



TIME to Address the Impact of Substance Abuse
Phase II: Planning May 1, 2015-October 31, 2016

Planning Team Meeting #10
February 18, 2016 ~ 3:00-5:00 ~ Quarter 4
Kennebec Behavioral Health (Large Conference Room)
66 Stone Street Augusta, ME 04330

Meeting Summary
Agenda/Presentations/Select Materials/Discussions/Decisions

Purpose of the Fourth Quarter Activities (February, March, April 2016)

1. Continue to gain broader community engagement and adequate representation – Convene a minimum of 1 forum
2. Complete general information gathering
3. Develop criteria and process to narrow options to be proposed for ongoing funding

Anticipated Outcomes by April 30, 2016

1. Forum of other community input process conducted and input helps shape next steps
2. Power Analysis conducted – may be part of the community input process
3. Additional community members and committed partners join Planning Team

AGENDA
February 18, 2016

- 3:00 Welcome**
Introductions and Sharing
- 3:20 Brief business**
- Address questions from Jan 21, 2016 meeting summary
- 3:30 Review and Update of Progress/ Review of Remaining Grant Requirements**
- Goals of Grant
 - Timeline review
 - Data Presentation including Interview Themes to date
- 4:00 Focus on What We Can Do –**
- Guided Information Gathering
 - Prioritization Process based on the grid below

High Impact & Many Resources to align New resources with low investment Is baseline data available?	High Impact & Few Resources to align High cost/investment Is baseline data available?
Lower Impact & Many Resources to align New resources with low investment Is baseline data available?	Lower Impact & Few Resources to align High cost/investment Is baseline data available?

- 4:45 Have we moved closer to identifying the work we want to do across sectors?**
- Identify Gaps in information – ways to fill the gaps – who will do the work.
 - How to include more community members in our power analysis

4:50 Wrap Up

- Meeting Evaluations
- Additional Agenda Items for next time
- Final Comments

5:00 Adjourn

Meeting Summary

Attendance: Jody Bucknam, KBH; Beth Crowe, Family Violence Project; Holly Kiidli, ASAP; Bob Long, KBH; Rebecca Patkus, Spurwink; Cristina Salois, SKCDC; Marc Sirois, MGMC; Ingrid Stanchfield, GG Boys and Girls Club; Brandin Turner, LADC

Staff: Joanne Joy, HCCA

Welcome and introductions: Joanne Joy

Planning Team Members introduced themselves, and shared a positive thing that has happened recently, either from their professional experiences or their personal lives.

Brief business: Joanne Joy

There were no questions about the meeting summary from January 21, 2016 meeting.

Review and Update of Progress/ Review of Remaining Grant Requirements

Joanne developed a 1-page (legal size) document and poster that summarized the workplan and goals of the grant and the timeline for completing the work. Those present reviewed the timeline

- Goals of Grant
- Timeline review
- Data Presentation including Interview Themes to date

It's TIME to Decrease the Impact of Substance Abuse - Timeline for Planning Team - Feb 2016						
	Quarter 1 May 1 - July 31, 2015	Quarter 2 Aug1 - Oct. 31, 2015	Quarter 3 Nov 1, 2015- Jan 31, 2016	Quarter 4 Feb 1 - April 30, 2016	Quarter 5 May 1 - July 31, 2016	Quarter 6 Aug 1 - Oct 31, 2016
Engage the right people						
1	Recruit the right people for Planning Team	Most Recruited	Member turn over, engaged more people, inviting new participants	Engage 3 new community members for Planning Team		
2	Identify data and information that Planning Team members can provide for overall information	Brainstorm of resources for information	Interview groups identified	Assess if/what additional information needed		
3	Create the interview protocol, demographics, train members to complete interviews		Interviews continue	Completed the interview protocols, offered training		
4	Identify baseline data that partners can provide to align with measure of success for interventions				TBD when multi-sectored plan is in development	
5	Recruit Intern to support work	Short term intern over the summer		Intern for Gardiner B&G Interview		

