

Opportunity 2028 Community Forum Report

University of Maine, Center on Aging

January 2018

Introduction

The following report outlines key themes from participant feedback as part of the United Way of Eastern Maine’s 2028 Forums held in October and November of 2017. The goal of the forums was to better understand how community members in United Way’s five county service area prioritize focal areas within the broad strategic areas of Basic Needs, Substance Use Disorder, and Early Childhood. Additionally, community members were asked to discuss their vision for 2028 within these strategic areas. To supplement data from community forums, an online survey was developed for individuals who were not able to attend forums to provide feedback.

Methodology

For each community forum, notes were taken and the session discussion was recorded. At the completion of the community forums, participant responses were catalogued and a thematic analysis was conducted to identify common patterns of response across forums. Additionally, participants at each forum were asked to vote on their priorities among each broad strategic area, with the opportunity to distribute five stickers that represent votes among potential focus areas falling under the broad topic areas of Basic Needs, Early Childhood, and Substance Use Disorder. Votes for each focus area were tallied and reported. There were 569 participant comments identified through recordings and notes that speak to community assets, context for votes, and vision for 2028.

The online survey was distributed by the United Way of Eastern Maine through a number of avenues including direct email, Facebook, and Twitter. Descriptive statistics were calculated to identify the highest priority focus areas as selected by online survey participants. There were 176 respondents to the online survey.

Demographic data were collected on both survey and forum participants.

Demographics

Forums

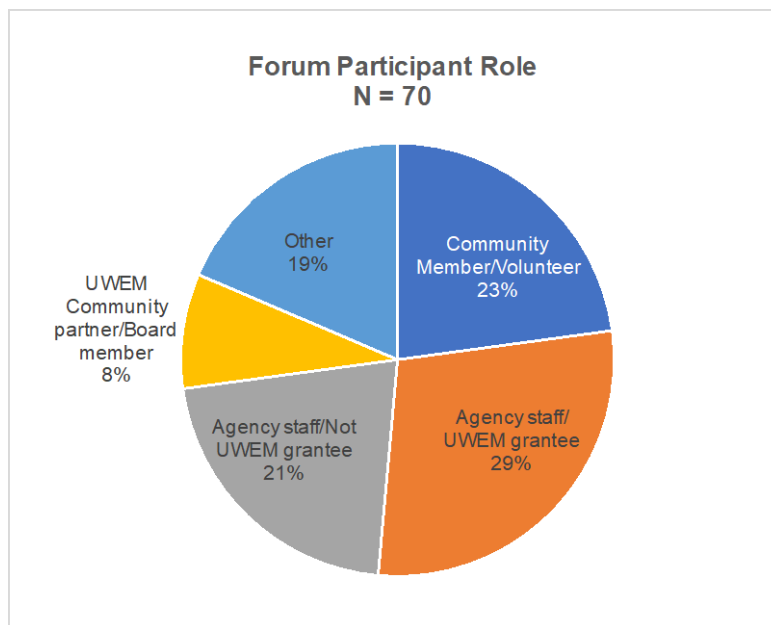
The following is a breakout of profile data collected from attendees at the six Opportunity 2028 community forums held in fall 2017. A total of 69 response forms were collected from individuals who attended the in-person forum events. Forum profile data provides a snapshot of the makeup of attendees and thus reflects the background and experiences that contributed to the feedback collected during the forum discussions.

Forum Participant Profile Forms Collected by Location

| Location | # |
|----------|---|
|----------|---|

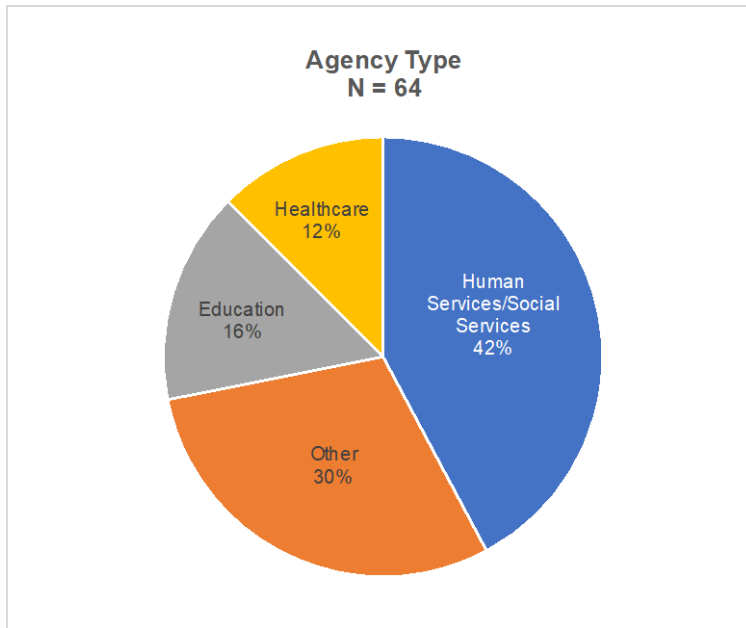
| | |
|--------------------|----|
| Bangor | 17 |
| Ellsworth | 16 |
| Dover | 11 |
| Calais | 9 |
| Millinocket | 8 |
| Belfast | 8 |

Based on forum profile data, attendees were, for the most part, evenly split between community members (23%), agency staff of grantee organizations (29%), and agency staff from non-grantee agencies (21%), and “other” attendee roles (19%). A smaller percentage of attendees (8%) represented individuals who identified as a UWEM community partner or board member.

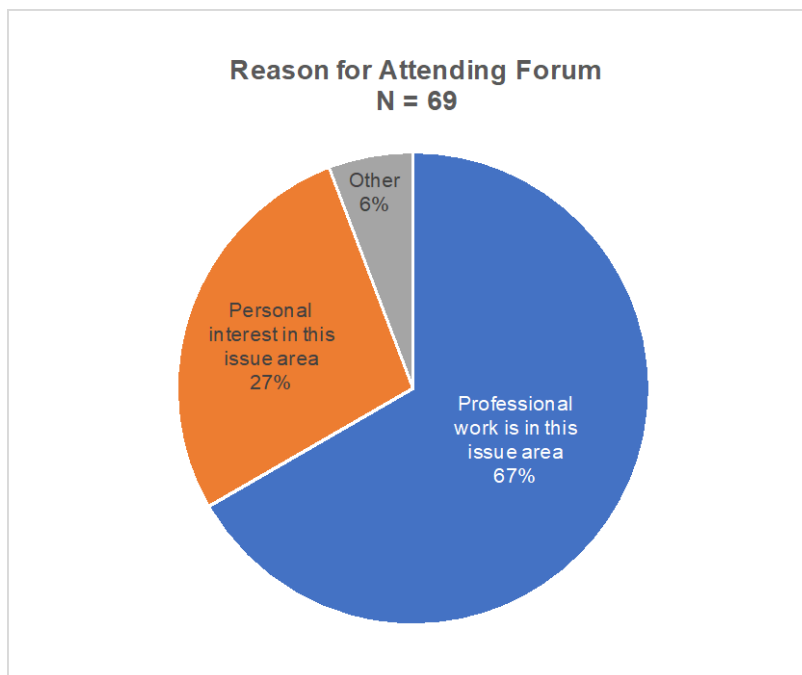


Write-in responses provided under the “other” response option indicate that attendees represented a variety of additional role designations including government employee, policy maker, educator, advocate, law enforcement official, public health sector employee, and funder.

