2025 MPHP Annual Report

June, 2026

Medical Professionals Health Program

A Program of the Maine Medical Association

www.mainemphp.org

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Medical Professionals Health Program
A PROGRAM OF THE MAINE MEDICAL ASSOCIATION
Monitoring - Support - Advocacy - Resources

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About the MPHP

Who We Serve:

<u>In 2025</u>, MPHP contracted/worked with the following Licensing Boards:

- Allopathic Medical Licensure (MD, PA, and PA-C)
- Osteopathic Medical Licensure (DO, PA, and PA-C)
- Nursing
- Pharmacy (1 participant non-contracted fee-for-service carryover)

(*students of these specialties are also served by MPHP)

High Success Rates: PHP monitoring—which often includes random, objective screening and support—reports 70-90% recovery rates for physicians with substance use disorders. – FSPHP

The PHP Model:

Professional health monitoring programs, like the MPHP, are available in 47 States and DC. These programs provide key intervention at both the individual and organizational levels. Such programs provide advocacy services that have proven positive success rates for both the individual and the employer. Participation in a PHP can be voluntary or may be a requirement for employment or state medical licensure.

The MPHP provides monitoring and documentation of wellness/recovery, treatment resources, and medical licensing advocacy for medical professionals who are experiencing stress and burnout, mental health, and substance use issues.

At the organizational level, the MPHP provides education and training to employers and employees to usher in beneficial cultural changes that are beyond the individual's control. Through this level of educational initiative, early prevention is prioritized and promoted. As early intervention is key to individual and organizational success in patient care, the MPHP provides confidential services to healthcare professionals who are seeking support for wellness during a time when there is pervasive stress and burnout in the healthcare work setting.

The MPHP respects the <u>privacy and confidentiality</u> of participants to the full extent permitted by law and consistent with the protocols in place between the MPHP and Maine's Licensing Boards.

<u>Referrals</u> (including self-referrals) to the MPHP are made by employers, colleagues, treatment teams, lawyers, friends/family, or by Maine's contracted Licensing Boards. The MPHP works with medical professionals to develop appropriate strategies for evaluation, treatment, and return to a successful professional career. Each case is unique and is carefully considered by the participant's treatment team and the MPHP staff/MPHP Advisory Committee.

<u>671</u> toxicology samples were provided by MPHP participants in 2025.

Message from MPHP's Director

At the Medical Professionals Health Program (MPHP), we believe that a healthy healthcare system depends on healthy healthcare professionals. Throughout 2025, that belief guided our work every day.

This year was defined by the dedication, compassion, and creativity of our MPHP team. Whether responding to a mandated referral or a voluntary request for help, our staff met every medical professional with respect, advocacy, and a pathway toward wellness and recovery. We recognize that the challenges facing our colleagues—from mental health concerns and burnout to substance misuse—require individualized, evidence-based, and compassionate support.

I am incredibly proud of our team—Heidi LaMonica, Heidi Wright, and Chelsea Pherigo. Their expertise, professionalism, and unwavering commitment make it possible for MPHP to continue delivering exceptional services despite an evolving healthcare landscape and changing funding models. They do far more than monitor compliance; they help medical professionals restore their health, rebuild their careers, and regain hope.

We are equally grateful for the leadership and guidance provided by our Advisory Committee, co-chaired by Scott Hanson and Jerr Roberts, and by MMA CEO Andy MacLean. Their insight and steadfast support help ensure that MPHP remains a trusted resource for Maine's medical community. Through expanded outreach to universities, residency programs, and professional healthcare organizations, we continue working to foster a culture that encourages early intervention, reduces stigma, and promotes lifelong professional well-being.

One of the most significant challenges facing MPHP continues to be our funding model. Approximately 75% of our operating revenue comes from contracts with the three professional licensing boards we serve, while participant fees account for about 6%. The remaining 19% must be secured through charitable contributions and support from healthcare organizations and individual donors.

