, and other learning opportunities

AMHC:

- AMHC participated in the opioid community forums in Fort Kent, Houlton and Presque Isle and provided subject expertise as a member of the panel in two of the three forums.
- AMHC supported TAMC in a training regarding Substance Abuse and Maine's Title 22 law regarding the prescribing and reimbursement for opioid drugs for the treatment of pain.
- AMHC expanded its access to the Medication Assisted Recovery service as offered from its Caribou Outpatient clinic office.
- In partnership with ACAP, AMHC is sponsoring a Recovery Coach Training Academy in June and July as provided by the Maine Alliance for Addiction Recovery. This training is being offered in an effort to expand recovery supports available in our communities.

District Name

2

Date

22 M.R.S.5412 (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
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Central

Date: June 16, 2016

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 April 26 DCC meeting we heard updates from our SCC Representative, the Maine SHNAPP Coordinator, and meeting attendees. We discussed plans for the upcoming Voices of Youth Count, and the new District Development funding structure. We then reviewed the data, issues, and priorities we identified from the Shared CHNA forums in the district at our last DCC meeting, and set our preliminary priorities for our 2016-19 DPHIP.

Ongoing or upcoming projects or priority issues: Refining district priorities and strategies for this new District Public Health Improvement Planning (DPHIP) cycle, coordination with hospital Implementation Strategies, MGMC/District Oral Health Implementation Grant from MeHAF/Maine Oral Health Funders and increasing/sustaining resources for community health workers; district transportation services, gaps, and volunteer efforts; ; recruiting/maintaining sector membership; 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 flu immunization information coordination planned for this summer
- ▶ Oral Health Workgroup – funder meetings this quarter and outreach using new Community Health Worker to assist priority populations with health care navigation and overcoming barriers
- ▶ 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 socioeconomic status 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

- ▶ Recruiting parents to give input and advise the Oral Health Grant workplan
- ▶ 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: implementing new Lead Fiscal Agent/District Coordinator structure; filling school nurse gaps in Vaccination Workgroup coverage; ongoing review of membership and adjusting to turnover/filling gaps in sector representation

In-district or multi-district collaborations: Voices of Youth Count (homeless/housing insecure), YLAT Statewide Teen Conference Wellness Fair (f/foster care teens), SHNAPP, Oral Health Grant; MGMC PICH 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 June 2016 – Maine’s Opioid Epidemic

Central DCC Activities Underway or Planned Related to Maine’s Opioid Epidemic:

Law Enforcement, including Referral to Treatment and Treatment

The 2013-15 DPHIP charged the DCC Mental Health & Substance Abuse Workgroup with

- 1) creating a district inventory of integrated treatment with primary care and
- 2) maintaining a web-based list of the available substance abuse treatment agencies/resources.

In 2011-13, we also created the district-specific web-based list of the available substance abuse treatment agencies/resources that we are now maintaining, and promoted the use of the Compassionate Limits Prescribing Program (CLIPP) to district medical system prescribers.

Education and Harm Reduction

The October DCC Meeting focused on ‘Opioid Addiction in Maine’, with a presentation from Dr. Ann Dorney, MD, from *Skowhegan* Family Medicine and Redington-Fairview General Hospital. After Dr. Dorney’s presentation, we had a group discussion about how opioid addiction is affecting us in our work and at home, and ideas on what we can do about it in the district.

2016-19 Preliminary DPHIP Priorities

Substance Abuse and Mental Health has been chosen as one of the DCC’s top priorities for district action for the 2016-19 DPHIP cycle. The DCC will develop objectives and strategies for action this summer and fall.

What is the most important public health priority to work on at the district level? (Central DCC, April 2016)

- *Substance Abuse & Mental Health*
- *Poverty*
- *Adverse Childhood Experiences*
- *Community Engagement & Integration of marginalized populations*
- *Transportation*
- *Inspiration & Incentives for healthy communities/behaviors*
- *Obesity/Physical Activity & Nutrition*
- *Oral Health*
- *Seniors*
- *Perception of Harm of Marijuana*

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

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



District: Cumberland District

Date: 06/18/2016

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 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 full council meeting had the following highlights:

An update was provided on the Lead Fiscal Agent Process

Jeff Caulfield provided an infectious disease update, focusing on Hepatitis, Lyme, Zika, and other vector borne diseases.

Celine Kuhn provided an update on the SHNAPP process and the hospital implementation plans.

Ongoing or upcoming projects or priority issues:

SHNAPP / DPHIP:

The district will hold a meeting of SHNAPP partners to check in to see where organizations are in implementation planning. This should provide a context for the council to begin selecting district priorities.

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



Progress with District Public Health Improvement Plan:

The Health Equity and Disparities workgroup will be meeting to discuss how their work will best fit into the new DHIP priorities.

Many of the workgroups are waiting for guidance for new DHIP priorities before moving forward with new work. The Executive Committee will be discussing a timeline for this at their June meeting.

Structural and Operational changes, including updates in membership:

The district is currently working on finalizing the lead fiscal agent process. Once this has been completed the DCC will begin looking at DPHIP priority selection.

Jo Morrissey has been elected the new representative to the State Wide Coordinating Council.

Healthy Cumberland County Advisory Board Members have been invited to join the council to increase adequate representation. Beth Blakeman-Pohl, Kaleigh Sloane (Casco Bay CAN, and Susan Hanley (Gorham School District) have expressed interest in becoming members. Additionally, Bridget Rauscher, Amanda Hutchins, Zakia Nelson, Nicole Manganelli and Hannah Rule were elected as new members.

In-district or multi-district collaborations:

DCC members Emily Rines (United Way of Greater Portland), Deb Deatruck (MaineHealth), Toho Soma (Portland Public Health), and Zoe Miller (The Opportunity Alliance) - along with Keith Bilson of CEI - joined forces on writing a successful proposal for Robert Wood Johnson's Invest Health funding. The project focuses on built environment solutions to improving health in small cities. The Portland team was selected as one of 50 projects across the country. Here is a link to the press: <https://www.investhealth.org/news/>

Statewide Coordinating Council for Public Health District Coordinating Council Update



Other topics of interest for SCC members:

Opiates:

There was an opiate forum at Ocean Gateway. This event garnered Press Herald coverage. Highlights included one man who spoke about the devastating effects his son's overdose has had on his marriage and family.

