



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
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Tel.: (207) 287-8016; Fax: (207) 287-9058
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STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH
MARCH 16, 2017

AGENDA

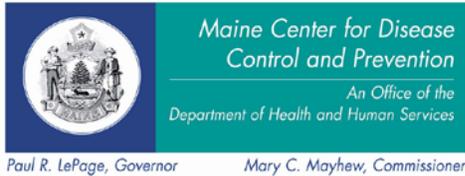
10:00 – 12:00 Council Meeting

12:00-1:00 – Working Lunch (please feel free to bring your lunch)
Room 209B, 2nd floor, Augusta Armory, 179 Western Avenue

Call-in Information: Call number: 877-455-0244; Passcode: 879 303 3495

- 10:00** Welcome- *Christopher Pezzullo, DO, State Health Officer (Chair)*
- 10:05** Introductions -*All*
- 10:15** Review of Agenda – *Christopher Pezzullo/All*
- Review of December 15, 2016 Minutes and Administrative Detail
 - Result of vote on SCC as PHHSBG Advisory Body
 - Change in meeting date for June (*revised schedule attached*)
- 10:20** Discussion and Vote on Revised Governance Structure (*Christopher Pezzullo, James Markiewicz*)
- 10:40** Call for Nominations for Co-Chairs (*Christopher Pezzullo*)
- 10:45** Call for Nominations Seats 14 and 19 (*Christopher Pezzullo*)
- 10:50** Community Prevention (*Sheryl Peavey*)
- 11:10** District and State Planning (*James Markiewicz*)
- 11:20** SHIP – Next Steps (*Nancy Birkhimer*)
- 12:00** Working Lunch – Preventive Health and Health Services Block Grant Public Hearing and Advisory Committee (*Nancy Birkhimer*)
- 12:55** Next Steps, Evaluation (*Christopher Pezzullo*)
- 1:00** Adjourn

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.



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**Statewide Coordinating Council for Public Health
Draft Meeting Minutes of December 15, 2016
Augusta Armory, Room 205
11:00 a.m. – 2:00 p.m.**

Welcome and introductions

Adam Hartwig
Al May
Andy Finch
Betsy Kelly *
Charles Dwyer
Christine Jenkins
Christopher Pezzullo
Drexell White *
Erin Guay
Helen Burlock
James Markiewicz

Jen Gunderman *
Jessica Fogg
Jim Davis
Jo Morrissey
Joanne Joy
Kara Ohlund
Kristi Ricker
Kristine Jenkins
Laura Morris
Malory Shaughnessy *
Maria Donahue

Nancy Beardsley
Nancy Birkhimer
Patty Hamilton
Paula Thomson
Sheryl Peavey
Stacy Boucher
Toho Soma *
Vanessa Macoy

*Indicates attending by phone

Bold print denotes 10 voting members present (11 voting members not in attendance)

Agenda Review

During the review, the following arose:

- A request to review the list of contracted agencies for prevention.
 - Christine Theriault will provide an update on contract activities at the March SCC.
- An objection that the agenda did not include a bullet indicating there would be a vote required today.
 - The vote was referenced in pre-meeting materials sent in advance of the meeting; however, lack of a quorum for voting deferred the vote.
- A request to add District Updates to the standing agenda.
 - Noted by the Committee clerk; will be added to the standing agenda.

Minutes Review

- A correction to the attendee list will be made.

Preventive Health Services Block Grant Overview, Proposal and Request for Vote

(Meeting materials distributed pre-meeting included a presentation <attached> on the Preventive Health Services Block Grant which concluded with a request needing a vote of the SCC Members. Considering that there was a request for vote today, a headcount of voting members was taken. Ballots were distributed at the door, but lacking a quorum or majority of voting members, the group agreed to receive the presentation and defer the vote, which will be held post-meeting, electronically).

Nancy Birkhimer, MCDC Manager of Accreditation and Performance Improvement, gave an overview of the Preventive Health and Health Services Block Grant and presented a request to the SCC that the SCC consider taking on the role of advisory council to the PHHSBG.

- The PHHSBG was created over 30 years ago to provide critically needed flexible funding.
- Flexible funding was achieved by combining several specific federal grants into one “block” grant; this is not a competitive grant, but rather a federally allocated grant.
- The PHHSBG is currently linked to the Healthy People 2020 Objectives which cover 42 topic areas and 1200 objectives – a broad range of issues the grant could address. The Grant requires the link to the Healthy People 2020 objectives, to hold an annual public hearing, to require priorities based on the SHIP, the agency strategic plans, and must have an Advisory Committee.
- The grant award was reduced over a period of years and then gradually increased to currently approximately \$126 million.
- An annual public hearing is held to review the link of the Healthy People 2020 Objectives to the Grant.
- The grant requires that an Advisory Committee be established to provide input on the uses of the Grant. This is the issue that will come to SCC for a vote.
- Grant managers require that MCDC inform them of the process for determining priorities; the SHIP informs decisions on priorities as well as data identifying underfunded or unfunded areas.
- Nancy provided history of how the grant links to MCDC goals and the series of entities that have coordinated grant activities and advised the grant committee (see presentation, attached), how the funding amount is determined, as well as how the management of the grant from the source at CDC has shifted, and how the focus has shifted to accreditation as a result.
- Nancy’s presentation concluded with a request for questions and comments and a request for the SCC to vote on whether as a body it would take on the role of Advisory Council for this grant.