We understand that hospitals, practices, and healthcare organizations are navigating significant financial pressures of their own. Yet MPHP remains an essential investment in Maine's healthcare workforce. By helping skilled professionals receive timely treatment and support, a safe return to practice, and continued high-quality patient care, we strengthen healthcare organizations, protect patients, and support the long-term vitality of our state's healthcare system.

As we look ahead, we remain committed to ensuring that every medical professional who needs help can find it—confidentially, compassionately, and without having to face their challenges alone.

Thank you for your continued partnership and support. Together, we are strengthening the health of those who care for all of us.

Guy R. Cousins, LCSW, LADC, CCS, Director, Medical Professionals Health Program

2026 MPHP Goals

- Secure more sustainable funding for MPHP services.
- Outreach/educa. on stress, substance misuse, mental health issues that persist within the medical profession.
- Expand partnerships with statewide resources.
- Continue to expand relationships with stakeholders (Licensing Boards, hospitals, associations, schools, etc.).

MPHP staff met with and/or presented to **11** different stakeholder groups—reaching a total of 403 attendees.

MPHP provided assistance to **3** different licensing boards.

18.2% of MPHP's operating budget came from voluntary annual contributions.

MPHP Advisory Committee

Dear MPHP Supporters, Colleagues, and Participants:

On behalf of the Advisory Committee, I am proud to present the Annual Report for the Maine Medical Association's Medical Professionals Health Program (MPHP). It is a privilege to chair a dedicated group of volunteers who work alongside our MPHP staff to champion the vital mission detailed in these pages.

As Maine's healthcare professionals continue their tireless service to our communities, the MPHP remains a cornerstone of support for those navigating behavioral health and substance misuse challenges. Our current efforts are deeply rooted in advocacy and outreach, specifically aimed at dismantling the stigma that too often surrounds these issues.

In today's demanding clinical environment, the MPHP's interdisciplinary approach is more essential than ever. We are profoundly grateful for the continued partnership of our institutions and the unwavering support of our community.

Thank you for your commitment to the health of those who care for Maine.

Respectfully,

R. Scott Hanson, MD, MPH, FACP, MPHP Advisory Committee Chair

MPHP Mission:

The MPHP promotes the health and well-being of Maine's healthcare professionals by providing monitoring, outreach, education, training, resources, and advocacy for those challenged with substance misuse, mental health challenges, and behavioral issues that may adversely affect their ability to practice safely.

Services Offered:

The MPHP provides the following confidential services:

- Initial screening and assessment of qualified professionals.
- Collaboration with treatment providers, Licensing Boards, and employers in initial assessment and monitoring.
- Recommendations for evaluation and treatment.
- Monitoring/documentation of compliance for licensure/employment.
- Networking opportunities with colleagues in recovery.
- Advocacy to those seeking employment, re-licensure, or credentialing.
- Educational outreach for employers, professional associates, conferences, and student groups, etc.

Electronic Access to Program Information:

The availability of information and resources is crucial to PHP participants, providers, colleagues, employers, and family members who are seeking assistance or looking to better support a professional in need of assistance.

Program information, documents, and resources can be *confidentially* obtained by anyone at MPHP's website.

Please visit www.mainemphp.org for more information

The American Medical Association (AMA) recognized alcoholism and addiction as illnesses in the mid-1970s. In coordination with the AMA and the Federation of State Medical Boards (FSMB), the development of rehabilitative alternatives in lieu of automatic discipline of providers in need of assistance was initiated soon after.

