THE MAINE STATE PLAN FOR
ALCOHOL AND DRUG ABUSE SERVICES
FOR FY 80-81

prepared by the

OFFICE OF ALCOHOLISM AND DRUG ABUSE PREVENTION
DEPARTMENT OF HUMAN SERVICES

June, 1980

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INTRODUCTION

Each year this office prepares a State Plan for the provision of substance abuse services. The resulting document has often been both costly to reproduce and time-consuming to read. This year's Plan has been designed to be a streamlined document. Large amounts of background information concerning the extent of the need and the availability of resources has been eliminated from this Plan. Such information is readily available in previous Plans. The content of this document is devoted to summarizing the progress made on current goals and objectives and presenting goals and objectives for the coming year which represent new initiatives for action. Routine functions necessary to maintain this agency and to sustain the existing types and levels of services will not be included as objectives.

In determining the new objectives, the amount of time and other resources necessary to carry out maintenance functions was carefully considered and allocated prior to adopting new objectives. Each staff member participated in formulating the Action Plan through the following process.

Each member of the office has responsibility for one or more functions such as grants management, licensing and manpower development. Each member was asked to submit a list of his/her goals and objectives for the coming year for new initiatives. Each person was also asked to submit an estimate of the amount of time needed, not only to achieve these objectives but also to carry out routine tasks. Each new objective was typed on a 3 x 5 card identified as to functional area and goal. Each professional was given a set of cards containing all the objectives and was asked to assign priority weights to each. The Planner created a combined priority list from the individual rank orderings. Using the staff time estimates, the Planner determined the maximum number of objectives which could be accomplished given the current level of routine activities. A meeting was then held during which staff discussed the rankings and reexamined the time allocated to routine tasks to find more time for new initiatives. As a result of this meeting, another priority sort was initiated. This time new goals and maintenance goals were all prioritized to form an overall ranking. This overall ranking was the subject of another staff meeting during which the final priority listing was developed. This listing was used as the basis for choosing new goals and modifying or eliminating existing low priority maintenance goals, the completion of which diverted resources from high priority new goals. Obviously many maintenance goals had to be retained. However, as mentioned above, only new goals are described in this document.

Before beginning the Plan itself, a few words will be addressed to the context in which the goals were formulated. The time of development and expansion of the treatment system is rapidly passing. The time is approaching for consolidation and improvement of what has been developed. This is because many of the basic tasks necessary for creating and maintaining a treatment system have been completed. Substance abuse has been accepted as suitable for treatment rather than punishment. Many treatment facilities have been established. Mechanisms for allocating funds, gathering data and assuring quality treatment have been developed.

Equally important in planning for treatment is the prospect that government funding for the foreseeable future will remain stable or decline. For these reasons, the focus of this office in the treatment area will be on the following activities:

- Increasing the availability of alternative treatment resources such as general hospitals and physicians.
- Improving the interrelationships between components of the substance abuse system to enhance continuity of care.
- Improving the interrelationships between the substance abuse service system and other service systems to improve referral of substance abuse problems to substance abuse treatment and to improve client referrals from substance abuse programs to other treatment resources.
- Improving services offered within existing substance abuse components to best meet client's needs.
- Increasing the availability of third party payments for substance abuse services.
- Meeting the needs of special populations.
- Promoting the development of employee assistance and other programs which encourage clients to enter treatment at earlier stages of their illness.

In the past, the urgency of providing treatment services for persons who already were experiencing substance abuse problems overshadowed the need for prevention. Now that some of the basic treatment needs have been met, more energy can be devoted to prevention. Accordingly, this Plan outlines a major initiative in prevention programming. The precise thrust of the initiative will be determined by a prevention plan developed by a citizen's task force. However, it is certain the end result will be that more time, effort and skill than ever will be devoted to preventing substance abuse problems before they begin.

ACRONYMS

Staff Titles

SPC: State Prevention Coordinator

WFC: Work Force Coordinator

OPC: Occupational Program Consultant

APS: Alcohol Program Specialist

DPS: Drug Program Specialist

GM: Grants Manager

NIAAA: National Institute on Alcohol Abuse and Alcoholism

NIDA: National Institute on Drug Abuse

NAPIS: National Alcohol Program Information System

MAPIS: Maine Alcohol Program Information System

CODAP: Client Oriented Data Acquisition Process

CON: Certificate of Need. State law requires that new or expanded health services of a certain size, or capital expenditures in excess of a given amount be reviewed for their impact on the costs and adequacy of health services. A certification that such services have been favorably reviewed is required in order for that project to be eligible to receive federal health care funds.

HSA: Health Systems Agency. There is only one HSA in Maine, the Maine Health Systems Agency. The HSA is an independent health services planning and review agency.

MAAPD: Maine Association of Alcohol Program Directors. Reorganized to become the Maine Association of Substance Abuse Programs.

MASAP: Maine Association of Substance Abuse Programs. An association of treatment programs formed to advocate field issues before the legislature, the public and OADAP.

DEEP: Driver Education Evaluation Program

OADAP: Office of Alcoholism and Drug Abuse Prevention

SHPDA: State Health Planning and Development Agency. The Bureau of Health Planning is the designated SHPDA in Maine. The SHPDA reviews health care programs and writes a State Health Plan.

Governor's Committee: Governor's Citizen Advisory Committee on Alcohol and Drug Abuse Prevention. A special committee established to create a prevention plan.

SHEP: School Health Education Project. A project operated by the University of Maine, Farmington. It is designed to establish locally directed school health education projects.

PART I. SYSTEM DESCRIPTION

1. STATE AGENCY MANDATE AND FUNCTIONS

A. Summary of Pertinent Federal and State Statutes

In 1970 Congress enacted Public Law 91-616. This law established the federal alcohol formula grant program of allotments to the states, and the alcoholism prevention and treatment grants and contracts program. States participating in the formula grant program must submit a state plan for alcoholism services. This plan must designate a single state agency with the sole responsibility for administering the plan. The plan must also designate a state advisory council to consult with the single state agency on the plan.

In 1972 Congress enacted Public Law 92-255 establishing a Federal Special Action Office for Drug Abuse Prevention. This Act also created the formula grant program of allotments to the states for drug abuse prevention and treatment activities. In order to receive formula grant money, a state must submit a state plan. The plan must designate a single state agency for administering the plan.

The National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse have since been created within the Department of Health, Education and Welfare to administer federal activities in these two areas.

The Office of Alcoholism and Drug Abuse Prevention was created in 1973 by combining the existing Division of Alcoholism Services and the Governor's Council on Drug Abuse. Under Maine Revised Statutes Annotated Title 22 § 7101 et seq., OADAP is empowered to establish Maine's overall planning policy, objectives and priorities for all alcohol and drug abuse functions except prevention of drug traffic. OADAP is the designated agency for both the alcohol and drug abuse services state plan.

B. State Agency Functions

As a planning agency, OADAP delivers a limited number of direct services to substance abusers. OADAP employs three counselors. All are placed in field locations. One provides services for state employees through the State's Employee Assistance Program. One provides court counseling services, and one, general counseling. The Driver Education and Evaluation Program section of OADAP provides DEEP instruction and evaluation courses to persons convicted of Operating Under the Influence. Although approximately 3,600 persons take these courses annually, the majority are served by agencies or individuals operating under contract to DEEP. Services are provided to employers seeking to establish occupational programs by the Occupational Program Consultant. Materials and presentations are provided to organizations and schools conducting prevention and education activities. Technical assistance is provided to persons or agencies initiating involuntary commitment proceedings for alcoholism. The bulk of OADAP's activities involve setting policy, planning for services, and monitoring the performance of agencies funded to provide those services.

Charts 1 and 2 show the organizational structure of the Department of Human Services and the Office of Alcoholism and Drug Abuse Prevention. This office, although located within the Bureau of Rehabilitation, shares only the services of the Business Office. All other functions are held internally in this office. The organizational integrity of this office is protected by statute.

State enabling legislation provides the Director, Office of Alcoholism and Drug Abuse Prevention with full authority and responsibility for administering all of the powers and duties of the office. Within any organization, however, an employee is subject to a chain of command. Although decisions are made by the Director of the office, they are subject to review. In practice, both the Director, Bureau of Rehabilitation and the Commissioner of Human Services operate by exception, but retain the power to overturn decisions made by the Director, Office of Alcoholism and Drug Abuse Prevention.

Internally this office, as operating agency for both alcohol and drug abuse, holds a largely integrated staff. Grants management, prevention, planning, training and manpower and occupational programming are integrated. Drug and alcohol treatment concerns are held separate and exercise marked influence on the integrated components. The regional advisory groups and the state-level advisory council are all integrated.

The allocation of time by function is the basis used for compliance with the administrative cost restrictions imposed by NIAAA and NIDA on this organization as described above.

2. SERVICE DELIVERY SYSTEM

This part of the Plan describes the treatment, rehabilitation and prevention services available to substance abusers in Maine. As indicated above, OADAP, although empowered to deliver services directly, has decided to provide for the delivery of services through grants and contracts to other agencies. Such a procedure allows for more local control over services. Ideally, it also allows for greater flexibility in altering or eliminating services that do not meet clients' needs and in instituting new services.

A. Treatment

As with most other things in the State, the substance abuse service system is small.[1] The system generates approximately 5,000 admissions annually. Residential services are provided by 15 programs with the following bed distribution: 44 halfway house, 145 intermediate care, 71 detoxification, 48 shelter and 32 extended care. Fourteen outpatient programs offer services at 29 locations. In all, there are 25 substance abuse treatment programs. Maps 1 and 2 depict the location of these programs. Total expenditures, including private fees for these services, amount to approximately $5 million.

[1]The substance abuse field is defined to include all programs or parts of programs specifically designated as alcohol or drug abuse service agencies, except for Elan which is a privately owned facility whose clientele is overwhelmingly drawn from out-of-state and whose staff is recruited from graduates of the program.

This represents a significant increase from 1972 when there were 6 publicly funded programs. Self-help programs have also significantly increased in that time. The number of A.A. groups has grown from 79 to 175. Several residential programs modeled on the Oxford House concept have been instituted. These activities, while contributing greatly to the welfare of substance abusers are beyond the scope of government planning and will not be addressed further.

