

**Cumberland County Public Health  
Coordinating Council**

**Tuesday, March 6, 2007**

**MEETING NOTES**

WHAT'S DECIDED (Handout #2):

- There are 8 regions in Maine: Cumberland, York and Aroostook are one region each, other 5 regions are combined counties.
- Collaborative Coordinator interfaces between CCHC and local government and State
- General function for Regional Councils (RCCs)
  - Work in tandem with this committee
- Request for Proposals (RFP) from Maine DHHS:
  - Significant to this committee as it drove interest in sub-State infrastructure
  - Funds to go towards RCCs
  - Question: What needs to happen that is not happening now?
  - Need town-level data – critical to process
  - Who does it work for? How is it to be funded? The 25 % match – where is it to come from?
  - There is a \$6 million budget
  - Funding town by town?
- Need to look into Legal or Statutory changes. Also look into authority transfer?
- Deb Deatrck: Need someone to create Working Document?
- Each Committee needs to create document

- Develop brief Position Papers?
  - RCC difficult to understand
  - Can this committee receive greater/better explanation than through multiple emails?
  - Vetted by group before

#### STEERING COMMITTEE (Handout #3)

- Difficult for voting, therefore Julie Sullivan made up a slate
- One-Year Terms; at least for the first year
- Three mandatory seats: State; County; City of Portland/City Council
- Chairs:
  - Comprehensive Community Health Coalition – oversees RFP
  - Fundraising - \$20,000 raised to date
  - Health Data - shows good picture of Cumberland County
- Committees:
  - Government & Financing
  - Legislative – Deb Deatrick
  - Delegate – need person to attend this committee meetings
  - At Large – Donna, Colleen, Allison
- Public Health Work Group (PHWG)
  - Hospitals, counties, schools, etc. need to be represented at this committee
- All entities are Advisory. There are no Statutory groups
- Other Councils are being organized – but this committee does not know about them
- Steering Committees meet monthly in advance of CCPH meetings

#### PRELIMINARY DRAFT IDEAS from PHWG Subcommittee Meeting (Handout #5 (?))

- Draft has NOT been voted on
- Correction: “RCCs to be convened by Me CDC/OSA staff and CCHCs” is not accurate
- Draft generated a lot of discussion
- Need better PHWG Minutes
  - This committee has no control over minutes
  - This committee has not seen the Final document
- Include RCC functions and CCHC function
- There has been no presentation to Legislature
- Need assurances:
  - Put in letter-format the timeliness of meetings, make meetings accessible to this committee, need meeting minutes circulated, decisions that are clearly articulated
  - I.E. this committee should have a clear sense of the PHWG

ORGANIZATIONAL CHART (Handout #1)

- If a committee member misses more than 2 meetings – they cannot vote
  - Rule is on an annual basis and is per organization
- School Representative – slot needs to be filled
- Steering Committees – identify “holes” and fill them
- Mercy Hospital committee member represents all hospitals in county
- Town of Gray committee member represents all municipalities
  - Committee member needs to send note to municipalities, informing all groups of discussions/decisions of this committee
- Make it clear to committee members that there are different levels of responsibility
- Idea: put it out to all 5 hospitals who they would want as their representative on this committee
- Need to have all hospitals, towns, and social service agencies in County represented on this committee
- Need to add to list: Dentists (Community Dental – low-income, Statewide)  
Physicians  
Emergency Preparedness  
Elected Officials
- Look for scope of work for each Subcommittee
- Organizational Chart was circulated for attendees to indicate which Subcommittee they would like to work on
- Question: Are Memoranda of Understanding needed? Answer: Not as yet
- Meeting times and frequency are important for people to know [to be told about]

4. HEALTHY CUMBERLAND COUNTY PRESENTATION to CCRCC

- Healthy Maine Partnerships working on an RFP from the State
- There are 4 Healthy Maine Partnerships (HMPs) in Cumberland County
  - They are fulfilling their role
  - However they do NOT cover all of Cumberland County
  - Falmouth, Yarmouth [to name 2] are not represented
- New RFP will cover the whole county, all towns, in a way that works

- Confusion over whether Brunswick and Freeport are in Cumberland or Sagadahoc Cty
- Counties will continue to cover that part of the county they are currently covering