6	Continue to identify organizational partners that will make implementation possible					Recruit new partners as final plan developed (for grant application)	
Identify the issue and population							
7	Define the planning process	1. Pop- low-income community members. 2. Interview process defined.	1. Decision making defined. 2. Leadership mid month call implemented 3. committees formed	1. Overview of environmental Strategies 2. Presentation on prevention by SAMHS	Provide Data Update		
8	Conduct Power Analysis				Was scheduled for Q 3. Need to plan for this		
Assure adequate data							
9	See items 2 and 7	Brainstorm of resources for information	Interview groups identified	Interviews continue	Assess if/what additional information needed		
9b					Provide Data Update	Collect needed baselines	
Gain Broader Community Engagement							
10	Convene at least one community forum for input				Rescheduled from Q3 Convene a minimum of 1 Forum		
11	Create a media plan to inform the overall community			Proposed to start in Q3	Need to Plan to start	Should be ongoing	
12	Mentor community members to speak on these issues and the plan moving forward			Proposed to start in Q3	Must narrow options prior to developing talking points, finding champion	Should be ongoing	
13	Convene Forum 2 - for strategic thinking about multi-sectored response to issues				Maybe at same time for same purpose in 2nd location		
14	Convene Forum 3 - with decision-makers who may be called to engage in the multi-sectored work - input on final plan for grant application					Can revise work plan if we determine that is a good idea to do fewer forums	
Narrow options for ongoing work							
15	Criteria for narrowing options				Q4		
16	Use criteria in a monthly meeting				Q4	Q5	
Design Coordinated, Collaborative Multi-sectored Work							
17	Using input from the 3rd Forum, create 1-2 fundable plans					Q5	

18	Gain formal commitments from sectors represented in the plans					Q5	
19	Identify additional partners					Q5	
Apply for next round of funding							
20	Respond to the Request for Proposals					RFP - end of July	Application due Sept. Funding Nov 1
Monitor							
21	Monitor progress, collect benchmark documents						
22	Financial and Narrative Reports Due			6 Month Report-Dec 10		12 Month Report - June	

Data Presentation and Interview Themes:

Joanne and Holly provided the data information, asking participants to note both gaps and concerns that emerged as well as opportunities for multi-sectored activities that might address the gaps. Holly focused on the updated Maine Integrated Youth Health Survey (2015) information providing additional information on trends and concerns. The presentation and discussion took longer than predicted on the agenda.

- The secondary data is available as part of the PowerPoint presentation delivered today titled TIME Data Update February 2016. The presentation will be distributed along with this meeting summary

Data points of particular interest include:

Treatment:

- Alcohol Admissions for treatment are still the highest single ‘drug’ listed as primary (37%)
- Heroin, methadone, and other opiates combined however total 56%
 - There was a change in data collection methodology and practice so this year cannot be compared to others effectively

Interventions:

- 100,001 sharps were provided in the needle exchange program in 2015, steadily increasing from 30,003 in 2012
- As treatment for heroin as the primary drug has increased over the 5 year period, treatment for prescription opiates has decreased

Marijuana continues to become more worrisome, with the THC content rising from 4% in 1983, to 10% in 2008 and to 15% in 2012

- 1 in 6 teens develop addiction
- Marijuana negatively impacts youth brain development
- Currently 63% of southern Kennebec County high school students do not see Marijuana as harmful

Maine Integrated Youth Health Survey data for 2015 has recently been released. Several slides compare data regarding tobacco, alcohol, marijuana and prescription drug use. Please review.

- Of particular concern: 18% of parents are believed to be accepting of marijuana use as compared to only 8% accepting of tobacco or alcohol use.
- Only 50% of high school and 54% of students feel like they matter to others people

- Only 44% of high school and 46% of students talked with at least one parent about the dangers of tobacco, alcohol, or drug use.
- 24% of all high school students in southern Kennebec County drank alcohol in the past 30 days.

The Interview Summaries, also part of the presentation are captured below for your reference

Group Interviews Conducted October 2015-January 2016 Challenges, Ways to Address Challenges, Priorities

Summaries from 7 Interviews

- Kinship, Adoptive, Foster Family Members
- Teens in grades 9-12
- Head Start Providers
- AA members
- SMART Recovery participants
- MGH IOP Providers
- Healthy Start

Themes and Summary Comments from 7 Interviews

- Kinship, Adoptive, Foster Family Members
- Teens in grades 9-12
- Head Start Providers
- AA members
- SMART Recovery participants
- MGH IOP Providers
- Healthy Start

Interviewee Demographics Summary

- 66 Participants
- Ranging from under 18 to between 65-74
- Majority from Augusta(18) & Gardiner(15)
- Income levels ranges from < \$15,000 (10) >\$60,000 (16)
- Family sizes ranged from 1 (10) to 5 (10)

