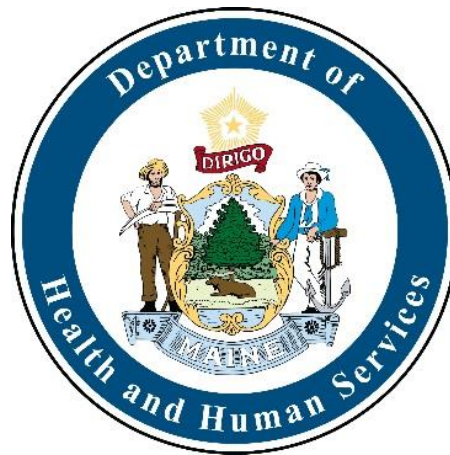


Accreditation SCC – Advisory Committee December 12, 2024



Accreditation – SCC role

- Maine’s Public Health Statute requires the SCC to support Maine CDC’s accreditation efforts.
- However, the bulk of accreditation requirements and activities involve policies and documentation of internal Maine CDC activities.
- Maine CDC will regularly report in its status and progress regarding accreditation.
 - June 2025: results of the pre-site visit review
 - September or December 2025: results of the site visit
 - December 2025 or March 2026: PHAB decision
- Maine CDC will identify any needs or opportunities for SCC input.

Accreditation Status

- Reaccreditation documentation submitted Oct 2, 2024.
 - PHAB has not provided pre-site visit feedback
 - Currently expected sometime between March 31 and May 31
- PHAB staff will “reopen” any measures that do not largely or fully meet the standards or where they need clarification.
 - Maine CDC will have 45 days to upload new information.

Accreditation Next Steps

- Once submitted, site visitors will be assigned, and will review the documentation, and the site visit will be schedule
 - Projected timeline: August, September or October
- During the site visit, we may have one more opportunity to update documentation.
- Post-site visit, the site visitors finalize their report to the PHAB Accreditation Committee.

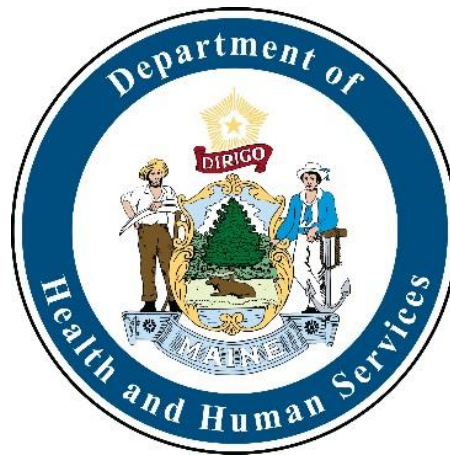
Accreditation Decision

- The PHAB Accreditation Committee meets quarterly to review reports and made accreditation decisions
 - Late 2025 or Early 2026
 - Two primary options:
 - “Reaccredited”
 - “Accreditation Committee Action Requirements” (ACAR)
 - 12 months to take specific actions to address missing criteria

Post-Reaccreditation

- Annual reports include:
 1. Circumstances that would prevent the health department's continued conformity with The Standards (rare);
 2. Progress related to specific measures required by the Accreditation Committee
 3. Any adverse findings by funding agencies (rare);
 4. Population health outcomes reporting; and
 5. Activities related to continuous improvement as required by PHAB, including reporting on items identified as part of the Continued Advancement portion of documentation submission.

Preventive Health and Health Services
Block Grant
SCC – Advisory Committee
December 12, 2024



Preventive Health and Health Services Block Grant Background

The PHHS Block Grant (Block Grant) provides:

- “Critically needed, flexible funding”
- “To address the unique preventative health needs”
- Linked to Healthy People 2030 objectives

Preventive Health and Health Services Block Grant Funding levels

- Non-competitive allocation to each state, plus territories and DC.
- Authorized in final federal budget.
 - Last year “F2023” ended 9/30/24: \$ 1,388,395
 - This year “F2024” will end 9/30/25: \$ 1,603,638
 - Next year “F2025” will end 9/30/26: ?????

Note that this is a two-year grant and funding is spent in the second year.

SCC Role

- The PHHS BG requires an Advisory Committee
 - The SCC became the PHHS BG advisory Committee in 2017.
- The Advisory Committee:
 - Advises on the use of the Block Grant
 - Approves Allocations
 - Receives reports of Block Grant Progress

Public Hearing

- The PHHS BG also requires at least one public hearing per year
 - Often scheduled immediately before an SCC meeting.
 - Provides the public an opportunity to hear about the Block Grant and provide input.

