OPPORTUNITY 2028

Community Priorities



United Way of Eastern Maine

A United Way of Eastern Maine initiative

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UNITED WAY OF EASTERN MAINE
BASIC NEEDS WHITE PAPER

OPPORTUNITY 2028

INTRODUCTION

In the 20th century, an American psychologist created a theory that humans everywhere experience five levels of needs. This psychologist, Abraham Maslow, described these needs as a hierarchy, suggesting that human needs are met one level at a time. Each level moves an individual closer to becoming "self-actualized;" i.e. the best version of his or herself (Abraham Maslow, 2017).There are many versions of Maslow's Hierarchy of Needs that exist today. However the levels and themes are transcendent, represented in Chart 1.

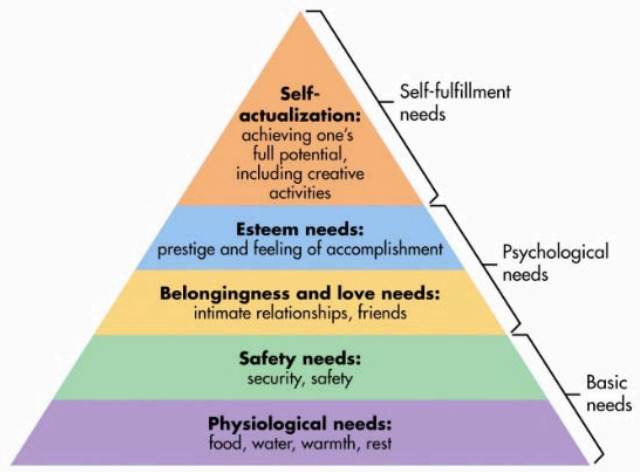

Chart 1: Maslow's Hierarchy of Needs, 2016

Physiological needs are the requirements your body needs to survive: food, water, warmth, shelter, and rest. Without these basic needs, a person is in crisis, unable to focus on "higher" needs until these are fulfilled. These basic physical survival needs must be met before a person can be productive or a contributing member of society. "A person who is cold, sick, or hungry will not be interested in socializing, learning, or working," (Maslow's Hierarchy, 2011).

The second level is safety needs. This is the need to feel safe an in the world from personal danger and threats. Lack of physical safety and security results in fear, which consumes a person's energy. For a person to continue to progress along the hierarchy toward self-fulfillment, he or she must experience freedom from fear of personal attack. This is especially important at home, a person's place of refuge from the world (Maslow's Hierarchy, 2011).

Each additional level of need, once met, helps to move individuals up the continuum. However, despite the sequential nature of the levels of need, in his earliest writings, Maslow described human needs as relatively fluid with many being present simultaneously (Abraham Maslow, 2017).

STRATEGIES

In discussing basic needs, this paper will focus on the first two levels of Maslow's hierarchy: physiological and safety needs.

Physical Survival Needs

The body needs food, water, warmth, shelter, and rest to survive (Sleight, 2014). For the purposes of this paper, the basic needs will be defined as will be on shelter and food. In discussing shelter, the discussion will be split into addressing homelessness and decent, affordable housing. Food is discussed in terms of food insecurity.

Homelessness

Each year the U.S. Department of Housing and Urban Development (HUD) conducts an Annual Point in Time Survey: a snapshot of homelessness on one night a year as assigned by HUD. On a given night in January 2016, over half a million people, 549,928, were experiencing homelessness nationwide (Henry et al, 2016); 1,192 of whom were in Maine, 120 of whom slept out in the cold that night. And, 182 individuals experiencing homelessness that night identified their last known residence within the five-county region (Annual Point in Time Survey, 2016).

It is estimated that 7,020 people experience homelessness in Maine each year (Maine's Plan to End and Prevent Homelessness, 2016). To address this, Maine has created a Plan to End and Prevent Homelessness, created in 2008 and amended in 2011 and 2017. The Plan calls for "everyone who is homeless to secure permanent housing with an adequate support network," (Maine's Plan, 2017). To this end, there are two effective homeless initiatives currently happening in Maine: Long Term Stayers and Coordinated Entry.

IT IS ESTIMATED THAT 7,020 PEOPLE EXPERIENCE HOMELESSNESS IN MAINE EACH YEAR.

- Maine's Plan to End and Prevent Homelessness, 2016

Long-Term Stayers

Data indicates that up to 55% of adults and families pass through shelters quickly, staying less than two weeks. This population tends to solve their temporary bout with homelessness with little or no additional assistance. A second group stays for two weeks to six months. Once assessed, this population is provided assistance in locating housing and other services as needed, (Maine's Long Term Stayers, 2014).

The majority of homeless resources are targeted to 5% of the population, a group who stays in shelters 180 days or more within a 365-day period. These individuals or families are called Long Term Stayers (LTS). When shelters prioritize housing for Long Term Stayers, they free up space for other individuals and families that could not previously be accommodated due to capacity restrictions (Maine's Long Tern Stayers, 2014).

The initiative began in 2013, and continues to be the focus of shelters and homeless providers statewide. Each locale creates a by-name list and works strategically to locate affordable, stable housing with the appropriate level of support for individuals staying for the longest period of time in the shelters (Maine's Long Tern Stayers, 2014).

To address homelessness in all populations, the Statewide Homeless Council and the Board of Directors for the Continuum of Care, have approved Maine's Ending Homelessness Prioritization Chart. The chart was created in 2015 and is updated annually and is used to assist in locating

housing and housing resources for the most difficult to house populations. Resources have been identified for each target population, appropriate for their needs (Maine's Ending Homeless Prioritization Chart, 2017). Across the state, this approach has increased capacity and minimized overcrowding in shelters. Between 2015 and 2017, the number of Single Adult LTS has dropped from 249 to 70 and family LTS has dropped from 50 to 29, two top priority populations (Maine's Ending Homeless Prioritization Chart, 2015 & 2017). The numbers are significant considering each LTS occupies beds within shelters for more than six months of each year. Once LTS attain safe, stable, permanent housing, shelter capacity improves, reducing overcrowding and allowing shelters to serve others who are in need.

[COORDINATED ENTRY] PRIORITIZES THOSE WITH THE HIGHEST VULENRABIITY AND SEVERITY OF NEEDS… TO ENSURE RSOURCES ARE ALLOCATED TO THOSE WHO NEED IT MOST.
- Coordinated Entry Brief, 2015

Coordinated Entry

Coordinated Entry is a federal initiative, implemented locally, to prioritize the allocation of homeless and housing resources according to need, regardless of where a person presents as homeless. Communities are encouraged to prioritize those with the highest vulnerability and severity of needs, including length of time homeless, to ensure that resources are allocated to those who need it most, and that assistance is delivered in a timely manner. In order to prioritize those with the highest need, Coordinated Entry incorporates a standardized assessment that helps to identify each person's needs and connect him or her to appropriate resources (Coordinated Entry Policy Brief, 2015). Maine has already begun the process of prioritizing the most vulnerable through its Long Term Stayers Initiative.

Coordinated Entry is a person-centered approach to ending homelessness that includes fair and equal access and consumer choice. It increases communication among providers, requires data sharing, tracks overall system performance, and can be a tool used to improve the overall homeless service delivery system in Maine (Coordinated Entry Policy Brief, 2015).

A Coordinated Entry pilot was launched in Penobscot County, by shelters and homeless providers, and has expanded to Region 3, including much of the five-county region. It continues to expand throughout the rest of the state and will be live statewide by the end of January 2018 (Maine Coordinated Entry Work Plan, 2017)

Possible Actions:

- Increase awareness and support for persons experiencing homelessness;
- Support programs serving those experiencing homelessness or who are at-risk;
- Assist in educating the public, providers, and local government about the role they can play in Coordinated Entry;
- Get involved in the Maine Continuum of Care to plan a coordinated and inclusive system to help Maine people avoid, quickly resolve, and address the causes of homelessness; and
- Assist individuals to obtain and maintain housing, including short and long-term rental subsidies and/or services.