Group	Age	Autista	Chelms	Farmington	Gardiner	Hallowell	Paris	Randolph	Rehoboth	Regional	<18	18-24	24-34	35-44	44-54	55-64	65-74	75+	Male	Female	<\$15,000	\$15-30,000	\$30-45,000	\$45-60,000	\$60,000+	1	2	3	4	5	more	GED/HS	GED HS	some Coll	degree C	Masters	1	2	3	4	5	6	7	8	9	10	11	12					
Healthy Start	129	5			1					4					4	1		2	3						1	2	1	1								1	4	2	1	1	0	5											
SKCDC	127	13	2	0	1	0	1	0	1	12	0	0	3	3	2	5	0	0	1	##																																	
MGH IOP Avg	1.6	6	2	0	0	0	0	0	0	5	0	0	1	1	1	1	2	0	6	1	0	0	2	2	1	3	0	0	2	0	0	0	0	0	0	0	1	5	2	1	0	0	0	0	3	0	2	0					
Kin/Adopt/F	10.2	10	6			1				3	2		4	1	1	1	1	3	7	2					5	2																											
AA	10.24	10	6			2		1							3	5	2		6	4	1	3	3	1	2	4	2	1		2																							
Keystone	12.2	3				9				7	2							4	5	1				1		1	1	7																									
MAAR	2.3	13	2	1	0	2	1	0	0	1	5	0	1	4	3	3	1	1	0	8	5	4	2	1	3	3	4	4	5	0	0	0	0	5	3	5	1	6	1	1	3	2	4	0	4	7	4	10	5	1	3		
		66	18	1	1	15	2	1	1	30	7	5	8	11	10	17	7	1	24	42	10	6	16	9	16	10	21	10	3	10	0	8	11	3	23	16	24	12	11	6	##	10	5	26	6	6	0						

Many Links to Substances

- 24 had a close family member misusing or addicted
- 12 have family members in recovery
- 11 have had a family member die due to substances
- 6 (3 youth) have not used any alcohol, tobacco or drugs
- 23 use alcohol
- 10 (7 in recovery) use tobacco
- 5 use other drugs
- 26 identified as in recovery, clean and sober
- 6 identified as struggling in recovery
- 6 identified themselves as social users
- 6 use 'medical' marijuana

Questions Asked – Each group responded to questions specifically crafted for their general experience, but all captured that same type of information

- Names, interest in the topic
- Challenges for people to be sober and clean
- Ideas to address the challenges which were later found to fit into the following 6 overall themes: 1) DHHS, 2) Community-based Supports, 3) Treatment, 4) Education, 5) Advocacy, and 6) Law Enforcement
- Priorities to address the challenges

Summaries: Challenges, Ways to Address Challenges, Priorities. **Priorities are in bold**

1. Kinship, Adoptive, and Foster Families

- Challenges
 - DHHS: Case Workers, failed drug tests, parents unreliable, all the complications of use, heroin/opiates have increased the problems, no \$\$ support for kinship families
- Ideas to address challenges, **Priorities are in bold**
 - DHHS : more ‘warm handoffs’ for kids in crisis
 - Community based : Resources for children & teens – **academic and social supports, mentors**, more safe activities, low cost or no cost
 - Advocacy: Same supports for kinship as for adoptive/foster families
 - Treatment: for the children and families, longer term access to counseling, and more community supports
 - Education for adults: ACEs, **ways to effectively manage violent behaviors, trauma**, parenting skills
 - Law Enforcement: Establish relationships with the kinship, foster and adoptive families

2. Youth, Grades 9-12, Greater Gardiner Boys and Girls Club

- Challenges
 - Families in trouble-loss of homes, kids taken away, jail, arrests, health problems, causes mental illness, emotional distance
 - School – no consequences, kids steal alcohol from Rite Aid, using is ‘cool’, some use with parents, fear of bullying or no adult follow-through - so no one will report use
- Ideas to address challenges, **Priorities are in bold**
 - Community based: Adults: **Create an adult version of the Boys and Girls Club**, provide parenting classes
 - Community based: Youth: Make **marijuana and alcohol harder to get**. Address myths of marijuana as being safe
 - Education/School – Make *not using* ‘cool’, use dogs in school to find drugs, **increase consequences for youth who violate policy**
 - Law Enforcement: Catch kids using/possessing alcohol and marijuana. Impose consequences

3. SKCDC – Head Start Administrators, home visitors, site supervisors 312 kids, 10 sites

- Challenges
 - 47% of kids at Head Start are identified as special needs
 - Big increase in behavioral issues with kids
 - 29 calls to DHHS since August 2015-25 substance related
 - DHHS child protective understaffed, overwhelmed, inexperienced
 - Not enough foster placement options
 - Kids returned to parents without treatment success criteria
 - Children not fed, clothed, safe as should be
 - Children smell of tobacco and MJ smoke
 - Exposed to violence
 - Policy involvement
 - Parents impaired-so not dropping off or picking up
 - Quite a few have MJ cards (1st dispensary in 2011)
 - SKCDC can only give treatment information
 - Parents need immediate access to treatment when they are ready

