

MAINE STATE LEGISLATURE

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ALCOHOLISM PREVENTION, EDUCATION,
TREATMENT AND RESEARCH FUND:
ALLOCATIONS RECOMMENDED FOR FISCAL YEAR 1983

A Report to the 110th Maine State Legislature

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February 10, 1982



State of Maine

OFFICE OF THE GOVERNOR

AUGUSTA, MAINE 04333

February 10, 1982

To the Members of the 110th Legislature:

I am pleased to submit the attached report on recommended allocations for FY 1983 from the Alcoholism Prevention, Education Treatment, and Research Fund.

This report has been prepared through the cooperative effort of the Department of Human Services, the Department of Educational and Cultural Services, the Department of Mental Health and Mental Retardation, and the Department of Corrections.

This document is the result of the first full attempt to provide a coordinated system of services among the four departments and should be viewed as a continuation of the Administration's efforts with this program as outlined in the interim plan which was submitted to the 2nd Special Session of the 110th Legislature on September 25, 1981.

The report is a significant step forward in Maine's efforts to implement the alcohol premium in a manner which preserves the best of the state's existing services while developing new resources to improve our effectiveness in dealing with the major problem of alcohol abuse.

Our Administration will be pleased to respond to any questions you may have about the plan. We look forward to working with you as you review this proposal.

Sincerely,


JOSEPH E. BRENNAN
Governor

JEB/sc

Attachment

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PART I

INTRODUCTION

THE LEGISLATION

1. PURPOSE

On June 11, 1981, Governor Joseph E. Brennan signed into law LD 1655, "An Act Promoting Alcoholism Prevention, Education, Treatment and Research." The original version of this bill, LD 1485, was sponsored by Representative Bonnie Post (D-Owl's Head) and cosponsored by Senator Beverly Bustin (D-Kennebec), Senator Richard Pierce (R-Kennebec), and Representative Susan Bell (R-South Paris). Enacted as Public Law 1981, Chapter 454 (PL 1981, c. 454), this bill establishes "a nonlapsing fund known as the Alcoholism Prevention, Education, Treatment and Research Fund" (28 MRSA § 472). The fund is generated by placing a premium on the sale of alcohol. Its purpose is "to ensure that programs for alcoholism prevention, education, treatment, and research are adequately supported by shifting the financial burden of preventing and treating alcoholism to those who choose to drink" (28 MRSA § 471).

Progressive by national standards, the law is based on an idea known as the "self-insurance" concept. According to Dr. Frank Passini, Chief of the Alcohol Dependence Treatment Program at the Veterans Administration Hospital at Togus, Maine's new law places a premium on the sale of alcoholic beverages in order to pay for alcoholism programs and services for individuals who choose to put themselves at risk through the consumption of alcohol.

Federal funds for alcohol abuse programs and services have already been substantially reduced, and are likely to be even more limited in the years to come. PL 1981, c. 454 will help the state of Maine keep pace with increasing public demand to provide alcohol abuse treatment programs and services, to promote prevention efforts related to alcohol abuse, and to encourage research on alcohol abuse.

2. REQUIREMENTS

According to the law, the Commissioners of Human Services, Educational and Cultural Services, and Mental Health and Corrections must "jointly prepare and submit a report to the Legislature" containing "specific recommendations regarding allocations" (28 MRSA § 475). Since the Department of Mental Health and Corrections has been separated into the Department of Mental Health and Mental Retardation and the Department of Corrections, four commissioners are now included in this group. The Commissioner of Human Services is required to coordinate the preparation of the report which is to be submitted on or before the first day of every regular legislative session. According to the law, "The Legislature may make allocations from the fund to any public or private agency or person." A copy of the law is included as appendix A.

THE FUND

1. PROJECTION OF REVENUES *TO BE GENERATED*

The Alcoholism Prevention, Education, Treatment and Research Fund, created by PL 1981, c.454, is a nonlapsing fund generated by premiums on the sale of beer, wine, and spiritous liquors, and therefore varies directly with the rate of alcohol consumption in Maine. Assuming a similar level of alcohol consumption as during fiscal year 1981, and using information supplied by the Bureau of Alcoholic Beverages, Department of Finance and Administration, revenues *to be generated* for state fiscal year 1983 are projected at \$2,769,270. A breakdown of the revenues projected for each type of alcoholic beverage is presented in Table 1.

At this date, the new law has been in effect for only three months, and information on revenues generated is limited to the first few weeks of premium collection. That information is consistent with the revenue projection above. However, since past increases in the price of alcohol have often correlated with temporary decreases in consumption, it is not possible to accurately predict annual revenues from this limited information.

Table 1

ALCOHOLISM PREVENTION, EDUCATION, TREATMENT AND RESEARCH FUND:
PROJECTION OF REVENUES *TO BE GENERATED* BY
TYPE OF ALCOHOLIC BEVERAGE

TYPE OF ALCOHOLIC BEVERAGE	PREMIUM (PER GALLON)	REVENUE <i>TO BE GENERATED</i> DURING STATE FY 1983
Beer	5¢	\$1,292,000
Wine With 14% or Less Alcohol	15¢	266,700
Sparkling Wine	12¢	10,570
Spiritous Liquor and Wine With More Than 14% Alcohol	62.5¢*	<u>1,200,000</u>
TOTAL		\$2,769,270

* Per "proof" gallon for wine and spiritous liquor with more than 14% alcohol.

2. ESTIMATE OF REVENUES ACTUALLY AVAILABLE

It is important to note that the actual revenues *available* in fiscal year 1983 will be less than the total revenues *generated* during the period. The reason for this is that the new law (28 MRSA § 473) requires the State Treasurer to deposit in a special trust account "5% of all premiums collected... together with all earnings accruing on the account." The purpose of this special trust account is to insure that funding for prevention and education programs continues to be available after 1985. Five percent of the total funds *to be generated* equals \$138,464. The amount of revenues *available* is therefore estimated at \$2,630,806.

3. RELATIONSHIP OF THE FUND TO THE GENERAL FUND

As originally drafted, LD 1485 would have generated \$6 million in annual revenues to support alcohol abuse programs and services. PL 1981, c. 454 generates less than half the amount anticipated from the original bill. Thus the Commissioners are in strong agreement that General Fund appropriations continue to be needed to supplement alcohol premium funds. Major reductions in federal funds threaten to create serious funding shortages for alcohol abuse programs. Continued General Fund appropriations combined with premium law funds and the remaining federal dollars can help to minimize the impact of those shortages.

THIS REPORT

1. JOINT PLANNING PROCESS

The law requires that a report containing recommended allocations be submitted to the Legislature before the start of each regular session. Last August, in response to major reductions in federal funding, the Departments of Human Services, Educational and Cultural Services, and Mental Health and Corrections prepared an Interim Report recommending allocations for the period from October 1, 1981 through June 30, 1982. In the special legislative session held September 25, the Legislature approved these allocations.

In October, the Department of Human Services convened a meeting of nine representatives from four departments, Mental Health and Mental Retardation, Corrections, Educational and Cultural Services, and Human Services, to prepare this report for the period from July 1, 1982 through June 30, 1983. Seven of these staff people had participated in the preparation of the Interim Report on alcohol premium revenues, and two staff joined the planning group from the newly created Department of Corrections. In the case of two departments, Human Services and Educational and Cultural Services, an agency within each department is specifically charged by law to work in the area of alcohol abuse. Therefore, staff from the Office of Alcoholism and Drug Abuse Prevention (OADAP) and the Division of Alcohol and Drug Education Services respectively represented these departments. Since both the Departments of Mental Health and Mental Retardation and of Corrections have more recently begun to plan for alcohol abuse services, staff from the central planning units of those departments attended the meetings of the joint planning group.

It is essential to note that the planning group recognized the existing treatment system in Maine provides services to people experiencing problems with alcohol and/or drugs. In recent years, a substantial and increasing number of clients have reported using alcohol in combination with one or more other drugs. Prevention efforts also target people with questions and concerns about the use of both alcohol and drugs. Thus, while this report specifically addresses alcohol efforts to be supported by premium law funds, the four departments acknowledge that for many clients and concerned citizens, alcohol and drug issues are intertwined.

The group met several times through early December and concentrated on the following issues:

- . the format and content of the report;
- . specific program and service areas where cooperation between two or more departments could improve service delivery; and
- . ways to insure the participation of the general public and special constituent groups in the report's preparation.

The format and content of this report were based on preliminary work completed within each of the four departments and were given final shape by the joint planning group, using input from constituent groups and interested citizens. The law identifies four categories of activity - prevention, education, treatment, and research. The joint planning group agreed that education is one important aspect of prevention. Alcohol education programs are designed to raise people's awareness of issues associated with alcohol use through abuse to dependency. Such awareness can contribute to preventing abuse. Prevention and education were therefore combined into one category for consideration in this report. Another category, coordination, was also established to include the cooperative efforts that should be encouraged between service planners and providers.

The report emphasizes the need for increased prevention and education activities on a statewide basis, and for clarifying individual departmental roles in prevention/education. In the area of treatment, the report calls for the continued development of a basic system of care, and points out the necessity of establishing adequate care for all client populations. It presents the need for funding initial research efforts on problems associated with alcohol abuse in Maine. Finally, it proposes specific steps to be taken in coordinating programs and services.

Parts III and IV of this report contain specific information on areas where cooperation among departments has already begun or is planned for the future. Each area identified appears within the applicable category of activity, either prevention/education, treatment, research, or coordination, and indicates the departments involved.

Part IV also presents a set of general principles drafted by the joint planning group to guide the four departments' future efforts in developing alcohol abuse services. Those principles will be further detailed and refined during the coming year.

2. PUBLIC PARTICIPATION

Initially, each department presented draft planning material to its constituent groups for comments and suggestions.

The Department of Human Services, Office of Alcoholism and Drug Abuse Prevention (OADAP) conducted a four part process to obtain input. OADAP met individually with the executive directors and board presidents of the regional alcohol and drug abuse councils to obtain information on issues and priorities in different regions of the State. The October and November meetings of the Second Friday Management Group were used to discuss the planning process and to review draft planning material. That group was established to discuss current issues and problems in the substance abuse field. Its members include: the Maine Association of Substance Abuse Program Directors; the Association of Regional Councils; the National Council on Alcoholism in Maine; and the Maine Association of Prevention Providers. Its membership was expanded in October to include representatives of the Departments of Corrections, Educational and Cultural Services, and Mental Health and Mental Retardation. OADAP then mailed draft planning material to all the groups listed above and to other groups who requested it, soliciting written responses. Finally, OADAP staff presented the draft material to the Maine Council on Alcohol and Drug Abuse Prevention and Treatment.

The Department of Educational and Cultural Services involved a cross section of Maine's educators in the planning process. The Division of Alcohol and Drug Education Services outlined the major areas of responsibility and projected goals that would provide leadership in Maine's educational system. Superintendents, assistant superintendents, principals, assistant principals, guidance counselors, teachers, school board members, and concerned citizens reviewed and commented on the Division's responsibilities and goals. These were modified to reflect the educational leaders' expressed concerns. The revised outline was then forwarded to agencies, groups, and interested persons who requested participation in the planning process.

