



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

## STATEWIDE COORDINATING COUNCIL FOR PUBLIC HEALTH

JUNE 2018

### DRAFT AGENDA

10:00 – 1:00 Council Meeting

(please feel free to bring your lunch)

**Call-in Information:** Call number: 877-455-0244; Passcode: 578 374 0016

- 10:00 Welcome- *Patty Hamilton and Kristi Ricker (Co-Chairs)*  
Introductions -*All*  
Review of prior meeting minutes and current agenda – (*Chair*)
- 10:10 Membership Update – (*Bruce Bates, DO, Membership Chair*)
- 10:15 High Intensity Drug Trafficking Areas (HIDTA) Overview (*Chris Pezzullo, DO; Monica St. Clair*)
- Presentation
  - Questions
- 10:45 Prescription Monitoring Program (PMP) Overview (*Chris Pezzullo, DO; Johanna Buzzell*)
- Presentation
  - Questions
- 11:15 Involving DCCs As Part of the Solution (*Erin Guay, all*)
- Noon 15 minute break
- 12:15 Updates – (*Nancy Birkhimer*)
- State Health Improvement Plan (SHIP) Biennial Reporting
  - Public Health and Health Services Block Grant Budget and Public Hearing
  - Accreditation Reports Due
- 12:50 District Reports (*District Representatives*)
- 12:55 Next Steps, Evaluation (*Patty Hamilton*)
- 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 March 15, 2018  
 Maine State Library, Room 307; 10:00 a.m. – 1:00 p.m.**

**Voting Member Attendance:**

Seat	Roll Call	Name	Organization	Representing
1	✓	Betsy Kelley	Partners for Healthier Communities	York District
2	✓	Courtney Kennedy	Good Shepherd Food Bank	Cumberland District
3	✓	Erin Guay	Healthy Androscoggin	Western District
4	✓	Caer Hallundbaek		Midcoast District
5	✓	Joanne Joy	Healthy Capital Area	Central District
6	✓	Patty Hamilton	Bangor Public Health	Penquis District
7	✓	Helen Burlock	Community Health & Counseling	Downeast District
8		Rachel Albert	University of Maine Fort Kent	Aroostook District
9	✓	Bruce Bates	Maine CDC	State Government
10	✓	Michael Parks	DHHS, Office of Substance Abuse & Mental Health Services	Department of Health & Human Services
11	✓	Emily Poland	Maine Department of Education	Department of Education
12	✓	Kerri Malinowski	Department of Environmental Protection	Department of Environmental Protection
13	✓	Kenney Miller	Maine Health Equity Alliance	Essential Public Health Services
14	✓	Kalie Hess	Maine Primary Care Association	Essential Public Health Services
15		Doug Michael	Eastern Maine Health Systems	Essential Public Health Services
16	✓	Peter Michaud	Maine Medical Association	Essential Public Health Services
17		Meg Callaway	Charlotte White Center	Essential Public Health Services
18	✓	Erika Ziller	Maine Rural Health Research Cener	Essential Public Health Services
19	✓	Heather Shattuck-Heidorn	Catholic Charities Maine	Essential Public Health Services
20	✓	Joanne LeBrun	Tri County EMS	Essential Public Health Services
21		Abdulkerim Said	New Mainers	Essential Public Health Services
22		Kristi Ricker	Maine CDC	Wabanaki Public Health District
23	✓	Carol Zechman	MaineHealth	Essential Public Health Services
<b>Attending:</b>		#	<b>Attending by Phone:</b>	#
<b>Planned absent:</b>		#	<b>Absent:</b>	#
<b>Vacant Seat:</b>		0		
<b>Total Council Makeup</b>		23		
Total Voting Members Attending: 18; 12 = Quorum = Quorum Achieved				

**Interested Parties and Stakeholders Attending**

Agenda	Discussion	Next Steps/ Resolution/ Assigned To
Review of agenda and December minutes	No changes	n/a
Old Business	Mental Health EMS Service Delivery <ul style="list-style-type: none"> <li>Tri-County EMS is collecting data on patients who have a primary psychiatric diagnosis, including</li> </ul>	<ul style="list-style-type: none"> <li>The subject and this DCC's work will be</li> </ul>

Agenda	Discussion	Next Steps/ Resolution/ Assigned To
	<p>volume of use, distance traveled and other EMS involvement data. Sentinel issues include bed availability, access to appropriate practitioners in the emergency setting, and the volume of demand on EMS services and staff. The District Coordinating Council plans to collect and distill the information.</p>	<p>considered for a future focused SCC session. (Assignee: Chair/Steering Committee)</p>
<p>Presentations and speakers</p>	<p>Planning and Coordination of SCC Presentations and Speakers</p> <ul style="list-style-type: none"> <li>• The Steering Committee has established a structure for developing SCC meeting agendas.             <ul style="list-style-type: none"> <li>○ Presentations will be selected based on their connection to SHIP.</li> <li>○ Speakers will be coordinated with/supported by a DCC representative.</li> <li>○ The format applied to topics chosen for SCC focus will include an introductory component, an interactive exchange and a planned goal, outcome or next step.</li> </ul> </li> </ul>	
<p>New Members</p>	<p>Welcome new SCC Members</p> <ul style="list-style-type: none"> <li>• The SCC welcomed five new seatholders and gave thanks and recognition to several returning seatholders.</li> <li>• The SCC website has been updated with new contact information and meeting resources.</li> </ul> <p>Q. How does a person become an SCC member?  A. Anyone with an interest in becoming a member of the SCC is eligible for nomination by an SCC member.</p> <ul style="list-style-type: none"> <li>• There are 23 statutory SCC members with set term limits; when term expirations occur, the nomination and selection process becomes open.</li> <li>• The SCC Membership Committee takes nominations and the selection process is commenced.</li> <li>• Terms are identified on the SCC membership document (available on the website).</li> <li>• Nomination forms may be obtained from the Committee clerk by SCC chairholders as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Members will be polled this summer for orientation topics and an orientation session will be scheduled before the fall meeting. (Assignee: Committee clerk)</li> <li>• A new member orientation packet will be developed by CDC staff and proposed to the Steering Committee. (Assignee – Dr. Bates/James Markiewicz)</li> <li>• A separate orientation</li> </ul>

Agenda	Discussion	Next Steps/ Resolution/ Assigned To
		meeting for new members with the Chair and CDC staff may be developed.
SCC Advisory Committee to PHHSBG	<p>Advisory Committee Role by Statute</p> <ul style="list-style-type: none"> <li>In response to Committee request, a one-page guide on the role of the SCC as an Advisory Committee to the Preventive Health and Health Services Block Grant (PHHSBG) was developed and distributed (see attached).</li> <li>PHHSBG activities undertaken by the SCC will be identified as a separate function within the SCC recorded minutes.</li> <li>When more time is needed to discuss PHHSBG issues in order to adequately form a shared response, agendas will be adjusted accordingly.</li> <li>The goal for the SCC input is to keep information at a high level and appropriately limit the advisory nature of the Council.</li> <li>To the extent possible, information may be sent to SCC prior to requesting a PHHSBG agenda item.</li> </ul>	<ul style="list-style-type: none"> <li>Nancy Birkhimer was asked to provide updates on PHHSBG activities at each quarterly SCC meeting.</li> </ul>
Adverse Childhood Experiences	<p>In response to Committee request, presentations on adverse childhood experiences (ACES) and related activities taking place at the District level were given by Sue Mackey Andrews of the Maine Resilience Building Network, and Paula Thomson, Central District Public Health Liaison for the Maine CDC. Both presentations are attached.</p>	This was an informational update, no assignment associated.
PHHSBG	<p>An SCC action was requested on two PHHSBG budget items. The full PHHSBG update with proposed budget adjustments is attached.</p> <ul style="list-style-type: none"> <li>Question 1: Does the SCC approve staff recommendations to change the FY 2017 program budget for the Block Grant from 30% to 33% for epidemiology, from 7% to 5% for prenatal substance use, to 28% from 29% for accreditation activities.            Seat 18 abstained from this vote based on interest. All voting members cast in favor of these budget adjustments; no dissenting votes were cast.</li> <li>Question 2: Does the SCC approve staff recommendations to change the F2018 program budget for community based prevention from 30% to</li> </ul>	

Agenda	Discussion	Next Steps/ Resolution/ Assigned To
	37%, the epidemiology budget from 33% to 30%, the accreditation budet from 28% to 25%. All voting members cast in favor of these budget adjustments; no dissenting votes were cast.	
District Reports	Attached	
Adjourn	Next meeting 6/21/2018 Maine State Library, Room 307 10:00am to 1:00pm	

## Preventive Health and Health Services Block Grant

### Statutory language:

#### (d) State Advisory Committee

##### (1) In general

For purposes of subsection (c)(2), an [advisory committee](#) is in accordance with this subsection if such committee is known as the [State](#) Preventive Health Advisory Committee (in this subsection referred to as the “Committee”) and the Committee meets the conditions described in the subsequent paragraphs of this subsection.

(2) **Duties** A condition under paragraph (1) for a [State](#) is that the duties of the Committee are—

(A) to hold public hearings on the [State](#) plan required in subsection (a)(2); and

(B) to make recommendations pursuant to subsection (b)(1) regarding the [development](#) and implementation of such plan, including recommendations on—

(i) the conduct of assessments of the public health;

(ii) which of the activities authorized in [section 300w–3 of this title](#) should be carried out in the State;

(iii) the [allocation](#) of payments made to the [State](#) under [section 300w–2 of this title](#);

(iv) the coordination of activities carried out under such plan with relevant [programs](#) of other entities; and

(v) the collection and reporting of data in accordance with [section 300w–5\(a\) of this title](#).

### From US CDC guidance:

- Statutory information identifies the advisory committee’s member representation, documents the dates and minutes of the Public Hearing and Advisory Committee meetings, and collects various signed certification forms. Copies of the minutes and signed certification forms must be attached in BGMIS in order to submit the work plan/application to CDC.
- Advisory Committee Member Representation: The advisory committee member representation section requires grantee to indicate the committee members’ affiliation with a particular constituency, organization, or perspective.
- ***Advisory Committee Meetings Grantees must hold a minimum of two advisory committee meetings each fiscal year, one of which must be prior to work plan/application submission.*** All past meetings need to have minutes attached. Grantees are required to indicate the date of the meeting and attach the meeting’s minutes.

### Plain language:

The PHHSBG Advisory Committee makes recommendations on:

1. the “conduct of health assessments,”
2. the development of the PHHS BG work plan
3. the use of PHHS BG funds
4. coordination of PHHS BG activities with other related activities, and
5. collection and reporting of data on these activities.

While, the statutory language indicates that the Advisory Committee also holds the public hearing, in our past experience, Maine CDC has held the public hearing, informing the advisory committee of the hearing. Over the past two years, we have held the public hearing during a work session of the SCC.

In their most recent feedback, the US CDC has directed us to ensure the Advisory Committee holds a vote to approve the use of the funds and the work plan and that this is documented in minutes of the Advisory Committee.



**ACEs/Toxic Stress & Resilience:  
Health and Well-Being  
Impact and Considerations  
State Health Improvement Plan**





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**These slides were developed by the  
Maine Resilience Building Network  
and were designed to be delivered in a specific way.**

**Please do not duplicate  
without written permission from the MRBN.**

**Thanks!**  
[maineaces@gmail.com](mailto:maineaces@gmail.com)

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**Key Findings from the ACEs Study**

- Adverse childhood experiences are common but typically unrecognized.
- Their link to major problems later in life is strong, proportionate, and logical.
- They are the nation's most basic public health problem.
- It is comforting to mistake intermediary mechanism for basic cause.
- What presents as the 'Problem' may in fact be an attempted solution.
- Treating the solution may threaten people and cause flight from treatment.
- Change will be resisted by us in spite of enormous benefits.

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- No one Maine County is like another
- Even within each Maine County, communities vary in terms of:
  - Demographics
  - Resources
  - Assets
  - Challenges
- Four historical DCC focus areas:
  - SUD education/prevention
    - Include Prenatal Exposure
  - Obesity/5-2-1-0
  - Food Insecurity/Access
  - Youth Engagement/Mental Health

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### In the Beginning ... DNA




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### The Emerging Science of Epigenetics




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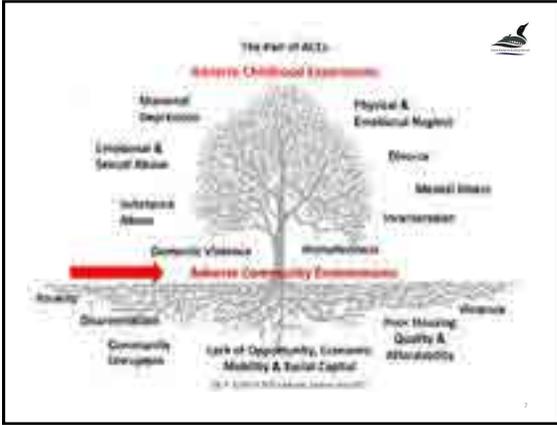
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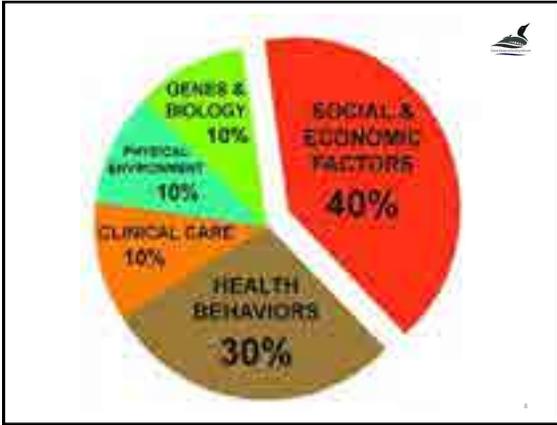
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### Ten Adverse Childhood Experiences (ACEs) (<age 18)

Abuse	Household Trauma	Neglect
<ul style="list-style-type: none"> <li>Physical Abuse</li> <li>Sexual Abuse</li> <li>Psychological Abuse</li> </ul>	<ul style="list-style-type: none"> <li>Repeated losses of caregivers</li> <li>Family member incarcerated</li> <li>Witness to parental abuse</li> <li>Familial substance abuse</li> <li>Familial mental illness</li> </ul>	<ul style="list-style-type: none"> <li>Physical neglect (basic needs unmet)</li> <li>Emotional neglect</li> </ul>

<http://www.cdc.gov/violenceprevention/acestudy/>

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### Some Other Traumatic/Toxic Experiences Beyond ACEs (NOT Inclusive)



- Acts or threats of terrorism (viewed in person or on television)
- Automobile accidents or other serious accidents
- Being in the child welfare system
- Bullying
- Chronic Food Insecurity
- Chronic Poverty
- Homelessness
- Inadequate/unsafe housing
- Isolation
- Lack of access to health care
- Life-threatening health situations and/or painful medical procedures
- Life-threatening natural disasters
- Life-threatening violence in a caregiver
- Living in chronically chaotic environments in which routine, schedules, basic life needs, are not consistently available
- Marginalization
- Natural Disasters
- Racial, Ethic, Religious, Gender Discrimination
- Sexual Identity
- Witnessing/experiencing community violence (e.g., shootings, stabbings, robbery, or fighting at home, in the neighborhood, or at school)

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### Important Qualifiers!



- **Historical Trauma**
- *Multigenerational Memory*
- **Unique to the child**
- *Equal Opportunity Experience*
- **ACEs like company**
- *Age of on-set matters*
- **Gender Bias**
- *Volume/Velocity*
- **Only a few of many other kinds of trauma**



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### Types of Stress Responses



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### The Impact of Trauma Upon the Developing Brain

The diagram shows a sagittal view of a human brain. Three regions are highlighted with callouts: the Prefrontal Cortex (top left, orange), the Amygdala (middle, red), and the Hippocampus (bottom right, green). A small bird logo is in the top right corner.

<http://developingchild.harvard.edu/>

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Two brain scans are shown side-by-side. The left scan is labeled 'NORMAL BRAIN' and shows a healthy brain with a balanced distribution of colors (yellow, green, blue, red). The right scan is labeled 'ADULT WITH DISORDER' and shows a brain with significantly more red and yellow areas, indicating abnormal brain activity. A small bird logo is in the top right corner.

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### Why Talk About ACEs?

- Many children and adults have experienced and lived through one or more ACEs.
- Children and adults bring these experiences with them into our interactions.
- Talking openly is the only way we can reduce the shame and blame that so many people feel about these experiences beyond their control.

A photograph showing a man in a dark shirt, a woman in a pink shirt, and a child in a light blue shirt embracing each other in a supportive hug outdoors. A small bird logo is in the top right corner.

