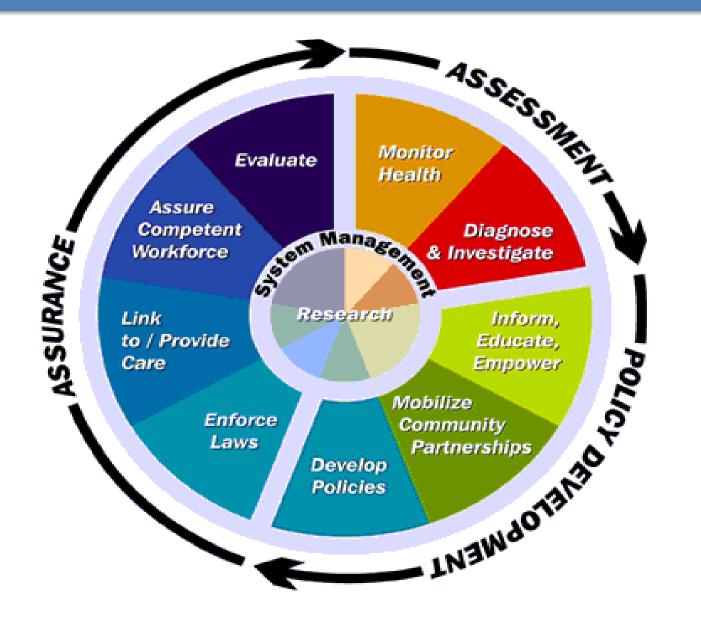
Public Health Statewide Coordinating Council

Legislative Orientation Prepared for the 128th Legislative Session January 2017



Core Public Health Functions



Public Health Infrastructure Development

Historically (pre-2007):

- Regional MCDC staff unconnected to each other; different divisions/programs use different geographic divisions
- Many unlinked local contractors deliver public health services through a patchwork quilt of contracts
- Outdated Local Health Officer Statutes, lack of support for LHOs

2005-2007: Public Health Work Group (PHWG)

- Led by Governor's Office of Health Policy & Finance
- 40 voting members and broad representation/input from stakeholders

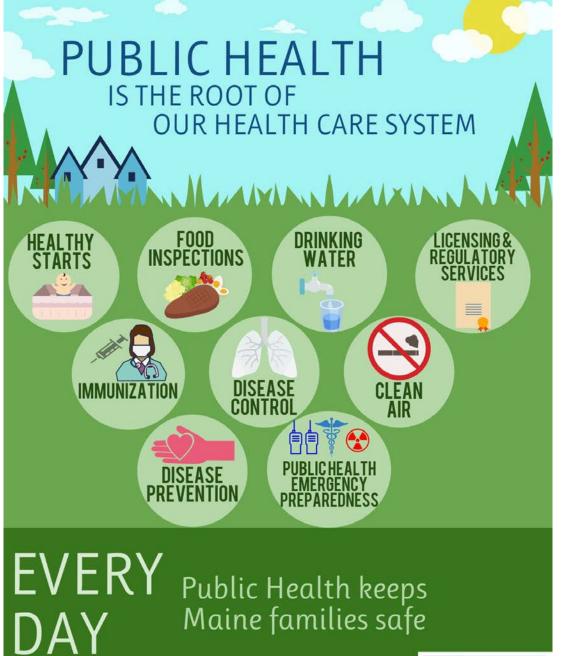
2007: Revision of Title 22 Ch 153

Streamlined and clarified LHO appointment and duties

2008: LD 1363 signed into state law

- LD 1363 codifies recommendations of the PHWG and elements of the local public health infrastructure, i.e. Local Health Officers, District Coordinating Councils (DCCs) etc....
- PHWG continues as Statewide Coordinating Council (SCC)

2011: added Tribal Public Health District to Title 22 MRS §412





Refining Public Health Infrastructure

Public Health Infrastructure refinement in a changing policy landscape

- DHHS Investment in District Coordinating Councils and District Public Health
- Public Health aligning with clinical providers to improve health outcomes (e.g., Accountable Care Communities)
- Shared Health Needs Assessment and Planning Process (SHNAPP): focused collaboration of governmental public health with hospital system partners to achieve greater outcomes
- Affordable Care Act and impact of potential changes
- Two Public Health Advisory Board accredited health departments in the State

SCC Purpose: Title 22 MRS §412

Per Title 22, section 12004-G, subsection 14-G, the SCC is a representative statewide body of public health stakeholders for collaborative public health planning and coordination.

http://legislature.maine.gov/statutes/22/title22sec412.html

The Statewide Coordinating Council for Public Health shall:

- Participate as appropriate to help ensure the state public health system is ready and maintained for accreditation; and
- Assist the Maine Center for Disease Control and Prevention in planning for the essential public health services and resources to be provided in each district and across the State in the most efficient, effective and evidencebased manner possible; and
- Receive reports from the tribal district coordinating council for public health regarding readiness for tribal public health systems for accreditation if offered; and
- Participate as appropriate and as resources permit to help support tribal public health systems to prepare for and maintain accreditation if assistance is requested from any tribe.



SCC Governance Structure

Council Size

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

Council Member Representation

- District Coordinating Councils
- State Government (Maine DHHS, DOE, DEP)
- County governments, municipal governments, tribal governments/health departments, city health departments
- Hospitals, health systems
- Emergency management agencies, emergency medical services
- Institutions of higher education
- Area agencies on aging
- Mental health services, substance use prevention, treatment, and recovery services
- Organizations seeking to improve environmental health

Activities and Accomplishments

Meetings:

- 3/17/16; 18 voting members in attendance
- 6/15/16; 13 voting members in attendance
- 9/15/16; 12 voting members in attendance
- 12/15/16; 9 voting members in attendance
- Participated to help the state public health system achieve national accreditation
- Provided input on the state health improvement plan
- Assisted the Maine CDC in planning for essential public health services; reviewed district public health plan progress reports
- Discussed options for better use of resources around the SCC table
- Renewed focus on the "public health system" and alignment with legislative purpose