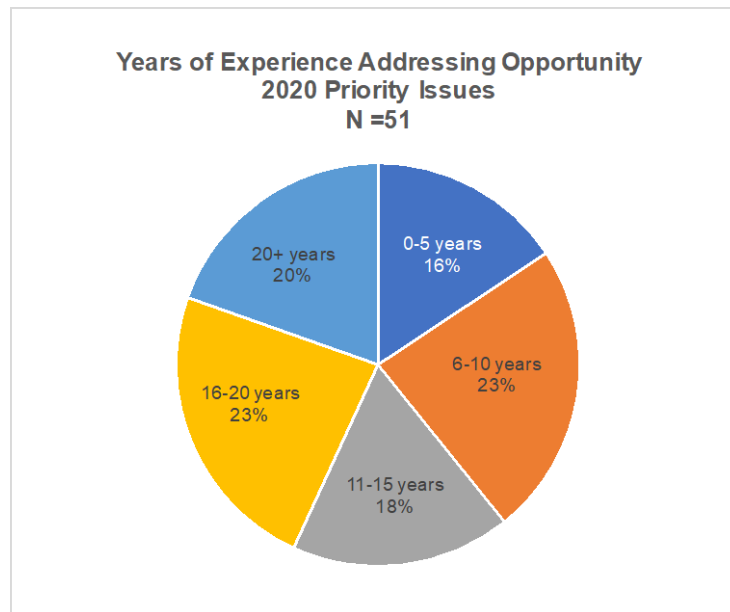
For those representing an agency at the forum event, the largest proportion (42%) represented human services/social services agencies followed by “other” agency types which represented nearly a third (30%) of the responses. Agency types that fell within the “other” category included public health, local and state government, law enforcement, organizations focused on basic needs, civic and community groups, and philanthropy. Representing smaller proportions of attendees were healthcare agencies (12%) and education (16%).



The majority of attendees, approximately two thirds, cited their professional work in the Opportunity 2028 issue areas as the impetus for attending a local forum. The remaining attendees indicated that the Opportunity 2028 issue areas were of personal interest (27%) or indicated that they had “other” reasons for attending. Those who provided a write-in response under the “other” response option indicated that a direct invitation from UWEM was the primary reason for their forum participation.

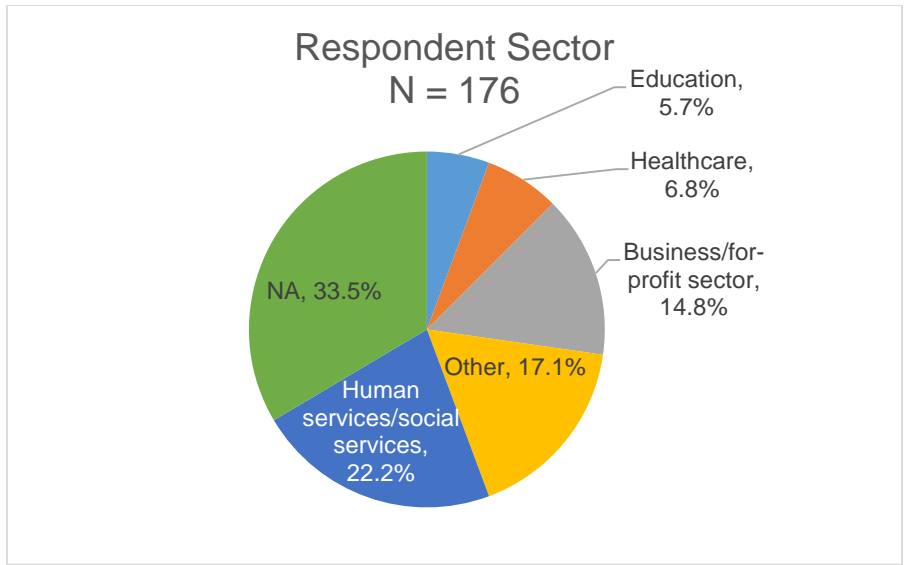


When asked how long attendees had been working to address Opportunity 2028 priority issues in their community, attendees indicated a range of experience from less than a year to over 40 years. Among attendees working in an Opportunity 2028 issue area, the average amount of time spent addressing Opportunity 2028 issues was 16 years. Data breakouts indicate that the most frequent levels of experience were 6-10 years and 16-20 years of professional and/or community-level experience. Write-in responses connected with this question were used to clarify the types and range of experiences represented among the totals. For example, respondents indicated the specific issues they were working on such as “substance abuse” or their role such as “volunteer in community café.” Based on these data, it can be assumed that forum discussion themes represent input from community members and professionals with extensive experience in Opportunity 2028 issue areas.

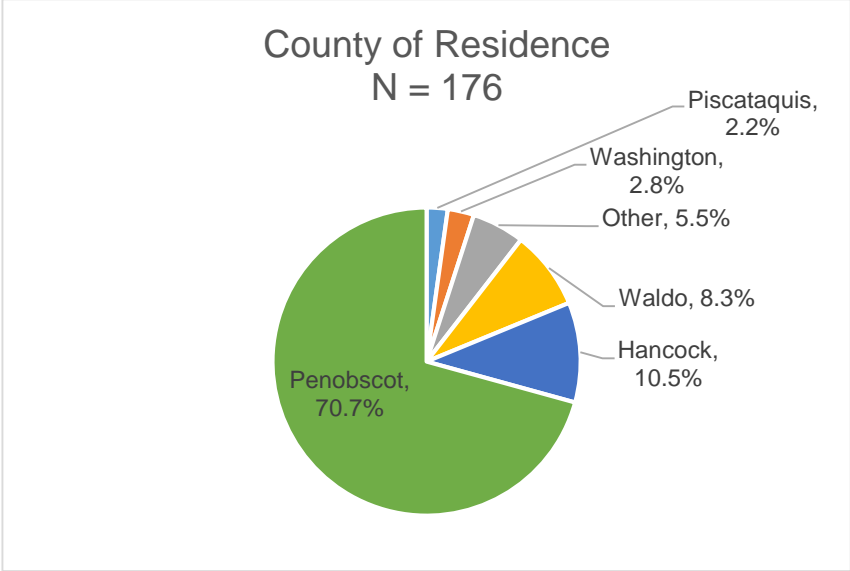


Online Surveys

Respondents to the online survey were asked to identify the professional sector the agency or organization they represent belongs to. The largest category of respondents were individuals who did not identify with a particular sector (33.5%). Human and social services were the next most represented sectors among respondents at 22.2%. Business or for-profit respondents accounted for 14.8% of the survey sample. The least represented sectors were education (5.7%) and healthcare (6.8%). There was a substantial “other” category (17.1%).



The majority of the respondents were residents of Penobscot County (70.7%). Hancock and Waldo were the next most frequent residential locations cited (10.5% and 8.3%, respectively). Respondents from Washington and Piscataquis counties both represent less than 3% of the sample. There was an “other” category that included Cumberland (3), Knox (2), Somerset (2), Kennebec (1), and two respondents indicating they reside in multiple counties.

