

# MAINE STATE LEGISLATURE

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UPDATE TO THE  
MAINE STATE PLAN ON  
ALCOHOL ABUSE AND ALCOHOLISM

BY THE  
OFFICE OF ALCOHOLISM AND DRUG ABUSE PREVENTION



DAVID E. SMITH  
COMMISSIONER

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333

ADDRESS REPLY TO:  
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March 31, 1976

Gertrude T. Hunter, M.D.  
Regional Health Administrator  
Department of Health, Education  
and Welfare  
Region I - JFK Federal Building  
Boston, Massachusetts 02203

Dear Dr. Hunter:

The attached is an update of last year's Maine State Plan on Alcohol Abuse and Alcoholism as required under P.L. 91-616.

This Office has begun the process of developing a 1-3-5 year plan for alcohol abuse and alcoholism which will be completed by December 1976. This document will result from a much wider base of citizen, interest group, and information input than has been true in the past. We are holding our planning process out as the basis upon which to gain sufficient support within the State to provide a financial base for alcoholism service. Financing has been "catch as catch can" for too long, and with the support of the new Commissioner of Human Services we have the first opportunity to establish appropriate alcoholism funding.

Sincerely,

Michael D. Fulton  
Acting Director  
Office of Alcoholism and Drug  
Abuse Prevention  
Bureau of Rehabilitation

MDF/11k  
Encl.

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## MAINE STATE ALCOHOLISM PLAN REVISIONS

### Introduction

The update material in this plan revision has been developed by staff of the Office of Alcoholism and Drug Abuse Prevention (OADAP) with input from the Governor's Council on Alcohol and Drug Abuse Prevention and Treatment, the five Regional Alcoholism Councils, the Maine Association of Alcoholism Program Directors, the Maine Addiction Professional Association, the Maine Municipal Association's Study on Human Services, the Southern Maine Comprehensive Health Association's Mental Health Board, and certain key individuals who have a personal interest in good alcoholism program planning.

This material will also deal with most of the conditions that were imposed in connection with approval of our FY 1975 plan, insofar as we have been able to correct the deficiencies, subject to the resources at our disposal.

### Action Plan

#### A. PROGRESS REPORT

##### Public Inebriate

In response to the passage of the Uniform Alcoholism and Intoxication Treatment Act which decriminalized intoxication, shelter and detoxification accommodations have now been established in all five of the geographic regions delineated for state planning. These services make it possible for any intoxicated person to be handled in accordance with the intent of the law, namely that treatment be provided in lieu of incarceration in jail. To maintain these services our state Legislature appropriated \$350,000 for the year, which monies were matched with approximately \$900,000 of Title VI and Title XX funds.

These monies help to underwrite the following listing of treatment facilities which are broken down into regions. Also designated are the components of care furnished at each facility, the funding sources and the amounts of money allocated. You will note that the majority of these programs are multiple funded, and that the components of care identified are expressed in JCAH terminology. This has been done to better facilitate third party payment for treatment where applicable:

<u>Facility</u>	<u>Components of Care</u>	<u>Funding Source</u>
Merrymeeting House Route #138 Bowdoinham 04008 14 Beds (7 detox - 7 rehab)	Gov't Authority	OADAP 18,937
	Aftercare	Title XX 113,195
	Emergency Care	
	Intermediate Care	Total <u>\$132,132</u>

REGION I (Continued)

<u>Facility</u>	<u>Components of Care</u>	<u>Funding Source</u>	
Mid-Coast Rehab. Ctr., Inc. Route #73 South Owls Head 04854 18 Beds (rehab.)	Gov't Authority	OADAP	14,350
	Aftercare	OADAP	4,021
	Intermediate Care	Title XX	80,826
		Total	\$99,197
Twenty-Four Hour Club 65 India Street Portland 04101 40 Beds (16 detox-24 shelter)	Gov't Authority	OADAP	37,976
	Aftercare	Title XX	98,353
	Emergency Care		
	Shelter	Total	\$136,329
Crossroads (women only) 1040 Main Street South Windham 04082 13 Beds (3 detox - 10 rehab)	Gov't Authority	OADAP	5,000
	Aftercare	NIAAA	184,000
	Emergency Care		
	Intermediate Care	Total	\$189,000
Serenity House 30 Mellen Street Portland 04101 31 Beds (rehab)	Gov't Authority	OADAP	5,610
	Aftercare	Title XX	73,923
	Intermediate Care		
		Total	79,533
Milestone Foundation 88 Union Avenue Old Orchard Beach 04064 25 Beds (8 detox, 12 rehab, and 5 shelter)	Gov't Authority	OADAP	30,158
	Aftercare	Title VI	90,473
	Emergency Care		
	Intermediate Care Shelter	Total	\$120,681

REGION II

The Fellowship House 95 Blake Street Lewiston 04240 13 Beds (10 detox - 3 shelter)	Gov't Authority	OADAP	3,779
	Aftercare	Title XX	119,354
	Emergency Care		
	Shelter	Total	\$123,133

REGION III

Kennebec Valley Comprehensive Alcoholism Treatment Ctr. Seton Unit - Mid-Maine Med. Chase Avenue Ctr. Waterville 04901 26 Beds (25 rehab - 1 shelter)	Gov't Authority	OADAP	72,500
	Aftercare	Title XX	138,061
	Emergency Care	Mid-Maine	94,393
	Intermediate Care	Med. Ctr.	154,947
	Out-patient Care	CETA	33,663
	Out-Reach	Out-Patient	1,080
	Shelter	Total	\$494,644

REGION IV

Bangor Halfway House 98 Cumberland Street Bangor 04401 13 Beds (rehab)	Gov't Authority	OADAP	18,221
	Aftercare	VR Grant	12,967
	Intermediate Care		
		Total	\$31,188

REGION IV (Continued)

<u>Facility</u>	<u>Components of Care</u>	<u>Funding Source</u>	
The Alcohol Institute Eastern Maine Medical Ctr. 489 State Street Bangor 04401 20 Beds (6 detox - 14 rehab)	Gov't Authority	OADAP	25,000
	Aftercare	VR Grant	49,000
	Emergency Care		
	Inpatient Care		
	Intermediate Care		
	Out-patient		
	Consultation & Education	Total	<u>\$74,000</u>
Hope House 43 Illinois Avenue Bangor 04401 30 Beds (15 detox - 15 shelter)	Gov't Authority	OADAP	4,381
	Aftercare	Title XX	97,660
	Emergency Care		
	Shelter	Total	<u>\$102,041</u>

REGION V

Aroostook Mental Health Center Fort Fairfield 04742 12 Beds (rehab)	Gov't Authority	OADAP	63,908
	Aftercare	NIAAA	186,998
	Intermediate Care	State MH	30,000
	Outreach	3rd Party Payers	<u>30,000</u>
		Total	<u>\$310,906</u>

In addition, the following programs which are primarily out-patient and not licensed received funding as indicated:

REGION I

Community Alcoholism Services Church Street Belfast 04915	Gov't Authority	OADAP	18,876
	Out-patient	NIAAA	27,500
	Consultation/Education	CETA & Town	<u>20,000</u>
		Total	<u>\$66,376</u>
Community Alcoholism Services 317 Congress Street Portland 04112	Gov't Authority	OADAP	28,968
	Out-patient	Title VI	53,967
	Consultation		
	Education	Total	<u>\$82,935</u>
York County Counseling Ser. 200 Main Street Saco 04072	Gov't Authority	OADAP	32,000
	Out-patient	Title XX	27,538
	Consultation	NIAAA	<u>158,700</u>
	Education	Total	<u>\$218,238</u>