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### A National Social, Health and Economic Priority



**Short-Term Challenges (examples):**

- Educational attainment
- Adolescent health
- Reproductive health
- Smoking
- Alcohol abuse
- Illicit drug abuse
- Sexual behavior
- Mental health
- Risk of re-victimization
- Stability of relationships
- Performance in the workforce

**Long-Term Chronic Health Conditions (examples):**

- Obesity
- Diabetes
- Heart disease
- COPD/Chronic Lung disease
- Liver disease
- Autoimmune disorders
- Suicide/Injuries
- HIV; STDs
- Other risks for the leading causes, too often, of early death

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### Anxiety and the Brain



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### Effects of Excess Cortisol to the Body



Cortisol - The Stress Hormone

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# Well-Being: Surviving Day by Day

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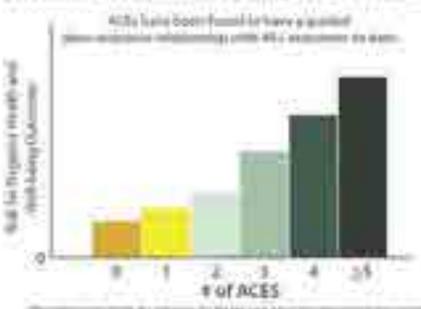


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Association between ACEs and Negative Outcomes



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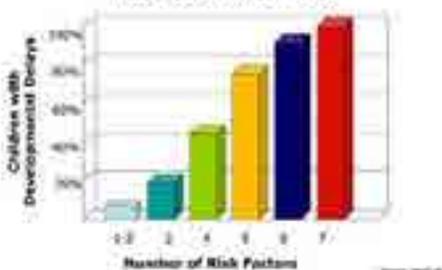
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Center for the Developing Child

Significant Adversity Impairs Development in the First Three Years



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**Spokane Washington** 

**Students with 3 or more ACEs:**

- Are 2 ½ times more likely to fail a grade
- Score lower on standardized tests
  - Have language difficulties
- Are suspended or expelled more
- Are designated to special education more frequently
  - Have poorer health

Courtesy of Chris Blodgett, PhD  
Washington State University

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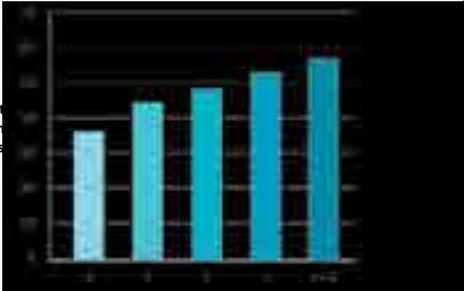
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**ACEs and Relationship Problems**   
(Divorce, Family Problems, Sexual Dissatisfaction)



ACE Score

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© 2013

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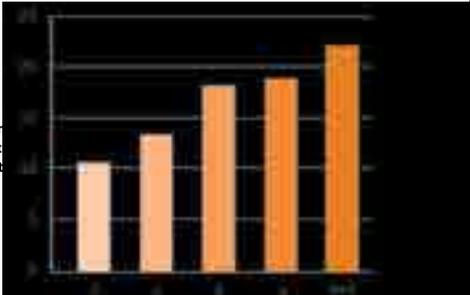
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**ACEs and Financial Instability** 



ACE Score

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© 2013

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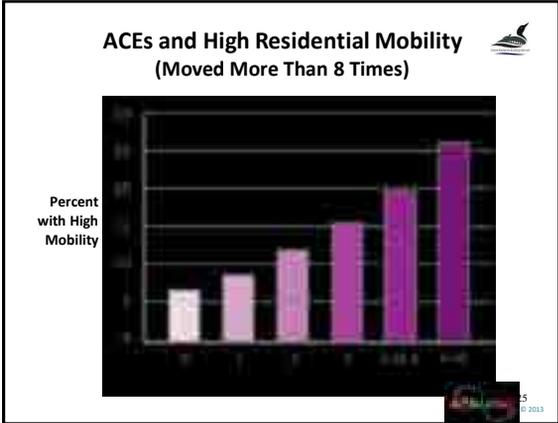
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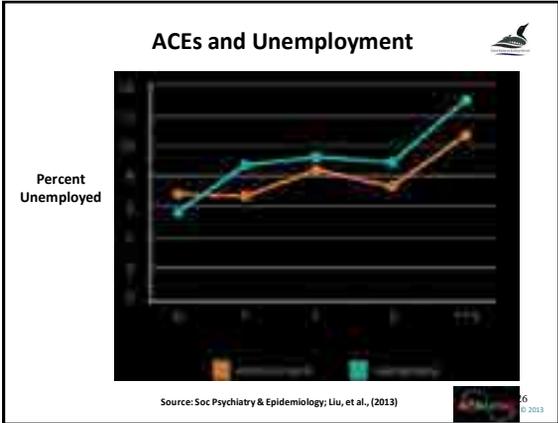
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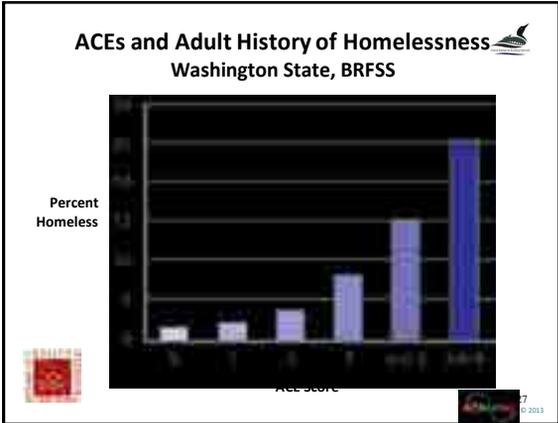
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Courtesy of Chris Blodgett, PhD  
Washington State University

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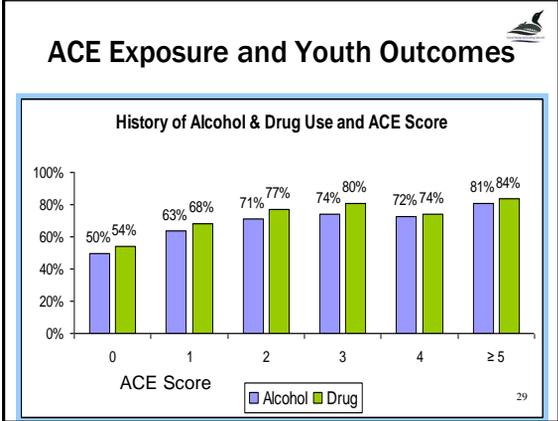
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**MAINE-SPECIFIC DATA:  
SUPPORTING, GUIDING OUR EFFORTS,  
PRIORITIES AND EVALUATION**

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**The Child and Adolescent Health Measurement Initiative**



Bethell, CD, Davis, MB, Gombojav, N, Stumbo, S, Powers, K. Issue Brief: A national and across state profile on adverse childhood experiences among children and possibilities to heal and thrive. Johns Hopkins Bloomberg School of Public Health, October 2017. <http://www.cahmi.org/projects/adverse-childhood-experiences-aces/>

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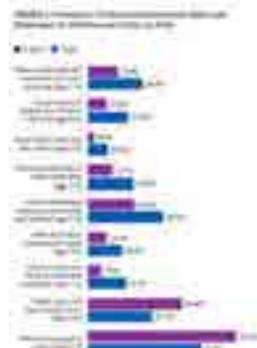
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**Adverse Childhood Experiences can result in difficulties in self-soothing, self regulation, social and play relationships and school engagement and success.**

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**Adverse Childhood Experiences Among Maine High School Students**

A First Look at the 2017 MIYHS Data

Reid Plimpton- MIYHS Project Coordinator, Maine CDC, Medical Care Development  
Fleur Hopper- Maternal and Child Health Epidemiologist USM, Maine CDC  
11/3/17

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### MIYHS Background

Depending on the survey module, the survey covers the following topics:

- Knowledge, information and skills
  - Planning
  - Preparedness
  - Safety
    - Evacuation
    - Communication
    - Decision-making
    - Knowledge of hazards
  - Resources available
- Personal activities
  - Insurance
  - Medical facilities
  - Hazardous materials
    - Safe conditions
    - Hazardous materials (chemical, biological)
  - Health
    - Mental/Emotional
    - Physical/Fitness

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### MIYHS ACE question

- Question asked for first time in 2017 FHS survey
- MIYHS ACE question includes similar items to those in the original ACEs study
- ACE score includes responses to separate questions on **school / work** and **community activities at home**
- Did not include **parental substance abuse**, but planning to include in 2019 survey

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### ACE question wording

Please take or **circle** the following on Page 14 of FHS Supplement to your 2017 FHS survey data (attached to page):

- How often do you get stressed or worried?
  - 1
  - 2
  - 3
  - 4
  - 5
- How often do you feel sad or lonely?
  - 1
  - 2
  - 3
  - 4
  - 5
- How often do you have trouble getting along with others?
  - 1
  - 2
  - 3
  - 4
  - 5
- How often do you have trouble getting along with your family?
  - 1
  - 2
  - 3
  - 4
  - 5

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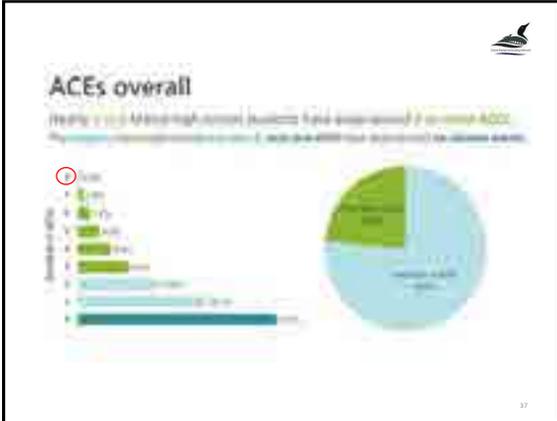
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**2017 MAINE INTEGRATED YOUTH HEALTH SURVEY**  
 High School Detailed Report - Maine (weighted)  
 Percentage of students who have reported 2 or more Adverse Childhood Experiences (ACEs)

County	Total			Female			Male		
	%	Q1	Q3	%	Q1	Q3	%	Q1	Q3
Androscoggin County	21.9%	15.7%	27.1%	20.4%	15.7%	24.7%	23.2%	14.9%	31.5%
Aroostook County	18.4%	11.8%	25.0%	18.7%	11.8%	25.0%	17.1%	11.4%	23.8%
Cumberland County	18.8%	11.7%	26.0%	17.1%	11.7%	23.8%	20.5%	15.7%	27.1%
Hancock County	23.1%	11.7%	34.5%	21.7%	11.7%	31.5%	24.5%	12.4%	37.1%
Hennepin County	20.7%	14.9%	26.5%	19.2%	14.9%	23.8%	22.1%	14.9%	30.4%
Kennebec County	24.8%	14.9%	34.5%	23.2%	14.9%	31.5%	26.5%	14.9%	37.1%
Kennebunk County	21.4%	14.9%	28.5%	19.8%	14.9%	23.8%	23.1%	14.9%	31.5%
Knox County	21.4%	14.9%	28.5%	19.8%	14.9%	23.8%	23.1%	14.9%	31.5%
Lanark County	20.7%	14.9%	26.5%	19.2%	14.9%	23.8%	22.1%	14.9%	30.4%
Oxford County	20.7%	14.9%	26.5%	19.2%	14.9%	23.8%	22.1%	14.9%	30.4%
Piscataquis County	21.4%	14.9%	28.5%	19.8%	14.9%	23.8%	23.1%	14.9%	31.5%
Penobscot County	21.4%	14.9%	28.5%	19.8%	14.9%	23.8%	23.1%	14.9%	31.5%
Sagadahoc County	20.7%	14.9%	26.5%	19.2%	14.9%	23.8%	22.1%	14.9%	30.4%
Somerset County	21.4%	14.9%	28.5%	19.8%	14.9%	23.8%	23.1%	14.9%	31.5%
Waldo County	21.4%	14.9%	28.5%	19.8%	14.9%	23.8%	23.1%	14.9%	31.5%
Washington County	21.4%	14.9%	28.5%	19.8%	14.9%	23.8%	23.1%	14.9%	31.5%
York County	21.4%	14.9%	28.5%	19.8%	14.9%	23.8%	23.1%	14.9%	31.5%

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**2017 MAINE INTEGRATED YOUTH HEALTH SURVEY**  
High School Detailed Report - Maine (weighted)  
Percentage of students who have reported 3 or more Adverse Childhood Experiences (ACEs)

	Total		Female		Male	
	N	%	N	%	N	%
Total	45,415	20.4%	24,852	22.8%	20,563	18.2%
<b>Age</b>						
11 or younger	1,496	22.8%	1,496	22.8%	0	0%
12	2,647	20.1%	1,496	22.8%	1,151	17.8%
13	2,893	20.4%	1,496	22.8%	1,397	20.8%
14	2,829	20.3%	1,496	22.8%	1,333	19.7%
15 or older	10,354	22.7%	5,870	26.2%	4,484	20.9%
<b>Grade</b>						
Grade 9	1,496	22.8%	1,496	22.8%	0	0%
Grade 10	2,647	20.1%	1,496	22.8%	1,151	17.8%
Grade 11	2,893	20.4%	1,496	22.8%	1,397	20.8%
Grade 12	2,829	20.3%	1,496	22.8%	1,333	19.7%

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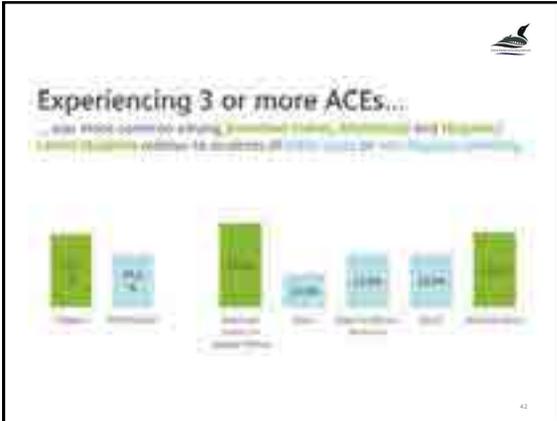
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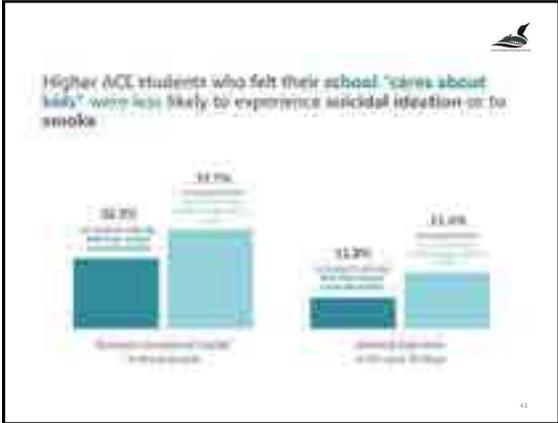
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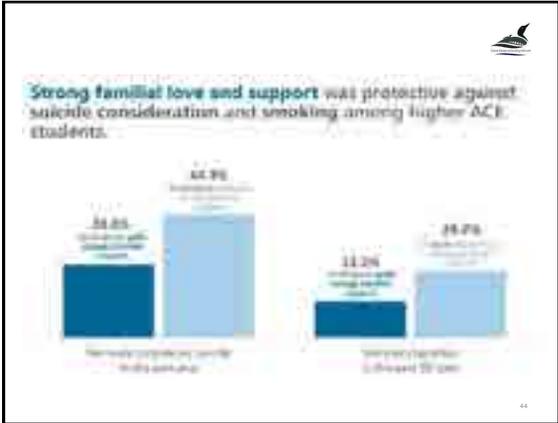
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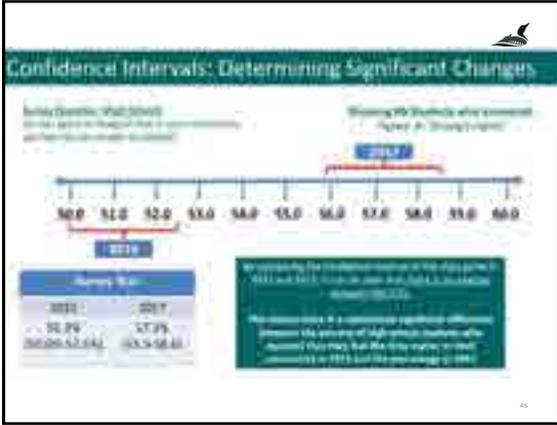
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**2017 MAINE INTEGRATED YOUTH HEALTH SURVEY**  
**High School Detailed Report - Maine (weighted)**  
 Do you agree or disagree that in your community you feel like you matter to people? (n=7814)  
 Percentage of students who answered Strongly agree or Agree

County	%	Total		Female		Male			
		CI	N	CI	N	CI	N		
Androscoggin County	53.2%	50.2% - 56.2%	1,312	58.0%	50.2% - 65.8%	670	54.8%	48.0% - 61.8%	1,142
Aroostook County	50.0%	48.0% - 52.0%	1,341	49.8%	50.0% - 51.0%	510	54.0%	50.0% - 58.0%	1,291
Cumberland County	52.0%	50.0% - 54.0%	8,700	50.8%	50.0% - 51.0%	3,110	54.0%	51.0% - 57.0%	5,590
Hancock County	54.0%	54.0% - 54.0%	710	53.8%	54.0% - 54.0%	350	57.0%	53.0% - 61.0%	360
Hennepin County	50.0%	50.0% - 50.0%	1,200	50.0%	50.0% - 50.0%	600	52.0%	50.0% - 54.0%	600
Kennebec County	51.0%	50.0% - 52.0%	1,200	50.0%	50.0% - 51.0%	600	51.0%	50.0% - 52.0%	600
Knox County	50.0%	50.0% - 50.0%	600	50.0%	50.0% - 51.0%	300	54.0%	50.0% - 58.0%	300
Lewiston County	50.0%	50.0% - 50.0%	700	50.0%	50.0% - 51.0%	350	52.0%	50.0% - 54.0%	350
Oxford County	50.0%	47.0% - 53.0%	1,000	48.0%	50.0% - 51.0%	500	54.0%	50.0% - 58.0%	500
Piscataquis County	50.0%	51.0% - 49.0%	1,000	50.0%	50.0% - 51.0%	500	54.0%	50.0% - 58.0%	500
Sagadahoc County	51.0%	51.0% - 51.0%	200	50.0%	50.0% - 51.0%	100	53.0%	50.0% - 56.0%	100
School Administrative Districts	50.0%	50.0% - 50.0%	700	50.0%	50.0% - 51.0%	350	51.0%	50.0% - 52.0%	350
Somerset County	50.0%	47.0% - 53.0%	1,100	48.0%	50.0% - 51.0%	550	57.0%	53.0% - 61.0%	550
Waldo County	50.0%	48.0% - 52.0%	600	49.0%	50.0% - 51.0%	300	52.0%	49.0% - 55.0%	300
Washington County	50.0%	49.0% - 51.0%	800	49.0%	50.0% - 51.0%	400	54.0%	50.0% - 58.0%	400
York County	50.0%	51.0% - 49.0%	1,100	50.0%	50.0% - 51.0%	550	53.0%	50.0% - 56.0%	550

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**2017 MAINE INTEGRATED YOUTH HEALTH SURVEY**  
**High School Detailed Report - Maine (weighted)**  
 Do you agree or disagree that in your community you feel like you matter to people? (n=7814)  
 Percentage of students who answered Strongly agree or Agree

Sexual Orientation	%	Total		Female		Male			
		CI	N	CI	N	CI	N		
Gay	54.0%	52.0% - 56.0%	1,100	58.0%	52.0% - 64.0%	550	56.0%	50.0% - 62.0%	550
Lesbian	43.0%	41.0% - 45.0%	600	42.0%	43.0% - 44.0%	300	47.0%	43.0% - 51.0%	300
Bisexual	51.0%	49.0% - 53.0%	1,000	51.0%	50.0% - 52.0%	500	50.0%	49.0% - 51.0%	500
Transgender	43.0%	41.0% - 45.0%	600	42.0%	43.0% - 44.0%	300	47.0%	43.0% - 51.0%	300
Not sure	34.0%	32.0% - 36.0%	1,100	35.0%	34.0% - 36.0%	550	33.0%	32.0% - 34.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% - 38.0%	550
Not sure	38.0%	36.0% - 40.0%	1,100	37.0%	36.0% - 38.0%	550	39.0%	38.0% - 40.0%	550
Not sure	36.0%	34.0% - 38.0%	1,100	35.0%	34.0% - 36.0%	550	37.0%	36.0% -	





# ACEs ARE PREDICTIVE BUT NOT DETERMINATIVE!

*The key is knowledge about the science, recognizing these experiences in our own lives and in the lives of others, and to develop ways to support people through trauma through relationships. Ultimately, we can't erase the trauma – but we can help one another become “unbothered” by what happened to them.*

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# Relationships with caring and competent PEOPLE ARE VITAL contributors to resilience & recovery

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**So, Who are These People?**

**Parents/Caregivers**

**The Rest of Us**

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**HELLO  
I AM...  
SOMEONE WHO  
CAN HELP!**

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**Guiding Principles in Action:  
Trauma and Resilience Informed Living**

**Relationships are KEY**  
*Compassion, Empathy, Non-judgmental, Respect*  
*Promotes Safety, Trustworthiness, Empowerment, Choice, Collaboration*  
 Gain essential trust by maintaining appropriate boundaries  
*Communicate clearly and follow through*

**WHAT HAPPENED TO YOU?**

Recognize that problem behaviors are often ways of coping with painful circumstances or as a stress response to past trauma

**Encourage a positive sense of identity, resiliency, goals and recovery**  
*Consistent policies and reasonable expectations*  
*Respect for cultural norms*

Source: Child & Family Professional - Fall 2011, Anabela Perez, Executive Director, THRIVE: A Trauma-Informed System of Care, Maine (Adapted for use by MRBN)

