

MIC Notes
March 1, 2018
Maine State House, 10:00 – 2:00
Opioids

MIC Representatives

Donna Weigle
Jay Corson
Mary Anne Mitchell
Randy Schaeffer
Mark Greene
Ingrid Gaither
Cheryl Crowley
Bill Robitzek

Legislative Representatives

Kelly Cotieaux, Collins
Emily Horton, Pingree
Beth Beausang, Pingree
Tim Gallant, Poliquin
Lydia Blume
Mick Devin
Walter Kumiega
Pinny Beebe-Center
Jay McCreight

Guests

Ira Mandel, Mid-Coast Recovery Coalition
Patrick Mundy, Mid-Coast Recovery Coalition
Charlie Osborn, Opiate-Free Island Partners, Deer Isle
Liz Zentz, Opiate-Free Island Partners
Becky Peasley, Coastal Recovery Community Center
Bruce Hodsdon, Coastal Recovery Community Center

Island Institute Staff

Kate Tagai, Community Development Officer
Yvonne Thomas, Community Development Officer
Kim Ratner, Communication Strategist
Jack Sullivan, Multimedia Storyteller
Kate Elmes, Development Officer
Hillary Savage, Vinalhaven Fellow
Meredith Ballinger, St. George Fellow
Meghan Cooper, Millinocket Fellow

MIC Update

Roger sent the Annual Assessment Invoice to each community for \$200, along with the annual report from 2017. Please let Roger or Kate know if you didn't receive the Assessment or report, or if you have further questions.

Island Institute Update:

Maine is going to stay in the Regional Greenhouse Gas Initiative for another 10 years and RGGI is going to continue cutting carbon emissions from power plants by 2.5% a year. Staying in RGGI is the single biggest action the state can take to meaningfully address carbon emissions and the revenue from RGGI will go to Efficiency Maine to fund weatherization and energy efficiency work.

Broadband – in the last year a variety of regulatory changes have been made at the PUC and both regulatory and staffing changes at the ConnectME authority that may help make it easier for communities to implement broadband projects. We are keeping a close eye on how these changes actually work on the ground.

Broadband stories – Nick may be in touch with you in the next few weeks to talk about broadband and document some community stories we can use in upcoming press and policy work on Broadband.

Volkswagen Diesel Emission Settlement – Maine is getting \$21m from Volkswagen for their emissions cheating scandal. Some of these funds may be available to communities for projects that reduce emissions from diesel engines. The Island Institute worked with the Maine Lobstermen's Association and the Maine Marine Trades Association to make sure at least some of these funds are going to go to fishermen to help them repower their engines.

Remote participation in public meetings – On Tuesday, the Judiciary Committee issued a divided report around whether to completely ban remote participation by public officials in meetings. This would require local school boards and planning committees and other bodies to only meet when an in-person quorum can be reached and that members who are stuck on the main land or otherwise unavailable to attend cannot formerly participate in town business. We are working with Maine Municipal Association to determine next steps and can follow up if you are interested.

Legislative Update:

Nick Battista from the Island Institute is meeting with King/Collins on DOE issues.

Senator Collins is on fact-finding mission on opioids and to understand how communities are collaborating and talking about the issues. There will be federal funds made available and Collin's staff is working with communities to help connect them to these funds and identify needs. Please reach out to Collin's local offices for more information.

Representative Pingree has identified what an important issue opioid crisis is and is working with the Maine Delegation to take a comprehensive approach to prevention and access to treatment—extension of Medicaid and support people and sustain recovery.

Long term funding, 6M over 2 years, coming to Maine through blocked grants. Interested in hearing from stake holders about how to deploy these funds. HR 3566: Rural Communities Act—Improve infrastructure through farm bill re-authorization. Interested in how telemedicine could be improved for rural communities to access substance recovery support and treatment.

Representative Pingree has reintroduced two bills: Keep America's Working Waterfront which is in Committee and Coastal Communities OA Act- there are 23 other representatives co-sponsoring. In middle of farm bill negotiations – needs to be passed by 10/1 and impacts Rural Development Funds.

She has proposed 3 new bills including the food recovery act, local farms act, and organic ag research act

Broadband: co-sponsor of HR4814: a bill that would prohibit states from passing laws to impede construction of municipal broadband networks.