REGION II

Tri-County Mental Health Services 106 Campus Avenue Lewiston 04240	Gov't Authority	Title XX	54,395
	Counseling		
	Education		
	Out-Patient		
	Outreach	Total	<u>\$54,395</u>

### Indian Needs

During the past year OADAP funded three Indian Alcoholism Counselors for the three Indian Reservations: the Penobscot Reservation at Old Town; the Passamaquoddy Reservation at Perry; and the Passamaquoddy Reservation at Princeton. This is admittedly a token effort in terms of Indian needs, but it has provided them with advocacy and has made it possible for them to develop their own brand of AA fellowship. Their objective is to develop their own programs, at their own pace, relating to their own cultural background, apart from the "white" man's intervention. Under this philosophy during the past year, the "on" reservation Indians (Penobscots and Passamaquoddys) and the "off" reservation Indians (Maliseets and Micmacs) joined together to form the Wabanaki Indian Corporation for the purpose of developing a comprehensive program for all Indians in Maine. The corporation submitted a grant application to NIAAA and was awarded \$247,500 to develop a "Community Alcoholism Services Indian Program". A second grant in the amount of \$154,941 was awarded the corporation to establish a Northeast Indian Alcoholism Training Program. The community program design has three systems of assistance:

- 1) A preventive system to help pre-alcoholics, early alcoholics and victims of alcoholism satisfy their basic needs which if untended lead to alcoholism. Components are medical care, dental care, job prospects, recreation, counseling, educational opportunity.
- 2) A maintenance system of care including shelter, emergency care, counseling, recreation and therapy, located in a centralized all Indian half-way house.
- 3) A rehabilitation system to combine all necessary services to restore the individual to a useful and constructive role in the Indian community.

The training program design is to develop competent Indian staff with training objectives as follows:

- 1) Appropriate counseling techniques
- 2) How to make use of social agencies
- 3) How to make use of law enforcement
- 4) How to make use of AA, Al-Anon and Alateen in the Indian community
- 5) Information about such national agencies as NCA, NIAAA, NIBADA, AICADA, etc.
- 6) How to mobilize available community resources against alcohol and drug abuse
- 7) How to develop teaching and audio-visual materials adaptable to Indians
- 8) To train Indians to be future trainers
- 9) To train administrative staff and board of directors in the arts of their jobs
- 10) To train non-Indians in the helping professions in the value structure and special conditions in the Indian community

Both of these programs are in process at the present time.



## Management Information and Evaluation System

### Description

Information collected by this Office includes data on community problems, client characteristics, treatment effort, client outcome and program fiscal information.

Community problem indicators are based on data collected in the Community Monitoring System (CMS). The CMS is a collation of officially available data from varying sources such as court dockets, vital statistics, and Blue Cross/Blue Shield reports. These indicators are used to provide a county by county description of the need for alcoholism services.

Client and treatment related data are collected by means of the Program Monitoring, Treatment Effectiveness System (PMTES). This is an automated system based on client oriented input forms. Each participating program, as well as the regional coordinators, and OADAP receive regular reports showing client demographic and previous treatment characteristics, program treatment effort, and client termination data. Information from the PMTES forms the basis of OADAP's program evaluation effort.

Fiscal information is derived from Quarterly Financial Reports required of all grantee agencies.

The above information is supplemented by information contained on residential facility licensing applications and that gathered by the on-site licensing inspection team. The scope of these activities is discussed more fully in the section on licensing.

### Progress Report

The previous year has witnessed several improvements in the information system. An Information System Advisory Committee, consisting of program personnel, regional coordinators and members of the Citizens Advisory Committee, was created to give broader base involvement in the system.

The PMTES has increased the scope of its coverage so that as of this date all state funded programs and one wholly federally funded program report on the system. Some programs have become convinced of the utility of the PMTES and are utilizing its output in their internal management and evaluation efforts. This, and other factors, has led to improved data quality.

The financial report form was slightly modified and the timeliness and completeness of these reports has been significantly improved.

The drug abuse community monitoring system has been established and runs parallel to the alcohol CMS. Drug program monitoring has not been integrated with the alcohol PMTES as planned. Most of the drug programs are required to report on the National Institute on Drug Abuse's CODAP system. The data elements on CODAP forms differ from those on the PMTES forms. Rather than imposing the burden of extra data collection and forms completion upon the drug programs, OADAP has instead decided to utilize CODAP as the basis of its drug program monitoring system.

Representatives from OADAP and the State Mental Health Information Project met several times during the year in an effort to produce a common information system. This mutual effort has not produced a common system. The two major issues precluding such a system were those of client tracking, and local program autonomy. These were added to the inevitable differences in data needs and definitions.

While the negotiations did not produce a completely integrated system, two positive outcomes did emerge. The newly revised mental health information system input form has additional items of special relevance to alcohol and drug abusing clients. In addition, agreement has been reached with one mental health center which eliminates the need for center personnel to complete separate hard copy OADAP forms for alcohol program clients. The necessary data is collated from existing center sources by computer and submitted to OADAP for processing on computer printout.

In addition to changes in the data collection process, the system has been strengthened by the creation of an evaluation protocol which specifies which data elements within the system will be utilized to evaluate which types of programs. Each type of program is evaluated on a different set of standards as outlined below:

#### SHELTERS

1. Number of clients served
2. Percent of clients who went on to detox
3. (Outside the scope of the PMS) Police assessment of cooperativeness, decrease in deaths

#### DETOX UNITS

1. Number of clients served
2. Number of clients staying specified length of time (5-7 days)
3. Recidivism rate
4. Percent of clients subsequently seeking shelter
5. Percent of clients accepting further treatment
6. Extent of positive change on therapist's rating

#### INPATIENT REHABILITATION

1. Number of clients served
2. Percent of clients successfully completing program
3. Percent of clients subsequently seeking shelter or detox
4. Recidivism rate
5. Percent of clients accepting aftercare (including AA)

INPATIENT REHABILITATION (Continued)

6. Percent employed upon termination
7. Extent of positive change on therapist's rating

OUTPATIENT/AFTERCARE

1. Number of clients served
2. Percent subsequently seeking shelter or detox
3. Percent successfully completing treatment (percent attending some specified number of sessions)
4. Percent remaining sober while in treatment
5. Percent showing decreased social, marital and legal difficulties while in treatment
6. Percent achieving employment
7. Extent of positive changes on therapist's ratings

Licensing and Accreditation

Progress Report

When the Office of Alcoholism and Drug Abuse Prevention was established in January, 1974, the Legislature failed to include the provision for the licensing of residential alcoholism treatment facilities. A bill was presented to the 1975 Legislature to amend the statute to include these facilities. In the meantime, passage of the bill was anticipated and regulations were developed along the lines of JCAH standards. We reasoned that the JCAH manual was rapidly becoming an important document in the alcoholism field, and that compliance with JCAH may well be necessary for future third party payments. We felt that if programs began to become familiar with JCAH terminology and standards now through the Maine licensing process, they would not have to learn another process at the time they might wish to apply for accreditation. Thus, Maine licensing standards incorporated JCAH terminology, definitions, and process, along with Maine legislative requirements.