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**Our Mission is to promote resilience in all people by increasing understanding of the impacts of traumas and stressors such as Adverse Childhood Experiences and the importance of protective factors like positive relationships.**

**We aim for a comprehensive, cross-sector, and systematic approach to foster education, awareness and action.**

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**About MRBN**

- Quarterly MRBN Meetings – 5<sup>th</sup> Thursday of the month (when that occurs), usually held in Waterville 9:00 a.m. - 1:30 p.m.
  - Professional Development presentation
  - MRBN Updates, committee work and relevant information to our work
  - Networking with others from across the state
- On-site, phone and e-mail Training and Technical Assistance to support ACEs-related initiatives, resilience promotion, teaming, etc.
- Website, Biennial Conferences, Newsletter
- Facilitated access to national resources as well as in-state opportunities and network partners
- Advocate for trauma informed, resilience based dialogue and responsible public policies and expenditures

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**Resources:**

- MRBN Membership – Resources & Good Works featuring Maine efforts statewide
- Library of Resources (on line) and articles by request
- Train The Trainer Effort, focused on:
  - General community/Families
  - Helping/Service Organizations
  - Early Care and Schools
  - Business, Civic Organizations, Clergy, Municipalities
  - Law Enforcement/First Responders
- Paper Tigers/Resilience screenings and facilitated discussions

<http://www.acesconnection.com/collection/growing-resilient-communities-2-0>

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Sue Mackey Andrews  
 Maine Resilience Building Network  
 3 Shore Road North  
 Dover-Foxcroft, Maine 04426  
 Home: (207) 564-7835  
 Cell: (207) 408-8040  
[maineaces@gmail.com](mailto:maineaces@gmail.com)

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### Unresolved ACEs: Potential Impact Upon Morbidity and Mortality



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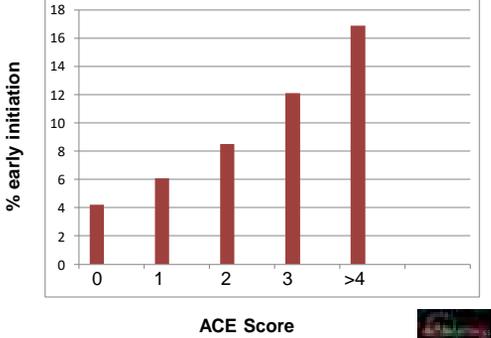
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ACE Score and Early Initiation of Alcohol Use (by age 14)



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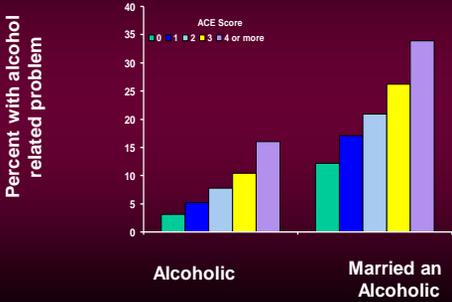
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The ACE Score... Alcohol Use and Abuse



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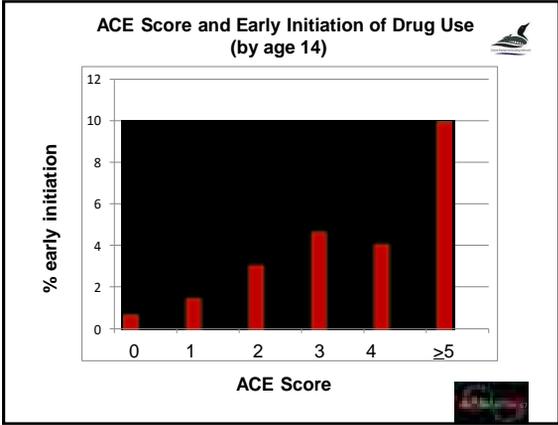
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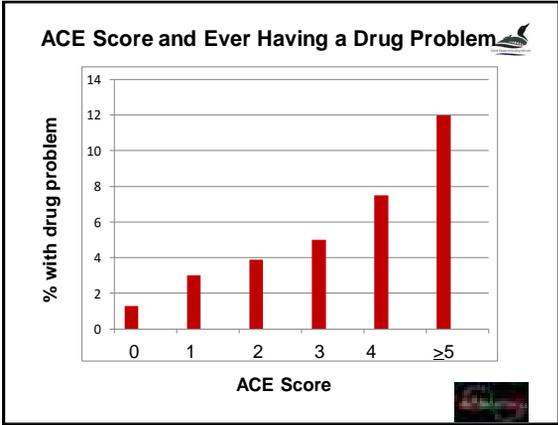
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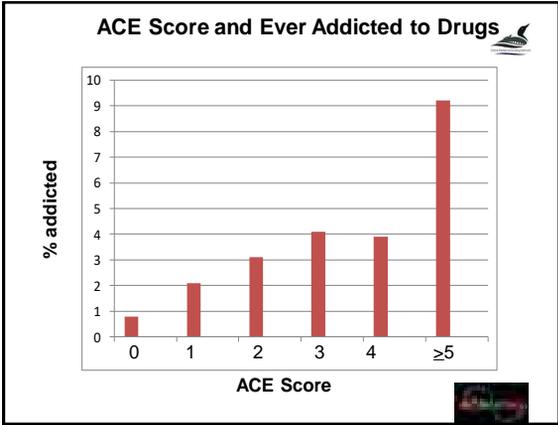
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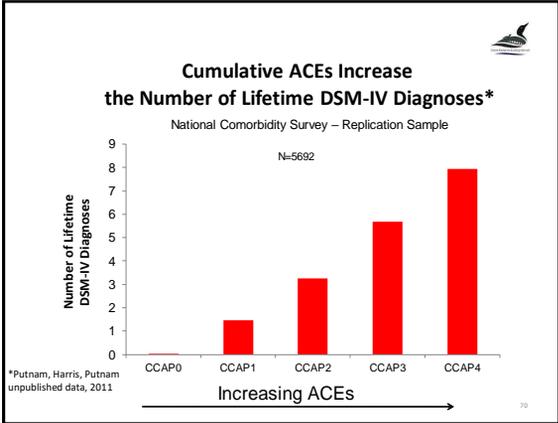
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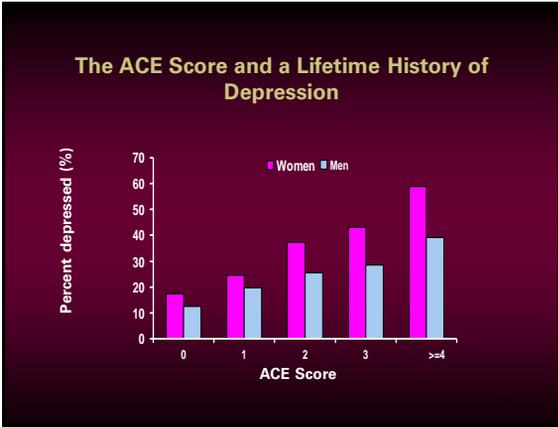
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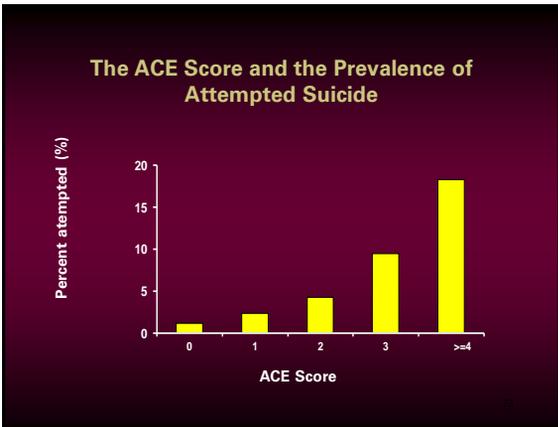
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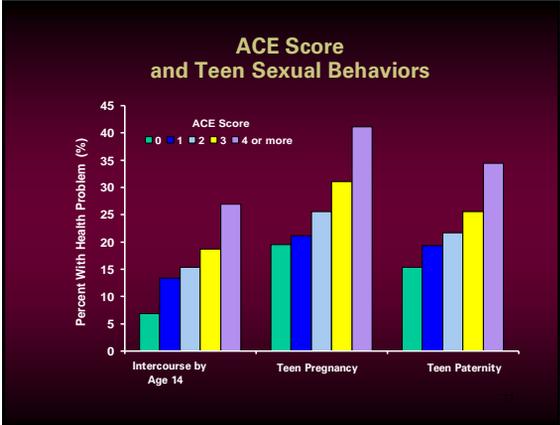
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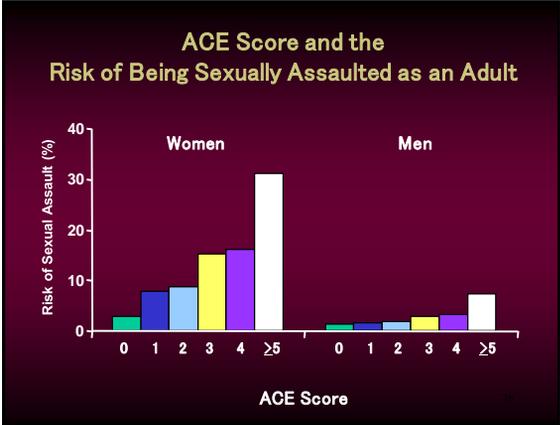
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## Adverse Childhood Experiences Work at the District Coordinating Council Level

State Coordinating Council for Public Health  
March 15, 2018

Paula Thomson  
Central Public Health District Liaison  
paula.thomson@maine.gov  
207-592-3516



## Adverse Childhood Experiences (ACEs) Work at the District Coordinating Council Level

- 1) Central DCC Process of Choosing ACEs as a Public Health Improvement Priority
- 2) Current DCC Efforts
- 3) Central DCC Challenges & Opportunities

## Planning for District Health Improvement (DPHIP)

DPHIP Purpose:

- 1) **Improve health of district residents**
- 2) **Improve the district public health system**
- 3) **Inform the State Health Improvement Plan**



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## Using Data to Select Central DPHIP Priorities

**Presentation & discussion of district data from the Shared Community Health Needs Assessment**  
 +  
**Additional information on preliminary priorities**  
 +  
**Local Public Health System Assessment**

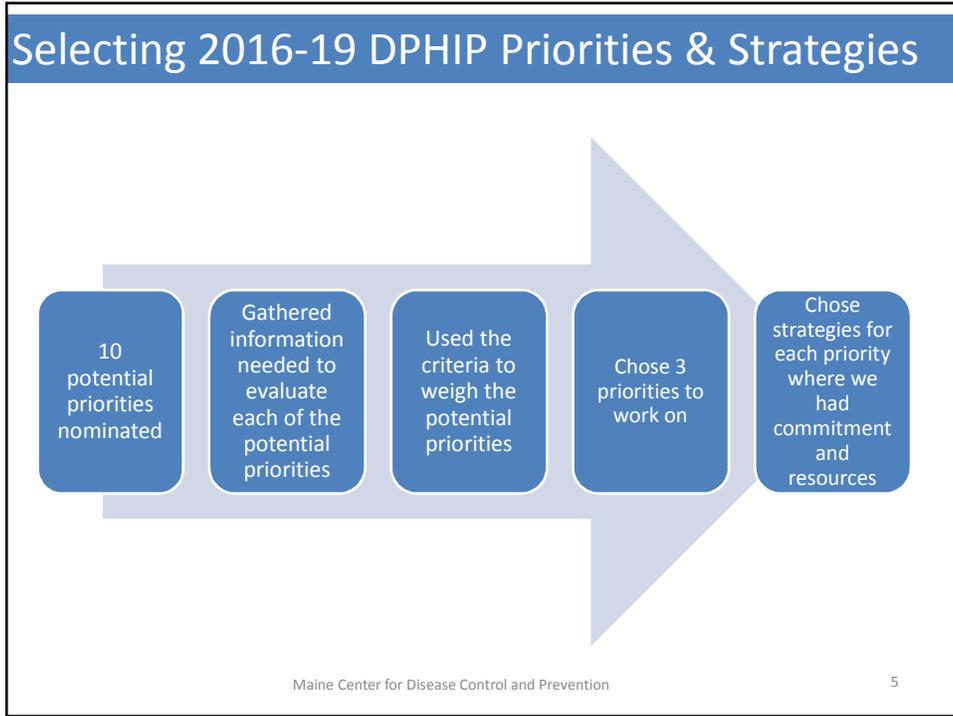


Central DCC Guiding Principles/Criteria:

- Maximize impact & use of limited resources
- Use evidence based strategies & population-based interventions
- Involve multiple sectors
- Address district disparities
- Strengthen & assure accountability (measurable)
- Best addressed at the district level
- Focus on prevention
- Data driven

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## Getting to ACEs & Resiliency...

priority	EMHS	Health Reach	Inland	Maine General	Maine Health	RFGH	SVH	DCC 2011-13	DCC 2013-15	DCC 2016-19 preliminary	DCC 2016-19 final
Access to care											
Adverse childhood experiences											
Cancer deaths											
Cardiovascular disease											
Chronic disease											
Communication											
Community engagement all pops											
Food system/insecurity/hunger											
Inspire healthy communities											
Mental Health											
Mobilize community partnerships											
Obesity/Physical Activity/Nutrition											
Oral Health											
Perception of harm or marijuana											
Preventable Hospitalizations											
Poverty											
Seniors											
Substance Abuse											
Tobacco											
Transportation											
Vaccination											

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## 2016-19 DPHIP - ACEs

### **Goal = Reduce ACEs and Increase Resilience**

- 1) Increase the (multi-sector) knowledge of the health impact of ACEs
- 2) Increase the appropriate use of ACEs screening tools
- 3) Increase the number of professionals trained in and using practices that develop resilience

### **Strategies:**

- Assess and analyze current knowledge of the health impact of ACEs
- Create a plan to increase awareness of the health impacts of ACEs (draft completed)
- Assess the current use of ACEs screening tools
- Create a plan to increase the appropriate use of ACEs screening tools (draft completed)
- Provide training on health impacts of ACEs and value of ACEs screening
- Assess number of professionals using practices that develop resilience
- Plan, promote, and offer 3-6 resilience trainings in locations throughout the District

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## 2018-19 DPHIP Adaptations - ACEs

### **3) Increase the number of school and community groups trained in and using practices that develop resilience**

- ▶ Conduct district environmental scan
- ▶ Figure out how to describe/talk about this to all sectors
- ▶ Create a district web resource (= UWMM's website)
- ▶ Share success stories & how-to's
- ▶ Find resources for education/communication/messaging & basic line of trainings, easily contextualized for the specific audience

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### ACEs and Resiliency Focused/Informed Programs in the Central District

<ol style="list-style-type: none"> <li>1) Brief Description of program/activity</li> <li>2) Key goals/outcomes of program</li> <li>3) Target population</li> <li>4) Area covered</li> <li>5) Requirements to access the program</li> <li>6) Who's the lead/contact</li> <li>7) Indicators/goals</li> </ol>	<ol style="list-style-type: none"> <li>8) Timeframe/duration</li> <li>9) Funding source</li> <li>10) Link(s) to more info</li> <li>11) Data &amp;/or evidence base notes</li> </ol>
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### ACEs and Resiliency Focused/Informed Programs in the Central District - examples

Youth Homelessness Initiative - UWMM	Healthy-body healthy-mind classes, MGH	ACEs training for law enforcement - HCCA
Waterville Senior High School ACEs team	HNK school resource officers +coalition ACEs training	Family Dinner Project-HCCA
MGH Clinical staff support	MGMC gratitude journaling	Prime for Life classes
KBH mindfulness outreach	KBH staff meeting success stories	WIC staff training
DFC Grantees Trainings	Poverty Action Committees	Resilience-Building Days in schools

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## We've Learned...

- ▶ An inclusive cross-sector public health approach needs a common language that doesn't alienate or offend, but still conveys importance & urgency
- ▶ Barriers to training are time and funding, not willingness or lack of awareness of need
- ▶ Inflexible curricula and billing criteria are significant barriers
- ▶ Because of lack of time, funding, and consistent assistance, focus needs to be on specific actions
- ▶ This work corresponds well with DFC grant work

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## Other DCCs' DPHIPs -- ACEs & Care for Children

**Western DCC** – ACEs DPHIP Priority, on hold

**Cumberland DCC** -- Care for Children 0-6 Years of Age DPHIP Priority

City of Portland Maternal Health Unit:

- Enhanced pre and post-natal care for caregivers and newborns by providing cultural competency training to 23 visiting home health working with vulnerable populations
- Increase breast-feeding rates at 6 months by producing and disseminating:
  - 1,800 "Benefits of Breast-feeding" in five languages
  - 800 "1-2-3 Latch" brochures in five languages
- Encourage employer support of breast-feeding mothers by creating a scan of local area policies and providing technical assistance and materials to employers identified through scan as requiring assistance

+ will consider through strategic planning activity & potential UNE capstone project

**Penquis DCC** – ACEs was former 2014-16 DPHIP Priority

- Held ACEs & Resilience trainings for helping professionals

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# Preventive Health and Health Services Block Grant Update



# F2017 – Spending began October 1, 2017

<b>Program Area</b>	<b>original</b>	<b>revised</b>
Community Based Prevention	30%	30%
Epidemiology	30%	33%
Prenatal Substance Use	7%	5%
Accreditation	29%	28%
Sexual Assault Prevention	2%	2%
Administration	2%	2%

# Proposed Changes:

- Reduced expenditures in :
  - Infectious disease epidemiology due to availability of other grant funds and delays in OIT approvals and costs.
  - Lead testing registry costs (other funds were available).

# Proposed Changes:

- Increases funding for :
  - USM epidemiology, for the 3 month extension of that contract.
  - BRFSS (small increase)
- These are changes in the timing of expenditures, which will give more flexibility for F2018 Funding

**NEED VOTE**

# Status for FY2019:

- No allocation announcement.
  - This usually is not issued until the final Federal budget is passed.
  - We anticipate a request for a 30 day turnaround.
  - Therefore, we may request approval for a finalized budget via e-mail.
  - We will also be holding a public hearing soon.

**NEED VOTE**

# F2018 – Spending to begin October 1, 2018

<b>Program Area</b>	<b>F2017</b>	<b>F2018</b>
Community Based Prevention	30%	37%
Epidemiology	33%	30%
Prenatal Substance Use	5%	5%
Accreditation	28%	25%
Sexual Assault Prevention	2%	2%
Administration	2%	2%

# Questions?

Nancy Birkhimer,  
Accreditation and Performance Improvement  
Nancy.birkhimer@maine.gov



## **Developmental screening increases by ten-fold**

### Public Health Problem:

“Luc” was administered the Survey of Well-being of Young Children (SWYC) by a social worker during his 18-month well-child checkup (WCC) in a Maine pediatric practice. The family had previously been in the family shelter and mom was very frustrated with her ability to care for him. She felt like his tantrums were disrupting the whole family; as a sole caregiver, she felt burnt out and exhausted. On the SWYC, there were signs of an expressive and receptive language delay. Mom also expressed concerns about her ability to respond to her child’s behaviors; she was hesitant to take him out in public and felt isolated.

Luc was referred to Child Developmental Services (CDS) in the Maine Department of Education, but they were unable to reach the family. Because of the Developmental Screening Integration Program, information releases allowed the pediatric practice to work with CDS to put services in place for Luc and his family. In partnership with the service coordinator for CDS, the pediatric social worker met regularly with mom to support her mental health.