2025 Toxicology Testing Breakdown

94%	1.5%	4.4%	0.1%
Urine Screens	Blood/PEth Screens	Nail Screens	Hair Screens

Program Updates

Daniel F. Hanley Building
16 Association Drive, Manchester, Maine

Outreach

In 2025, Maine's fatigued healthcare system continued to challenge us all in various ways, during a time when according to ASAM **the prevalence of healthcare professional impairment has been estimated conservatively to be between 10—15% of that population. 2022 studies also indicate that 35-54% of U.S. health professionals experience clinical burnout and considerable mental health challenges like depression or anxiety, according to the U.S. Surgeon General.**

MPHP continues to work to sustain the funding needed to reach as many healthcare providers as possible. Prevention efforts ensures that providers have the necessary resources for recovery and wellness, and that Maine's healthcare system has better outcomes in patient care.

Policy Development

With the support of the Advisory Committee, MPHP staff continues to strengthen our monitoring program by assessing the effectiveness of approved policies, and creating new policies and guidelines in response to changing medical/clinical information, and regulatory requirements in collaboration with Maine's Licensing Boards.

Policy & Guideline Updates

Creatinine Response Guideline (Revised)

To assure that medical professionals have all the information they require to provide urine samples that will support their recovery.

Clinical Coordinator Handbook (Revising-in process)

Informational handbook for MPHP Clinical Coordinators to outline uniform procedures for the consistent delivery of MPHP services.

Procedure (ongoing)

In-office nail testing/primary care testing option to help address laboratory cost challenges due to increasing inflation.

Alternative MPHP in-office and primary care testing options assure that testing continues to cover program monitoring requirements.

Physician Health Programs (PHPs) yield superior long-term outcomes for individuals with substance use disorders (SUD) compared to the general population, with approximately 80.7% of participants successfully completing five-year monitoring agreements. These programs, featuring long-term monitoring and random drug screenings, enable 78.7% of participants to continue working in their field without license restrictions.—American Journal of Addictions

2025 Intake Demographics

New Contact Demographics

Table 1

Number of Professionals	2025 92	2024 94	2023 102
Referral Source			
Board Mandated/Referred	38	42	34
Referred	31	30	39
Self Referred	23	22	29
Professional Licensing Board			
Dental (self-referred)	0	1	4
Nursing	56	57	56
Pharmacy (self-referred)	3	1	5
Physician - MD/PA-C	27	33	34
Physician - DO/PA-C	4	2	2
Veterinary (self-referred)	1	0	1
Other/Unknown	1	0	0

Mandated
38

Referred
31

Voluntary
23

Intake Assessment Process

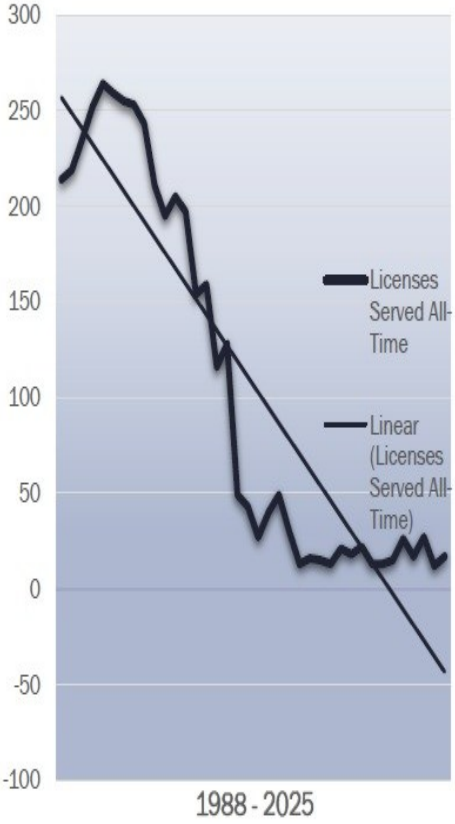
The MPHP intake process involves interviews, completion of psychosocial inventories, risk assessments, and collecting background and corroborating information from collaterals. It may also include referrals for evaluation and treatment. Transition times from intake varies based on the participant's current status, licensing requirements, readiness for change, and the availability of clinical support.