The years from 1972 to the present can be roughly divided into an initial period of rapid growth, followed by a period of assessment, and beginning in 1978, a period of reorganization. In this period of reorganization, OADAPs focus is not so much on establishing new programs as it is on welding existing programs into a system of components designed to serve the range of identified client needs. New programs will be developed only when necessary services cannot be provided through altering existing programs. This proposed Client Oriented Treatment System (COTS) has been partially implemented. Other parts of it are still undergoing conceptual development.

The basic framework for COTS was developed with extensive field involvement during 1978. This framework was described in the COTS proposal published in January, 1979. Since that time, this office has been engaged in efforts to further define and implement the COTS components. A major goal of this office for the next year is to complete the system definitions while implementing those components of the system which have been sufficiently defined to warrant implementation. Effort will be devoted to determining the needs of special populations and designing components of treatment to meet those needs. Additional staff effort will be devoted to designing program standards. These standards will specify expected service elements and client outcomes within each treatment component.

Some unique treatment approaches have been implemented in the past year. One is an extended care facility. This facility is designed for the long-term final stage substance abuser. The purpose of this program is to provide extended care in a drug free environment to the final stage abuser. Clients must be referred by another component of the treatment system. Care is provided until one of the following three events occurs. The client dies, the client decides to leave or the client violates program rules against taking drugs or engaging in violent behavior.

The client may decide to leave in order to return to his former way of life, or he may achieve enough physical and/or psychological reorganization to want to pursue treatment or a less restrictive boarding home environment. Such clients may choose to use counseling and social services available in the facility to achieve these goals. Clients who are eligible for food stamps, disability payments, etc., are assessed some portion of their income to help defray the cost of services.

Milestone, Inc. replaced its former shelter, detox and rehabilitation program with a 20 bed all male extended care program in October, 1979. Preliminary reports indicate that the availability of such a program has reduced the number of "revolving door" clients in some programs in the Southern part of the state.

A new shelter program has been established in York County. The shelter is the result of a volunteer effort nurtured by the York County Counseling Center. Although the program resembles existing models, it is worth noting because it is the first new residential program established in the Southern part of the state since 1975.

B. Prevention

There are approximately 24 substance abuse prevention projects in Maine. OADAP directly funds several projects: two Channel One projects, four community-based projects and one YWCA drug intervention program serving 8 schools. OADAP also conducts its own statewide public information efforts and advocates prevention programming. Other projects in the state include the Department of Education and the communities that have been organized by their efforts, the University of Maine Farmington School Health Education Project and its local communities,and 3 private groups of parents and citizens.

OADAPs prevention program aims to develop a dynamic,highly visible effort with a systematic comprehensive approach. The primarily focus is on community-based efforts to increase awareness of the problems related to substance abuse and to promote healthy attitudes toward the use of substances.

Given the limited financial resources available to OADAP, much of the state prevention coordinator's work is in developing liaison with other programs in order to assure the development of a strong prevention network. Current conditions present many obvious obstacles to the development of a system. However, a major emphasis will be placed on the development of a strong network to share expertise, training, and resources.

Last year's Plan proposed a new approach to generating community involvement with prevention programs. This approach was unique because it advocated high level involvement by a multiplicity of community groups instead of a single agency.

During this year, OADAP has funded four of these community-based prevention projects. Two of the projects have achieved a notable degree of success in involving community members in examining and changing their attitudes toward substance use and abuse. The projects focus on promoting awareness of the pervasiveness of substance use of all types and the consequences of this use for both users and the community at large.

C. Substate Planning Process

Organizations available for local planning in other states are not available in Maine. County government in Maine is a very weak and limited structure. Most towns rely upon part time elected officials to conduct their affairs. The cities (the largest of which had a 1977 population of 62,000) have no organized substance abuse efforts. As described elsewhere in this Plan there is only one statewide health systems agency in Maine. Thus, the primary vehicle for substate substance abuse planning is the substance abuse regional council structure.

D. Other Planning/Coordination Activities

The Maine Health Systems Agency (MHSA) has experienced a considerable amount of staff turnover, including three different directors. This staff turnover has complicated the process of establishing a working relationship with the agency. The Bureau of Health Planning and Development within the Department of Human Services has been designated as the State Health lanning and Development Agency (SHPDA).

These two organizations have reached a cooperative agreement about the process of creating the Preliminary State Health Plan (PSHP). Under this agreement the HSA has primary responsibility for generating goals and objectives in three health areas. One of these areas is that of substance abuse. The HSA has created a committee including members of the alcoholism services delivery community to provide input into this plan. OADAP staff provide technical assistance in the form of data analysis, systems description and preliminary review of planning documents.

In October the HSA submitted its substance abuse plan to the SHPDA for presentation to the SHCC. Their planning efforts had been severely hampered by political difficulties and enormous staff turnover. As a result the SHPDA asked OADAP to supplement the HSA plan by submitting an updated priority action plan.

In November the SHPDA director and SHPDA director of planning appeared before the substance abuse management group. (This is a group composed of OADAP, NCA, the regional coordinators and the facility directors association. It meets once a month to address issues in the field.) They outlined the SHCC planning process and asked the entire group for cooperation in developing a substance abuse plan.

Utilizing the input of the other groups in the field, OADAP completed the requested action plan. OADAP staff presented this plan to the SHCC plans committee in December. Also in December OADAP staff and a physician in the alcoholism field presented an overview of substance abuse and Maine's response to it, to the SHCC board.

The SHCC plans committee has adopted the entire set of OADAP goals and objectives, as well as some of the HSA goals. The SHPDA planning director met with the substance abuse management group in January to express his pleasure at their response to SHPDA's request and to outline the next steps in the process of incorporating substance abuse goals into the PSHP.

OADAP, the Maine Criminal Justice Planning and Assistance Agency, and the Department of Mental Health and Corrections continue to maintain liaison as needed for projects having a joint interest.

OADAP's most successful cooperative effort with the criminal justice system continues to operate. This effort, a full-time counseling program for alcoholic inmates at the Maine State Prison, is now supported in full by the Department of Mental Health and Corrections. The counselor's credibility remains high with both the prison administration and the inmates alike. Because the program is operated by an agency* which is "outside" and not a part of the prison establishment, inmates may exhibit a higher degree of trust for the counselor while benefiting from the variety of resources maintained by the outside agency.

*Community Alcohol Services, Rockland-a subsidiary program of the Waldo County Committee for Social Action.

Earlier this year, the Maine Criminal Justice Planning and Assistance Agency approved a grant request made by the OADAP-funded Western Regional Council on Alcohol Abuse and Alcoholism. The grant will establish a residential treatment program that will operate inside the walls of the Androscoggin County Jail. This program will offer an alternative to the usual county jail routine in which a full program of alcoholic rehabilitation services will be available to county jail inmates. The Maine Youth Center (a correctional facility for minors) has expressed interest in establishing a similar program in-house.

OADAP is working with the criminal justice system to identify and meet their needs related to the problems of substance abuse and abusers through the criminal justice subcommittee of the substance abuse prevention conference coordinating committee. Subcommittee members include the assistant director of the Division of Probation and Parole, a regional court administrator, the director of social services for the juvenile correctional facility, the director of the driver education program for OUI offenders, the director of a community youth services program, and the director of training at the state's criminal justice academy. Each segment and aspect of the criminal justice system is thus directly or indirectly represented.

The subcommittee met on three occasions to plan two workshops to be held at the October conference. After approximately 80 hours of work, the goals and contents for each workshop were finalized. One workshop is on the relationship between attitudes and the role of the criminal justice service provider, and the other is on promoting positive approaches to substance abuse prevention. The workshops will give criminal justice personnel an opportunity to discuss the problems facing them and to develop effective methods for dealing with them.

The committee will continue to be active throughout the spring and summer, developing strategies to interest as many criminal justice service providers as possible in the workshops. It is expected that the conference will be the first of several cooperative ventures designed to help meet the needs of the substance abusing populations in the criminal justice system and the system's personnel.

Efforts to further enhance the networking between OADAP and Mental Health and Corrections are evident through Mental Health and Corrections' staff participation on the Governor's Citizen Advisory Committee on Alcohol and Drug Abuse Prevention. The members from Mental Health and Corrections, the Department of Transportation, and the Department of Education have been appointed by their respective commissioners to serve as liaison between the planning committee and the state agencies. It is hoped that this involvement will enable service providers to become more familiar with programs taking place at the present time and to begin developing plans that reflect a comprehensive, systematic approach to the problems reported by each organization.

Significant improvement has occurred in the relationships between organizations directly involved in the substance abuse field.

Following a two day meeting between members of the OADAP staff, NCA/ME, the regional councils, and the Maine Association of Substance Abuse Programs (MASAP), the substance abuse management group was formed. Each month representatives from each of these organizations meet to discuss policy issues in the substance abuse field. In addition to formulating common approaches to common problems, the group has provided a forum for communication. This

has reduced the incidence of misinformation and rumor which has in the past produced dissension within the field.

E. INVENTORY OF TREATMENT SERVICES

Last year's Plan contained a complete inventory of substance abuse treatment services. The only change to this inventory is the change of Milestone Foundation from a shelter, detox, and rehabilitation provider to an extended care provider. OADAP publishes a list of treatment services available in the state. The list provides the name, address, and telephone number of each provider agency plus the director's name and a description of the services and eligibility requirements.

F. THIRD PARTY PAYMENTS

The Department of Business Regulation oversees all insurance activities in the state. A representative from this department has indicated that alcoholism is covered like any other disease for medical care in a hospital. Coverage for outpatient substance abuse counseling services is available in the mental illness provisions of most major medical policies.

Additional coverage may soon be available. Blue Cross and Blue Shield of Maine is writing a rider to its policies. This rider will include alcoholism treatment and may include drug abuse treatment. Coverage will be provided for rehabilitation services not only in hospitals but also in "free standing" treatment programs.