The Department of Mental Health and Mental Retardation met with representatives from several interested groups and organizations to discuss strategies for addressing the alcohol problems of mental health clients. Included were: representatives of the community mental health centers and other community-based mental health providers; the superintendents of Augusta Mental Health Institute, Bangor Mental Health Institute, and Pine-land; the director of the Office of Children's Services; and members of the Governor's Mental Health Advisory Council and the Governor's Mental Health Manpower Commission.

The Department of Corrections solicited information on the level of need for alcohol services from program directors at the Maine State Prison, the Maine Correctional Center, and the Maine Youth Center. The director of the Division of Probation and Parole submitted information which had been gathered from regional supervisors of the probation and parole system and from staff of the juvenile intake system.

It should be noted that throughout the planning process, various individuals and groups have actively sought out staff members in one or more departments to ask questions about the process and to provide information on the need for services. Each of these people has been afforded an

opportunity to participate in the process.

On November 9, the Commissioners and other representatives met with a group of interested legislators to discuss the development of this report. As a result of this discussion, a decision was made to sponsor three public hearings.

Hearings were held in Bangor, Lewiston, and Rockland on December 9. A total of 140 people attended the hearings and 56 people came forward to speak. Representatives from each department attended the hearings and recorded the information received. The joint planning group met on the day following the hearing to review the information and incorporate it in this report.

Major themes were evident in the testimony presented. A high priority was placed on maintaining existing alcohol abuse services. The need to stabilize existing services before funding new services was emphasized. The State was specifically requested to provide increased funding for outpatient and residential services needed by people who cannot afford to pay for them.

The importance of establishing a family focus for the conduct of both treatment and prevention efforts was presented. Emphasis was also placed on the needs of specific client populations. At the Bangor and Rockland hearings, support was expressed for maintaining and expanding programs that recognize women's needs and provide services such as outreach or child care to meet them. The need to design outpatient and residential treatment services especially for youth was raised by people attending the hearings in each area. At the Bangor hearing, prevention activities and detoxification services for Native Americans were cited as specific program needs. Consideration of the cultural appropriateness for all services delivered to Native Americans was urged.

Possibilities for increasing alcohol abuse prevention activities were raised at each of the hearings, and the need to achieve a balance of resources in the areas of treatment and prevention was discussed. Consideration was also given to needs for research on alcohol abuse issues.

The majority of the testimony presented responded to the preliminary plan published by the Department of Human Services, perhaps reflecting the relative size of that department's investment in existing services. However, support was voiced for the existing services provided by the Department of Educational and Cultural Services, and strong encouragement was given for the new cooperative effort being undertaken by the four departments.

As a result of the information gathered from the public hearings, changes were made in the preliminary planning material and this report was then written. Those changes included the elimination of some proposals and the addition of emphasis or funds to others. Part IV of this report outlines the proposals finally recommended for funding in FY '83.

PART II

DEPARTMENTAL ROLES

BACKGROUND

This section presents information on the organizational framework within which the report was developed. The overall mission of each departmental agency is stated, and the target populations the agency was created to serve are described. A table then presents major responsibilities in the area of alcohol abuse which flow from the agency's mission, and sets forth the program goals the agency has developed to carry out those responsibilities.

The joint planning process designed by the framers of the legislation has provided important direction and encouragement for cooperative efforts among the four departments. As a result, 15 areas have been identified where cooperative discussion and action are essential. A list of those areas of joint responsibility concludes this section.

TARGET POPULATIONS, MISSIONS, RESPONSIBILITIES AND GOALS

1. DEPARTMENT OF HUMAN SERVICES

Target Populations

The OADAP office, within the Department of Human Services, is charged by law with broad responsibility for planning and developing alcohol and drug abuse services for the general population. The law specifically includes the responsibility to provide treatment for the public inebriate, and to offer education and/or treatment for those convicted of Operating Under the Influence (OUI).

Mission

According to Maine law, the mission of the Office of Alcoholism and Drug Abuse Prevention, within the Department of Human Services, is to "coordinate the planning of all state drug abuse services, including those related to the abuse of alcohol... and to provide support and guidance to individuals, public and private organizations and especially local governments, in their drug abuse prevention activities." The law also states that "The serious problem of drug abuse, including the use of alcohol which results in chronic intoxication or alcoholism, must be confronted with the immediate objective of significantly reducing the incidence of such abuse in the State within the shortest possible period of time" (22 MRSA § 7102).

Table 2
OFFICE OF ALCOHOLISM AND DRUG ABUSE PREVENTION
RESPONSIBILITIES AND GOALS

RESPONSIBILITY	GOALS SET TO CARRY-OUT RESPONSIBILITY
Treatment	<ul style="list-style-type: none"> . To implement the Client Oriented Treatment System which would provide a range of services to alcohol abusers, including: intervention, centralized assessment, detoxification, extended care, halfway house services, inpatient care, out-patient care, outreach services, residential rehabilitations and shelters. . To provide this range of services primarily through contracts with private agencies.
Prevention	<ul style="list-style-type: none"> . To develop a comprehensive plan for alcohol abuse prevention. . To develop a strong network of people concerned about prevention. . To encourage and conduct public relations efforts which address public attitudes about alcohol abuse.
Drinking and Driving	<ul style="list-style-type: none"> . To conduct the Driver Education Evaluation Program. . To carry-out the collection of data required pursuant to the new operating under the influence (OUI) law.
Employee Assistance	<ul style="list-style-type: none"> . To publicize the benefits of employee assistance programs (EAPs). . To provide technical assistance and training to firms, groups, and individuals interested in setting-up EAPs. . To make recommendations concerning the State Employee Assistance Program.
Training	<ul style="list-style-type: none"> . To assess training needs and evaluate training effectiveness. . To maintain an inventory of training resources. . To sponsor training for staff in alcohol abuse programs and in related health and human services agencies on alcohol abuse.

RESPONSIBILITY	GOALS SET TO CARRY-OUT RESPONSIBILITY
Licensing	<ul style="list-style-type: none"> . To license and certify alcohol abuse treatment facilities in order to ensure the health and safety of residents. . To certify providers of evaluation and treatment services for clients referred from the Driver Education Evaluation Program.
Commitment Proceedings	<ul style="list-style-type: none"> . To represent QADAP in judicial commitment proceedings.
Research and Planning	<ul style="list-style-type: none"> . To research and give advice concerning public policy issues relating to alcohol abuse. . To develop plans for addressing needs in special populations, pursuant to the Client Oriented Treatment System (COTS). . To maintain and refine alcohol abuse data systems.
Coordination	<ul style="list-style-type: none"> . To coordinate the planning of all state alcohol abuse services.

2. DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES

Target Populations

The Division of Alcohol and Drug Education Services, within the Department of Educational and Cultural Services, has primary responsibility for working with superintendents, principals, guidance personnel, school board members, teachers, students, parents, and community members.

Mission

Within the Department of Educational and Cultural Services, the Division of Alcohol and Drug Education Services provides leadership in Maine's educational system for alcohol and drug abuse prevention and education efforts.

Table 3

DEPARTMENT OF EDUCATIONAL AND CULTURAL SERVICES
RESPONSIBILITIES AND GOALS
RELATING TO ALCOHOL ABUSE

RESPONSIBILITIES	GOALS SET TO CARRY-OUT RESPONSIBILITY
Coordination	<ul style="list-style-type: none"> . To coordinate alcohol abuse prevention and education programs involving public education institutions. . To encourage linkages between Maine's education institutions on one hand, and treatment and aftercare services on the other hand. . To carry out activities which ensure collaboration with national, state, regional, and local agencies that target educational institutions for alcohol education programs and services.
Prevention Programs	<ul style="list-style-type: none"> . To administer and carry out the statewide alcohol, other drugs, and highway safety program. . To conduct, and to provide grants and contracts for, comprehensive demonstration programs involving the educational system, in order to test new approaches to alcohol abuse prevention and education. . To support community education programs for parents and other community members on alcohol abuse prevention. . To encourage and promote valid and effective school and community alcohol abuse prevention and education programs throughout the State. . To promote "Project Graduation" and "Project Holiday" that focus on drinking and driving statewide.
Education and Training	<ul style="list-style-type: none"> . To promote training of education personnel, students, and community members for the development of inter-disciplinary teams to address primary prevention and early intervention of alcohol abuse problems. . To foster and implement pre-service and in-service training for a variety of education and community personnel.

RESPONSIBILITIES	GOALS SET TO CARRY-OUT RESPONSIBILITY
Education and Training	. To initiate and carry out, directly and through contracts and grants, statewide recruitment and training of education personnel and community members to work in alcohol abuse prevention and education programs.
Technical Assistance	. To provide contracts and funding for the enhancement of local capabilities, the training of education and community personnel, and the provision of technical assistance. . To assist school and community technical assistance including identification, problem-solving, and evaluation of local efforts.
Educational Materials	. To ensure the exemplary nature of educational materials, relating to alcohol abuse, disseminated to or by educational institutions. . To maintain a resource service center which will provide schools with the free loan of films and other alcohol education resources.
Student and Employee Assistance	. To encourage and assist schools in the development of alcohol policies that address both students and employees.

3. DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION

Target Populations

The Department of Mental Health and Mental Retardation has responsibility for planning and developing mental health services for the general population. It is specifically charged with insuring the delivery of services to the mentally retarded and to mentally ill clients who have been committed to its care.

Mission

Traditionally, the Department's mission has been to protect society from some of its clients; to protect some of its clients from themselves; and to provide care, treatment, and rehabilitation for those in need of mental health and mental retardation programs. Thus, the Department's primary purpose has not been to prevent and treat alcohol abuse among its clients. Instead, the Department has focused on various levels and types of mental handicaps, even though these behaviors and conditions might be caused by, result in, or be accompanied by, alcohol abuse.

Table 4

DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION
RESPONSIBILITIES AND GOALS.
RELATING TO ALCOHOL ABUSE

RESPONSIBILITY	GOALS SET TO CARRY-OUT RESPONSIBILITY
Treatment	<ul style="list-style-type: none">. To provide, directly and through contracts with private agencies, alcohol abuse services as part of a treatment package for the Department's clients.. To refer the Department's clients, whose primary problem is alcohol abuse, to services and programs which specialize in alcohol abuse.
Prevention	<ul style="list-style-type: none">. To initiate screening, laboratory testing, and follow-up counseling for fetal alcohol syndrome.
Coordination	<ul style="list-style-type: none">. To begin to pursue coordination approaches to treatment and prevention services provided by alcohol abuse programs, community mental health centers, and educational agencies.
Consultation, Education, and Training	<ul style="list-style-type: none">. To provide the community professional with consultation and education services regarding mental health services and approaches relating to alcohol abuse.
Research and Planning	<ul style="list-style-type: none">. To develop coordinated and systematic approaches to assessing and implementing appropriate and cost-effective care of alcohol abusers within the mental health system.
Licensing	<ul style="list-style-type: none">. To pursue joint licensing of facilities which provide both mental health and alcohol abuse services.
Family Focus	<ul style="list-style-type: none">. To plan for and evaluate the effects of services for families of alcohol abusers.