DECENT AND AFFORDABLE HOUSING

"Decent and affordable shelter is intricately woven into better opportunities… better health, more financial freedom, independence, stability and security," (Why is affordable housing…, Habitat).

In Maine, rental housing is unaffordable for many households. Statewide, 57% of households are unable to afford the average two-bedroom rental. As shown in Chart 1, affordability in the five counties in the region is worse than the state average.

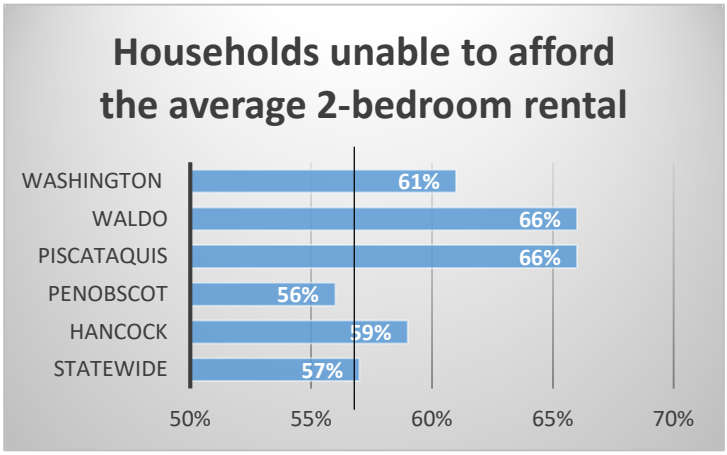

Chart 1: Households unable to afford the average 2-bedroom rental (U.S. Census, ACS v2014).

Individuals and families who struggle to pay rent or their mortgages are forced to make difficult choices. Often, they decide to scale back on other important items, such as healthcare, groceries, utilities, or education in order to maintain housing. In the last three years 53% of Americans have made a sacrifice to pay for housing. Chart 2 summarizes the percent of households and the types of sacrifices they have made to pay for housing. They have stopped saving for retirement, amassed credit card debt, cut back on healthcare, and in the end decided to move to a less desirable area.

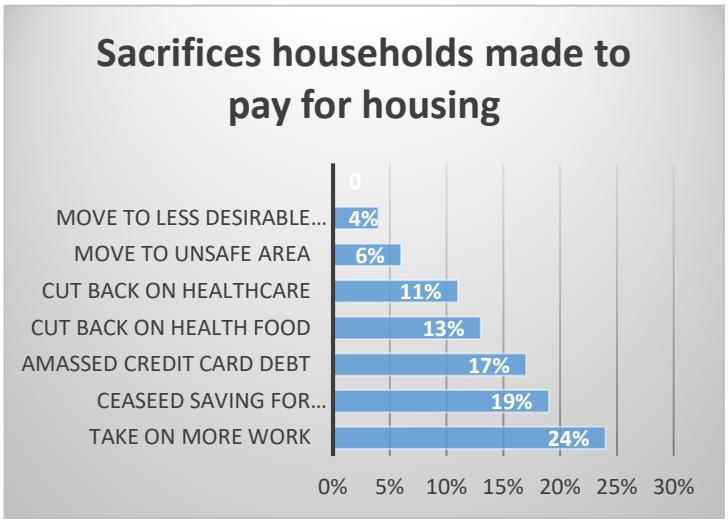

Chart 2: Sacrifices to Pay for Housing, (Badger, 2016)

Researchers have found stable housing is an important determinant in a person's well-being. Housing instability can be defined as frequent moves, overcrowding, threat of eviction, or foreclosure. Over time, chronic residential instability is linked to lower emotional and behavioral functioning, specifically in children (Levine CoLey, 2013).

In addition to struggling with affordability, poor quality housing contributes to household stress, causing elevated levels of emotional problems, depression, and anxiety (Levine CoLey, 2013). It affects everyone in the household. According to research by the MacArthur Foundation, "poor housing quality is the most consistent and strongest predictor of emotional and behavioral problems in low-income children and youth." Children living in unsafe housing, with exposed wiring, peeling paint, broken windows, leaking roofs, and lack of heat, were more likely to experience emotional and behavioral problems. It is also linked to poor school performance in older children (Levine CoLey, 2013).

Poor housing quality can be tracked nationally under a term called "severe housing problems," defined as housing units that lack a complete kitchen or plumbing facilities, are severely overcrowded, or cost burdened. Data indicates that 15-17% of housing units in the five county region are defined as having severe housing problems (County Health Rankings, 2009-2013).

Possible Actions

- Increase awareness regarding existing resources that are available to renters and homeowners to assist them in obtaining and maintaining decent, and affordable housing;
- Increase the number of affordable rental units available;
- Increase the number of vouchers and rental subsidies available to households in order to make existing units affordable;
- Reduce barriers in land use planning code that inhibit the construction of affordable housing units;
- Improve quality by working with code enforcement offices to assess and improve the quality of housing available, especially rental housing; and
- Identify, expand, and increase the accessibility of resources to improve housing quality, including federal, state, and local resources: CDBG, HOME.

FOOD SECURITY

The U.S. Department of Agriculture (USDA) conducts an annual study of food security to determine whether households are accessing sufficient food to maintain healthy lifestyles. Food insecure households suffer from lower quality, variety, or lack of food consumption. Rates of food insecurity in Maine has continued to rise over the last few years, from 13% in 2008 to nearly 16% in 2015. Maine also exceeds both New England and U.S. averages (Measures of Growth, 2017). Nearly one in four children in Maine are food insecure (USDA, 2016).

NEARLY ONE IN FOUR CHILDREN IN MAINE ARE FOOD INSECURE.
- USDA, 2016

Although food insecurity is often connected to poverty, it is more strongly correlated to unemployment. It is also an indicator for poor health status, obesity, weight gain, and mental health issues. This has a negative effect on workforce productivity. The toll food insecurity causes on older adults is heightened, especially the mental and physical implications (Measures of Growth, 2017).

About 17% of the households in Washington and Piscataquis Counties suffer food insecurity, the highest percentage of the population in the state. However, the number of households suffering from food insecurity is higher in Penobscot County (Hunger Pains, 2017).

The federal Supplemental Nutrition Assistance Program (SNAP or Food Stamps) provides financial assistance to families and individuals for food purchases in order to stretch their food budget. It is often described as the nation's number one social safety net. However, Maine recently enacted a time limit on receipt of SNAP benefits to three months for childless adults who are unable to locate work, job training, or volunteer opportunities. Since this was enacted in 2015, more than 9,000 food insecure individuals have lost SNAP benefits. Maine discontinued requesting waivers that help vulnerable populations, including veterans, homeless, and those living in areas with high unemployment where jobs are scarce (Hunger Pains, 2017).

Summer is often challenging for families with children. Children receive free or reduced lunch at school, reducing the cost of household meals. There is a Summer Food Service Program, funded by the USDA, but meal sites for eligible families are sometimes inaccessible (Hunger Pains, 2017).

The Good Shepherd Food Bank, Maine's only statewide food bank, has 399 partners: 303 food pantries, 50 meals sites, and 46 other organizations, including shelters, youth programs, and buying clubs. This effort and others around the state help Mainer's supplement their nutritional needs when other government programs are not sufficient (Hunger Pains, 2017).

Possible actions:

- Protect and preserve the federal Supplemental Nutrition Assistance Program (SNAP) and restore access in Maine;
- Increase childhood nutrition programs in schools, including weekend backpack programs and summer lunches;
- Support and strengthen hunger prevention programs such as food pantries, soup kitchens, meal sites, food banks and buying clubs;
- Identify and eliminate "food deserts" where affordable healthy food is difficult to find; and
- Invest in transportation and programming that reduces other barriers to access.

Safety Needs

The need to feel personally safe in the world and free from threats is the second level of Maslow's Hierarchy. Safety needs will focus on safety at home and in the community.

