

Chair Pat Kimball welcomed the audience. The Council members introduced themselves and their affiliations. Housekeeping details were explained and the first speaker stepped to the podium.

The following summary does not include written testimony submitted prior to the forum.

1. Susan Savell BARR (Building Assets Reducing Risks)

Evidence-based school model - tracking the well-being of students using teacher teams that met weekly.

2. Ann Conners Maine General Medical Center

General advice: direct funding to people; geographically spread; evidence based; avoiding stigma; utilize a RFP process

3. Robert Rogers Kennebec Behavioral Health

Suggested geographically based councils, support for mobile treatment, evidence based interventions, transparency in funding

4. Georgia Underwood/Barbara Skinner Recovery Wellness Initiative

Need a space where people know where we are, bricks and mortar; Sangerville is central. Have telehealth/limited internet; transportation is an issue

5. Dr. Ron Springal MARR (Maine Association of Recovery Residences)

Recovery housing (10 suggestions included in his written testimony) respite housing, how would temporary respite housing work? New operators for underserved special populations

6. Jerry Mason Penobscot Tribe

Wanting to help, his ancestors suffered from opioids. Saw problems during COVID; needs people with energy to step up. Lives off reservation himself

7. Whitney Parrish-Perry Maine Access Points

Naloxone distributor, harm reduction funding has many restrictions. Testimony with specifics coming later. Maine has the highest Hepatitis C rate in the country.

8. Sarah Gaffney Brain Injury Association of America - Maine Chapter  
Maine Acquired Brain Injury Advisory Council

Described the impacts that overdose experiences have on the brain

9. Amy Clark Bangor Area Recovery Network (BARN)

Recovery coaching; 19 centers statewide; needs sustainability plans

10. Seth Fournier LLRC, WAMRI, Mountain Recovery Network

Hard to recover if you can't get the treatment. A sober house opening in Mexico, in Oxford County

11. Tommy Hayes LLRC (Larry Latoute Recovery Center)

Knows the process of recovery. Has done a YouTube recovery show. Work in the schools, expand the transportation program

12. Dr. Rachel Solotaroff Executive Director - Penobscot Community Health Care

Federally qualified health center, one of 19. Fund evidence based screening, expand access to low threshold health care; address issues in recovery, housing, employment

13. Maria Grindle parent, held up a picture of her son throughout her remarks

Drug testing requirements and sober houses where testing is done to hold residents accountable

14. Greg Zinser Manager - York County

Summarized efforts already in place: 70 in jail-based programs; well positioned to work with others in residential treatment and recovery. 70 in MAT Program. Shortage of recovery beds. Would appreciate a letter of support from the Council for proposed 58 bed facility. Have a 24 bed facility currently in operation. Jail population 200+/- . Current expenditures \$400K of which only \$120K is state money. Public safety personnel acting as front line respondents and doing harm reduction work.

15. Lauren Hunt Maine General Harm Reduction Program

Reading letter from Christopher Cote. Injured in the military and given oxycontin. Doing peer recovery coaching.

16. LeeAnne Dodge South Portland Unite, A Drug Free Communities Coalition

Prevention is critical but don't have much time to do prevention work. Teaches driver ed for those needing to recover their licenses. Youth prevention groups, paying advisors. An 18 month wait for treatment.

17. Keri Lupien reading testimony from Mount View Correctional Center resident

Lack of communication identified along with recovery and housing. Suggests one-stop shopping/wrapping services. Having a hub. There are no easy answers.

18. Katie Huntington Nurse from Lincoln County - Mount View Correctional Center

Peer led recovery centers needed. Re-entry services needed. We have made a number of mistakes in the after care system. Peer recovery counselors a need; peer-led recovery centers.

19. Scott Gagnon Prevention specialist - Ad Care Maine

Invest in the coalition model and address root causes. PSAs are not a good investment. Growing the interest in the behavioral health field in high schools with mentorships and internships. Also suggests prevention science model that could be dropped into another program.

20. Katherine Harvey Alford Youth and Community Center, BGC and YMCA

Prevention programming, evidence based programming, after school programs

21. Peter Mullin Owls Head Mid Coast Recovery Coalition

Every person deserves a chance at recovery. Can't help all, chose the more motivated to assist. Operate two recovery houses: 9 beds for women in Camden, 12 beds for men in Rockland. Wants to expand to more houses in Knox County, have not found any viable sites yet.

Ian - shelter director: Current residents - \$600/mo rent but not evicted if rent cannot be paid. Now getting people who really ought to be in treatment; the challenge is having the levels of care available.

22. Holly Richards YMCA Alliance of Northern New England

Expansion of prevention programs, scholarships for before and after school programs

23. Terrence Miller Preble St. Advocacy Director

Low barrier shelters are at capacity. Inadequate funding streams from the state. Ask - \$850,000, current deficit. Per year?