4. DEPARTMENT OF CORRECTIONS

Target Populations

The Department of Corrections is responsible for the care and rehabilitation of clients within the criminal justice system including those remanded to penal institutions and those assigned to the Division of Probation and Parole.

Mission

Corrections is newly established as a separate agency with departmental status. Its mission was previously established by the Department of Mental Health and Corrections as follows: 1) to protect society from some correctional clients, 2) to protect some correctional clients from themselves, and 3) to provide care, treatment, and rehabilitation for correctional clients. Thus, the Department's primary purpose has not been to prevent and treat alcohol abuse among its clients. However, the Department is aware of a strong connection between criminal behavior and the abuse of alcohol. In some cases, the criminal justice system in Maine may be treating the symptoms and not the underlying disease of its clients, namely alcoholism.

Table 5

DEPARTMENT OF CORRECTIONS
RESPONSIBILITIES AND GOALS
RELATING TO ALCOHOL ABUSE

RESPONSIBILITY	GOALS SET TO CARRY OUT RESPONSIBILITY
Treatment	<ul style="list-style-type: none">. To provide, directly and through contracts with private agencies, alcohol abuse services, as part of a treatment package for the Department's clients.. To refer the Department's clients, whose primary problem is alcohol, to services and programs which specialize in alcohol abuse.
Prevention	<ul style="list-style-type: none">. To initiate educational programs for intake and probation clients.
Coordination	<ul style="list-style-type: none">. To begin to pursue coordinated approaches to treatment and prevention services provided by alcohol abuse programs, community mental health centers, and educational agencies.
Consultation, Education, and Training	<ul style="list-style-type: none">. To promote and fund training programs for corrections professionals to help them develop the necessary skills for providing up-to-date, professionally accepted treatment services relating to alcohol abuse.
Research and Planning	<ul style="list-style-type: none">. To develop coordinated and systematic approaches to assessing and implementing appropriate and cost-effective care of alcohol abusers within the criminal justice system.
Family Focus	<ul style="list-style-type: none">. To plan for and evaluate the effects of services for families of alcohol abusers, and to include them in treatment as much as possible.

COOPERATING RESPONSIBILITIES

There are several areas identified by the joint planning group in which two or more departments now hold responsibility or are perceived as holding responsibility. The group has agreed that discussion is required in each area to clarify roles and reach agreement for action, and that the results of those discussions must be publicized. In some instances, joint discussions have already begun and the preliminary results are incorporated in Part IV of this report.

The areas for cooperative discussion are listed here according to categories of activity.

AREA	DEPARTMENTS INVOLVED
<u>Prevention/Education</u>	
1. The respective roles of each of the four departments in alcohol abuse activities	All
2. Responsibility for prevention, education, consultation, and training within the correctional system	DC, DECS
3. Provision of alcohol education services in the schools	DECS, DMH/MR
4. Prevention of the Fetal Alcohol Syndrome	DHS, DMH/MR
5. Education and training on alcohol issues for staff of state departments	All
<u>Treatment</u>	
1. The respective roles of each department in providing a continuum of care	All
2. The role of community-based mental health agencies in providing treatment services	DMH/MR, DHS, DC
3. Mechanisms for providing services to people in state institutions	DC, DMH/MR, DHS
4. Provision of treatment services to county jail clients	DC, DHS
5. Provision of alcohol consultation services in schools	DMH/MR, DECS
6. Determination of the level of need for youth treatment and aftercare services	DHS, DECS
7. The State's obligation to insure the availability of services for people who can't afford to pay for them	DHS, DC, DMH/MR

AREA	DEPARTMENTS INVOLVED
8. Mechanisms for funding alcohol abuse agencies that provide services for more than one department	All
9. Licensure of agencies that provide mental health and alcohol abuse services	DHS, DMH/MR
<u>Research</u>	
1. Assessment of programs and services operated by the four departments, including their appropriateness, availability, and impact	All
<u>Coordination</u>	
1. The desirable balance among prevention/education, treatment, and research efforts	All

PART III

NEED FOR PROGRAMS AND SERVICES

BACKGROUND

The information available on the need for alcohol abuse services in Maine is currently of two types. There is statistical data available on the incidence of alcohol problems in the state and on the societal impact of those problems. Most of that data has been obtained by applying nationally developed formulae, or the results of studies conducted in other states, to Maine population figures.

Such data provides a good indication of the magnitude of problems caused by alcohol since it estimates the number of Maine people who require treatment services. Because problem definitions and study designs vary, problems sometimes arise when data obtained from applying different formulae or studies are compared.

The second type of information available is the data collected and experience developed by planners and providers of alcohol services in the state. This information is usually gathered from a variety of sources, including the existing alcohol abuse service system, other health and social service systems, local community organizations, interested citizens, and the personal experience of those planners and providers.

This information has advantages over the first type, since it is specific to Maine and may include not only estimates of need, but ideas for the types of services likely to meet the need. However, at this date, most of this information has been gathered by individual departments in the course of their work with specific target populations. The sources and content of this second type of information therefore vary from department to department.

Statistical information of both types is presented in this section of the report. The first three tables present estimates of the incidence of alcohol problems. The next two tables show the utilization of existing services by people with alcohol abuse problems. The last two tables contain information which gauges the impact of alcohol problems in Maine.

CONCLUSIONS

Analysis of the information available on the incidence of alcohol abuse problems discloses that at least 60,000 Maine citizens are in need of some type of service. During 1981, combined utilization data shows that the existing network of service providers reported approximately 18,000 admissions for substance abuse problems. Since this number may include more than one admission for some individuals, the total number of people served was actually fewer. The large difference between the number of people who need service and the number for whom the State now has service capacity points up the vital need for greater capacity to deliver alcohol services.

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Table 6
ALCOHOL AND DRUG USERS AGED 18 AND OVER¹

TYPE OF USER	MALE	FEMALE	TOTAL
Alcohol Users	305,607	203,738	509,346
Problem Drinkers	49,422	11,308	60,730
Alcoholics	24,711	6,654	30,365
Drug Users ²	68,548	59,937	128,485
Problem Users ³	15,234	15,442	30,676

¹ These numbers are based on estimates derived from applying national data to Maine's census data. The data on alcohol use is from American Drinking Practices by Cahalan and Cissin, with supplemental information from "A Procedure for Estimating the Potential Clientele of Alcoholism Service Programs," by Marden and published by the National Institute on Alcohol Abuse and Alcoholism. The data on drug use is from the 1978 survey of drug use, which is one of a continuing series of national surveys by the National Institute on Drug Abuse.

² Those who have used an illicit drug (including marijuana) in the past year.

³ Those who have experienced significant psychological, social, or physiological problems as a result of the use of an illicit drug in the past year.

Table 7

ESTIMATED NUMBERS OF YOUTH IN MAINE'S PUBLIC SCHOOLS
WHO ARE EXPERIMENTING WITH, USING, OR
DEPENDENT ON ALCOHOL¹

Grades 7 through 12

Statewide Enrollment - April 1981: 106,382

	<u>Percent</u>	<u>Number</u>
Experimenters	67-74%	71,276 to 78,723
Users	31-38%	32,978 to 40,425
Problem Drinkers or Dependent Drinkers	10.2-11.8%	10,851 to 12,553

¹ Figures are based on a 95 percent confidence interval of data in the Treatment Research Report on Drug Abuse in Rural America, U.S. Department of Health and Human Services, 1981.

Table 8

APPROXIMATE PERCENT OF CORRECTIONAL POPULATIONS
THOUGHT TO BE UNDER THE INFLUENCE OF ALCOHOL
OR OTHER DRUGS WHEN COMMITTING CRIMES

AGENCY	POPULATION	% THOUGHT TO BE UNDER THE INFLUENCE
Maine State Prison	395	90%
Maine Correctional Center	471	85 to 90%
Maine Youth Center	275	70%
Probation and Parole	6,000	25 to 50%
Androscoggin County Jail Project	1,229	80%

Table 9

ESTIMATED NUMBERS OF CLIENTS WITH A
PRESENTING ALCOHOL AND DRUG ABUSE PROBLEM WHO
RECEIVE SERVICES IN THE MENTAL HEALTH SYSTEM ANNUALLY

TYPE OF MENTAL HEALTH AGENCY OR SERVICE	NUMBER OF CLIENTS PER YEAR
Community Mental Health Centers	7,500
Residential Treatment Centers	100
Mental Health Institutions (AMHI, BMHI, and Pineland)	200
Community-Based Mental Health Services for DMH/MR Clients	<u>500</u>
TOTAL	8,300

Table 10

ADMISSIONS TO ALCOHOL & DRUG ABUSE TREATMENT PROGRAMS - 1981

ALCOHOL PROGRAMS

SHELTER

Fellowship House	411	
Hope House	437	
Twenty-four Hour Club	<u>1092</u>	1940

DETOXIFICATION

Fellowship House	473	
Hope House	235	
Twenty-four Hour Club	<u>377</u>	1085

OUTPATIENT REHABILITATION

Alcohol Institute	1100	
Aroostook Mental Health Center	387	
CAS - Belfast	201	
CAS - Portland	663	
Merrymeeting House	73	
New Directions	340	
Skyward	336	
Tri-County Mental Health Services	363	
Wabanaki Corporation	61	
York County Counseling Services	<u>649</u>	4173

RESIDENTIAL REHABILITATION

Alcohol Institute	656	
Aroostook Mental Health (RTF)	84	
Crossroads	139	
Hope House	107	
KVCATP (Seton)	387	
Merrymeeting House	<u>149</u>	1522

HALFWAY HOUSES

Bangor (Men)	60	
Bangor (Women)	51	
Serenity House	<u>101</u>	212

EXTENDED CARE

Milestone	43	<u>43</u>
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TOTAL 8975

DRUG PROGRAMS

OUTPATIENT REHABILITATION

Aroostook Mental Health Center	23	
Crisis & Counseling	175	
Day One	28	
Full Circle	41	
York County Counseling Services	<u>103</u>	370

RESIDENTIAL REHABILITATION

Day One	23	<u>23</u>
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TOTAL 393

Table 11

ESTIMATED NUMBERS OF CHILDREN IN MAINE'S PUBLIC SCHOOLS
WHO ARE AFFECTED BY A FAMILY MEMBER
WHO IS ALCOHOLIC¹

GRADE	APRIL 1981 STATEWIDE ENROLLMENT	AFFECTED (25-33%)
K - 6	115,105	28,776 to 37,985
7 - 12	106,382	26,595 to 35,106
K - 12	221,487	55,371 to 73,091

¹ Percentages were taken from Harmfully Involved by Dr. William Manning and Jean Venton, Hazeldon Literature, Center City MN, 1978.