Safety at Home

Domestic violence can be defined as "a pattern of coercive behavior, used by one person in a relationship to gain and maintain power and control over the other person." Abusive behavior is purposeful and chosen, and is not an isolated incident. Coercive behavior can include physical violence, sexual assault, intimidation, verbal abuse and threats, isolation, economic control, harm to children, destruction of personal property, and animal cruelty. Abusive behavior is a "mindset of entitlement, … historical culture and tradition that reinforce abuse and violence, particularly through male power and privilege," (What is Domestic Violence, 2017).

ONE IN FOUR WOMEN HAVE BEEN THE VICTIM OF SEVER PHYSICAL VIOLENCE.
- Black, 2010

While Domestic Violence occurs across socioeconomic status, racial and ethnic backgrounds, and includes both genders, it is primarily men who abuse current or former women partners. Statistics indicate one in four women have been the victim of severe physical violence (Black, 2010). In 2012, there were 13,115 survivors of domestic violence in Maine who sought and received various domestic violence services specific to their needs, 96% of whom were women and children (What is Domestic Violence, 2017).

In Maine, domestic violence providers work together as part of the Maine Coalition to End Domestic Violence. Within the five-county region, Partners for Peace (formerly Spruce Run-Womencare Alliance) serves Penobscot and Piscataquis counties, Next Step serves Hancock and Washington Counties, and New Home for Women serves Waldo county, along with Knox, Lincoln, and Sagadahoc. Additional programs serve the remaining counties throughout the state.

Possible Actions

- Increase awareness about domestic violence and local resources available; and
- Support domestic violence providers across the region.

SAFETY IN THE COMMUNITY

The Maine State Police employs 334 sworn officers serving 1,300,000 people over 30, 862 square miles. There are seven regions that are governed by an officer of the rank of Lieutenant. Due to the size and diversity of the state, each Lieutenant is given the ability to create programs tailored to the demands within their geography, including the ability to incorporate community policing at the local level (Department of Public Safety, State of Maine).

COMMUNITY POLICING COORDINATORS WORK WITH RESIDENTS TO FACILITIATE PROBLEM SOLVING AND CRIME PREVENTION EFFORTS

- Community Policing, City of Portland

The City of Portland hosts a robust Community Policing program in five of their neighborhoods and public housing properties. The role of Community Policing Coordinators is to act as liaisons between the neighborhood residents, the police department, local businesses, and social service providers. The premise is to actively work together with residents, who are knowledgeable about the issues within their neighborhoods and communities, and facilitate problem solving and crime prevention efforts. Creating trusting relationships provides residents the opportunity to provide valuable input and recommendations on how to help keep their communities safe. Coordinators integrate into schools, community centers and programming, manage hotspots, and help to address neighborhood concerns and complaints (Community Policing, City of Portland).

The Maine State Police has invested time and resources into training officers in the concepts and principles of community policing. They have increased resource sharing, and have pursued funding opportunities to provide and expand community policing and other local initiatives throughout the state (Department of Public Safety, State of Maine).

Possible Actions

- Create a more accessible, friendly police presence in the community;
- Invite Police Officers or Coordinators to community meetings and events;
- Ask Police Officers to be involved with social service programming, on boards, involved in affordable housing projects, United Way, etc.;
- Collaborate with local Police Departments on community events; and
- Encourage local Police Departments to promote, share or launch community policing programs.

POVERTY AND UNEMPLOYMENT

The physiologic needs discussed in this paper, homelessness, decent and affordable housing, and food insecurity, often result from poverty and unemployment. A Community Health Needs Assessment conducted in 2016 identified the top health factors in each county, which contributes to a persons well-being. In four of the five counties, **poverty was the number one factor impacting health in the region. Employment, or lack thereof, ranked in the top three**

(Community Health Needs Assessment, EMHS, 2016). This is supported by data provided by the U.S. Census, which indicates poverty exceeds state averages in four of the five counties (U.S. Census, ACS v2014). **It's worth noting the high rates of poverty in the five-county region, and how this, combined with unemployment, may impact a persons' ability to meet their basic needs.**

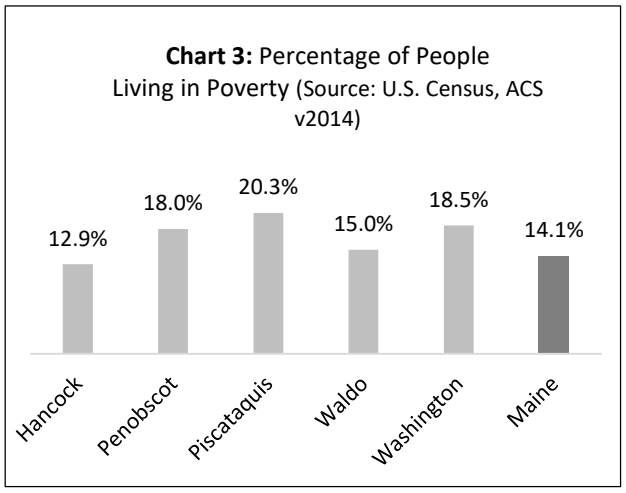

Chart 3: Percentage of People Living in Poverty, replicated Community Needs Assessment, 8/16

CREATING CONNECTIONS

Navigators are a type of service worker found in a diversity of fields. By nature, their role is to assess, educate, connect, and resolve. They work with individuals and families to assess their situations and understand their particular needs, research and identify appropriate resources, educate consumers on the options available to them, and facilitate connections. Their role is to *navigate* the system and connect people with critical resources.

In Maine, Housing Navigators are located in shelters and service providers across the state to help clients break the cycle of homelessness by moving them from the streets to interim housing, accessing necessary services, and assisting them to obtain and maintain permanent housing. When addressing complex, multifaceted problems, navigators play a vital role in finding the solution.

The current system of mainstream resources is difficult to access, disjointed, and confusing. Each program's eligibility criteria, application process, and receipt of benefits is different. When one's physiological or safety needs are threatened or not being met, it is increasingly more difficult to navigate an already complicated system. Navigators can be a solution, beyond housing, to connect individuals and families to the current system of resources and help them apply for and eventually receive benefits. Navigators also often provide follow-up services. For vulnerable populations and people who have experienced prolonged periods of homelessness, it is essential that services continue from the emergency of homelessness into housing. Navigators bridge this gap, providing ongoing services that help people become and remain stable in their housing, thus increasing the likelihood of success. Navigators can be used to help connect vulnerable populations to services that will benefit their overall health, safety, security, and stability.

Possible Actions:

- Understand how Navigators are integral to vulnerable populations accessing and obtaining resources/benefits;
- Develop and fund Navigators to provide services from homelessness into housing, to ensure people retain support when housed for more successful housing outcomes;
- Develop and fund Navigators to help individuals and families navigate mainstream benefits systems, and access/obtain resources that currently exist; and
- Help build bridges between existing mainstream resource systems for more user-friendly, streamlined access to benefits.

UNITED WAY OF EASTERN MAINE
EARLY CHILDHOOD WHITE PAPER

OPPORTUNITY 2028

INTRODUCTION

"The experiences children have between birth and age eight shape the developing brain's architecture and directly influence later life outcomes, including economic stability, work productivity, and mental health. Positive early childhood experiences improve developmental and school readiness outcomes, increase K–12 achievements, and contribute to higher rates of high school graduation," (Maine's Early Childhood Development Standards, 2015).

The growth that happens during the first few years of life provides a unique opportunity for shaping and influencing our children and the people they will become. The brain undergoes significant growth during the first few years, doubling in size by the age of two and reaching nearly adult size by the age of four (Why 0-3 Matters [1], UCI). As it grows, the brain undergoes a process of strengthening connections that are used and "pruning" those that are not. This process impacts how a child thinks, learns, remembers, and interacts with the world. It lays the foundation for the adult that child will become (Why 0-3 Matters [1], UCI).