Representative Poliquin: When grant money becomes available, they're interested in helping by providing letters of support for communities. Would be interested in hearing more from the island communities directly about issues that concern them. They are interested in helping communities work together to build more clout in finding funds, especially for emergency services equipment.

On vets and armed service committee—helping vets access help. If you know of a vet who needs help or is having trouble accessing help, please have them reach out to Rep. Poliquin's local Maine offices, they are there to help. Representative Poliquin is on the Coastal Communities Caucus which is to look at the 5000 miles of Maine coastline, understand the issues and then bring those issues in front of the relevant committees. Office can help gather information from constituents and go in front of committee.

Walter Kumiega: Right to Know Advisory Committee: Recommended change that policy would address remote participation but not mandate it. Suggested that it be a local issue and dealt with on the local level. Advice: If you're conducting routine business, remote participation is fine. If you're voting on something controversial, don't use remote participation just in case it is later contested.

Jay McCreigh: Temping for terminal illness on lobster boats- currently, you can request 1 year waiver if you've had a serious illness which allows a family member to fish on the license. Jay's bill would allow for up to 2 year – to qualify you have to fish 1000lbs. Clarify that it's not a one-time exclusion.

Co-chaired the opioid task force—bipartisan legislative council and community experts – prevention, treatment, and law enforcement. Made 20 recommendation—many legislative. Jay and co-chair have gone to committees to advocate for changes. Concern that if you're not addressing all three pillars, you're not really addressing it. Overdose death up by 11 percent this year than the year before. Lost 418 people in 2017. Struggling with access to opioid overdose reversal drug—Governor has road blocked that.

Focus Topic: Opioids

Opiate-Free Island Partnership

Based in Deer-Isle Stonington. About 1 year old. Working on education as prevention, treatment, and recovery. Partnering with DIS schools to help realize the 5-year Substance Use Prevention Plan approved by the school board. This plan includes counseling, teacher and administrator training/coaching, restorative justice training/coaching, updated health curriculum training/support, k-12 substance use prevention curriculum, and peer support program.

Handcock County is implementing a hub and spoke model that has been tested in Vermont. Working with 3 hospitals as the primary hubs: Blue Hill, MDI, and Maine Coast hospital. These hospitals are also covering the operating losses of the program.

The intensive program will be based in Ellsworth and people can attend 3 days a week that combines medication, behavioral health counseling. People use the hub to get stable, and once deemed so, they are returned to the primary care facility near where they live, the 'spoke'. Janet Mills wrote about in her BDN Editorial and in task force report. Helps expand number of providers who are willing to do medication provided treatment. Strong opposition from primary care providers to provide treatment because they didn't want to get stuck with people who relapsed. If people get stabilized in Ellsworth and then get out to community and relapse, they'll be returned to intensive program at the hub to get re-stabilized. If the hub is not able to deal with the level of addiction, they have the ability to recommend other types of treatments.

OFIP is interested in recovery support: promoting Recovery Coaches—Healthy Acadia has been training 100 volunteer Recovery Coaches. Other states get paid professionals, but that's not happening in Maine yet. It is a 4-day training process- issue is that they need supervision and additional training. Opioid-Free Island Partnership is hiring the first Recovery Coordinator to manage and supervise the Recovery Coaches.

Resources are coming very slowly to rural Maine. Must self-advocate and form partnerships in order to increase the collective impact and be willing to identify and cover funding gaps. OFIP has been developing relationships, and networking to bring programs and opportunities to the region.

Two years ago the Island medical center turned 50 and put on 350k campaign— Funds support three causes: 50k medical transportation, 150k support primary care physicians on island to attract and retain talent, 150k to address opioid problem.

Made deal with school to repurpose 20k as matching funds to money from OFIP. They asked the towns of Stonington and Deer Isle to fund 20k each toward operating costs. Deer Isle yes, Stonington no. They will present the proposal again on Monday, March 5th, to ask for funding for this year.

Money goes to support education programs, and treatment education program--- hiring recovery coach to work in Deer Isle. (30k)

Treatment Behavior health counseling—certify that people below certain income levels can't afford services. Partnership is helping cover that cost. Partnership is also helping to pay for group counseling service. (40k)

There's no one solution—start where you are. Importance of recovery centers, sober houses, but partnership didn't start there, instead focused on the local school's willingness to build prevention services.