Program directors were involved with the process of developing Maine's licensing standards, and were prepared in various degrees when the standards became effective October 6, 1975, 90 days after the Legislature adjourned. During the months of October, November, and December, twelve residential alcoholism programs were inspected by the Fire Marshall's Office, the Department of Health, and the Office of Alcoholism and Drug Abuse Prevention. It was pre-determined that if a facility should pass the fire and health inspections, they would receive at least a year's conditional license to bring their program into compliance with OADAP standards. Major areas of difficulty were lack of documentation, lack of written policies, poor record keeping,

and no workable aftercare component. The results of the first round of licensing inspections were 2 facilities with full licenses, 9 facilities with conditional licenses, and 1 facility with a temporary license. At this point in time, there is only one facility in Maine with JCAH accreditation, Crossroads.

The twelve licensed alcoholism treatment facilities are as follows:

AROOSTOOK MENTAL HEALTH CENTER  
Fort Fairfield, 04742  
Ph: 472-3511  
License # LA 7504 - Conditional

BANGOR HALFWAY HOUSE  
98 Cumberland Street  
Bangor, 04401  
Ph: 945-3163  
License # LA 7511 - Conditional

CROSSROADS  
1040 Main Street  
So. Windham, 04082  
Ph: 892-2192  
License # LA 7501 - Full - Also JCAH Accredited

EASTERN MAINE MEDICAL CENTER  
(The Alcohol Institute)  
489 State Street  
Bangor, 04401  
Ph: 947-3711, 947-6767  
License #LA 7503 - Conditional

FELLOWSHIP HOUSE  
95 Blake Street  
Lewiston, 04240  
Ph: 784-2901  
License # LA 7508 - Conditional

HOPE HOUSE  
43 Illinois Avenue  
Bangor, 04401  
Ph: 942-1808  
License # LA 7512 - Temporary

KENNEBEC VALLEY COMPREHENSIVE  
ALCOHOLISM TREATMENT CENTER  
Seton Hospital  
Chase Avenue  
Waterville, 04901  
Ph: 872-5545, Ext. 254, 258  
License # LA 7505 - Conditional

MERRYMEETING HOUSE  
Rte. #138  
Bowdoinham, 04008  
Ph: 666-5583  
License # LA 7510 - Conditional

MID-COAST REHABILITATION CENTER  
Rt. 73, So.  
Ingraham's Hill  
Owl's Head, 04854  
Ph: 594-2561  
License # LA 7509 - Conditional

MILESTONE FOUNDATION  
88 Union Avenue  
Old Orchard Beach, 04064  
Ph: 934-9615, 883-2815  
License # LA 7507 - Conditional

SERENITY HOUSE  
30 Mellen Street  
Portland, 04101  
Ph: 774-2722  
License # LA 7502 - Full

TWENTY-FOUR HOUR CLUB  
65 India Street  
Portland, 04101  
Ph: 773-7881  
License # LA 7506 - Conditional

### Legislative Proposals

Several amendments to the 1973 Alcoholism and Drug Abuse Act were presented to the 107th State Legislature in 1975 and were disposed as follows:

- 1) An amendment to extend the concept of protective custody to allow the police to hold incapacitated persons for a designated period of time while some police transportation to a treatment facility is being arranged (held to be unconstitutional by the Maine Supreme Court).
- 2) An amendment to clarify and extend the right of an emergency medical service to treat incapacitated persons (defeated).
- 3) An amendment to clarify the procedure for the emergency commitment of an incapacitated person (passed).
- 4) An amendment to require approved alcoholism public treatment facilities to be licensed by the Department of Human Services (passed).
- 5) An amendment to allow registered nurses to perform examinations of incapacitated persons brought to approved public treatment facilities (defeated).

An amendment to the OUI Statute, and other criminal statutes, to allow alcoholics convicted of criminal offenses to be sentenced as a condition of probation to alcohol treatment facilities. (passed)

Finally, "An Act to Raise the Tax on Beer, Wine and Other Alcoholic Beverages to Provide Operating Funds for Alcohol Treatment Facilities" was also introduced to the 107th Legislature, and defeated. This bill would have generated \$707,077 in 1975-76 and \$942,770 in 1976-77.

### Primary Prevention System

The State Plan for Prevention, Treatment, and Rehabilitation of Alcohol Abuse and Alcoholism for December, 1974 has as its goal "Provide for a statewide primary prevention system". Under this objective was the plan of hiring a "prevention coordinator" for the State. This task was completed through a grant from NIAAAA. A second specific activity was the further development of the relationship between OADAP and the Department of Education and the University of Maine. These relationships have been nurtured. The Department of Education is running two sets of workshops which are specifically directed toward primary prevention in the field of alcoholism. The first set deals with a school curriculum developed by the Department of Education in Ohio called "Drugs, Alcohol, Tobacco and Human Behavior". This set deals with educating teachers. The second set deals with a peer concept and values clarification. This set involves 12 teachers, 12 parents and 12 students from each of six school districts. The University of Maine at Farmington is running yet another project which is in the primary prevention field. This project is developing material that eight student teachers from the University of Maine at Farmington will use in four schools with seventh

grade students. After evaluation these materials will hopefully be packaged for distribution to other schools. All of these activities are just beginning, but seem to be reasonably sound.

There are some other prevention activities in process which will be continued in the coming year. One of these projects is the providing of adequate resource materials, i.e. films, pamphlets, and current research files. Another project is a broad based community awareness project. This project is aimed at opening up every possible group within the community to some kind of activity on the subject of alcohol, its use and abuse. Some of the groups to be included will be Rotary, Lions, Elks, Legion, Hospital Auxiliary, Community Action Programs, University of Maine Extension office, 4-H, Scouts, etc. Hopefully this will begin community dialogue which will develop a more unified community attitude toward alcohol use and abuse. This too is just beginning. A third project was the development of Maine TV spots. We have developed five one-minute spots which are aimed at Maine situations where irresponsible use of alcohol is practiced. This has just been completed and they are to appear on TV in the next month.

#### Early Intervention Program (Troubled Employees)

During the past year, the Federal grant which supported Maine's two Occupational Program Consultants expired, and they were transferred to vacant OADAP counselor lines to insure their continued service to the agency. However, their function has remained the same, relating to the implementation of programs for "troubled employees", and it is anticipated that function will continue in the foreseeable future.

The effort to establish a program for state employees has temporarily bogged down short of implementation, due to the current major reorganization of the State Personnel Department, but will be reactivated when feasible. Meanwhile, both OPC's are working with industrial clients.

During the last year, four companies have established policies on Employee Assistance Program concepts: Keyes Fibre Company of Waterville; International Paper Company of Livermore Falls; and Jay (two mills) through direction from a corporate headquarters director of the Employee Assistance Program for the company. Ekco Company of Locke Mills consented to oral support of the concept, but did not choose to put it in writing. Striar's of Corinna, Clinton signed and orientated supervisors of both plants. W.S. Libby Company of Lewiston gave oral support. (2,425 employees total)

S.D.. Warren of Westbrook, Scott Paper Company of Waterville, Cole's Express of Bangor, Central Maine Power Company of Augusta, Georgia Pacific of Woodland, and Dead River Company of Bangor are in early stage acceptance of the EAP concepts. (8,000 employees total)

There have been no negative responses to any of the presentations. Sixteen other companies are presently considering when/how to go on. Follow-up will be necessary to enhance ideas and actual implementation procedures in each individual setting. Some of the delay is due to Personnel Managers arranging for the proper time to meet with mill executives, etc.