Unfortunately, not all children receive the screening or referrals that Luc did. In 2011, only 3% of one-year-olds on MaineCare were screened. Screening rates for two-year-olds, and infants under 1 year were even lower.<sup>1</sup> And of those screened not all were successfully connected to services.

Early screening for developmental delays and autism spectrum disorder allows for interventions when they are the most effective.<sup>2</sup> This screening and intervention can prevent long-term special education costs for some children, link parents to supports early and improve the management of developmental delays and autism spectrum disorders. In Maine, medical practices, home visiting programs, Head Start and public health nursing all provide opportunities for screening.<sup>3</sup> Initial and periodic screening is particularly important for low-income children, which are at greater risk for developmental delays.<sup>4</sup>

### Taking Action:

To increase screening rates, Maine Quality Counts (MQC) led partners in the Developmental Systems Integration (DSI) initiative. Providers of early childhood health and education services coordinated efforts to improve screening and referrals. These partners included Head Start, other child care providers, the Maine Department of Education, Maine CDC Public Health Nursing, primary care providers, Maine Family Home Visiting and United Way.

MQC developed recommendations for screening tools based on partners’ feedback and evidence-based practices. Using PHHS BG funds, MQC offered providers training, technical assistance and awareness tools to share with parents. Providers adopted protocols to integrate screening and referrals into WCCs and improved communication between providers.

### Impact:

At his 24 month WCC, Luc had made significant progress in speech and mom felt better equipped to handle challenging behaviors at home. By September 30, 2016, developmental screening rates for children increased to 25%, 30% and 21% for children under one year of age, one year olds, and two year olds, respectively.<sup>5</sup>

Though there has been significant progress made, there is a continued need for additional provider education and outreach. In 2016, “promoting readiness to learn and succeed” was selected as one of seven priorities for the Maternal and Child Health Block Grant <sup>6</sup>, and work with MQC on developmental screening is continuing with that funding.

### Footnotes

- (1) Developmental Screening Integration quarterly report, Maine Quality Counts, submitted to Maine CDC, August 8, 2017.
- (2) Child development: Developmental Monitoring and Screening, US Centers for Disease Control and Prevention, <https://www.cdc.gov/ncbddd/childdevelopment/screening.html>, accessed January 31, 2018.
- (3) Developmental Systems Integration Presentation for PHHS BG Compliance Visit, Maine Quality Counts, April 26, 2017.
- (4) School Readiness Matters: Research Confirms and Citations, the Campaign for Grade-Level Reading, [http://gradelevelreading.net/wp-content/uploads/2014/06/School-Readiness-Matters-Research-Confirms-and-Citations-r2\\_KC.pdf](http://gradelevelreading.net/wp-content/uploads/2014/06/School-Readiness-Matters-Research-Confirms-and-Citations-r2_KC.pdf), accessed January 31, 2018
- (5) Developmental Screening Integration quarterly report, Maine Quality Counts, submitted to Maine CDC, August 8, 2017.
- (6) Maternal and Child Health Services Title V Block Grant, Maine FY 2017 application, submitted July 15, 2016.

### Quote:

“DSI provides medical practices and community partners with tools and technical assistance to effectively and consistently provide developmental screening. Through DSI comes the accountability and collaboration that motivates health practices to develop regular workflows for developmental screenings. Furthermore, DSI builds cross sector relationships that build shared agendas and quality improvement projects and ultimately, improve coordination of services for families.”

– Gita Rao, MD, pediatrician, Greater Portland Health



# Statewide Coordinating Council for Public Health District Coordinating Council Update

<b>District: Aroostook District</b>	<b>Date: March 9, 2018</b>
<p><b>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: <a href="http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml">http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</a></b></p> <ul style="list-style-type: none"> <li>➤ Facilitated transportation planning discussion with Northern Maine Development Commission</li> <li>➤ Dates of note in Aroostook District: <ul style="list-style-type: none"> <li>• Next DCC Meeting: May 2, 2018</li> <li>• Next Shared Community Health Needs Assessment (CHNA) Community Engagement planning meeting: April 4, 2018</li> <li>• Next Access to Care committee Meeting: April 26, 2018</li> </ul> </li> </ul>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>➤ Continued work on Standard Operating Procedures</li> <li>➤ Definition of next steps to further improve DCC functionality and Member benefit</li> </ul>	
<p><b>Progress with District Public Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>➤ Recovery Aroostook, Aroostook Mental Health Center, and Cary Medical Center collaborated with other community partners to open a Recovery Center in the former Catholic Charities building in Caribou. AMHC will also be providing professional support to a similar center scheduled to begin operations later this year in Houlton.</li> </ul>	
<p><b>Structural and Operational changes, including updates in membership.</b></p> <ul style="list-style-type: none"> <li>➤ Steering Committee newly (re) elected: Dr. Rachel Albert, Chair (UMFK); Joy Barresi Saucier, Vice Chair (Aroostook Agency on Aging); Laura Turner (TAMC); Vicki Moody (Houlton Regional Hospital); Leah Buck (NMCC); Carol Bell; Greg Disy (AMHC); Susan Bouchard (FRRH)</li> <li>➤ Tammy Gagnon, Executive Director, Aroostook Regional Transportation System (ARTS) will assume the seat vacated by D. Donovan upon his retirement</li> <li>➤ The DCC steering committee will be revisiting the structure/membership of the 3 ad hoc subcommittees originally convened to determine DPHIP priority area objectives and activities</li> </ul>	
<p><b>In-district or multi-district collaborations:</b></p> <ul style="list-style-type: none"> <li>➤ Continued work on behavioral health integration project with Access to Health Committee</li> </ul>	
<p><b>Other topics of interest for SCC members: None to report this quarter</b></p>	

District Name : Aroostook

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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

<b>District: Central</b>	<b>Date: March 15, 2018</b>
<p><b>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:</b>  <a href="http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml">http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</a> At the February 27 DCC meeting we heard updates from our SCC Representative, DCC workgroups, district Field Epidemiologist, and meeting attendees. LeeAnna Lavoie, Director of Prevention Services, and Nicole Poulin, Office Coordinator, from MaineGeneral Health, and Jim Wood, Transportation Development Director from KVCAP, presented on District-Wide Prevention Messaging displayed on monitors on the Kennebec Explorer buses; and discussed with the group how to add additional messages and create a district library of messages for us all to use in different settings. Then Elizabeth Barron, President and CEO of the United Way of Mid-Maine, and Danielle Denis from Somerset Public Health highlighted current ACEs/Resiliency Initiatives, and explained the DCC effort to do a Central District environmental scan of ACEs and Resiliency-Focused Work to Improve Public Health. Participants added their work to the inventory, volunteered to help, and identified next steps.</p>	
<p><b>Ongoing or upcoming projects or priority issues:</b> refining strategies and workgroup charges to reflect loss of funding for DPHIP implementation; coordination with hospital Implementation Strategies and the coming new round of Shared CHNA; District-Wide Prevention Messaging to priority populations, MGMC/District Oral Health Implementation Grant Community Health Worker (CHW) expansion to whole district and increasing/sustaining resources for community health workers; transportation services and volunteer efforts; recruiting/maintaining sector membership; coordinating with recipients of the Maine Prevention Services contracts; vulnerable populations HAN; ongoing sustainability of successful initiatives</p>	
<p><b>Progress with District Public Health Improvement Plan (DPHIP):</b> <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"> <li>▶ 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</li> <li>▶ Establish and implement DCC Vaccination Workgroup and communication network – ongoing</li> <li>▶ The Adverse Childhood Experiences (ACEs) Workgroup was asked to re-convene and assist with district Drug-Free Communities (DFC) grantees’ school and community efforts to build resiliency</li> <li>▶ DCC Leadership has been reviewing workgroup charges and possible partnering alternatives to determine how to proceed with the elimination of funding</li> </ul> <p><i>Successes achieved</i></p> <ul style="list-style-type: none"> <li>▶ District Oral Health Grant increased to expand Community Health Worker services to cover the whole district – 37 children connected to dental appointments this quarter with outreach to/referrals from district pediatric practices, school nurses, Maine Families, KVCAP, WIC, and the Children’s Center</li> <li>▶ ACEs Workgroup began environmental scan of community and school efforts in the district</li> <li>▶ District-Wide Prevention Messaging Workgroup expanded and identifying spring message loops</li> <li>▶ <i>Let’s Go</i> contractors and DCC partners met to discuss district needs</li> </ul> <p><i>Barriers encountered</i></p> <ul style="list-style-type: none"> <li>▶ Volunteers for DCC initiatives are reporting that they are increasingly being asked to serve beyond the scope of their funding sources</li> <li>▶ The Substance Use/Mental Health Workgroup has identified creating recovery supports as a priority yet does not have resources or grassroots engagement to advance the priority</li> </ul>	

**Structural and Operational changes, including updates in membership:** adding Alternate Membership to DCC Bylaws; updating Committee/Workgroup charges; ongoing review of membership and adjusting to turnover/filling gaps in sector representation; filling school nurse gaps in Vaccination Workgroup coverage

**In-district or multi-district collaborations:** Oral Health Grant; District-Wide Prevention Messaging/PICH Communications Sustainability, MaineGeneral HRSA application; Senior Transportation and Neighbors Driving Neighbors pilot; Poverty Action Coalition; UWMM and Drug-Free Communities Grant recipients collaboration on ACEs/resiliency

**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.

*Central District*

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3/15/18

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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
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# Statewide Coordinating Council for Public Health District Coordinating Council Update



**District: Cumberland**

**Date: 3/15/2018**

**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:***

At the January 19<sup>th</sup> full Council meeting in Portland, 30 members and interested parties participated. The topic of the meeting was lead exposure prevention and water safety. Speakers included:

**Andy Smith**, *Maine State Toxicologist and Program Manager, Maine CDC's Environmental and Occupational Health Programs*

**Karlene Hafemann**, *City of Portland Lead Prevention Program*

**Michael Koza**, *Portland Water District*

**Sophia Scott**, *Source Water Protection Coordinator for Maine CDC's Drinking Water Program*

Kristen Dow's tenure as Council Chair concluded in January, at the meeting we thanked Kristen for her leadership and engagement, during periods of great change and challenge. At the Council meeting, Zoe Miller was elected to serve as the new Chair. Zoe works with the Greater Portland Coalition of Governments, has been a Council member for many years, chairing the Membership Committee and most recently serving as Vice-Chair.

As Chair, Zoe is hoping to identify cross-cutting issues that could create efficiencies in interventions for the Council.

An Executive Committee meeting took place on February 26<sup>th</sup>. The strategic planning approach was discussed, as well as the election of a new Vice-Chair.

The next full Council meeting is March 16<sup>th</sup> in Portland. Representatives from MaineHealth and Rinck Advertising will present on the prevention services work they are implementing together with local partners. The Council will also begin a strategic planning activity outlined by the Council Chair. A preliminary survey is being sent to membership and a discussion will take place at the March 16<sup>th</sup> Council meeting.

## ***Ongoing or upcoming projects or priority issues:***

The DL continues to provide functional technical support to the CDPHC and EC. A Council Coordinator, Emilee Winn, has been hired to provide part-time administrative and logistical support to Cumberland and York DLs respectively in their work with the Councils.

A key Council project is the strategic planning activity to chart the course of CDPHC after the district public health funding cuts. The questions that will frame the conversation include:

1. What do you see as outstanding public health issues that are not currently being addressed in Cumberland County? In other words, what do you think is falling through the cracks?
2. What do you see as timely opportunities for partnerships and/or coordination that you

# Statewide Coordinating Council for Public Health District Coordinating Council Update



would like to see the CDPHC lead or be part of?

3. What do you think are the most important public health issues for the CDPHC to work on in the next year?

4. Aside from its bimonthly Council meetings, how do you think the CDPHC can engage the public health community in the Cumberland District?

## *Progress with District Public Health Improvement Plan:*

CDPHC will continue to review the DPHIP, while pursuing the strategic planning process, and then adjusting the Council's district public health priorities accordingly.

Council administrative support is compiling resources for oral health in the district, as an outcome of the Oral Health DPHIP working group conversation. This will be reviewed by working group members, and entered into an Eco-Map that will be housed on the Council's new Maine CDC web page, and maintained by the Council Coordinator. This could serve as a pilot for possible additional working group resource snapshots.

## *Structural and Operational changes, including updates in membership:*

The executive Committee plans to update the by-laws to include a permanent position on the Executive Committee for the Fiscal Agent of the Council, which is currently the City of Portland. That seat to be held at present by former Chair, Kristen Dow.

The Executive Committee will also be reviewing the by-laws in order to re-fine rules around members who represent an organization, and then leave their position, but wish to remain active in the Council.

The District Liaison and Council administrative support are preparing an inventory of current membership, in order to assess any gaps in representation by key sectors or community partners.

A new Vice-Chair will be elected by the March 16<sup>th</sup> full Council meeting.

# Statewide Coordinating Council for Public Health District Coordinating Council Update



## *In-district or multi-district collaborations:*

The Cumberland DL is participating in the Community Engagement Advisory Group for the Maine SCHNA, and is represented on the MeSCHNA forum planning committee.

## *Other topics of interest for SCC members:*

N/A

### **22 M.R.S. §412 (2011).**

**A. A district coordinating council for public health shall:**

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# Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2015 (CTG section removed)

District: Down East	Date: March 15, 2018
<p>Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. SCC meeting materials and general information can be found at <a href="http://www.maine.gov/dhhs/mecdc/public-health-systems/scc/index.shtml">http://www.maine.gov/dhhs/mecdc/public-health-systems/scc/index.shtml</a> .</p> <p>District Public Health Council Meetings January 26, 2018 at Mano en Mano Office in Milbridge with twenty-one participants (fifteen in person and six by telephone/Adobe Connect). The agenda action items:</p> <ul style="list-style-type: none"> <li>• Food Insecurity Impacting our Seniors: presentation by Eastern Area Agency on Aging led to a discussion on solutions to current and potential challenges and gaps</li> <li>• Public Health Resource Mapping on Cardiovascular Health priority and Cancer priority</li> <li>• Executive Committee Slate and Approval; Maine Shared Community Health Needs Assessment Process Initial Discussion</li> </ul> <p>March 16, 2018 at Mano en Mano Office in Milbridge: Proposed presentation and discussion on moving forward on initiatives from Partnership for Improving Community Health (PICH) work by Eastern Maine Healthcare System.</p> <p><i>2018 Meetings: 1/26, 3/16, 5/18, 7/20, 9/21 and 11/16</i></p> <p>Executive Committee Meetings February 23, 2018 by conference call</p> <ul style="list-style-type: none"> <li>• Request for new representative to SCC; discuss SCC objectives and organization; Maria <b>Donahue, our current alternate, will serve the remaining time on Helen Burlock's term. We</b> are asking current Executive Committee members to consider being an alternate.</li> <li>• Hanley Undergraduate Intern: this summer we will host our third Hanley Undergraduate Intern, this time working on our cancer projects.</li> <li>• We are transitioning over to Gov.Delivery for district communication.</li> <li>• We have a new council coordinator, Maura Lockwood, who we are sharing with Aroostook and the Tribal Districts.</li> </ul> <p>Progress with District Public Health Improvement Plan:</p> <ul style="list-style-type: none"> <li>• Conduct Eco-Mapping of current public health work being done in the four priorities. Cardiovascular health, cancer, and drug/alcohol use.</li> </ul>	

**Downeast District**

1

March 5, 2018

<sup>1</sup>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
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# Statewide Coordinating Council for Public Health District Coordinating Council Update

Ongoing or upcoming district projects or priority issues:

- Cancer
  - Increase breast cancer screening rates in Washington County
  - Increase radon awareness and testing across district
- Drug and Alcohol Use
  - Community Prevention Pilot in Fishing Workplace (project on hold for summer)
- Mental Health
  - Increase training opportunities in behavioral health for early childhood providers and school staff

Structural and Operational changes, including updates in membership:

- Form Emergency Preparedness Committee
  - In 2018, coordinate regional and community site emergency plan exercises
  - In 2018, develop emergency communication networks

In-district or multi-district collaborations:

- Aging Related Committees at community and county level (Thriving in Place, Aging Task Force, Housing and Transportation, and Wraparound Services)
- Drug/Alcohol Use: Downeast Substance Treatment Network and Washington County Substance Use Response Collaborative
- Food Security Networks (both counties)
- National Diabetes Prevention Program Lifestyle Coaching Program
- Stanford Chronic Disease Self-Management and Chronic Pain Self-Management Programs

Maine Community Health Needs Assessment (Maine CHNA):

- Community Engagement Committees formed and met.
- Initial blackout dates along with potential forum dates submitted.

Questions/Comments for SCC:

Key points to share from Downeast Public Health Council Meetings:

*How do our district priorities relate to our neighboring district's? Is there an opportunity for multiple districts to utilize resources to meet objectives of priorities?*

Downeast District

2

March 5, 2018

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



<b>District: Midcoast</b>	<b>Date: March 15, 2018</b>
<p><b>Brief review of decisions and outcomes from Steering Committee and DCC meetings held since last SCC meeting.</b></p> <p>The Midcoast Public Health Council (MPHC) Steering Committee met on January 16, 2018:</p> <ul style="list-style-type: none"> <li>- Representatives of the Steering Committee, Shared Community Health Needs Assessment (CHNA) hospital leads, and MaineHealth liaison kicked off the Shared CHNA planning process. The group made plans for the upcoming community forums based on observations and best practices from the 2016 forums.</li> </ul> <p>The MPHC met on February 13, 2018:</p> <ul style="list-style-type: none"> <li>- Reid Plimpton, Maine Integrated Youth Health Survey (MIYHS) Coordinator from Maine CDC presented, and led a discussion about, Midcoast and statewide MIYHS data.</li> <li>- District Public Health Improvement Plan (DPHIP) Priority Oversight Committees conducted breakout sessions to discuss progress on DPHIP strategies.</li> <li>- Annual elections for Committee membership and leadership were held.</li> </ul>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>- The Council Coordinator and District Liaison continue work on Council governance, membership, communications plan, and policies/procedures.</li> </ul>	
<p><b>Progress with District Public Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>- DPHIP Oversight committees continue work on strategies. The Elevated Lead Levels committee is focusing on clinical and non-clinical approaches to screening rate improvement. The Obesity committee is working to make sure people are hearing about and are interested in free or low-cost physical activity. The Mental Health committee is convening a panel to explore adult and youth isolation.</li> </ul>	

**Structural and operational changes, including updates in membership:**

- We welcomed three new members (Rachael McCormick, Caer Hallundbaek, and Susan Dupler) to the Council and re-elected three current members (Pinny Beebe-Center, Cathy Cole, and Melissa Fochesato)
- Pinny Beebe-Center, Cathy Cole, and Marianne Pinkham were re-elected to our Steering Committee
- Cathy Cole was elected to serve as chair for one year, replacing Pinny Beebe-Center
- Kate Marone was elected to serve as vice chair for two years, replacing Melissa Fochesato.
- Phoebe Downer joined the Midcoast Public Health Council as its new Council Coordinator. She is a 2017 graduate of Oberlin College with a Bachelor of Arts degree in Neuroscience and a minor in History. As one of four new Council Coordinators, Phoebe will provide support to the Midcoast and Penquis Councils.