Donna: How many people are actually participating? We know people need help, but there's a hesitance to request for help

Charlie: 20 people in treatment and there's hope with funding and more providers willing to serve, that the number will go up. Most evidence is antidotal of how many people are involved.

Liz: Spoke to local fisherman who's been fishing for 60 years. His Sternwoman is from off island and she's hesitant to move to the island because it's so bad. Matinicus has been dealing with this issue for 25 years. It isn't new, but you have to be a presence.

As the Hub and Spoke model becomes known and operational we're hoping more people will come. Fishing communities are notoriously silent. Portland Press Herald article did a 10-part story about the program with one segment focused on Stonington – and how no one was talking about it- caused outrage in the community. Opioid Health Homes: funding program to help people on Medicaid and Maine Care- people get medication assisted treatment and services are covered by State – State will pay PCP to help cover costs, not only of the addiction services, but for treating all their health issues- getting them to a doctor. Upcoming funding capability for people who may not otherwise be eligible

Mid-Coast Recovery Coalition:

Opioids are a multifaceted, very complicated problem. There is no one right answer. But they use the Surgeon General's Report from 2016 as a comprehensive blueprint for where to start.

Ira Mandel was a Family doctor who came to ME in 2006 to do hospice work. Was approached in 2006 about the opioid situation and he became certified in treating drug addiction. For several years he was the only person in Knox County treating drug addiction. During that time he was getting 1000 phone calls per year of people seeking treatment. Add in the people who are addicted but not ready to seek treatment, there are easily two thousand people struggling with addiction. Half of people he treats are in fishing businesses—over represented. Retiring as a practicing doctor in 30 days, but has a successor to take over his practice. There are about 400 individuals now being treated- still short of what the need is for medication assisted treatment.

Coalition is 501C3 formed 20 months ago. Coalition is not focusing on getting more treatment to the area, but on bolstering support services and counseling and develop more effective programs and approaches to get people the services and information they need.

Donna: Can you explain what medication assisted treatment is?

Ira: Medication assisted treated: Synthetic treatment—opioids given on daily basis to replace illegal opioids. Regulated and moderated by physician. Provides opportunity to get on life by eliminating the craving for the drug. 80 percent of people Ira serves are poor—trouble with law and drivers license and with getting help with undiagnosed underlying mental health issues. Co-occurring diagnosis which makes every day a crisis.

Donna: Do patients get a month supply?

Ira: Typically when seeing patient long enough he will do month supply, but methadone requires a clinic trip every day.

Donna: Leaving island everyday isn't possible, and that's a definite problem to get treatment to island residents.

MCRC are focusing on building effective programming including using the recovery coach model, case managers to help certain populations. Ten percent of births in Knox County were drug effected and getting worse. In some places in Maine is is 1/3 of all babies born are drug effected. The biggest challenge is not that these babies are born into withdrawals, but that they are going home with one or both parents struggling with addiction who can't take care of themselves let alone their child and they try to keep a low profile because they don't want their children taken away by the state. These kids are at extremely high risk. By the time the children get to school they are un-socialized and not ready to learn

So, they are trying to build trust through a case manager to get them all the help they need to raise their kids well. There are 15 families participating at this moment.

There are so many barriers to individuals in treatment. Affording their medication is an issue.

Meds can cost \$500 a month – Ira's old practice is applying to be opioid health home, but State funds aren't being deployed well. It is hard to apply.

MCRC has a program to help inmates at Knox Jail—about 70 inmates participating. Jail doesn't offer treatment, even if the inmate is in treatment when they enter jail. When they're released, they're not offered help getting job, or houses. Often, they're being released into community where the problem developed, and they have to turn to trafficking drugs and things that got them in trouble in the first place. Working with recovery coaches at the jail to find safe places to live, jobs, and help for their addiction.

Working with Rockland and Camden schools on prevention programs.

Housing is a huge need—without a safe place to live, it's hard to recover—foundational need

Working on an 8-bed room house in Rockland for men. The hospitality House in Rockland supports women and children. There is another 8-bedroom house in Camden for housing women and children. Would like to build rehab facility because there's nothing in our area to help people get back on their feet.