24. Dr. Katy White Mid-Maine Homeless Shelter

Six low barrier shelters (499 beds). Portland - 3; Waterville - 1; Bangor - 2. All in financial crisis. \$95.00/day to serve a person in crisis - 24 hour service. Get people out of shelters and into housing. People of color more impacted as are veterans. White women more affected in homeless encampments. People want a higher level of care. State funding for shelters has not increased since 2017 while costs have increased 27%(?). Costs to hire and retain staff up 50%; software costs just \$2000/year for updates alone.

25. Scott Pardy Fresh Start Recovery Residences

14 houses, 116 beds. 501 c 3 since June. Social detox as well as medical detox (medical intervention needed)

26. Tyler Shanahan Fresh Start alum.

Testimony regarding the positive impact on his life

27. James Rickrode Fresh Start General manager.

Excited to branch out into new communities. \$710.00/month for members. Phased system - most beds in single rooms, assess clients for best placement.

28. Elizabeth Simoni Maine Pre-Trial

Court system has been involved since 1976. Treatment recovery courts in the 1980s using best practice standards. Las evaluation of the courts in 2000. /very effective in reducing recidivism. What might be important: paid peer professionals, access to transportation and especially access to residential detox. Youth recovery and treatment courts? Restorative justice?

29. Brent Benedetto B-Driven, Lives in recovery.

Recounted his efforts to get his girlfriend out of a halfway house and his arrests for driving with a suspended license. Journeyer. Expand relationships. Provide transportation. A program to provide for people in recovery.

30. Michael Schnopps B-Driven

Transportation handout, covers the whole state. Person in recovery

31. Cory Massooj B-Driven

Founder of transportation for journeyers - transportation recovery friendly employment. Safe door-to-door services. Goal - train drivers to provide full safe transport statewide. Bridge the gap towards recovery. Recovery homes in Maine and New Hampshire

32. Steven Knockwood Resident

Expressed opinions that dollars should be directed to communities intentionally targeted (Native Americans, Fishing community, small communities with no services) targeted by pharma with guardrails as to how to spend the money. Recovery system is a colonial system of shame, isolation and harm.

33. Marshall Mercer Hope Brokers, Inc. and resident in recovery

Has created his own recovery system. What was most helpful? Invest in more programs that are welcoming to the unhoused so they will not continue to be forgotten. Would like to see more people of color on the Council. Peer support in Machias?

34. Jon Reynolds Mobilize Recovery and resident in recovery

OD'd in a hotel room and lucky to be alive. A community organizer in Kennebec County. Stigma around naloxone, people need to be trained, more funding for such a program. Graduate of Treatment Court; need more peer support with alumni. The length of time is impactful - a minimum of 13 months.

35. Jeanne Marquis Maine Recovery Advocacy Project, Mobilize Recovery

Recounted story of son now two years sober, and his underlying health issues, who beat his addictions. Three barriers: (1) lack of affordability: providers don't want Medicare clients; (2) Lack of expedient accessibility: months to get in to see a therapist; and (3) Practitioners who understand connections between substance abuse and mental health.

36. Molly Riddle Recovery ally, affiliated other recovery coach, VOA

Impacted by overdoses in her family, one a year for five years..."a drop in a sea of suffering." No help in the grieving process. Raised in Washington County. Finding hope again. Wants to work in the recovery field, financial aid for an education, paying off student loans.

37. Leslie Clark Executive Director - Portland Recovery Community Center

Works in Dept. of Corrections facilities. Cost \$130/year. Dollars should go where needed most - a continuum of care. "We might be the first stop..." people need a higher level of care. No one has

mentioned dental care - the replacement of teeth.

38. Dr. Jason Bubier Jackson Laboratory

Center of Addiction Biology. The clinical importance of distributing the dollars. There are more potent mixtures of drugs, not reversible with Narcan. Grants are not quick money, a year out to study. How to help Jackson Lab - buy equipment to do research, \$75,000, \$150,000, a graduate assistantship?

39. Adam Burk Executive Director - Peter Alford Foundation

Support young people, three-year effort to help young people thrive, innovative youth programs, community based youth organizations. Provide training beyond after school programs.

40. Molly Louison Pine Tree Institute

Works with survivors of trauma in York County. Building recovery ready communities with treatment beds and phones for telehealth. Coalitions to make communities stronger.

41. Sarah Calder Maine Health

Make immediate investments besides opioids, increase access to services. A recuperative center, don't need hospital services. Cost of an additional specialist who would stay in the state. Private insurance coverage, specific to substance abuse.

42. Betsy Sweet Behavioral Health Community Collaborative

Twenty percent have a co-current condition, self-medication. Resources for programs now in place, 4-6 month wait to see a prescriber, 6-8 months to see a therapist. Crisis centers - fewer than 100 workers across the state when there are 2500 law enforcement officers. The opposite of addiction is connection. Establishing foundational mental health services consisting of prescribers (fewer than 300 psychiatrists (not accepting referrals?); losing clinicians because of the rate of reimbursement; losing social workers. Need sign-on bonuses and a long-term program of workforce development for both the short and long term. Lacking staff to manage open beds. Young people need school-based systems of care with networks; partnerships instead of own individual programs.