Questions and comments that arose:

- Q. How would the SCC deal with Advisory Council issues that presented a conflict of interest on the part of SCC members who represent community agencies?
- A. Members would be asked to recuse themselves when conflicts arise.
- Q. What would the responsibilities of the Advisory Council include?
- A. - A review of the workplan
- A review of the budget
- Providing input and recommendations on the Grant spending planning process
- Q. What are the early childhood objectives?
- A. Early childhood objective include lead poisoning prevention, developmental screening, early childhood development
- Q. What are the funding opportunities for community prevention?
- A. There are staff at MCDC that are funded in the community prevention section; planning and development occurs in the DHIPs. Work is ongoing to sort out additional funding in the district contracts.
- Q. How often would the SCC perform in its role as the PHHSBG Advisory Council?
- A. The SCC/Advisory Council would be asked to
- hear a budget presentation annually;
- received periodic budget reports as requested (which could be emailed rather than SCC agenda items, to save meeting time);
- provide budget redirect advice on an as-needed basis;
- and receive grant activity updates on a periodic basis, perhaps twice a year given that the SCC meets quarterly.
- Q. What programming is there for a focus on health equity? Was the Healthy People 2000 created to address health disparities? How are these things currently being addressed?

A. Healthy People 2020 has two goals – one is to address health disparity and the other is to improve health overall. Health equity became a focus in 2011 and a review of statewide trends is underway and will include gender identity going forward. There is also a plan to work with substance abuse and domestic violence programs. There is a focus on health equity within early childhood work, early childhood work with low income families.

Q. Is there historically a feedback loop with the stakeholders ?

A. There is an annual public hearing, and we have plans to improve that process.

Comment:

With accreditation being one area of focus, we have four years to keep health disparity in our sights in our overall work; it is a key area in accreditation, and a key area in maintaining accreditation. The Office of Multicultural Affairs has been folded into the Maine CDC, as has licensing, which broadens the agency's perspective.

Q. Does "multicultural" include the LGBT population?

A. What was known as the Office of Multicultural Affairs is undergoing a transformation. Its primary focus had been on refugee health but its focus will broaden beyond that to look at all populations with potential disparities. While there is not a specific program assigned to the LGBT population, the coordinated continuum of care and the network of programs encompass the LGBT population as well as the rest of the populations facing health disparity.

Q. Will there be funding to address opioid use during pregnancy?

A. Re-budgeting is underway to prevent having unspent funds, and discussions about where funding will go will be a task for the Advisory Council if this group agrees to take on this role.

Q. Since nine of the 12 voters in the room are from Districts, we have not had time to return to our districts to present this proposal/question and therefore are not equipped to vote.

A. You are a member of the SCC representing your District, but your District is not being asked to take on the role of Advisory Council; the SCC is. You are being asked to bring your knowledge of your district to the process.

Q. Could the Advisory group request advice from the Health Equity Council?

A. If this group directed funding to health equity, we would engage them.

An informal show of hands was requested to get a sense of the SCC's preference for taking on the Advisory Council role. This did not stand as a formal vote, but rather was a measure for whether or not to continue the conversation. The motion was informally made to continue the conversation about the SCC taking on the Advisory Committee role.

SCC was cautioned in the matter of conflicts that may arise in the Advisory Committee role; if a member is employed by a program that receives funding from the grant, they may state so and abstain from voting on a budget item, but can still contribute to the discussion about the work. The SCC will not be expected to vote on line item amounts for expenditures at a higher level of input.

Action Item: The motion and request will be put in voting language and the Committee clerk will email the question to voting members. Members will return their vote to the Committee clerk by email.

Nancy continued by presenting an overview of current activities and status.

- There is some funding currently for personnel in the community for early childhood, comprehensive epidemiology, lead poisoning prevention, and the immunization registry in order to put into place a module within (IMPACS) so that providers can report the results on lead screening through (IMPAC).

- There is currently some social media campaigning currently directed toward pregnant women and substance abuse. There is not currently any funding for print materials in this area.
- An accreditation coordinator is being recruited.
- ADA and language access coordinator – limited position being recruited.
- Currently contracting with t the Maine Coalition Against Sexual Assault

An informal poll of the room showed consensus that the current budget direction and decisions being made are acceptable to this group.

History of the SCC

Please refer to the **attached** PowerPoint presentation offered to the SCC by James Markiewicz and Jessica Fogg.

For the benefit of the newcomers to SCC, both on the Membership roll and as interested parties, this overview of the SCC and the history of the group was provided to inform and remind the group of the roles, general reporting expectations, enabling statutes.

A collection of historical documents can be found on the Maine CDC's website, which is currently being updated to include 2016 documents and data.

Other Issues

Governance Structure

It was noted that the governance structure of the SCC is under review and revision, and typically in September or December the SCC would be voting for Executive Committee members, but that is not on today's agenda due to the revision of the governance structure. The SCC has also received resignations from the SCC from Andy Coburn and Toho Soma, so seat replacements will be on an upcoming agenda.

Future meeting locations

A map was distributed with the pre-meeting materials that should be disregarded. Plans had been made to relocate the SCC meetings to a state-owned, free meeting space, but we were notified late yesterday that our reservations for that space have been canceled by the facility due to facility renovations.

Future meeting dates

In 2017, meeting times will shift to 10 am to 1 pm, consisting of a two-hour meeting and a 1-hour working lunch.

District Updates

District updates **are attached**.

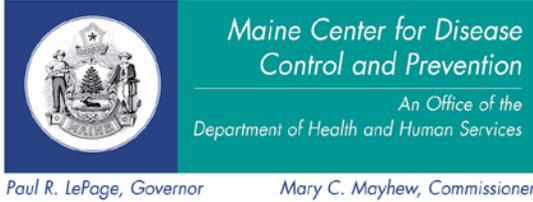
Working Lunch/SHIP Overview

Please refer to **attached** SHIP Overview presentation, draft DPHIP priorities, critical list setting DPHIP priorities and the shared CHNA State-Level Summary.

Group discussion covered integrating LGBT into health disparities specifically, addressing data gaps and data collection. Also that there were other populations that experience health disparities, tribal members for example, for whom we don't have or collect data. Recommendation that this group (SCC) identify the groups experiencing disparities that should be addressed.