Table 12

PRO-RATED COSTS OF ALCOHOL MISUSE AND ALCOHOLISM IN MAINE, 1975¹

Lost Production	\$ 98,200,000
Health and Medicare	63,700,000
Motor Vehicle Accidents	25,700,000
Violent Crime	14,300,000
Social Responses ²	9,700,000
Fire Losses	<u>2,150,000</u>
TOTAL	\$213,750,000

¹ From Fourth Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services, January, 1981 (pro-rated from national figures based on .005 [1/2 of 1 percent] of national total as Maine's portion).

² Includes the cost of providing social services such as child protective services to alcohol abusers and their families.

PART IV

PROGRAMS AND SERVICES PROPOSED FOR FY 83

BACKGROUND

This part presents the alcohol abuse programs and services proposed by the four departments for the period from July 1, 1982 through June 30, 1983. Those programs and services are organized into categories corresponding to those established in the law -- prevention/education, treatment and research, plus an additional category of coordination.

Premium law funding is being recommended for each program or service described in this section where the Department of Corrections, Mental Health and Mental Retardation, or Educational and Cultural Services is accepting primary responsibility. For these Departments, this set of programs and services constitutes a substantial amount of their activity in the area of alcohol abuse.

However the programs and services described where the Department of Human Services has the lead role will be funded from a variety of sources, including the premium law fund. The entire range of alcohol abuse services proposed for FY'83 is presented in order to show how those programs proposed for premium law funding fit into that range.

In each of the categories which follows, important questions slated for future study by a particular department and areas identified for joint cooperation between two or more departments are highlighted.

PREVENTION/EDUCATION

The four departments agree on the importance of strengthening and expanding prevention and education activities statewide. Historically, the major share of available funds has been used to support treatment services. However, as public interest in alcohol problems has increased in recent years, so have demands to explore possibilities for preventing such problems.

Since alcohol problems are often associated with other legal, medical and employment problems, effective prevention of substance abuse can produce far-ranging benefits for other areas of society. As was noted at the public hearings, the potential cost-effectiveness of successful prevention programs, both in terms of human lives and financial resources, argues strongly for their establishment. Therefore, a variety of programs and services are proposed in this area for FY'83 with each department planning involvement in at least one program.

1. ALCOHOL EDUCATION IN THE SCHOOLS

An eight point program is proposed to concentrate on schools and communities under the leadership of the Division of Alcohol and Drug Education Services. It provides for:

- . Primary Prevention and Early Intervention

The Division plans to address primary prevention and early intervention through the development of interdisciplinary teams in schools. The Division's approach is to use these teams to train educational personnel and students to conduct their own primary prevention and early intervention programs.

- . Pre-Service and In-Service Training

The Division plans to conduct pre-service and in-service training programs on alcohol abuse prevention for superintendents, principals, guidance personnel, school board members, teachers, students, parents, law enforcement officers, members of the clergy, selectmen, and alcohol treatment staff.

- . Demonstration Programs

The Division plans to conduct several comprehensive demonstration programs to test various services and approaches to prevent and address alcohol use, abuse, and dependency. These programs are intended to reflect the specialized needs of communities and to include in the planning process school personnel, students, parents, and various community representatives.

- . Encouraging Programs

Through a variety of special projects, the Division plans to encourage and promote the development of effective school and community alcohol education programs.

- . Resource Materials

The Division plans to undertake several projects to develop, test, evaluate, and disseminate resource material for use in elementary, secondary, adult, and community education programs. In addition, the Division plans to train people in the selection and use of these materials. The resource service center that provides schools with the free loan of films will be maintained.

- . Contracts and Funding

To enhance the development of local capabilities, the Division plans to enter into contracts with, and provide funding to, institutions of higher education, public and private schools, and other community agencies. The purpose of such contracts and funds would be to help train local educational personnel and other community members, and to provide technical assistance in program development at the local level.

. Statewide Recruitment and Training

The Division plans to initiate statewide recruitment and training of persons to work in alcohol prevention and education programs.

. Community Education

The Division plans to support community education programs on alcohol abuse prevention for parents and other members of the community.

For further information on the communities currently served by the Division, see the map included in Appendix B. Appendix C contains an explanation of the Division's plan for pursuing goals in each of the areas listed above over the next three years.

2. ALCOHOL EDUCATION FOR JUVENILE OFFENDERS

An alcohol education program is proposed to be conducted throughout the State for juveniles referred to the Juvenile Intake System because of minimal alcohol related offenses. Its completion will be a mandatory condition of informal adjustment for the juveniles. This education program will be developed by the Division of Probation and Parole within the Department of Corrections, using a model sanctioned by the Minnesota State Legislature, and receiving technical assistance from the Division of Alcohol and Drug Education Services.

3. TRAINING AND EDUCATION

Two efforts are proposed to enhance the provision of services by mental health professionals where substance abuse problems are involved. The first effort addresses the delivery of consultation and education services in local school systems by community mental health agencies. The Department of Mental Health and Mental Retardation currently contracts nearly \$500,000 for those services annually. The Department of Educational and Cultural Services Division of Alcohol and Drug Education Services is involved in alcohol abuse education in the schools. During FY '83, the proposals received by the Department of Mental Health and Mental Retardation for consultation and education services on substance abuse issues will serve as a basis for new cooperation with the Department of Educational and Cultural Services. Staff from the Division of Alcohol and Drug Education Services will review the proposals and present recommendations to the Department of Mental Health and Mental Retardation. The purpose of this effort will be to insure the quality of alcohol programs within school systems.

The second effort is designed to provide education and training on alcohol abuse issues to mental health and mental retardation professionals. Currently the Department of Mental Health and Mental Retardation contracts \$7 million for outpatient and residential mental health services each year.

A significant amount of these services is directed toward people who have accompanying alcohol abuse problems. Over 1000 mental health and mental retardation professionals are involved in the provision of those services. The Department of Mental Health and Mental Retardation therefore proposes to fund the planning, design and implementation of training courses for these people. The project will include representatives from the Bureaus of Mental Health and Mental Retardation, the DMH/MR Division of Planning, community mental health agencies, the regional councils on alcohol and drug abuse, and OADAP.

4. PREVENTION OF THE FETAL ALCOHOL SYNDROME

An effort aimed at enlisting the involvement of pregnant women and the medical community in preventing the incidence of Fetal Alcohol Syndrome is proposed by the Department of Mental Health and Mental Retardation in cooperation with the Department of Human Services. Recent studies have demonstrated significant connections between the use of alcohol during pregnancy and instances of mental retardation referred to as Fetal Alcohol Syndrome. The extent of this phenomenon in Maine is now unknown. However it is clear that its incidence can be reduced.

The initial effort in this area will be designed with the involvement of various elements of the medical community, whose knowledge and perspective are considered vital to its success.

5. COPING WITH STRESS TRAINING

A series of training programs are proposed for the general public on coping with stress. The Department of Mental Health and Mental Retardation will take the lead in planning and conducting the training.

It is known that normal life stresses such as the death of a close relative, a divorce, a job change, or a serious illness can be connected to increased use of alcohol, and therefore to the possibility of alcohol abuse problems. Effective training programs have been designed to help people learn positive skills for dealing with stressful episodes. Examples are courses addressing death and dying, divorce, new life styles, or parent effectiveness. This project is intended to remove cost barriers to the participation of the general public in courses currently run by community mental health centers. It is also intended to expand the delivery of courses to other settings such as hospitals, family oriented health centers, and local school buildings. Funds would be used to train existing providers of community services such as ministers, guidance counselors, and youth aid officers to identify and refer families or individuals for whom training on handling stress could be crucial.

6. REGIONAL PREVENTION RESOURCES

In the coming year, it is intended to establish resources for prevention programming in each of OADAP's five planning regions. Proposals will be solicited from local agencies in each region interested in playing a key role in encouraging the development of prevention activities throughout the region. The staff of the agencies selected will be trained in specific prevention strategies and will be required to work closely with the OADAP Prevention Coordinator, regional alcohol and drug councils, the Statewide Clearinghouse, community teams established by the Division of Alcohol and Drug Education Services, and all local prevention providers. Rather than an

actual provider of prevention services, the agency will be a resource for communities to use in the development of local prevention activities. Its major responsibilities will be to build connections among local prevention programs and to insure a connection between statewide and local prevention activities.

To support this effort, OADAP will initiate or strengthen relationships with statewide agencies, including NCA-Maine, the Department of Educational and Cultural Services, the Department of Transportation, the Bureau of Health, the Juvenile Justice Advisory Group, the Department of Mental Health and Mental Retardation, and the Department of Corrections so that, in turn, positive relationships between the prevention resource agencies and local affiliates or representatives of these statewide agencies will be encouraged. OADAP will also assign its Prevention Coordinator to provide support and assistance with this project and to monitor progress and problems.

7. FUNDS FOR LOCAL PREVENTION ACTIVITIES

A mini-grant program is proposed to make funds available during the year to local communities to support short-term prevention projects. These incentive grants will be one time awards issued by OADAP intended for use in completing concrete activities planned by local communities.

8. CONTINUATION OF STATEWIDE PREVENTION ACTIVITIES

Several existing projects are proposed for continuation in FY'83. The projects were originally initiated by OADAP as part of a statewide prevention strategy. In the coming year, a high priority will be placed on involving representatives of the Departments of Mental Health and Mental Retardation, Corrections, and Educational and Cultural Services and their affiliated groups in these projects. The projects include:

- a. the statewide Clearinghouse on Alcohol and Drug Abuse established within the Bureau of Health to work with regional alcohol and drug councils in responding to requests from organizations and the general public;
- b. family oriented workshops on alcohol abuse for the general public initiated in FY'82 by the regional alcohol and drug abuse councils;
- c. distribution of materials produced in the development of a statewide media campaign targeting populations at high risk for alcohol problems;
- d. distribution of materials produced in the development of strategies for preventing alcohol abuse in the workplace;
- e. funding for three youth-oriented projects -- the YWCA Intervention Program in Auburn, the Community School in Camden, and Project Atrium in Bangor;

- f. training for community prevention providers, volunteers, and interested citizens on specific alcohol abuse prevention strategies; and
- g. joint sponsorship of a statewide alcohol abuse prevention conference in cooperation with a variety of other groups and agencies active in prevention.

TREATMENT

Treatment is the area in which most current resources for alcohol abuse are concentrated. Since the capability to provide help to those people already experiencing problems remains a high priority throughout the State, as evidenced in the public hearings, this section proposes the preservation and expansion of existing treatment services. The overall goal of the proposals presented is to insure the availability of the necessary types and amounts of treatment services to all clients who are experiencing a problem with alcohol.

Such a goal leads to the concept of a continuum of care. That continuum should include a range of services that clients may require, from home-based care through long-term residential care. To date, the Department of Human Services has been the primary agency responsible for planning and funding treatment services. However, the Department of Mental Health and Mental Retardation has provided treatment to numbers of alcohol abusers through the Community Mental Health Centers. Traditionally these two systems have offered different philosophies and approaches to alcohol abuse treatment. The cooperative efforts encouraged by the premium law will allow for a comparison of the effectiveness of these two approaches for various types of clients. This information obtained from this comparison will then be used in the four departments' efforts to establish a continuum of care.