**In-district or multi-district collaborations:**

- Waldo Community Action Partners, the MaineCare transportation brokerage, and Maine Department of Transportation public transportation provider in the Midcoast District are convening Civic Transportation Work Groups in the District. The work groups will focus on the advancement and improvement of public transportation in the Midcoast.



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



<b>District: Penquis</b>	<b>Date: March 15, 2018</b>
<p><b>Brief review of decisions and outcomes from Steering Committee and DCC meetings held since last SCC meeting.</b></p> <ul style="list-style-type: none"> <li>- The March 9 DCC meeting was canceled due to weather and the agenda is being moved to June 8 meeting. There will be a presentation of Penobscot and Piscataquis County MYIHS data, a completed eco-mapping project on the district’s obesity priority, and from the District Youth Group.</li> </ul>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>- There is a Hepatitis B Workgroup in Penobscot County because Penobscot has the highest rate of Hepatitis B in the over-40 population in the state. That population was not vaccinated during childhood vaccines. Partners include: Maine CDC MIP, Field Epidemiologist, District Liaison, City of Bangor, Maine Health Equity Alliance, Acadia Hospital, and VNA. The group is increasing access to the vaccine in IV drug users, a high-risk population, through clinics at Acadia Hospital. Planning is underway to add a vaccination clinic at the Maine Health Equity Alliance needle exchange program. We will also increase messaging at those locations with educational material.</li> <li>- City of Bangor, PCHC, EMHS, St. Joe’s, Miller Pharmacy, Bangor Health and Community Services, and Maine CDC held an influenza planning meeting for the Bangor Basketball Tournament. Messaging was created, hand sanitizer was available at the venue, and a press conference was held.</li> <li>- The Penquis DCC Shared CHNA Community Engagement Committee met on February 5. The Committee established preferred dates for the Community Engagement Forums in Penobscot and Piscataquis Counties and submitted them to the vendor for approval. The next meeting will take place in late spring/early summer.</li> </ul>	
<p><b>Progress with District Public Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>- The Penquis DCC has an MPH Candidate that is working on an eco-mapping project focusing on food security and food access which came out of the Obesity focus area of the DPHIP. She is mapping 4 geographic areas in our region along with the services available there.</li> <li>- The eco-mapping project will be presented at the June DCC meeting. The council coordinator will be taking the materials and templates from the obesity work and applying it to the DPHIP focus areas of substance abuse and behavioral health.</li> <li>- The DCC will use the maps to assess gaps, resources, and promising practices.</li> </ul>	

**Structural and operational changes, including updates in membership:**

-New Council Coordinator hired: Phoebe Downer, supporting both Midcoast and Penquis DCCs

**In-district or multi-district collaborations:**

- United Way Community Planning
- EPA Planning Grant-Healthy People, Healthy Communities
- Prevention Service Grant-Maine CDC
- 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
- Save-a-Life Coalition in the greater Lincoln Region
- Substance abuse HRSA Planning Grant-Health Access Network (Lincoln)

**Other topics of interest for SCC members:**

- Hepatitis B
- Influenza

Statewide Coordinating Council for Public Health  
District Coordinating Council Update



District: Western

March 15, 2018

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:*

**January 12, 2018 DCC Meeting** - The focus was on SNAP Education and 5-2-1-0 work that is happening throughout the district:

Healthy Androscoggin – Provided video for the group to watch as an introduction:

[https://www.youtube.com/watch?v=I\\_YMQpzcmj0&feature=youtu.be](https://www.youtube.com/watch?v=I_YMQpzcmj0&feature=youtu.be)

SNAP Education:

Healthy Androscoggin has started a pilot program call the Hunger Vital Signs Program, this program provides a hunger screening through a doctor's office that allows food referrals to be made.

Healthy Androscoggin is also participating on Maine Calling Public Radio with Jennifer Ricks on 1/26/18 at 1pm.

Healthy Oxford Hills has provided SNAP Education outreach and connection to schools and is currently in 44 classrooms throughout 7 schools. The Angus Grey Elementary School is working with a gardening program to implement more fresh fruits and vegetables in more local mom and pop convenience stores.

They are currently working with Dollar General to try to get them on board. The National Convenience Store Association was brought up as a potential resource, as well as, possible letter of support from the DCC.

Healthy Community Coalition of Greater Franklin County reported that the MIHYS dashboard was just updated and that they will soon be hiring a new staff person to fill a SNAP Ed position.

5-2-1-0:

Healthy Oxford Hills – Sarah Carter has been doing outreach to childcare sites, schools and healthcare facilities to promote 5-2-1-0. The Oxford County Wellness Collaborative has a MEHAF funded pilot to focus on building social-emotional learning with Community Concepts. OCWC is crafting a toolkit to focus on tools that may help providers learn about ACEs. It was suggested that the regional person who licenses daycare facilities may be of assistance.

Healthy Community Coalition of Greater Franklin County – no updates at this time

Healthy Androscoggin – Erin explained that HA is utilizing the new Geozone system that Let's Go has put in place and will be seeing how this process works. Healthy Androscoggin has also been doing a Story Walk throughout town in Lewiston. They are trying to keep the walks in a public area due to vandalism.



**February 09, 2018 DCC Meeting - Presentation: UNE Substance Use Prevention Services by Doreen Fournier**

**Prevention Services Update (Substance Use):**

**Healthy Androscoggin (HA) – In October HA worked with Lewiston PD to collect 2,587 pounds of medication; they went into nursing homes to collect medications. One of the challenges HA shared was that Lewiston PD does not have space to store medications – there is currently no medication drop box there.**

**HA has worked with the following partners to include marijuana in their no smoking policies:**

- Auburn Housing Authority
- St. Mary's Hospital (also no smoking on sidewalk or street)
- Mechanic Falls Recreation Department

**Working on Prime for Life Classes with Safe Voices, Veterans Program, and YMCA**

**Bates student created an app about safe storage of medications that HA has been using; Bates owns the app.**

**HA has also written for a new opiate prevention grant.**

**Healthy Oxford Hills (HOH) - Working on Prime for Life Classes; One Book, One Community, at 5-6 grade reading level, hope to get this out next year. HOH has applied for a grant through Stephens Memorial Hospital to keep this program sustainable.**

**Working with Western Maine Addiction & Recovery to provide coach trainings become an independent 501-3C.**

**Healthy Community Coalition of Greater Franklin County (HCC) – They are working in Franklin County and Northern Oxford County. They sent 26 kids from Rumford and Farmington areas to Bangor to learn skills to develop presentations around the MIHYS data for local communities. They have been asked to also take pictures to help “tell the story” around this data. There is an LGBTQ group at MBHS and Prime for Life classes are working with adult education programs in Mt. Blue and Spruce Mountain adult learning centers.**

**March 09, 2018 DCC Meeting -Presentation by Kristen McAuley, Maine Health, Tobacco Prevention Services**

***Ongoing or upcoming projects or priority issues:***

**DCC cancelled Legislative breakfast for March 9, 2018 DCC meeting due to low response rate from legislators. This will be rescheduled in the future. Held regular DCC meeting.**

# Statewide Coordinating Council for Public Health District Coordinating Council Update



## *Progress with District Public Health Improvement Plan:*

**Ongoing discussions have been difficult to lack of funding.**

## *Structural and Operational changes, including updates in membership:*

## *In-district or multi-district collaborations:*

## *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: 03/15/2018**

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 Executive Committee continues to meet regularly.

The council just concluded its first full council meeting of 2018. The council's topics was "Domestic Violence as a Matter of Public Health" Presentation. Panel represents 3 community resources to share their prospective and overviews: Julia Davidson, Caring Unlimited. Kelli Fox, UNE School of Social Work. Robert MacKenzie, Chief of Police, Kennebunk.

- Julia discussed what domestic violence (DV) is, tactics aggressors may use, reasons why it is a public health issues, research, and statistics. Shared what Caring Unlimited offers – 24hr hotline, shelters/housing, education/support, legal advocacy, etc.
- Kelli represents UNE as a professor for the School of Social Work. Discusses interpersonal violence and the separation of DV from being an issue of mental illness and/or substance use. Helping students understand trauma and psychotherapy. Discussed that as of 2020, all MSW must have interpersonal violence training.
- Robert shared the changes in the Kennebunk PD policy, statistics, examples, how DV impacts our community and the dept., factors to consider when dealing with DV (finances, children, social). Issues with resources: substance use, school shootings, traffic complaints, finances/officers. Gave suggestions for change; co-occurring disorders.

***Ongoing or upcoming projects or priority issues:***

The York District Shared CHNA planning and engagement group will utilize the council structure and some members, as we plan for and undertake activities. We have selected to hold two forums on the same day. September 2018. An event will be held in Saco and Wells more information to follow.



*Progress with District Public Health Improvement Plan:*

**Substance Misuse:**

- Held a meeting with 211 to talk about promoting it as a resource and encouraging organizations to update their information as services change.
- Looking at materials to promote proper disposal of needles.
- Held working group for Drug Free Community grantees and recipients of Manie Prevention Services funding to talk about workplans and goals for 2018 to try an align efforts.

**Physical Nutrition and Obesity:**

- A workgroup is scheduled to meet.

**Oral Health:**

- Working with UNE and schools to try and align services.

*Structural and Operational changes, including updates in membership:*

Emilee Winn has been hired as the York and Cumberland District Coordinator.

*In-district or multi-district collaborations:*



***Other topics of interest for SCC members:***

**22 M.R.S. §412 (2011).**

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# Statewide Coordinating Council for Public Health

(June 2018)

## **Seat 01 – York District**

### **Betsy Kelly (Exp. 6/24/18)**

Partners for Healthier Communities  
Southern Maine Health Care  
25 June Street  
Sanford, ME 04073  
490-7853  
[blkelly@smhc.org](mailto:blkelly@smhc.org)

## **Seat 02 – Cumberland District**

### **Courtney Kennedy (Exp. 9/29/20)**

Nutrition and Education Manager  
Good Shepherd Food Bank  
3121 Hotel Road | PO Box 1807  
Auburn, Maine 04211  
577-4847  
[ckennedy@gsfb.org](mailto:ckennedy@gsfb.org)

## **Seat 03 – Western District**

### **Erin Guay (Exp. 9/24/19)**

Executive Director  
Healthy Androscoggin  
300 Main Street  
Lewiston, Maine 04240  
795-5990  
[guayer@cmhc.org](mailto:guayer@cmhc.org)

## **Seat 04 – Midcoast District**

### **Caer Hallundbaek, EdD (Exp. 6/24/19)**

University of Maine at Orono-Hutchinson Center  
PO Box 218  
Lincolntonville Center, Maine 04850  
230-9929  
[caer.hallundbaek@maine.edu](mailto:caer.hallundbaek@maine.edu)

## **Seat 05 – Central District**

### **Joanne Joy – (Exp. 6/24/19)**

Healthy Communities of the Capital Area  
11 Mechanic Street  
Gardiner, Maine 04345  
588-5350  
[j.joy@hccame.org](mailto:j.joy@hccame.org)

## **Seat 06 – Penquis District**

### **Patty Hamilton (Exp. 6/24/19)**

Bangor Health and Community Services  
103 Texas Avenue  
Bangor, Maine 04401  
992-4550  
[patty.hamilton@bangormaine.gov](mailto:patty.hamilton@bangormaine.gov)

## **Seat 07 – Downeast District**

### **Maria C. Donahue, MPH, MSW (Exp. 6/24/18)**

Community Health Director, Healthy Acadia  
140 State Street, Suite 1  
Ellsworth, Maine 04605  
207-667-7171  
[maria@healthyacadia.org](mailto:maria@healthyacadia.org)

## **Seat 08 – Aroostook District**

### **Jo Barresi Saucier (Exp. 9/24/18)**

Executive Director  
Aroostook Agency on Aging  
PO Box 1288  
Presque Isle, Maine 04769  
207-764-3396  
[joy.b.saucier@aroostookaging.org](mailto:joy.b.saucier@aroostookaging.org)

## **Seat 09 – Maine CDC – State Government**

### **Bruce Bates, D.O.**

Director, Maine Center for Disease Control and Prevention  
286 Water Street, 11 SHS  
Augusta, ME 04333  
287-3270  
[bruce.bates@maine.gov](mailto:bruce.bates@maine.gov)

## **Seat 10 – Behavioral Health – State Gov't**

### **Michael Parks (Exp. 6/24/18)**

Associate Director – Treatment and Recovery  
Office of Substance Abuse & Mental Health Services  
41 Anthony Avenue, 11 SHS  
Augusta, ME 04333  
287-5820  
[michael.parks@maine.gov](mailto:michael.parks@maine.gov)

# Statewide Coordinating Council for Public Health

(June 2018)

## Seat 11 – Education

### Emily Poland (Exp. 9/24/18)

School Nurse Consultant  
Maine Department of Education  
23 State House Station  
Augusta, ME 04333  
624-6688  
[emily.poland@maine.gov](mailto:emily.poland@maine.gov)

## Seat 12 – Environmental Protection

### Kerri Malinowski (Exp. 9/22/19)

Maine Department of Environmental Protection  
28 Tyson Drive, Ray Building  
Augusta, ME 04333  
215-1894  
[kerri.malinowski@maine.gov](mailto:kerri.malinowski@maine.gov)

## Seat 13 – 10 EPHS

### Kenney Miller (Exp. 6/24/18)

Maine AIDS Education and Training Center  
The Health Equity Alliance  
295 Water Street, Suite 105  
Augusta, Maine 04330  
Email: [kenney@mainehealthequity.org](mailto:kenney@mainehealthequity.org)

## Seat 14 – 10 EPHS

### Kalie Hess (Exp. 9/24/20)

Maine Primary Care Association  
73 Winthrop Street  
Augusta, Maine 04330  
Email: [khess@mepca.org](mailto:khess@mepca.org)

## Seat 15 – 10 EPHS

### Doug Michael (Exp. 9/24/20)

Chief Community Health and Grants Officer  
Eastern Maine Health Systems  
43 Whiting Hill Road, Suite 200  
Brewer, Maine 04412  
973-6602  
[dmichael@emhs.org](mailto:dmichael@emhs.org)

## Seat 16 – 10 EPHS

### Peter Michaud (Exp. 9/24/18)

Maine Medical Association  
PO Box 190  
Manchester, ME 04351  
622-3374 x 211  
[pmichaud@mainemed.com](mailto:pmichaud@mainemed.com)

## Seat 17 – 10 EPHS

### Meg Callaway (Exp. 9/24/20)

Penquis  
262 Harlow Street  
Bangor, Maine 04401  
270-2778 (C) 937-3500x3640 (O)  
[mcallaway@penquis.org](mailto:mcallaway@penquis.org)

## Seat 18 – 10 EPHS

### Erika Ziller (Exp. 9/24/20)

University of Southern Maine  
PO Box 9300  
Portland, Maine 04104  
780-4615  
[Erika.ziller@maine.edu](mailto:Erika.ziller@maine.edu)

## Seat 19 – 10 EPHS

### Heather Shattuck-Heidorn, Ph.D. (Exp. 6/24/18)

Catholic Charities Maine  
307 Congress Street  
Portland, Maine 04101  
207-805-4010  
[hshattuckheidorn@ccmaine.org](mailto:hshattuckheidorn@ccmaine.org)

## Seat 20 – 10 EPHS

### Joanne LeBrun (Exp. 9/24/20)

Tri-County EMS  
300 Main Street  
Lewiston, ME 04240  
795-2880  
[lebrunj@cmhc.org](mailto:lebrunj@cmhc.org)

## Seat 21 – 10 EPHS

### Abdulkerim Said (Exp. 9/24/20)

New Mainers Public Health Initiative  
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[asaid@nmphi.org](mailto:asaid@nmphi.org)

## Seat 22 – Tribal District

### Kristi Ricker (Exp. 9/24/20)

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## Seat 23 – 10 EPHS

### Carol Zechman (1/9/2019)

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662-7960  
[zechmc@mainehealth.org](mailto:zechmc@mainehealth.org)



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  
Member Nomination Form**

Process:

- Please provide written confirmation that your nominee will serve on the SCC if appointed
- Please complete this form in its entirety and submit to the SCC Chair
- The SCC Membership Committee will review all nominations and appoint new members

=====

**Nomination form**

Date: \_\_\_\_\_

Nominating member: \_\_\_\_\_

Candidate name: \_\_\_\_\_

Candidate Contact Information: Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Essential public health service represented: \_\_\_\_\_

Public Health expertise/Population/diversity representation: \_\_\_\_\_

=====

The section below is for administrative use only:

Date received by membership committee: \_\_\_\_\_

Date of membership committee action: \_\_\_\_\_

Status:    Approved: \_\_\_\_\_

          Not selected: \_\_\_\_\_



## New England HIDTA & the Heroin Response Strategy

# HIDTA – High Intensity Drug Trafficking Area

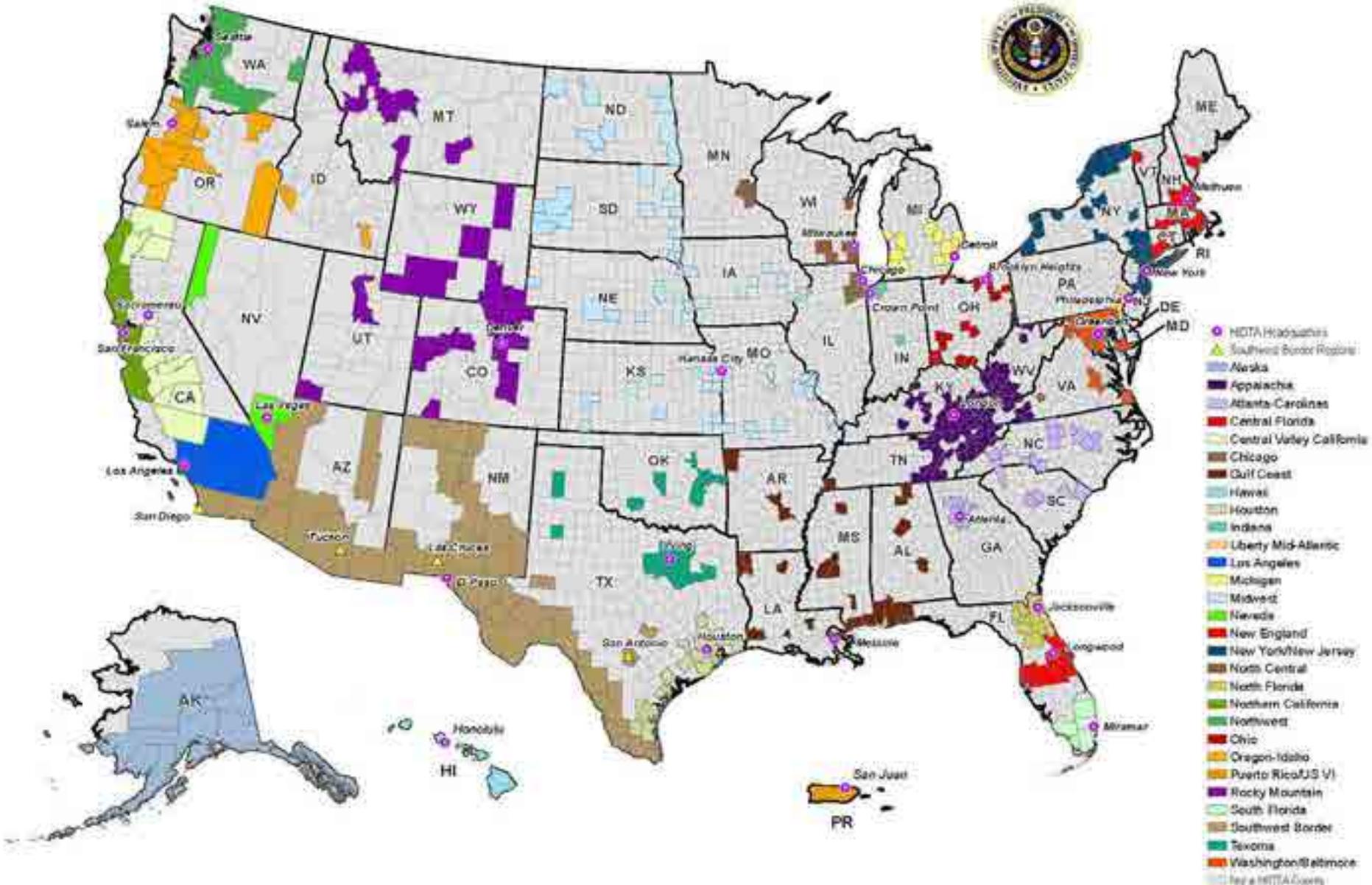
- Created by Congress in 1988 – Anti-Drug Abuse Act
- Federal program funded by Office of National Drug Control Policy (ONDCP)
- Facilitates cooperation among federal, state, local, and tribal law enforcement agencies to share intelligence, reduce supply of illegal drugs in their designated areas
- Currently, 29 HIDTAs cover more than 60% of the U.S. population
  - Located in all 50 states as well as Puerto Rico, the U.S. Virgin Islands, and Washington, D.C.

