



st. joseph Healthcare  
St. Joseph Hospital



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President and CEO

# How Did The Community Health Leadership Board Begin

- 1 ½ years ago
- Change in the Public Health Department
  - Public Health Advisory Board
- Fragmentation
- Good Intent
- Moratorium on Methadone Clinics

# Who are the Members & Why

- Mary Prybylo (St. Joseph Hospital)
- Deb Carey Johnson (Eastern Maine Medical Center)
- Doug Michael (Eastern Maine Healthcare Systems)
- Ken Schmidt (Penobscot Community Health Care)
- Dan Coffey (Acadia Hospital)
- Jamie Comstock (City of Bangor)
- Patty Hamilton (City of Bangor)
- Cathy Conlow (City of Bangor)
- Kara Hay (Penquis)
- Dale Hamilton (Community Health and Counseling Services)
- Dyan Walsh (Eastern Area Agency on Aging)

# Potential Future Members

- YMCA / YWCA
- Police / Fire
- Schools

# Community Health Leadership Board Charter

- **Mission**
- The CHLB will inspire and drive our community to optimize the health of individuals and our region as a whole.
- The CHLB is focused on efforts to improve health that are customer driven and are affordable to all.
- The CHLB is focused on the Greater Bangor area. The specific towns involved will vary depending on the initiative.
- The CHLB is initially focused on measurably reducing the impact of addiction and substance abuse in our community.
- The CHLB will work on collaborative interventions based on community health assessments.

# Community Health Leadership Board Charter

- **Background**
- The CHLB was convened to address pressing health concerns in our community.
- **Purpose**
- Develop a high level strategic direction that can be used to guide the community and the CHLB's member organizations to overcome vital health concerns and achieve positive outcomes.
- **Vision**
- The community sees improved health and wellbeing thanks to the collaborative work of and strategic guidance from the CHLB.

# Organization

- Independent
- Provides Strategic Guidance
- Consensus Model
- Facilitation
- Elected Chair

# Finances

- The City provides meeting space and some administrative support.
- Contributions from each organization
- Grants, Private Foundation – Good Model for Grants.
  - MeHAF Grant – Improved Access to Quality Care – Planning Grant
  - MeHAF Grant – Healthy Communities – Planning Grant



# CHLB Members Commit to:

Respectful of the ever-changing environments in which we operate, CHLB members commit to:

1. CHLB members share their organization's community health assessment data with the CHLB
2. CHLB members develop collaborative strategic plans and action plans relevant to the Boards focus of work using community health needs assessment data
3. CHLB members work collaboratively to apply for and fund the CHLB's collaborative action plans
4. CHLB members share information on initiatives or grants they feel are relevant if it will be helpful to them or to see if a cooperative approach may be beneficial
5. CHLB members communicate amongst one another in an open and respectful way, whenever possible and barring any legal limitations



# CHLB Members Commit to:

6. CHLB members attend and actively participate in an annual CHLB meeting schedule, whenever possible, to support collaboration and guide the Board and the community's work
7. CHLB members respond to requests from one another for support and to share information, whenever possible and barring any legal limitations
8. CHLB members utilize their organizational capacity to help achieve CHLB's community-wide goals
9. CHLB members support and promote individual and workplace standards of health set up by the CHLB to set an example in the community to the best of the individual and organization's ability
10. CHLB members commit to carry out the CHLB's strategic plan within their organization whenever possible and within the limitations of their controlling Board of Directors and barring any legal limitations



# Community Task Force Formed on Drug Addiction

- Members
  - City Council Members
  - Business Owners
  - Providers
  - Community Members
  - Police / Fire
  - Patients / Consumers

# Community Task Force Formed on Drug Addiction

- Agenda
  - Education
  - Data Review
  - Community Forum



# Community Task Force Formed on Drug Addiction

- Outcome
  - September 2014
  - Recommendations given to CHLB with five (5) priorities.