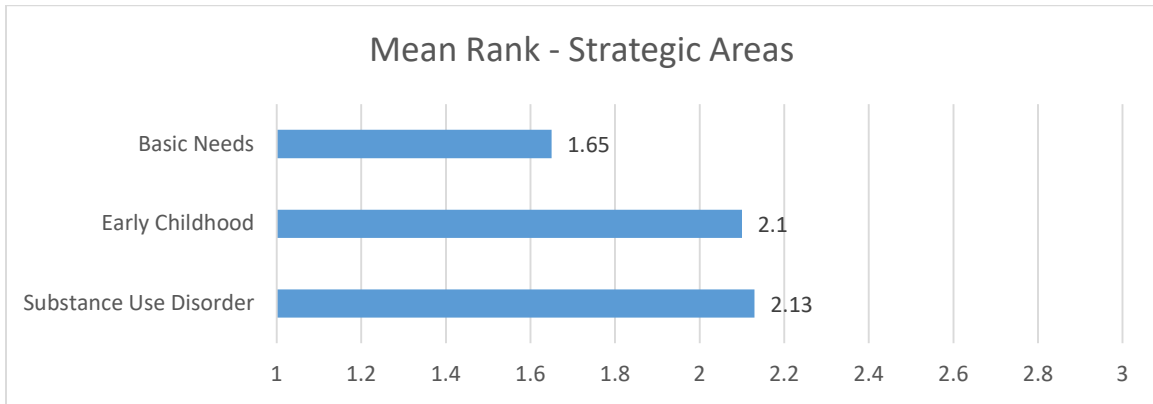


Online Voting Results

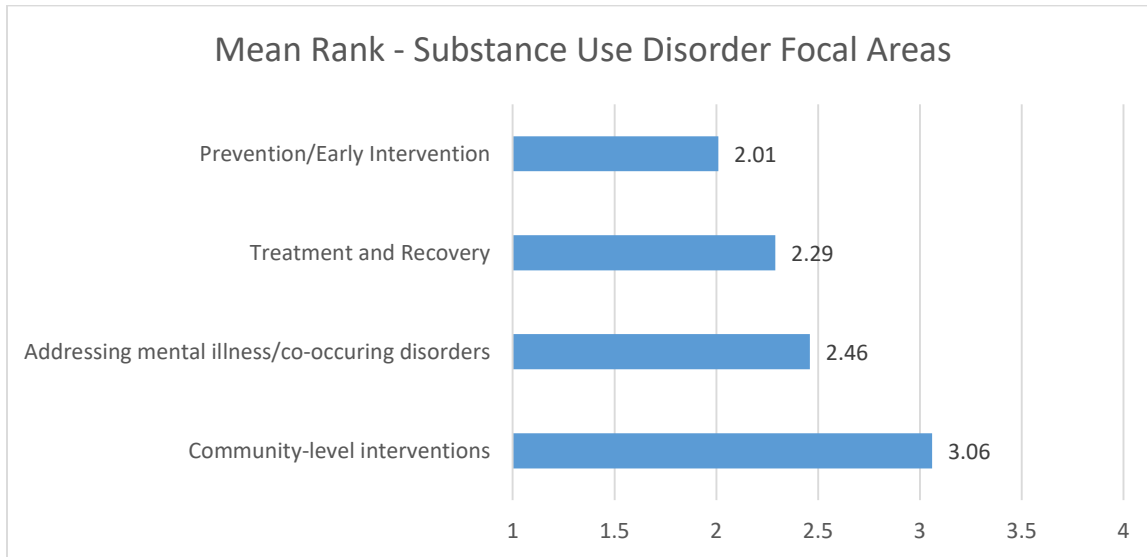
Online survey respondents were asked to both prioritize the three broad strategic areas under consideration by United Way of Eastern Maine and prioritize potential focal areas within these broad areas. Participants were provided definitions of focal areas which matched those provided to community forum participants (Appendix 1). “Mean ranks” were calculated based on

respondent data as a way to summarize participant priorities. Mean rankings closer to “1” indicate high priorities, while rankings further from “1” indicate lower priorities.

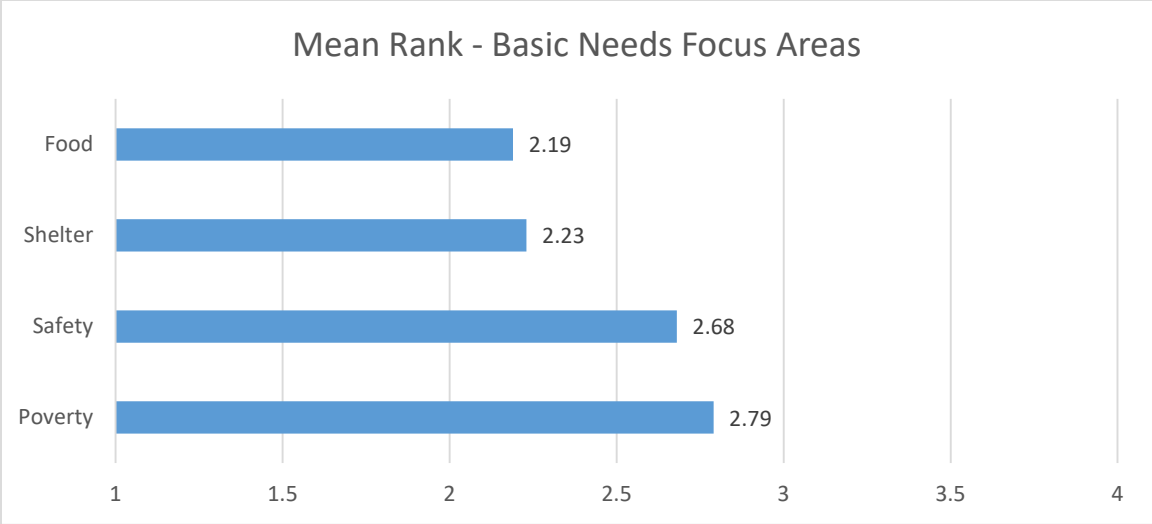
When asked to prioritize broad strategic areas, participants clearly identified Basic Needs as their highest priority area, with a mean ranking of 1.65. Early Childhood and Substance Use Disorder strategic areas had similar mean ranks of 2.1 and 2.13, respectively.



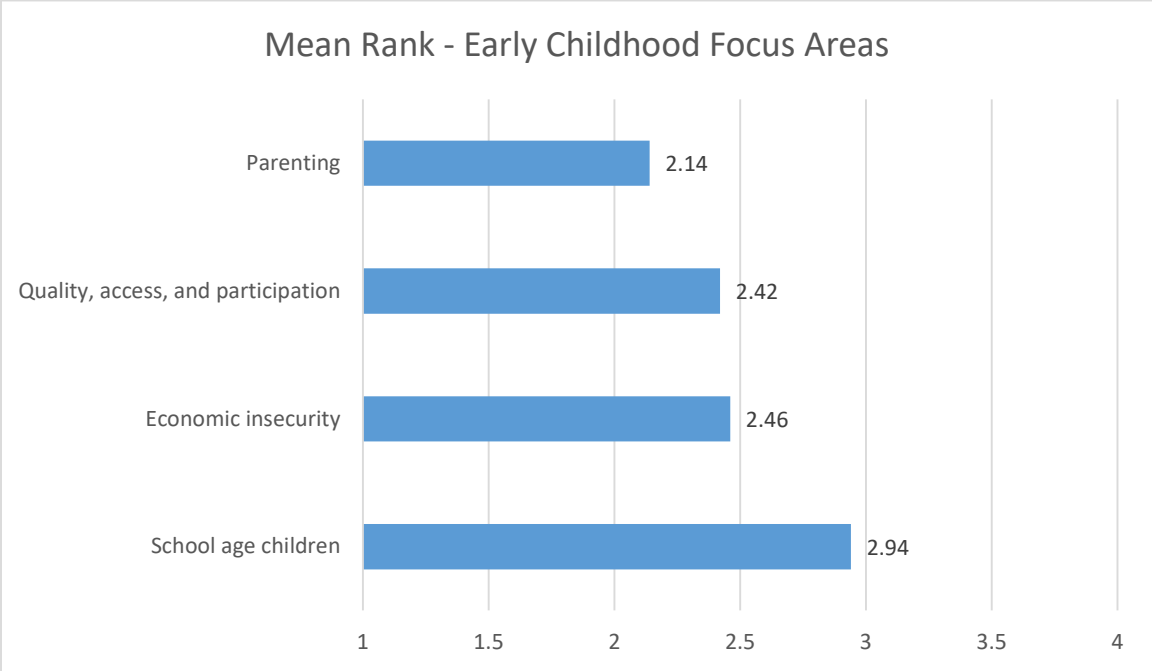
When asked to prioritize focal areas within Substance Use Disorder, prevention/early intervention was identified as the highest priority, with a mean ranking of 2.01. The second highest priority was treatment and recovery with a mean ranking of 2.29, which was closely followed by addressing mental illness/co-occurring disorders (2.46). Community-level interventions came in last among Substance Use Disorder focal areas.