*Source: National High Intensity Drug Trafficking Areas Program*



# High Intensity Drug Trafficking Areas Program Counties

as of May 2018



# New England HIDTA



- Designated in 1999
- **Heroin Response Strategy (HRS)** – response to New England’s greatest drug threat
  - HRS encompasses 21 other states and the District of Columbia
  - Drug Intelligence Officers and Public Health Analysts in each state
  - *HRS Mission:* “To reduce fatal and non-fatal opioid overdoses by developing and sharing information about heroin and other opioids across agencies and disciplines, and by offering evidence-based intervention strategies.”



FIGURE 2. THE HEROIN RESPONSE STRATEGY, 2017

Source: National High Intensity Drug Trafficking Areas Program



# Heroin Response Strategy: Maine

- Maine Information and Analysis Center (Augusta)
- **Drug Intelligence Officer:** Jim Minkowsky
- **Public Health Analyst:** Monica St. Clair

## HRS Goals

- Create and coordinate shared data regimes that allow public health, law enforcement, and others to respond quickly and effectively to the opioid overdose epidemic.
- Develop and support strategic, evidence-based responses to generate immediate reductions in the number of overdose-related fatalities.
- Promote and support efforts to prevent or reduce opioid misuse.
- Promote the active engagement of local communities in the discussion, planning, and implementation of HRS goals and activities

*Source: National High Intensity Drug Trafficking Areas Program*



# Public Health Interfacing

- *Since January 2016:*
  - Ongoing collaboration with the public health community in Maine
  - Tracking/receiving EMS data, drug overdose death data, Law Enforcement information
  - Will have direct access to Syndromic Surveillance database
  - Ongoing goal to map fatal and nonfatal overdoses statewide
  - National Emerging Threats Initiative (NETI) for New England
  - “Understanding Addiction” presentation to Maine Law Enforcement
  - Eyes Open Addiction Resource Cards
  - Communication with Maine DFC Grantees/other local entities
  - NEHIDTA/Federal CDC partnership
  - Raise awareness of heroin/opioid epidemic from multiple perspectives – MIAC DMI bulletin



# Data: Overdose Deaths

## 2016

- 376 drug-induced deaths
  - 84% caused by at least one opioid
  - 51% caused by fentanyl or fentanyl analogs
  - 33% caused by pharmaceutical opioids
  - 32% caused by heroin
  - 16% caused by cocaine (71% increase over 2015)
  - 2% caused by methamphetamine

## 2017

- 418 drug-induced deaths
  - 85% caused by at least one opioid
  - 58% caused by fentanyl or fentanyl analogs
  - 30% caused by pharmaceutical opioids
  - 21% caused by heroin
  - 22% caused by cocaine
  - 4% caused by methamphetamine

Source: Marcella H. Sorg, PhD, Margaret Chase Smith Policy Center, University of Maine



# Data: Overdose Deaths by County\*

\*Counties with less than 10 total drug deaths are not represented.

## 2016

COUNTY <i>CITY</i>	TOTAL NUMBER (PERCENT) OF OVERDOSE DEATHS 2016 N=376	TOTAL NUMBER (PERCENT) OF OPIOID DEATHS 2016 N=317	PERCENT OF MAINE CENSUS POPULATION 2015 (1,329,923)
Androscoggin	37 (10%)	29 (9%)	3%
Lebanon	23 (6%)	18 (6%)	1%
Aroostook	20 (5%)	15 (5%)	3%
Cumberland	78 (21%)	68 (21%)	21%
Portland	42 (11%)	38 (12%)	5%
Hancock	17 (5%)	15 (5%)	4%
Kennebec	30 (8%)	26 (8%)	3%
Augusta	10 (3%)	6 (2%)	1%
Oxford	10 (3%)	10 (3%)	4%
Piscataquis	57 (15%)	42 (13%)	12%
Bangor	32 (9%)	22 (7%)	2%
Seneca	16 (3%)	7 (2%)	4%
Washington	20 (5%)	20 (6%)	2%
York	60 (16%)	55 (17%)	15%
Baldwin	15 (4%)	13 (4%)	2%

## 2017

COUNTY <i>CITY</i>	TOTAL NUMBER (%) OF OVERDOSE DEATHS 2017 N=418	TOTAL NUMBER (%) OF OPIOID DEATHS 2017 N=354	PERCENT OF MAINE CENSUS POPULATION 2016 (1,329,923)
Androscoggin	25 (6%)	21 (6%)	3%
Lebanon	17 (4%)	15 (4%)	1%
Cumberland	109 (26%)	94 (27%)	22%
Portland	57 (14%)	51 (14%)	5%
Kennebec	47 (11%)	43 (12%)	4%
Augusta	13 (3%)	13 (4%)	1%
Knox	11 (3%)	6 (2%)	3%
Piscataquis	65 (16%)	50 (14%)	12%
Bangor	50 (12%)	20 (6%)	2%
Sumner	18 (4%)	16 (5%)	4%
Washington	13 (3%)	12 (3%)	2%
York	82 (20%)	67 (19%)	15%
Baldwin	23 (6%)	20 (6%)	2%
Suncook	12 (3%)	11 (3%)	2%

Source: Marcella H. Sorg, PhD, Margaret Chase Smith Policy Center, University of Maine



# Data: EMS/ED Admissions

## EMS

Year	All Drug Overdoses	Opioid Overdoses	Heroin Overdoses
2016	2,979	218	164
2017	1,184	60	44

## Emergency Department Admissions

Year	All Drug Overdoses	Opioid Overdoses	Heroin Overdoses
2016	3,312	889	493
2017	3,223	948	489

Source: Syndromic Surveillance, Maine Department of Health and Human Services, Maine Centers for Disease Control and Prevention



# Data: National Drug Take-Back Day (April 2018)

**Maine:** 28,560 pounds (greatest)  
*Oct 2017:* 41,700 pounds (greatest)

**New England:** 88,182 pounds  
*Oct 2017:* 96,249 pounds

Androscoggin County: 2,530 pounds

Oxford County: 660 pounds

Aroostook County: 1,768 pounds

Penobscot County: 2,158 pounds

Cumberland County: 9,906 pounds

Piscataquis County: 541 pounds

Franklin County: 487 pounds

Sagadahoc County: 1,160 pounds

Hancock County: 935 pounds

Somerset County: 622 pounds

Kennebec County: 2,829 pounds

Waldo County: 217 pounds

Knox County: 696 pounds

Washington County: 571 pounds

Lincoln County: 599 pounds

York County: 2,876 pounds

*Source: U.S. Drug Enforcement Administration (DEA)*



# Drug-Free Community Coalitions Outreach



- Healthy Acadia (Ellsworth)
- Healthy Lincoln County (Damariscotta)
- Healthy Communities of the Capital Area (Gardiner)
- Sanford Strong Coalition
- SoPo Unite
- Choose to be Healthy Coalition (York)
- ACCESS Health (Brunswick)
- Casco Bay CAN (Gray/New Gloucester)
- River Valley Healthy Communities Coalition (Rumford)
- Project Alliance (Saco)



- Bangor Substance Abuse Prevention Task Force
- Aroostook Substance Abuse Prevention (Caribou)
- Healthy Community Coalition (Farmington)
- Healthy Sebasticook Valley Coalition (Pittsfield)
- Healthy Aroostook (Presque Isle)
- Mid-Maine Substance Use Prevention Coalition (Waterville)
- Be the Influence Coalition (Windham/Raymond)
- Westbrook Communities that Care



***Thank you!***

Monica St. Clair

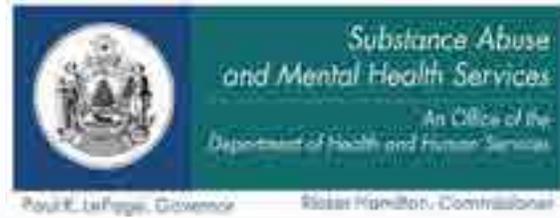
[Monica.St.Clair@Maine.gov](mailto:Monica.St.Clair@Maine.gov)

[mstclair@NEHIDTA.org](mailto:mstclair@NEHIDTA.org)

**207-624-7265**

**978-802-0351**





Department of Health and Human Services  
Substance Abuse and Mental Health Services  
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TTY Users: Dial 711 (Maine Relay)

# Maine's Prescription Monitoring Program

Johanna Buzzell

Information & Data Systems Manager

Prescription Monitoring Program Coordinator



# Introduction

Department of Health and Human Services

Office of Substance Abuse and Mental Health Services

Johanna Buzzell – *Information & Data Systems Manager, PMP Coordinator*

Jonathan Edwards – *Planning & Research Associate*

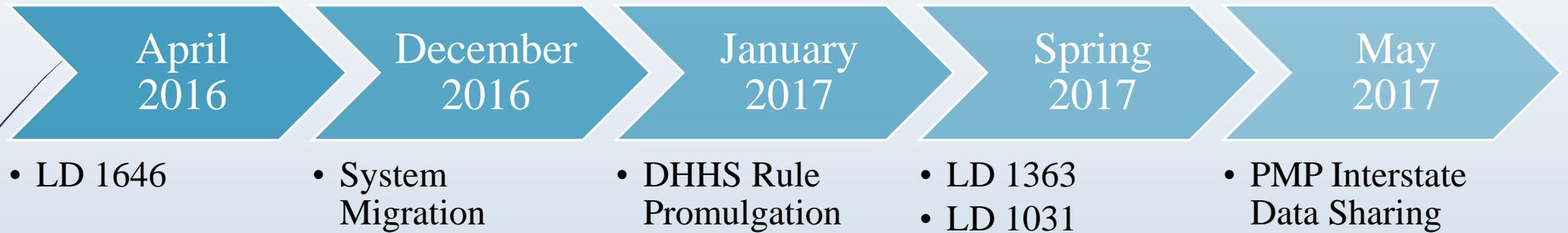
Bobbie J. Johnson – *Data Analyst*



# Agenda

- ▶ Public Law Chapter 488 – LD 1646
  - ▶ LD 1646 Promulgation
  - ▶ Legislative Changes – LD 1636 & LD 1031
  - ▶ Palliative Care & Serious Illness
  - ▶ Final Exemptions
- ▶ System Enhancements – System Migration
  - ▶ Prescriber Reports
  - ▶ PMP Interstate Data Sharing
- ▶ Data!
- ▶ Maine's PMP Mission
- ▶ Questions & Answers

# Timeline





April 2016

## Public Law Chapter 488 – LD 1646

- Mandated checking the PMP prior to prescribing an opioid or a benzodiazepine
- Limited the day's supply of an opioid medication to 7 days or less for acute pain and 30 days or less for chronic pain
- Established an average morphine milligram equivalent (MME) of 100 or less for opioid prescriptions
- Required electronic prescribing for all opioid medications
- Established exemptions to the MME limit
- Required technical system enhancements to the PMP system

# January 2017 – DHHS Rule Promulgation (LD 1646)

- ▶ Additional exemptions to MME Limit
  - ▶ Developed by stakeholder group as directed by LD 1646
- ▶ Required Prescribers to designate a prescription as either “Acute” or “Chronic” pain treatment
  - ▶ Acute Pain → 7 Days or Less
  - ▶ Chronic Pain → 30 Days or Less
- ▶ Requirement to include ICD-10 Code on any prescription over 100 MME utilizing the Palliative Care exemption
- ▶ Required continuing education for prescribers



# Spring 2017

## Legislative Changes – LD 1363

- Added language allowing dispensers to provide an early refill to individuals prior to the refill date provided that early refills do not represent a pattern
- Added language to allow dispensers to contact prescribers by phone to verify and document information about prescriptions
- Added language establishing a protocol for dispensers receiving out-of-state prescriptions
- Delayed implementation of ICD-10 code until July 2018



# Spring 2017

## Legislative Changes – LD 1031

- Clarification to “Palliative Care” definition
- Addition to “Serious Illness” definition
- Changed definition of “Dispenser” to eliminate the reference to health care professionals with the authority to dispense
- Added language eliminating requirement for emergency departments to submit dispensations that were less than a 48 hour supply
- Added language eliminating the requirement for a PMP check and the 100 MME limit if prescription is directly ordered or administered in connection with a surgical procedure



# Palliative Care & Serious Illness

- ▶ **Palliative Care** - patient-centered and family-focused medical care that optimizes quality of life by anticipating, preventing and treating suffering caused by a medical illness or a physical injury or condition that substantially affects a patient's quality of life, including, but not limited to, addressing physical, emotional, social and spiritual needs; facilitating patient autonomy and choice of care; providing access to information; discussing the patient's goals for treatment and treatment options, including, when appropriate, hospice care; and managing pain and symptoms comprehensively. *Palliative care does not always include a requirement for hospice care or attention to spiritual needs*
- ▶ **Serious Illness** - a medical illness or physical injury or condition that substantially affects quality of life for more than a short period of time. "Serious illness" includes, but is not limited to, Alzheimer's disease and related dementias, lung disease, cancer and heart, renal or liver failure *and chronic, unremitting or intractable pain such as neuropathic pain.*



# Final Exemptions to 100 MME Limit

- A – Pain associated with active and aftercare cancer treatment (LD 1646)
- B – Palliative Care in conjunction with a serious illness (LD 1646)
- C – End-of-life and hospice care (LD 1646)
- D – Medication Assisted Treatment for Substance Use Disorder (LD 1646)
- E – A pregnant individual with a pre-existing prescription for opioids exceeding 100 MME (Added during rulemaking)
- F – Acute pain for an individuals with an existing opioid prescription for chronic pain (Added during rulemaking)
- G – Individuals pursuing an active taper of opioid medications (Added during rulemaking)
- H - Individuals prescribed a second opioid after proving unable to tolerate a first opioid (Added during rulemaking)



# Important Takeaways - Legislation

- ▶ PMP check required upon initial prescription of an opioid or benzodiazepine and every 90 days for as long as the prescription is active
- ▶ All opioid prescriptions exceeding 100 MME must include an exemption code
  - ▶ ICD-10 codes required on Palliative Care exemption
- ▶ Electronic prescribing required for all opioid prescriptions unless a waiver is granted
- ▶ Day's supply limit for opioid prescriptions for Acute and Chronic pain



# System Enhancements – System Migration

- ▶ LD 1646 (April 2016) required several system enhancements
  - ▶ MME calculator
  - ▶ Peer comparison reports
  - ▶ Delegate accounts
  - ▶ Data modifier for prescriptions from Veterinarians for animals
- ▶ Migrated from Health Information Designs (HID) to Appriss Health (PMP AWARxE) in December 2016
- ▶ Continued system enhancements throughout 2017 and 2018

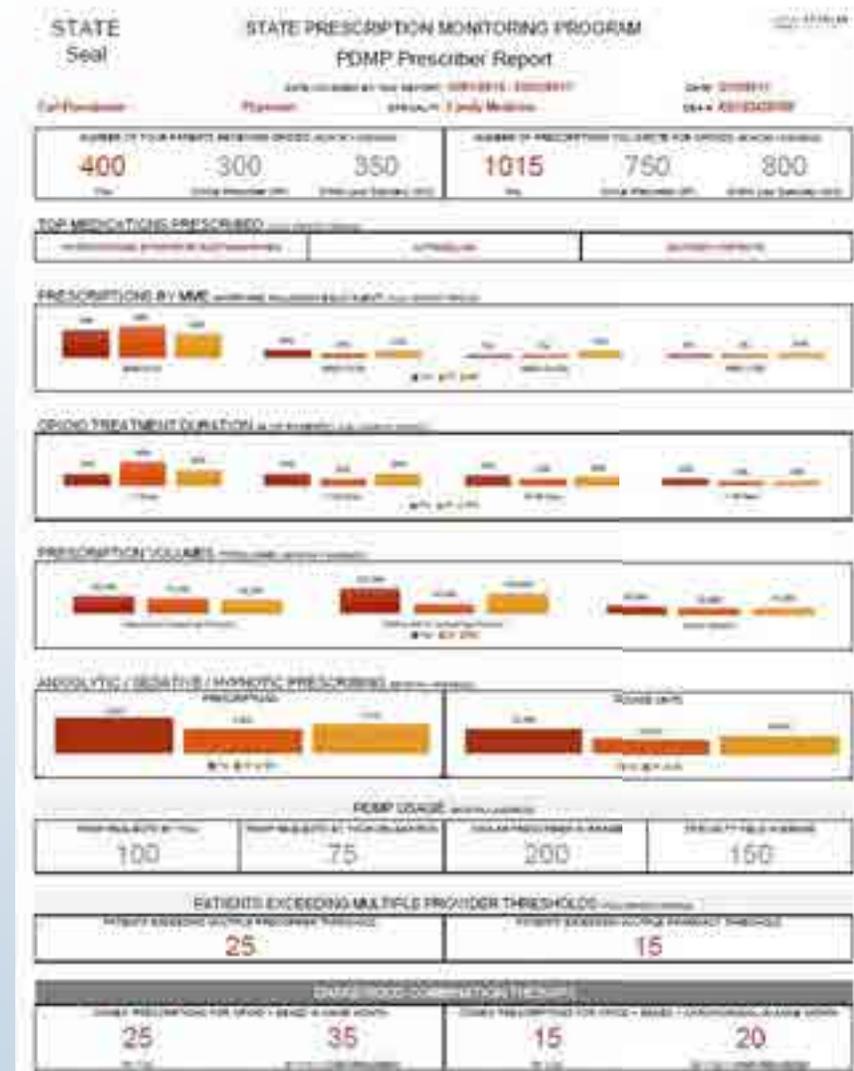


# PMP System Enhancements

- Clinical Alerts
  - 5 Pharmacies, 5 Prescribers, 30 days
  - Opioid & Benzodiazepine combination
  - Greater than 100 MME
- Pet/Animal indicator
- Automatic Enrollment
- EHR Integrations
- Prescriber Reports
- Bulk Patient searches
- ASAP 4.2A update
- Chief Medical Officer Role
- Interstate Data Sharing

# Prescriber Reports

- Provides information on a quarterly basis regarding:
  - Current prescribing volumes and behaviors
  - Compares prescribing behaviors to “red flag” indicators
    - High dose therapy
    - Combo therapy
    - Treatment duration
  - Compares prescribing behavior to others in specialty field and statewide
  - Summarizes patient prescription volumes







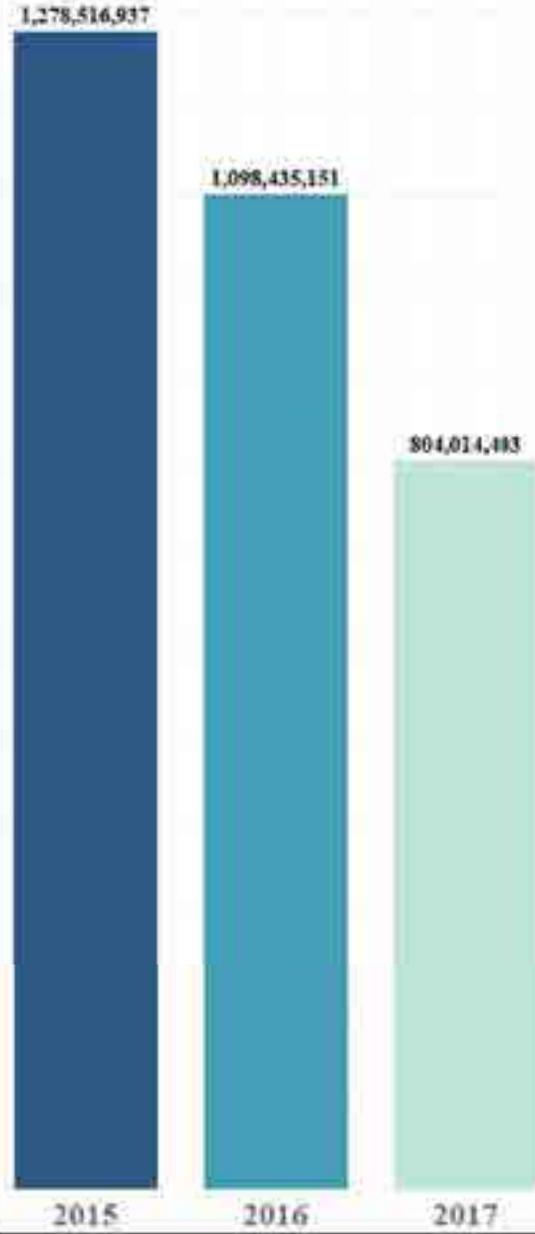
# Data!