2025 Active Participants

Active Participant Demographics

Table 2

Number of Professionals	2025 214	2024 219	2023 235
Referral Source			
Board Mandated/Referred	93	94	110
Referred	72	74	75
Self Referred	49	51	50
Professional Licensing Board			
Dental	0	1	12
Nursing	140	143	134
Pharmacy (carryover)	1	1	10
Physician - MD/PA-C	68	71	69
Physician - DO/PA-C	5	3	6
Veterinary	0	0	2
Other/Unknown	0	0	2



Participant Monitoring

Participant Monitoring Requirements

MPHP Monitoring Agreement terms are established in conjunction with treatment providers, any health needs, and licensure and/or employment requirements.

Agreement lengths/requirements vary by participant, and are dependent on diagnosis, risk factors, severity of impairment, recovery history, and other requirements. They can include;

- Therapist/Psychiatrist (participation and reports)
- Worksite (reports)
- Toxicology testing (Urine, blood, hair, and/or nail with varying frequency)
- Mutual Support Groups, etc. (attendance reports)

End-of-Year Monitoring Status

Table 3

Professional Licensing Board	6 Month	1 Year	2 Year	3 Year	4 Year	5 Year	10+ Year Recovery Maintenance Agreement
Physician-MD/PA/PA-C	2	7	6	1	2	10	10
Physician–DO/PA/PA-C		2		1		1	
Nursing	2	14	11	5	1	6	2
Pharmacy (Consent Agreement carryover)	1						

*a snapshot of remaining MPHP agreement lengths on the last day of 2025—many will change based on various factors.

Discharged/Closed Participants

In 2025, there were a total of 83 medical professionals who were either discharged or closed out from MPHP.

Some participants were monitored by MPHP for years while others never followed up after referral.

Referral Type: 28 Boards (52.2%); 23 Self referred (31.8%); 32 Other referral (15.9%)

Discharge Reason: **27 Successfully Completed; 15 made no contact; 2 Non-Compliance; 28 were not eligible/no criteria to participate; 10 chose not to participate, 1 relocated out of state; 0 Deceased.**

214

Medical Professionals were served by MPHP in 2025

121

Medical Professionals were served by MPHP *confidentially*

97%

of MPHP participants were Maine residents

1

Participants sent for external evaluations by MPHP in 2025

*Licensing Boards often required evaluations pre-MPHP referral.

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Toxicology Monitoring

MPHP Toxicology Monitoring

Toxicology testing is a vital component of professional health monitoring programs. Whether through urine, hair, nail screens, or breathalyzer testing, MPHP utilizes the most advanced, up-to-date panels and practices to ensure that results are objective and conclusive. Participants are selected randomly and toxicology tests are preselected in direct response to the participant's diagnosis, past substance use, access, employment status, and/or sobriety date.

Random Toxicology Selections

Many participants are randomly selected for toxicology testing each day. Upon check-in, the participant receives instruction on test panel type (urine, blood, hair or nail) and the laboratory selection number (panel number). They proceed to one of a number of approved collection sites on that day to provide a specimen sample, or to the MPHP office for nail testing where indicated. Participants may also test at their provider's office for insurance purposes if the provider will submit those results

All Toxicology Results

Table 4

	2025		2024	2023
Number of Participants Testing	75		78	82
Total number of tests	650		719	911
Negative Results	491	75.5%	564	736
Prescription Positive Results	88	13.5%	102	104
Positive Results	20	3%	11	24
Low Creatinine and Dilute	29	4.4%	35	34
Invalid* (error or faulty sample)	8	1.2%	7	13

* Invalid samples are not considered negative results.

Non-Negative* Toxicology Results

Table 5

Non-Negative* Test Results	2025	2024	2023
Non-Negative* test results	21	27	49
Number of participants with non-negative* panels	16	19	25
Total number of MPHP Relapses/Resumptions	6	4	14
Relapse confirmed by drug screen	5	3	11
% of Participants Relapses/Resumptions of use	37%	21%	56%

**For the purpose of this table, non-negative results include samples that are dilute, and samples that were unacceptable by national laboratory standards. Prescription positive and low/high creatinine results are not included.