Positive experiences within the first few years of life help to support healthy brain development, while negative environments with high levels of stress, anxiety, and uncertainty interfere with this process (Why 0-3 Matters [2], UCI). Research indicates that the brain develops sequentially, starting with the senses: vision, hearing, and touch. Then moving onto areas that control language, and more complex processes including self-control and self-confidence (Why 0-3 Matters [1], UCI). A toxic environment early in life causes the brain to focus on survival functions, at the expense of developing more complex connections in other parts of the brain associated with language, self-control, and good decision making (Why 0-3 Matters [2], UCI).

CHILDREN WHO PARTICIPATE IN HIGH QUALITY EARLY EDUCATION SETTINGS AND EXPERIENCE REGULAR, POSITIVE INTERACTION WITH ADULTS AND OTHER CHILDREN, SHOW UP TO SCHOOL BETTER PREPARED THAN THOSE WHO DO NOT.

- EDUCATE MAINE, 2015

Early childhood is an opportune time to prevent achievement gaps from developing (Educate Maine 2016). Whether the objective is to reduce crime, increase high school graduation rates, or provide children with an equal shot at success, evidence shows that early investments can make a difference in the trajectory of a child's life (Issacs, 2008). It's been shown that the quality of early care is the most consistent predictor of a child's behavior and development (Cooper 2012). Those who participate in high-quality early education settings and experience regular, positive interaction with adults and other children, show up to school better prepared than those who do not (EducateMaine, 2015).

Economists agree: investing in early learning programs, produces a higher rate of return than trying to remedy achievement gaps later in life (Cooper 2012). University of Maine Economics Professor, Phillip Trostel, was commissioned in 2012 to conduct a fiscal cost-benefit analysis of

the impact of high-quality early education investments for Maine. To conduct the analysis, Dr. Trostel assumed an integrated system of high-quality early education for ages birth to age four, full day, year round. He estimated this would cost approximately $26,200 per child. He estimated that the initial public cost would be fully recovered by the time the child is 14 years old. The total lifetime government savings/benefit would be $125,400 per child, an internal rate of return of 7.5% (Trostel, 2012). The savings are estimates, drawn from "longitudinal studies [which] show children who attend quality preschool programs are less likely to require special education, become a teen parent, commit crimes and are more likely to graduate from high school, and go to college," (Trostel, 2012). Trostel argues that quality early education is a wise investment for Maine. "For every dollar invested in early learning, there is more than a seven-dollar return," (Trostel, 2012).

FOR EVERY DOLLAR INVESTED IN EARLY LEARNING, THERE IS MORE THAN A SEVEN-DOLLAR RETURN. - TROSTEL, 2012

Children who receive high-quality child care have better developmental outcomes and an increased likelihood of lifelong success (Cooper 2012).

STRATEGIES

A child's environment plays a vital role in how a child grows, learns, and develops. The direct effects of poverty, including poor nutrition and unstable housing, along with more indirect effects, including high levels of toxic stress, and punitive and coercive parenting practices are associated with lower levels of kindergarten readiness (Why 0-3 Matters [2], UCI). For these reasons, the following sections include strategies for poverty and parenting, in addition to early childhood education and school age strategies.

POVERTY

Research in psychology, sociology, public health, and economics, have found that children are adversely affected by poverty, particularly in early childhood (Walfogel 2016). Poverty is closely linked to food and housing insecurity, and children are particularly affected by these conditions (Effects of Poverty, Hunger, and Homelessness on Children, APA). As shown in the Chart 1, the five-county region has some of the highest rates of poverty in the state, exceeding state averages (U.S. Census, ACS v2014).

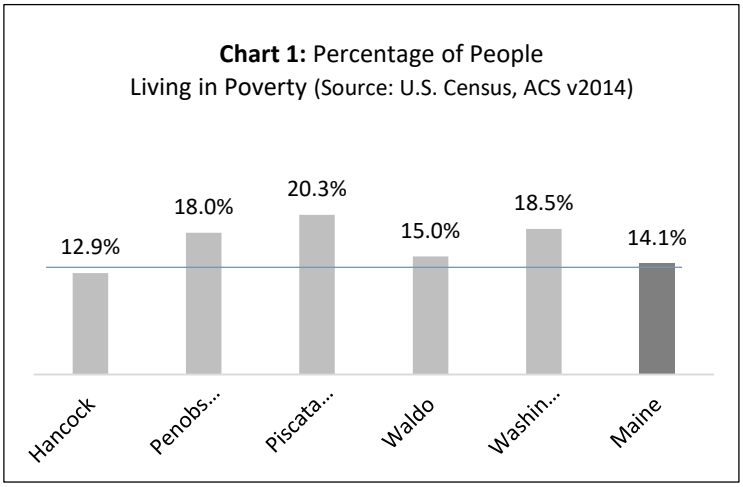

Chart 1: Percentage of People Living in Poverty, replicated from UWEM Community Needs Assessment, August 2016

Housing is a concern for all families, but for those living in poverty, finding safe, decent and affordable housing is a struggle. Poor quality housing is a strong predictor of emotional and behavioral problems in children. Residential instability is also important for children's health and well-being. Multiple moves over time lowers a child's ability to continually adapt (Levine Coley, 2013).

Poverty and economic instability often lead to food insecurity, thus impacting the quantity and quality of a child's nutritional intake. Nutrition has a significant impact on brain development (Walfogel, 2016). Nearly one in four children in Maine are considered to be "food insecure" by the US Department of Agriculture (Coleman-Jensen, 2016). Households that are defined as "food insecure" often face economic hardship that can lead them to skip meals or choose to purchase food that lacks nutritional value due to economic hardship. Hungry children lack the energy to focus and learn. Maine ranks 1st in New England and 18th in the nation in terms of child food insecurity (Educate Maine 2016). Two of the highest percentages of food insecurity occurs in Washington and Piscataquis Counties (17% of the population). However, due to how population is distributed in Maine, the number of food insecure households is higher in Penobscot County (Hunger Pains, 2017).

NEARLY ONE IN FOUR CHILDREN IN MAINE ARE FOOD INSECURE.
- USDA, 2016

Evidence shows that increasing a family's income can reduce hardship, increase parents' investments of resources in their children, and lead to increased achievement in school (Damon). Research and advocates recommend a variety of means to increase a family's income so they can provide the supports necessary for their family.

Possible Actions

- Support programs that increase family income through
  - Housing vouchers or subsidy programs;
  - Childcare vouchers or subsidy programs; and
  - Healthy, nutritious supplemental food programs.
- Assist families in claiming the Earned Income and Child Tax Credits;
- Advocate for Family Income-Support Policies, increasing the Child Tax Credit, and minimum wage;
- Advocate to increase the number and availability of Housing Choice Vouchers for families;
- Support the local food movement; advocate to improve the food quality in schools and statewide efforts to address hunger; and
- Advocate for Family Income-Support Policies that extend federal programs and increase benefits to families, including extending and increasing the Child Tax Credit, increasing Supplemental Nutrition Assistance Program (SNAP), and increasing the minimum wage.

PARENTING

In 1954 Dorthy Law Nolte wrote a poem- *Children Learn What They Live* - explaining that children develop based on their environment and the relationships in the lives, which is confirmed by current neuro-scientific research (Why 0-3 Matters [1], UCI). Maine's Early Learning and Development Standards (2015) confirms that **"**all children can learn and learning is rooted in strong relationships. Families are early childhood educators' strongest partners."

Improving the style and quality of parenting can create a healthy living environment that helps children learn and thrive. Changing habits may require education and not all parenting programs are effective. New studies show that low-cost approaches have proven effective and can be meaningful to change specific parenting behaviors. For example, the Urban Child Institute, encourages parents to touch, talk, read, and play with their children. They argue these four activities are the most important for parents to consistently engage in with children. **Touch** allows your baby to feel safe and loved and instills trust between the two of you. **Talk** encourages language development, communication skills and voice recognition. **Read** aids in language development and the reading and writing that will blossom as your baby grows. **Play** has a key role in the development of problem solving, decision-making and creativity, and it can better a child's attention span.