For Basic Needs, food (2.19) and shelter (2.23) were nearly tied for highest priority areas. Safety and poverty had similar mean rankings at 2.68 and 2.79, respectively.



Parenting was the clear priority among Early Childhood focal areas with a mean ranking of 2.14. Quality, access, and participation and economic insecurity were essentially even in terms of mean ranking. The school age children focus areas was the lowest priority among respondents with a mean ranking of 2.94.



Forum Voting Results

Forum voting utilized a different methodology where participants were given five stickers for each of the three broad strategic areas with which they could distribute however they want among focal areas to indicate their priorities for United Way of Eastern Maine’s 2028 plan.

Additionally, participants were given the chance to add additional focal areas if they felt they were not adequately covered by the original focal areas that were presented to them.

The following were additional focal areas that were identified during at least two community forums:

- Access to healthcare (Substance Use Disorder)
- Healthcare (Early Childhood)
- Transportation (Basic Needs)
- Social Connection (Basic Needs)
- Healthcare (Basic Needs)

Voting within the Substance Use Disorder area identified the same ranking of priorities as the online survey voting, with prevention and intervention being the highest priority with 111 votes. Treatment and recovery and mental health had 99 and 87 votes, respectively, across forums. Community-level interventions was the focus area of least priority across the forums.

| | Treatment and Recovery | Mental Health | Prevention/Early Intervention | Community-level interventions | Access to Healthcare |
|----------------|------------------------|---------------|-------------------------------|-------------------------------|----------------------|
| Bangor | 21 | 21 | <u>27</u> | 10 | 9 |
| Belfast | 16 | 11 | <u>21</u> | 7 | 18 |
| Calais | 21 | 14 | <u>24</u> | 21 | - |
| Dover-Foxcroft | <u>14</u> | 11 | 7 | 7 | - |
| Ellsworth | 17 | <u>23</u> | 19 | 16 | - |
| Millinocket | 10 | 7 | <u>13</u> | 9 | - |
| Total | 99 | 87 | <u>111</u> | 70 | 27 |

Forum voting on Basic Needs did not follow the pattern of priorities of respondents of the online survey. While poverty was the lowest priority among survey participants, it was by far the highest priority among forum participants with 130 votes. Food, the basic need that was the highest priority among online survey respondents was the lowest priority of the original four focal areas of poverty, food, shelter, and safety for forums participants. Transportation and healthcare, two additional basic need focal areas suggested by forum participants received 54 and 45 votes, respectively, were similar to the number of votes received by the food category.

| | Poverty | Food | Shelter | Safety | Transportation | Social Connection | Healthcare |
|----------------|------------|------|-----------|-----------|----------------|-------------------|------------|
| Bangor | <u>25</u> | 11 | <u>25</u> | 8 | 13 | - | 13 |
| Belfast | <u>15</u> | 4 | <u>15</u> | <u>15</u> | 10 | 10 | |
| Calais | <u>26</u> | 6 | 11 | 6 | 18 | | 10 |
| Dover-Foxcroft | 10 | 6 | 4 | <u>11</u> | 7 | - | 7 |
| Ellsworth | <u>44</u> | 13 | 11 | 15 | 6 | - | 15 |
| Millinocket | 10 | 8 | 6 | 7 | - | <u>13</u> | - |
| Total | <u>130</u> | 48 | 72 | 62 | 54 | 23 | 45 |

Priorities identified by forum respondents for Early Childhood were similar to those identified by online survey respondents with parenting being the clear first priority and a focus on school-age children being the lowest priority of the original four that were presented to participants. The additional healthcare focal areas suggested by participants received the lowest number of votes.

| | Economic Insecurity | Parenting | Quality/Access and Participation | School-Age Children | Healthcare |
|-----------------------|---------------------|------------|----------------------------------|---------------------|------------|
| Bangor | 26 | <u>32</u> | 20 | 12 | 15 |
| Belfast | 19 | <u>21</u> | 7 | 4 | 8 |
| Calais | 20 | <u>30</u> | 9 | 12 | - |
| Dover-Foxcroft | 7 | <u>8</u> | 6 | 7 | - |
| Ellsworth | 12 | <u>17</u> | 13 | 10 | 9 |
| Millinocket | 9 | <u>17</u> | 14 | 5 | - |
| Total | 93 | <u>125</u> | 69 | 50 | 32 |

Forum Qualitative Responses

The following section presents a thematic analysis of feedback provided by forum participants related to why they selected their particular priorities in the voting process, as well as what their vision was for 2028 related to Basic Needs, Early Childhood and Substance Use Disorder. The number in parentheses indicates the frequency of a particular theme. Abbreviations in parentheses indicate which forums these themes were presented at. The following are the abbreviations used and their corresponding town:

BA = Bangor

BE = Belfast

C = Calais

D = Dover-Foxcroft

E = Ellsworth

M = Millinocket

Themes: Basic Needs

Themes - Vote Context

There were 64 participant comments that provide a deeper understanding of why individuals selected focal areas within Basic Needs.

The most prevalent theme by far was that each of the focus areas within Basic Needs can be considered foundational, in the sense that by addressing one basic need, this will ultimately make it easier to address other needs (24 comments). This was particularly the case with poverty (9

comments), although each of the other potential focal areas were mentioned in this context as well. (BA/BE/C/D/E/M)

Poor access to resources and services was the second most prevalent theme (10 comments). Transportation (6 comments) in particular was an access barrier mentioned in the context of getting medical care, accessing recovery supports and services, and food pantries. (BA/BE/C/D)

Themes - Vision for Basic Needs

Improved transportation (6): This category included establishment of affordable transit systems and improving transit access. (BA/BE/C/D/E)

A more equitable society (6): This category included visions that ensured greater wealth distribution, livable wages, and all individuals having needs met. (BA/E)

More collaborative responses to basic needs (5): This category included the development of seamless systems to connect people to resources such as “no wrong door” systems, or simply increased collaboration between service providers. (BA)

Improved information access for consumers (4): This category included improvements in the 211 system, resource lists/apps. (BA/D)

Improved health outcomes (4): This category included reduction or elimination of cancer, reduction in overdose deaths, mental health issues, and infants born substance exposed. (BE/E)

Themes: Early Childhood

Themes - Vote Context

There were 28 comments that provide context to voting on Early Childhood focal areas.