# CHLB WORK PLAN STATUS UPDATES

- **PREVENTION**

- **Sub-Group #1**

**LAUNCH A COMMUNITY  
AWARENESS CAMPAIGN**

- **Sub-Group #2**

**IMPLEMENT A  
COMMUNITY  
PRESCRIBING PROTOCOL**



# CHLB WORK PLAN STATUS UPDATES

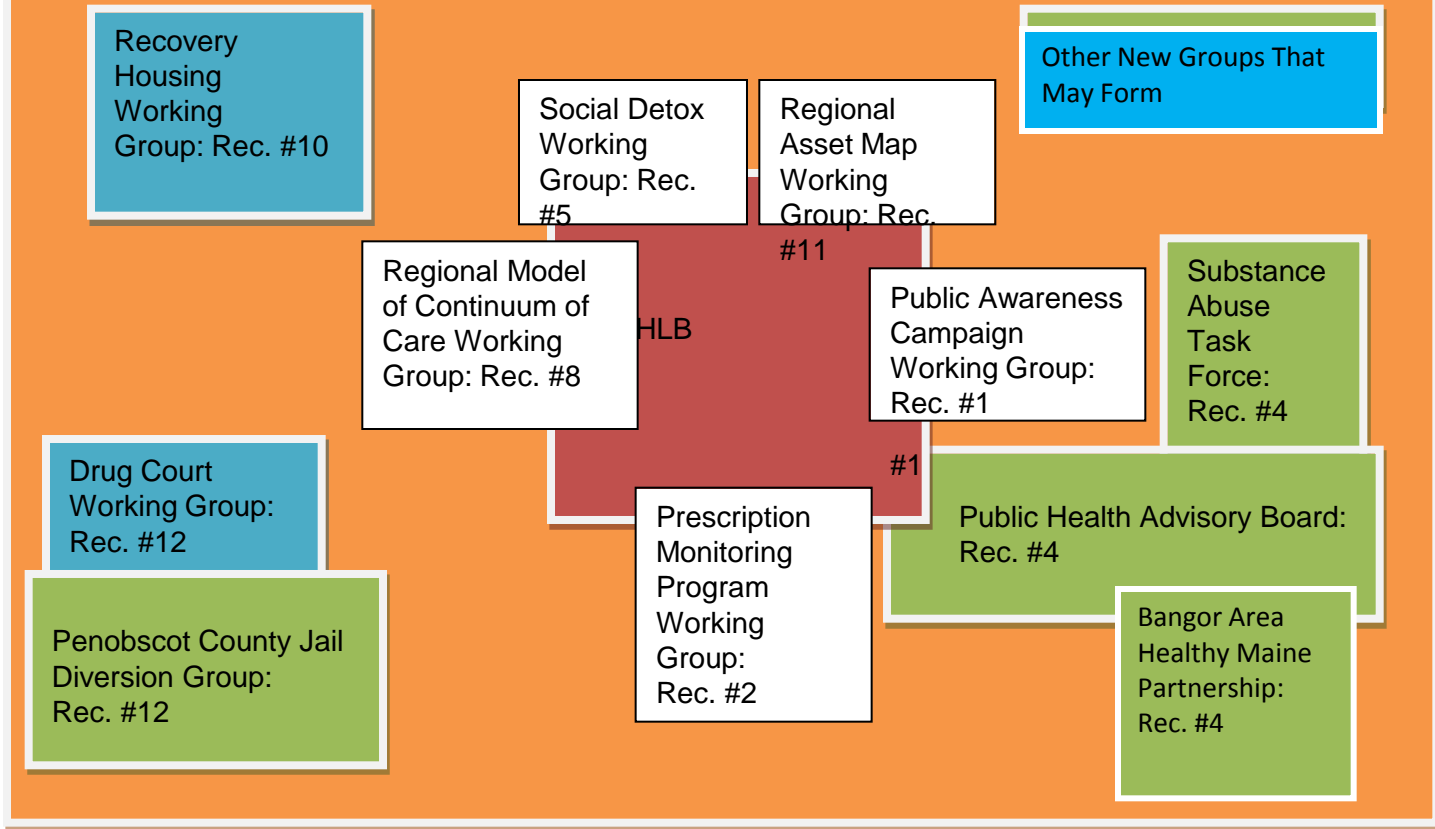
- **TREATMENT**
- **Sub-Group #3 PROVIDE SOCIAL DETOX IN OUR REGION**
- **Sub-Group #4 REVIEW CURRENT PRACTICES & ADOPT BEST PRACTICES FOR MAT DOSAGE, DURATION & COUNSELING**
- **Sub-Group #5 DEVELOP A REGIONAL MODEL FOR THE TREATMENT OF DRUG ADDICTION**

# CHLB WORK PLAN STATUS UPDATES

- POLICY
- **Sub-Group #6 DEVELOP A REGIONAL ASSET MAP OF PREVENTION, TREATMENT & RECOVERY SERVICES**



City of Bangor: Helping form connections, sharing work plans and helping to find synergies between initiatives of each group



Newly forming groups

CHLB Initiative Groups That Are Launching

Existing groups

City of Bangor Plays a Role in All of These Groups

# Thoughts.....

- This works because CEO's are at the table and the issue impacts all of us.
- Each sub-group has facilitation, timelines and objectives.
- Measures of success are set by the grants and sub-committee, i.e.:
  - Social detox formed with membership
  - Decrease in opiate prescription
  - New rural primary care site that can treat patients with addiction.
  - Decrease in drug-related crime.



# Thoughts.....

- Funding!
  - Need to be creative – “Community Chest”
  - Involve Businesses
  - Grants
- CHLB Spokesperson & contact for legislators and new programs.
- Sharing community assessments, access to providers
- We want to be a Center of Excellence for treating this disease – or our community will never be healthy.

# Next Steps:

- Stop the legalization of Marijuana.
- Retreat with facilitation to discuss next steps, funding, projects and structure.
- Stakeholders Summit –
  - At least twice a year.