CHILDREN LEARN WHAT THEY LIVE

by Dorothy Law Nolte (abb.)

If children live with criticism, they learn to condemn.

If children live with hostility, they learn to fight.

If children live with ridicule, they learn to be shy.

If children live with tolerance, they learn to be patient.

If children live with acceptance, they learn to love.

If children live with honesty, they learn truthfulness.

If children live with security, they learn to have faith in themselves and others.

If children live with friendliness,

The following approaches are encouraged by experts: parental programs, community-based group programs, and behavioral nudges (Sawhill and Putnam, 2016).

- *Parental Programs*. Research indicates that certain parenting programs have substantial positive impacts on families. According to the Institute for Research on Poverty, one of the most successful parental programs is an Nurse Family Partnership Program, a home visitation program for low income mothers of newborns and young children. Through this program, nurses conduct regular visits to low-income mothers starting during pregnancy that continue through the first few years of life. During this time nurses teach mothers about healthy behaviors, parenting skills, and long-term planning strategies to improve health and development outcomes for children. The program has been found to lower levels of abuse and neglect and to improve children's outcomes even into adolescence (Damon).
- *Programs in community group settings.* Group parenting programs provide an opportunity to address the isolation new parents sometimes feel by providing an opportunity to meet, connect, and learn new parenting techniques. Parents are more likely to be open to new ideas, change behaviors, or adhere to commitments made when reinforced by the group. Social media can be used to augment the group, help connect parents to each other while helping them access parental supports. (Sawhill and Putnam, 2016).
- *Behavioral nudges.* Providing information on norms, how to frame options, set goals, and provide timely reminders can have big impacts on behavior without a big investment of resources. Social Media can be used as a tool to share information on norms and encourage certain behaviors (Sawhill and Putnam, 2016).

Improving a child's environment at home and their relationship with their parents can have a

positive impact on their development and trajectory in life. The following are possible actions which focus on economic stability and parenting practices identified in the research.

Possible Actions

- Create materials and messaging to help inform parents and promote healthy behaviors, parenting skills, and long term parenting strategies;
- Support parenting programs similar to the Nurse Family Partnership program;
- Create or support group parenting programs to help new parents connect, learn, and access resources; and
- Utilize social media, 2-1-1, doctor's offices, or other outlets to help provide or promote the materials and messages developed.

Early Childhood Care and Education

Several decades of research demonstrate that high-quality, developmentally appropriate, early childhood programs produce short- and long-term positive effects on children's cognitive and social development. (NAYCE A Renewed Call to Action). At the same time, childcare is essential in single parent and duel-earner households. Thus, the demand for early childhood care and education programs continues to increase.

Quality

The quality of early childhood education programs varies substantially, throughout the country and here in Maine. There are a large percentage of child care classrooms and family child care homes that are mediocre or poor quality (A Call for Excellence, NAYCE). High quality child care can predict academic success, adjustment to school, and reduced behavioral problems for children. Developmentally appropriate teaching in preschool and kindergarten is a key indicator in a child's success. The first few years of school often predict how a child performs later in schooling, making the early grades even more important (A Call for Excellence, NAYCE).

HIGH QUALITY CARE CAN PREDICT ACADMEIC SUCCESS, ADJUSTMENT TO SCHOOL, AND REDUCED BEAHVIORAL PROBLEMS FOR CHILDREN.
- A CALL FOR EXCELLENCE, NAYCE

The State of Maine has created a voluntary **Quality Rating System** for early care and education providers that provides financial incentives for agencies to improve their programs. The rating system involves four steps, from step 1 (the agency meets basic safety and licensing needs) to step 4 (the agency has structured programming, training for staff, parental involvement, policies, etc.) (Educate Maine 2016).

Unfortunately, only half of Maine's licensed child care providers are even enrolled in the system; and of these, only 17% have reached the highest standard of quality. Since 2004, Maine has dedicated very little public funding to supporting child care providers to advance along the quality rating scale (Educate Maine 2016**).** The Maine Quality Rating and Improvement System publishes monthly enrollment data. Table 1 lists the five counties, the number of Family Childcare Providers (FCP), the number Enrolled in QRS, and the numbers who have achieved the highest rating. Likewise, it includes the same statistics for Center Based Providers (CBP). Data was provided by Quality for ME as of April 2017.

Counties	Number of FCP	FCP Enrolled in QRS	FCP of Highest Rating	Number of CBP	CBP Enrolled in QRS	CBP of Highest Rating
Hancock	38	13	0	33	16	2
Penobscot	85	34	1	67	50	12
Piscataquis	9	6	0	10	8	4
Waldo	36	14	2	21	18	12
Washington	17	12	0	13	6	3

Table 1: Maine Quality Rating and Improvement System, Data for April 2017

High quality early childcare education exists throughout the five-county region. However increased enrollment in the QRS System, which encourages providers to progress along the rating system towards higher quality, ensures that high quality early education is available to more families.

ACCESSIBILITY

Access to childcare, especially high quality child care, is out of reach for many families (A Call for Excellence, NAYCE). Families often face multiple barriers to finding childcare including location, work schedules, transportation, and lack of information regarding the quality of childcare in their area. Lower wage families specifically have shifting schedules and non-traditional work hours. Other challenges include cost, cultural or linguistic factors, and availability of slots (Malik 2016). Researchers have defined access to early care and education programs to mean that parents can enroll their children in an arrangement that supports the child's development *and* meets the parent's needs (Friese 2017). The four dimensions of Early Childcare Education access are: 1) requires reasonable effort, 2) is affordable, 3) supports a child's development and 4) meets the parent's needs. The researchers further explain that access is especially important for higher needs populations in which high quality early childcare education could have the biggest impacts on school readiness and long term outcomes (Friese 2017).

PARTICIPATION

Enriching early education programs for three- and four-year-olds has shown to be both cost-effective and improve short- and long- term outcomes for children. There is strong evidence that the initial investment in these programs is cost-effective due to societal savings in the long- term (Damron). In Maine, early education participation among lower income children is below average, and even among higher income families fewer than half (48%) of 3 and 4 year olds are enrolled in preschool, which is below the average throughout New England. (Educate Maine 2016).

Maine law stipulates that every school district will have voluntary, universal public Pre-K for 4-year-olds available by the 2017/2018 school year. There has been steady progress towards this goal, but not all school districts have Public pre-k available, and enrollment is still low in many locations. The biggest barriers to creating public Pre-K programs are startup funds, space, and transportation (EduateMaine 2016)

Expanding publicly-funded programs for 4-year- olds will help Maine increase the number of

children who are kindergarten ready. To support this, Maine must also increase participation in high-quality child care programs among children from birth to age three (EduateMaine 2016).

Possible Actions

- Encourage and support childcare and early education programs to enroll in the State of Maine QRS system and progress to higher quality ratings;
- Create a collaboration of community partners to assist and overcome barriers that school districts are facing in expanding public pre-kindergarten; and
- Support or create high quality teacher training programs in order to create a pipeline of highly qualified early childhood education teachers to work in the five-county region.

School Age Children

Early childhood experiences are cumulative, and children use the foundation created in early childhood to continue to build upon and expand their learning. As defined in the literature, early childhood lasts into third grade. This marks a time in life when students begin to transition from "learning to read" to "reading to learn" (Educate Maine 2015 Report). At this point, students can use reading, and other skills they have accumulated, to build their knowledge, critical thinking, and problem solving skills in addition to learning to work in teams. These skills help to prepare them throughout school and beyond (Educate Maine 2015 Report).

Students enter school with vastly different levels in vocabulary, skills, language, and preparation. They live in different environments, come from different families, and grow up in different neighborhoods. Their environment, including the skills, attitudes, perceptions, and behaviors they learn, have a lasting impact on their educational experiences and trajectories in life (Phillips, 2016).