Background discussion: people won't talk about this—local, state and federal government are not being supportive. Forums, movies, events to raise local awareness and mobilize community to develop battle plan.

Inviting a national speaker to Rockland and Camden on April 18th, to talk about the issues and help mobilize the communities to make a plan. We really need to get everyone behind big solutions and finding a real pathway to getting us out.

Donna: The amount of money for homes to get up and running and then to staff it feels insurmountable.

Ira: We've had some kind donors and applying for more and more grants, but it is expensive. Manager ran home in NY for 20 years and an Episcopalian Brother who took vow of poverty.

Charlie: As the hub and spoke model is being developed, they are setting own rules of how often people see a counselor and get drug tested.

You often hear that giving these synthetic opioids is simply substituting one drug for another, but these drugs take away cravings. It doesn't get you high, it just keeps the cravings away to allow brain space for getting other things done. People in treatment are urine drug tested all the time, so it is a heavily monitored program. Dirty urine samples are evidence of backsliding and it can be addressed.

Pat: Has been teaching in the Maine State Penitentiary: 90 students graduate per year with 4-year degree. When they graduate, they stay away from jail. In most cases, when there's drugs there's often a mental health issue. Many programs, especially in jail, don't address the underlying mental health issues. A jail in Windham separated inmates and put 400 of them in a program for cognitive behavior therapy—found reduction in recidivism. One of the critical issues is funding the programs we already talked about but also getting funding to educate inmates. You can educate the worst offenders and rewire their brain toward education. The drug is helping avoid trauma and suppress it. There is PTSD. cognitive behavioral therapy helps transfer pain into healthy brain channel which overcomes the need for drugs. Coupled with an education, these are powerful tools for success outside of jail.

Coastal Recovery Community Center

CRCC is a grassroots, organic group—volunteer run. Based on the Portland Recovery Center model. Volunteers are in recovery or have family in recovery. They have an office space at the Lincoln Street Center in Rockland and are open Thursday night and Saturday night. They also have cell phone where people can call or text and get a reply back from one of the volunteers.

They provide space for recovery groups. Four groups currently use the space including: Narcotics Anonymous, Refuge Recovery (meditation), Self-Management and Recovery Training (SMART) recovery, which is a CBT based training, and a Friends and family support—which CRCC feels is a neglected group. Much of the focus is on the person with the substance use disorder, but the impacts ripple out to families, too.

Substance use community is a difficult community to break into. There are eight recovery coaches certified. All services offered free of charge.

Becky Peasley, Summered on Matinicus, parents still live there and helped found the CRCC.

In long-term recovery, recovery coach, and nurse—sponsor and member of 12 step groups. When she first needed help, the organization she was working for was aware of problem but didn't offer help. There was a two week wait for an available appointment with a local substance abuse counselor, and then that appointment got canceled. Eventually did get into 12 step groups and was successful. When Becky had the opportunity to join the group trying to build the center, it was important to her to help build a safe place, off the beaten path to help reduce the stigma of real and perceived judgement. It's a disease; not a moral issue. Recovery center is in a safe place for people to come. People will come for

what interests them and so it's important to offer different programs. CRCC is a feeder for resources that are available in the community.

Most people know how to get to medication recovery therapy. When people come to the CRCC, that hasn't worked and they're wondering now what. Center helps to connect people with alternative resources. Volunteers help introduce people to the established programs, rather than relying on recovery coaches alone.

Bruce: CRCC is set up and run by those in recovery. Letting people in recovery tell the center what they need to help sustainable recovery. There was an identified gap in the treatment cycle that helped CRCC determine their focus and direction. Once patients have done the medication assisted treatment, they are released with little to no guidance about what comes next. Recovery lasts the rest of your life, so what do you need to be successful? That is the question that CRCC is set up to answer.

Midcoast recovery coalition was instrumental to getting center started. CRCC also works in the jail, which is different population than prison. Smart recovery in Maine State Prison is there to help people who are going to be released to community.

Fighting stigma is super difficult, but very important. Recovery center has received funds to work collaboratively to raise awareness.

Individualized support is so important. But it is hard to track success and impact because people move – helped young man in jail for 2 sessions but then was moved to different unit. People always want numbers- for grant reporting or to help understand the problem, but we can't track the numbers. People call for resources and then we never hear again. We don't know what the impact of what we do is and it is un-quantifiable. It is also hard to keep the energy going as volunteers, which is a thing to think about as you build programs.