- ▶ PMP checks
  - ▶ **2015: 320,346 → 2017: 1,762,531 450% Increase!**
- ▶ Total Prescriptions (Opiate Agonists)
  - ▶ **2015: 1,141,560 → 2017: 931,263 18% Decrease!**
- ▶ Total Doses
  - ▶ **2015: 85,493,134 → 2017: 62,528,831 26% Decrease!**
- ▶ Total MME
  - ▶ **2015: 1,278,516,937 → 2017: 804,014,403 37% Decrease!**

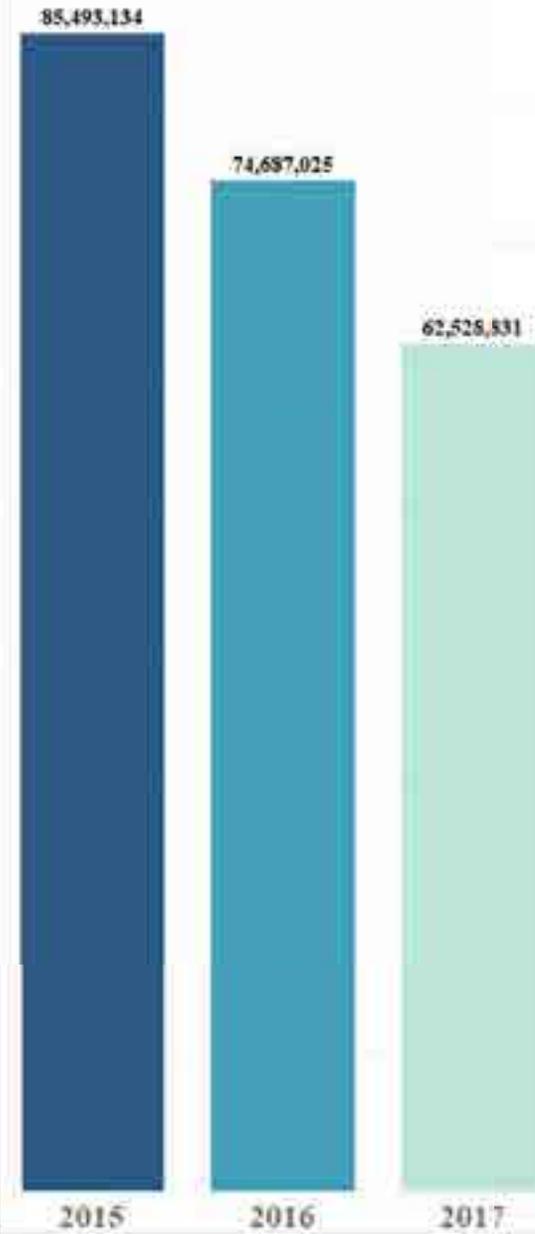
### Total Prescriptions



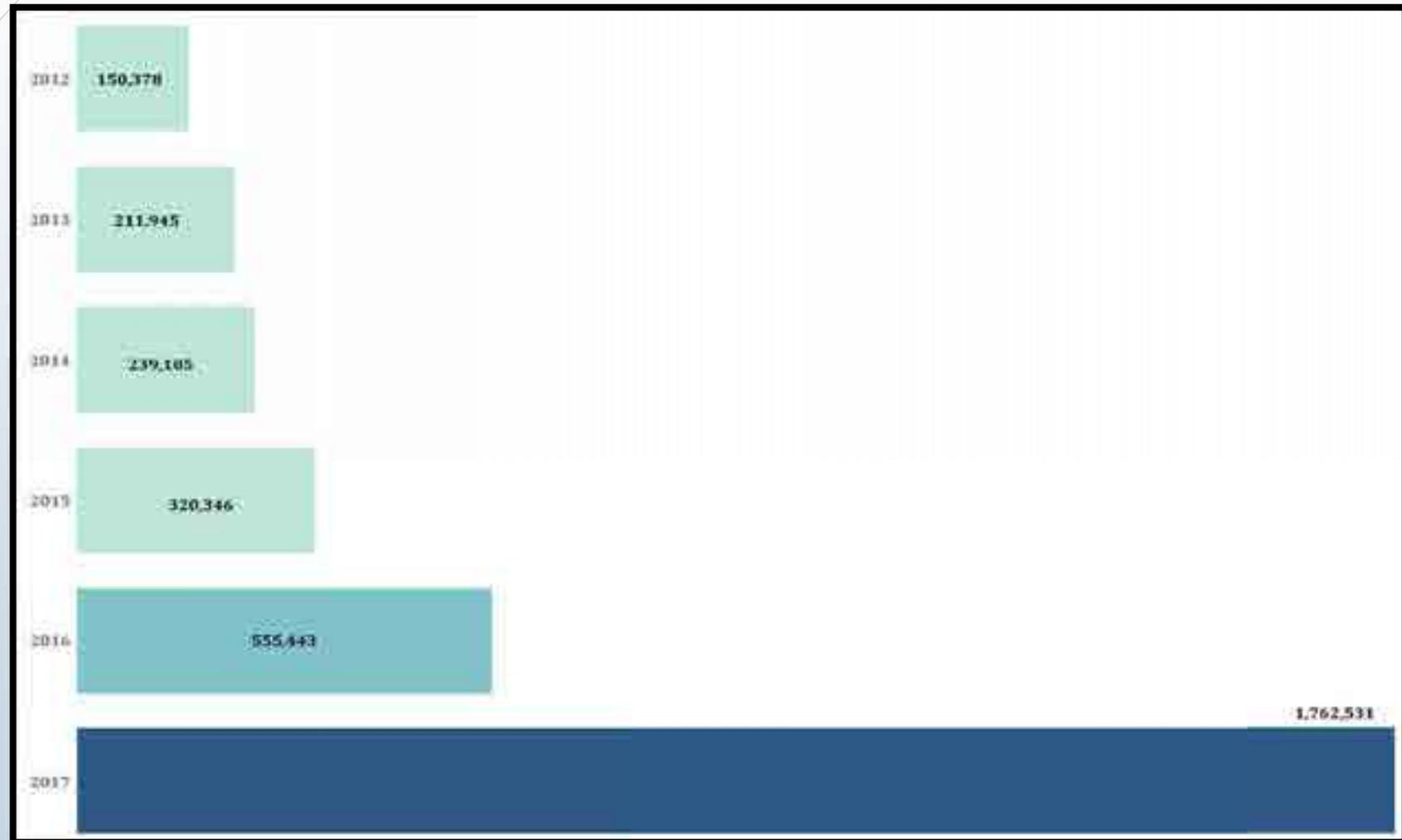
### Total MME



### Total Doses



# Patient Reports – PMP Checks



# Maine PMP's Mission

To improve public health by preventing and deterring adverse prescription drug related events through overdoses, overprescribing, misuse, and diversion of controlled substances by enabling healthcare professionals to review their patient's controlled substance prescription history prior to prescribing or dispensing.



To educate healthcare professionals and patients on safe and effective pain management therapies, including alternatives to prescription drugs.



# Next Steps

- ▶ Chief Medical Officer Role
- ▶ Pharmacy Compliance
- ▶ Veterinarians as dispensers
- ▶ Electronic Medical Record and Pharmacy Management System Integrations
  - ▶ PMP Gateway
- ▶ Informational Brochures
  - ▶ Patients
  - ▶ Prescribers
  - ▶ Dispensers
- ▶ PMP trainings and educational sessions (in partnership with Maine CDC)

# Questions?

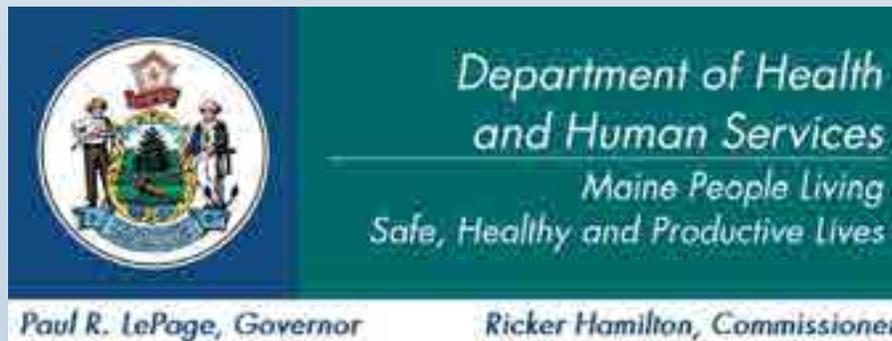
Maine.gov/PMP

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**Information & Data Systems Manager**  
**Prescription Monitoring Program Coordinator**

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# Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2012

<b>District: Aroostook District</b>	<b>Date: June 21, 2018</b>
<p><b>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:</b>  <a href="http://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district8/council-main.shtml">http://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district8/council-main.shtml</a></p> <ul style="list-style-type: none"> <li>➤ Review of Maine Prevention Services Activities by Vendor. Included summary of statewide strategies as well as Aroostook district priorities and outcomes.</li> <li>➤ Dates of note in Aroostook District: <ul style="list-style-type: none"> <li>• Next DCC Meeting: August 1, 2018</li> <li>• Next Steering Committee Meeting: July 11, 2018</li> <li>• Next Access to Care Committee Meeting: July 26, 2018</li> <li>• Next Healthy Aging Committee Meeting: June 12, 2018</li> <li>• Next Shared (CHNA) Community Engagement planning meeting: July 11, 2018</li> </ul> </li> </ul>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>➤ Aroostook DCC <i>Standard Operating Procedure: Use of Aroostook Public Health District Logo and Standard Operating Procedure: Letters of Support</i> both passed.</li> </ul>	
<p><b>Progress with District Public Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>➤ Caribou Police Department conducting Impairment Identification training as well as having 2 officers trained and available to conduct Responsible Beverage Server (RBS) training</li> </ul>	
<p><b>Structural and Operational changes, including updates in membership.</b></p> <ul style="list-style-type: none"> <li>➤ Joy Barresi Saucier, Aroostook Agency on Aging is the new Aroostook DCC representative to the SCC.</li> <li>➤ Tammy Gagnon, Executive Director, Aroostook Regional Transportation System (ARTS) has been approved for full membership.</li> <li>➤ New Vision: Inspiring Leadership, Engaging Communities, Improving Health</li> <li>➤ The DCC steering committee has approved the Cardiovascular subcommittee charter. Will begin reengagement of interested parties to serve on this DPHIP priority committee.</li> </ul>	
<p><b>In-district or multi-district collaborations:</b></p> <ul style="list-style-type: none"> <li>➤ Continued work on behavioral health integration project with Access to Health Committee</li> <li>➤ Creation of a new Healthy Aging Committee.</li> </ul>	
<p><b>Other topics of interest for SCC members:</b> None to report this quarter.</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

<b>District: Central</b>	<b>Date: June 21, 2018</b>
<p><b>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:</b>  <a href="http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml">http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</a> At the April 24 DCC meeting we heard updates from our SCC Representative, DCC workgroups, district Field Epidemiologist, and meeting attendees. We spent the rest of the meeting on Anti-Bias Training led by Nicole Manganeli, the Director of the Maine Youth Action Network (MYAN). Nicole led us through exercises and discussion that showed the importance of sharing responsibility for addressing bias, the diversity represented in our community, examples of stereotypes and biased language that show up in our work, the impacts of bias, how to effectively address bias and stereotypes when we encounter them, and things each of us can do to address bias in our work.</p>	
<p><b>Ongoing or upcoming projects or priority issues:</b> coordination with hospital Implementation Strategies and the new round of Shared CHNA; District-Wide Prevention Messaging to priority populations, MGMC/District Oral Health Implementation Grant Community Health Worker (CHW) support and increasing/sustaining resources for community health workers; transportation services and volunteer efforts; recruiting/maintaining sector membership; coordinating with recipients of the Maine Prevention Services contracts; vulnerable populations HAN; ongoing sustainability of successful initiatives</p>	
<p><b>Progress with District Public Health Improvement Plan (DPHIP):</b> <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"> <li>▶ 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</li> <li>▶ Establish and implement DCC Vaccination Workgroup and communication network – ongoing</li> <li>▶ The Adverse Childhood Experiences (ACEs) Workgroup was asked to re-convene and assist with district Drug-Free Communities (DFC) grantees’ school and community efforts to build resiliency</li> <li>▶ DCC Leadership continues to review workgroup charges and possible partnering alternatives to determine how to proceed with funding changes</li> </ul> <p><i>Successes achieved</i></p> <ul style="list-style-type: none"> <li>▶ District Oral Health Grant Community Health Worker services to connect low SES children to dental appointments, parent education, and outreach to/referrals from district pediatric practices, school nurses, Maine Families, KVCAP, WIC, and the Children’s Center</li> <li>▶ ACEs Workgroup is completing an environmental scan of community and school efforts in the district</li> <li>▶ District-Wide Prevention Messaging Workgroup expanded, gathered messages for summer buses, started a clearinghouse, and identified additional settings to share prevention messages</li> <li>▶ <i>Let’s Go</i> contractors and DCC partners scheduled meeting to work on strategic plan for district needs</li> </ul> <p><i>Barriers encountered</i></p> <ul style="list-style-type: none"> <li>▶ Volunteers for DCC initiatives are reporting that they are increasingly being asked to serve beyond the scope of their funding sources</li> <li>▶ The Substance Use/Mental Health Workgroup has identified creating recovery supports as a priority yet does not have resources or grassroots engagement to advance the priority</li> </ul>	
<p><b>Structural and Operational changes, including updates in membership:</b> updating Workgroup charges and membership; ongoing review of membership and adjusting to turnover/filling gaps in sector representation</p>	

**In-district or multi-district collaborations:** Oral Health Grant; District-Wide Prevention Messaging/PICH Communications Sustainability, MaineGeneral HRSA application; Senior Transportation and Neighbors Driving Neighbors pilot; Poverty Action Coalition; UWMM and Drug-Free Communities Grant recipients collaboration on ACEs/resiliency

**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.

*Central District*

2

6/21/18

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22 M.R.S. §412 (2011).

A. A district coordinating council for public health shall:

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# Statewide Coordinating Council for Public Health District Coordinating Council Update



**District: Cumberland**

**Date: 6/14/2018**

For agendas and copies of minutes, please see district's website at:

<http://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district2/council-main.shtml>

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

Twenty-seven people participated in the full Council meeting on May 18<sup>th</sup>, 2018. Speakers included Nicole Manganelli and Chelsea Mancini of Maine Youth Action Network (MYAN) who reported on their statewide and Cumberland District level work around Youth Engagement. Council members discussed how to better incorporate youth voices in Public Health conversations in the District. Michell Mitchell, Partnerships for Health reported on Maine CDC's Prevention and Control (PAC) Grant. Council Chair, Zoe Miller and Vice-Chair, Liz Blackwell-Moore led the group in the second phase of a priority-setting process. Priorities identified and ordered by the Council include:

- 1) Mental Health
- 2) Adverse Childhood Experiences & Poverty
- 3) Sexual Health
- 4) Opioids & Substance Misuse (including tobacco)
- 5) School Climate and Safety

Cross-Cutting Considerations: Creating funding sources for CHOWs to do some work on these with immigrant and refugee communities

Roles that the Council can play had also been identified as: Networking; Information Sharing; Coordinating and Connecting; Advocacy; Funding and Resource Development

As part of the priority and role-setting process, a survey had been sent to members and interested parties, brainstorming took place in-person at the March Council meeting, and small groups discussed the roles and priorities, which were then ranked in order of importance/urgency through an informal voting exercise at the May Council meeting.

Executive Committee Meetings took place on April 6, May 4<sup>th</sup> and June 12<sup>th</sup>, at which Executive Committee members synthesized information shared during Council meetings around the priority-setting process.

## ***Ongoing or upcoming projects or priority issues:***

On May 2<sup>nd</sup>, Council Chair, Vice Chair and the District Liaison met with Emily Rines of United Way of Greater Portland to learn about the Thrive 2027 initiative, for which UW serves as backbone organization. The Council's work falls under Thrive 2027's 3<sup>rd</sup> goal: Goal 3: "By 2027, children, adults and communities in Cumberland County have the resources and opportunities to achieve optimal health status." At the 6/12/18 EC meeting, Emily Rines met with the Executive Committee of CDPHC and it was agreed that the EC will propose that the Council endorse Thrive 2027 at the July 20<sup>th</sup> meeting. More than 200 partner organizations in Cumberland District have already endorsed

A representative of Thrive 2027 will present at the July 20<sup>th</sup> Council meeting.