Breathalyzer Monitoring

Average Blows/Day

3.2

Participants monitoring with Soberlink are often required to use the device 2-4 times each day, including weekends. Because this type of testing is strictly a test for alcohol, random urine, nails and/or hair toxicology testing are also required at least once per quarter. The device registers Breath Alcohol Content (BrAC), the date and time of sample with GIS (geographic information system) mapping capability, and a photograph of the individual blowing into the device for verification.

Soberlink Results Summary

Table 6

%	2025		2024		2023		2022	
Number of Participants	5		2		4		8	
Blow Tests	3,978	3.2 pp	1,608	2.2pp	4,292	2.9 pp	6,183	2.1 pp
Number of Tox. Panels	36	9 pp	21	10.5 pp	35	8 pp	64	8 pp
Positive Blows	0	0%	2	0.12%	3	0.06%	15	0.24%
Positive Tox Screen Confirmation	0	0%	0	0%	1	2.8%	1	6.6%
(Confirmed) Resumption of Use	0	0%	0	0%	1	2.8%	1	6.6%

*pp 'per participant'

Safety / Security Features Include

- Adaptive facial recognition technology
- Tamper detection
- Real-time text message reminders and alerts
- Customizable scheduling
- Automated reporting options

Tracking Stages and Participation

Participants may transition through several stages following contact with MPHP. Transition times vary based on status at intake, readiness for next stage, and availability of resources.

- **Shortest transition out of intake - 3 days**
- **Longest transition out of intake - approx. 5 months**
- **Average duration of monitoring - 3.5 years**
- **Longest monitoring - 16 years**
- **Average duration of Recovery Maintenance Agreement - 10 years**

Monthly / Quarterly Reports

Individualized monitoring requirements are developed with each participant and are determined based on the assessment of risk factors, diagnosis, recommendations of evaluator, and licensing and/or legal requirements. Reports are often required on a monthly basis, but can also have quarterly due dates. All submitted reports are part of the participant's compliance file in our 3rd party monitoring platform (Affinity).

MPHP staff review reports received from monitors and participants, alongside toxicology results, providing staff with a unique view of each participant's wellness and recovery efforts in real time. Regular communications with participants and their providers are also key in ensuring the wellness and compliance of MPHP participants whenever regular reporting is not feasible.

MPHP staff reviews dozens of reports each month and responds to participants, treatment providers, employers, and Maine's Licensing Boards via email, letter, and phone. In addition, MPHP staff regularly meets with Licensing Board representatives to strengthen the working relationship between the entities.

Monthly and quarterly reports are provided to Licensing Boards, employers, treatment teams, other State PHPs, and legal representation upon request.

Monitoring Reports by Type

Table 7

Type of Report	
Self Reports	416
Meeting Attendance	102
Employment	98
Provider Non-Prescriber	161
Provider Prescriber	84
Other	11
Total:	**872**

872

External monitor and self reports reviewed by MPHP Clinical Coordinators in 2025

Compliance with Submitted Reports

Table 8

	All Reports		Self	Meetings	Work Monitor	Therapist	Psychiatrist (Prescriber)	Other
Received on Time	316		164	19	57	60	13	3
Received Late/ Missing/Excused	556		252	83	41	101	71	8
Outgoing Reports	164							
Total:	**1,036**		**416**	**102**	**98**	**161**	**84**	**11**

Reports may not be received on time for various reasons. The MPHP, through Affinity, sends out multiple reminders and email links when reports are due. The MPHP also communicates regularly with program participants and stakeholders to confirm wellness and monitoring compliance.