Rather than competing for funds, CRCC is working with other organizations in Knox Cnty to write joint proposals for grant funding.

Kathy, Vinalhaven: Islands can help promote. Difference that one person's recovery makes in small communities. Helps spread hope to others.

Donna: Questions? I'm thinking about what we have the resources, man-power and funding to be able to do in our small communities.

Randy: How does a community know we have an issue? Sounds like it's below the surface? When does the need for response or treatment make itself known?

Kathy Warren, Vinalhaven: Island CARES came about when there were major consequences in school. It started to impact the school budget because of the severity of the issue. School is trying to build connections with families—afterschool program to address need and recruit parent volunteers. Capacity is huge—VH didn't have capacity for CARES four years ago.

Yvonne: CARES has had several different starts and stops. Identifying who in community has money (town, schools, medical center). It really took off as a grassroots organization when ferry employees and riders took charge to address what they were seeing on the ferry, or just off the ferry. They were concerned seeing drug deals on the island or the ferry. Strong ladies who work

on ferry shifted their approach, instead of being upset about it, they started to ask what they could do about it and they started talking to people about it. Once momentum was built people took action but had to slow down to build community norms and protocols. Community members help fundraise for ferry and bus to Portland for recovery. It isn't people outside coming in to tell us what to do, it is coming from the people who are directly impacted. Leadership also coming from the selectmen.

Il has done training on Adverse Child Experiences for teachers. The Il is hosting an event with Ross Green in Portland on April 10th that deals with ACES.

Effort on VH and NH—resilience of group. How do you know? Young woman giving testimony that her issue started in high school and Yvonne was a close trusted adult and didn't know. Talking about issue and acknowledging issue is key.

Kathy: It's not always easy, but the sense that people are working together and building bridges is huge. Having a safe space for people to meet and talk is so important.

Charlie: We started to notice the problem on Deer Isle through the trash—people picking up roadside trash started picking up discarded needles. There is a Lobster dealer who will not hire people from Deer Isle because they have had so many problems. Everyone has seen something slightly different, but until they start talking about it they don't realize they are all seeing different parts of the same thing.

Donna: Maine State Ferry Service is putting sharp containers in ferry bathroom.

Kelly: Adre Cushing and Dr. Gatwick presented legislation to the Bangor Chamber of Commerce during a panel presentation. They had a panel of experts including sheriff, director of public health, doctor, etc. saying how they could only do so much- we need to collaborate and share resources. In Brewer there's an old furniture store that's a free, safe space to be- no membership, just walk in and hang out. There's a lot of things happening and resources in small communities, but how to do pull together to get the biggest bang for our buck—connecting resources to provide more solutions? Recovery is the goal, but judgement isn't how we get there. Addressing stigma just as we would for other chronic diseases.

Kathy: Supporting families is key. It's a multigenerational issue—poverty and health care issues

Donna: Echo Yvonne's point about how great school programs and prevention is. Knox County Sherriff came to teach DARE programs. Lots of kids coming to school have drug addiction parents at home, it's the norm for them. How do we break the cycle and support families?

Kathy: Vinalhaven is helping support families to get their kids to school and provide breakfast.

Donna: Let's leave with an action item. Is recovery coach training something we could do on small islands?

Ira: 30 hour course over 4-5 days. Break up over 2 weekends. Ira's been taking to Phil on VH to come out to island if there's enough people interested. Encourage everyone who's interested to learn more about the training. Some people go through just to learn more—you don't have to become coach. Ira has developed a two hour version aimed at people who want to learn more, but don't necessarily want to be recovery coaches.

Donna: What does a recovery coach do?

Ira: Two things 1. Wait until people contact you, which is usually in an emergency and crisis. 2. Outbound calls—following up to see how people are doing

Recovery Coaches need listening skills, they need to know enough about process of change and how to motivate people and navigate obstacles.

Donna: Is it like being an AA sponsor?

Ira: Kind of, but AA doesn't have training.

Charlie: There are different skill sets in different service providers. There are substance abuse counsellors, recovery coaches and 12 step sponsors. Each has an important, but different role in recovery. There is importance of staying in lane. Relationship between coach and addict is a structured and managed relationship to protect coaches and protect recoverees.