- No services for affected families
- Increase in all of these issues over 3 years.
- Ideas to address challenges, Priorities are in bold
 - DHHS – More skills/education for child protective, **increase short term safe place while waiting for placement**, treatment milestones to return children
 - Community based- **more community sober social events**, more multi-generational gatherings for play with food, hold events in safe locations close to home, include extended families, create family safety plans, **work with landlords about lighting and door locks**
 - Advocacy: Municipal policies for safe zones, drug free neighborhoods, identify safe neighborhoods to use subsidized housing vouchers
 - Treatment: **More Treatment , quicker access**, longer time in treatment/support, treat extended families, **safe place to stay at night – off the streets while in treatment**, ID connections to family/family-like supports so children not lost when parents in treatment
 - Education: Skills for nurturing fathers, more knowledge about opiates and other drugs, **reduce stigma**
 - Law Enforcement: help create/promote safety plans, **public campaign about lights on and locked doors**, continue working with tips, show community service side as well as enforcement so you are broadly trusted

4. Long Term Recovery, AA

- Challenges
 - Alcohol and Drugs in family system, depressed, hard to be motivated, few sober relationships, few social opportunities, feeling alone
- Ideas to address challenges, Priorities in bold
 - Community: **more alcohol/drug-free places, youth safe outlets and places to be with peers**, sober housing, reduce alcohol sold where other necessities are sold
 - Advocate for big picture change: more MaineCare for treatment, unlink felony related to drug use from housing, food stamps, Pell grants, etc.
 - Increase Treatment: **Train and use volunteer facilitators**
 - Education: **Increase community awareness of recovery**

5. SMART Recovery

- Challenges
 - Not all consider themselves broadly addicted to substances. There may be just one substance (Opiates) they are in recovery from. Might use alcohol, tobacco
 - Access to suboxone with no insurance, availability of MAT medications on street from same people who sell heroin
 - Lots of time on your hands – no meaningful activities
- Ideas to address challenges, Priorities in bold
 - Community: **Reduce Stigma of ‘junkies’, promote & normalize chem-free adult socializing like picnics, meals, bands, games, ongoing recruitment to chem-free options**
 - Treatment: longer treatment, provide 3-4 weeks of safe place to be to first detox and then be safe.

6. MaineGeneral - Intensive Outpatient Program

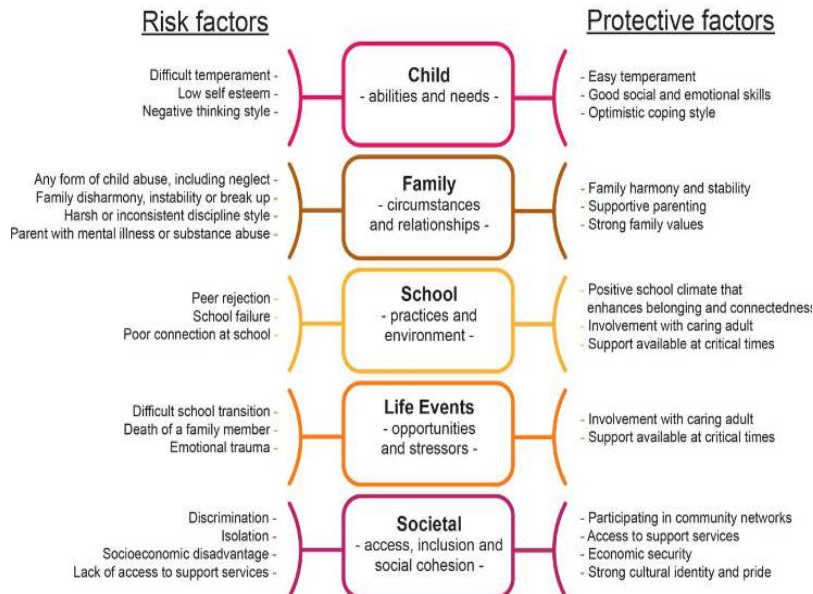
- Challenges
 - Co-Occurring Disorders – mental health symptoms as well as substance use disorders
 - Lack of ongoing access to mental health medications
 - Treatment ends abruptly after 4 weeks of daily sessions, gaining trust and beginning relationships
 - Hard to find new social settings.
 - Many with higher needs can’t do the paper work necessary to find additional supports even when they exist
 - Many not organized
 - Some not self-motivated
 - Many cannot continue with supports, others don’t like AA or other recovery systems
 - Lack of transportation