Sixteen top union officials and sixteen personnel managers, generally from those previously mentioned sixteen companies, have been made generally aware of EAP concepts so that when top management chooses to move on a policy, they will be cognizant of the concepts. A high priority will be to complete EAP with these companies in the near future. Usually the time has to be right to accomplish these goals. A lot depends on the conditions within each work system. The atmosphere must be conducive to finalizing programs. It should be mentioned here that some of the companies contacted have been handled, for the most part, by the industrial specialists in their respective areas.

The two OPCs have encouraged industrial specialists of each region (5 in all), some from mental health centers and others from alcohol treatment facilities, to meet three times so far. The group has been more or less an Ad Hoc Committee; however, it is felt that they should organize and help one another to put on area workshops for union officials and top management personnel in their respective areas. So far a good participation from the industrial specialists has resulted in a statewide workshop (one day) set for the near future; two planning sessions have already taken place. The meeting is tentatively set for April 20, with Senator Hathaway as the keynote speaker. The industrial specialists, of their own expertise, are well aware of the value of standardizing procedures and interchanging ideas on EAP concepts. As a result, each one now has the ability to "sell" EAP concepts to work systems in their respective areas. Consultation will be made available to guide and help this group whenever such service is warranted.

The success of NEATI #1 (Northeast Employee Assistance Training Institute #1) warranted an attempt to develop an NEATI #2 so a planning committee met for the first time in February 1975. The planning committee consisted of one occupational program consultant (OPC) from each state in Federal Regions 1 and 2. The committee met several times during the summer months to develop such things as an advisory council, curriculum, agenda and select several keynote speakers (at least one speaker for each day the Institute was held), developed an attractive brochure and registration materials, including fees, etc.

A grant was written to help subsidize the cost from the start (it was paid back after registration fees were tallied). The grant came through EAAETP. The Institute was co-sponsored by Cornell University, Industrial Relations Division; they handled the registration participants mailing, site arrangements, etc. The Institute was held at Hyatt House Motel in Albany, New York on October 1-4, 1975 with 90 participants. Two students from Maine, plus two more from out-of-state, came through invitation (they had subsidiary companies in Maine). Participants were mill managers, personnel managers, union officials and new (potential) OPCs. The Institute was a success, in spite of some poor housekeeping situations.

Nationally, the thrust to establish EAP concepts by NIAAA has been successful and we feel that Maine has progressed reasonably well, in view of the fact that the official slots for OPC were not continued, as such, since July 1975. It is hoped to be able to continue this important work. The movement statewide has been gradual, but it is going steadily in the right direction.

Numerous orientation, speaking, and program arrangements were made

during this period being reported on. Some frustration occurs when appointments have to be rearranged, but eventually persistence pays off in the presentations being made.

## B. PLAN

### Introduction

To satisfy legislative mandate, particularly passage of the Uniform Alcoholism and Intoxication Treatment Act in Maine, it has been necessary to initiate a "crash" program to develop a network of alcoholism treatment services distributed throughout the five planning regions. Because of limited funds it has been necessary to combine shelter programs with detox, detox with rehab, rehab with shelter, to the detriment of either program component. The physical settings and staffing patterns of a few of these programs leave something to be desired. There are insufficient out-patient counseling and follow-up services to furnish progressive continuity in the rehabilitation process. Some existing treatment programs may have to be closed, divided as to program components, relocated geographically, or new programs started up. Also, new major emphasis not heretofore directed will have to be placed on primary prevention through public education. It is anticipated that state money appropriations and local funding will remain about the same for the coming year, so the objective will be to maintain the status quo.

### Treatment Programs (Including Public Inebriate)

There were certain commonalities reflected in the regional input planning data that relates to treatment programs in all five areas. The recommendations were that:

- a) Shelter programs be operated independent and separate from detox programs.
- b) Detox programs be relocated into general hospital settings wherever possible because essentially medically controlled.
- c) Existing programs be upgraded as fast as possible to qualify for JCAH accreditation.
- d) Out-patient services be expanded.
- e) Transportation systems be developed between facilities.
- f) Public education efforts be increased.
- g) Training be established for program and facility administrators, medical and nursing personnel and counselors.
- h) Task forces be formulated to evaluate programs' effectiveness.



Certain other recommendations were submitted to apply to specific regions:

Region I

- a. Recruitment of a full time education specialist.
- b. Shelter program, Bath-Brunswick area  
Shelter program, Rockland area  
(with consideration given to structuring program to provide food and lodging, not to change life style)

Region II

- a. Establishment of a halfway house in the Norway - South Paris area.
- b. Establishment of a rehabilitation facility in Lewiston adjacent to Fellowship House, the existing detox and shelter facility.

Region III

- a. Establishment of a halfway house in the Waterville - Augusta area.

Region IV

- a. Establishment of a women's treatment center, Bangor area.

Region V

- a. Provision of two Court Counselors. (Houlton-Presque Isle district court area, and Caribou-Fort Kent district court area)

All of these recommendations appear to have merit based on judgmental assessment of needs, but whether or not they represent realistic goals is questionable. It is probably more feasible to attempt to stabilize and upgrade certain existing programs that can demonstrate their merit. During the coming year, OADAP will engage in a comprehensive statewide planning process with the expected outcome of providing a 1-3-5 year game plan to the Legislature where funding legislation will be introduced.

Indian Needs

OADAP plans to continue to fund three Indian Counselor lines (one for each of the three reservations at Old Town, Princeton and Perry). These counselors will be supervised by the Wabanaki Corporation instead of the State Department of Indian Affairs as was previously arranged. Since the Wabanaki Corporation received Federal grants to establish comprehensive alcoholism treatment and training programs for all Maine Indians, its

administration considers itself as an entity which is separate and distinct from all other alcoholism programs in Maine. OADAP now accepts the premise that Maine Indians are busy developing their own programs --- by Indians, for Indians.

#### Management Information and Evaluation System

Changes in the treatment system brought about by the mandatory after-care provisions of the licensing regulations, and the growth of long term out-patient programs, have created pressures for changes in certain procedural and definitional aspects of the PMTES.

By July 1, the present single form will be expanded and transformed into three separate forms: an intake form, a treatment progress form, and a termination/follow-up form. The bulk of the data items are already contained on the current forms. Most of the additional items will come in the area of follow-up. This information will improve the quality of program outcome evaluation. The new forms will be designed based on comments already received from program personnel and the information system advisory committee. Draft versions will be sent to all facilities and system output users inviting comments. Following this, an open meeting will be held to discuss the draft forms and all comments received. The final forms will emerge from this meeting. Once the final forms and the procedures submitting them have been developed, a contractor will be selected to create new programming. A new user's manual will be written and re-training sessions held for data clerks. It is hoped that the great degree of similarity between the new and old systems will reduce the problems of system transition to a minimum.

System redesign will be followed by development of an expanded evaluation protocol, and by renewed efforts to provide facilities with assistance in utilizing system output for their own internal needs.

#### Licensing and Accreditation

At this point in time, Maine has adopted "Regulations for the Licensing of Residential Alcohol Treatment Facilities in the State of Maine". From the viewpoint of the surveyors, the regulations are quite workable, but several sections are inadequate, and several regulations do not say exactly what they are meant to say. Also, upon review of the drug program regulations, it is felt that both standards can be combined into a single licensing document. We are presently revising the alcoholism standards and anticipate an amalgamation of all regulations into a single document. It is our goal to have the revision of the regulations and public hearing accomplished before the next round of licensing.