Outreach & Training

Presentations, Meetings, & Trainings:

Conferences

MPHP staff participate in conferences annually (in-person & virtually)

Hospitals and Medical Staffs

Northern Light Charles A. Dean Hospital
Northern Light Mayo Hospital
Maine Medical Center: Anesthesiology
Mercy Hospital

Associations

Maine Dental Association
Maine Medical Association conference on Wellness and Resiliency
MMA/CQI training module collaborations

Colleges and Universities

University of New England (X3): School of Nursing, Physician Assistants, Osteopathic.

Licensing Boards

Board of Licensure in Medicine, Board of Osteopathic Licensure, Board of Nursing presentations

Licensing Board representatives bi-annual meetings (virtual)

Committee Meetings

Advisory Committee quarterly meetings (virtual)

MPHP Policy Committee meetings (virtual)

Trainings:

2025 Governor Mill's Maine Opioid Response Summit

Adcare Educational Institute trainings

Co-Occurring Collaborative Serving Maine (CCSME) trainings

CQI/MMA CME Training Modules Collaboration

Other

Board of Licensure in Medicine newsletter articles

University of Maine trainings (virtual)

MPHP wellness articles MMA newsletter

2025 Financial Report

75.3% of MPHP's revenue came from Maine's professional licensing boards. Agreements with the Boards establish the expectations for MPHP with regard to referrals, assessment, monitoring, reporting, and advocacy services. Due to the MPHP's relationship with the Boards, licensed professionals entering the disciplinary process often have better outcomes.

While the Boards have taken strides to provide funds to ensure the MPHP's continued operations, we continue to have a funding shortfall. **Various sponsors and donors have helped to close this financial gap, though contributions to MPHP were overwhelmingly reduced or not received in 2025, despite MPHP's best efforts to maintain these funding sources.** Voluntary contributions from hospitals and associations are needed to cover the medical professionals whom they employ/represent— costs associated with assessments, clinical coordination, referrals, and education and outreach so that we may continue to provide these services to their professionals, where patient safety is also a concern. Revenue contributed by medical staff and hospital contributions **(11.3%)**, fees for services provided **(6.1%)**, Malpractice carriers **(2.9%)** and professional associations **(3.8%)**.

Without key hospital contributions, the MPHP will not be able to meet the increasing needs of Maine's healthcare providers.

Thank you to all who have contributed and/or made a referral. Your contributions help MPHP continue our dedication to assisting your colleagues and our participants. MPHP staff effort to connect with professional associations, medical staffs, and hospitals - forming relationships with many caring individuals and institutions in the process.

(See page 15 for list of contributors)