- Despair, lack of hope or belief in the future
- Ideas to address challenges, Priorities in bold
 - DHHS – Education: Clearing house function to help find all the local community options for support
 - Community based: **more sober, clean places to spend time**, more engagement of peers and volunteers, mentors. Provide more help with daily follow-up like rides to appointments, filing paperwork, phone calls, getting to appointments
 - Treatment: **More Treatment**, Partnerships between professionals and peers and volunteers to increase community supports, more detox
 - Education: **Reduce stigma**

7. Healthy Start: 3 Psychologists, 1 QA, 1 Early Childhood Education leader

- Challenges
 - Substance use disorders replace family relationships, increasing neglect, abuse; undermines protective factors, drugs get more attention than the children get; difficult to engage parents in meaningful efforts to nurture children
- Ideas to address challenges, Priorities in bold
 - DHHS: Train and support case workers to **use motivational interviewing**
 - Community based: **Increase diverse, low barrier, flexible parent and child activities across the age range**; increase parent/guardian and student shared activities at least through middle schools. Build supports into all transitions. Increase engagement in preschool, reduce stigma of Head Start. Put away phones, video games and engage face to face
 - Education: Train and support others to use **motivational interviewing to engage people**
 - Law Enforcement: Motivational interviewing skills to engage people as appropriate, be members of collaborations, **serve as mentors** with things like ball games, bike riding, chess

Planning Team members were asked to think about connections between the data and what the interview summaries show as well as the similarities in prioritized interventions. To assist with thinking about strategies, the presentation included visuals on both the Risk and Protective Factors and Recovery Capital included below.





Focus on what we can do:

This group process was allocated less time due to the longer time spent on the data presentation than allocated in the agenda, reducing the time and ability to complete all phases of the activity. Because this part of the TIME work is integral to identifying a final proposal for multi-sectored and multi-your implementation, the prioritization activities will be continued.

Participants divided into two small groups with the following instructions:

Determine 2-3 strategies to recommend

- Create list of multi-sectored strategies based on data, results of interviews, your experience
- Note resources that already exist, and additional resources that might be needed in 2 lists
- For each one, note an available baseline data source that can be tracked for change. This data must be already collected by someone else and could be made available to us
- Report: Each group will need to explain their strategy, resources and baseline data before they can add to the quadrants for consideration for action.

The small groups created the lists but ran out of time to move to the next bullet in the directions.

Combinations of the lists follow:

- Create expanded recovery supports including expanded sense of connections to communities
 - Increase number and type of chem.-free activities
 - Recovery center – as place to work from, focus of activities
 - Expand recovery coaches
 - Mentoring resources
 - Integrate Young People in Recovery, as well as people with long term recovery
 - Teen recovery supports
 - Promote what exists
 - Promote recovery
 - Need child care
 - Increase transportation
 - Some opportunities need to be inclusive of all types of families and singles, multi-generational
 - Create opportunities for family fun
 - Work to engage people from diverse backgrounds, income, experiences
 - Identify opportunities for meaningful involvement
 - Fund a coordinator to link these activities, promote them, reach out, welcome, etc.
- Increase community connectedness
 - Identify and increase diverse community engagement opportunities
 - Increase youth and family engagement activities that are free
 - Increase parental involvement in planning and implementation of activities
 - Increase law enforcement participation in community events and mentoring

- Create ways to welcome all incomes, neighborhoods, ages, etc.
- Schools increase prevention strategies including sense of connectedness
 - Increase buy-in to prevention and interventions that are available and evidence-based
- Increase chem-free events and locations for all people
 - Adult Boys and Girls Club type of opportunities
 - Recreational leagues
 - Other interests in addition to sports
- Increase long and short-term placements
 - Children
 - Others?

Have we moved closer to identifying the work we want to do across sectors?

A discussion about additional representation to plan for these strategies identified the following list of possible members.

- Member of the Kinship, Foster, Adoptive groups
- Identify someone from the CARA program, or other recovery groups
- At least one municipal representative. Ask mayors to appoint a representative.
- Use the power mapping event/forum as an opportunity to engage more community members and to recruit from that event

Wrap Up

Evaluations were completed, and the meeting adjourned at 5:00. The mid-month planning meeting will address the next steps.