Randy: Is there an organization that hosts the recovery coaches?

Charlie: Opiate Free Island Partnership has 12 trained recovery coaches and 1 a recovery coach manager housed at Healthy Acadia.

Ira: Mid-Coast Recovery Coalition offers training periodically and encourages RC's to be networked to an organization or group.

Kathy: Does a medical center have to sponsor the recovery coaches? Who organizes them? What if you don't have a medical center?

Donna: I run a health center. I'd be the obvious person to run the training. So, after I did the training, would I report to Healthy Acadia?

Charlie: Deer Isle is the first community in Hancock County with its own recovery coach coordinator as a trial. The coordinator will spend 1 day a week at medical center and will talk to recovery coaches. There is also a matching that happens in larger geographic areas to make sure the person in recovery is matched with a recovery coach who fits their needs.

Becky: Daron Ripley in Augusta—MAAR—Maine Alliance for Addiction Recovery is working on board to set up a formal network for recovery coaches.

Bruce: How do you find recovery coaches? You ask. There must be some way people communicate in your community. Bruce went on St. George Facebook Group and asked if anyone was interested in a friends/family group. That's how we got started down there. So you go to wherever people congregate information in your community. You don't take just anyone as a recovery coach. People need listening skills. But you start with the people who are interested and then find training by contacting MAAR or Ira. There is some peer to peer resources and trainings online. Recovery coaches are good, but it's not the only thing.

Donna: You've addressed that there is a deficit in mental health awareness – NAMI offers one day training for Mental Health First Aid. Donna found it super valuable. It provides tools to point the person in crisis in the right direction and help them self-advocate. Mental health is a piece of addiction.

Kathy: No child left behind/federal money can be used to pay for some of these programs through the school. If people are looking for field trip or resource: Washington County Cobscook Community Learning Center was at the forefront of a lot of this work. In collaboration with UMaine they have developed a program called TREE- Transforming Rural Education Experience—small scale solutions that could provide a model.

Charlie: Facing Addiction in America is a document that provides a list of places to start to address the problem. Donald Trump's report is also a good list of things that we can do. Maine State Task Force on Opioids—provide alternatives, road maps, evidence-based things we can do. Best practices for community members—documents with consistent resources to help guide community members.

Donna: It must be very frustrating for someone who finally comes forward to ask for help and then there's no place for them to go. They may be worse off because they have finally come forward only to hear that there is no resources'—it's like being told they're not important. We need to do better. We need more funding, more places to send people. On a positive note, the telemedicine unit on Swan's Island for counseling and primary care providers has allowed more PCP's to address issue.

Ira: There is progress, but it's slow. It's hard to see people suffering

Kate T: As organizations, you're volunteer run. How do you support your volunteers and keep them from being depleted?

Bruce: Informal support groups for volunteers

Kelly, Collins: Barn had 980 volunteer hours. When you go for a grant, they want numbers. We can't list names for members, but we can list that number of volunteer hours. There are three substance abuse counselors that work on a rotating schedule. Volunteering helps people's mental health. The community needs have shaped Barn's services.

Yvonne: 211 is a great resource—Maine Opioid Resource. Knowing that numbers matter, how do we make the experience of islands matter. What can we do to strengthen our voice and help efforts in DC and get more funding?

Pingree's office: We hear a lot about how Maine has been at a disadvantage with grants because of population size. We are trying to get Federal Administrators, especially Dept. of Health and Human Services educated on rural community need.

Kelly: Would be great if on the next agenda we could hear what communities are doing to address this and what help they may need from the Federal Delegation.

Tim: We do a lot of networking towns for a joint ask for emergency service money for fire trucks. Could we put a grant together for all islands so that we have a larger number? Advantage for higher population of people?

Kathy: That's exactly one of the main things that need to be said. That's the difference between rural and urban. Talk about family's instead of a sole individual. Realistically we do both, pull together and go individually.

Charlie: How to employer's deal with the issue? There is the Community Caring Collaborative—that is sponsoring a presentation on employer's rights and employee's rights on March 8th.