Adjourn

Meeting adjourned at 2:05 pm



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STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH
MEETING SCHEDULE 2017
UPDATED MARCH 2017

STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH MEETINGS

MARCH 16, 2017 – 10:00 – 1:00
JUNE 21, 2017 – 10:00 – 1:00
SEPTEMBER 21, 2017 – 10:00 – 1:00
DECEMBER 21, 2017 – 10:00 – 1:00

DRAFT PROPOSAL
Statewide Coordinating Council for Public Health
Governance Structure
March 13, 2017

Article I. Purpose and Mission

The Statewide Coordinating Council for Public Health (SCC), established under Title 22, 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:

- (1) Participate as appropriate to help ensure the state public health system is ready and maintained for accreditation; and
- (2) 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; and
- (3) Receive reports from the tribal district coordinating council for public health regarding readiness for tribal public health systems for accreditation if offered; and
- (4) Participate as appropriate and as resources permit to help support tribal public health systems to prepare for and maintain accreditation if assistance is requested from any tribe.

Article II. Role and Structure of the Council

Section 1. Council Role

The Council is responsible for providing assistance and support to the Maine CDC in fulfillment of the directives established by legislation. In addition, the Council may:

- a. Review and comment on reports from entities within and outside the public health infrastructure including the State Health Improvement Plan, and assist in identifying district wide and statewide streamlining and other strategies leading to improved efficiencies and effectiveness in the delivery of essential public health services throughout the public health infrastructure.
- b. Develop reports and summaries for the purposes of fulfilling their role annually and as determined necessary.

Section 2. Council Size

The Council is comprised of twenty-three (23) members.

46 **Section 3. Council Members**

47
48 Members of the Statewide Coordinating Council for Public Health are appointed as follows.

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

51 (2) The Chief Operating Officer of the Maine Center for Disease Control and Prevention
52 or designee shall serve as a co-chair.

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

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

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

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

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

82
83

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

85
86 The Chief Operating Officer of the Maine Center for Disease Control and Prevention, in
87 collaboration with the other co-chairs of the Statewide Coordinating Council for Public Health
88 shall convene a membership committee. After evaluation of the appointments to the Statewide
89 Coordinating Council for Public Health, the membership committee shall appoint no more than
90 10 additional members and ensure that the total membership has at least one member who is a
91 recognized content expert in each of the essential public health services and has representation
92 from populations in the State facing health disparities. The membership committee shall also
93 strive to ensure diverse representation on the Statewide Coordinating Council for Public Health
94 from county governments, municipal governments, tribal governments, tribal health
95 departments or health clinics, city health departments, local health officers, hospitals, health
96 systems, emergency management agencies, emergency medical services, comprehensive
97 community coalitions, school districts, institutions of higher education, physicians and other
98 health care providers, clinics and community health centers, voluntary health organizations,
99 family planning organizations, area agencies on aging, mental health services, substance abuse
100 services, organizations seeking to improve environmental health and other community-based
101 organizations.

102
103 **Section 5. Council Terms**

104
105 The term of office of each member is three (3) years. A non-state agency member may serve
106 up to two terms. All vacancies must be filled for the balance of the unexpired term in the
107 same manner as the original appointment.

108
109 A Council member may resign from the Council by written notice to the Steering Committee.

110
111
112 **Section 6. Council Meetings and Operations**

113
114 A simple majority of the current Council membership shall constitute a quorum. In the absence
115 of a quorum, a Council meeting may continue discussion; however, no formal actions shall be
116 taken, except a vote to adjourn the meeting to a subsequent date.

117
118 (1)The council shall:

- 119 a. Elect two co-chairs to serve on the Steering Committee.
- 120 b. Review and approve through majority vote all reports and summaries submitted
121 by Maine CDC in fulfillment of the legislated charge.

122 (2)Time and Place of Meetings

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

126 (3) Notice and Agenda

127 The agenda will include time and date of meetings and shall serve as notice to be sent
128 at least 5 days before a regular Council meeting. The Steering Committee shall
129 prepare an agenda of items requiring Council action, and add items of business as may

130 be requested by Council members. In the event of an emergency, the Steering
131 Committee may call a meeting and shall give as much notice as possible.

132
133 (4) Meeting Materials

134 Council members shall be sent meeting materials electronically at least three business
135 days before a regular Council meeting. Meeting materials will be posted on the Maine
136 CDC website at least three days in advance for access by interested parties.

137
138 (6) Council Meeting Minutes

139 The Maine Center for Disease Control and Prevention is responsible for minutes and
140 Council records as resources permit. Minutes recording attendance, all motions and
141 subsequent action including the number of yeas, nays, or abstentions shall be recorded.

142 (7) Voting

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

147
148 Electronic voting on a specific issue may be conducted with prior notice to the Council.

149
150 (8) Council Member Responsibilities

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

154
155 Members shall regularly attend meetings of the Council, and meetings of committees to
156 which they are appointed.

157
158 Membership in good standing requires minimal annual attendance at 75% of full SCC
159 meetings and meetings in which they are appointed.

160
161 As representatives to the Council, each Council member shall routinely communicate
162 decisions, discussions, and business of the Council to the member's sector/district, and
163 likewise communicate sector/district information back to the Council.

164
165 As the Council has membership drawn from across the public health infrastructure, it is
166 anticipated that at times some members may find themselves in a position where there
167 exists the potential for a conflict of interest or the appearance thereof as defined in
168 Article VI. Council members are expected to maintain vigilance for this event, and to
169 recuse themselves from any voting or actions that present a conflict of interest. Failure
170 to do so may be grounds for dismissal from the Council.

171
172 (9) Operations Calendar

173 The operations calendar of the Council is the calendar year.

174
175
176

177 **Article III. Steering Committee**

178
179 **Section 1. Steering Committee Responsibilities**
180

181 The Steering Committee will provide leadership through convening regularly scheduled Council
182 meetings. They will facilitate and set agendas for Council meetings and identify ad-hoc
183 committees as needed. The Steering Committee members and staff appointed by Maine Center
184 for Disease Control and Prevention shall ensure accurate records of Council actions and
185 membership are maintained and ensure adequate notice is sent regarding Council meetings.
186 Steering Committee members shall regularly attend the Council and Steering Committee
187 meetings.