There are twelve licensed residential alcoholism treatment facilities in Maine, 2 full licenses, 9 conditional licenses, and 1 temporary license. It is our goal that after the next round of licensing inspections, that there shall be at least 6 fully licensed facilities, and that the remaining conditionally licensed facilities will be within 6 months of achieving a full license. Mid-year inspections are planned to check the program's progress in the problem areas of written policies, documentation, record keeping and aftercare. Consultation and assistance will be provided to the programs to help them reach compliance with the regulations by re-inspection time.

The statute which gives licensing authority covers only residential alcoholism treatment facilities. There are no licensing requirements for non-residential programs, so the Office of Alcoholism and Drug Abuse Prevention will issue Certificates of Approval to all non-residential programs that meet the basic standards of the licensing regulations. Since emphasis has been placed on licensing inspections, no Certificates of Approval have been issued to date. Licensing regulations state that any program contracted to do aftercare must have approval of the State. This would mean that at least four non-residential programs should be approved. It is our goal to approve at least 6 non-residential programs in the coming year.

Due to the uncertainty in funding sources, emphasis has been placed on compliance with JCAH standards to be eligible for third party payments. At present, only one facility in Maine has applied for and achieved accreditation, namely, Crossroads in South Windham. A JCAH workshop was held in Portland, February 4-6, with JCAH representatives outlining the requirements to meet compliance with their accreditation manual standards. Interest in JCAH accreditation is growing, and OADAP will continue to supply support and technical assistance to all programs seeking JCAH accreditation. At least 5 programs have expressed a desire to seek accreditation, and these programs will be assisted in their efforts.

#### Primary Prevention System

The plans for the coming year include:

- 1) Securing a second year grant to maintain the prevention coordinator.
- 2) Continuing the workshops that are in process and evaluating their results.
- 3) Develop more community awareness projects and evaluate them.
- 4) Development of specific workshops
  - a) alcohol and elderly
  - b) alcohol and youth
  - c) alcohol and women
- 5) Secure more resources for use throughout the State.
- 6) Encourage new ways to promote responsible use of alcohol.

#### Early Intervention Program (Troubled Employees)

Future plans will consist of:

- 1) Final implementation of Industrial Specialist consultant's group including the necessary training to accomplish this goal.
- 2) Continued support to regional coordinators in developing Industrial Committees in their respective regional councils.  
(Two are active at this time in Regions II and IV.)

- 3) More exploration into the details of three funding projects. Of course, these projects are rather new and need to be worked on to see if they are feasible.

The first is the 1 cent per hour, per man, per year concept; this is \$20.80 per man, per year for 40 hrs./week for 52 weeks, which multiplied by 410,000 employees in the State of Maine generates \$4,148,000. This would be paid by each employer, according to their respective work populations. The wording of such a resolution or law should be such as to allow each company to use their contribution (or payment) as being tax deductible.

The second idea about funding would come from some area between unemployment claims and workman's compensation claims -- alcoholics or problem drinkers are quite often unemployed also the troubled employee is often times in some kind of an accident on the job. There may be some common ground that could be tapped to sponsor -- rehabilitative service (or support for EAP concepts). This would take some hard sell to proper authorities. It would also follow that resolutions or laws would have to be amended to accommodate and implement the support necessary.

The third idea has been talked about but very little action has taken place, to date. All insurance companies that cover groups or employees should be mandated to cover services to alcoholics or problem drinkers in an earlier setting, as long as all counselors or agencies are certified or licensed.

- 4) To enhance better communication to and from all regions, we might explore the cost of teletype machines that would be installed in each regional office to be operated by the present secretaries of each Coordinator. The facilities in each area could use the same methods only on a more limited basis. Any event or important information could be common knowledge to all in a matter of seconds. (This needs more exploration in cost, savings, etc.)
- 5) It seems that most new ideas or legislation have to be around for a while before any action takes place. On the assumption that Title XX monies will not always be available, some of these previously mentioned methods of funding need to be explored thoroughly.

Finally, we might promote a liquor lottery if it would be acceptable under the Maine State Lottery Authority rules and regulations.

#### Credentialing Standards for Substance Abuse Workers

Within the past year alcohol and drug abuse workers, who staff the various treatment facilities throughout the state, have formed an organization known as the Maine Addiction Professional Association (MAPA).

This group has petitioned OADAP to help establish credentialing

standards for its membership. In response a task force of representatives from this association, from the Facility Directors' Association, and OADAP has been structured to develop a credentialing model for the designated classification of "Substance Abuse Counselors".

This task force has been holding meetings bi-weekly since January, 1976 and is scheduled to continue meeting on this schedule with June, 1976 as the target date for producing a credentialing model.

The specific objectives being addressed are:

- 1) To condense relative material to define terms, identify key issues of local relevance, state alternative ways in which a model can respond to such issues, and indicate strengths and weaknesses of such alternatives.
- 2) To identify similarities and/or unique qualities of the alcohol and drug fields in Maine.
- 3) To examine and review the training component of the credentialing process with technical assistance from EAAETP.
- 4) To initiate model construction, after reviewing other states credentialing models, using aspects that are consistent with Maine needs.
- 5) To review and modify the preliminary draft copy of the credentialing model(s) as prepared by the task force.
- 6) To review and accept the revised draft copy of the model(s).
- 7) To conduct a series of regional meetings to present draft of model(s) to alcohol and drug abuse workers for the purpose of accepting suggestions for any modification of draft copy.
- 8) Following regional meetings, to again revise draft of model(s).
- 9) To circulate final draft of model(s) to alcohol and drug workers and other interested parties.
- 10) To develop strategy for the final implementation of the finished product.

Maine Advisory Council on Alcohol and Drug Abuse Prevention and Treatment

<u>Name</u>	<u>Term of Office</u>	<u>Ending</u>
Rev. John J. Feeney, Chairman St. Mary's Rectory 30 Cedar Street Bangor, Maine 04401	3 years	1977
Mr. Brendon Twoomey, Vice Chairman Property Manager Maremont Corporation Saco, Maine 04072	3 years	1977
Mr. Paul Adams Southern Maine Comprehensive Health Association 583 Forest Avenue Portland, Maine 04101	3 years	1978
Mr. Charles Aleck, Jr. 137 Granite Street Mexico, Maine 04257	3 years	1979
Sister Mary Anastasia Chief Pharmacist Mercy Hospital Portland, Maine 04101	3 years	1977
*Senator Minnette Cummings 24 High Street Newport, Maine 04953		
Mr. Dwight Dogherty, Jr. P.O. Box 716 Auburn, Maine 04210	3 years	1979
Mr. Steven Howes c/o Mrs. Joan R. Lancaster 9F Littlefield Street Augusta, Maine 04330	3 years	1977
Mr. Anthony Newcomb 6 Morse Street Augusta, Maine 04330	3 years	1977
Ms. Alberta Nicola, R.N. P.O. 63 Old Town, Maine 04468	3 years	1978
Dr. Robert Ohler Chief of Staff Veterans Hospital Togus, Maine 04330	3 years	1978

Advisory Council (continued)

<u>Name</u>	<u>Term of Office</u>	<u>Ending</u>
Dr. Einar Olsen, President University of Maine Farmington, Maine 04938	3 years	1977
*Representative Olympia Snowe 114 Nottingham Road Auburn, Maine 04210		
Rev. James Word 7 Epsworth Street Presque Isle, Maine 04769	3 years	1979

\*Members of the Legislature serve at the pleasure of the President of the Senate and the Speaker of the House.