Once agreement is reached on the services to be included in a continuum of care, attention must be paid to questions of service accessibility and quality. Some clients, by virtue of their age, sex, ethnic background or physical or mental condition, confront barriers to the receipt of the services they need. Services must be designed to offer easier access for these people and provide adequate sensitivity to their particular problems. Other clients who live in underserved areas of the state or in state institutions have similar problems with access to services.

Finally the departments recognize alcohol abuse problems as family problems and maintain that the incorporation of a family focus in the delivery of treatment services maximizes the client's chances for success.

The proposals presented by the four departments in this section begin to address the issues outlined above. It is organized in the following way. First, information is presented on plans for each component of the Client-Oriented Treatment System (COTS) for alcohol abuse treatment services in FY'83. After consultation with a variety of people concerned about alcohol problems, OADAP published the Client-Oriented Treatment System (COTS) plan in 1979 to guide the future development of intervention and treatment services.

Secondly, this section presents proposals for serving specific client groups within the target populations of the Departments of Corrections, Mental Health and Mental Retardation. These departments have responsibility for meeting the treatment needs of clients in state correctional institutions, clients of the Division of Probation and Parole, clients of state mental health institutions and mentally retarded clients.

COTS Components

1. INTERVENTION SERVICES

This area of services functions primarily to bring persons who already have some level of alcohol abuse problem into treatment. Generally such services identify the alcohol abuse problem and confront the individual and/or family with it. Treatment may be established as a condition of continued employment, restoration of driver's license, or reduction of a criminal sentence. Such programs usually bring an individual into treatment before he/she would otherwise have sought treatment thus markedly reducing the number of problems to which the person and those around him/her are subjected. Earlier treatment has the additional benefit of improving the chances for successful outcome.

There are five types of intervention efforts proposed for emphasis in FY '83. In the case of Employee Assistance Programs, which provide intervention in the workplace, technical assistance and support for the development of EAPs will be provided through a central office staff position at OADAP. There will be continued support for the development of the Occupational Program Consultants Association of Maine, and the Association of Labor-Management Administrators and Consultants. Community members on regional councils will be encouraged to exercise their influence in the local business community to provide initial contacts for agency personnel wishing to develop EAPs.

The second type of program is court intervention. Many persons repeatedly come into contact with the criminal justice system as a result of alcohol abuse problems. There is evidence that programs which divert these individuals into treatment can reduce the number of future violations. During FY '83, OADAP and the Department of Corrections will hold discussions on whether, and how, diagnostic services could best be provided to criminal justice clients before they enter institutions or are placed on probation.

A third program which will be continued in FY '83 is the Driver Education and Evaluation Program (DEEP). DEEP is an intervention program designed to reduce Operating Under the Influence behavior. The program contains two major elements: education or information which may encourage individuals to make safe decisions and a preliminary evaluation which may lead to referral to an alcohol abuse treatment facility. During the year, representatives of the program will develop strategies to increase public awareness regarding the dangers of combining alcohol abusing behavior and driving. They will also assist interested groups in the development of counter measures concerning Operating Under the Influence. OADAP is charged by law with operating the DEEP program.

The fourth effort proposed is the continuation of a special training program on the recognition of alcohol abuse problems and procedures for referral. It will be offered to staff members in at least 19 mental health and family service agencies which now provide family support/intervention services.

At the present time, an increasing number of these agencies are being encouraged to develop alternatives to residential treatment, group home, or institutional placement of children. These frequently take the form of delivery of intensive, short-term counseling and support activities to family units within their own homes. Such programs are currently supported through a combination of public and private funds.

In general terms, referrals to these family support/intervention projects are not initiated as the result of identified alcohol abuse on the part of the client. Rather they are initiated as juvenile justice referrals, open protective referrals or special education referrals, etc. Frequently, however, alcohol abuse becomes identified as a contributing factor to the client's (child's) problem or as a factor with one or another family member. It is recognized that such factors cannot be adequately resolved within the structure of short-term family counseling, but it is essential that project staff be appropriately trained to recognize, accommodate, and refer alcohol abuse situations when they are encountered. This training program will be sponsored by the Department of Mental Health and Mental Retardation.

The fifth effort proposed is the development of one new Homebuilders Team in a designated geographic area specifically to handle families referred for alcohol abuse. The Department of Mental Health and Mental Retardation and OADAP will contract jointly for the establishment of such a team.

The primary target of the Homebuilder model is those families who are currently involved in a crisis (alcohol abuse) of such a magnitude that family disruption and disintegration is probable. The purposes of this model is twofold. First, it is designed to conduct emergency crisis stabilization within the home to enable more constructive dialogue between members. Sessions of this nature are as long as 24 hours of in-home, continuous crisis stabilization. Second, after stabilization has occurred, the model provides for longer term treatment if necessary, primarily through referral and follow-up.

The Department currently has three such Homebuilder Teams within the state. However, these teams are encountering an increasing number of alcohol abuse problems and the new team would be specifically trained to handle such crises.

2. SHELTER

Shelters provide basic, non-medical, life-maintaining services for a limited period; motivate and encourage their users to obtain treatment; and provide bed space on a short-term basis for clients in need of residential services for whom no bed is immediately available. Shelters save lives, they provide an important point of first contact for a certain segment of the alcohol abuser population, and they are an important resource for law enforcement officers who seek a safe place to bring an intoxicated person. However, given the nature of the demands placed on shelters, it is unlikely that even a substantial increase in the amount of shelter capacity would meet all the demands.

Shelters are an important adjunct of a treatment system and OADAP will continue to fund shelter services in the State's three largest urban areas -- Portland, Lewiston, and Bangor -- during the coming year. The regional alcohol and drug abuse councils will work with city officials, service provider agencies, OADAP representatives, and interested citizens in southern Maine to consider possible solutions to problems that may be caused by a shortage of shelter capacity in that area.

In conjunction with continued funding, OADAP will offer assistance to other local agencies which could provide services for those in need of shelter, working with the Departments of Mental Health and Mental Retardation and Corrections to explore the issue of emergency shelter needs, and making the intended functions of shelters clear to local communities.

3. DETOXIFICATION

People needing medical care, such as detoxification, for alcohol abuse should receive that care in a medical setting. In the past, "free-standing" detoxification programs have been funded with medical management capability in lieu of the more desirable approach of promoting detoxification within community hospitals. This was in part because the free-standing programs fill more than strictly medical functions. They maintain a skilled staff of counselors who can provide appropriate motivational counseling to encourage the client to receive treatment for his/her underlying alcohol problem. They also provide a controlled environment where persons not in immediate need of medical care can initiate a period of abstinence.

In FY '83 OADAP will continue to fund medical management detoxification centers in each of the State's largest urban areas -- Portland, Lewiston, and Bangor. OADAP will also develop and implement a strategy to promote the accomplishment of detoxification services in hospitals, in cooperation with regional alcohol and drug councils and other interested community groups.

In other geographic areas of the country, social setting detox programs have proved to be an effective way to provide detoxification services to clients who don't require medical supervision or care. This year, it is planned to invite key service provider and other personnel to participate in a site visit to one or more social setting detoxes in other areas, to assess their adequacy on a first-hand basis. The results of these site visits will be used to determine the application of social setting detox programs to the needs of alcohol abusers in Maine.

4. OUTPATIENT REHABILITATION

Estimates of the types of alcohol abusers in the state indicate that the majority of them are problem users or in the early stages of alcohol abuse. These are the types of persons for whom outpatient counseling, on an individual, group, or family basis, is often the most appropriate form of treatment. In the past, the emphasis has been on building a residential treatment capacity to provide for those who are farther along in the progression of the illness. Now that some residential treatment capacity has been established, attention is being

turned to outpatient services.

During the coming year, funding will continue through OADAP for existing outpatient services, including those directed specifically at women, youth, and Native Americans. However, an expansion of outpatient services is also proposed for FY'83. That expansion will occur in two areas - general outpatient capacity in underserved geographic areas and outpatient capacity for youth in unserved areas.

The current geographic distribution of outpatient services raises questions. Some areas, for example the Tri-County area, Western Cumberland County, and Somerset County appear to lack outpatient resources, while areas like the Mid-Coast appear to have a larger number of counselors compared to the size of the population. Several areas of the state lack any capability for serving youth on an outpatient basis. Requests for Proposals will be issued to solicit applications for providing additional outpatient services in underserved areas.

An emphasis will also be placed on the conduct of outreach activities through the construction of the Request for Proposals for outpatient services. Traditionally, outreach activities, whose purpose is to approach specific groups and populations in order to provide access to treatment services, have been accorded secondary status. That status is now being changed to recognize the value of those activities which provide a logical connection between prevention and treatment services.

Finally, in FY'83, providers of outpatient services will be required to tailor their programs to better serve women clients. That tailoring may include changes in program structure, completion of specific staff training programs or other measures designed by the agency.

5. RESIDENTIAL REHABILITATION

Residential treatment programs are designed to provide intensive therapeutic services in a 24-hour a day residential setting. Services provided include, but are not limited to, education about the effects of alcohol abuse and individual, group, and family counseling.

A goal of the COTS system is to promote the establishment of residential rehabilitation programs in each of OADAPs five planning regions. In FY'83, an implementation grant is proposed to provide start-up costs for the establishment of additional programming in southern Maine.

In addition to encouraging program establishment, OADAP accepts a major role for insuring the availability of existing residential rehabilitation services to clients who cannot afford to pay. In FY'83, funding for existing residential rehabilitation programs will continue. Funds provided to those existing programs for clients without resources will be increased. However, in cooperation with these existing programs, OADAP will also investigate mechanisms other than direct grants to provide funds for the treatment of clients without resources.

There is a lack of agreement on how residential rehabilitation should be structured to be most effective with youth. Therefore, the choice has been made to establish outpatient services for youth in underserved areas first. However, OADAP will continue to explore, in conjunction with the other three departments and other interested agencies and individuals, the need for residential services in addition to the Day One program in Bar Mills.

Given recent levels of utilization, questions have arisen about the continued need for separate residential rehabilitation services for women at Crossroads in South Windham. In the coming year, the regional council will meet with representatives of that agency and other interested people to help determine what services are needed.

6. HALFWAY HOUSES

Halfway houses are intended to provide a semi-structured, supportive environment to assist clients in reintegrating themselves into the community.

A continued need is recognized for halfway house services for men in both the southern and northern portions of the State as well as the need for at least one program providing physically separate halfway house services to women in the state. During FY'83, OADAP will continue to fund the Bangor Halfway House to provide both men's and women's services in the northern half of the State. Discussions currently being held with Serenity House in Portland will soon be concluded, and a decision will be made on the provision of halfway house services in the southern half of the State.