188
189 The Maine Center for Disease Control and Prevention shall be responsible for Council
190 communications.

191
192 **Section 2. Steering Committee Members**
193

194 The Steering Committee is comprised of 3 co-chairs, two elected and the Chief Operating
195 Officer of Maine Center for Disease Control and Prevention, or designee. One elected co-chair
196 must be an appointed District Coordinating Council member.

197
198 Nominations can be taken from the floor for non-state co-chair positions.
199

200 **Section 3. Steering Committee Terms**
201

202 Elected co-chairs serve staggered two-year terms and may serve up to a maximum of three
203 two-year terms. However, their total SCC membership term cannot exceed terms outlined in
204 Article II, Section 5.

205
206 **Section 4. Steering Committee Meetings**
207

208 The Steering Committee shall meet on a regular schedule that it deems necessary and
209 appropriate in order to fulfill its responsibilities as set forth in this document. Notice of all
210 regular Steering Committee meetings shall be communicated via electronic mail at least five
211 days prior to the meeting.

212
213 Special or emergency meetings of the Steering Committee may be called as needed and
214 electronic notification will be sent with as much notice as possible.

215
216 **Article IV. Committees/Workgroups**
217

218 **Section 1. Creation of Committees**
219

220 The Steering Committee shall have the power to create standing and ad-hoc committees and
221 workgroups. The Steering Committee shall appoint and charge each committee with its
222 responsibilities and shall appoint the committee chair.

223
224

225 **Section 2. Committee Membership**

226
227 Membership on a committee or workgroup, with the exception of the Steering Committee, is not
228 limited to (voting) members of the Council. The Steering Committee and other committees may
229 call on non-Council members as advisors to provide information and guidance.
230

231 **Section 3. Committee Operations**

232
233 Committee chairs shall bring proposed activities to the Council for discussion and approval. The
234 Council may accept recommendations of committees/workgroups as part of a consent agenda;
235 however, if any Council member finds that he/she has a significant issue with a
236 committee/workgroup recommendation, he/she shall say so at the Council meeting and bring it
237 for further discussion and separate vote at the Council level.
238

239 **Section 4. Committee Chairs**

240
241 The Committee chair shall be responsible for scheduling meetings, assigning specific tasks
242 within the mandate of the committee, and reporting to the Steering Committee and the Council
243 concerning the work of the committee.
244

245
246 **ARTICLE V. Non-Partisan Activities**

247
248 The Council shall be non-partisan. No part of the activities of the Council shall consist of the
249 publication or distribution of materials or statements with the purposes of attempting to
250 influence or intervene in any political campaign on behalf of or in opposition to any candidate
251 for public office.
252

253 **ARTICLE VI. Conflict of Interest**

254
255 A conflict of interest is defined as any personal, organizational, financial or other interest which
256 prevents or appears to prevent an impartial action or decision on the part of a Council member.
257 A conflict occurs when a financial or other interest could:
258

- 259 a. Significantly impair the individual's objectivity.
- 260 b. Create an unfair competitive advantage for any person or organization.
- 261 c. Provide a direct or indirect fiduciary interest of financial gain for that individual or
262 organization.
263

264 Should a matter before the Council present a known, or a potential conflict of interest, Council
265 members are required to disclose such potential conflict to the Steering Committee at the
266 earliest point possible. Once a conflict or potential conflict is disclosed, the steering committee
267 shall lead the rest of the members in deciding how the member with the conflict or potential
268 conflict may participate in discussions or voting.
269

270
271

272 **ARTICLE VII. Governance Structure Review**

273

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

275

276 **ARTICLE VIII. Reporting**

277

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

284

285

286 Adopted this ____ day of _____, 20__.

287

288 Signed this ____ day of _____, 20__.

289

290 Statewide Coordinating Council Co- Chair, acting on behalf of
291 State Coordinating Council for Public Health:

292

293 _____

294

295 Statewide Coordinating Council Co- Chair, acting on behalf of
296 State Coordinating Council for Public Health:

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298 _____

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300

301

302 Chief Operating Officer, Maine Center for Disease Control and Prevention, acting on behalf of
303 the Maine Center for Disease Control and Prevention

304

305 _____



Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Aroostook District	Date: March 8, 2017
<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> <ul style="list-style-type: none"> ➤ DCC bylaws revisions to match model bylaws, approved by Steering Committee 12/07/16 ➤ Dates of note in Aroostook District: <ul style="list-style-type: none"> February 1, 2017 DCC Meeting <ul style="list-style-type: none"> Speaker: Doreen Fournier, Program Manager, Substance Abuse Prevention Services, University of New England Topic: Overview of Substance Abuse activities related to Prevention Services contract March 1, 2017 Selection Team review 1st round of DPHIP implementation applications Next DCC Meeting: May 3, 2017 	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> ➤ Continued work on Standard Operating Procedures ➤ Continued review of DPHIP implementation applications until funds are expended ➤ Contract negotiations and deliverables monitoring on all funded DPHIP projects 	
<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> ➤ Action steps and measures being added to approved strategies as partner applications are reviewed and funded ➤ To date awards offered to UM Cooperative Extension, ACAP, MSAD # 1, Cary Medical Center/AMHC collaborative project 	
<p>Structural and Operational changes, including updates in membership.</p> <ul style="list-style-type: none"> ➤ After many years of dedication and selfless service, Jim Davis has stepped down as Aroostook District Representative to the SCC. Dr. Rachel Albert will be assuming the duties of the Aroostook District Representative beginning March 1. Words cannot adequately express the gratitude we feel for the humor, expertise, time, mileage, and contribution of resource that has been expended on our behalf! ➤ Susan Bouchard will replace Heather Pelletier as the primary Fish River Rural Health member on the DCC (Heather will remain as the organizational alternate) 	
<p>In-district or multi-district collaborations:</p> <ul style="list-style-type: none"> ➤ None to report this quarter. 	
<p>Other topics of interest for SCC members:</p>	