# Statewide Coordinating Council for Public Health District Coordinating Council Update



A CDPHC member, and graduating UNE MPH student, Emily Bartlett has undertaken a Capstone project to review the level of awareness of ACEs at childcare and youth organizations in the district, through a survey and key informant interviews, in order to assess overall training and awareness gaps and needs. Cumberland District Liaison is supervising the project. Emily will present her findings at the July 20<sup>th</sup> Council meeting, and these will assist the Council in identifying appropriate interventions to support.

## *Progress with District Public Health Improvement Plan:*

The CDPHC priority and role-setting process is nearly completed, with a final presentation of results presented to Council members at the upcoming July 20<sup>th</sup> full Council meeting.

## *Structural and Operational changes, including updates in membership:*

The executive Committee plans to update the by-laws to include a permanent position on the Executive Committee for the Fiscal Agent of the Council, which is currently the City of Portland. That seat to be held at present by former Chair, Kristen Dow.

The Executive Committee will also be reviewing the by-laws in order to re-fine rules around members who represent an organization, and then leave their position, but wish to remain active in the Council.

The District Liaison and Council administrative support are preparing an inventory of current membership, in order to assess any gaps in representation by key sectors or community partners.

A new Secretary for the Executive Committee, Mike Koza of Portland Water District was elected at the May 18<sup>th</sup> Council meeting.

## *In-district or multi-district collaborations:*

The Cumberland District Liaison is participating in the Community Engagement Advisory Group for the Maine SCHNA, and is co-convening and facilitating the MeSCHNA forum planning group. EC member, Kristen Dow and other CDPHC members are participating in the district-level MeSCHNA planning groups.

## *Other topics of interest for SCC members:*

The Executive Committee discussed how to use its remaining discretionary funds (not state funds) to support its work in FY19. They discussed the possibility of providing mini-grants to organizations prepared to work on priority issues (see above), as well as hiring a consultant to facilitate communications and advocacy geared toward making an impact on these issues.

### **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**

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



(4) Ensure that the essential public health services and resources are provided for in each district in the most efficient, effective and evidence based manner possible.

A-1. The tribal district coordinating council shall:

- (1) Participate as appropriate in department district-level activities to help ensure the tribal public health system in the tribal district is ready and maintained for tribal public health accreditation; and
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# Statewide Coordinating Council for Public Health District Coordinating Council Update

Template updated 03/2015 (CTG section removed)

District: Down East	Date: June 21, 2018
<p>Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting. SCC meeting materials and general information can be found at <a href="http://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district7/council-main.shtml">http://www.maine.gov/dhhs/mecdc/public-health-systems/lphd/district7/council-main.shtml</a>.</p> <p>District Public Health Council Meetings March 16, 2018 at Mano en Mano Office in Milbridge with twenty-one participants (thirteen in person and eight by telephone/Adobe Connect). The agenda action items:</p> <ul style="list-style-type: none"><li>• Deeper Dive: Partnership for Improving Community Health (PICH): Jessica Shaffer of Eastern Maine Healthcare Systems presented an overview of three-year Food Insecurity grant outcomes; council had a discussion on how to continue some of this work.</li><li>• District Council Work: Review March 15 SCC meeting; Provide two emergency preparedness checklists for home and organizations.</li><li>• Resource Mapping: ongoing work on district priorities and identifying current member work in each.</li><li>• District Public Health Priorities: Prevention Services: Maria Donahue of Healthy Acadia led a discussion on the deliverable of offering Prime for Life to vulnerable populations; council brainstormed potential sites for Maria to consider for the outreach.</li><li>• Reports: current infectious disease report was shared; some county trends from the County Health Rankings was shared.</li></ul> <p>May 18, 2018 at Mano en Mano Office in Milbridge with twenty participants (twelve in person and eight by telephone/Adobe Connect). The agenda actions items:</p> <ul style="list-style-type: none"><li>• Deeper Dive: Cancer Perspective: Aysha Sheikh and Heather Drake of Maine Cancer Foundation <b>presented an overview of the foundation's key areas</b> of focus and some of their past funded initiatives. This introduced a discussion on how the district wants to build on their cancer priority.</li><li>• District Public Health Priorities: Prevention Services Quarterly Reports distributed.</li><li>• District Council Work: Maine Shared CHNA Forum Dates: Machias 9/20, Calais 9/26, and Ellsworth 10/30; for our next meeting, we provided a handout on the Youth Policy Committee Work, which will be presented at July meeting.</li><li>• Chronic Disease Prevention/Control Grant: Ashley Tetreault of Partnership for Health joined us in presenting an overview of the outcomes of chronic disease prevention work.</li></ul> <p><i>2018 Meetings: 1/26, 3/16, 5/18, 7/20, 9/21 and 11/16</i></p>	

Downeast District

1

June 8, 2018

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<sup>1</sup>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
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# Statewide Coordinating Council for Public Health District Coordinating Council Update

<p>Executive Committee Meetings April 27, 2018 by conference call</p> <ul style="list-style-type: none"> <li>• Change in Membership; Shira Patterson, President of United Way of Eastern Maine will cover until staff member identified</li> <li>• Alternate for SCC Rep: with transition to Maria Donahue as new representative, there was a discussion of having a backup/alternate.</li> <li>• Hanley Undergraduate Intern: starting in June and working on cancer in Washington County.</li> <li>• We are transitioning to Gov. Delivery for district communication.</li> <li>• <b>The Executive Committee will use a “rotating chair” to chair the full DEPHC meetings with Clair Connor at May meeting.</b></li> </ul>
<p>Progress with District Public Health Improvement Plan: Charting and Eco-Mapping of current public health work being done on primary, secondary and tertiary levels is in-progress.</p> <p>Ongoing or upcoming district projects or priority issues:</p> <ul style="list-style-type: none"> <li>• Cancer             <ul style="list-style-type: none"> <li>○ Breast cancer screening in Washington County</li> <li>○ Pilot project to increase radon awareness and air testing</li> </ul> </li> <li>• Drug and Alcohol Use             <ul style="list-style-type: none"> <li>○ Prime for Life to vulnerable adult populations</li> </ul> </li> <li>• Mental Health             <ul style="list-style-type: none"> <li>○ Ongoing planning on trainings for early child providers and school teachers</li> </ul> </li> </ul>
<p>Structural and Operational changes, including updates in membership:</p> <ul style="list-style-type: none"> <li>• Maine CDC Downeast District Council Website is live.</li> <li>• Gap Analysis for Membership and Sectors</li> </ul>
<p>In-district or multi-district collaborations:</p> <ul style="list-style-type: none"> <li>• National Diabetes Prevention Programs expanding</li> <li>• Food Security Networks (both counties)</li> </ul>
<p>Maine Community Health Needs Assessment (Maine CHNA):</p> <ul style="list-style-type: none"> <li>• Save the Dates mailed in June.</li> <li>• Forums have been selected; Machias (9/20), Calais (9/26) and Ellsworth (10/30).</li> </ul>
<p>Questions/Comments for SCC: None at this time</p>

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<sup>1</sup>Section 5. 22 MRSA c. 152

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



<b>District: Midcoast</b>	<b>Date: June 21, 2018</b>
<p><b>Brief review of decisions and outcomes from Steering Committee and DCC meetings held since last SCC meeting.</b></p> <ul style="list-style-type: none"> <li>• Since the last SCC meeting, the Steering Committee has stayed abreast of the Shared Community Health Needs Assessment (SCHNA) process within the district, discussed the possible utility of eco-maps for priority assessment and planning, and looked at a membership gap analysis. They have also worked to streamline the DCC meeting agenda and format, taking into account feedback from meeting evaluations.</li> <li>• At the April DCC meeting, our primary presentation was on engaging youth with the natural world. We heard from Nicole Caruso from the Waldo County Technical Center and Julia McLeod from Harpswell Heritage Trust. Jeanne Dooley also presented on the work that the Midcoast Youth Policy Board has been doing.</li> <li>• At our June DCC meeting, the central presentation was a panel on adult social isolation and mental health. The speakers were Adam Lacher from the Alzheimer’s Association, Patricia Oh from AARP, Christine Szalay from SEARCH, and Hannah Tompkins from Spectrum Generations. We also heard short presentations on the Prevention and Control (PAC 1305) grant and Rinck Media’s advertising campaigns. At both the April and June meetings, our subcommittees broke into work sessions to continue work on the District Priorities.</li> </ul>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>• The Council Coordinator and District Liaison continue work on Council governance, membership, communications plan, and policies/procedures.</li> </ul>	
<p><b>Progress with District Public Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>• DPHIP Oversight Committees continue work on their priority areas: <ul style="list-style-type: none"> <li>○ The Elevated Lead Levels Committee is addressing the low lead testing numbers. They are working with primary care providers to begin capillary testing at checkups rather than referring patients to a lab for a blood draw, cutting down on the steps that patients need to take to get test results. Hopefully streamlining this process will increase lead blood test numbers.</li> </ul> </li> </ul>	

- The Obesity committee is working to ensure that outdoor recreation opportunities are compiled in a single database so that people can access resources near them.
- The Mental Health committee is looking at ways to address adult social isolation and mental health following a panel discussion at the most recent DCC meeting.

**Structural and operational changes, including updates in membership:**

- No changes in structure or membership during the quarter.

**In-district or multi-district collaborations:**

- Waldo Community Action Partners, the MaineCare transportation brokerage, and Maine Department of Transportation public transportation provider in the Midcoast District are convening Transportation Area Work Groups (TAWGs) in the District. The work groups focus on the advancement and improvement of public transportation in the Midcoast. They have started to run a regularly scheduled bus in Rockland, and plan to look at ways to connect individual towns' public transportation to one another.



# Statewide Coordinating Council for Public Health District Coordinating Council Update

<b>District: Penquis</b>	<b>Date: June 8, 2018</b>
<p><b>Brief review of decisions and outcomes from Executive Committee and DCC meetings held since last SCC meeting:</b></p> <ul style="list-style-type: none"> <li>- The Steering Committee is engaged in Shared CHNA planning, discussed the utility of eco-mapping for the district, completed a gap analysis of DCC membership, and discussed the possibility of an obesity subcommittee.</li> <li>- March DCC meeting was canceled for snow, June meeting included the agenda from March and several more items. Presentations were given on district MIYHS data, eco-mapping, Rinck, the PAC 1305 Grant, and from the district youth board.</li> </ul>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>- Penobscot County has the highest rate of Hepatitis B in the over-40 population in Maine because that age group was not vaccinated during childhood vaccines. There is a Hepatitis B Workgroup in Penobscot and partners include: Maine CDC MIP, Field Epidemiologist, District Liaison, City of Bangor, Maine Health Equity Alliance, Acadia Hospital, and VNA. The group is increasing access to the vaccine in IV drug users, a high-risk population, through clinics at Acadia Hospital. Planning is underway to add a vaccination clinic at the Maine Health Equity Alliance needle exchange program. We will also increase messaging at those locations with educational material. On June 4<sup>th</sup>, the Health Equity Alliance opened a new space in Bangor where they are seeing patients through volunteer providers.</li> </ul>	
<p><b>Progress with District Public Health Improvement Plan:</b></p> <ul style="list-style-type: none"> <li>- The MPH candidate, Nicole King, who was working with the Penquis DCC completed her eco-map on food security and presented it to the council. Phoebe Downer, the council coordinator, will use her templates to fill more information into that map and create new eco-maps for the remaining DPHIP priorities. Each map is intended to be a tool for the council and stakeholders to assess resources in the district, gaps in services, promising practices, and potential connections between organizations.</li> </ul>	
<p><b>Structural and Operational changes, including updates in membership.</b></p> <ul style="list-style-type: none"> <li>- Father Augustine Nellary is replacing Kate Yerxa as Chair of the Penquis DCC and Sue Mackey-Andrews is taking Nicole Hammar's place as Vice Chair.</li> <li>- Diedre Gilbert from CA Dean Hospital in Greenville has joined the council.</li> </ul>	
<p><b>In-district or multi-district collaborations:</b></p> <ul style="list-style-type: none"> <li>- United Way Community Planning</li> <li>- EPA Planning Grant-Healthy People, Healthy Communities</li> <li>- Prevention Service Grant-Maine CDC</li> <li>- Community Health Leadership Board, Greater Bangor</li> <li>- Thriving in Place (MeHAF Grant Initiative), Millinocket, Old Town, Orono, Veazie, Dover-Foxcroft</li> <li>- Healthy Communities (MeHAF Grant Initiative), Dover-Foxcroft, Bangor</li> <li>- Save-a-Life Coalition in the greater Lincoln Region</li> <li>- Substance abuse HRSA Planning Grant-Health Access Network (Lincoln)</li> <li>- Helping Hands with Heart</li> </ul>	
<p><b>Other topics of interest for SCC members: none at this time</b></p>	



# Statewide Coordinating Council for Public Health District Coordinating Council Update

<b>District: Tribal District</b>	<b>Date: 6/8/2018</b>
<p><b>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: <a href="http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml">http://www.maine.gov/dhhs/boh/olph/lphd/index.shtml</a></b></p>	
<p>Latest DCC Meeting was held on June 8, 2018</p>	
<p><b>Ongoing or upcoming projects or priority issues:</b></p> <ul style="list-style-type: none"> <li>○ The Tribal leaders from all five communities are continuing to meet and work together to explore ways to address the substance use epidemic.               <ul style="list-style-type: none"> <li>○ Review and discussion on all current district projects and determining next steps for continued DPHIP implementation</li> </ul> </li> <li>○ Tribal Liaison continues to convene quarterly DCC meetings.</li> </ul>	
<p><b>Progress with District Public Health Improvement Plan (DPHIP):</b></p> <ul style="list-style-type: none"> <li>● Year Two implementation is focused on determining how to meet needs without dedicated DPHIP funding               <ul style="list-style-type: none"> <li>○ Review and revision of DPHIP to align with current Nationals health goals and strategies in Indian Country</li> <li>○ Grant writing efforts are underway to support DPHIP Priorities</li> <li>○ Work with WPH continues to address prevention activities</li> </ul> </li> </ul>	
<p><b>Structural and Operational changes, including updates in membership.</b></p> <ul style="list-style-type: none"> <li>● DL will be reviewing all DCC documentation over the next month, as part of new employee orientation, and determining what structure and operational changes are necessary               <ul style="list-style-type: none"> <li>✓ Subcommittees of the DCC are aligned with needs of the DPHIP and focus on data, early childhood, and substance use treatment</li> </ul> </li> </ul>	
<p><b>In-district or multi-district collaborations:</b></p> <ul style="list-style-type: none"> <li>● District Liaison will continue to attend Penquis, Downeast, and Aroostook DCC meetings, including the Penquis Steering Committee.</li> <li>● In-District Collaboration:               <ul style="list-style-type: none"> <li>✓ Met with Health Directors to discuss public health priorities</li> </ul> </li> <li>●</li> </ul>	
<p><b>Other topics of interest for SCC members:</b></p>	

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22 M.R.S. §412 (2011).

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District: Western

June 21, 2018

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:*

April 13, 2018 DCC Meeting – Presentation by Partnerships for Health: Denise Clark, Ashley Tetreault, Gregory Parent

Prevention Services Updates (Obesity):

Healthy Androscoggin:

- HA provides Technical Assistance to 90 Let's Go sites (not including healthcare sites).
- Attended Western District Obesity Meeting in Norway 1/27/18.
- Hosted "Active Play" Training on 3/15/18, 18 childcare and pre-k providers attended to learn physical activity games for toddler and school age children.
- Hosted "How to Incorporate Multiculturalism into Your Program" on 4/16/18 for Clover Pre-K staff in Auburn, ME. Focused on increasing multiculturalism into program, food/diet cultures, stigmas, traditions, etc.
- Assisted LG IDD Coordinator with staff training for CDS in Lewiston on "Intro to 5210 Let's Go!" on 4/24/18.
- Attended LG Quarterly Meeting on 4/19/18.
- Provided RSU 4 a Smarter Lunchrooms training on 1/22/2018.
- Facilitated School Nutrition Workgroup on 3/21/2018.
- Will be reviewing RSU 4's District Wellness Policy 4/10/2018.
- Will be attending Poland Regional High School's Wellness Day on 4/13/2018.

Healthy Oxford Hills:

- Work is progressing with all school districts actively engaged at various stages of completing policy work and/or implementation.
- The district wide meetings for Obesity Coordinators have continued and are productively contributing to movement on goals related to school nutrition and child care site policies and practices.

# Statewide Coordinating Council for Public Health District Coordinating Council Update



## *Ongoing or upcoming projects or priority issues:*

Crisis Services: There has been a recent change in crisis services in Franklin County. They have been consolidated in Lewiston with only part time services in Farmington. Some community partners feel they are not getting the services they need, and some people may not have transportation to Lewiston. DCC members noted that as services are centralized in urban areas, rural voices are being lost. **It was suggested that this concern be shared at the next SCC meeting.**

## *Progress with District Public Health Improvement Plan:*

Ongoing discussions have been difficult due to loss of funding.

## *Structural and Operational changes, including updates in membership:*

DCC members decided to move to quarterly meetings while reorganizing, with quarterly Steering Committee meetings the month before the DCC meets. The new schedule for each group is below:

Due to new DCC schedule moving to quarterly schedule there was no meeting in May and June meeting is scheduled for June 29, 2018.

## *In-district or multi-district collaborations:*

## *Other topics of interest for SCC members:*

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



**District: York District**

**Date: 06/21/2018**

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 Executive Committee continues to meet regularly.

The council just concluded its second full council meeting of 2018. This meeting was well attended by almost 40 individuals representing many organizations and municipalities. There was a presentation by Partnerships For Health in regards to the evaluation and communication services for the federally-funded State Public Health Actions 1305 Grant, also known as the Prevention and Control (PAC 1305) Grant in Maine. The Grant addresses obesity, school health, diabetes, and cardiovascular health.

The main portion of the meeting was for a panel discussion with Craig Patterson Program Manager, Maine Medical Use Marijuana Program & Scott M Gagnon MPP, PS-C Director of Operations at AdCare Educational Institute of Maine Inc. Panel discussion on current regulations and trends for both recreational and medical marijuana. This proved to be extremely valuable as lot of questions where ask in regard to recent changes, and about understand the new statues.

***Ongoing or upcoming projects or priority issues:***

The York District Shared CHNA planning and engagement group will utilize the council structure and some members, as we plan for and undertake activities. We have selected to hold two forums on the same day. September 2018. An event will be held in Saco and Wells more information to follow.



***Progress with District Public Health Improvement Plan:***

**Substance Misuse:**

- Scheduled second working group for Drug Free Community grantees and recipients of Manie Prevention Services funding to talk about workplans and goals for 2018 to try an align efforts.

**Physical Nutrition and Obesity:**

- A workgroup met recently, to engage in networking and sharing of information. This was a well-attended meeting with some solid outcomes.
- 1. Create an online repository with a listing for outdoor recreational facilities. i.e. playgrounds, trails, bike paths etc.
- 2. Create a standing meeting schedule to ensure future coloration and bring in subject matter experts to present.

**Oral Health:**

- Working with UNE and schools to try and align services.

***Structural and Operational changes, including updates in membership:***

Emilee Winn has been hired as the York and Cumberland District Coordinator.

***In-district or multi-district collaborations:***



***Other topics of interest for SCC members:***

A large empty rectangular box with a black border, intended for members to list other topics of interest.

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