Also funeral director spoke of the impact burying so many young people has had on him. Coming from a gentleman who buries people for a living that left an impression on the room.

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
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2015 (CTG section removed)

District: Down East

Date: June 16, 2016

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 Public Health Council Meetings

March 18 at Moore Community Center in Ellsworth and Harrington Health Center with thirty-nine participants (eleven in Harrington, four electronically, and twenty-four in Ellsworth)

The agenda action items:

- Deeper Dive: Doug Kimmel of SAGE Maine on the needs and respect of LGBT Elders.
- DPHIP and IS: SHNAPP process in linking hospital implementation strategies to district public health improvement plan.
- Review Ken Albert presentation regarding district development funding.
- SCC Meeting of 3/17 Key Points

May 20 at DHHS Ellsworth and DHHS Machias with twenty-three participants (ten in Machias, ten in Ellsworth, and three electronically)

The agenda action items:

- Deeper Dive: Poverty=Charles Rudelitch of Sunrise County Economic Council utilized economic data to point out key demographic issues for the two counties and associated health issues; Al provided population pyramids of the two counties to confirm an aging population and a lack of enough population in the younger age groups to sustain services.
- DPHIP: review process of SHNAPP and district data profiles; conduct first prioritization of issues for DPHIP.

Remaining 2016 Meeting Schedule: July 22, September 23, and November 18

Executive Committee Meeting: April 22 via Conference Call.

- Evaluate two site meeting and technology
- District Development Funding: LFA Process and Contract Preparation
- DPHIP Prioritization Process: May, July, and September meetings

Downeast District

1

June 6, 2016

Section 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
- (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
Present. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Ongoing or upcoming projects or priority issues:

- Medical Reserve Corp formation (Hancock County start up)
- Aging Population and Housing/Transportation/Services
- Points of Dispensing Site Maps, update MOUs, and establish exercises
- Disaster Behavioral Health Team formation
- National Diabetes Prevention Program Lifestyle Coaching Program at various sites in both counties
- Stanford Chronic Disease Self-Management Program will roll out in 2016
- Stanford Chronic Pain Self-Management Program will roll out in 2017.

Progress with District Public Health Improvement Plan:

- Environmental Health: summary report of projects for July 2016
- Food Access and Policy: summary report of projects for July 2016
- Clinical Health Care System: summary report of projects for July 2016
- DPHIP Prioritization at May and July meetings

Structural and Operational changes, including updates in membership.

- District Council Membership
- Completed Lead Fiscal Agent scoring process and contract negotiations; working on contract documents and MOU

In-district or multi-district collaborations:

- Ongoing Gay Straight Alliance project in Washington County for supporting schools in creating safe environments for students.
- Maine Health Access Foundation has active funding projects in Achieving Better Health in Communities and Thriving in Place.
- Aging Task Force work in both counties.
- Various community leaders and agencies are hosting opioid focused community meetings throughout two counties.
- Food Council work in both counties.

Shared Health Needs Assessment and Planning Process (SHNAPP):

- Hospital Implementation Strategies moving forward for board approval
- DPHIP prioritization starting.

Other topics of interest for SCC members: June SCC Meeting is Opioid District Work

Downeast District

2

June 6, 2016

²Section 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
- (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
Present. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

- **Hungry Heart Film Screening and Community Discussion:** *Education/Harm Reduction:* conducted in Ellsworth, Stonington, Deer Isle, Blue Hill, Bucksport, and Harrington from May 2015 to May 2016; led by Healthy Acadia with multiple co-sponsors in both counties; focus was to involve communities in raising awareness about challenges of substance use disorders, promoting healthy choices, and implementing prevention strategies.
- **Opioid/Heroin Community Forums:** *Education/Harm Reduction:* conducted in Ellsworth, Milbridge, Calais twice, Machias, and Jonesport from February to May 2016; sponsored by various partners including Healthy Acadia with input going to Maine Opioid Collaborative Task Force; approximately 800 community members participated in the six events; most were facilitated using a panel discussion of law enforcement, substance use counselors, medical provider, district attorney, drug court, legislators, and people in recovery.
- **Dimension of Prevention Series:** *Education/Harm Reduction:* conducted at Woodland Recreation and Narraguagus High School in April and May 2016; awareness program for parents and adults in signs of substance use by children/teens.
- **Lubec First Light Substance Awareness Group:** *Education/Harm Reduction:* group organized in May 2016 to focus on substance use problem in Lubec region; planning a forum and prevention education during summer 2016 to include law enforcement, parents, business community, and community health partners.
- **Downeast Substance Treatment Network:** *Treatment/Law Enforcement/Referral to Treatment:* Healthy Acadia convened this network of hospitals, health centers, substance use providers, law enforcement, and drug court in January 2015; developed and adopted substance treatment guidelines and creating a model Opioid Dependence Treatment Hub for providing treatment services in partnership with primary care providers with target date of 10/2016.
- **Prescription Drug Drop Boxes/Take Back Events:** *Education/Harm Reduction:* Healthy Acadia worked with local law enforcement to purchase drug drop boxes in police departments in Hancock County; outreach around Drug Take Back has been done at eight events across the county to increase awareness of safe storage and disposal of medications.
- **Washington County Opioid Meeting:** *Education/Harm Reduction/Treatment/Referrals:* Washington County Sheriffs and Corrections called a meeting around opioid addiction issues in county jail; need to develop referral process for inmates once they leave jail; Arise ministries and AMHC are offering new residential services for treatment; barriers were

Downeast District

3

June 6, 2016

Section 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
- (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
Present. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

discussed but need more work.