District Name : Aroostook

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: Central	Date: March 16, 2017
<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 At the February 27 DCC meeting we heard updates from our SCC Representative, DCC workgroups, and meeting attendees. Representatives from the four Statewide Prevention Contractors (Obesity Prevention, Tobacco Prevention, Youth Services, and Substance Use) gave presentations on the work they/their subcontractors are doing in the district. We then reviewed and discussed the proposed 2016-19 District Public Health Improvement Plan (DPHIP) objectives and strategies for our priorities of Substance Misuse, Adverse Childhood Experiences, and Obesity.</p>	
<p>Ongoing or upcoming projects or priority issues: finishing strategies and starting implementation for this new 2016-19 DPHIP cycle; coordination with hospital Implementation Strategies; MGMC/District Oral Health Implementation Grant and increasing/sustaining resources for community health workers; district transportation services, gaps, and volunteer efforts; recruiting/maintaining sector membership; coordinating with district recipients for the Statewide Prevention Services contracts; vulnerable populations HAN; real-time mapping of district resources; ongoing sustainability of successful initiatives.</p>	
<p>Progress with District Public Health Improvement Plan (DPHIP): <i>Activities planned for completion during the quarter and whether activities are able to be completed on schedule</i></p> <ul style="list-style-type: none"> ▶ 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 ▶ Oral Health Workgroup – funder meetings/reporting, using our Community Health Worker (CHW) to assist priority populations with health care navigation and overcoming barriers, fluoride lab reporting ▶ Mental Health & Substance Abuse Workgroup – met before the February DCC meeting to discuss needs and recommendations for the new DPHIP and continued to discuss creating a Recovery Coalition <p><i>Successes achieved</i></p> <ul style="list-style-type: none"> ▶ 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 <p><i>Barriers encountered</i></p> <ul style="list-style-type: none"> ▶ Recruiting parents to give input and advise the Oral Health Grant workplan; funding to have CHW coverage for entire district ▶ Staff/volunteer resources for data/intervention analysis, implementation, and workgroup support 	
<p>Structural and Operational changes, including updates in membership: implementing new Lead Fiscal Agent/District Coordinator structure; ongoing review of membership and adjusting to turnover/filling gaps in sector representation; filling school nurse gaps in Vaccination Workgroup coverage</p>	
<p>In-district or multi-district collaborations: Oral Health Grant; MaineGeneral Medical Center PICH Grant; Senior Transportation and Neighbors Driving Neighbors pilot; Poverty Action Coalition</p>	
<p>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 of resources to complete some work identified by the DCC.</p>	

22 M.R.S. §412 (2011).

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Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Cumberland

Date: 3/13/2017

For agendas and copies of minutes, please see district's website at:
<http://portlandmaine.gov/218/Cumberland-District-Public-Health-Council>

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

The DPHIP Report was submitted by the deadline: December 30, 2016. The four DPHIP priorities' Requests for Proposals were released on January 4, 2017. A DPHIP Selection Committee was established, consisting of eight members (all without Conflict of Interest). The members of the committee reviewed all applications individually, scored them by group consensus. Offers were made to successful applicants, two contracts have been signed, one for the Healthy Weight priority and the other for Oral Health priority. The Substance Use priority contract was being processed when the awardee withdrew their application. A new RFP went out earlier this week. The fourth priority Care for Children RFP had been reissued due to lack of acceptable applications; a new proposal was received and scored, and letter of award sent this week.

Council Bylaws and Communication Plan were approved by the DCC, and were uploaded to the Council website. Two officer positions became available: SCC Representative and Vice Chair. An election will be held for these positions at the next DCC meeting. DCC will hold its first Networking Breakfast prior to March full Council meeting.

The last full council meeting had the following highlights:

- Rebecca Boulos of Maine Public Health Association presented
- Maine Prevention Services vendor presentations
- Voting in of four new members, and voted two previous members back in

Ongoing or upcoming projects or priority issues:

As described in the previous section, district-level work continued regarding the DPHIP process and related deliverables.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Progress with District Public Health Improvement Plan:

The District continues to work on DPHIP sub-recipient contracting and implementation. Two of the four priority areas' contracts have been signed, and one is in negotiation. The fourth priority area RFP was awarded, but the application was withdrawn during negotiations. The RFP has since been re-issued.

Structural and Operational changes, including updates in membership:

The Executive Committee continues to approach individuals from specific sectors, organizations and geographic areas to invite them to join the DCC. As part of these continuing efforts to broaden representation, the Council elected 4 new members at the January full Council meeting. Newest elected members include representatives from both incumbent and new organizations include USM's Muskie School Cutler Institute, Southern Maine Agency on Aging, Immigrant Women's Health and Maine Youth Access Network.

The Council is presently seeking nominees for the positions of Vice Chair and SCC Representative, with an election at the next DCC meeting taking place on 3/17.

DCC Bylaws and Communication Plan were both approved at the January full Council meeting.

In-district or multi-district collaborations:

District Liaisons and Coordinators continue to discuss and exchange sample documents and templates across districts for development of contract deliverables under the DPHIP process. Monthly conference calls also provide a space for DLs and DCs to discuss specific deliverables. Cumberland DL and DC facilitated the February call, which produced an engaging discussion about membership recruitment strategies, and report outs from each district on successes and lessons learned.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Other topics of interest for SCC members:

N/A

22 M.R.S. §412 (2011).

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Public Health
Prevent. Promote. Protect.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2015 (CTG section removed)

District: Down East

Date: March 16, 2017

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/mecdc/public-health-systems/lphd/district7/index.shtml>

District Public Health Council Meetings

January 27 at Maine Coast Memorial Hospital (Ellsworth) and Sunrise County Economic Council (Machias) with twenty-four participants (eleven in Ellsworth, nine in Machias, and four by zoom-telephone).