In the past year, considerations of client need and treatment system development have caused OADAP to ask questions about the types of services delivered in halfway houses. Concern centers on the possible overlap between residential rehabilitation services and halfway house services, and on the efforts made to encourage clients' independence and to increase their reliance on outside services. In the coming year, representatives of OADAP will meet with representatives of the Bangor Halfway House, the regional alcohol and drug council, and other interested people to discuss these questions.

7. EXTENDED CARE

This component provides a long-term, supportive environment for final stage alcohol abusers. Participation in the program requires sustained abstinence and allows the client to receive a variety of basic support services.

Funding will continue through OADAP for the extended care program at Milestone in Old Orchard Beach during FY'83. In addition, a formal evaluation of its effectiveness will be conducted as part of a study to determine the need for additional extended care capacity. The possibility of acquiring a more adequate physical plant for the program will also be explored.

Clients of the Correctional System

1. MAINE STATE PRISON

The Maine State Prison requires funds to support registered substance abuse counselors to serve the large number of people in the prison population who have alcohol problems. Those counselors will handle a caseload of individual clients, hold groups, and do prevention lectures. Their primary task will be to direct clients to appropriate services.

In addition, services to follow up on clients released into the community are needed. Those services may logically be contracted to local community agencies that provide alcohol abuse services.

2. MAINE CORRECTIONAL CENTER

The Maine Correctional Center requires funds to support a registered substance abuse counselor to serve the Center's population. Many of the inmates do not recognize the role alcohol abuse has played in their lives. Those that do, find very few programs available at the Center to treat their problems. Much of the counseling is "crisis counseling" and many inmates who should be receiving treatment for alcohol abuse are not able to be identified and provided with treatment services.

The proposed counselor would be responsible for establishing a procedure to identify alcohol clients, and for assisting correctional center staff in formulating a realistic treatment program. She/he would conduct individual counseling sessions, act as a liaison with community alcohol services and AA groups and provide assistance to line staff in handling issues related to alcohol.

Funds are also needed to expand the Center's ability to purchase professional training opportunities on alcohol problems for correctional staff.

3. MAINE YOUTH CENTER

The Maine Youth Center proposes to add the services of five people to increase the effectiveness of its existing alcohol abuse services. The Center has set aside one of its residential living units and attendant staff for the purpose of providing an intensive alcohol abuse program for those clients committed to the Center who are assessed to have serious, harmful dependencies upon alcohol.

The Cottage #3 Chemical Dependency Program treats an average daily population of 38 to 40 residents. Six "line" staff and a Unit Director are responsible for the program's operation.

Because of the nature of the Maine Youth Center's program schedule, the majority of Maine Youth Center and Cottage #3 residents are not readily available to receive the intensive counseling and educational aspects built into the Chemical Dependency Program until the evening hours. The addition of the services of alcohol counselors to offer a regularly scheduled counseling is therefore proposed.

The true test of the effectiveness of the Cottage #3 program, of course, lies in the resident's adjustment to the community when released on an Absent with Leave status. The intensive follow-up which is needed for residents released from the Cottage #3 programs, is not now available. In order to assure continuation of a high quality program after release, it is proposed to acquire the services of three Community Outreach Resource Developers for the staff of the Cottage #3 program.

These three workers would be placed in the Southern, Central, and Northern areas of the State and their primary function would be to seek-out and/or develop meaningful adolescent outpatient alcohol counseling. They will also be developing and supporting the family systems approach which Homebuilders is modeled on and which is being developed by mental health and outpatient service programs throughout the state.

By August 1983, the Maine Youth Center Chemical Dependency Program will have been in existence one year. During the period, approximately 90 committed residents will have gone through the program.

It is considered extremely important to evaluate the effectiveness of the program after a period of a year by doing a follow-up study of those residents who have completed the program. Therefore, funding is requested for one year for an evaluation/resource worker whose responsibilities would include developing criteria for studying the effectiveness of the program and locating those residents released from the program and assessing the success of their community adjustment.

4. DIVISION OF PROBATION AND PAROLE

The Division of Probation and Parole, including Juvenile Intake, requires funds to purchase necessary alcohol treatment from community providers for the 25-50 percent of its client population experiencing problems with alcohol.

Clients in Mental Health Institutions

1. AUGUSTA MENTAL HEALTH INSTITUTE

Augusta Mental Health Institute (AMHI) requires funds for contracting with qualified professional providers of alcohol services to provide assistance to staff of the Institute with clients who have alcohol problems.

Although AMHI is not a primary treatment center for alcoholism, a significant number of those clients admitted with major psychiatric disorders are suffering from problems related to the use of alcohol as well. In some cases, the abuse of alcohol is a direct precipitating factor. The resolution of psychiatric problems and the maintenance of a subsequent successful adjustment to community life require that the client develop the insight and capacity to avoid further alcohol abuse.

The AMHI admission unit, in performing its diagnostic and crisis intervention services, needs the availability of a qualified alcohol rehabilitation counselor for immediate referral and for close collaboration during brief hospitalizations. For some clients who enter the more extended, intensive treatment services of the Transition Unit, a continuing counseling relationship may make the difference between successful placement and failure.

Alcohol abuse is also frequently encountered as a problem with adolescents at AMHI. As a part of the family therapy-centered treatment system of the Adolescent Unit, an alcohol rehabilitation counselor is able to provide a vital missing component to the multidisciplinary treatment team.

2. BANGOR MENTAL HEALTH INSTITUTE

Bangor Mental Health Institute (BMHI) requires funds to support an alcohol counselor with experience in treating severely and chronically mentally ill clients. Except for people who are committed involuntarily, the Bangor Mental Health Institute (BMHI) has been rejecting referrals for admission which involve alcoholism as a primary problem. BMHI does accept people who suffer from alcoholism as a secondary disorder. After their psychiatric problems are addressed, these people are ultimately referred to alcohol treatment groups available at BMHI one Sunday per month.

BMHI needs to include alcoholism counseling earlier in the treatment plans for its clients. The person who fills the counselor position will engage in case identification at admissions, and upon developing an individual alcohol abuse program, conduct daily group counseling with clients, and when appropriate, with their families. She/he will also provide liaison with the Eastern Maine Medical Center's Alcohol Institute for BMHI clients who have a secondary diagnosis of alcoholism.

3. PINELAND OUTREACH

A significant number of retarded persons are engaged in alcohol abuse. The traditional systems of mental health communities, mental retardation providers and the alcohol abuse facilities are hard pressed to meet the specific problems of the retarded or mentally ill abuser. There have traditionally been no outreach programs available in the State to address the effects of alcohol abuse on mentally retarded persons and their families. The efforts needed include significant treatment for the retarded alcohol abusers and ongoing support for the abuser's family.

In FY'83, the Department of Mental Health and Mental Retardation proposes the continuation of a new outreach program operated through Pineland to locate mentally retarded people with alcohol abuse problems. The program will provide support and referral to appropriate treatment services for these people and their families.

RESEARCH

Historically, in Maine, there have been few systematic investigations of general population, client, program, or administrative issues related to alcohol abuse, which could be considered basic or applied research efforts. Whenever additional resources have been available, the choice has usually been made to fund direct client services rather than research efforts. As a result, gaps remain in the information available on the extent and impact of alcohol abuse problems, as well as on the effectiveness of existing services.

Information gathered from public hearings and from numerous other meetings which were held during the development of this report reflected the desire for a modest amount of research activity to be included. Some preliminary drafts or concept papers have been presented to each department, which included proposed research activities.

The four departments agreed that research activities should focus on enabling the State to provide for more of what is "best" among alcohol abuse programs. Two research efforts are therefore proposed for FY83.

1. SERVICE NEEDS ASSESSMENT

The Department of Mental Health and Mental Retardation recognizes that a significant amount of mental health resources is provided to care for and support alcohol abusers within the mental health community. Many of these individuals either are involved, or have been involved, in the educational system, the human services system, and the correctional system.

There are several types of clients who are particularly likely to be identified by different service systems, such as juvenile offenders with alcohol abuse problems and emotionally disturbed children. There are also differences in the extent to which the person, family, or support structure is involved in or influenced by services or treatment; and there are differences in the intensity of services delivered.

The Department of Mental Health and Mental Retardation adheres to a belief that, as in the case of basic mental health services, there must be a continuum of available and accessible programs which can assure the systematic provision of appropriate services to alcohol abusing clients.

In order to assure the systemic availability and accessibility of services which are appropriate to needs, some amount of research is necessary to establish a basis for broader implementation of systematic evaluation capacities which routinely provide: 1) a detailed description of available services and resources; 2) a detailed socio-demographic, functional, and diagnostic profile of clients served; and 3) an assessment of the results and outcomes of programs, including factors which encourage and/or prohibit cooperative service delivery.

A systemic assessment covers a comprehensive range of services delivered by many elements of a region or community. While some efforts have been made to investigate resource, client, and program characteristics, few of these have been done comprehensively.

The Department of Mental Health and Mental Retardation proposes to design and fund such a research project, working closely with the Department of Corrections, a regional alcohol and drug council, a community mental health center, and other agencies. Initial approval or agreement for such a project has been developed by representatives of these units in the Tri-County area. One reason for selection of this area is the presence of a wide array of services and providers.

The goals of the project are to:

1. Develop and implement methods to determine who is identifying what types of alcohol abuse problems.
2. Develop and implement methods to identify who is substantially involved in prevention, education, intervention, or treatment services for what types of clients.
3. Develop and implement methods to identify the patterns and basis for the referral, collaborative treatment, and follow-up of persons with alcohol problems and their families.
4. Develop statistical and narrative summaries of identification and utilization patterns, client outcomes, and unmet needs.
5. Develop recommendations of procedures, policies, standards, etc. which would result in increased collaboration to assure the provision of appropriate needed services.

The assessment will be jointly funded by premium fund resources channeled through the Departments of Mental Health and Mental Retardation and Corrections.

2. OUI INFORMATION SYSTEM

The information system recently established to obtain data on drinking and driving in Maine will be maintained in fiscal year 1983. It is designed to comply with specific requirements contained in PL 1981, c. 468, the law enacted to strengthen the State's response to the problem of drinking and driving. Under the law, OADAP is required to make a "written report to the Chief Justice, the Governor and the Legislature not later than March 1 of each year, commencing with 1982, on the enforcement of laws relating to drinking and driving during the preceding calendar year." [MRSA 22 §7106 (2) (F)]. The information system provides for the collection and analysis of data, as described in the law, in order to determine the law's impact.

COORDINATION

The alcohol premium law places a high priority on the coordination of alcohol abuse services, through its requirement that a minimum of four agencies of state government work together to propose allocations from the fund. With each step in the joint planning process, the importance of sustaining existing coordination efforts, while determining possible areas of new efforts, became increasingly clear. This section therefore presents proposals for coordinating programs and services.

1. REGIONAL COUNCILS ON ALCOHOL AND DRUG ABUSE

Continued funding is proposed for the operation of regional alcohol and drug councils in FY'83. The councils are community-based volunteer organizations located in each of OADAP's five planning regions. Each council has a volunteer board to direct its operation and a small staff to help carry out council activities. The councils perform a variety of necessary functions. They promote awareness of alcohol problems in each region and advocate for action on those problems at local, regional and state levels. The councils are an important channel for input from citizens and local groups in regional and statewide planning efforts. They encourage relationships among existing service providers as well as between service providers and other elements of the community.