CHART I

Maine Department of Human Services
Organizational Chart
November, 1979

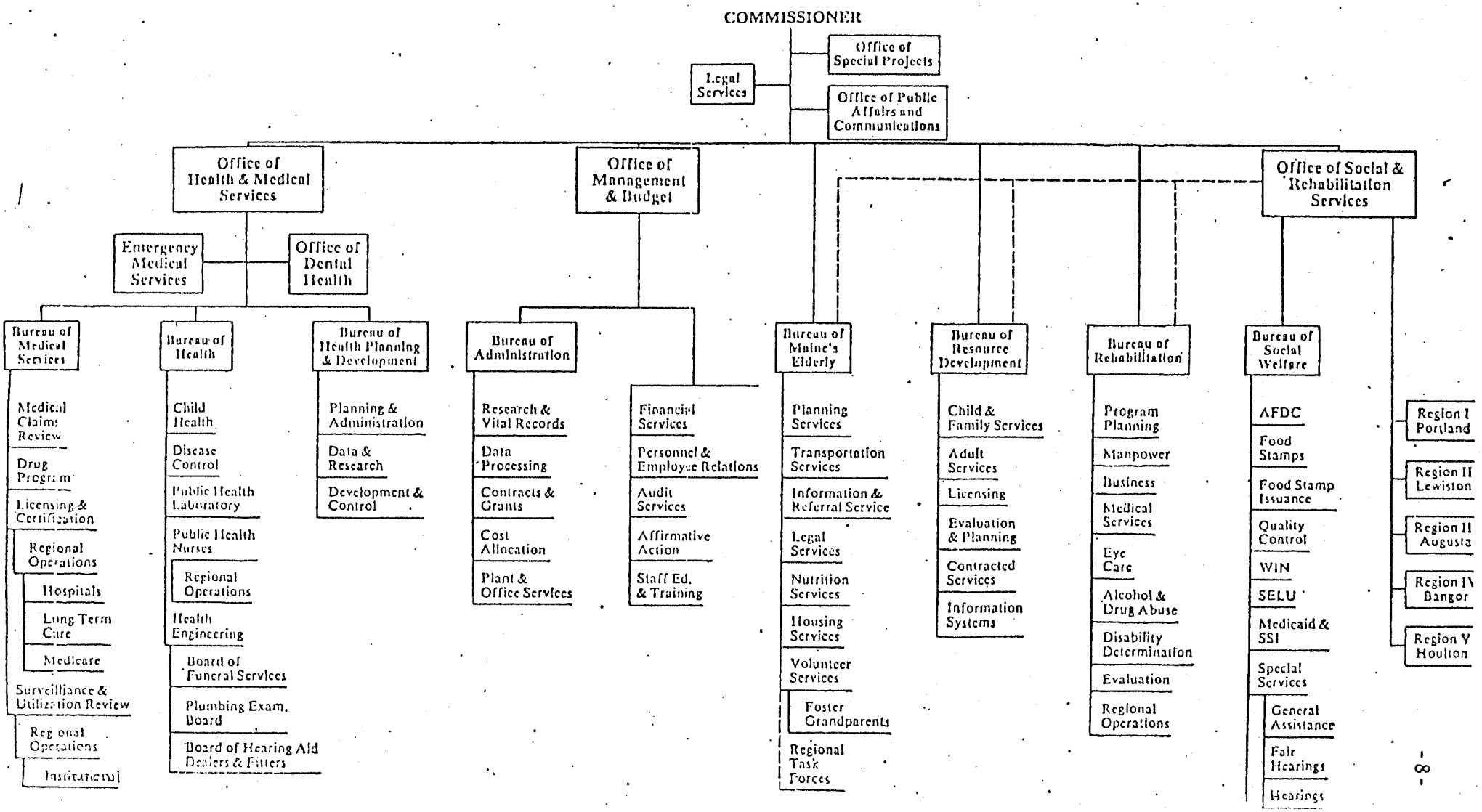
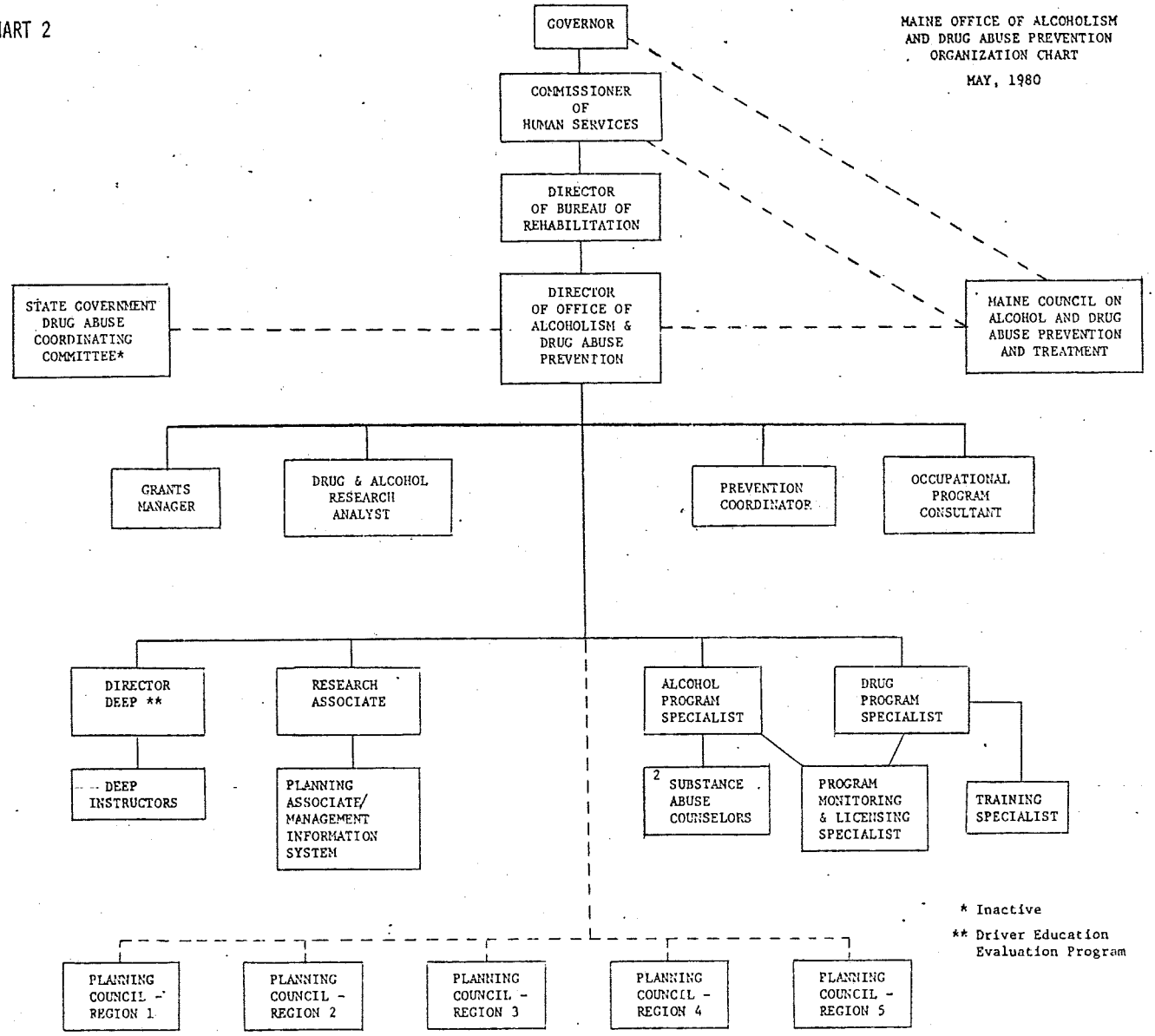


CHART 2

MAINE OFFICE OF ALCOHOLISM AND DRUG ABUSE PREVENTION
ORGANIZATION CHART
MAY, 1980



* Inactive

** Driver Education Evaluation Program

PART 11. NEEDS ASSESSMENT

This plan departs from those of preceding years in that it does not include a plethora of pages containing raw data on the incidence and prevalence of substance abuse and related problems. The impact of substance abuse on society has been well researched and ably reported on in many documents. Reports of this nature, while clearly indicating the magnitude of the problem and the need for treatment services, do not lend themselves to precise estimates of the amounts and types of services needed. Nevertheless, it is apparent that the substance abusing population is sufficiently large that it exceeds the capacity of the treatment system to provide services. Thus we feel comfortable in our decision not to belabor the obvious.

This does not mean that all needs assessment activities have been discontinued. Development of the COTS system was firmly grounded in an analysis of the treatment needs of clients. This analysis indicated the type of treatment system needed. The system will be further refined following completion of the Special Populations Project.

The primary task of the Special Populations Project is to determine the specific needs of women, youth, Native Americans, criminal justice clients, the handicapped, and the elderly. Preliminary findings of this project are being prepared for distribution to the field for input prior to preparation of a final document.

A mail survey distributed to prevention project and control communities provided information not only on attitudes towards substance abuse but also on the perceived need for treatment resources.

Table 1 presents a summary of the extent of substance abuse within Maine. The data for alcohol use is the same as that used for previous Plans. Data for other drug use has been slightly revised from last year's Plan. We have not initiated a new user-based needs assessment since informed reports from key informants such as treatment personnel, school authorities, and the community prevention workers indicate that no significant changes have taken place in the patterns of substance abuse since these figures were developed.

During the coming year our attention will be focused on the following question. Given the needs of clients utilizing the treatment system, what modifications need to be made to the treatment system to better address those needs? To answer this question the performance of individual programs and the impact of each specific COTS component on the operation of the system as a whole must be assessed.