The agenda action items:

- Deeper Dive: Panel Discussion on Challenges that Schools face with Childhood Mental and Behavioral Health Issues
- Executive Committee Membership Slate Approved
- DPHIP Priority Area Committee Formation
- Funding Opportunity Announcement for DPHIP Implementation

2017 Meetings: 1/27, 3/24, 5/26, 7/28, 9/22 and 11/17

Executive Committee Meetings: February 24 via Conference Call.

- DPHIP Implementation Proposal Update; Priority Committee Formation
- Election of Officers and Leadership/Support at Meetings
- Finance Committee Formation
- Determine deeper dive topics for 2017 council meetings

Ongoing or upcoming projects or priority issues:

- Emergency Preparedness Related
 - Medical Reserve Corp formation (Hancock County start up)
 - Points of Dispensing Site Maps, update MOUs, and establish exercises
 - Disaster Behavioral Health Team formation
- National Diabetes Prevention Program Lifestyle Coaching Program
- Stanford Chronic Disease Self-Management and Chronic Pain Self-Management Programs
- Aging Population and Housing/Transportation/Services

Downeast District

1

March 5, 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
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Statewide Coordinating Council for Public Health District Coordinating Council Update

<p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> • Year 1 Implementation Matrix with cost estimates for strategies finalized • Funding Opportunity Announcement open 2/01 – 3/30 • Review of proposals start 2/15 • Formation of priority area committees • Formation of Finance Committee for review and decisions on proposals
<p>Structural and Operational changes, including updates in membership:</p> <ul style="list-style-type: none"> • Bylaws updated and approved • Membership <ul style="list-style-type: none"> ○ Form Updated ○ Membership Gap Analysis completed ○ New Member Orientation Materials updated • Communication Plan SOP completed • Finance Committee Formed
<p>In-district or multi-district collaborations:</p> <ul style="list-style-type: none"> • LGBTQ Disparities, including schools developing safe environments (GSAs in Washington County), policies in schools/communities (UMM Annual Rainbow Weekend), and support for seniors (SAGE, outreach to health providers). • Thriving in Place projects in both counties; Aging Task Force work in both counties. • Substance Use (treatment, prevention, and recovery} Task Force in both counties. • Food Security (food council, pantry network) work in both counties.
<p>Shared Health Needs Assessment and Planning Process (SHNAPP):</p> <ul style="list-style-type: none"> • State Planning Committees currently on hiatus • Ongoing communication with hospitals on progress of implementation strategies
<p>Questions/Comments for SCC: None at this time.</p>

¹Section 5. 22 MRSA c. 152

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Statewide Coordinating Council for Public Health District Coordinating Council Update

District: Midcoast	Date: March 16, 2017
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Brief review of decisions and outcomes from Steering Committee and District Coordinating Council (DCC) meetings held since last Statewide Coordinating Council (SCC) meeting.

Steering Committee - February 3, 2017, at Spectrum Generations, Damariscotta

- Reviewed DPHIP draft
- Reviewed and discussed District Funding Criteria and Selection Process
- Discussed Council and staff roles, responsibilities, and relationships
- Reviewed slate of Council and Steering Committee candidates

District Coordinating Council (DCC) Meeting:

February 28, 2017, at Knox County Emergency Management Agency (EMA), Rockland

- Welcomed our new District Council Coordinator
- Welcomed and voted in new Council and Steering Committee members
- Unanimously recommended Mid Coast Hospital to continue as the Council’s Lead Fiscal Agent in Fiscal Year (FY) 18
- Updates received from Prevention Services funding sub recipients
- Conducted DPHIP Oversight Committee breakout sessions

District Public Health Improvement Plan (DPHIP) Funding

February 10, 2017: Funding Announcement released soliciting applications for work on the Council’s three priority areas: lead, mental health, and obesity.

February 17, 2017: Bidders Conference held with participation of funding applicants.

March 1, 2017: Applications received in all priority areas.

March 9, 2017: Council Selection Team scored applications

District Coordinator

On January 6, 2017, Colleen Fuller, our first District Coordinator (DC) left her position with the District to become the Let’s Go Coordinator for Mid Coast Hospital. In her new role she will continue to contribute to the DCC, and is an active member of the Council’s Obesity Oversight Committee.

Ruth Lawson-Stoppa, MPA, RN, LSW began her new position as the District Coordinator on January 26, 2017, and was welcomed by the Council at its February 28th meeting. Ruth’s extensive background includes clinical nursing, occupational health, health research, and data analysis. In the past, she has worked at Maine CDC directing the State’s Asthma Program, served as the Interim Director of the Tuberculosis Program, and directed the School-Located Vaccine Project.

Upcoming 2017 DCC Meetings - April 11th, June 13th, September 12th, November 14th

MidCoast District
22 M.R.S. §412 (2011).