Block Grant structure:

- Several “Programs” linked to a Healthy People 2030 Objective
 - Each program has one or more smart Objectives
 - Each Objective has activities
- Two reports per program period:
 - Interim due February 1
 - Final due December 29

Block Grant/SCC yearly schedule

SCC Meeting	Block Grant Activity
March	Review interim report, May approve changes to current year workplan May discuss preliminary plans for next year's workplan
June	Approve the next year's workplan
September	May discuss progress or potential changes
December	Review final report May discuss changes to current year workplan

F2024 – Original Work Plan

Program Area	Healthy People 2030 Objective
Accreditation	<ul style="list-style-type: none">• Increase the proportion of state public health agencies that are accredited — PHI-01
Informatics	<ul style="list-style-type: none">• Enhance the use and capabilities of informatics in public health — PHI-R06
Violence Prevention	<ul style="list-style-type: none">• Reduce firearm Deaths — IVP-13
Workplace Health and Safety	<ul style="list-style-type: none">• Reduce work-related injuries resulting in missed work days — OSH-02
Sexual Assault Prevention	<ul style="list-style-type: none">• Reduce contact sexual violence — IVP-D05

F2024 – Interim Report - Accreditation

- Key Challenges: Maine CDC leadership is struggling to find efficient processes and a strong purpose to performance measures.
- Strategies to address challenges: The Accreditation Coordinator meets regularly with leadership to discuss challenges, review progress and data. One-on-one meetings with Associate Directors are planned for 2025.
- **Objective 1**: PHAB feedback not yet received – no activity (this was expected).
- **Objective 2**: Maine CDC performance management system continues under development, not yet fully functional
 - Competing priorities and uncertainties with Federal funding have resulted in some delays.

F2024 – Interim Report - Informatics

- Key Challenges: A staff vacancy due to long-term illness continued to impact our progress.
- Strategies to address challenges: We brought additional Maine IT resources on board to assist in bridging the staffing gap.
- **Objective 1**: 3 of 3 expected informatics tools were enhanced:
 - The Local Health Officers Registration and Information system
 - The Health Inspection Program's information system
 - Tableau dashboards, including that for the Maine Shared Community Health Needs Assessment
- **Objective 2**: Health Equity data sheets for 11 populations with known health disparities were not completed by the interim report.
 - Nine data sheets were produced, but QA is on-going
 - Two additional populations will be included when the Maine Shared CHNA data displays are fully updated.

F2024 – Interim Report – Violence Prevention

- Key Challenges: Lack of staff. The Office Director (not funded by PHHS BG) was hired in December.
- Strategies to address challenges: Maine CDC is now engaging with outside vendors to start program activities (using funds other than PHHS BG).
- **Objective 1:** The Violence data hub requirements have been discussed and a plan for accelerated development is underway.
- **Objective 2:** Firearm Safety education tools will be developed via a contractor; the contract is under development.

F2024 – Interim Report

– Workplace Health and Safety

- Key Challenges: Chief Safety Officer position was not approved by the Department. Subsequently a contract for a long-term staffing resource was proposed, and this was also not approved.
- Strategies to address challenges: Currently, a consultant, the deputy Chief Operating Officer, and the State Epidemiologist are filling in for a CSO. A Laboratory Safety Officer was hired, and has been in the position since the end of October.
- These are no longer funded by the PHHS BG, and related activities in the Block Grant workplan are being canceled. Resources are being shirred to the Informatics program.

F2024 – Interim Report

– Sexual Assault Prevention and Response

- Key Challenges: Staff vacancy are a perennial challenge. While now fully staffed, outreach and education have been delayed.
- Strategies to address challenges: Over the last year, SAPARS staff did a comprehensive assessment of the agency; the resulting reorganization and reprioritization of staff responsibilities ensured that key services will be fully supported throughout SAPAR's service area.
- **Objective 1:** 294 survivors, non-offending friends and family (all who sought services) were provided support and advocacy.
- **Objective 2:** 1696 students in K-12 in schools within Androscoggin, Franklin, and Oxford Counties received sexual assault prevention education

Potential F2024 Changes

- *Currently, there is a pause on adding new programs and/or activities that are not directly related to addressing public health emergencies.*
- Need a budget revision due to staff vacancies – shifting funds to contracted resources for similar activities.
- Starting to shift funds between “infrastructure” versus “community prevention”
 - May move Workplace Health and Safety to the Public Health Infrastructure Grant and spend more on Informatics (Maine Shared Community Health Needs Assessment).

Potential F2025 Changes

- *We do not yet have word on allocations or how the full year continuing resolution will impact the PHHS BG. Our working assumption is that it will be level-funded*
- Need to shift funds between “infrastructure” (PHIG) versus “community prevention” (PHHS BG)
- Workplace Health and Safety, Accreditation, and some Informatics funding will shift to PHIG.

Potential F2025 “New” programs

- TB being added to PHHS BG
 - Public Health Nurses shifting from Maternal and Child Health funding
 - One CHW and one epidemiologist moving from PHIG
- PFAS Response being added to PHHS BG
 - Two toxicologists and ~ 0.8 FTE epidemiologist and Other “prevention” related staff may shift to PHHS BG from PHIG.

Questions?

Comments?

Suggestions?

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