ESTIMATED NUMBERS OF SUBSTANCE USERS
(AND SUBSTANCE USERS WITH PROBLEMS)
BY AGE AND SEX FOR 1978

Total Population

	Male	Female	Total
All Ages	530,582	553,840	1,084,422
12-17	59,364	57,036	116,400
18 +	359,538	389,500	749,038

Alcohol Users

All Ages	343,826	234,756	578,582
12-17	38,219	31,017	69,236
18 +	305,607	203,738	509,346

Problem Drinkers (Alcoholics)

All Ages	52,313 (25,317)	11,955 (5,805)	64,268 (31,123)
12-17	2,891 (606)	647 (151)	3,538 (757)
18 +	49,422 (24,711)	11,308 (5,654)	60,730 (30,365)

Drug Users[1] (Problem Users)[2]

	Male	Female	Total
All Ages	24,220 (16,207)	24,093 (16,132)	48,313 (32,339)
12-17	5,069 (3,376)	2,497 (1,663)	7,566 (5,039)
18 +	19,151 (12,831)	21,596 (14,469)	40,747 (27,300)

	Marihauna Users (Problem Users)[2]		
All Ages	79,845 (9,172)	65,862 (7,584)	145,707 (16,756)
12-17	23,745 (3,562)	19,962 (2,994)	43,707 (6,556)
18 +	56,100 (5,610)	45,900 (4,590)	102,000 (10,200)
	Total Drug Users (Problem Users)[2,3]		
All Ages	92,393 (21,328)	79,999 (19,683)	172,392 (41,011)
12-17	23,845 (6,094)	20,062 (4,241)	43,907 (10,335)
18 +	68,548 (15,234)	59,937 (15,442)	128,485 (30,676)

[1]Those who have used an illicit drug other than marihauna or who have engaged in nonmedical use of licit drugs in the past year.

[2]Those who have experienced significant psychological, social, or physiological problems as a result of such use.

[3]Adjusted to reflect the fact that some individuals use both marihauna and other drugs.

March, 1980

PART III. PROGRESS REPORT

This section reports on the progress made toward achieving the goals and objectives of the FY '80 Plan. Those goals and objectives were conceived in an atmosphere of high energy and positive expectations. Analyzing the progress made in achieving them has been a bittersweet experience. Bitter because many high expectations have not been fully realized, having been pushed aside for the demands of daily necessity. Sweet because progress has been made, long held goals are closer to fulfillment, and because we have retained our sense of common purpose and our commitment to continued improvement.

Another positive note is that less than expected progress in some areas has been balanced by unexpected progress in prevention. Changes in the Department of Human Services administration have led to a much increased emphasis on prevention. We have devoted more staff time than anticipated to prevention efforts including assisting in the development of the Governor's Citizen Advisory Committee on Alcohol and Drug Abuse Prevention. The increased level of commitment from other segments of state government has greatly increased the impact of this office's efforts in the prevention area.

In examining the reasons why various goals were not achieved, the most commonly identified reason was lack of time. When the FY '80 goals and objectives were established, insufficient attention was paid to the overall time demands required not only for achieving new objectives but also for maintaining ongoing services. Two examples of unexpected time demands will be given here.

There were greater than anticipated difficulties in implementing the new licensing/certification regulations. Programs requested significant amounts of technical assistance from several staff members in order to achieve compliance with the regulations. In addition to this, a regulation regarding the necessity for a certain level of nursing coverage was challenged, necessitating considerable research and negotiation to support it.

The objective of providing assistance in the development of new residential facilities in two regions required far more staff time than anticipated. This time has been spent in keeping lines of communication open between local agencies, in consulting with state level planners, in maintaining community support and in assisting in actual program development.

Several other examples could be cited but in summary we have discovered that the planned restructuring of a statewide treatment system consumes far more time and energy than we had anticipated.

1. ADMINISTRATIVE SERVICES

A. Planning and Administration

GOAL I: Improve OADAP funding mechanism and financial reporting system.

Objective 1: Revise reporting forms and processing methods.

Activities a, b, c & e:

Completed in September, 1979. Both auditors and facility administrators have expressed approval of revised reporting format.

Activity d:

Written procedures are due to be completed not later than July, 1980. Additional requirements for program review and record keeping have resulted in delayed implementation of formal processing procedures for the report forms. Current practices are acceptable for accountability and control.

Objective 2: Revise request for funding forms.

This objective has been fully accomplished. The format selected closely parallels the recommended application format detailed in a reprint from the "Grantsmanship News" entitled "Program Planning and Proposal Writing." This enables the use of additional materials developed by the "News" to assist applicants in program development and operation. The new forms were included in the funding application package for State FY '81 distributed to prospective applicants in January, 1980.

Objective 3: Utilize a funding review process that is consistent statewide and provides optimal information input for reviewer decision making.

All activities are presently being undertaken. Additional time was allowed for accomplishment of this objective due to a change in the grants review schedule. Meetings have been held with each of the reviewing groups to determine the most acceptable processes for funding review. Regional councils will be conducting reviews on State FY '81 applications during April, May, and June, 1980 utilizing a format for review developed by the Association of Regional Councils. State review scheduled to start in July, 1980, will include the use of a check list for review developed by the "Grantsmanship News" which is based upon the "Program Planning and Proposed Writing" reprint cited above. Prospective applicants are provided with copies of these reprints to facilitate the submission of more complete and consistent applications. The Maine Health Systems Agency has published its review criteria and an instruction memorandum has been developed by the OADAP Grants Manager and distributed to prospective applicants which explains where to include HSA required information in the funding application format.

Objective 4: Funding award formats will provide complete unambiguous information concerning standards of performance and restrictions on funds usage.

Activity a:

Currently being accomplished. All award documents processed since July, 1979 have included specific budget information and conditions of project performance. Reports of project performance continue to be a minor problem and facilities have to be constantly reminded

to report in measurable terms. Financial reporting has been exceptionally good since the implementation of the revised reporting format cited in objective 1.

Activity b:

The new application format developed in response to objective 2 above has permitted the accomplishment of this activity. Objectives are detailed in four areas (Effort, Efficiency, Quality and Outcome) as per instructions provided. Again, the use of funding application techniques developed by the "Grantsmanship News" has greatly contributed to the successful completion of our activities.

Activities c, d & e:

Completion of these activities is not expected until November and December, 1980 due to the change in the funding program cycle. However, better wording is now being used in funding award formats and the major work remaining is the compilation of standard wording and written procedures.

Objective 5: Implement a consistently applied funding award amendment process during FY '80.

Activity a:

Accomplished as stated. All amendments must first be reviewed by regional councils prior to OADAP consideration. Newly revised award documents are carefully prepared to ensure completeness and clarity of performance standards and funding intent.

Activity b:

Written procedures will be distributed to all agencies in June, 1980 after they have been finalized pending their adoption under the Maine Administrative Procedures Act.

Activity c:

Revised procedures are currently being utlized so long as they do not disrupt the general funding review process now in effect. After adoption as above, they will be applied in all situations requiring amendment processing for OADAP funding.

Objective 6: Develop funding guidelines adequate to meet system needs and applicable to all OADAP funding situations.

Initial study of existing guidelines turned up no changes significant enough to warrant their revision at the present time. Other changes such as those addressed in objective 5 above will require a readoption of funding guidelines as provided for in Maine's Administrative Procedures Act when they are complete. At that time additional changes will be made in accordance with this objective.

Objective 7: Create a Procedures Manual for Grants Management.

Minimal progress has been made on this objective although completion prior to October 1, 1980 is still likely.

GOAL II: Maximize use of other funding sources by OADAP funded activities in order to provide the maximum amount of services possible.

Objective 1: Establish a system of reporting which provides an accurate accounting of presently utilized funding sources other than OADAP.

Activities a, b & d:

Accomplished as originally described. Current OADAP Requests for Proposals limit OADAP participation to 75% of the total project cost. Reporting forms show other program funding and expense by source and application. Additional efforts to provide funding incentives include recommendations to reviewing groups to consider percentage of newly developed funds from sources other than OADAP funds when making recommendations by priority.

Activities c & e:

These activities are ongoing. Facilities are regularly informed of new funding opportunities. Their attention has also been directed towards congressional efforts concerning Title XVIII and XIX reimbursement for free-standing substance abuse facilities. Current estimates of other third party payer opportunities (including Maine Blue Cross/Blue Shield which is developing a substance abuse treatment benefit rider which could be available as early as July 1, 1980) indicate at least 25% of current program operation could be supported next year. A fee for service schedule is currently under development by the state's Title XX contract unit and should be implemented in time for contracts starting January, 1981. Several programs have received assistance from the OADAP Grants Manager during the past few months concerning the establishment of fee collection mechanisms.

Objective 2: Provide advocacy for agencies seeking funding from non-OADAP sources.

Activities associated with this objective are ongoing. Review procedures are currently being utilized which ensure quality comment from OADAP on funding requests to other agencies. Much information has been collected on cost/benefit relationships for substance abuse programming nationwide. No information has been compiled on specific Maine programs as of this writing. The revised funding program documents and greater success with the operation of our statewide CODAP and alcohol information systems will greatly enhance the future accomplishment of this objective. Legislative activity was almost nonexistent in the substance abuse funding area this year due to the short session being held and the difficulty of settling other issues of greater legislative concern. A possible shortfall in Title XX

funding for substance abuse was averted through special efforts of the Governor and Commissioner of Human Services to gain an additional state appropriation sufficient to offset expected federal program reductions.

GOAL III: Write a State Plan for substance abuse prevention treatment and rehabilitation services.

Objective 1: Encourage and assist regional council efforts to write regional plans.

The assistance offered and the results are described under Treatment and Rehabilitation, Goal VI, Objective 4.

Objective 2: Collate input from special population groups planning process.

The special populations project was not completed at the writing of this Plan.

Objective 3: Write Plan.

The degree of achievement of this objective may be ascertained by the reader.

GOAL IV: Ensure adequate consideration of substance abuse services in the State Health Plan.

Objective 1: Cooperate with Health Systems Agency staff with planning responsibilities in the substance abuse area.

Relationships with the HSA have been complicated by the large amount of staff turnover the HSA has experienced. This office supplied the HSA with requested data. This data was used in the HSA's substance abuse plan. OADAP comments were used in plan revisions. Substance abuse related goals were among those in a list of HSA top priority goals.

Objective 2: Cooperate with SHPDA staff with planning responsibilities.