Note: There are 3 vacancies on this Council, shortly to be filled by appointment by the Governor.

Legal Notice

The 1974 State Plan for comprehensive services relating to alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs in Maine as provided for under terms of the Federal Hughes Act, Public Law 91-616, has been updated. Upon approval of this Plan, fiscal year 1976 funds in the amount of \$305,067 will be allocated to the State for the development and implementation of these programs.

The State Plan addresses itself to such issues as expansion and modification of existing services and facilities.

A copy of the State Plan is available for examination at the Maine State Library in Augusta.

Legislative Proposals

OADAP has two major pieces of legislation which it intends to present to the 108th Regular Session of the Maine Legislature. The first proposal, would raise slightly the tax on beer, wine and bottled liquor to provide for funding of alcoholism treatment facilities. A similar bill was enacted by the Maine House and Senate in 1975 but was defeated.

A second piece of legislation currently being researched and drafted would provide for residents of alcoholism treatment facilities to receive health insurance payments from Blue Cross/Blue Shield and other health insurance companies for services provided to alcoholics by residential alcoholism facilities. Currently most health insurers do not reimburse costs of alcoholism treatment incurred in a non-hospital setting. Research

is being conducted as to the feasibility of requiring both individual and group health policies to provide a broader and more extensive coverage for the treatment of alcoholism.



# COVER SHEET for FEDERAL GRANT APPLICATION/AWARD NOTIFICATION

1 APPLICATION DATE  
 yr mo day  
 19 76 3 30

ITEMS 1-3 TO BE COMPLETED BY APPLICANT OR CLEARINGHOUSE DEPENDING UPON STATE PROCEDURES

2 FEDERAL EMPLOYER ID NO.  
 016 00000 1A8

3. APPLICANT - Organizational Unit <b>MAINE - Department of Human Services</b>		4. ADDRESS - Street or P. O. Box <b>State House</b>	
5. CITY <b>Augusta</b>	6. COUNTY <b>Kennebec</b>	7. STATE <b>ME</b>	8. ZIP CODE <b>04330</b>
		9. PROG NO. (Catalog of Fed Domestic Assistance) <b>13.257</b>	

10. TYPE OF ACTION a <input type="checkbox"/> New c <input type="checkbox"/> Modification b <input checked="" type="checkbox"/> Continuation		11. TYPE OF CHANGE (Complete if 10b or 10c was checked) a <input checked="" type="checkbox"/> Increased Dollars b <input type="checkbox"/> Decreased Dollars		12. <input type="checkbox"/> Increased Duration <input type="checkbox"/> Decreased Duration		13. <input type="checkbox"/> Other Scope Change <input type="checkbox"/> Cancellation		14. EXISTING FED GRANT NO. <b>X23</b> <b>9500 75</b>	
--	--	--	--	--	--	--	--	--	--

15. REQUESTED FUND START yr mo 19 <u>76</u> <u>7</u>		19. APPLICANT TYPE Enter Letter <b>A</b> A. State F. School District B. Interstate G. Community Action Agency C. Sub State Dist H. Sponsored Organization D. County I. Indian E. City J. Other (Specify in Remarks)		20. FEDERAL ( ) \$ <u>305,067</u> .00		21. STATE ( ) \$ _____ .00		22. LOCAL ( ) \$ _____ .00		23. OTHER ( ) \$ _____ .00		24. TOTAL (20, 21, 22, 23) ( ) \$ <u>305,067</u> .00	
16. FUNDS DURATION <u>12</u> (Months)													
17. EST. PROJECT START yr mo 19 <u>76</u> <u>7</u>													
18. EST. PROJECT DURATION <u>12</u> (Months)													

25. BRIEF TITLE OF APPLICANT'S PROJECT  
**Alcoholism State Plan**

26. DESCRIPTION OF APPLICANT'S PROJECT (Purpose)  
**Provide for prevention, treatment, and rehabilitation programming for alcohol abuse and alcoholism in Maine.**

27. AREA OF PROJECT IMPACT (Indicate City, County, State, etc.)  
**Statewide**

28. CONGRESSIONAL DISTRICT Of Applicant Districts Impacted By Project <b>[ 1 ] [ 1 &amp; 2 ]</b>		29. Environmental Assessment Required By State/Federal Agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. CLEARINGHOUSE(S) TO WHICH SUBMITTED a <input checked="" type="checkbox"/> State b <input type="checkbox"/> Area Wide c <input type="checkbox"/> None	
--	--	--	--	---	--

31. a NAME OF CONTACT PERSON <b>Michael D. Fulton</b>		b ADDRESS - Street or P. O. Box <b>32 Winthrop Street, Augusta, Maine</b>		c TELEPHONE NO. <b>207-289-2781</b>	
--	--	--	--	--	--

ITEMS 32-38 TO BE COMPLETED BY CLEARINGHOUSE

32. CLEARINGHOUSE ID		<input type="checkbox"/> MULTIPLE CLEARINGHOUSE													
33. a ACTION BASED ON REVIEW OF <input type="checkbox"/> Notification <input type="checkbox"/> Application		33. b ACTION TAKEN a <input type="checkbox"/> With Comment c <input type="checkbox"/> Waived b <input type="checkbox"/> Without Comment d <input type="checkbox"/> Unfavorable		34. STATE APPLICATION IDENTIFIER (SAI) State _____ Number _____											
35. CLEARINGHOUSE IMPACT CODE <input type="checkbox"/> Yes <input type="checkbox"/> No		STATE WIDE		County/ City Png Area		County/ City Png Area		County/ City Png Area		County/ City Png Area		County/ City Png Area		County/ City Png Area	
36. STATE PLAN REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No		37. RECEIVING DATE AT CLEARINGHOUSE yr mo day 19 _____		38. FINAL CLEARINGHOUSE ACTION DATE yr mo day 19 _____											

ITEMS 39-42 TO BE COMPLETED BY APPLICANT BEFORE SENDING FORM TO FEDERAL AGENCY

39. CERTIFICATION - The applicant certifies that to the best of his knowledge and belief the above data are true and correct and filing of this form has been duly authorized by the governing body of the applicant. Check box if no clearinghouse response was received in 30 days <input type="checkbox"/>							
40. a NAME (Print or Type) <b>Michael D. Fulton</b>		b TITLE <b>Director, OADAP</b>		c SIGNATURE of Authorized Representative <i>(Signature)</i>		d TELEPHONE NUMBER <b>207-289-2781</b>	
41. DATE MAILED TO FEDERAL / STATE AGENCY yr mo day 19 <u>76</u> <u>3</u> <u>30</u>		42. NAME OF FEDERAL / STATE AGENCY TO WHICH THIS APPLICATION SUBMITTED <b>NIAAA</b>					

ITEMS 43-54 TO BE COMPLETED BY FEDERAL OFFICE EVALUATING AND RECOMMENDING ACTION ON THE APPLICATION

43. GRANT APPLICATION ID (Assigned by Federal Agency)		52. Application Rec'd. yr mo day 19 _____		53. a Exp. Action Date yr mo day 19 _____		Always Complete: 53. a OR b		53. b Ret. to Applicant yr mo day 19 _____	
44. GRANTOR AGENCY		REVISION		REVISION		54. Exp. Action Revised As Of yr mo day 19 _____		REVISION Subsequent Ret. Applicant yr mo day 19 _____	
45. ORGANIZATIONAL UNIT		19 _____		19 _____		19 _____		19 _____	
46. ADMINISTERING OFFICE		19 _____		19 _____		19 _____		19 _____	