1

March 2017

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Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

District: Penquis District	Date: March 13, 2017
<p>Brief review of decisions and outcomes from Steering Committee and DCC meetings held since last SCC meeting.</p> <p>Lead Fiscal Agent DCC workplan updates: Bangor Public Health and Community Services continues to lead the District Coordinating Council workplan and outcomes. In December, the DPHIP Funding Request document and the DPHIP was submitted to the MCDC for review and approval. Feedback was received from the MCDC, and edits were made accordingly. Per the LFA contract requirements, the Penquis Council approved the DPHIP in December. Priority areas identified in the Penquis DPHIP are: Drug & Alcohol Abuse and Tobacco Use, Food Security, Obesity, Nutrition, and Physical Activity, Behavioral Health, and Poverty. The City of Bangor anticipates that all contract requirements will be met for Q3.</p> <p>District Public Health Improvement Plan (DPHIP) Implementation: In January, the Penquis DCC, led by the Steering Committee and in collaboration with the City of Bangor, released a funding opportunity to all Penobscot and Piscataquis partners to implement strategies outlined in the DPHIP. In February, an Application Selection Team met to review and score 8 applications, per guidance from the MCDC. The Application Review Team, the Maine CDC, the City of Bangor, and the Penquis Steering Committee approved five successful projects. The City of Bangor has drafted contracts with the successful applicants. Funded organizations include: Penobscot Community Health Care, Sebasticook Valley Health, Food AND Medicine, and the National Alliance on Mental Illness (NAMI) Maine. Funded projects will be implemented in both Penobscot and Piscataquis counties and will address two of the identified DPHIP priority areas: Food Security, Obesity, Nutrition, and Physical Activity, and Behavioral Health.</p>	
<p>Ongoing or upcoming projects or priority issues:</p> <ul style="list-style-type: none"> ➤ Complete deliverables as outlined in LFA work plan. ➤ Finalize DPHIP Implementation Contracts ➤ Develop implementation, monitoring, and reporting plans for DPHIP objectives and strategies. 	
<p>Structural and Operational changes, including updates in membership. In January, the Steering Committee welcomed three new members, Erin Callaway, Piscataquis Region YMCA, Sue Mackey Andrews, Helping Hands with Heart, and Kristi Ricker, Wabanaki Public Health. Celia Demos, the Penquis District Coordinator, has given her notice and will be taking the role of Penquis Let's Go! Coordinator. The new District Coordinator is scheduled to begin at the City of Bangor by April 1.</p> <p>New members: Anna Limeburner, River Coalition Carrie Limeburner, River Coalition Craig Cormier, EMHS Chad Coombs, Blue Sky Counseling John Dennis, Wabanaki Public Health</p>	



Statewide Coordinating Council for Public Health District Coordinating Council Update

In-district or multi-district collaborations:

- Partnership to Improve Community Health grant with EMHS, multi-district
- Save a Life Drug Task Force, Lincoln
- 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

Other topics of interest for SCC members:

None to report

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

District: Western

Date: March 16, 2017

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

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

DPHIP implementation application has been created (Jan. 2017), disbursed to DCC partners, and applications have been submitted and scored by selection committee (Feb. 2017).

- 4 applicants
- WDCC recently approved the selection committee's recommended sub-recipient as well as made to proposed collaboration between recommended sub-recipient and another applicant to better meet district needs (March 2017).
- Selection Committee has suggestions to improve selection process which DCC plans to be soon.

Substance Abuse Prevention vendor's sub-recipients regularly provide DCC with progress updates at DCC meetings (Jan and Feb. 2017 DCC meetings).

New Treasurer (Jan. 2017)

- Ken Albert – Androscoggin Home Care & Hospice

Communications plan outline approved (Jan. 2017)

Standard Operating Procedure's workgroup (formed Jan. 2017) has been meeting regularly and has drafted several SOPs.

- SOPs that have been drafted: Decision Making, Selection Process, and Membership including documents like New Member Handbook and Member Statement of Commitment

Ongoing or upcoming projects or priority issues:

DPHIP implementation

First year focus: District wide inventory and gap analysis for substance use prevention resources and increase education on the Adverse Childhood Experiences (ACEs) as a root cause of Substance Use Disorder

DCC Standard Operating Procedures

- DCC identified SOPs:
- Bylaw review
- Conflict resolution/conflict of interest
- Decision Making
- DPHIP reporting/evaluation

Statewide Coordinating Council for Public Health District Coordinating Council Update

- DPHIP review
- Fiscal management
- Funding Opportunities/RFP
- Membership
- MOUs & other agreements
- New member orientation
- Selection process
- Statewide Coordinating Council (SCC) update
- Steering Committee
 - Members
 - Terms

Progress with District Public Health Improvement Plan:

Implementation application has been created (Jan. 2017), disbursed to DCC partners, applications have been submitted and scored by selection committee (Feb. 2017).

Next Steps: Finalize contract(s) with grantees, develop DPHIP tracking template, draft DPHIP review and revision Standard Operating Procedure.

Structural and Operational changes, including updates in membership:

New Treasurer (Jan. 2017)

- Ken Albert

In-district or multi-district collaborations:

DPHIP implementation applicants were encouraged to state in-district collaboration in application. The selection committee noted strong collaboration potential within the Western District. This will be necessary to meet the needs of Western District residents who are spread across three counties.

Statewide Coordinating Council for Public Health District Coordinating Council Update

Other topics of interest for SCC members:

22 M.R.S. §412 (2011).

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

District: York District

Date: 03/16/2017

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

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

The York District Executive Committee continues to meet regularly. The DCC has selected vendors to implement the district priorities. The DCC has begun to host thematic quarterly meetings as a way to engage members who are not involved in the DPHIP. The DCC has voted on updated bylaws, and has continued to sign membership agreements.

Ongoing or upcoming projects or priority issues:

The DPHIP was finalized in December of 2016. The priority areas selected are Oral Health, Nutrition and Obesity, and Substance Misuse. Vendors have been selected to implement priority projects.

Progress with District Public Health Improvement Plan:

Vendors selected for all DPHIP priorities are as follows: Medical Care Development Inc. for Oral Health, York County Community Action Corporation for Nutrition and Obesity, and the UNE Department of Health, Wellness, and Occupational Studies for Substance Misuse. MOAs with all vendors have been signed, and each vendor has submitted their first monthly progress report. MCD has began gathering oral health data for York County, and information from DOE, Maine CDC, and the School Nurse Association to create a survey tool. UNE HWOS has hired a project coordinator, and began developing a list of resources in York County that already exist, moving on to their gap analysis. YCCAC has began advertising for a project coordinator

Structural and Operational changes, including updates in membership:

Communications plan guidance was drafted and submitted to Maine CDC in December of 2016, discussed at Executive Committee meeting in February 2017.
Membership agreements are still in the process of being signed.