The importance of early childhood supports in facilitating improved outcomes was highlighted by five participants. Proper parenting, pre-k, and childcare were highlighted as facilitators of positive child outcomes later in life. (E/M)

Childcare quality was identified by five participants as being a key issue in terms of a lack of quality care or staff expertise. One participant also highlighted that it is important to remember that there are small childcare providers who likely provide quality care, but may not have the capacity to participate in the childcare rating system. (BA/D/M)

The need for good role models was highlighted by four respondents as being key to raising child aspirations and model parenting behaviors. (C/M)

Themes - Vision for Early Childhood

Increased supports (10): Individuals discussed their vision for early childhood in terms of an increase in available supports such as universal childcare options, home-based parenting

education, afterschool programming, arts and alternative education, and improved maternity/paternity leave. (BA/BE/C/D/E)

Culture change (8): Participants identified some aspect of culture change in relation to early childhood, including movements toward acceptance of children in more public spaces, reducing stigma around accessing parenting education, greater integration of research around trauma, and more parental involvement. (BA/BE/D/E)

Better collaboration/integration (5) : Individuals suggested a vision of greater collaboration including developing connections between faith communities and formal early childhood supports, more warm-handoffs between resources, no “turf wars” among providers, and greater utilization of community early childhood resources by school systems. (BA/BE)

Life skills programming (4): Individuals advocated a greater focus on life skills training in schools including budgeting/financial literacy, cooking, and cleaning. (C/E)

Alternative education opportunities (4): Participants envisioned greater alternative education opportunities such as experiential learning and nature-based opportunities. (BA/C/D)

Equity (4): Four comments by participants spoke to the importance of equity in supporting early childhood, including universal education and quality infant/toddler care, access to early childhood education regardless of economic background, and programs that reach migrant populations across the state. (BA/D/E)

Themes: Substance Use Disorder

Themes - Vote Context

There were 53 comments providing context to votes on Substance Use Disorder.

A major theme among participant feedback for substance abuse disorder was the importance of addressing cultural attitudes to substance abuse (20 comments). Stigma that undermines access to recovery supports (6 comments), the need for supporting self-worth to combat substance use (4 comments), a need for a cultural shift from punitive to restorative justice (6 comments) and misunderstanding of mental health issues (3 comments) were key elements of culture that are perceived to impact substance use disorder. (BA/BE/C/D/E)

Issues of access to treatment and recovery supports were mentioned by nine participants, particularly related to travel distances to treatment supports (6 comments), or lack of affordability (3 comments). (D/M)

More than Basic Needs or Early Childhood areas, Substance Use Disorder was framed as requiring a community response (4 comments), or legislative responses (4 comments). (C/M)

Themes - Vision for Substance Use Disorder

Culture Change (10): There were ten comments which articulated some vision for 2028 that involved culture change. The most prevalent change was stigma reduction around accessing

mental health and substance abuse resources (five comments), along with shifts toward restorative communities, more responsible use of alcohol, and more willingness for community members to be open to talk about the “hard stuff” such as substance use disorder, and not vilifying homeless individuals. (BA/BE/C/D/E)

Providers/Services (7): Seven comments about vision for substance use disorder in 2028 focused on expansion of programs and services related to treatment, including: drug courts, mental health models, diversion programs, case management, home-based services, trauma services, and more early intervention/prevention services. (BA/BE)

Access (7): Individuals demonstrated a vision for 2028 that included increased access to recovery support services and a greater parity between mental health and other health services. (BA/BE/D/E)

Health outcomes (7): Improved health outcomes related to substance use disorder were envisioned by seven individuals including no more adverse childhood experiences, substance exposed infants, and reduction or elimination of opioid-related deaths. (BA/C/E)

Affordability (4): Participants envisioned treatment resources for substance use disorder being more affordable. (D/BA/E/BE)

Discussion

Forum and survey results have implications both for potentially identifying areas of focus for the 2028 plan, as well as outcome measures that will help to gauge progress in United Way and community partner’s work to address Substance Use Disorder, Early Childhood, and Basic Needs.

Within Substance Use Disorder, a focus on prevention and early intervention was identified as the highest priority for work through the voting processes, while for Early Childhood, supporting parenting was the clear priority. However, for Basic Needs, the forums and survey provided contradictory information about prioritizing poverty and food as areas for focus in this broad strategic area. One hallmark of focal areas within basic needs was that participants viewed them as highly interconnected, with progress toward addressing each need supporting the fulfillment of other needs.

Also important to note was the fact that transportation was identified as an important basic need that was identified across forums, as well as healthcare, which was a commonly added focal area to Basic Needs, Substance Use Disorder, and Early Childhood.

Forum data point to a number of potential measures that could be adopted by United Way in its 2028 plan based on the vision for the future and current community needs articulated by survey and forum participants:

Resource growth: Within each category, participants identified particular services lacking within their communities. For Basic Needs, this included home-based parenting support, universal childcare, and afterschool programming. For Substance Use Disorder, peer recovery supports,

detox, and other resources were identified as missing in communities. Affordable rentals were mentioned in multiple communities as an underprovided resource.

Equity: Issues of equity in terms of equal access to services regardless of level of income and a more equitable society in general in terms of wealth distribution were mentioned in multiple communities.

Quality: Quality was raised repeatedly by forum participants, often in the context of the need for higher quality childcare supports or quality housing.

Access: For each area, issues of access permeated discussions. For example, in Belfast, Dover-Foxcroft, Calais, and Millinocket, there were discussions about how there were gaps in local treatment and recovery services that required significant travel times to Bangor or other service centers. A second component of access was ensuring that services are affordable.

Culture Change: Perhaps the most prevalent way of envisioning progress in 2028 was cultural changes, such as a move toward restorative conceptions of justice, and more compassion and understanding toward the struggles and needs of populations including parents and those struggling with substance use disorders.

Collaboration/integration: Particularly in the Bangor forum, improved collaboration between service providers and more integration of existing services was envisioned.

Health and wellbeing outcomes: When envisioning 2028, participants often identified improvements in a variety of measures of wellbeing or health, whether they be a decrease in opioid deaths, infants born substance-exposed, and mental health issues.

Recommended Goal Language

Based on themes identified from participant feedback, the following section contains draft goal language that could serve as a model for Opportunity 2028 goals, and potential population-level indicators to assist in measuring progress toward goals.

Green = Publicly available and easily accessible indicators.

Yellow = Public data is available, but would require research to develop indicator or greater work to gain access to data.

Red = Public data is not readily available, would likely require primary data collection or grantee reporting.

(C or S) indicates whether data is available at the state level only or if county level data is available or could be collected at the county level.

Basic Needs

Poverty

- Community members will be able to meet their basic needs regardless of income.
 - Indicator (C): [Food Environment Index](#) (Robert Wood Johnson County Health Rankings).
 - Notes: This is a combined measure of food insecurity and healthy food access.
 - Indicator (C): [Rental and Housing affordability index](#)
 - Notes: This measure examines median incomes related to median home prices.
- Community members will receive a livable wage.
 - Indicator (C): [Living Wage Data](#)
 - Notes: This data is based on a living wage model developed at MIT.
- Income inequality will decline in Eastern Maine.
 - Indicator (C): [Income inequality ratio](#)
 - Notes: Ratio of household income at the 80th percentile to income at the 20th percentile.

Food

- Community members will have access to convenient and affordable transportation options to access food resources.
 - Indicator: Unknown
 - Notes: There is no clear available indicator on transportation for accessing food.
- Community members will be able to have their nutritional needs met regardless of income or region they live in.
 - Indicator (C): [Food Environment Index](#)
 - Notes: This index is provided through the the Robert Wood Johnson County Health Rankings that looks at food availability and demographic characteristics.

Housing

- Community members will be able to access affordable rental options.
 - Indicator (C): [Rental Affordability Index](#)

- Notes: Compiled by Maine Housing, this data looks at income relative to average rental price.
- Both subsidized and unsubsidized housing will be high enough quality to ensure the safety of occupants.
 - Indicator (C): [Severe housing problems](#)
 - Notes: Indicator provided through Robert Wood Johnson Foundation County Health Rankings. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities.

Safety

- No community member will have to feel unsafe in their home or with family members.
 - Indicator (C): [Domestic assaults](#)
 - Notes: Available in the Crime in Maine report from the Department of Public Safety.
- All forms of violence will decrease in Eastern Maine communities.
 - Indicator (C): [Violent Crime Rates](#)
 - Notes: Available in the Crime in Maine report from the Department of Public Safety.