- **Responding to Opiate Overdose Lunch and Learn: Education/Harm Reduction/Law Enforcement:** Community Caring Collaborative held two sessions in May 2016 on emergency care for addiction (naloxone) and recommended protocols and on opiate overdose risk factors; need for focus on aftercare and long-term treatment.
- **Blame in on the Brain Education/Community Discussion: Education/Harm Reduction:** Healthy Acadia plans four events are planned in Machias and Calais with primary care providers, general population, parents, educators, and health care population as participants.
- **Methamphetamine Training: Law Enforcement/MCH Case Management:** Community Caring Collaborative and DEA held three trainings from October 2015 to June 2016 with focus on recognizing a potential meth lab in order to protect case manager and parent/child and for developing protocols for working with family/child impacted by meth addiction.

Downeast District

4

June 6, 2016

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
- (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
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2015 (CTG Section Removed)

District: Mid Coast

Date: June 16, 2016

Brief review of decisions and outcomes from Steering 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 June 14 at Knox County EMA

Agenda Action Items:

- Current DPHIP Work Group: reporting out of activities
- DPHIP and IS: SHNAPP process in linking hospital implementation strategies to district public health improvement plan.
- DPHIP prioritization process

Remaining 2016 Meetings: September 20, and December 6

Steering Committee Meeting: May 10 at Spectrum Generations

- Review DCC Work Plan Deliverables
- Summarize SHNAPP meetings
- DPHIP: summarize current DPHIP work for 6/14 meeting
- Discuss District Funding: District Development Process
- Change DCC Meeting date from June 7 to June 14

Ongoing or upcoming projects or priority issues:

- Opioid and Heroin (see below)
- Aging Services

Progress with District Public Health Improvement Plan:

- Behavioral Health: Team will be reporting out in June meeting
- Transportation: Team will be reporting out in June meeting
- DPHIP Prioritization at June and September meetings.

Structural and Operational changes, including updates in membership.

- Steering Committee will work on a more formal process for approving and welcoming new members that will be discussed at June meeting.
- Completed Lead Fiscal Agent scoring process and contract negotiations; working on contract documents and MOU.

MidCoast District

1

June 6, 2016

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
Promote. Protect. Prevent.

Statewide Coordinating Council for Public Health District Coordinating Council Update

In-district or multi-district collaborations:

- Collaboration opportunities continue to be a standing DCC agenda item.
- Waldo County Hospital and Pen Bay Medical Center collaborating on health planning across two counties.
- Knox County Aging in Place Symposia (5/5/2016) focuses on identifying depression and treating it.

Shared Health Needs Assessment and Planning Process (SHNAPP):

- Hospital Implementation Strategies moving forward for board approval.
- DPHIP prioritization will occur at June and September meetings.

Other topics of interest for SCC members: June SCC Meeting is Opioid District Work

Law Enforcement

- Joel Merry, Sagadahoc County Sheriff, serves as co-chair of Law Enforcement Workgroup of Maine Opioid Collaborative and is a speaker at events in district, presenting work group recommendations for discussion at Maine Hospital Association Conference (2/2016).
- After touring community treatment program in New Hampshire, Sagadahoc County Recovery Coaching Outreach Program was established.
- Sagadahoc County Sheriff Patrol Deputies are trained and equipped with naloxone.

Prevention/Education/Harm Reduction

- *The Opiate Effect* Screening and Discussion: panel discussion sponsored by Access Health and Mid Coast Hospital with focus on treatment accessibility, prevention education for schools and community, diversion by law enforcement, and community effort to decrease stigma.
- Medication Collections: Access Health works with law enforcement agencies to offer medication collection sites and education and purchased medication drug drop boxes at police departments in county.
- Mindfulness Based Stress Reduction evidence based program for high school aged population, which provides coping skills to deal with intense physical, emotional, and situational stressors.
- *More than Just Say No* community meeting delivering substance abuse prevention and awareness for parents and community (5/2016). Most recent MIYHS data was provided at meeting.
- Anonymous Text a Tip Campaign, a program where youth can anonymously tip any illegal drug use activity.
- Heroin/Opioid Taskforce: panel discussion at MidCoast DCC meeting (3/2016) with Scott Gagnon (Education/Harm Reduction), Eric Haram (Treatment), and Joel Merry (Enforcement).
- Heroin Opiate Community Forums: facilitated meetings in Belfast (2/2016) and Rockland (2/2016) to capture community input on local data, services and gaps.
- Meeting sponsored by Rockland Town Office, Local Physician, and Knox County Community Health Coalition to develop action steps in building collaborative efforts to address addiction.

MidCoast District

2

June 6, 2016

22 M.R.S. 5412 (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
Prevent Promote Protect

Statewide Coordinating Council for Public Health District Coordinating Council Update

Treatment

- Lincoln County Recovery Collaborative, a joint effort between law enforcement, Lincoln Health, and Addiction Recovery Center to link treatment services to those in need of recovery services. The process is developing the MOU/commitment that will outline the outreach, recruitment, fundraising, and support services.
- Sagadahoc County Recovery Coaching Outreach Program, a partnership between Mid Coast Hospital and Sagadahoc County Sheriffs.
- Eric Haram, Mid Coast Hospital Addiction Resource Center Director, serves as co-chair of the Treatment Work Group of the Maine Opioid Collaborative and is a speaker at events in district, presenting work group recommendations for discussion.
- Ongoing work by Mid Coast Hospital Addiction Resource Center partnering with law enforcement and local prevention partners on community outreach and education.

MidCoast District

3

June 6, 2016

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
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Penquis District

Date: June 10, 2016

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>

Discussion and review of the Lead Fiscal Agent workplan for the DCC:

Bangor Health and Community Services was selected as the Lead Fiscal Agent for the Penquis DCC. The DCC discussed to workplan and how to best implement the workplan in the District.