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE

STATE HEALTH PLAN BUDGET

STATE	FISCAL YEAR
Maine - Department of Human Services	'76
AGENCY Bureau of Rehabilitation	
Office of Alcoholism and Drug Abuse Prevention	
<input checked="" type="checkbox"/> INITIAL	
<input type="checkbox"/> REVISION NO. _____	

FUND SOURCE			TITLE V—SOC. SECURITY ACT			PUBLIC HEALTH SERVICE ACT, AS AMENDED					
			SEC. 503 MCH	SEC. 504 CC	SEC. 314(a) PLANNING	SEC. 314(d) PUBLIC HEALTH	SEC. 314(d) MENTAL HEALTH	SEC. 303(a) ALCOHOL	SEC. 204(a) M H CONST.	SEC. 505(c) HOSP. ADMIN.	
			A	B	C	D	E	F	G	H	I
1. STATE PUBLIC								628,650			
2. LOCAL PUBLIC								50,000			
3. PRIVATE NON-PROFIT											
4. SUB-TOTALS								678,650			
5. FEDERAL	FINANCIAL ASSISTANCE	FUND A									
		FUND B						305,067			
	DIRECT ASSISTANCE										
6. PREVIOUS FISCAL YEAR (a) CARRYOVER			A.	A.							
			B.	B.							
7. TOTALS								983,717			
8. NON FEDERAL SHARE REQUIREMENTS											
9. MAINTENANCE OF EFFORT								465,644			
10. AMOUNT OF MATCHING PROPOSED BY STATE											
11. DIRECT COMMUNITY SERVICES											
12. TOTAL HEALTH FUNDS BUDGETED								118,346			
STATE FUNDS BUDGETED TO OTHER AGENCIES						PROGRAM DIRECTOR (Name and Title)					
PURPOSE	STATE PUBLIC AGENCIES	LOCAL PUBLIC AGENCIES	NON-PROFIT	Michael D. Fulton, Director							
13. PUBLIC HEALTH				Office of Alcoholism and Drug Abuse Prevention							
14. MENTAL HEALTH				AGENCY HEAD (Signature)							DATE
REMARKS:						TITLE					
						Commissioner, Department of Human Services					
						OFFICE OF GOVERNOR					DATE
						TITLE					
						Governor					

STATE FORMULA GRANT BUDGET

Administration.....	\$ 27,234
State and Regional Planning	
Organization.....	5,000
(These two items included as administrative services amount to less than 10% of the total formula grant allocation for Maine)	
Personal Services.....	104,218
Fringe Benefits.....	14,133
Travel.....	18,500
Continuation of Contractual	
Commitments.....	81,742
(Funds in this category include these items and support for:	
1. The contractual support of the Southern Regional Alcoholism Council;	
2. The support of OADAP's alcoholism information, monitoring, and evaluation system; 3. The partial support of substance abuse prevention and education function in the Maine Dept. of Education & Cultural Services;	
4. Bangor Half-way House; 5. EMMC;	
6. CAS; 7. Mid-Coast Rehab; and	
8. Indians.)	
Miscellaneous.....	54,240
Rent & Communications	
(supplies, duplication, computer time, postage, phone, printing, etc.)	

TOTAL	\$305,067
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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE

STATE PLANS:

Under Title V, Section 505  
Social Security Act, as amended, and  
Under Sections 314(a), 314(d), 303(a), 204(a)  
Public Health Service Act, as amended, and

APPLICATION FOR FUNDS:

Under Section 606(c)  
Public Health Service Act, as amended

CERTIFICATION

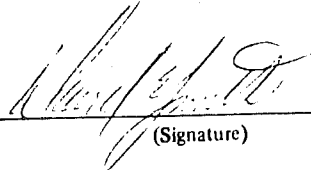
I. I hereby certify that the Office of Alcoholism & Drug Abuse Prevention of the State  
(State Agency)  
of Maine's Department of Human Services has been designated to administer  
or supervise the administration of, (check each applicable item) the:

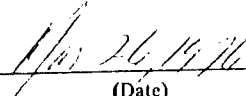
- State Plan for Maternal and Child Health and Crippled Children's Services (strike out one if administered separately) under Title V, Section 505, Social Security Act, as amended. Regulations - Title 42, CFR, Chapter II.
- State Plan for Comprehensive State Health Planning under Section 314(a), Public Health Service Act, as amended. Regulations - Title 42, CFR, Chapter I, Subchapter D, Part 51, Subpart A.
- State Plan for Public Health Services under Section 314(d), Public Health Service Act, as amended. Regulations - Title 42, CFR, Chapter I, Subchapter D, Part 51, Subpart B.
- State Plan for Mental Health Services under Section 314(d) Public Health Service Act, as amended. Regulations - Title 42, CFR, Chapter I, Subchapter D, Part 51, Subpart B.
- State Plan for Comprehensive Alcohol Abuse, Alcoholism Prevention, Treatment and Rehabilitation, Section 303(a) Public Health Service Act as amended Regulations.
- State Plan for Community Mental Health Services and Facilities under Section 204(a), Title 2, Part A, Public Health Service Act, as amended. Regulations - Title 42, CFR, Part 54, Subpart A, B, and D.
- Funds made available under Section 606(c), Public Health Service Act, as amended, to administer the State Plan for Construction and Modernization of Hospitals and other Medical Facilities. Regulations - (None)

2. I further certify that each State Plan identified consists of the following materials which, in form and content, are those which are or will be utilized for the conduct of State health programs under the State Plan, and all of which are hereby incorporated by reference and made a part of such State Plan:

- (a) Those pertinent State laws, codes, regulations, administrative rules, surveys of need, published standards and criteria, and planning, organizational, information, reporting, and evaluating manuals and documents, contracts and interagency agreements which have been identified by authorized representatives of the Secretary and which they have stated, in writing, are acceptable as part of the State Plan, in accordance with the applicable Federal regulations. All documents so identified and the written statements of acceptance are on file in the office of the OADAP  
(State Agency)
- (b) The annual budget, which represents the best current estimate of financial resources available to support activities by each State Plan indicated above.