Cross-Cutting Goals

- Community members will have access to convenient and affordable transportation options to meet basic needs.
 - Indicator: Unknown
 - Notes: There are no clear public indicators of transportation access to meet basic needs.
- Providers helping to meet basic needs will be better coordinated to make accessing services easier for community members.
 - Indicator: Unknown
 - Notes: There is no clear indicator related to service coordination that is publicly available.
- Community members will have access to information sources that will allow them to easily understand available supports for meeting basic needs.
 - Indicator (C): 211 or other resource clearinghouses are increasingly accessed by community members
 - Notes: 211 data or analytics from other information clearinghouses could be used as a proxy for public understanding of available resources.

Early Childhood

Economic Insecurity

- Parents will have the economic security to invest more in their children, through lower-cost childcare and educational services, affordable transportation, and better family leave policies.
 - Indicator: Unknown
 - Notes: Clear indicators are not available at the county level for childcare cost, affordable transportation, or family leave.

Parenting

- Families can ask for parenting help and education without stigma.
 - Indicator: Unknown
 - Notes: Indicators for UWEM's service area regarding stigma are not available.
- There will be a greater recognition and valuing of the role parents play as key figures in ensuring the wellbeing and success of children.
 - Indicator: Unknown
 - Notes: Indicators for UWEM's service area regarding perceptions of parenting are not available.

School Age Children

- School systems and community-based resources for early childhood become more integrated to better serve young children.
 - Indicator (C): Increased partnerships between school systems and community-based services
 - Notes: Although a public indicator regarding integration between schools and community-based services are not available, primary research could be done to develop a baseline of the current state of integration that could be revisited to examine change over time.
- Schools will offer more opportunity for children to participate in nature-based and experiential learning programs.
 - Indicator (C): Increase in nature-based and experiential learning in school systems
 - Notes: Although a public indicator regarding experiential learning is not available, primary research could be done to develop a baseline of the current state of experiential learning that could be revisited to examine change over time.

- Life skills programming will be an essential element of learning.
 - Indicator (C): Increase in life skills curriculum elements
 - Notes: Although a public indicator regarding life skills programming is not available, primary research could be done to develop a baseline of the current state of life skills programming that could be revisited to examine change over time.

Quality, Access and Participation

- Access to early childhood educational supports and child care is ensured regardless of family income
 - Indicator (C): Public preschool enrollment
 - Notes: Indicator available through Maine Kids Count
 - Indicator (C): Headstart enrollment
 - Notes: State of Maine data
 - Indicator (C): Participation in Maine’s Childcare Subsidy Program
 - Notes: State of Maine data
- Community members will have access to convenient and affordable transportation options to access early childhood educational supports and child care.
 - Indicator: Unknown
 - Notes: There is not a clear publicly available indicator about transportation for ed supports/childcare access.
- Community members will have access to quality child care supports regardless of the region they live in.
 - Indicator (C): Growth in high quality care
 - Notes: State of Maine data from the Quality Rating System.
- There will be uniform high quality programming and staffing for childcare in Eastern Maine
 - Indicator (C): Growth in high quality care in regions with quality care challenges
 - Notes: State of Maine data from the Quality Rating System.

Substance Use Disorder

Prevention and early Intervention

- There will be a decrease in babies born suffering from the effects of substance exposure.
 - Indicator (C): Live births with substance exposed notifications
 - Notes: Available through the substance abuse trends in Maine report through Maine DHHS.
- There will be a decrease in opioid-related deaths.

- Indicator (C): [Drug overdose deaths associated with specific substances](#)
 - Notes: Available through the substance abuse trends in Maine report through Maine DHHS.
- Communities will focus their efforts on prevention to include very young children and older adults.
 - Indicator: Unknown
 - Notes: There is no clear indicator that speaks to inclusiveness of prevention efforts. Research could be done to identify prevention programs and their target populations.
- Communities and funders will take a more proactive approach to substance use disorder by increasing funding and programming focused on prevention.
 - Indicator (C): State, federal, and private investment in prevention
 - Notes: For state and federal investments, this data should be publicly available, but would require research to identify and categorize prevention-focused investments. Private funding would be more difficult due to the many funders and lack of easily accessible data.
- Communities will begin to focus on high risk alcohol use as an area for increased prevention efforts and cultural change.
 - Indicator (C): [Rates of binge or heavy drinking](#)
 - Notes: Available through the County Health Rankings from the Robert Wood Johnson Foundation. This would be more of a long-term outcome. There is an intermediate outcome around culture change which does not have available population measures. County data:

Treatment and Recovery

- Community members will have access to the full spectrum of treatment and recovery resources regardless of the region they live in.
 - Indicator (S): [% needing, but not receiving treatment](#)
 - Notes: Statewide Epidemiology Outcomes Workgroup data. This is reported as state data but may be available at the county level.
- Community members will have convenient and affordable access to treatment and recovery resources.
 - Indicator (S): [% needing, but not receiving treatment](#)
 - Notes: Statewide Epidemiology Outcomes Workgroup. This is reported as state data but may be available at the county level.
- Community members will be empowered to access treatment and recovery resources without stigma.
 - Indicator: Unknown

- Notes: There is no clear data about stigma for the UWEM service area. A decrease in the percentage of people needing but not receiving treatment could be by a proxy, but changes in this measure could not be attributed to stigma reduction.

Mental Health

- Community members will have the same access to mental healthcare that they do for physical healthcare.
 - Indicator: Unknown
 - Notes: There is not a clear indicator that examines mental healthcare access relative to physical healthcare.

Community-level interventions

- Legislators will provide funding for addressing substance use disorder equal to its need and will look to community expertise in designing effective policy responses.
 - Indicator (C): Funding in state budget for treatment and recovery
 - Notes: Funding data is publicly available, but would require research to inventory substance use disorder targeted funding.
- Instead of punishment, the community response to people struggling with substance use disorder will focus on treatment and recovery.
 - Indicator: Unknown
 - Notes: A potential way to measure this may be to look at increased treatment access paired with decreased incarceration for drug crimes.
- Stigma will not be a barrier to greater community discussion and engagement about substance use disorder.
 - Indicator: Unknown
 - Notes: There doesn't seem to be any regular opinion polling on stigma related to substance use disorder for the region UWEM serves.

Appendix 1: Focal Area Definitions

Prevention/early intervention - This area focuses on prevention programs helping to boost protective factors and eliminate or reduce risk factors for substance use.

Addressing mental illness/co-occurring disorders - The relationship between substance use disorder and other psychiatric disorders is complex and not fully understood. It is often agreed that those with mental health disorders are more likely to experience alcohol or substance use disorder. This area focuses on integrating treatment approaches to serve those with co-occurring disorders.

Treatment and recovery - This area focuses on treatment and recovery. 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. Potential approaches include detoxification, behavioral therapy, medication-assisted treatment, and recovery support.

Community-level interventions - This area focuses on intervening at the community level to educate, raise awareness and reduce stigma surrounding substance use disorder.

Shelter - This focal area includes an emphasis on addressing homelessness and ensuring housing is safe and free from severe problems. Severe housing problems include housing with a lack of kitchen facilities, plumbing facilities, or housing that is overcrowded or presents a cost burden.

Food - This area focuses on food insecure households which suffer from lower quality and variety, or lack of food consumption.

Safety - This area focuses on ensuring homes are free of abusive behavior and supporting community policing efforts that increase personal safety in the community.

Poverty - This area focuses on addressing poverty and unemployment in the United Way catchment area and limiting the impact of poverty and unemployment in addressing Basic Needs.

Economic Insecurity - Research in psychology, sociology, public health and economics, has found that children are adversely affected by economic insecurity, particularly in early childhood.