SCHOOLS DO NOT HAVE THE CAPACITY TO EQUALIZE VAST DIFFERENCES AMONG STUDENTS ON THEIR OWN.

- CLOSING THE OPPORTUNITY GAP, 2016

Schools do not have the capacity to equalize vast differences among students on their own (Closing the Opportunity Gap 2016). Intervention outside of school is needed to help students get to where they need to be, and the earlier the intervention, the better. Low income students require greater support to close the opportunity gap because many start school further behind their more affluent counterparts (Phillips, 2016). Researchers have recommended three strategies including: tutoring, wrap around supports for youth, and enrichment and extracurricular activities (Phillips, 2016).

- ***Tutoring*** is a proven strategy for improving test scores, especially among low-income students. Competent, properly trained tutors, can effectively improve students' academic skills in any grade. A well-designed tutoring program can provide students with a consistent, caring individual who will support them and encourage them and help them develop the skills to succeed in school.
- **Wrap around services** connect students to needed social services. Caring, competent adults assigned to students can assess their needs and strengths, and efficiently refer students to a coordinator of services or a direct service provider for needed supports.
- **Extracurricular activities** assist students in developing skills like teamwork, grit, and communication that will help them succeed in activities beyond school. Some schools have adopted a "pay-to-play" model that charge parents for children's participation. Low income

students often cannot pay the additional fees to participate thus creating a gap between those who can, and those who cannot pay (Phillips 2016).

Possible Actions

- Support programs that assist students, especially lower-income students, to be successful in school at no cost to them, including: tutoring, wrap around services and connection to resources, and extracurricular activities.

INITIATIVES BY OTHER COMMUNITIES

Communities around the country have started Early Education initiatives that help to address many of the questions and issues identified throughout this report. Researchers stress the importance of providing funding for proven, high quality early childhood education programs; connect volunteers to existing programs; and create greater demand for private and public investment in early childhood (Walfogol, 2016). Below is a list of initiatives that align with the goals of this project.

- **Success by 6 ®** is a program implemented by communities across the country and supports a "whole child" approach to education focusing on cognitive skills, in addition to social and emotional development. The program focuses on raising the quality of early childhood centers, educating parents of their role in their child's development, and intervening with specific children who need additional support.
- **United Way Center for Excellence in Early Education**, located in Miami-Dade Florida, is an innovative educational and professional learning initiative dedicated to elevating the quality of early care and education in the surrounding region. The center focuses on sharing practices with families, early childhood educators, and early care providers. They also work with business leaders and lawmakers to raise the standards of early childhood education.
- **Early Childhood Impact Council**, Berkshire, MA, engages its community through a model called Collective Impact: "In today's environment, we can only achieve significant sustainable improvements when we unlock the strength of the entire community." The Council set specific benchmarks for early childhood education: increasing percentage of children birth to five enrolled in early intervention, home visiting, and licensed childcare centers; increase the percent of early education programs that have reached a level 2 or better on the Quality Rating and Improvement System (QRS) scale; increase the percent of Grade 3 students who report college aspirations; and increase family engagement.
- **Portland ConnectED,** located in Portland Maine, is a cross-sector partnership of organizations and individuals working together to build a civic infrastructure that will help our children navigate the journey from cradle to college, career, and community. The pathway to success is marked by four fundamental milestones: school readiness, third grade reading proficiency, high school graduation and post-secondary completion.

UNITED WAY OF EASTERN MAINE
SUBSTANCE USE WHITE PAPER

OPPORTUNITY 2028

INTRODUCTION

On Sept 6, 2017, Maine Public Radio released an article reporting that despite increased efforts, drug-related deaths in Maine are *not* projected to go down in 2017. Over the last year, Maine has increased its effort to bring awareness to the drug crisis. There was hope that this, combined with widespread use of the anti-overdose drug naloxone, would *significantly* decrease the number of overdose deaths this year. It hasn't. Maine Attorney General, Janet Mills, explained that 4 of 5 drug-related deaths are caused by an overdose of two or more substances. She concludes that Maine needs more treatment facilities and prevention efforts. "Otherwise… Maine is on track to witness at least one drug death per day in 2017," (Leary, 2017).

ADDICTION

Scientists began studying addiction in the 1930s. Since that time, research has evolved from being a "moral failing" to a health problem, dramatically changing how we respond to persons who are addicted or have substance use disorders. Discoveries about the brain have changed the understanding of compulsive drug use, enabling health professionals to respond effectively to the problem (Drugs, Brains and Behavior, 2017).

Substance use and addiction interfere with normal health functioning, contributing to physical and behavioral health problems, injuries, lost income and productivity, and often leads to family dysfunction (Substance Abuse Prevention for Early Childhood, 2016). Scientific research has found that addiction is a disease that affects both brain and behavior. It is caused by both environmental and biological factors, and possibly genetics as well. Scientists have been able to use this knowledge to develop effective prevention and treatment approaches that reduce the impact of drug use on individuals, families, and communities (Drugs, Brains and Behavior, 2017).

SUBSTANCE USE AND ADDICTION INTERFERE WITH NORMAL HEALTH FUNCTIONING, CONTRIBUTING TO PHYSICAL AND BEHAVIORAL HEALTH PROBLEMS, INJURIES, LOST INCOME AND PRODUCTIVITY, AND OFTEN LEADS TO FAMILY DYSFUNCTION.

- SUBSTANCE ABUSE PREVENTION FOR EARLY CHILDHOOD, 2016

Transitions

Personal risk increases at various points in life, especially during times of transition. Transitions introduce new potential risk factors and are times when individuals are more vulnerable. The increased risks make these periods of life prime opportunities for preventive intervention (Substance Abuse Prevention for Early Childhood, 2016). For adults, transitions may be divorce, job loss, graduation, moving, or illness. For adolescents, times of transitions may be entering middle school or high school. These are times when youth are exposed to new challenges both socially and academically (Drugs, Brains and Behavior, 2017). For children, transitions may be biological, such a puberty, or entering into a new environment, such as starting a new school. How

people respond to these transitions are based on their development at that point in time, as well as history, family, and their environment (Substance Abuse Prevention for Early Childhood, 2016).

Mental Illness

The relationship between substance use disorder and other psychiatric disorders is complex, and not fully understood. Research suggests that those with mental health disorders are more likely to experience alcohol or substance use disorder. Though the reason for this is less certain; genetic or biological risk factors may cause or influence each other (Substance Abuse Prevention for Early Childhood, 2016). When both disorders are present, it is referred to as a co-occurring disorder. Co-occurring disorders can be difficult to diagnose due to the complexity of symptoms, varying in severity (Co-Occurring disorders, 2016).

THE RELATIONSHIP BETWEEN SUBSTANCE USE DISORDER AND OTHER PSYCHIATRIC DISORDERS IS COMPLEX, AND NOT FULLY UNDERSTOOD.

- SUBSTANCE ABUSE PREVENTION FOR EARLY CHILDHOOD, 2016

Individuals with co-occurring disorders are best treated with integrated treatment where both disorders can be treated simultaneously, thus producing better results. Increasing awareness and building service systems are important in helping to identify and treat people suffering from co-occurring disorders (Co-Occurring Disorders, 2016).

STRATEGIES

In the sections below, Strategies will be discussed as 1) Prevention and 2) Treatment and Recovery.

PREVENTION

PREVENTION IS THE BEST STRATEGY. EARLY DRUG USE INCREASES ONE'S CHANCES OF DEVELOPING ADDICTION, THEREFORE PREVENTING EARLY USE OF DRUGS OR ALCOHOL CAN HELP REDUCE RISKS. (Drugs, Brains and Behavior, 2017).

In studying addiction, scientists have created prevention programs to positively balance risk and protective factors, and mitigate the threat of drug use in families, schools, and communities. Risk factors are additive, the more risk factors an individual is exposed to, the more likely he or she will abuse drugs. (Drugs, Brains and Behavior, 2017). Risk and protective factors are listed in Table 1.