Typically each council also undertakes specialized activities in areas of interest to council members such as Employee Assistance Programs, prevention campaigns or improvements in the treatment system. Recently, the councils have accepted major responsibilities in the prevention area. They will continue with those responsibilities in the coming year, working with the statewide Clearinghouse on Alcohol and Drug Abuse on distribution of materials and information and organizing Family Workshops on alcohol abuse issues.

2. REGIONAL ADMINISTRATION OF TREATMENT SERVICES

In the coming year, OADAP intends to solicit competitive applications to improve the administration of the alcohol treatment services in one region of the state. Such applications might propose, for example, a single administrative unit for services, a set of administrative agreements among service units or other methods for improving client treatment and referral strategies. To the extent that proposals received may affect the delivery of services funded by the Departments of Mental Health and Mental Retardation, Corrections, and Educational and Cultural Services, those departments will be involved in the review of those proposals.

At the present time, clients may be successively referred to a variety of treatment programs, each run by a different agency before completing all the components of care required for his/her problem. In such a system, the possibilities of the client leaving treatment before completion, being referred to an inappropriate component of care, or repeating parts of the same treatment regimen are increased.

This proposal is presented as a cost effective method of promoting a treatment system where case management of clients has a high priority. It would require the establishment of consistent policies and procedures for screening, referral and follow-up of all clients admitted to treatment in one region.

3. JOINT REVIEW OF FUNDING PROPOSALS SUBMITTED TO INDIVIDUAL DEPARTMENTS

Currently, with the exception of the Department of Educational and Cultural Services, each department involved in preparing this report provides funds to community agencies for carrying out elements of its planned program. Some agencies may now receive funds from more than one of the departments. In FY'83, each department has agreed to involve the other departments in the process it uses to review grant applications and contract submissions for funding awards.

4. REVIEW OF PREMIUM LAW PROPOSALS PRESENTED TO THE LEGISLATURE

Although the law requires four departments to prepare a set of recommended allocations, it does not preclude the Legislature from considering proposals for allocations submitted from any source. If the Legislature receives other proposals and would like departmental review of them in the course of their consideration, the joint planning group will be available for that purpose.

5. CONTINUED PLANNING FOR ALCOHOL SERVICES

The four departments each have particular perspectives on alcohol abuse issues and, although each of the departments assesses needs and establishes priorities somewhat autonomously, the premium law promotes a more common, collective vision as a basis for decision-making.

A major consideration is that while sensitivity to, and interests in, alcohol abuse as a social and health problem are increasing, resources are not. Hence, a set of principles must be developed to govern future decisions on resource allocation. The joint planning group has drafted a first set of general principles which appears below here.

This report proposes several initial joint ventures among the departments which will require sustained effort from staff in each department. The list of cooperating responsibilities points out a number of additional areas for joint discussion and action. The departments have therefore agreed to begin meeting on a regular basis now to prepare for the development of the FY'84 premium law report. General principles to guide future decisions, joint ventures proposed for the coming year, and areas of cooperating responsibility in which to broaden and strengthen departmental coordination will form the initial agendas for those meetings.

GENERAL PRINCIPLES

The effectiveness and quality of alcohol abuse prevention, education, treatment and research plans, programs and management will be based upon the following premises:

- Coordination:

The disparate elements of the alcohol abuse system must be brought together around common principles and made to work for the benefit of clients, their families and communities. At local, regional, state and national levels, this requires formal collaboration of a broad range of public and private interests.

- Personal Dignity: Services must be provided in a manner and environment which protects privacy and enhances personal dignity.
- Self-determination: Clients should retain the fullest possible control over their own lives. As much as possible, they should set their own goals and participate in planning and evaluating programs to reach these goals.
- Individualization: Services should be adapted to the unique and changing needs and preferences of each client.
- Comprehensiveness: The scope and array of services and opportunities must be broad enough to accomodate the needs and preferences of diverse clients; all basic service components should be available to those who need them. There should be an appropriate balance between resources for education, prevention, research and treatment.
- Availability and Accessibility: Clients should be able to use services which are demonstrably effective in meeting their needs. Costs of services should be adjusted to their ability to pay.
- Flexibility: Service should be evaluated routinely and modified as necessary to keep them available and responsive to client needs.
- Developmental Programming: Clients should be treated as developing persons (or organizations) capable of growth (or deterioration) and positive change. Opportunities and incentives should be provided for growth and positive change.
- Non-discrimination: Services must be available and appropriate to all who need them without regard to race, color, creed, sex, physical or mental disability, national origin or age.
- Confidentiality: Records of personal information on clients must be used with great care, in accord with all applicable federal and state laws and regulations regarding privacy, security and confidentiality.
- Appropriateness: Resources for research, planning and other management activity must be used most effectively, with maximum use of methods developed in Maine and elsewhere, in order to maximize the availability of treatment, prevention and education services.

PART V
RECOMMENDED ALLOCATIONS

This part presents the amounts recommended by the Commissioners of the Departments of Correction, Mental Health and Mental Retardation, Educational and Cultural Services, and Human Services for allocation from the premium law fund in FY83. The allocations correspond to proposals described in Part IV for prevention/education, treatment, and research and coordination activities.

Department of Corrections \$ 277,972

Maine State Prison	46,110
Maine Correctional Center	18,518
Maine Youth Center	149,344
Division of Probation & Parole, Including Juvenile Intake System	55,000
Needs Assessment Research Project	9,000
TOTAL	\$278,203

Department of Mental Health and Mental Retardation \$ 248,500

Education and Training	20,000
Coping With Stress Training	20,000
Fetal Alcohol Syndrome Prevention	8,000
Training for Family Service Providers	10,000
Homebuilders	68,000
Augusta Mental Health Institute	40,000
Bangor Mental Health Institute	40,000
Pineland Outreach	30,000
Needs Assessment Research Project	12,500
TOTAL	\$248,500

Department of Educational and Cultural Services \$ 300,000

Alcohol Prevention and Education Services	\$300,000
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Department of Human Services \$1,804,334

Maintenance of Existing Prevention Activities	167,000
Maintenance of Existing Treatment Services	1,367,334
Increased Outpatient Treatment Services for Youth	145,000
Residential Treatment Services for Clients Who Cannot Afford to Pay	125,000
TOTAL	\$1,804,334

TOTAL OF PROPOSED ALLOCATIONS FOR ALL DEPARTMENTS:

\$2,630,806

JUN 11 '81

BY GOVERNOR

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED AND EIGHTY-ONE

H. P. 1540 — L. D. 1655

AN ACT Promoting Alcoholism Prevention, Education, Treatment and Research.

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. 22 MRSA § 7102, sub-§§ 2 and 3, as enacted by PL 1973, c. 566, § 1, are amended to read:

2. **Integrated approach.** In order to efficiently and effectively accomplish this objective, it is essential to adopt an integrated approach to the problem and to focus all the varied resources of the State on developing a comprehensive range of drug abuse prevention and treatment services ~~conducted by one administrative unit~~.

3. **Office established.** It is, therefore, the objective of this Act to establish one office to coordinate the planning ~~and operation~~ of all state drug abuse services, including those related to the abuse of alcohol, and excepting those relating to the prevention of drug traffic, and to provide support and guidance to individuals, public and private organizations and especially local governments, in their drug abuse prevention activities.

Sec. 2. 22 MRSA § 7106, sub-§ 3, ¶ B, as enacted by PL 1973, c. 566, § 1, is amended to read:

B. Reviewing all proposed legislation, fiscal activities, plans, policies and other administrative functions relating to drug abuse prevention activities made by or requested of all state agencies. The office shall have the authority to submit to these bodies findings, comments and recommendations, which ~~in the case of the Judicial Council, Legislature, Governor and commissioner shall be advisory ; and which in the case of other state agencies shall be binding~~. Such findings, comments and recommendations shall specify what modification in proposals or actions ~~shall~~ should be taken to make proposed legislation, fiscal activities and administrative activities consistent with such policies and priorities;

Sec. 3. 22 MRSA § 7106, sub-§ 4, first ¶, 3rd sentence, as enacted by PL 1973, c. 566, § 1, is amended to read:

Implementation of this duty shall mean that the office shall have the authority to ~~supervise through a review process the preparation and administration of~~ any portion of any state plan relating to drug abuse prevention prepared and administered by any agency of State Government for submission to the Federal Government to obtain federal funding under federal legislation.

Sec. 4. 22 MRSA § 7106, sub-§ 8, last 3 sentences, as enacted by PL 1973, c. 566, § 1, are amended to read:

The office may do all things necessary to cooperate with the Federal Government or any of its agencies in making application for any funds ~~Included in this duty is authority to coordinate the disbursement of all state funds, or funds administered through agencies of State Government, appropriated or made available for drug abuse prevention. No fiscal transaction, including encumbrance or disbursement, shall be made for drug abuse prevention without approval of the office ;~~

Sec. 5. 22 MRSA § 7112, first ¶, as enacted by PL 1973, c. 566, § 1, is amended to read:

State agencies proposing to develop, establish, conduct, or administer drug abuse prevention programs or to assist with such programs as covered by this chapter shall, prior to carrying out such actions, consult with the office ~~to obtain the approval of the office to conduct such action.~~

Sec. 6. 22 MRSA § 7112, 2nd ¶, 3rd sentence, as enacted by PL 1973, c. 566, § 1, is repealed as follows:

~~No such action shall be taken related to drug abuse prevention without approval of the office~~

Sec. 7. 28 MRSA § 204, first ¶, as last amended by PL 1975, c. 771, § 302, is further amended by adding at the end a new sentence to read:

Nothing in this section may be construed to permit the commission to sell spirituous and vinous liquor without collecting the entire premium assessed under chapter 12.

Sec. 8. 28 MRSA c. 12 is enacted to read:

CHAPTER 12

ALCOHOLISM PREVENTION, EDUCATION, TREATMENT AND RESEARCH

§ 471. Findings and intent

The Legislature finds that alcoholism is an increasingly costly burden on the personal lives and pocketbooks of Maine citizens; that a small minority of the population consumes the vast majority of alcoholic beverages sold; that the public is unfairly burdened with the expense of preventing alcoholism and of caring for alcoholics; and that the growing cost of prevention and treatment should be borne by those persons who deliberately incur the risk of contracting this disease. Accordingly, the intent of this chapter is to ensure that programs for alcoholism prevention, education, treatment and research are adequately supported by shifting the financial burden of preventing and treating alcoholism to those who choose to drink.

§ 472. Alcoholism Prevention, Education, Treatment and Research Fund

1. Establishment. There is established a nonlapsing fund known as the Alcoholism Prevention, Education, Treatment and Research Fund, which shall be used to carry out the purposes of this chapter.