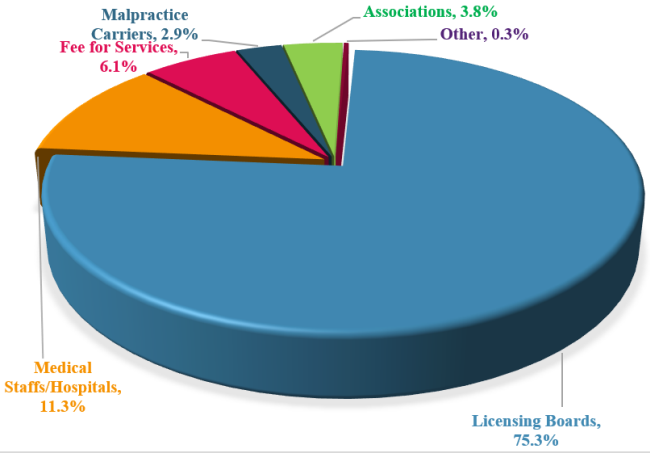

Table 9

	2025		2024		2023	
MPHP Revenue:						
Licensing Board Contracts	$254,033.31	75.3%	$247,949.96	70.2%	$262,200	68.2%
Medical Staff & Hospital Contributions	$38,350	11.3%	$63,200	17.8%	$72.552.11	18.9%
Fee for Services (participation fees)	$20,638.34	6.1%	$17,209.64	4.8%	$15,766	4.1%
Malpractice Carrier Contributions	$10,000	2.9%	$11,780	3.3%	$16,100	4.1%
MPHP Professionals Conference	N/A	0%	N/A	0%	N/A	0%
Professional Association Contributions	$13,000	3.8%	$12,500	3.5%	$16,650	4.3%
Other	$1054.60	0.3%	$446.31	0.1%	$738	0.1%
Total Revenue:	**$337,076.25**		**$353,085.91**		**$384,006**	
MPHP Expenses:						
Salaries & Benefits	$327,436.13	84%	$315,840	84.9%	$353,032	84.5%
Professional Service Fees	$10,999.87	2.8%	$11,270	3%	$22,000	5.2%
Office Operations	$46,334.30	11.8%	$43,371	11.6%	$41,077	9.8%
Conference Expense	N/A	0%	$38	0.01%	$46	0%
Marketing	$540.05	0.1%	$105	0.02%	$404	0.09%
Toxicology Assistance	N/A	0%	N/A	0%	$0	0%
Other	N/A	0%	N/A	0%	N/A	0%
Professional Dev./Outreach/Travel	$4,430.42	1.1%	$1,146	0.3%	$1,093	0.2%
Total Expenses:	**$389,740.77**		**$371,770**		**$417,652**	

Thank You to Donors

The MPHP is grateful to recognize the following organizations that generously contributed in 2025—providing critical support to their employees and peers.

The MPHP is dedicated to providing education to organizations for awareness and resources on behalf of medical professionals who are struggling with stress, burnout, mental health, and substance use issues.

Medical Staffs/CEO Hospitals

A.R. Gould Hospital

Cary Medical Center

Down East Community Hospital
Eastern Maine Medical Center

Houlton Regional Hospital
MaineGeneral Medical Center
Maine Medical Center—CEO
Mayo Regional Hospital
Mercy Hospital
Mid Coast Memorial Hospital
Northern Maine Medical Center
Penobscot Bay Medical Center
Redington-Fairview General Hospital

Sebasticook Valley Hospital
Waldo Hospital

Professional Licensing Boards

Maine Board of Licensure in Medicine
Maine State Board of Nursing
Maine Board of Osteopathic Licensure

Professional Associations & Colleges

Ironman Foundation
Maine Association of Physician Assistants
Maine Association of Psychiatric Physicians
Maine Dental Association
Maine Neurological Society
Maine Nurse Practitioners Association
Maine Osteopathic Association
Maine Radiological Society
Maine Society of Anesthesiologists
Maine Society of Eye Physicians and Surgeons
Maine Urological Association
Spectrum Management Services Co.

Malpractice carriers

Medical Mutual Insurance of Maine

Advisory Committee

MPHP staff would like to thank the members of our 2025 Medical Professionals Health Program *Advisory Committee*. This distinguished committee of volunteers are nominated by their professional associations, Licensing Boards, and peers to serve as advisors to the MPHP. Advisory Committee members are selected based on interest, specialty, and comprehensive understanding of, and commitment to, the MPHP mission. Members meet six times each year to provide peer review, and may also serve on an additional peer support committee.

Scott Hanson, MD, MPH, FACP, Committee Chair
Jerr Roberts, DDS, NMD, IBDM, AIAOMT,
Committee Vice-Chair

~2025~ Advisory Committee Members

Dental:	Jerr Roberts, DDS, NMD, IBDM, AIA-OMT
Nursing:	Paul Rouleau, RN
	Michelle Kribel, CRNA
	Joni Winkler, NP
	Susannah Nichols-Armstrong, RN
	Sabrina O'Donnell, RN
	Stephanie Cole, PMHNP, CNM, MSN
Pharmacy:	Stephanie Nichols, Pharm.D, BCPS, BCPP, FCCP (former)
	Whitney Jandreau, Pharm.D, BCPS
Physician/MD:	Scott Hanson, MD, MPH, FACP
	Charmaine Patel, MD
	Brendan Prast, MD
Physician/DO:	Don McNally, DO
Physician Assistant:	Gray Shaneberger, PA-C
MMA Counsel:	Andrew MacLean, Esq.