Progress on Hospital and District Process :

Update on Hospital Implementation Strategies and preliminary discussion of the District Public Health Improvement Plan Priorities. An update of hospital implementation strategies (IS) plans was provided. Discussion and selection of preliminary strategies for the District plan occurred

Ongoing or upcoming projects or priority issues:

- Review Lead Fiscal Agent workplan for the DCC
- Prepare and plan for the discussion to select district priorities for the District Public Health Improvement Plan

Progress Shared Health Needs Assessment Planning Process:

IS Strategies selected by partner hospitals. District is narrowing the selected priorities for voting.

Action Steps:

- District to finalize priorities for the District Health Improvement Plan
- District Lead Fiscal Agent to write plan on behalf of the District

Jayne Harper (SHNAPP) compiled a high level summary of the SHNAPP data for the Penquis Public Health District and that information was handed out at the meeting. The document is located here: <https://www.mainegeneral.org/Pages/District-6-Penquis.aspx>.

The group briefly reviewed the health indicators for Penobscot and Piscataquis counties and then did a 'dot' exercise to identify some health issue priorities that will help being the DPHIP process.

Outcomes:

Topic	Number (dots)
Food Security, Obesity, Physical Activity, and Nutrition	24
Drug & Alcohol Abuse, Tobacco	14
Access to Behavioral Care/Mental Healthcare	10
Mental Health, Depression	8
Health Literacy	6
Poverty	5
Cardiovascular Diseases	3
Transportation	2



Statewide Coordinating Council for Public Health District Coordinating Council Update

Public Health
Prevent. Promote. Protect.

Housing Stability, Quality of Housing	2
Employment	1

We have done some asset mapping already and will do some more analysis as we move along.

District Partner work on Opiates:

Written report provided by Patty Hamilton, City of Bangor Health and Community Services on behalf of the Community Health Leadership Board (CHLB), see graphic below the report:**

Here is the CHLB brief document indicating the current scope of our work, this has continued to expand, for instance we were notified after we advocated before the legislature for a return of adult drug court to Bangor. We were notified a month ago that a judge was assigned and we could begin but because of a new process *the community* had to develop and submit a plan. We are leading this group, and an RFP from SAMSHA will soon be released to cover the treatment and case management piece of drug court. We have been leading that work and will submit our plan in August with a proposed Sept start date.

1. Asset mapping is complete much of it done by Darren Ripley and grant
2. Dr. Nesin and PCHC led the charge on prescribing protocols that are being enacted in all member CHLB organizations, next they are working on ER/WIC and will then move to dentists and specialty providers. This work is being sought statewide and in other states as well. We incorporated the new CDC prescribing guidelines and are working with Caring for Me (quality counts)
3. Social detox-waiting for the RFP to be released, CHCS is the lead on this one
4. Regional model for continuum of care; we just received a MCF grant to expand the provision of suboxone in 2 non-PCHC practices. PCHC was awarded a large HRSA grant to do this work in their practices and this is happening now
5. Launch a public awareness campaign: began with the #healthregion blog and this continues PCHC is responsible for this 3 month period of content. We worked in conjunction with Erin Rhoda to do the One Life event and recently kicked off the social media awareness Circle of Caring challenge. In the works are a series of TV spots featuring athletes and prevention messages to youth
6. Dan Coffey at Acadia is working on the protocol review for MAT providers
7. See # 4
8. Narcan: worked with PCHC to expand provision of narcan in all Bangor police cruisers, training of police by PCHC, provided \$\$ to sheriff dept. to purchase narcan, working with Health equity alliance to provide in community as well. Current efforts between Bangor and UMO nursing student to place needle boxes in locations of concern in Bangor.
9. Training on alcohol servers continues as requested

Other initiatives: Early recovery Transitional housing (ERTH) to follow after release from the 5 day detox program –this effort being led by Penquis

Heath equity alliance grant for planning a LEAD program in Bangor (city public health and police instrumental in receiving this grant)

Public health nurses working with PCHC charm program and providing MCH home visits to substance exposed newborns and to parenting individuals , also doing ACE's with each parent. Trauma & poverty informed skilled RNs
Legislative advocacy re: bringing more SAMHS to Maine, CARES act etc.



Public Health
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

<p>Structural and Operational changes, including updates in membership. SCC District Representative Election: Robin Mayo Term Expires in June, an email will be sent to collect nominations New members: William Diggins, Health Access Network Clarissa Webber, Wabanaki Public Health District</p>
<p>In-district or multi-district collaborations:</p> <ul style="list-style-type: none"> ➤ 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, Veazie, Dover-Foxcroft, ➤ Healthy Communities (MeHAF Grant Initiative), Dover-Foxcroft, Bangor
<p>Other topics of interest for SCC members: None to report</p>

****Community Health Leadership Board (CHLB)**
 Building a Healthier Community through Partnership

The CHLB is a collective catalyst for improved health; finding strength together to bring hopefulness, resiliency and innovation to the Bangor region. The CHLB is initially focused on addressing our community's opiate and substance use disorder issues.

CHLB Members ** Chair* ***Vice Chair*

Dale Hamilton, CEO	Community Health & Counseling Services
Dan Coffey, President & CEO	Acadia Hospital
Debbie Carey Johnson, President & CEO	Eastern Maine Medical Center
Dyan Walsh, Dir. Comm. & Caregiver Services	Eastern Area Agency on Aging
Kara Hay, CEO	Penquis
Ken Schmidt, President & CEO	Penobscot Community Health Care
**Mary Prybylo, President & CEO	St. Joseph Healthcare
Doug Michael, Chief Comm. Health & Grants Officer	Eastern Maine Healthcare Systems
Jamie Comstock, Health Promotion Manager	City of Bangor Public Health Department
<i>*Patty Hamilton, Director</i>	City of Bangor Public Health Department
Cathy Conlow, City Manager	City of Bangor

CHLB Working Groups
 In Progress:



Public Health
Prevent. Promote. Protect

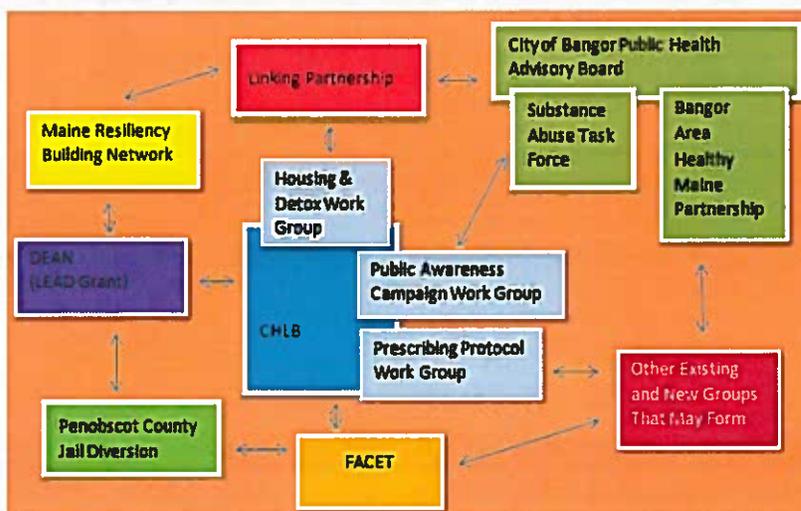
Statewide Coordinating Council for Public Health District Coordinating Council Update

- Launch a Public Awareness Campaign: January 2016 launch of campaign to reduce the stigma faced by individuals dealing with substance use disorder whether in treatment or recovery, specifically opiate use disorder. #HealthyRegion blog with Bangor Daily News. May 2016 launch of Circle of Caring social media campaign www.bangorchlb.org and #caringcircle.
- Develop Shared Prescribing Protocols: February 2016 implementation of a jointly developed set of prescribing protocols and system for tracking adherence. Covers narcotic prescriptions (opioids, benzodiazapenes and stimulants) that all community prescribers can use from primary care practices to dentists, emergency rooms, specialists and oral surgeons. Joint opioid protocols developed. This group will also oversee the implementation of a regional model for expanded access to medically assisted treatment in primary care. First in the Bangor area and then into rural areas that require additional links to services.
- Develop Models, Assess Sustainability and Launch Social Detox and Early Recovery Transitional Housing (ERTH) Resources: Models are developed for Non-Medical (Social) Detox and ERTH. Successfully lobbied for Social Detox Funding. Now preparing bid to launch social detox center. Partners in place for administration and service provision. Identifying locations for ERTH. Collaboratively looking at properties for locations.

Completed:

1. Develop Model for Provision of Opiate Use Disorder Treatment in Rural Areas: Elements of model identified. Pilot implementation in Bangor area and then into more rural areas.
2. Medically Assisted Treatment (MAT) Clinic Practices Review: MAT clinics reviewed practices and found consistent use of accreditation protocols. Opportunity for enhanced counseling if reimbursement rates increase.
3. Asset Mapping of Substance Use Disorder Services/Providers: MAAR online map available and CHLB data provided as needed.

CHLB Networked in the Community



INDEX

CHLB Working Groups

City of Bangor Plays a Role in All These Groups: Helping form connections, sharing work plans and helping to find synergies between initiatives of each group

Other Boxes Are Existing Groups



Public Health
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Wabanaki District

Date: 06/16/16

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>

The latest Tribal Leadership/DCC Meeting was held on May 12-13, 2016

Ongoing or upcoming projects or priority issues:

- Youth Councils have been developed in each of the Tribal Communities with the assistance and guidance of the Healthy Maine Partnership, later this summer each of the Council's will be developing their own Strategic Plan and determining their own priorities to begin working on over the next year
- SHNAPP-style report for the Tribal District has been drafted by the University of Nebraska Medical Center, this allows for a consistent comparison across the Districts/Counties

Progress with District Public Health Improvement Plan:

- Draft Community Health Improvement Plans have been written for four of the five Tribal communities, including Aroostook Band of Micmacs, Houlton Band of Maliseets, Passamaquoddy Tribe at Indian Township and Penobscot Nation.
- Themes have been seen throughout the four draft CHIP plans focusing around the areas of community building, a need for more focus on substance abuse treatment and recovery, as well as a need for healing from the soul wounds of historical trauma. These will all be items for consideration when developing the District Public Health Improvement Plan.
- Continued involvement with Penquis, Aroostook, and Downeast DCC's

Structural and Operational changes, including updates in membership.

- Increased membership of DCC, including Tribal Leadership and Council Members from each of the five communities
- Tribal DCC By-laws drafted and signed by the DCC Chairperson, Chief Kirk Francis of the Penobscot Nation
- District Strategic Plan and Performance Management Plan developed for Wabanaki Public Health

Wabanaki District

1

6/16/16

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
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

In-district or multi-district collaborations:

- Partnering with the Diversion Alert Program and all five Tribal Health Centers on a grant from HRSA focused on Rural Opioid Overdose Reversal. The grant is offering local EMS in the Tribal and surrounding communities training on the use of Naloxone in a case of an opioid overdose, providing Naloxone kits and training to families of those suffering from opiate addiction, along with prevention messaging and education on opiate abuse.
- Assisted the Aroostook County Sheriff's Office in advertising the Drug Take Back events hosted in Aroostook County on April 30th
- Advertised the Drug Take Back Events and permanent drop boxes at the Tribal Police Departments at Penobscot Nation, Indian Township and Pleasant Point
- Held an Opiate Forum facilitated by Carol Kelly with assistance from MeHaf and Maine Community Foundation, on May 13th during the DCC Meeting to gain insights from the Tribal Leadership in each community of the problems they as leaders are facing with this issue, the panel included someone from Treatment, Harm Reduction, Law Enforcement and a Tribal member in Recovery.
- The Healthy Maine Partnership, in collaboration with the Houlton Band of Maliseets Tribal Council developed and have since implemented a policy making all of the recreation areas across their Tribal lands smoke and substance free, this includes their new Maliseet Football Field, playgrounds, etc.