The OADAP Planner has advocated for an awareness of substance abuse issues on the part of SHPDA Planners. A significant amount of substance abuse related information has appeared in the Preliminary State Health Plan (PSHP). Other cooperative efforts with SHPDA have been described in the introduction of this Plan.

Objective 3: Participate in public review process of draft State Health Plan.

There was no indication that serious objections would be raised to the substance abuse goals of the PSHP, therefore OADAP staff did not attend public hearings on the plan. This office did send a written response to SHPDA concerning the plan.

GOAL V: Ensure that needed substance abuse services are established.

Objective 1: Determine data needs and criteria of SHPDA for Certificate of Need (CON) review.

OADAP has supplied the SHPDA and the HSA with general needs assessment data. Other data has been supplied to conduct specific reviews on an ad hoc basis.

Objective 2: Submit opinions on CON applications forwarded to OADAP for comment.

OADAP has been asked to submit opinions on four CON applications and one letter of intent to apply which did not result in an application.

Objective 3: Offer technical assistance and information in the substance abuse services system to SHPDA CON review staff.

The SHPDA hired a staff member with alcoholism services background in another state. OADAP staff provided him with assistance in learning about the Maine service delivery system.

B. Management Information Systems

GOAL I: Provide accurate and relevant information on program performance in order to make optimum decisions about the allocation of resources.

Objective 1: Fill vacant Research Associate position to provide MAPIS and CODAP Project Director.

Due to some reallocation of titles and functions within the office and the fact that acceptable candidates refused to accept the position in the first round of selection, an Information System Project Director was not hired until January 2, 1980 instead of August 15 as planned.

Objective 2: Train Research Associate in duties of new position.

The achievement of this objective was delayed due to the delay in hiring, but it has been completed.

Objective 3: Complete the development of the Maine Alcohol Program Information System.

This objective has not been achieved. It has been impeded by the failure to hire an Information System Project Director in a timely manner. Further obstacles have been changes in the systems analyst assigned to the system by Central Computer Services, and the announcement of proposed changes in the federal system which serves as the model for MAPIS. We have decided to postpone making system changes until the federal changes are complete and these changes can be analyzed. Additional development of MAPIS is still deemed to be a worthwhile task. It is addressed in the Action Plan section of this document.

Objective 4: Generate timely and accurate alcohol program data.

This objective has not been met. In addition to the difficulties of hiring, and of breaking in new CCS personnel mentioned above, the MAPIS Data Clerk resigned. This occurred at a time when there was no Project Director to train and supervise a new Clerk. The resulting delays in editing and submitting forms for processing compounded all the other system problems.

MAPIS reports have been six to nine months late, and have contained numerous errors. It has recently been discovered that many of the errors were due to data losses from insufficient computer storage.

We have learned two lessons from all this. The first is that staff appreciation for good data seems to increase directly with the data's lack of availability. The second is that management of the system requires at least a half-time effort with the assistance of a full-time Data Clerk. In short, operating a data system can be expensive, but operating without one can be even more so.

Objective 5: Generate timely and accurate drug program data.

This was accomplished.

Objective 6: Fill requests for information on programs from OADAP staff and external sources.

Fulfilling this objective was hampered by the lack of timely alcohol program data. Requests were filled as well as possible using available data or making special requests of the programs themselves.

Objective 7: Carry out NDATUS for NIAAA/NIDA according to their announced schedule.

This was accomplished.

2. TREATMENT, REHABILITATION AND INTERVENTION

GOAL I: Produce a plan for making the Client-Oriented Treatment System (COTS) responsive to the needs of special populations of substance abusers. Those special populations are: women, youth, criminal justice clients, Native Americans, the physically handicapped, mentally ill, elderly and families of substance abusers.

Objective 1: Produce a discussion paper for each of the identified special populations which presents a statement of the current problem.

Individual staff members prepared discussion papers in January, 1980 for each of the above special populations.

Objectives 2-6: These objectives address the development of a strategy for responding to the identified needs and validating both the needs and the response strategy with the field.

In February and March, after the papers were completed, staff meetings were held to discuss the conclusions contained in each and to decide on subsequent action. A decision was made to develop feedback questions on each paper and to distribute the papers and questions to each of the regional councils and substance abuse agencies in the State. Responses to the questions will be requested and once they are received, they will be reviewed to formulate final conclusions. Those final conclusions will provide the basis for incorporating consideration of special populations in the further development and implementation of the Client-Oriented Treatment System.

The priority of the prevention planning project has necessitated changes in the schedule of activities for completing the special populations project. Those changes are reflected in the goals and objectives for treatment and rehabilitation included in this document for the coming year.

Objective 7: Prepare and publish the final plan for special populations using information gathered from the completion of objective 5.

This objective has not been achieved. Revised time lines for its completion appear in the updated Action Plan in this document.

GOAL II: Promote the development of Employee Assistance Programs (EAP) in work places throughout the State in order to encourage employees with substance abuse problems to enter treatment at the earliest possible point in their illness.

Objective 1: Provide technical assistance to companies wishing to establish an EAP.

Activity a:

Information has been gathered not only by visits to numerous companies but also by collecting marketing directories and the census of manufacturers.

Activity b:

The Maine AFL-CIO has designated a representative to work with the Occupational Program Consultant to design union acceptable Employee Assistance Programs.

Activities c, d & e:

One training session was delivered to a major corporation. Periodic site visits are made to companies with existing EAPs in order to familiarize new personnel with the EAP concept. The OPC acts as a broker negotiating treatment services in difficult individual cases. Obtaining treatment for a troubled employee is often the first step in the process of convincing a given company to establish an EAP.

Objective 2: Improve coordination of various efforts to implement EAPs throughout the State.

Activity a:

The Occupational Program Consultants Association of Maine (OPCAM) has been reestablished. OPCAM provides a statewide forum for the sharing of mutual concerns and interests on the part of OPCs.

Activity b:

The OADAP OPC has continued to work closely with regional councils. He has provided conceptual direction and training to regional council staff. A cooperative effort on the part of all agencies interested in occupational programs resulted in a grant submitted to NIAAA. The grant was not acceptable in its initial form.

Objective 3: Explain and promote the EAP concept with the State's work force.

Activity a:

A close relationship has been established with Charles O'Leary, the newly elected president of the Maine AFL-CIO. In addition to his efforts on occupational programs, Mr. O'Leary is chairperson of the Governor's Citizen Advisory Council on Alcohol and Drug Abuse Prevention.

Activity b:

Orientation sessions with union councils have not been held. Negotiations have been held to conduct such sessions in the forthcoming year.

Objective 4: Promote acceptance of the EAP concept in the general public.

A revised brochure describing the EAP concept has been printed and distributed. Both the State and regional OPCs have made presentations before civic groups and service organizations concerning EAPs.

Objective 5: Evaluate the EAP effort.

Each participating company has maintained statistics on absenteeism and on the job accidents both before and after implementation of EAPs. These reports are used for internal purposes and are not generally available to persons outside of the company. Companies which have fully implemented EAPs express satisfaction with the program.

MAPIS reports show that 1.2% of all referrals to alcoholism treatment in calendar 1979 were made by employers, fellow employees or supervisors.

Objective 6: Work with OADAP Program Specialists to develop a treatment system responsive to the needs of EAPs.

The OPC participated in the development of the COTS treatment system concept. Problems identified with individual programs are reported to the Program Specialists for action.

GOAL III: Continue to provide the Driver Education and Evaluation Program to persons convicted of Operating Under the Influence in order to improve highway safety, and to facilitate in the delivery of treatment services to problem drinking drivers.

Objective 1: Maintain sufficient DEEP courses to serve persons convicted of OUI.

During FY '79/80 Driver Education Evaluation Program classes were available on a statewide basis in 23 locations. Approximately 3,600 Operating Under the Influence offenders completed the program.

Objective 2: Ensure that DEEP clients needing treatment receive it.

The evaluation aspect of DEEP resulted in 38% of the first time offenders being referred for additional evaluation and possible treatment. Fifty-three percent of the second offenders were similarly referred. Differences in the types and quantity of treatment still exist, but availability of treatment has been maintained.

Objective 3: Maintain DEEP Information System.

This objective has been achieved. The number of offenders participating in DEEP is increasing as recent law changes take effect. The number of DEEP classes available monthly will have to be increased because of program demand. Evaluation and treatment resources will also have to increase their capabilities.

GOAL IV: Maintain the availability of effective treatment and rehabilitation services for substance abusers.

Objective 1: Provide funds for one residential treatment program to continue serving youthful drug abusers on a statewide basis.[1] The program will meet the following criteria:

a. The program will provide services to at least 30 clients during the year through 11 drug-free slots.

   Twenty-nine clients have been served.

b. The program will maintain an average monthly utilization rate of at least 90% of its matrix.

   The program has maintained an average utilization rate of 89.7%.

c. The length of client stay in treatment will average at least four months.

   The length of stay averaged 4.5 months for the 18 clients discharged during this period.

d. At least 20% of the clients discharged will be discharged as having successfully completed treatment.

Four, or 22%, of the clients discharged were discharged as having successfully completed treatment.

Objective 2: Provide funds for at least five outpatient treatment programs to continue serving drug abusers on a regional basis.[1] The program will meet the following criteria:

a. The programs will provide services to a total of 330 clients during the year through 169 drug-free slots.

   Five hundred thirty-eight clients have been served through 169 outpatient drug-free slots.

b. Each program will maintain an average monthly rate of utilization of at least 90% of its matrix.

   Utilization rates ranged from 84% to 210%. All but one program achieved at least 100% utilization for the first 8 months of the contract year.

c. The average length of client stay will be at least four months.

   The average length of stay was 4.5 months for the 322 clients discharged during this period.

d. At least 30% of the clients discharged by the programs will be discharged as having successfully completed treatment.

   One hundred twenty-two, or 37%, of all clients discharged were discharged as having successfully completed treatment.

e. At least 6,760 hours of direct service will be delivered to clients in the service categories of Intake, Individual Counseling and Group Counseling.