Parenting - Improving the style and quality of parenting can create a healthy living environment that helps children learn and thrive.

Quality, Access and Participation - The quality of early childhood education programs varies substantially, throughout the country and here in Maine. Families face many barriers in accessing care. In Maine, early education participation among lower income children is below average.

School Age Children - Schools do not have the capacity to equalize vast differences among students on their own. Intervention outside of school is needed to help students get to where they need to be, and the earlier the intervention, the better.

Appendix 2: Assets Identified by Forum

| Basic Needs | Housing | Food | Trans. | HC | Pov. | Ed. | Safety |
|------------------------------------------------------------------|---------|------|--------|----|------|-----|--------|
| Bangor | | | | | | | |
| Housing assistance programs (Section 8, etc.) | X | | | | | | |
| Home Goods Bank | X | | | | | | |
| Public Health Nurse | | | | X | | | |
| Homeless shelters | X | | | | | | |
| Food pantries | | X | | | | | |
| Health Equity Alliance | | | | X | | | |
| Community Connector | | | X | | | | |
| Penquis Lynx | | | X | | | | |
| Meals on Wheels | | X | | | | | |
| Career Center and Eastern Maine Development Corp. (job training) | | | | | | X | |
| Neighborhood Watch | | | | | | | X |
| PCHC sliding scale services | | | | X | | | |
| Dental clinic (PCHC) | | | | X | | | |
| Family Development Accounts | X | | | | | | |
| Immunization clinic | | | | X | | | |
| Commodity Supplemental Food | | X | | | | | |
| Family Self-Sufficiency Program | X | | | | | | |
| Domestic violence/sexual assault support organizations | | | | | | | X |
| Effective law enforcement | | | | | | | X |
| Local police departments | | | | | | | X |
| Penobscot County Sheriff | | | | | | | X |
| Penquis Law Project | | | | | | | X |
| Penobscot Job Corps | | | | | X | | |
| Pine Tree Legal | X | | | | | | X |
| Summer Food Program (USDA) | | X | | | | | |
| Veterans resources through Veterans Affairs | | | | X | | | |
| Literacy Volunteers of Bangor | | | | | | X | |
| Adult Education | | | | | | X | |
| Bangor School Department free and reduced lunch program | | X | | | | | |
| Salvation Army | X | | | | | | |
| School backpack programs | | X | | | | | |
| Salvation Army voucher program | X | | | | | | |

| Basic Needs | Housing | Food | Trans. | HC | Pov. | Ed. | Safety |
|-------------------------------------------------------------------------------------|----------------|-------------|---------------|-----------|-------------|------------|---------------|
| Mental health resources through Acadia and Community Health and Counseling Services | | | | X | | | |
| Supportive housing | X | | | | | | |
| Religious/faith communities (meals, food pantries, etc.) | X | X | X | X | X | | |
| Food and Medicine | | X | X | | X | | |
| Columbia Street Project | | | | | X | X | |
| United Veteran Farmers | | X | | | | | |
| Women, Infants, and Children | | X | | | | | |
| General Assistance | | | | | X | | |
| UMA Bangor Dental Clinic | | | | X | | | |
| Community Gardens | | X | | | | | |
| Low Income Heating Assistance Program | X | | | | | | |
| Weatherization and lead remediation programs | X | | | | | | |
| Gleaning initiative | | X | | | | | |
| | Belfast | | | | | | |
| WCAP Transportation | | | X | | | | |
| Law enforcement | | | | | | | X |
| Community Partnerships for Protecting Children | | | | | | | X |
| Gameloft Soup Kitchen | | X | | | | | |
| County garden (re-entry center) | | X | | | | | |
| YMCA Backpack Program | | X | | | | | |
| Emergency food through schools | | X | | | | | |
| Soap Closet | | | | | X | | |
| Belfast Rotary Club | | X | | | | | |
| Belfast Lions | | X | | | | | |
| TRIAD | | | | | | | X |
| Mindful Queer Collective | | | | X | X | | X |
| | Calais | | | | | | |
| Calais to Bangor bus | | | X | | | | |
| CAP transportation service | | | X | | | | |
| Local food pantries | | X | | | | | |
| WCCC Career Center | | | | | | X | |
| Washington County Adult Ed program | | | | | | X | |
| Washington County Community College | | | | | | X | |

| Basic Needs | Housing | Food | Trans. | HC | Pov. | Ed. | Safety |
|--------------------------------------------------------------------------|-----------------------|-------------|---------------|-----------|-------------|------------|---------------|
| UMaine Machias | | | | | | X | |
| University of Maine | | | | | | X | |
| Community Caring Collaborative | X | X | X | X | X | X | X |
| Thriving in Place | X | X | X | X | X | X | X |
| Washington County Housing Task Force | X | | | | | | |
| Food and Fuel alliance | X | X | | | | | |
| | Dover-Foxcroft | | | | | | |
| Rape Response | | | | | | | X |
| Partners for Peace | | | | | | | X |
| Penquis Lynx | | | X | | | | |
| Penquis parenting class | | | | | | X | |
| Penquis food pantry | | X | | | | | |
| EAAA Commodity Food Program | | X | | | | | |
| EAAA Community Cafe | | X | | | | | |
| Penquis Journey House | X | | | | | | |
| Penquis housing services | X | | | | | | |
| | Ellsworth | | | | | | |
| Health Equity Alliance | | | | X | | | X |
| Orland Homeless Shelter | X | | | | | | |
| Ellsworth Free Clinic | | | | | X | | |
| Healthy Acadia food security network | | X | | | | | |
| Downeast Community Partners transportation service | | | X | | | | |
| Friends in Action | X | | X | | | | |
| At Home Downeast | X | X | X | X | | | X |
| Cancer Care of Maine | | | | X | | | |
| Island Explorer | | | X | | | | |
| State ferry system | | | X | | | | |
| Ferry from MDI to Schoodic Peninsula | | | X | | | | |
| Young People in Recovery housing workshops | X | | | | | | |
| Young People in Recovery Connect | | | | X | | | |
| Next Step (safety/housing) | X | | | | | | X |
| Maine Seacoast Mission (healthcare/transportation/food/education/safety) | | X | X | X | | X | X |

| Basic Needs | Housing | Food | Trans. | HC | Pov. | Ed. | Safety |
|----------------------------------------------------|--------------------|-------------|---------------|-----------|-------------|------------|---------------|
| Drug Free Communities of Hancock County (safety) | | | | | | | X |
| Families First Ellsworth (housing) | X | | | | | | |
| Mano en Mano (healthcare, transportation, housing) | X | | X | X | | | |
| Open Door Recovery Center | | | | X | | | |
| | Millinocket | | | | | | |
| PITCH Grant (food) | | X | | | | | |
| Thriving in Place | X | X | X | X | | | |
| Lincoln Area Food Council | | X | | | | | |
| East Millinocket Backpack Program (food) | | X | | | | | |
| Summer Meals programs | | X | | | | | |
| Meals on Wheels | | X | | | | | |
| Community Café | | X | | | | | |
| Penquis Assisted Living | X | | | | | | |
| Partners for Peace shelter in Bangor | X | | | | | | X |
| Partners for Peace Advocate | | | | | | | X |
| General Assistance program | | | | | X | | |
| Fuel Assistance program | X | | | | | | |
| DARE Program | | | | | | | X |
| Guidance counselor | | | | | | | X |
| Partners for Peace (DV education) | | | | | | | X |
| Neighbors helping neighbors (informal supports) | X | X | X | X | | | |
| Penquis | X | X | X | X | X | X | |
| Good Shepherd Food Bank | | X | | | | | |