Advisory Committee Zoom meetings
(MPHP/MMA staff and Advisory Committee members pictured above)

MPHP Staff

GUY R. COUSINS, LCSW, LADC, CCS, ***Director***

Guy Cousins has been the Director of the MPHP since 2018. He brings with him extensive experience in the behavioral health and education fields where he has worked for over 40 years. Guy is a Senior Lecturer at UMA at Augusta in their Mental Health and Human Services Program. He previously served as the Dir. of the Office of Substance Abuse and Mental Health Services. He is a former member of the Board of Alcohol & Drug Counselors, having served as both Vice Chair and Complaint Officer during his tenure. He currently serves on the Maine Assistance Program for Lawyers and Judges, Kennebec Behavioral Health's Program and Services Board, and on the Maine Council for Problem Gambling.

HEIDI LAMONICA, MPH, BS, ***Operations Manager***

Heidi LaMonica manages the program and office operations of the MPHP. She began working for the program in 2012 and has a strong background in program leadership, audit and compliance, quality assurance, and regulation in the medical and public health fields. She brings with her strong skills in technology, process improvement, company-wide training, and business administration. Ms. LaMonica holds a Master of Public Health degree accredited by the Council on Education on Public Health (CEPH).

HEIDI WRIGHT, LSW, CADC ***Clinical Coordinator***

Heidi Wright joined the MPHP in 2016 and has been working in the mental health and human service field since 2000. She has experience working with children, and adults with co-occurring disorders. Prior to MPHP, she was employed by a psychiatric practice, working directly with clients who had substance use disorders and behavioral health issues. Ms. Wright holds at Bachelors degree from the University of Maine at Farmington.

CHELSEA PHERIGO, LSW, ***Clinical Coordinator***

Chelsea Pherigo joined the MPHP in March, 2020. She has been working in the mental health and human services field since 2009 and has a strong background in case management and working with adults with co-occurring substance use and behavioral health disorders. Ms. Pherigo holds a Bachelors degree from the University of Maine at Augusta in Mental Health and Human Services.

Online Resources

Adept Educational Institute of New England https://newengland.adcare-educational.org/
Al-Anon and Alateen www.al-anon.org/
Alcoholics Anonymous www.aa.org/
Alliance Maine https://thealliancemaine.org/
American Medical Association www.ama-assn.org/
American Medical Women's Association www.amwa-doc.org/
American Society of Addiction Medicine www.asam.org/
Federation of State Medical Boards www.fsmb.org/
Federation of State Physician Health Programs www.fsphp.org/
Food Addicts in Recovery Anonymous-Maine Chapter www.foodaddicts.org
Gambler's Anonymous https://gamblersanonymous.org/
International Doctors in AA http://www.idaa.org/
Maine 211 https://211maine.org/
Maine Access Points https://www.maineaccesspoints.org/
Maine Medical Association https://mainephysicians.org/
Maine Office of Behavioral Health https://www.maine.gov/dhhs/obh
National Institute of Alcohol Abuse and Alcoholism www.niaaa.nih.gov/
National Institute on Drug Abuse (NIDA) https://nida.nih.gov/
National Institute of Mental Health (NIMH)https://www.nimh.nih.gov/
OPTIONS Saves Lives www.knowyouroptions.me
SAMHSA assistance hotline https://www.samhsa.gov/find-help/helplines/national-helpline
SMART Recovery www.smartrecovery.org

www.mainemphp.org

www.facebook.com/MedicalProfessionalsHealthProgram

The MPHP website and Facebook page are helpful resources for program information, events, and other relevant information.

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