

Minutes  
Mental Health and Wellness Committee/1st Coalition Meeting  
Katahdin Region Higher Education Center  
June 25, 2019  
6:00pm

Attendance:

Randy Jackson (Chair), Jane Danforth (Thrive Penobscot/MRH), Deb Rountree (KRHEC), 19 other members of the public.

The first coalition meeting consisted of community leaders, recovery coaches, law enforcement, emergency medical responders, and concerned members of the public. No providers were present at the meeting.

The purpose of the coalition is to band together all resources in the region to identify needs and apply for grant funding as one entity.

It was discussed as a committee that disbanding at this present time may not be in the best interest of the community or coalition as it has been brought up before in previous meetings. Discussion on the potential of this action will be held at a later meeting.

Attached are notes that were created by participant Diana Furukawa and provide a more in depth view of data collected during the meeting as well as next steps.

The group plans to collect data from providers and other resources throughout the region before meeting with Gordon Smith in September.

Regional resources that we **currently** have:

*Prevention*

- *Schools, extracurricular activities, youth programs*
  - Activities that give kids a sense of belonging
  - Opportunities for safe risk-taking
  - Exposure to positive adult role models
  - Some direct learning about substance abuse disorders, but too little too late
- *Law Enforcement*
  - Tip Line and Facebook Page– East Millinocket PD
  - Rx Drug Take-Back Days
- *Rape Response Services, Partners for Peace*
  - Many of the folks they counsel overlap with the recovery community, so it can be another way to connect folks with resources and counseling
- *PMP Program*
  - Prescription-monitoring program– alerts prescribers to how their prescription rates compare to doctors across the state
- *Mental health professionals*
  - We have some now (locally or arranged through tele-counseling), but more needed
  - Mental health professionals
- *Libraries, rec centers, churches*
  - Safe, sober, enriching places where kids feel connected to community

*Treatment*

- *Recovery Coaching*
  - Save-A-Life– Lincoln
  - “Pir 2 Peer” Network– Tri-Town
  - Access to recovery coach training opportunities at the BARN
- *AA/NA*
  - Many AA groups, not many NA groups
- *Churches*
  - Pastors can offer confidential/non-judgemental counseling
  - Teen Challenge has been used in the past– any church could opt to participate. Now open to adults as well
- *Rehabilitation*
  - Limestone
  - ?
- *Communication*
  - PSAs on local radio about AA/NA and rehabilitation options
  - 211– but sometimes out of date
  - Local newspaper
- *Medical services*

- At MRH, HAN, KVHC, Acadia Hospital
- Limited availability to MAT
- *Transportation*
  - Penquis

### *Recovery*

- *Recovery Coaches:*
  - “Pir 2 Peer”– Tri-Town
  - Save-A-Life– Lincoln
- *AA/NA*
  - Many AA groups, not many NA groups
  - Faith-based, so not for everyone. Also not truly anonymous in this area
- *Community education*
  - February’s community conversation
- Job training services
  - KRHEC
  - W10A funds available for employers willing to hire former felons
- Penquis
  - Parenting/childcare
- Triple “P” Parenting

What are the **gaps**? And what might work in this community?:

### *Prevention*

- Neighborhood watch program
- More mental health professionals needed
- Community education
  - De-stigmatization
  - Change our language, stereotypes
- Law enforcement
  - Reduce drug availability by catching and prosecuting dealers (more harshly)
  - Participating in life skills/health classes and other programs at schools– being seen as approachable community members by kids

### *Treatment & Recovery*

- More connection between medical professionals to mental health professionals
- Lack of accessible public transportation to treatment
- Limited medically-assisted treatment
- No local detox centers
- No local rehabilitation facilities
- No local sober houses

## How can we measure this issue in our community?

### *Data sources:*

- Providers
  - How many are receiving MAT? How many are on a waitlist?
  - How many are coming into the ER with substance abuse-related issues?
  - How many are receiving primary care related to substance abuse disorders?
- Mental health professionals, school counselors
  - How many individuals are being affected by substance abuse disorders? How many families?
  - How early are youth experimenting with substances? How many are developing toxic relationships with substances (that come through your doors)?
- Police, EMS
  - How many calls related to overdose? Related to intoxication?
  - DUIs? OUIs?
  - How many people revived with Narcan? How many overdose-related calls where they were turned away because the person was already revived?
- Maine Data EMR
- Advocacy groups
  - RRS
  - Partners for Peace
- School drug/alcohol survey
  - How early are youth experimenting with substances? Which substances?
- Pharmacies
  - Is there a way to learn how much Naloxone has been purchased locally?
- Penquis
  - “Transportation data”
- People experiencing substance abuse disorders
  - Build relationships
  - Stories from “key informants”

### *Concerns/caveats:*

- There will be a margin of error to account for privately-bought Narcan
- Anonymity is key
- Be sure to look into about demographic trends within the above questions

### Next steps

- Build the coalition
  - We need a leader– we need capacity
- Measure this issue, qualitatively and quantitatively, to paint a portrait of this issue in our community. This snapshot will be essential for grant-writing and strategic decision-making.
- Meet with Gordon Smith in September