RISK FACTORS	DOMAIN	PROTECTIVE FACTORS
Aggressive behavior in childhood	Individual	Good self-control/ Impulse control
Lack of parental supervision	Family	Parental monitoring and support
Poor Social Skills	Individual/Family	Positive relationships
Drug Experimentation/ Substance Abuse	Peer	Academic competence
Drug Availability	School	Anti-use policies
Poverty	Community	Neighborhood pride/ Neighborhood attachment

Table1: Risk and Protective Factors, (Drugs, Brains and Behavior, 2017) and (NIDA Preventing Drug Use in Children and Adolescents, 2003)

Productive prevention programs help to boost protective factors and eliminate or reduce risk factors for substance use. There are three categories of programming: Universal, Selective, and Indicated. *Universal programs* address risk and protective factors common to all children in a given community or setting. *Selective programs* target groups who have factors that put them at increased risk of substance use. *Indicated programs* are designed for those who are already using (NIDA Drugs, Brains and Behavior). ***When research-based substance use prevention programs are properly implemented by schools and communities, use of alcohol, tobacco, and illegal drugs is reduced*** (NIDA Drugs, Brains and Behavior).

While substance use and abuse can affect persons at any stage of life, the following sections focus on pregnancy, childhood (to curtail future drug use), adolescence, and older adults.

Pregnancy

Exposure to substances during pregnancy can affect children throughout their lifetimes. Alcohol, tobacco, and other drugs can permeate the placenta exposing the developing brain to the effects of the substance (Substance Abuse Prevention for Early Childhood, 2016).

- Smoking has been linked to increased risk for slowed fetal growth and low birth weight, stillbirth, pre-term birth, infant mortality, Sudden Infant Death Syndrome (SIDS), and respiratory problems.
- Alcohol can cause miscarriage, stillbirth, and a range of lifelong disorders that are characterized as Fetal Alcohol Spectrum Disorders (FASDs) – which can lead to physical, cognitive, and behavioral problems.
- Illicit drug use can have adverse effects ranking from low birth weight to development problems related to behavior and cognition.
- Even some types of prescription drugs may have an effect. Babies of mothers who chronically take opioid medications for pain, or who are abusing the medications, may be born with physical dependency, causing withdrawal, called Neonatal Abstinence Syndrome (NAS), which can require prolonged hospitalizations (Substance Abuse Prevention for Early Childhood, 2016).

DRUG AFFECTED BABY NOTIFICATIONS HAS INCREASED 480% SINCE 2005 PENOBSCOT AND WASHINGTON COUNTIES REPORTED THE HIGHEST RATES.
- DIOMEDE, 2015

Maine has increased awareness and education of providers to notice, identify, and work to address substance use during pregnancy; however, Drug Affected Baby Notifications has increased considerably. From 2005 to 2014, the number of Drug Affected Baby Notifications increased by 480%; Penobscot and Washington counties reported the highest rates (Diomede, 2015).

Possible Actions:

- Increase awareness of the threats of substance use during pregnancy and lasting impacts;
- Encourage medical professionals to identify and address substance use during pregnancy; and
- Connect pregnant women with medical intervention and support programs that they need.

Childhood

Life at home, especially during childhood, effects the likelihood of substance experimentation or addiction. Adverse childhood experiences (ACE) are stressful or traumatic events that may include abuse, neglect or dysfunction. Research has shown there is a strong correlation between these types of experiences (ACEs) and a variety of health problems, including substance use (Adverse Childhood Experiences, 2017). Research also indicates, when family members abuse alcohol or drugs, or engage in criminal behavior, it increases the likelihood that children will follow suit (Drugs, Brains and Behavior, 2017).

While substance use typically begins in adolescence, research has shown there are known biological, psychological, social, and environmental factors that contribute to accumulating risk factors that begin as early as prenatal. This provides an opportunity to intervene early, and research has indicated that **"early intervention can prevent many adolescent risks,"** (Substance Abuse Prevention for Early Childhood, 2016).

THERE IS A STRONG CORRELATINOS BETWEEN ADVERSE CHILDHOOD EXPERIENCES AND A VARIETY OF HEALTH PROBLEMS, INCLUDING SUBSTANCE USE.

- ADVERSE CHILDHOOD EXPERIENCES, 2017

For young children exhibiting serious risk factors, early intervention can have the most positive effects. Delaying interventions may increase the difficulty in overcoming numerous risk factors as a child grows. Research supports interventions that: reduce risk factors; promote positive factors; and increase access to resources and support services, for both the child and caregivers (Substance Abuse Prevention for Early Childhood, 2016).

Research has shown that early risk factors for substance use are simultaneously risk factors for other mental, emotional, and behavioral problems. Risk factors identified in the research are early-onset externalizing behavior problems, such as aggressive and disruptive behaviors in preschool, which have been linked to conduct disorders, substance use, delinquency, and risky sexual behaviors in adolescence (Substance Abuse Prevention for Early Childhood, 2016). Interventions designed to prevent substance use may provide positive benefits in other parts of children's lives, including improved personal and social skills, family functioning, higher academic and career achievement, and less involvement with the criminal justice system and mental health services (Substance Abuse Prevention for Early Childhood, 2016).

Research continues to support that a stable home environment, adequate nutrition, physical and mental stimulation, warm supportive parenting, and high-quality early childhood education can lead to developing strong emotional and behavioral control. These factors help to protect against potential risks factors (Substance Abuse Prevention for Early Childhood, 2016). Well-designed intervention for very young children can improve both children's and their families' quality of life, and benefit the community as a whole (Substance Abuse Prevention for Early Childhood, 2016).

Possible Actions:

- Educate and increased communication between early childhood educators, medical professionals, and parents to identify early risk factors in children and provide support and resources, as necessary, to address issues early;
- Support programs that stabilize families, enabling them to provide a safe, decent home, and adequate nutrition for their families;
- Invest in early intervention programs, such as the Nurse Family Partnership which works to keep children healthy and safe, and improve the lives of mothers and babies; and
- Invest in high-quality early education programs that screen and identify risk factors, partner for intervention in the case of trauma, and provide family resources and support.

Adolescence and Young Adults

Research has indicated that most people begin using substances during adolescence and early adulthood. This includes tobacco, alcohol, prescription, and illegal drugs (Adolescent Substance Use Disorder Treatment, 2014). Normal adolescent and teen development cause them to take greater risks, explore, and experiment. (Substance Abuse Prevention for Early Childhood, 2016). Research indicates that adolescents are biologically wired to seek new experiences and take risks in order to carve out their own identity. Drug and substance experimentation can fulfill that desire (Adolescent Substance Use Disorder Treatment, 2014).

TEENAGERS ARE STILL DEVELOPING JUDGEMENT AND DECISION-MAKING SKILLS, AND THIS MAY LIMIT THEIR ABILITY TO ASSESS THE RISKS OF DRUG USE.

- DRUGS, BRAINS AND BEHAVIOR, 2017

Availability of drugs and alcohol play a role in whether an adolescent will experiment. Once teens enter high school, they may find themselves in situations in which substances are easily accessible. Studies show that teenagers use drugs to share experiences with friends, improve their appearance or performance, or to help them study or lose weight. Teenagers are still developing judgment and decision-making skills, and this may limit their ability to accurately assess the risks of drug use (Drugs, Brains and Behavior, 2017).