Donna: In fishing communities, the boat captain is the employer and the sternman is the employee and the boat captain isn't going to do anything as long as the sternman shows up and is functioning

Island Updates:

Cliff Island: Mud season. Portland promised to grade roads and shape them to help ice and water run off into ditches. A summer person decided to live year-round and is sponsoring a foster child so there is a new student in the school, bringing the number up to 3. There is a new couple running the store. Husband/wife team grew up on island and have come back. She has run the store in the past. Cliff was out of power, internet, or phone for 6 days in October—Fire and EMS team were on it. Fortunate it wasn't a cold time of year. Lots of knocking on doors to check in on people. Cheryl ordered dinner from Amato's in Portland and they had community dinner at the hall which helped get people through.

Broadband: Chebeague Long and Cliff have been working with II to keep connections going. Working with Axiom. Cliff will have to build up own funding and planning on doing something pretty stripped down—they don't want to buy poles and so it may come to laying the cable along the ground.

After years of work, they are close to establishing a clinic—Peggy Akers and Cheryl have been holding informal clinic once a week throughout the winter. 4 people come every week. They have coffee and treats for them. During icy road times, Cheryl has gone to people's houses.

Long Island: Looking into broadband solutions: cost of poles for fiber is super expensive. CMP assesses the poles, decides which ones need to be replaced, but the communities have to pay for replacement and then rent the poles annually, which they find frustrating.

Celebrating 25 years of independence from Portland this summer—first taste of democracy at town meeting was over street lights. Couldn't believe how expensive they were. Voters compromised by getting rid of half the lights.

The Town Clerk resigned unexpectedly – which allowed for discussion of changes in town governance. Thank you to the other islands who responded to my request for information.

Wellness clinic construction to start next week. The committee holds a soup luncheon every other week that draws 40-50 people. We made an actual count of folks living here in February and counted 192 people. We also counted houses that went from year-round to seasonal houses in the last 25 years. Out of 350 total houses, approximately 50 houses have transferred to seasonal housing making available housing for sustaining the future community ever more challenging.

The island is overwhelmed with ferry passengers and Portland waterfront development—but neither the City nor Casco Bay Lines seems willing to include discussion of the parking issue in the many development proposals in motion.

Peaks Island: Wintertime on Peaks is wonderful. No one pushing on boat. People know each other and talk to each other. Regain the sense of community that is lost during the summer because of the number of tourists.

City has given Peaks residents permits for onstreet parking, but with lots of development and construction, it's harder and harder to get a spot. Construction workers have found a way to remain in stickered parking spots without getting tickets which adds to the problem. Parking study recommended satellite parking lot, which is problematic to year-round residents. It has worked for Chebeague, but creates one more obstacle for elderly and families with small children trying to get to the ferry.

The library/community center is being renovated for accessibility, which reduces the numbers of bathrooms. To compensate, the city put small bathrooms in the parking lot. Feeling like City of Portland isn't talking to Peaks and won't collaborate. The parking lot bathrooms are not year-round and easily assessable.

Assisted living on island—trying to fundraise and applying for Island Fellow with the school which would like to develop edible school yard garden. Housing stock is low. It appears that people are buying properties as an investment and using the property for short term rentals.

Casco Bay Garage: originally built to serve islanders. People who are not island residents should be moved to eastern waterfront parking, but that hasn't been happening. Plan from the city 12 years ago—of the 413 lots: 100 lots are rented to non-island residents with 256 people (all islanders) on the waitlist. These data come directly from the parking division. Reach out to other islands served by Casco Bay Lines to reach out to the city council and CBL as a collective.

Vinalhaven: Town budget season – 450k estimate to replace a bridge. Also working on plans for a new public works garage.

The school has had to re-organize special ed. There are currently 4-5 kids who need 1-1 tech placements. Island CARES is doing great work. VH girls are playing Saturday for the State Championships.

Cranberry Isles: The Cranberries have four affordable housing units—all 4 are full and have been. One family left in January and was immediately replaced. In another, one family just moved out and there were four applications for that single unit. It is a good problem to have. The two year-round islands are maintaining both schools, but shift from Great Cranberry to Islesford on a two year rotation. . Each school is maintained. Right now there are 11 kids, possibility next year up to 13 kids. Still in trial, but teachers would consider the rotation a success. Next year they return to the Ashely Bryan School on Islesford.