| Early Childhood | Econ. Insec. | Qual., Access, Part. | Parenting | School-Age Children | Other |
|--------------------------------|---------------------|-----------------------------|------------------|----------------------------|--------------|
| | Bangor | | | | |
| Head Start | | | | | X |
| Entrepreneurship training | X | | | | |
| Maine Families home visitation | | | X | | |
| Community Reinvestment Act | X | | | | |

| Early Childhood | Econ. Insec. | Qual., Access, Part. | Parenting | School-Age Children | Other |
|-------------------------------------------------------|---------------------|-----------------------------|------------------|----------------------------|--------------|
| Hermon Recreation Department | | | | | X |
| Boys and Girls Club | | | | | X |
| Boy/Girl Scouts | | | | | X |
| YMCA | | | | | X |
| Foster Grandparents | | | | | X |
| Penquis parenting education classes | | | X | | |
| Maine Resilience Building Network | | | | | X |
| Maine Quality Rating System | | X | | | |
| Family visitation programs | | | X | | |
| Breastfeeding support groups, other networking groups | | | X | | |
| Community Partnerships for Protecting Children | | | | | X |
| Region 3 child welfare office | | | | | X |
| Families and Children Together | | | | | X |
| Penquis Regional Linking Project | | | | | X |
| Wings | | | | | X |
| Shaw House | | | | | X |
| Carleton Project | | | | | X |
| UCP | | | | | X |
| Youth Homeless Outreach Program | | | | | X |
| Family Promise (faith-based program) | | | | | X |
| | Belfast | | | | |
| Broadreach (parenting programs) | | | X | | |
| DEAR (Parenting Programs) | | | X | | |
| HeadStart - parenting class | | | X | | |
| Maine Families. | | | X | | |
| Gameloft | | | | | X |
| Community Partners for Protecting Children | | | | | X |

| Early Childhood | Econ. Insec. | Qual., Access, Part. | Parenting | School-Age Children | Other |
|-----------------------------------------------------------------------------|-----------------------|-----------------------------|------------------|----------------------------|--------------|
| | Calais | | | | |
| Community recreation programs | | | | X | |
| After-school programming | | | | X | |
| Alternative high school programs | | | | X | |
| Vocational trainings and technical education | X | | | | |
| Maine CDC and Community Caring Collaborative early childhood conference | | | | | X |
| | Dover-Foxcroft | | | | |
| DHHS Office of Family Independence | | | | | X |
| Nurturing Parenting Program | | | X | | |
| Head Start | | | | | X |
| Maine Stream Finance | | | | | X |
| YMCA | | | | | X |
| Charlotte White Center | | | | | X |
| Church thrift stores | X | | | | |
| Library early childhood reading programs | | | | | X |
| | Ellsworth | | | | |
| Downeast Community Partnership | | | | | X |
| ECCO (early childhood outreach/consultation) | | | | | X |
| MaineCF summit, grantmaking to nonprofits | | | | | X |
| Healthy Acadia (SNAP ed. programs and Let's Go) | | | | | X |
| Visiting Nurse Program | | | X | | |
| Maine Migrant Education Program | | | | | X |
| Maine Seacoast Mission – EDGE. May not be operating in Hancock anymore. RSU | | | | | X |

| Early Childhood | Econ. Insec. | Qual., Access, Part. | Parenting | School-Age Children | Other |
|-----------------------------------------------------------------|---------------------|-----------------------------|------------------|----------------------------|--------------|
| may have picked up the program. | | | | | |
| Healthy Acadia – backpack program | | | | | X |
| Co-located mental health providers in schools | | | | | X |
| YMCA | | | | | X |
| Bucksport Regional Health Center (sliding scale for healthcare) | | | | | X |
| Timothy Oh provides free clinic focused on children. | | | | | X |
| | Millinocket | | | | |
| Penquis (Pre-K) | | | | | X |
| Maine Families home visiting | | | | | X |
| Millinocket Memorial Library youth programming | | | | | X |

| Substance Use Disorder | Prev./Early Intervention | Treatment and Recovery | Mental Health | Community-Level Intervention |
|------------------------------------------------------------------|---------------------------------|-------------------------------|----------------------|-------------------------------------|
| | Bangor | | | |
| Bangor Area Recovery Network | | X | | |
| Infinity House | | X | | |
| CHAMP program | | X | | |
| Wellspring, residential program/outpatient/coming detox program. | | X | | |
| Public Health Nurses | | X | | |
| Oxford Houses | | X | | |
| Sixth Street Transitions | | X | | |
| Acadia Hospital/Metro/Discovery (MAT) | | X | | |
| Primary care physicians | X | X | X | |
| Community Health Leadership Board | | | | X |

| Substance Use Disorder | Prev./Early Intervention | Treatment and Recovery | Mental Health | Community-Level Intervention |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|----------------------|-------------------------------------|
| Bangor Public Health | X | | | |
| Health Equity Alliance | X | | | |
| Penquis Regional Linking Project | | X | | |
| Jail recovery coaching | | X | | |
| Partners for Peace, Rape Response Services (trauma/safety/respect) | X | | | |
| | Belfast | | | |
| Seaport Community Health Center | | X | | |
| Seaport Community Health Center CHARM | | X | | |
| Behavioral Health Home | | | X | |
| Narcotics and Alcoholics Anonymous | | X | | |
| | Calais | | | |
| "Pride for Life" – (prevention program) | X | | | |
| Naloxone Training, Many Faces of Addiction, Recovery Coaching, jail program. | X | X | | |
| Healthy Acadia | | | | X |
| Downeast Project for Hope (connection to treatment) | | X | | |
| Sunrise Healthcare Coalition | | | | X |
| Aroostook Mental Health Center intensive outpatient program (IOP) in Machias. Discovery House IOP program in Calais. Comfort packs through Eastport and Calais Hospitals | | X | | |
| Health Equity Alliance (needle exchange) | X | | | |
| | Dover-Foxcroft | | | |

| Substance Use Disorder | Prev./Early Intervention | Treatment and Recovery | Mental Health | Community-Level Intervention |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------|----------------------|-------------------------------------|
| Milo counseling and support groups | | X | | |
| Mayo Regional Hospital | | X | | |
| Jail treatment planning | | | | |
| Alcoholics Anonymous and Narcotics Anonymous | | X | | |
| | Ellsworth | | | |
| Restorative justice programs | X | | | |
| Downeast Substance Use Treatment Network | | X | | |
| Healthy Acadia/Drug Free Communities: Project Hope, recovery coach training, recovery coaching in jails. Substance curriculums for schools. Narcan trainings. Prescription dropboxes in law enforcement offices. Tai Chi/Mindfulness for Health (pain management). Tobacco use program. Worksite policies. | X | X | | X |
| Downeast Community Acupuncture Clinic | | X | | |
| Headstart | X | | | |
| NA/Your Place and Alcoholics Anonymous | | X | | |
| Project Hope (law enforcement resource connections) | | X | | |
| Nonviolent communication trainings | X | | | |
| Federally Qualified Health Center | | X | | |
| Young People in Recovery | | X | | |
| Open Door Recovery Center | | X | | |
| Hills House – housing/treatment for women with children under five | | X | | |

| Substance Use Disorder | Prev./Early Intervention | Treatment and Recovery | Mental Health | Community-Level Intervention |
|-------------------------------------------------------------------------------|---------------------------------|-------------------------------|----------------------|-------------------------------------|
| Primed for Life - Program around decision making | X | | | |
| Ready by 21 – program on Deer Isle | X | | | |
| Bucksport – Building Assets, Reducing Risks. Asset-based development program. | X | | | |
| | Millinocket | | | |
| Server-seller trainings | X | | | |
| AA meetings | | X | | |
| DARE program | X | | | |
| Health Access Network | | X | | |