Nationally, almost 70% of seniors have tried alcohol, 50% have used an illegal drug, 40% have tried cigarettes, and 20% have used prescription drugs for nonmedical purposes (Adolescent Substance Use Disorder Treatment, 2014). For high school students in Maine, the report *Substance Abuse Trends in Maine* (2015) found that *in the last month*: 26% reported consuming alcohol, of whom 15% reported binge drinking (having five or more drinks in a row); 22% reported using marijuana; 13% reported smoking at least one cigarette; 9% reported using inhalants; 6% have taken prescription drugs that were not prescribed to them; and 5% reported using cocaine (Hornby Zeller Associates, 2015). **[***Please note national statistics are for individuals who have ever tried substances, while Maine statistics are for those who have used in the last month.*]

While most teens do not escalate from trying drugs to developing addictions, research has found that even experimentation can lead to harmful side effects and other risky behavior, such as unsafe sex or driving while intoxicated (Adolescent Substance Use Disorder Treatment, 2014).

Possible Actions:

- Reduce social access (getting drugs and alcohol from friends and family);
- Reduce or eliminate retail availability (not carding, over prescribing/dispensing);
- Reduce pricing and promotion (two for one specials, industry sponsorships or signage);
- Increase enforcement (lack of compliance checks, enforcing policies, laws);
- Change the perception of alcohol, tobacco, and drug use in the community. Educate families and community about addiction and supporting people in treatment or recovery, identify support groups and community forums, and engage recovery community. How substances are discussed and viewed within the family and community affects:
    - Social/ Community Norms (parental/ community attitudes and belief)
    - Perception of Harm (individual's belief of whether a substance is harmful)
    - Perceived risk of being caught (Individuals belief that s/he will be caught) (Hornby Zeller Associates, 2015)

The actions suggested here are strategies not only for adolescents, but adults as well. It is assumed that making changes to these factors at the community level will result in changing behaviors around substance use and related problems in Maine. It is believed that addressing these factors will help Maine to achieve population-level changes in substance consumption and consequences (Hornby Zeller Associates, 2015).

Older Adults

According to the U.S. Census, the five-county region has a higher population of persons over the age of 65 than the state average (U.S. Census, ACS v2014). This is relevant, as substance use is emerging as a public health concern among older adults. This population is more likely to have chronic health conditions and take prescription medications, which can complicate adverse effects of substance use (Mattson, 2017).

Alcohol has emerged as a cause for concern. While alcohol is legal, its interaction with prescription drugs can be dangerous, including over the counter drugs, herbal remedies, and prescriptions. It can also exacerbate common medical conditions, including stroke, high blood pressure, diabetes, osteoporosis, memory loss, and mood disorders. The combination of multiple medications, or combining medications and alcohol, may have adverse effects that could lead to trips to the Emergency Department (Mattson, 2017).

Signs of possible substance misuse among older adults may include: physical symptoms such as injuries, increased tolerance to medication, blackouts, and cognitive impairment; psychiatric symptom such as sleep disturbances, anxiety, depression, and mood swings; and social symptoms such as legal, financial, and family problems (Mattson, 2017).

As substance use in older adults continues to be investigated here in Maine, it has been noted that this is "a situation that remains underestimated, under-identified, underdiagnosed and in some ways, misunderstood," (Substance Abuse & Misuse Among the Elderly, AdCare).

SUBSTANCE USE IN OLDER ADULTS "REMAINS UNDERESTIMATED, UNDER-IDENTIFIED, UNDERDIAGNOSED, AND IN SOME WAYS MISUNDERSTOOD.
- SUBSTANCE ABUSE AND MISUSE AMONG THE ELDERLY

Possible Actions:

- Work with healthcare professionals, social workers, and families to identify risk factors;
- Educate older adults in the harm of combining substances and offer support; and
- Continue to study substance use in older adults to understand the extent of the issue.

The National Institute on Drug Abuse has identified the following Strategies for Prevention for Communities to follow. They include the following:

- Identify specific drugs and other problems in the community/region;
- Identify what existing resources and programs currently exist in the region. Assess their effectiveness. Core elements of an effective program are: structure, content, and delivery;
- Develop short- and long-term goals, relevant to implementation of research-based prevention programs; and
- Incorporate ongoing assessments to evaluate effectiveness (NIDA Preventing Drug Use in Children and Adolescents, 2003).

TREATMENT AND RECOVERY

Drug addiction is a chronic disease that is defined by compulsive, uncontrollable drug seeking and use, despite harmful consequences. Ongoing drug use changes the way the brain works, leading to unpredictable and sometimes harmful behaviors. Many things can "trigger" drug cravings within the brain, often leading to relapses, or returns to drug use after an attempt to stop (NIDA Treatment Approaches for Drug Addiction, 2016). Treatment is possible, but difficult. Those in recovery must learn how to recognize, avoid, and cope with triggers they are likely to be exposed to during and after treatment. Addiction is chronic, and most patients need long-term or repeated care (NIDA Treatment Approaches for Drug Addiction, 2016).

ONGOING DRUG USE CHANGES THE WAY THE BRAIN WORKS… TREATMENT IS DIFFICULT, BUT POSSIBLE… MOST PATIENTS NEED LONG-TERM OR REPEATED CARE.
- TREATMENT APPROACHES FOR DRUG ADDICTION, 201

Addiction treatment has three primary goals, to help a person stop using drugs or alcohol, stay substance free, and be a productive member of society (NIDA Treatment Approaches for Drug Addiction, 2016). Successful treatment is comprised of several steps, including:

1. Detoxification, which removes the substances from the body, sometimes causing withdrawal symptoms (NIDA Treatment Approaches for Drug Addiction, 2016).
2. Behavioral therapy, which assists users to be active participants in their recovery and addiction, enhancing their ability to resist drug use. A holistic approach, including personal incentives, personal tools, family, life skills, and environmental changes aid in success.
3. Addiction medications have been found effective in treating addiction to opioids, alcohol, and nicotine in adults. However, none have been approved by the FDA for adolescents.
4. Recovery support and long-term treatment are essential to provide the follow-up necessary for success. Community programs, where peers in recovery share experiences, provide mutual support, and encourage a substance-free lifestyle have been beneficial, although not a substitute for treatment (Adolescent Substance Use Disorder Treatment, 2014).

People who use more than one drug, which is very common, need treatment for all substances that they use (NIDA Treatment Approaches for Drug Addiction, 2016). All treatment must be tailored to the person's specific drug use patterns, personality, and other medical, social, or psychiatric needs (Drugs, Brains and Behavior, 2017).

Research has shown that combining efforts, specifically detoxification and behavioral counseling, have produced the most successful results. Medications help patients treat withdrawal, stay in treatment, and prevent relapse (Drugs, Brains and Behavior, 2017). Behavioral therapy engages one in their own recovery, modifying their drug-related attitudes and behaviors. Successful therapies also work to increase life skills to handle stressful circumstances, and identify and appropriately deal with triggers that may lead to intense cravings and possible relapses (Drugs, Brains and Behavior, 2017).

Research indicates that family intervention is the most successful approach for adolescents. Engaging the family, parents, siblings, friends, and sometimes peers helps to create positive influences. Parents, specifically, need to be on board to create the structure, rules, accountability, and support adolescents need for successful recovery. Family-based approaches often address a wide variety of problems in addition to substance use, including: family communication and conflict; co-occurring behavioral, mental health, and learning disorders; problems with school or work attendance; and peer networks (Adolescent Substance Use Disorder Treatment, 2014).

Possible Actions:

- Reduce bias and stigma through education and compassion;
- Support people in treatment and recovery by creating opportunities for employment, housing, and education, and reduce barriers to treatment, such as transportation;
- Engage the recovery community in mentoring and peer-to-peer support;
- Support harm reduction strategies, including drug take-backs programs, needle exchanges, and educational efforts for safe storage;
- Expand medical coverage, especially Medicaid, to the most vulnerable populations, who experience homelessness, substance use, and co-occurring disorders and are often without medical insurance to cover the cost of treatment and ongoing recovery; and
- Continued to increase collaboration and communication among providers to work together to find solutions; including engaging multiple state agencies (Health and Human Services, Office of Corrections, Education, Labor, CDC, Attorney General, and others) agencies to work in tandem with local municipal offices, hospitals, stakeholders, and the general community to address the issue.

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