In-district or multi-district collaborations:

York District Public Health Council is in the process of collaborating with the UNECOM to hold an Alternate Care Site Exercise for fall of 2017.

Other topics of interest for SCC members:

- 1. What is working really well in your district to support children and families who face health disparities? (one or two examples)**
 - a. Head Start and Early Head Start programs use Nasson Health Care to ensure that all children are receiving proper nutritious meals while in attendance, dental examinations, health screenings, and immunizations. Nasson Health Care brings mobile health services to Children's Services locations and will be working in 17 schools.**
 - b. The WIC program also provides nutrition assistance to low-income children as well as immunizations.**
 - c. Maine Families of York County is an excellent resource for families**
- 2. What significant challenges facing children and families with health disparities are not currently well addressed?**
 - a. Eligibility as well as available slots in those programs is limited, which may result in many children not receiving support who may need it.**
 - b. Housing, dental and insurance (not eligible for MaineCare)**
 - c. Many resources are not there anymore due to funding issues (resource center, carelink, children's center)**
- 3. If another community is addressing your key challenge well, what question would you ask of that community?**

22 M.R.S. §412 (2011).

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Public Health and Health Services Block Grant Public Hearing & Advisory Committee Discussion

March 16, 2017



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Agenda

- Public Hearing:
 - Welcome
 - Purpose
 - Update on FFY15 Activities
 - Review of FFY16 Work Plan
 - Public Comment
- Advisory Committee
 - Discussion
 - Recommendations

Preventive Health and Health Services Block Grant Background

The PHHS Block Grant (Block Grant) provides:

- “Critically needed, flexible funding”
- “To address the unique preventative health needs”
- Linked to Healthy People 2020 objectives
- Non-competitive allocation to each state, plus territories and DC.
 - Current year “F2016”: \$1,392,368
 - Next year “F2017”: \$1,400,504

Preventive Health and Health Services Block Grant F2016 Update

- Selected projects focused on:
 - Community Engagement
 - Epidemiology Capacity
 - Early Childhood:
 - Developmental Screening for Young Children
 - Prenatal Substance Abuse
 - Lead poisoning
 - Accreditation
 - Sexual assault and human trafficking

Preventive Health and Health Services Block Grant F2016 Update

- Project period is 10/1/15 – 10/1/17
- Project spending began in October 2016
- Reduced planned DPHIP funding due to delayed finalization and implementation
 - Will use \$10,00 per District starting in June 2017
- Reduced needs for additional sexual assault related funding
 - Other federal funding increased
- Reduced Administrative costs

Preventive Health and Health Services Block Grant F2016 Update

- Identified unfunded needs for:
 - Back-up for the State epidemiologist (on-call)
 - The Behavioral Risk Factor Surveillance System (reduced federal funding, increased costs over several years)
 - Core demographic data collection via BRFSS: sexual orientation, transgender, health insurance type
 - Also now paying for sexual assault & domestic violence, questions
 - Planned improvements to the data products we make available on Maine CDC's website

Preventive Health and Health Services Block Grant F2016 Update

- Identified unfunded needs for:
 - Additional funds needed for the Lead testing module in BRFSS
 - Additional funds to finish the developmental delay screening project
 - Funds to centralize access to Journal articles (saving other program funds)
 - Improved real-time reporting capacity for Infectious Disease Syndromic Surveillance

Preventive Health and Health Services Block Grant F2016 Update

Project	F2016 Original	F2016 Revised	% F2016
Community Engagement	\$550,369	\$221,336	16%
Early Childhood*	\$392,898	\$407,139	29%
Data	\$141,021	\$403,707	29%
Accreditation	\$227,965	\$278,070	20%
Rape Prevention	\$99,701	\$57,937	4%
Administration	\$79,414	\$24,178	2%
TOTAL	\$1,392,368	\$1,392,368	

* Early Childhood includes strategies regarding Developmental Delays, Lead Poisoning Prevention, Drug Abuse among pregnant women, and Head Start.

Preventive Health and Health Services Block Grant F2017 Work Plan

- Allocation for F2017 increased to \$1,400,504
- Project period will be 10/1/17 – 9/30/18
 - (some exceptions funded only through 6/30/18 – anticipating using F2018 after that)

Preventive Health and Health Services Block Grant F2017 Work Plan

- Notable changes from F2016:
 - Additional funding for:
 - District Public Health Improvement Plans
 - Epidemiology
 - Fully staffed

Preventive Health and Health Services Block Grant F2017 Work Plan

Project	F2016 Allocation Oct 2015 – June 2016	F2017 Allocation July 2016 – June 2017	% F2017
Community Engagement	\$399,073	\$422,568	30%
Early Childhood	\$210,571	\$50,149	4%
Data	\$123,148	\$527,438	38%
Accreditation	\$371,048	\$329,059	23%
Rape Prevention	\$140,305	\$29,701	2%
Administration	\$119,279	\$28,190	2%
TOTAL	\$1,392,368	\$1,400,504	

Public Input

Questions?
Comments?
Suggestions?

Advisory Committee Discussion

Questions?
Comments?
Suggestions?

Final Questions?

PHHS BG Coordinator:

Nancy Birkhimer

Nancy.birkhimer@maine.gov



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

SCC Meeting Evaluation
March 2017

1. Please indicate your member/participation status by checking a category below:

- SCC Member (Voting Member)
- Key Stakeholder (Identified by Letter of Invitation from MCDC)
- Interested Party (All Others)

2. What worked well for you at today's meeting (process, agenda content, facilities, etc)?

3. What could be improved?

4. Did the format of the meeting allow you to participate and feel engaged in the discussion and presentations?

Very engaged

Somewhat engaged

Not engaged

In what ways:

5. What public health-related topics or content would you like to discuss at upcoming SCC meetings?

Thank you!