   The projection of 6,760 hours was based on our plans to absorb two direct NIDA grants into the Statewide Services Grant on July 1, 1979. This absorption did occur, but one grant was included only after the conclusion of the first quarter of the Statewide Services Grant. This means that the original projection should be adjusted downward by the first quarter projection for that agency, to 5,860 hours. As of February 29, 1980 the five outpatient programs had reported delivering 3,962 hours. At that rate of delivery, a total of 5,943 hours will have been delivered by the end of the grant period in June.

Objective 3: Maintain the availability of at least three residential placement slots in group homes to serve youth at an early stage of substance abuse in order to prevent the development of more severe life problems.

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[1] All responses are based on information compiled for the first eight months of the OADAP subcontract year, July 1, 1979 through February 29, 1980.

OADAP provided funds sufficient for the Community School in Camden to supply residential services to two young people during each of its terms last year. We also purchased one slot for youthful residents at Project Atrium for one year.

Objective 4: Provide funds for 18 alcoholism treatment programs (performance specifications of each program are given in the OADAP grant guidelines, and in individual grant award letters sent to each recipient of funds).

Funds were not sufficient to completely fund all budget requests, however 18 programs were funded.

Objective 5: Provide technical assistance on identified program problem areas to agencies requesting it.

Major technical assistance efforts were as follows:

a. A total of approximately 15 days was spent in assisting programs in achieving compliance with new licensing/certification regulations.

b. Five days were spent in assisting the Aroostook Information and Referral Services in establishing adequate treatment records, and coordination with area programs.

c. The Alcohol Program Specialist has spent at least one-half day a week since September assisting in the development of the St. Mary's Hospital rehabilitation program. A major portion of this time has been devoted to community development and to keeping lines of communication with other alcoholism service agencies in the area open. St. Mary's has submitted an application for Certificate of Need review to Maine Health Systems Agency. OADAP staff have provided the HSA with assistance in the review. The final decision on the review is expected to be favorable. Target project start-up date is mid-June.

d. Milestone Foundation was assisted in converting its program to the first extended care facility in the State.

e. Two shelter/detoxification programs were assisted in implementing programmatic changes.

f. OADAP staff have participated in a task force to foster the development of a privately funded inpatient facility which includes substance abuse program in Southern Maine. The application for Certificate of Need review was submitted in early April.

g. Technical assistance was provided to two drug treatment programs during the year to facilitate the absorption of two NIDA H 80 Project Grants into the Statewide Services Grant.

Objective 6: Assist local agencies in applying for federal and other sources of funds.

The Alcohol Program Specialist assisted the Western Regional Council in successfully applying for Maine Criminal Justice and Planning Agency funds for a jail-based residential rehabilitation program.

The Grants Manager has provided continuous assistance to agencies in securing local government funds. He has also provided large amounts of literature as well as personal assistance in the area of developing volunteer resources. Additional efforts are described under Planning and Coordination, Goal II.

GOAL V: Expand the availability of treatment and rehabilitation services in order to meet the demonstrated need for additional services.

Objective 1: Investigate at least three possible sources of funds to initiate a second residential treatment program to serve substance-abusing women on a statewide basis.

Funds from NIAAA, Statewide Services Grant funds from NIDA and funds from United Way were pursued by the Bangor Halfway House in order to establish a residential component specifically for women. At this date, NIAAA has approved a grant for such a component. Once funds become available, United Way has agreed to provide additional money to support the cost of opening a new facility.

Objective 2: Request additional Statewide Services Contract funds from NIDA to increase the availability of outpatient treatment by at least 30 drug-free slots.

Requests for additional slots were submitted to NIDA on two occasions during the past year, once in July and again in December. Both requests were denied on the basis of lack of funds.

GOAL VI: Implement those elements of the COTS proposal suited to local needs and existing treatment capabilities in order to improve delivery of substance abuse services. (Responsibility for achieving this goal has been delegated to the regional planning councils. Only those tasks expected to be required of central office staff will be addressed here.)

Objective 1: Collect, analyze, and disseminate data concerning population needs and treatment system performance to regional planning coordinators.

Completion of this objective was dependent upon the completion of the special populations project, and successful maintenance of the information system. Difficulties with these projects meant that regional personnel received minimal amounts of data.

Objective 2: Provide technical assistance in securing alternative funding sources for needed projects.

This objective is ongoing and is being accomplished through participation of the Grants Manager in OADAP licensing inspections as well as by answering specific requests for assistance by facilities. One major achievement this year has been the development of SSI reimbursement for extended care clients. The benefit is currently available

to individuals and the groundwork has been completed to make reimbursement available to our one existing extended care facility under the boarding house provisions of the SSI regulations. Assistance is also being provided to Blue Cross/Blue Shield of Maine to complete work on a substance abuse treatment benefit rider for groups of 50 or more. Other third party payers have requested and received substance abuse information which will be utilized to develop similar benefit packages.

Objective 3: Disperse OADAP funds in a manner most likely to enhance regional proposals for implementing COTS.

All OADAP funding applications are reviewed by the appropriate Regional Council on Alcoholism and Drug Abuse prior to OADAP consideration. Instructions to these councils direct them to review all proposals in the context of establishing a COTS in their region. State Advisory Council review and OADAP staff recommendations are also based in part on the establishment of COTS. Further progress toward achievement of COTS is reported elsewhere in this document.

Objective 4: Ensure coordination of regional plans in order to produce an effective statewide system.

Each regional council has been charged with assessing local needs and developing a regional plan within the COTS framework. The OADAP Planner distributed a suggested common plan format to each council Executive Director. He also contacted each Director offering assistance in plan development. No requests for assistance were received. Three regional plans were submitted by the April 1 deadline. They have been reviewed for consistency and for inclusion in this year's State Plan.

Objective 5: Present regional plans to State Advisory Council.

This objective will be accomplished when all regional plans have been received.

3. QUALITY ASSURANCE AND EVALUATION

A. Quality Assurance

GOAL I: Ensure that all substance abuse treatment facilities conform to at least minimum standards in order that clients receive proper quality treatment.

Objectives 1 & 2: Inspect (applicant agencies) within 90 days of receipt of application.

These objectives have been fully met. Eighteen programs were inspected with a total of 20 residential and 27 outpatient sites. In general the licensing/certifying process proved satisfactory, however experience with the new regulations has revealed the need for two changes. The scoring system should be revised, and some regulations ought to be reworded for greater clarity. The new site visit procedures allow for a more in-depth examination of program content than was formerly

the case. The final change suggested by this year's experience is to revise the licensing schedule so that inspections are conducted throughout the year instead of being concentrated in a few months.

Objective 3: Train new Program Monitoring and Licensing Specialist by July 15.

The Specialist was not hired until August. Training has been successfully completed.

Objective 4: Monitor the efficiency and cost effectiveness of the residential and outpatient drug treatment programs on a quarterly basis.

A monitoring protocol has been established and quarterly visits have been conducted at each site. Quarterly reports have been submitted to NIDA.

Objective 5: Inform Training Specialist of licensing deficiencies which may be remedied by suitable training opportunities.

The content of licensing reports has been analyzed for application to training needs assessment. Direct requests for information by the Training Specialist have been satisfied, but no formal ongoing means of providing such information has been established.

Objective 6: Institute program treatment standards.

Several OADAP staff meetings have been held to discuss standards. These meetings have served to uncover the many different definitions and conceptions of standards and their application.

It has been decided to integrate the standards project with the COTS implementation, special population, and manpower development projects. These projects all have compatible objectives and their integration will promote a more coordinated approach to problem solving and also conserve staff time.

This objective has not been achieved. It is a long-term project which requires concentrated staff time and thought. More immediately pressing tasks of both a crisis and routine maintenance nature consistently intervened in making progress on this objective. The lack of progress on this objective, and the failure to complete the special populations objective were the prime reasons for a more thorough and realistic appraisal of the staff time necessary for the carrying out of routine functions, such as grants review, technical assistance, licensing, and personnel supervision. This had led to the elimination of several proposed goals from this year's Plan. These goals remain desirable, but they do not appear to be "doable."

Revised time lines for this objective appear in the Treatment and Rehabilitation section of the Action Plan in this document.

B. Evaluation

GOAL I: Assess the effectiveness and efficiency with which OADAPs

statewide prevention, treatment, and rehabilitation efforts have achieved their goals and objectives in order to guide the formulation of overall substance abuse services policy.

Objective 1: Maintain Community Monitoring System.

Community Monitoring System data has been collected and examined. One difficulty was encountered in compiling this data set. The Blue Cross/ Blue Shield Hospital Data Service has transferred its operations to the Maine Health Data Center. Information on alcohol-related hospital discharges is temporarily no longer available.

Objective 2: Prepare a report showing changes in CMS data over time, linking such changes, where possible, to OADAPs efforts.

Trend analysis of some of the data elements has begun, but this is another project which has been consistently put aside for more immediate tasks.

GOAL II: Assess the performance of individual grantee agencies in order to provide a basis for rendering technical assistance and for making funding decisions.

Objective 1: Develop, in conjunction with the Maine Association of Addiction Program Directors, performance standards for programs.

This objective was not achieved. The reasons for this are discussed under Goal I, Objective 6 of Quality Assurance.

Objective 2: Monitor quarterly reports submitted by agencies.

Activity a:

Quarterly reports are received from the agencies and circulated to appropriate professional staff. Identified problems are discussed with the Executive Director of the program. A formal system of responding to the contents of the quarterly reports has been instituted for the drug treatment programs and will be extended to the alcohol treatment programs as well.

Activity b:

Technical assistance has been given when requested. Problems in achieving goals have been discussed with the Directors of several programs and programmatic changes were made to resolve those problems.

The amount of time necessary to adequately monitor programs and provide technical assistance was substantially underestimated in formulating last year's Action Plan. These activities have been classified as ongoing maintenance activities and, as such, are not included in this Plan's goals and objectives. The time needed to carry out these tasks has been considered in developing the new goals and objectives.

GOAL III: Monitor performance of OADAP organizational functions in order to ensure most efficient operation of the administrative structure.