Other topics of interest for SCC members:

- Ed Shemelya from the National Marijuana Initiative presented at the Tribal Leadership/DCC meeting on May 13th in Bangor, regarding The Effect of Marijuana Legalization for Medical and Recreational Use on Youth in Maine.

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

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



District: York District

Date: 06/18/2016

For agendas and copies of minutes, please see district's website at:
<http://www.maine.gov/dhhs/bol/olph/aphd/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 DCC has focused on furthering DPHIP priorities, orientating new members, and completing the lead fiscal agent process.

The last full Council meeting was a relaunch orientation focused on providing an historical overview, electing new members, and providing a context to provide ground work to ensure future success of the DCC.

Ongoing or upcoming projects or priority issues:

The council is currently working though the new Lead Fiscal Agent Process. The council hopes to make an announcement soon regarding the agency who was awarded this role.

The council is also working toward DPHIP priority selection. This should be happening as well in the next few months.

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



Progress with District Public Health Improvement Plan:

HOARDING TASK FORCE:

Work Continues on the hoarding task force to align services with the Cumberland taskforce and Eastern Maine Health Systems Visiting Nurses out of South Portland. A Hoarding 101 seminar will be offered this summer in Biddeford to the faith based community.

OPIATE PREVENTION COMMITTEE:

The committee is working toward becoming the backbone organization, to help coordinate public health and healthcare activities regarding opiates. Recent events have resulted in buy in and support from providers, thus placing the district in the position to help provide better communication, coordination and reduce duplication. A coordinated effort should help strengthen the position of the district.

PUBLIC HEALTH EMERGENCY PREPAREDNESS:

This work group is busy working with the University of New England to partner on a Point of Dispensing exercise this fall. The hope is to engage university students to participate in the event, and hopefully recruit them as volunteers. While providing a test of York County's ability to setup and staff a POD.

OBESITY:

The Obesity work group continues it efforts and its role in collaborating with the Let's Go 5210 program in York County.

Structural and Operational changes, including updates in membership:

**Dr. Clay Graybeal of the University of New England was elected council Chair.
Sarah Breul of Coastal Healthy Communities was elected as Vice Chair.**

Also joining the council:

**Amber Harrison- Town of York Code Enforcement Officer / Local Health Officer
Greg Zinser – York County Manager
Donna Dubois – CEO MaineHealth Care at Home
Diane Gerry- York County Shelter Program Chief Operating Officer
Kristine Jenkins- Director Partners for Hunger-free York County
Gretchen Litchfield-Planned Parenthood
Laurie Trenholm- Alzheimer's Association**

Statewide Coordinating Council for Public Health District Coordinating Council Update



In-district or multi-district collaborations:

Other topics of interest for SCC members:

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



Caring for ME
Supporting Maine Clinicians to Improve
Chronic Pain Management & Safe Opioid Prescribing

Goal: Support Maine clinicians to improve their management of chronic pain and the safety of opioid prescribing, and improve the identification of addiction and referral for substance abuse treatment services. The Maine Medical Association (MMA) and Maine Quality Counts (QC) will support this goal by convening stakeholders to create a shared vision, promote collective leadership, and provide a range of supports, educational tools, and quality improvement methods to Maine clinicians and practice teams.

Introduction: The opioid and heroin epidemic in Maine presents an enormous public health challenge and requires creative, collaborative, and innovative approaches. With 272 Mainers dying and 1013 babies affected by this epidemic in 2015 and thousands of Mainers actively suffering from addiction, this issues calls for immediate and collective action. Maine is a strong and resilient state and can successfully address this epidemic by bringing together our clinicians and communities, building on our unique strengths, and committing our shared leadership and compassion to protect the health and well-being of people in our state.

Background: The clinical community both nationally and in Maine has been challenged to respond to this epidemic, and has had a response to date that could be described as variable and limited. While it can be difficult to understand the clinical patterns of what is increasingly understood as “over-prescribing” of opioids, it can be helpful to think of the practice of prescribing opioids for chronic pain as akin to the 21st century practice of blood-letting. The parallels are striking: just as physicians then believed that they were helping patients by blood-letting to purge “bad humors”, so our clinicians in the early 1990s took up “pain as the 5th vital sign”, and accepted the expectation that they should eliminate their patients’ pain. Bolstered by deceptive claims from pharmaceutical companies that long-acting synthetic opioids were effective, safe, and non-addicting, clinicians pursued this charge, even as evidence mounted that many of these allegations were untrue and that opioids were actually harming patients. Given the now undeniable evidence of harm, we must help provide education and support to change clinical habits and practices to reduce these harms - just as physicians finally abandoned blood-letting 100 years ago.

At the same time, policy-making is moving quickly: the Maine Legislature recently passed LD 1646, a bill that will place limits on the duration and dosage of opioid prescribing. The bill, now [Public Law Chapter 488](#), will also mandate regular use of the Maine Prescription Monitoring Program (PMP), an important and valuable tool that can help inform health care providers about controlled medications their patients are receiving. While it is understandable that policymakers would take action on these issues given the magnitude of this epidemic, this legislation and the pace of clinical change it requires also presents considerable risks that could potentially cause a whole new set of unintended consequences – i.e. if clinicians are not supported with alternatives to opioid prescribing for chronic pain, and particularly the need to maintain a compassionate attitude in their approach to chronic pain management and tapering of high dose opioids, it is possible that patients who suddenly lose access to their medications may seek alternative access (i.e. street drugs and heroin) and/or take desperate actions to obtain access (e.g. violence, robbery), particularly if they are suddenly discontinued and/or tapered too rapidly from opioid medications. These risks clearly

present a pressing need to support clinicians in the changes they may suddenly be required to make.