- Will stay on county lines when collecting data. However, County lines are blurred with regard to health care services
- Public Health is in 6<sup>th</sup> year of Healthy Maine grant; period will end June 30, 2007.
- September 1, 2007, will be the start of the RFP's one-year grant period – could extend to 3-year
- RFP includes specific funds to develop and maintain the RCCs
- It's an evolution of the HMP idea
- Visuals would be needed to combat confusion
  - The Healthy Cumberland County document may be able to clarify
- \$1.3 million in grant funds plus additional monies for school health coordinators
  - Because of population density of County, there should be more than 2 school health coordinators
  - Vying for additional school health coordinators
- Funding – difference/parity between rural and urban parts of the State
  - Funding for RCCs (not formed yet) needs to be approved by the Legislature
  - Funding is for each of the 8 regions – split between RCCs of each region
  - Affects this committee the most
  - Appoint ONE fiscal agent for {**EACH** or **EVERY?**} Regional Coordinating Council
- There was a call for members to develop Work Plan for this committee
- HMP – discussions are preliminary

DRAFT: RESOLVE RE: ROLE OF LOCAL REGIONS (Handout #4)

- Changes to first page (“Whereas...” section) are not major; no need to worry
- Color-coded changes: Deb – red; Gary – yellow; Trish – blue

Sec 1. Regional Coordinating Councils Subcommittee (page 2):

- Already taking steps to reconstitute Work Group
  - Changes that will establish special subcommittee are already in process
  - Feel very strongly that accountability is needed in moving forward
  - Need Resolve to put boundaries and place accountability
  - One government and one non-governmental representative to co-chair
  - There is some overlap between groups
- (page 3) Constituencies: school administration and Governor's Office on Health were added

- (page 2) "PHWG to fund research" will be changed to "PHWG to conduct research"; because PHWG does not have funds
- Should take the work done and write a Position Paper to submit to this committee

- Organization representation:
  - Need representation from Consumer groups {Definition: Consumer is a person who used public health services; a family member; someone who has difficulty with health care access). I.E. Need someone to represent the USE populations
  - Need to address this gap – in writing; or we are open to criticism
  - Also faith-based organizations need to be represented
- Discussion regarding size of the groups and the ability to come to a consensus
- Some committee members will be “wearing multiple hats”
- Roles (page 3, top) received the most discussion – pro and con
- The HCCs noted in point a). should be changed to read: CCHCs
- Document assumes there is a role – does not dictate what the roles would be

#### Sec 2. Public Health Work Group Composition

- (pages 3, 4) When does this take place?
- Need to re-energize members of PHWG, encourage members to attend meetings; determine what sectors need to be represented
- Convening May 15<sup>th</sup>
  - Should be receiving meeting notices, minutes, processes, etc.
- (page 4) Teleconference to be provided periodically – too difficult to secure on a routine basis
- Two-thirds of voting members in attendance are required to vote
- No discussion regarding Final Recommendations and Report
- Vote on next Draft – March 13, 2007
- Next step in process: PHWG to take position on document by 3/13/07
- The 2 legislative bills have not yet been withdrawn
  - Attempting to postpone legislative actions until after 3/13/07
  - Seem contentious?

**MOVE** to accept Resolve, Regarding the Role of Local Regions as amended: by Richard Farnsworth

**SECONDED:** by Elizabeth Trice

**DISCUSSION:**

- Is there controversy? In what areas? Why do we need this Resolve – PHWG can do this work
- Willing to work on Resolve rather than the 2 legislative bills
- Resolve is greatly changed from the earlier version
- Should have discussion before 3/13/07?
- To make a distinction between RCCS and RCCs – changed “RCCS” to “RCC Subcommittee”
- If the 2 legislative bills are passed; if County Commissioners sign off; if PHWG signs off: then, 1 bill (the Cumberland County's bill) will have to be combined with the Resolve
- The other bill is from County Commissioner Barstow, who doesn't want his bill pulled out
- There are similarities between both bills – will work it out together
- Need commitment that Resolve to be sent to State before \_\_\_\_\_ (?)
  - This committee doesn't have control over that
- The hope is that individual members of the PHWG will make recommendations
- Question: Is there conflict between Resolve and the Maine Network? Answer: None, in the work to be done. Public Health needs to be governed by political government and community coalitions
- What is Cumberland County's role in the emerging sub-State superstructure? What makes sense to Cumberland County? How does it play out in the rest of the State?

**MOTION PASSED:** by majority vote

**NEXT FULL-COMMITTEE MEETING:**

**Friday, March 16, 2007  
10:00 AM – 11:30 AM  
Room 209, 2<sup>nd</sup> floor, Portland City Hall**

Respectfully submitted,

Lillian dello Russo  
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Operations  
Public Health Division  
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