Objectives under this goal are ongoing. Since a fairly small amount of time has passed since the establishment of this goal no definitive conclusions are possible concerning performance of the OADAP organization. Regional council activity is being monitored and will be more easily assessed as a result of a more comprehensive funding application (see Goal I, Objective 2, Planning and Administration). The submission of regional plans should be more complete this year since a revised planning process calling for completion of plans prior to April 1, 1980 was implemented. Subsequent review of proposed council activity will be more complete this year since more time has been allocated to this activity. The OADAP administrative budget is on track so far this year. A legislative mandate to cap out-of-state travel at last year's level and a more conscientious effort at holding down in-state travel costs has helped to avert any major overruns in those areas. Adequate funds appear to be on hand to meet additional salary and fringe benefits obligations expected to result from completion of contract negotiations with state employee bargaining units.

4. PREVENTION AND EDUCATION

GOAL I: Maintain current level of prevention activities in order to reduce the incidence of substance abuse.

Objective 1: Hire new State Prevention Coordinator by September 1.

Completed as scheduled.

Objective 2: Continue to supply pamphlets and posters to those requesting these materials.

Approximately 275 requests were received with 100% response.

This objective has been reexamined and it is clear that in order to make it meaningful additional funds should be made available. A cooperative network for distributing information is being developed between this office, regional councils, and the Bureau of Public Health. We have adopted the practice of enclosing a cover letter with all material identifying local resources and encouraging the purchase of additional material on the local level.

Objective 3: Respond to requests for research in the substance abuse field.

The new SPC has not actively responded to research requests due to other priorities, however the Planner has continued to provide information of this nature to approximately 50 persons.

Objective 4: Meet reporting requirements of NIDA State Prevention Coordinator Grant.

This has been achieved. Additional reports have been made to in-state groups for the purpose of increasing their awareness of prevention avtivities.

Objective 5: Facilitate nationally organized media campaigning in the State to be done as requested by NIDA or NIAAA.

An organized campaign was not developed at the federal level. NIDA-developed media devices were distributed to the regional councils and community prevention projects for local use. Community projects have developed some local materials. A State supported effort to develop local materials incorporating NIDA and NIAAA information will be undertaken.

GOAL II: Implement the community-wide prevention projects.

Objective 1: Facilitate funding for community projects.

Three originally planned for projects and one additional project were funded.

Objective 2: Develop and implement evaluation tools.

Activity a:

The SPC and Planner developed and distributed the pretest by September. The pretest consisted of a questionnaire on attitudes, knowledge, and behavior relating to substance use. It was mailed to a sample of respondents in the project communities and four control communities.

Activity b:

The post-test will consist of readministration of the pretest to a new sample. Administration of the test will be delayed until June, 1981 to allow more time for project activities to have an impact.

Objective 3: Develop training for community-wide prevention project staff.

Training was provided to the committees by the SPC and consultants obtained through Pyramid. It was evaluated by Pyramid's feedback form.

Prevention training has not been a priority at OADAP. However, increased utilization of the regional support staff, Pyramid and OADAP's training personnel is planned for this coming year.

Objective 4: Provide support and technical assistance to community prevention projects.

Activity a:

Each project site was visited approximately four times. Meetings were held with project coordinators and committees to discuss progress to date. Initially, follow-up meetings were held in Augusta in an attempt to keep project people informed as to progress of each site. These meetings were discontinued as project personnel developed more skills and confidence.

Activity b:

In addition to the SPC's coordinating efforts, each project is encouraged to share quarterly reports and newsletters with other sites.

Activity c:

Requests for assistance have been minimal after the first quarter. However, the SPC and Pyramid have been available to projects upon request.

Activity d:

Quarterly reports are received by Grants Manager and SPC. Follow-up letters to project personnel are sent out each quarter. Generally, reports and activities being conducted are exceptionally well done.

GOAL III: Continue to develop a prevention needs assessment in order to provide a sound base for prevention planning.

Objective 1: Evaluate current data base.

Available data do not meet the needs of the new SPC.

Objective 2: Plan for further needs assessment to fill in the gaps.

OADAP and the Bureau of Resource Development are jointly developing needs assessment instruments. June 1 is the targeted date for completion. Results of this survey will be combined with data from the School Health Education Project surveys and OADAPs existing community survey.

Objective 3: Publicize the results of the needs assessment.

This will be accomplished when the needs assessment has been completed.

GOAL IV: Develop further support and committment for prevention efforts.

Objective 1: Seek state legislative support for prevention efforts.

The legislature will not be approached until January, 1981. The completion of the Governor's Council's plan and the statewide prevention conference will provide a stronger support base for prevention legislation.

Objective 2: Seek renewal of Federal State Prevention Coordinator Grant.

The SPC grant was renewed for fiscal year 79-80. Upon receipt of next year's guidelines from NIDA, additional monies will be sought.

Objective 3: Increase community-wide prevention line item for FY 1980 budget from $45,000 to $90,000.

The community-wide prevention line was increased from $45,000 to $51,541 in November. The goal of $90,000 was not obtainable at this time. However, the increase was positive given the constraints on financial resource in the state.

Objective 4: Develop working paper containing OADAPs prevention policy for distribution to the field.

The working paper containing a prevention philosophy for the state is being developed by the Governor's Council. The plan will be completed by September. Needs assessment and regional hearings will be an integral part of the planning process. The draft will be shared with a variety of agencies statewide and will be available for distribution at the state prevention conference in October.

Objective 5: Respond to requests for speaking appearances before schools, community groups, etc. to present prevention concepts.

Approximately seventy-five requests for presentations were made from August to April, thirty-eight of which were dealt with by the SPC. Regional council staff, other OADAP staff and Pyramid consultants were also utilized. A speakers' bureau may be established in an effort to better meet the needs of the Maine community.

Objective 6: Coordinate efforts with Department of Education and Cultural Services

OADAP staff, regional coordinators and community-wide representatives have participated as resource people in training seminars offered by the Department of Education throughout this year. Furthermore, two communities trained by the Department received support grants under Channel One in an effort to further support their efforts. An inter-departmental committee was established by the Commissioner of the Department of Human Services to ensure coordination in prevention activities between the Departments of Mental Health and Corrections, Education, Transportation and Human Services. These efforts are anticipated to be ongoing with further expansion as resources allow.

Objective 7: Assist regional councils in developing prevention programs.

Regional councils have suffered a number of financial crises which have limited the resources for prevention programming. Council representatives have been extremely supportive of the SPC. They have participated extensively in conference planning and are beginning to develop programs within their regions. The local coordination provided by the councils has been a valuable asset to communities struggling to develop programming.

Summarizing the progress made on last year's objectives does not fully convey the progress that has occured in OADAPs prevention program. This addendum to the progress report indicates some new prevention opportunities realized during the past year.

OADAPs policy statement on prevention remains unchanged from last year's plan: "Drug Abuse Prevention is that activity which helps people to make responsible decisions about the use of drugs, including the drug alcohol. This activity strives to reduce the potential for harm resulting from the abusive use of drugs. (Prevention is primarily directed toward individuals who are not yet experiencing serious harmful effects resulting from the abusive use of drugs.)"

A new prevention coordinator was hired in August. This change, in conjunction with some unanticipated support from the Department of Human Services administration, has resulted in a change in focus for prevention efforts at OADAP. The basic philosophy has not changed, however, the magnitude of the prevention efforts has increased significantly. The opportunities made possible through the administration's commitment have led us to alter the priority of a number of the goals previously identified.

The two major efforts affecting the OADAP staff are the Governor's Citizen Advisory Council on Alcohol and Drug Abuse Prevention and the statewide prevention conference to be held in October of 1980.

The Governor's Council consists of a cross section of professionals, students and lay people who have been charged to develop and plan for substance abuse prevention. This group will meet until a draft is developed. They will then conduct hearings in communities throughout the state and shall present the completed plan and recommendations at the conference in October. This document will be used in the development of legislative proposals to be presented in January of 1981 for financial support.

The prevention conference is an effort to increase people's awareness of the substance abuse problem. Workshops will provide them with information strategies for conducting prevention in their current work place. A large scale publicity campaign regarding the conference is also intended to increase the public's awareness of the need for further programming.

Given the limited financial resources available, it is hoped that we will develop ways for service providers to take greater responsibility for prevention efforts with the support of training and technical assistance. Prevention efforts have typically had a low priority and have been carried-out on a piecemeal basis. We hope that a major effort such as the conference will raise the priority for prevention in Maine.

5. MANPOWER AND TRAINING

GOAL I: Provide training for employees of substance abuse programs to maximize the quality and effectiveness of direct services to clients.

Objective 1: Conduct needs assessment.

Activity a:

The Work Force Coordinator met with the staff and director of each facility to discuss training issues. Special attention was given to the new Extended Care Component and the proposed St. Mary's Hospital rehabilitation unit to assess staffing and training needs. She determined that the former program had staff capable of delivering in-house training. The second contracted with the Alcohol Institute, Eastern Maine Medical Center, Research and Training Division, to supply needed training.

Activity b:

A counselor skill/knowledge survey was designed and distributed. Analysis of the results is expected to be completed by June 15. The survey of administrators was deferred.

Activity c:

Two meetings were held with the State Prevention Coordinator to assess training needs and referred her to potential trainer resources.

Activity d:

Prevention worker needs were not assessed due to insufficient staff time.

Activity e:

Licensing reports have been examined for evidence of training needs.

Activity f:

No specialized mechanism was developed for ascertaining the training needs of new components. The Work Force Coordinator participates in OADAP staff meetings where new components are discussed, and meets with new component staff as described in Activity a, above.

Objective 2: Establish OADAP priorities for training of substance abuse workers.

Activity a:

The Maine Association of Substance Abuse Programs and the Maine Board of Registration of Substance Abuse Counselors were involved in the development of a workforce plan. This plan expanded its focus from a training orientation to one that discussed alternative strategies, the

need for a workforce management system and more workforce data. The plan details the workforce priorities of OADAP. The plan represents a significant broadening of OADAPs approach to workforce issues. The development of a training plan has been made one element of the overall workforce development effort. A Conceptual Design for the State-Wide Workforce Coordinating System appears as Appendix 1.