Strategy: Caring for ME

While a multi-pronged effort is clearly needed – i.e. one that addresses prevention, treatment, and law enforcement – the MMA and QC are prepared to support a key component of this effort: a multi-stakeholder effort to support clinicians in changing knowledge, attitudes, and behaviors related to chronic pain, opioid use, and addiction. We propose to launch this effort by convening multiple stakeholders to develop a shared vision, and to promote collective leadership and offer specific supports to help Maine clinicians participate in a positive, proactive response to this epidemic. Recognizing the need for creative and bold solutions, the MMA and QC propose to launch “Caring for ME”, a collaborative effort that aims to bring together a wide set of partners to promote shared messages, educational resources, and practical tools to help clinicians address this issue. The goals of Caring for ME are to support clinicians to improve their efforts to prevent addiction; maintain a compassionate and trauma-informed approach to chronic pain management; improve the safety of opioid prescribing; appropriately diagnose addiction when it exists; and improve referrals and access to effective treatments for patients with substance use disorder.

Proposal: The MMA and QC propose to develop Caring for ME as an overarching framework for a comprehensive set of efforts to (1) convene Maine’s health care provider community to; (2) develop and promote common messaging to Maine clinicians about the need to engage in efforts to address the opioid and heroin epidemic; and (3) provide Maine clinicians with practical education, peer support, tools, and resources to effectively manage chronic pain, improve the safety of opioid prescribing, and recognize addiction and treatment services. The MMA and QC are actively seeking support for these efforts from several organizations in the state, including the Maine Board of Licensure in Medicine, the Boards of the other prescribing health care professionals, and several private foundation foundations.

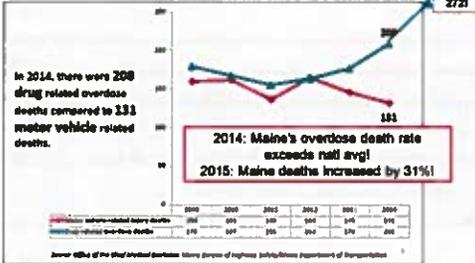
Depending on the level of support available, MMA and QC are prepared to support the development of a range of communication, outreach, and education efforts. We appreciate your interest in these issues, and look forward to an opportunity to discuss this issue further.



Caring for ME:
Leading a Positive Response to
Maine's Opioid Epidemic

May 2015

Maine's Opioid Crisis: A Rising Death Toll!



In 2014, there were 208 drug related overdose deaths compared to 133 motor vehicle related deaths.

2014: Maine's overdose death rate exceeds national avg!
 2015: Maine deaths increased by 31%!

Year	2009	2010	2011	2012	2013	2014	2015
Drug-related overdose deaths	162	151	140	140	145	208	272
Motor vehicle related deaths	170	167	165	164	170	133	133

Source: MEHHS of the State of Maine, Bureau of Health Statistics, Department of Transportation

*ME State Epidemiological Outcomes Workgroup (SEOW) Oct 2015

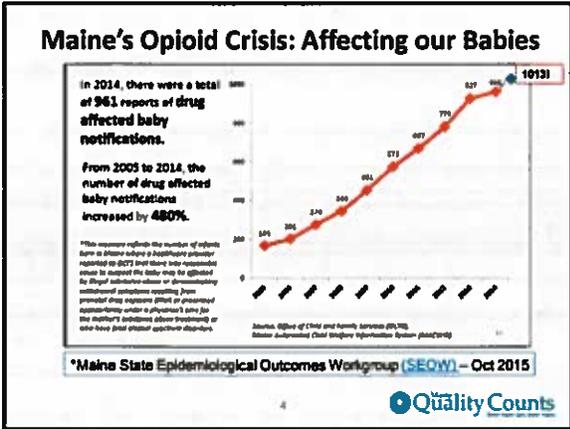


272 Lives Lost



- 272 Mainers lost to opioid/heroin deaths in 2015
- ME overdose death rate increased 31% from 2014 to 2015
- Maine leads nation in rate of long-acting opioid prescriptions





1013 Maine Babies Impacted at Birth



- 1 in 11 babies in Maine born drug-affected in 2015
- Maine's infant mortality rate (7.1/1000) above national average, and climbing

Quality Counts

What If... Imagine the Headlines?

272 Mainers Die of Flu...

Over 1000 Maine Babies Sickened by Environmental Toxin...

272 Mainers Killed by Drunk Drivers...

Quality Counts

Opioid Crisis = Largest Iatrogenic Public Health Disaster in US History

And we are contributing!

- 80% of people arrested for heroin report opioid use started with prescription meds – **legally or illegally obtained!**
- Huge levels of diversion of prescribed meds
- Youth particularly at risk for using diverted opioids – medicine cabinets, “pill parties”



Clinicians & Opioid Prescribing: A Brief History

- Pre-1990's: clinicians trained to prescribe opioids rarely, high concerns for addiction potential
- 1990s: shift in clinical approach to pain management
- 1996: Purdue Pharma releases OxyContin; aggressively markets as low addiction potential
- 1998: VA, JCAHO promote “pain as 5th vital sign”; urge clinicians to aggressively control pain
- 2002: Clinicians write 6.2M rx's for OxyContin
- 2008: Fatalities from drug overdose in U.S. surpass MVAs
- 2014: Opioids prescribed at 4X rate vs. 1999



Opioid Prescribing in Maine

- In 2012, Maine had highest rate in U.S. for prescribing of long-acting opioids (Oxycontin)
- Maine clinicians wrote over 1.2 Million rx's for opioids to ~336,000 people
 - = 25% of ME's entire population!
 - = 85 opioid prescriptions for every 100 residents
- Maine clinicians prescribed >81 Million opioid pills
 - = On avg, ~60 opioid pills prescribed to every Mainer!



Risks of High-Dose Opioid Prescribing

- Accidental fatal overdose risk increases w/ opioid dose:
 - Risk of death 2X with doses >50 – 100 MME/day
 - Risk of death 9X with doses >100 MME/day
- 1 death for every 550 patients started on opioids, within median 2.6yrs
- 1 death for every 32 patients on dose ≥200 MME/d - unmatched "Number Needed to Kill"!