2. Revenues. All premiums collected under section 474 and moneys received from any other source shall be deposited to this fund.

3. Expenditures. Expenditures shall be made from the fund in accordance with section 475, allocation procedure.

4. Reports. The State Controller shall maintain records and prepare reports in accordance with provisions of Title 5, chapter 143.

§ 473. Special trust account

1. Establishment. There is established within the fund a special trust account, which shall be used to carry out the purposes of this section.

2. Endowment. Until June 30, 1991, the Treasurer of State shall deposit in the account 5% of all premiums collected under section 474, together with all earnings accruing on the account, except earnings appropriated after June 30, 1985, under subsection 3.

3. Availability of earnings. All earnings accruing on the account after June 30, 1985, shall be available to the Legislature to appropriate for alcoholism prevention and education in accordance with section 475.

§ 474. Premiums; collection

1. Spirits and fortified wines. The commission shall sell all spirits and wines, except table wines, at a price which will produce, in addition to any other tax or charge imposed under state or federal law, a premium in the amount specified in subsection 3.

2. Malt liquor and table wines. In addition to any other tax or charge imposed under state or federal law, a premium shall be imposed on all malt liquor and table wine manufactured, bottled or imported into this State. The premium shall be in the amount specified in subsection 3. Premiums shall be paid to the commission by Maine manufacturers and importing wholesalers. The commission shall open a premium account with all Maine manufacturers and wholesale licensees. The collection of premiums under this subsection shall be governed in the same manner as provided for the collection of excise taxes under section 652. The duties, prohibitions and liabilities under this subsection of licensees and holders of certificates of approval shall be the same as those under sections 603, 604 and 652. The commission shall give credits and make adjustments under this subsection on the same terms and conditions as provided in section 452.

3. Amount of premium. The premium imposed by subsections 1 and 2 shall be 5¢ per gallon, or its metric equivalent, or fraction or multiple thereof, on all malt beverages sold in this State; 15¢ per gallon, or its metric equivalent, or fraction or multiple thereof, on all wine containing 14% or less alcohol by volume sold in this State; 12¢ per gallon, or its metric equivalent, or multiple or fraction thereof, on all sparkling wines manufactured in or imported into this State; 62 1/2¢ per proof gallon as the term proof gallon is defined in the United States Code, Title 26, Section 5002, or its metric equivalent, or fraction or multiple thereof, on all spirituous liquors and wines containing more than 14% alcohol by volume sold in this State.

4. Payment to fund. All premiums collected by the commission under this section shall be paid forthwith to the Treasurer of State and credited to the fund in accordance with section 472.

§ 475. Allocations procedure

1. Purposes and objects. The Legislature may make allocations from the fund to any public or private agency or person to carry out the purposes of this chapter.

2. Commissioners' report. The Commissioners of Educational and Cultural Services, Mental Health and Corrections and Human Services shall jointly prepare and submit a report on alcoholism prevention, education, treatment and research to the Legislature on or before the first day of every regular session. The Commissioner of Human Services shall act as the coordinator in the preparation of this report. Other governmental department and nongovernmental organizations may be consulted in the preparation of this report. The report shall include their specific recommendations regarding allocations from the fund, including agencies or persons to whom allocations should be made and the amounts that should be allocated, the specific reasons for their recommendations and any other information that the Legislature may request. The commissioners may hold hearings, solicit and receive proposals or take any other action they consider necessary and appropriate in order to prepare their report.

3. Other recommendations. The public shall be afforded appropriate opportunity to make recommendations directly to the Legislature regarding allocations from the fund.

4. Legislative prerogative. Nothing in this chapter or in Title 22, chapter 1601, may be construed to authorize any agency or person to disburse, administer, coordinate or otherwise act with respect to allocations from the fund, unless so authorized by the allocation, to require the Legislature to make an allocation from the fund or to allocate a specific amount to any particular agency or person, or to preclude the Legislature from making any allocation of any amount from the fund irrespective of any recommendation, provided that the allocation carries out the purposes of this chapter.

Sec. 9. Allocations. The following funds are allocated from the Alcoholism Prevention, Education, Treatment and Research Fund to carry out the purposes of this Act.

1981-82

EDUCATIONAL AND CULTURAL SERVICES,
DEPARTMENT OF

All Other \$ 50,000

HUMAN SERVICES, DEPARTMENT OF

Community Based Services 97,870

This amount replaces federal funds
which were lost as of January, 1981.

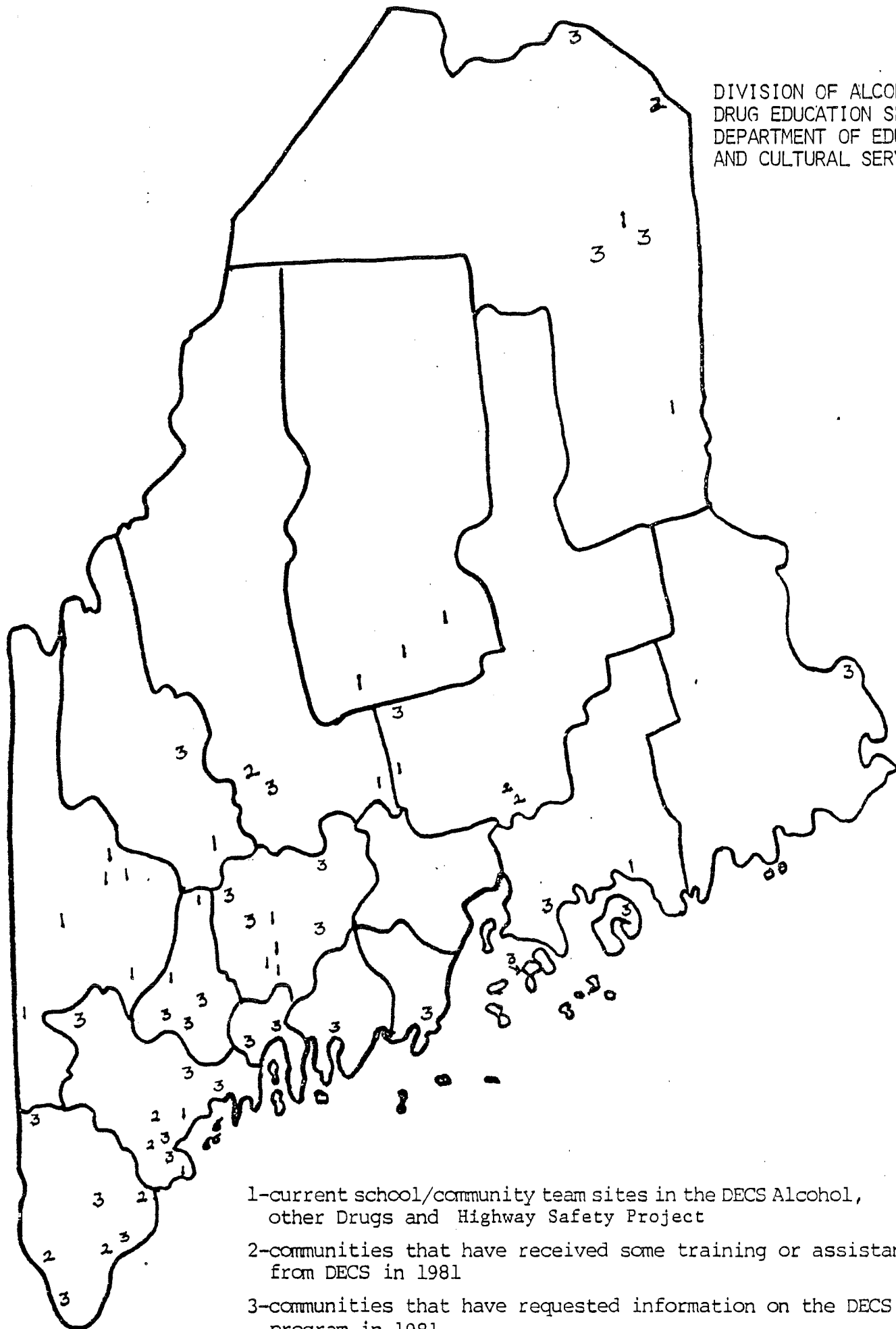
MENTAL HEALTH AND CORRECTIONS,
DEPARTMENT OF

All Other 50,000

Total: \$197,870

APPENDIX B

DIVISION OF ALCOHOL AND
DRUG EDUCATION SERVICES,
DEPARTMENT OF EDUCATIONAL
AND CULTURAL SERVICES



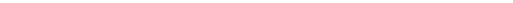


Division of Alcohol and Drug Education Services

Key for map of State of Maine

-1-	-2-	-3-
Augusta	Bangor	Ashland
Bethel (SAD #44)	Berwick	Auburn
Cape Elizabeth	Gorham	Bath
Dixfield (SAD #21)	North Anson	Blue Hill
Dover-Foxcroft (SAD #68)	Richmond	Bridgton
East Sullivan (Union 96)	Saco	Calais
Falmouth	Van Buren	Dexter
Farmington (SAD #9)	Wells	Eliot
Fryeburg (SAD #72)	Windham	Fort Fairfield
Gardiner (SAD #11)	Scarboro	Freeport
Guilford (SAD #4)		Gray-New Gloucester
Halldale (SAD #16)		Kennebunk
Houlton (SAD #29)		Kents Hill
Livermore Falls (SAD #36)		Kezar Falls
Mexico (SAD #43)		Kingfield
Milo (SAD #41)		Lewiston
Newport (SAD #48)		Newcastle
Oxford Mills (SAD #17)		Madawaska
Pittsfield (SAD #53)		Madison
Readfield (CSD #10)		Mt. Desert
Rumford (Union 25)		Portland
Turner (SAD #52)		Rockland
Washburn (SAD #45)		Sabattus
		South Portland
		Stonington
		Topsham
		Waterboro
		Waterville
		Windsor
		Winthrop

1. Promoting the development of interdisciplinary teams to address primary prevention and early intervention.

	Percentage of goal to be implemented within a given time frame										
	10	20	30	40	50	60	70	80	90	100	
January-June 1982											
July 1982-June 1983											
July 1983-June 1985											

2. Fostering and implementing preservice and in-service training for a variety of education and community personnel.

[illegible]

3. Conducting comprehensive demonstration programs.

	Percentage of goal to be implemented within a given time frame									
	10	20	30	40	50	60	70	80	90	100
January-June 1982	_____									
July 1982-June 1983	_____									
July 1983-June 1985	_____									

4. Encouraging the dissemination of valid and effective school and community programs.

[illegible]

5. Ensuring the exemplary nature of alcohol resource materials and films for the State of Maine.

[illegible]

6. Providing contracts and funding for the enhancement of local capabilities.

[illegible]

7. Initiating statewide recruitment and training of persons to work in alcohol abuse prevention and education programs.

[illegible]

8. Supporting community education programs.

Percentage of goal to be implemented within a given time frame.										
10	20	30	40	50	60	70	80	90	100	
January-June 1982										
July 1982-June 1983										
July 1983-June 1985										