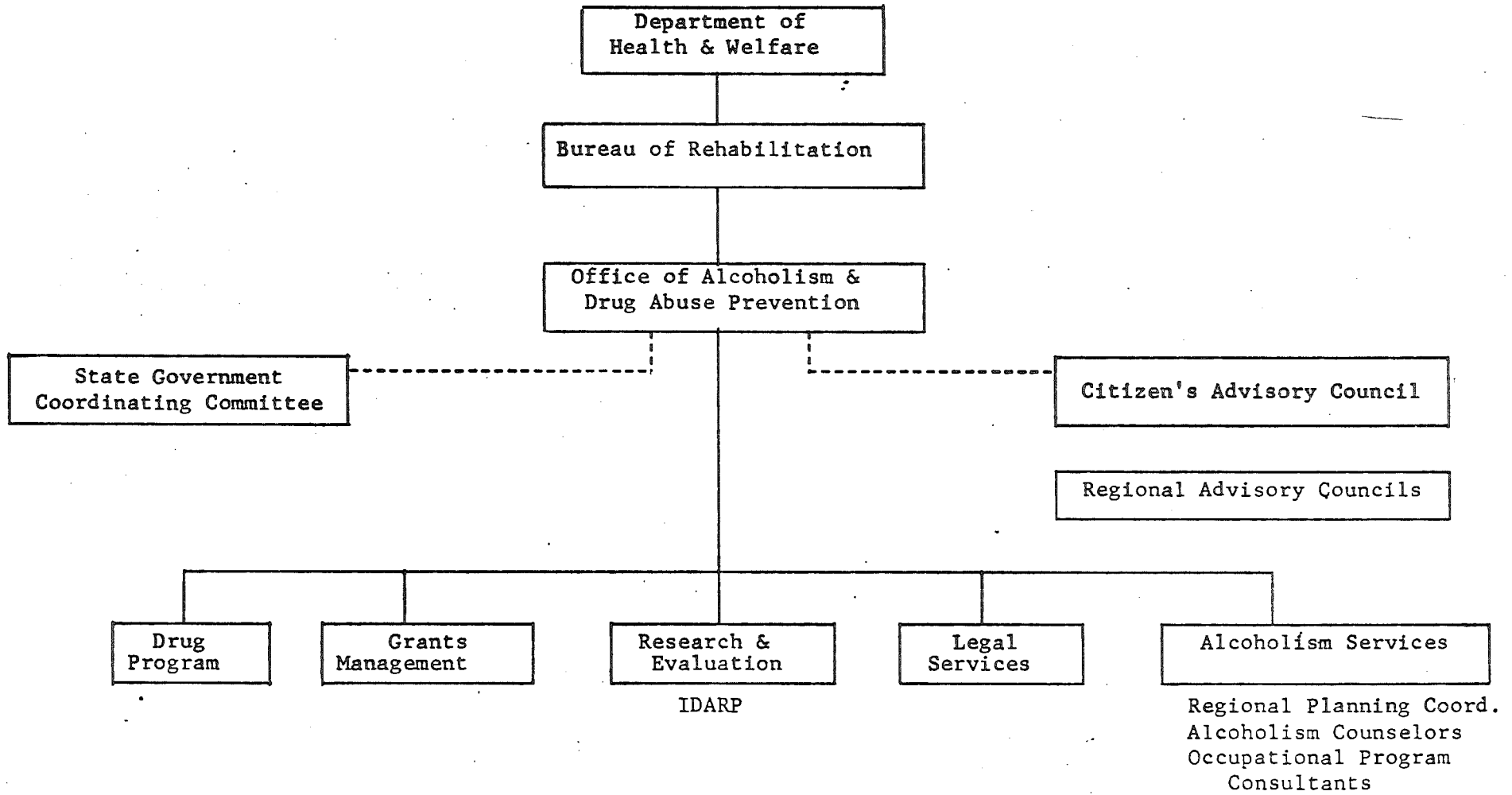
3. I further certify that I am authorized to submit each such Certification and Budget on behalf of the above listed agency and to submit statement of needs, objectives, and resources, progress reports, and expenditure reports as may be required from time to time pursuant to the applicable regulations and policies and in accepting the responsibility for such program do hereby give each of the assurances required by the applicable Federal regulations.

  
\_\_\_\_\_  
(Signature)

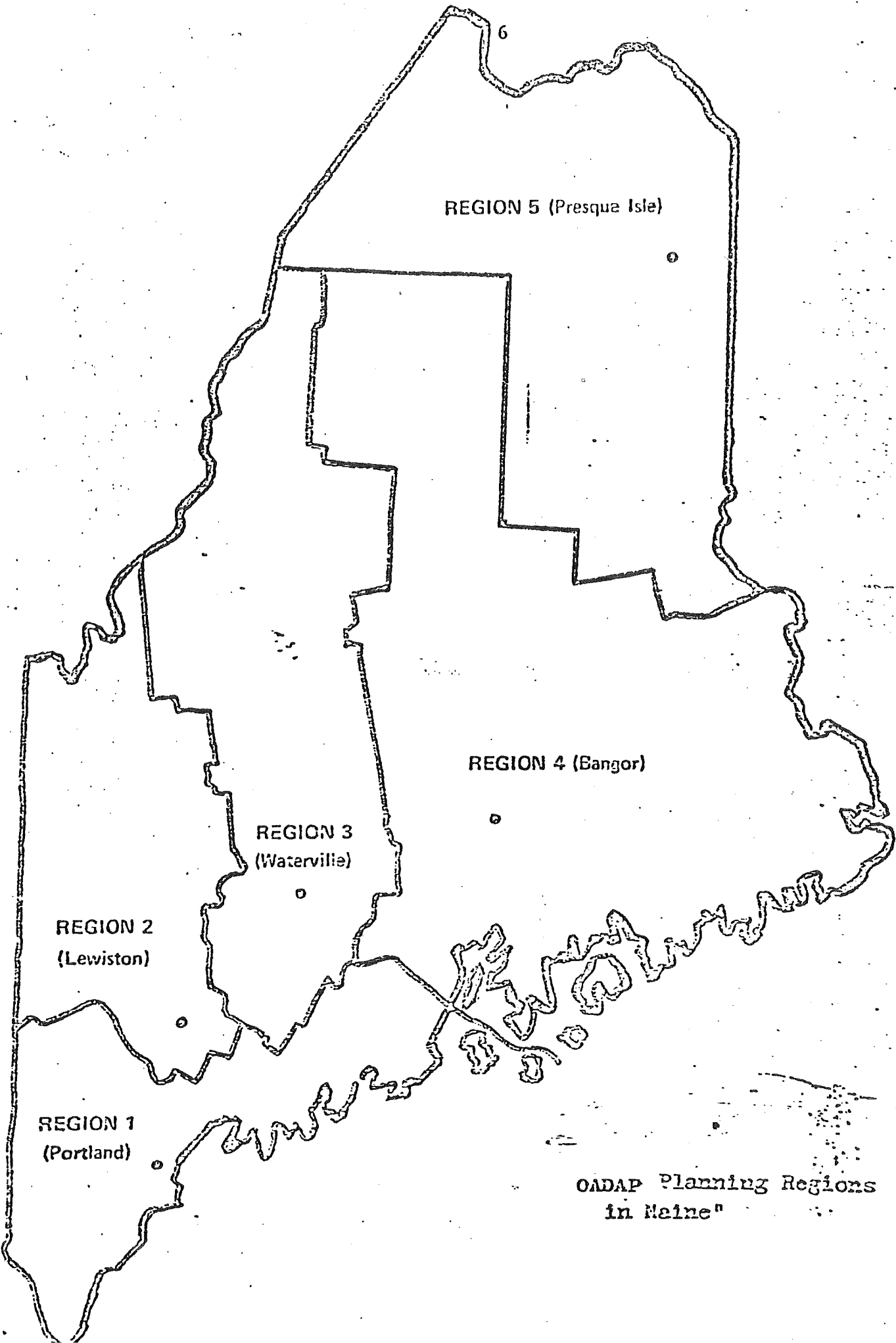
  
\_\_\_\_\_  
(Date)

\_\_\_\_\_  
COMMISSIONER

(Title)



Organization Chart



6

REGION 5 (Presque Isle)

REGION 4 (Bangor)

REGION 3  
(Waterville)

REGION 2  
(Lewiston)

REGION 1  
(Portland)

OADAP Planning Regions  
in Maine"