"We know of no other medication routinely used for a nonfatal condition that kills patients so frequently"

New England Joun Med 374:16 nejm.org Apr 21, 2016



Morphine Milligram Equivalents

Drug	Morphine Mg Equivalent (MME)	Typical daily dose	MME daily dose
Codeine	0.15	30mg 4X/d	18 MME
Morphine	1.0	30mg 4X/d	120
Hydrocodone	1.0	30mg 4X/d	120
Oxycodone	1.5	30mg 4X/d	180
Oxymorphone	3.0	20mg 4X/d	240
Hydromorphone	4.0	4mg Q4hr	96
Fentanyl patch	7.2	50mcg patch	120 MME

Opioid MME Calculator: www.nyc.gov/html/doh/html/mmr/mmrmmme.html



Opioids for Chronic Pain: Our 21st Century Equivalent?




Addressing the Crisis: Building a Comprehensive Approach

Education/
Prevention/
Harm Reduction

Treatment

Law
Enforcement

Maine Opioid Collaborative

13 Quality Counts

The Role of Clinicians & Practice Teams?

Education/
Prevention/
Harm Reduction

Treatment

Law
Enforcement

Maine Opioid Collaborative

14 Quality Counts

U.S. CDC Opioid Guidelines

- Published April 2016
- Includes 12 specific recommendations for limiting opioid prescribing
- Limit opioid use, establish treatment goals before starting therapy; limit acute rx to 3-7d
- Aim to limit doses to <50 MME/day; avoid doses ≥90 MME/day
- Avoid concurrent rx for benzos & opioids

<http://www.cdc.gov/mmwr/volumes/65/wr/mm6501e1.htm>

15 Quality Counts

**LD 1646/ Chptr 488:
Act To Prevent Opiate Abuse
(Prescribing Limits for Opiates)**

- Governor's bill – passed April 2016
- Requires use of PMP for opioids & benzos
 - Prescribers: with initial rx, then every 90d
 - Dispensers: with high-risk conditions
- Limits opioid prescribing duration
 - Initial rx: 7d; chronic rx: 30d
- Limits opioid prescribing dose to 100 MME/d
- Requires use of e-prescribing by July 2017

http://legislature.maine.gov/legis/bills/bills_127th/chapters/PUBLIC488.asp

16 

LD 1646/Chptr 488: Opportunity & Risks

- Offers opportunities for ME clinicians:
 - Re-examine, limit opioid prescribing patterns
 - Identify patients on high-dose opioids
- Presents risks if not well implemented
 - Need for compassionate tapering of pts on high-dose opioids
 - Need to appropriately recognize addiction & refer for appropriate treatment

17 

The Potential of Collective Impact

Maine vaccination rates for toddlers were nation's highest



In surprising turn, Maine toddlers had nation's highest vaccination rate in 2014

The coverage for seven vaccines protecting against 11 diseases reached 84.7 percent, a 16.7 point increase over 2003.

Portland Press Herald

This Simple Strategy Helped Maine Achieve The Nation's Highest Vaccination Rate For Toddlers

The state is stepping in to protect our children.



2014 - 85%

THE HUFFINGTON POST

18 

Caring for ME

- Proactive, positive leadership response to Maine's opioid crisis and (likely) legislation mandating prescribing limits
- Partnership of MMA & QC
- Promote shared communication, education & support
- Help providers maintain compassionate approach to chronic pain management, addiction
- Partners welcome!
- www.mainequalitycounts.org/caringforme
- More to come...



Clinicians & Practice Teams: Spectrum of Action

1. Prevent opioid addiction
2. Improve chronic pain management; shift focus from eliminating pain to improving function
3. Improve safety of opioid prescribing
4. Screen for & recognize addiction where it exists
5. Offer treatment for addiction
6. Promote harm reduction (e.g. naloxone)



The screenshot shows the Quality Counts website interface. At the top, there's a navigation bar with the Quality Counts logo and social media icons. Below that, a banner for the 'July 14th Annual Report' is visible. The main content area features an article titled 'Caring for ME Resources for Clinicians Responding to Maine's Opioid and Heroin Crisis', which is circled in yellow. The article text discusses the opioid crisis and provides resources for clinicians. To the right of the article, there's a sidebar with a 'Related Links' section containing several links to related content. At the bottom of the page, there's a URL: <https://www.mainequalitycounts.org/page/2-1451/caring-for-me> and the Quality Counts logo.

Controlled Medications & Chronic Pain Management
PLAYBOOK

www.mainequalitycounts.org/ControlledMedicationPlaybook.org

- Step-by-step guide complete with recommendations
- Recommended set of measures for quality improvement efforts
- Guide for improving the outcomes for patients with chronic pain
- Collection of workflows, templates and tools collected from Maine primary care practices

Developed through collaborative effort with Maine Quality Counts, PCHC, UNE, MMA, Mercy Hospital Primary Care Practices, MPCA, Husson University School of Pharmacy, The Opportunity Alliance, Healthy Maine Partnerships, members of Maine Chronic Pain Collaborative Planning Team and practices and other organizations 2014-15



What Can Clinicians Do?

- Sign on to "Caring for ME" campaign!
- Spread the word with clinicians & practice teams!
 - Risks of opioid prescribing
 - LD 1646/Chptr 488 prescribing limits
- All specialties:
 - Assess for addiction potential before prescribing
 - Check Maine PMP
 - Offer alternatives: APAP/NSAIDs, alternative modalities
 - Exercise particular caution when considering opioids for children, teens
- Primary care: offer compassionate tapering & MAT



Our Call to Action





David McCarthy - 29 yo Coleen Singer - 32 yo David Zysk - 33 yo



Contact Info / Questions

- Lisa Letourneau MD, MPH, Executive Director
 - LLetourneau@mainequalitycounts.org
- **Maine Chronic Pain Collaborative:**
www.mainequalitycounts.org/page/2-1007/chronic-pain-collaborative
- Amy Bellisle, MD, Program Director
ABellisle@mainequalitycounts.org
- Chris Beaudette, MS, Chronic Pain Project Manager
CBeaudette@mainequalitycounts.org
- Karyn Wheeler, Chronic Pain Project Manager
kwheeler@mainequalitycounts.org