In midst of huge broadband buildout. 1.2M in town money will be spent on broadband. 60 people voted for the bond. 50 in favor, 10 against. Contacted with axiom to do infrastructure build out, including poles. Voters thought that fiber was going to be buried underground, but because of ledge they've had to be above ground. People were upset for cosmetic reasons, but overall they have had a great

experience with Axiom. Lost all internet on little Cranberry in the transition, so they were the first to receive high speed upgrade. Prioritized year-round islanders and those who work from home/

Project was above budget and went longer than expected—source of tension; but to be expected. Sutton island requested fiber – so they will be going back to town meeting to ask for another \$1M. Sutton's been easy to work with and provide a lot of tax money so likely to pass.

The provider is offering three different speeds with different costs—not a huge change from Fairpoint.

Chebeague: Broadband: Echo Cliff and Long. Committee just reported to selectman a couple of weeks ago. Voted for school rehab project that will start in a couple of months. 22 kids in school, just picked up another family this week. They also have the Kidsplace daycare which now requires two staff because there are 6-9 kids. The future school-aged population is already in place.

The road safety committee reports with recommendation to decrease speed limit and put more signs around the island to address speeding issues.

Weekly community lunch runs Oct-April. As with everyone they are in budget season, 1 percent increase with school and everything included. Passed in June a measure to install solar and that's been stalled. The PTA had NAMI group training with 15-20 people.

Frenchboro (Via email) Winter has been mellow and relatively uneventful.. Our teacher is retiring and our principal resigning, so their jobs have been posted. Both principal Lindsay and our teacher Jan will be sorely missed. In her four years teaching on the island Jan has made a great social as well as educational impact. (I'm no longer on the school committee so I can't provide further specifics.) A new student, a first grader and our first boy in three years, joined us for a time but has left the island. We're back to three students.

Our select board assistant has been off island with her family but she continues to be part of the select board. She'll be back in the spring.

A couple of new people on the island seem very positive about getting involved within the community.

A litter of Labrador puppies was born in late December, all spoken for by late January. I'm relieved I wasn't there to see or hold them. Dodged a bullet there.

I hope you all saw the wonderful the NYT article about our outer islands. Our neighbor Chris was interviewed. It feels good (kind of) to be famous for five minutes, especially when the focus is islanders' pluck and resilience. And the photos are beautiful.

Great Diamond Island: Relations between both sides of the island continue to be uneventful, which is great news. The Hotel is on the Fort Side and they will be open for the season in May. The cottage side is still quiet. There are 3 seasonal restaurants. City of Portland came out and re-graded the road. The Land Trust is adding on properties and invited to be stewards of land on little diamond. New construction—cottage side is seeing change from seasonal to year-round housing. Expanding docks/.

Controversy over spraying for mosquitos—if it's a hazard or not.

Swans Island: Town meeting scheduled for Monday. 3rd time voting on law enforcement housing. Selectman want to build onto town building for law enforcement and his family.

People are talking about the increase in ferry service rate—proposing in-state vs. out of state rates.

Closed electric co-op, Emera energy has been super successful and electric bill has been cut in half. They have to wait if there's an issue, but Emera is pretty responsive.

Comprehensive planning committee—meeting since September. Target date of March 2020 to have a plan ready for voters.

Swan's Island 2030: Vision for the Future. First time using future in any town documents. Importance of leadership.

Wellness/health center: we use the center for all kinds of things—coffee hour, bingo, exercise class—get people into building to build comfort and give people opportunities to be together. Donna encouraging other communities to keep the course working to build center.

Resources Referenced:

Cobscook Community Learning Center and Transforming Rural Experience in Education:
<https://www.theccclc.org/>

NAMI Maine: <http://www.namimaine.org/>

Bangor Area Recovery Network (BARN): <http://www.bangorrecovery.org/>

The President's Commission on Combating Drug Addiction and the Opioid Crisis:

https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf

Portland Press Herald series: <https://specialprojects.pressherald.com/lost/>

Specific to Stonington: <https://www.pressherald.com/2017/04/02/many-in-stonington-maines-lobstering-capital-keep-their-traps-shut-about-drug-problem/>

MAAR: Maine Alliance for Addiction Recovery: <http://www.maineallianceforaddictionrecovery.org/>