43. Alysia Melnick Bernstein Shur, on behalf of the City of Portland

Presenting the city's position and explaining issues: shelter; outreach - increase, wraparound services; treatment access - accepting MaineCare; primary prevention program - syringe service program and targeting youth. The City is spending its funding on efficiencies, not duplication of services, leaving open possibilities for collaboration.

44. Catherine Ransom Recovery Friendly Workplace

Programs, leadership. Have local hubs. Speaking on behalf of her supervisor. 70% of substance abuse affected adults are employed.

45. Ryan Paige CEO - Access Direct Recovery Network

Council should fund organizations already doing the work, connect people to resources. They have helped hundreds, all different kinds of help. Call volume continues to grow as they take calls from all sorts of people asking for help to save their lives. They have to go out of state to find resources and

do have funds to transport. Locally, they have volunteers. His office is his car and he gets calls from all over the state, answering them 24/7. His wife emails data to him. He follows people so they don't fall through the cracks through a network of volunteers. Peers with experiences in substance use disorders. the "get shit done" model. Amazing grass roots organization.

46. John Mandarelli Resident

God led me here today. Recently released from jail, a twenty-year sentence including 14 months in a high risk cell. Addiction grabbed his life and wouldn't let go. Now - has an associate degree from UMA - Mental Health/Certified Recovery Coach. Misses the institution he left in having a purpose. Offering a home to an agency, a building which is in need of renovation in Dexter, ME where there is no recovery center. Would like to establish a recovery center and housing so people would not have to go back to Massachusetts or Portland.

47. Rachel Solomon The Family Restored

Testifying on behalf of family members. Sister died in 2012, limited knowledge of resources, felt like a failure. Advocated for funding for more access to family support services

48. Eric Girard The Family Restored

We help those seeking recovery as well as their families. Addiction is a family disease. Changes are needed in language, the approaches, and how boundaries are set. Podcast: The Addiction Files. One-on-one family coaching and family support groups are needed.

49. Kelly Cookson Save a Life, Recovery Community Center

The dollars should go to people and programs that need it the most; needs are so great in my region. A lot of the information on line is inaccurate, facebook is a better source of information. There should be a centralized information - online resources. Providing harm reduction - bridge as many gaps as possible; starting programs in the high schools. As assessment specialists, we serve the people who need us. We have paid for a lot of needs out of our own pockets.

50. LeeAnna Lavoie worked in public health for 25 years

Recommends direct funding to programs that are working; utilizing the Governor's plan; developing equitable funding solutions; and reviewing the tobacco settlement process - what has worked. Focus on prevention and the work of the CDC. Franklin County Commissioners created an advisory committee to distribute \$72,000,-\$78,000 in their first round. They are focused on transportation, mental health, and housing. The applications were to be based on evidence and provide services in the county.

51. Charlotte Warren Hallowell social worker

A short walk down memory lane from her time serving in the Legislature: reminded us why we had the money and asked that we not spend dollars on programs that continued the war on drugs. She referenced the Johns Hopkins principles, particularly #4 - racial equity and marginalized communities. She encouraged us to pick up the pace and get the money out - with the caveat that following a process is important to avoid just throwing the money out the window.

52. Representative Holly Stover District 48, Community Resource Council

By way of background, she has a family member in recovery. She supports law enforcement and noted that we cannot arrest our way out of this. She suggested harm reduction testing strips and training bartenders. She writes grants for the Council to pay for suboxone. Wraparound funds are the glue that holds recovery together she said. She also noted that there is a lack of insurance carriers and MaineCare is slower than a commercial carrier.

53. Randy Beard Recovery Together (facebook)

These facebook based group members are helping each other. Travis House is a recovery house for men and a blueprint for what Maine needs. He is doing everything he can to help out and works 20 hours a day, drove here from Auburn this morning. "I am here for the right reasons." He asked that we help him to help others. He did suggest technical help to file a 501 c 3. "The way to fight this is to work together." Harm reduction works.

54. Yeshva Adonai Veterans Mental Health Leadership Coalition (VMHLC)

His proposal was to invest in research and development. There should be a focus on treating PTSD and related issues and providing mental health care abroad.

Chair Kimball thanked the participants for providing the missing research piece. She said the Council has hired someone to get the process moving forward. Testimony can still be submitted, she said and all meetings are public. The survey will remain open over the weekend and is available in seven languages. The forum concluded at 3:00 pm.

#### County connections

Note: several speakers identified more than one county.

Cumberland - 17	Lincoln - 7	Franklin - 1
Kennebec - 13	Knox - 3	
Piscataquis - 1	Androscoggin - 4	
Penobscot - 6	York - 6	
Oxford - 2	Hancock - 2	