Activity b:

The plan will be distributed by June 1, 1980.

Objective 3: Identify and catalogue personnel and material resources for training alcohol/drug workers.

Activity a:

A catalogue of training resources and events has been maintained.

Objective 4: Provide for the design of specific training events to meet identified training needs using one or more of the methods outlined below:

a. OADAP developed and funded three training courses: Family Therapy; Group Counseling; and Patterns of Mental Illness, to be delivered from April - July, 1980.

b. OADAP funded 24 slots at The New England School of Alcohol Studies in June 1979 and two scholarships to Rutgers School of Alcohol Studies in July 1979.

c. OADAP sponsored the following NIDA training packages: Counselor Training: Short-Term Client Systems; Drugs in Perspective (offered two times) and Assessment Interviewing for Treatment Planning.

Objective 5: Deliver training to substance abuse workers.

Activity a:

OADAP delivered four of the five projected central training events.

Activity b:

OADAP sponsored two of the four proposed regional training sessions.

Activity c:

OADAP has purchased 24 slots in the New England School of Alcohol Studies and 2 slots at the Rutgers Summer School of Alcohol Studies.

Objective 6: Evaluate training programs sponsored by OADAP and training opportunities purchased by OADAP for substance abuse workers.

Activity a:

Standard evaluation criteria were not devised. Purchase of service agreements for training have been modified to require that the trainer devise and implement an evaluation strategy. In addition, the Work Force Coordinator endeavors to contact 10% of the trainee population for each training event to obtain informal feedback concerning the training.

Activity b:

Conducting an impact analysis of a training event was discovered not to be feasible during this planning year.

GOAL II: Assist in the provision of training to workers outside substance abuse programs who encounter substance abusers in order to assure earlier referral to treatment.

Objective 1: Invite other trainers to participate in OADAP-sponsored training as it is appropriate.

Workers in criminal justice, education and mental health systems have been added to mailing list. Workers in school systems and in the Bangor Mental Health Institute received training in the course "Drugs in Perspective" in February 1980. Nurses and doctors in Region IV participated in a seminar on poly-addiction in July 1979.

Objective 2: Provide technical assistance to agencies or individuals designing or delivering training on substance abuse.

One request for training on substance abuse was received from the Bureau of Maine's Elderly. The request was referred to the Executive Director of the local regional council and three private training institutions.

Objective 3: Identify training needs of special populations, especially women and youth, related to substance abuse in order to assure services appropriate to their needs.

Preliminary position papers on the treatment needs of seven special populations, including women and youth, have been prepared. When these papers have been accepted in a field review process, they will form the basis for a training needs analysis.

Objective 4: Sponsor two training events to meet identified needs under Objective 3.

Since the necessary data was not developed, no training events were sponsored.

Objective 5: Sponsor two training events for workers outside the treatment system who encounter substance abuse.

See Objective 1 for details.

GOAL III: Secure involvement of interested groups and individuals in the delivery of substance abuse training in order to assure training meets consumer needs.

Objective 1: Coordinate needs assessment and training design with the following advisory groups:

a. Maine Association of Addiction Program Directors (MAAPD)

b. Maine Board of Registration of Substance Abuse Counselors

c. Ad hoc Regional Training Group.

The chairperson of MAAPD participated in the review process for development of three training courses. The MAAPD Education Committee was consulted on the design of the counselor skills and knowledge survey. Finally, the counselor survey was designed to include the skills and knowledges being evaluated by the Maine Board of Registration of Substance Abuse Counselors. There was no need to utilize ad hoc regional training advisory groups as system capacity to deliver training at that level was not sufficiently developed.

Objective 2: Coordinate and co-sponsor training under other training systems whenever possible.

No training events were co-sponsored this year.

PART IV. ACTION PLAN

1. ADMINISTRATIVE SERVICES

A. Planning and Coordination

1. RESOURCE ASSESSMENT

The Director, Grants Manager, and some of the functions of the Planner are allocated to this functional area. Policy setting, internal administration, public relations, fiscal management, and planning are some of the major activities in this area. Most of these activities are routine maintenance functions and so will not be discussed as new goals. New planning and policy setting activities which could be included here are discussed under the other more specific areas in which they will occur. The two goals which are included in this section were goals in the 1980 Plan which have not been fully accomplished. The objectives specified under these goals are those objectives which will lead to accomplishing the goals during FY '81.

2. GOALS

GOAL I: Improve OADAP funding mechanism and financial reporting system.

Objective 1: Utilize a funding review process that is consistent statewide and provides optimal information input for reviewer decision-making.

Activity a:

Establish a combined review effort with the Maine Health Systems Agency to reduce duplicate review efforts of applicants. (April, 1981, Grants Manager, Planner)

GOAL II: Maximize use of other funding sources by OADAP-funded activities in order to provide the maximum amount of services possible.

Objective 1: Develop methods to gain maximum benefit of volunteer and in-kind resources.

Activity a:

Conduct a literature search for material related to volunteer recruitment, administration, supervision, and retention for the purpose of developing a resource package to be distributed to programs. (July 1, 1981, Grants Manager, Program Specialists)

Activity b:

Conduct a literature search for material related to obtaining in-kind contributions of equipment, housing, food and other commodities necessary to the operation of social service programs for the purpose of developing a resource package to be distributed to programs. (July 1, 1981, Grants Manager)

Activity c:

Develop written criteria for determining the value of in-kind contributions and volunteer services for purposes of matching other funding programs. (March, 1981, Grants Manager)

Chart 3

Costs of Planning and Coordination[1]

GOAL I					
Objective 1 -	Labor	=	523	523	
		Total			523
GOAL II					
Objective 1 -	Labor	=	1,569		
	Support	=	278		
	Materials, etc.[2]	=	1,500		
	Travel	=	150	3,497	
		Total			3,497
	Total for Chart 3				$4,020

[1]Labor costs were computed by first subtracting holiday hours and vacation hours from a standard work year of 2,040 hours. The annual salary for each position was then divided by the number of available hours for each position. This gave a raw hourly wage rate. This rate was then adjusted to reflect overhead and fringe costs to produce an hourly labor cost rate. This hourly rate was then multiplied by the estimated number of hours needed to complete an objective in order to provide an estimate of the labor cost for that objective.

[2]The category labelled "materials" included direct expenditures for supplies, consultants, computer time, printing and other items over and above routine supply costs.

B. Management Information Systems

1. RESOURCE ASSESSMENT

The management information systems provide information on client characteristics, services provided and financial resources in alcohol and drug treatment programs. Detailed financial reports for grants management are collected through a separate process. Alcohol program information is collected by a slightly modified version of the Federal National Alcohol Program Information System (NAPIS). After editing, the data is processed by the State's Central Computer Services (CCS). Drug program information is collected by the Federal Client Oriented Data Acquisition Process (CODAP). This information is retrieved manually.

These systems are managed by one professional who is assisted by a full-time Data Clerk. Many personnel changes have taken place in this area in the past year. The Manager's position became vacant and was not refilled for six months. Two Data Clerks resigned and the position is currently vacant. In the only organizational change occurring during the year, the Information Systems Manager was made responsible to the Planner instead of directly to the Director. In addition to these internal changes, the systems analyst assigned to the project at CCS resigned.

The changes in personnel had a profound negative effect on the quality of information produced during the year.

2. GOALS

GOAL I: Improve the responsiveness of the substance abuse data base to meet the requirements of OADAP, regional and program staff.

Objective 1: Determine appropriate utilization of existing NAPIS and CODAP data. (October 1, Information Systems Manager, Planner)

Activity a:

Consult with OADAP staff to determine their data needs.

Activity b:

Consult with program directors to determine their data needs.

Objective 2: Redesign MAPIS. (February 15, Information Systems Manager)

Activity a:

Determine nature and extent of federal changes to NAPIS.

Activity b:

Analyze responses obtained in objective 1.

Activity c:

Develop and cost out alternatives and present to Director.

Activity d:

Present specifications of selected alternative to users for comments.

Activity e:

Present final specifications to CCS for programming.

Objective 3: Implement redesigned MAPIS. (March 31, Information Systems Manager)

Activity a:

Write users' manuals.

Activity b:

Provide training for data coordinators in programs.

Activity c:

Train decision makers in utilization of output.

Objective 4: Develop computerized CODAP output. (November 30, Information Systems Manager)

Objective 5: Develop treatment program staff data base through NDATUS. (December 15, Information Systems Manager)

Chart 4

Costs of Management Information Systems

GOAL I

Objective 1 -	Labor	=	1,671	1,671
Objective 2 -	Labor	=	4,491	
	Support	=	199	
	Materials, etc.	=	4,725	
	Travel	=	100	9,515
Objective 3 -	Labor	=	660	
	Materials, etc.	=	400	1,060
Objective 4 -	Labor	=	805	805
		Total		$13,051

2. TREATMENT, REHABILITATION AND INTERVENTION

A. Resource Assessment

OADAP provides direct treatment services through two outpatient counselors. However, in keeping with office policy, the vast majority of treatment services are provided through grants and contracts to private nonprofit agencies. Responsibility for program development rests with the Alcohol and Drug Program Specialists. These two staff persons in conjunction with the Licensing Specialist and other staff also monitor program quality and performance.

OADAP conducts direct intervention activities through its Driver Education Evaluation Program. Two central office professional staff, four instructors and eight contracted instructors provide DEEP courses. OADAP also has an Occupational Program Consultant whose primary function is to provide technical assistance to private firms in implementing and operating Employee Assistance Programs.

OADAP also employs an Employee Assistance Counselor who is the major referral point for the State's own Employee Assistance Program.

The past two years have witnessed the conceptual development and initial stages of implementation of the Client Oriented Treatment System (COTS). This is a system of components designed to meet the needs of the various kinds of substance abusers and their families from initial assessment to aftercare. Continued implementation of COTS is the responsibility of the regional councils. OADAP will continue to provide technical assistance and support to the councils and individual programs in implementing COTS. This policy has produced several positive results in the past year. Certificate of need applications have been filed for hospital-based substance abuse rehabilitation programs in two regions. An extended care facility has been established in Region I. Two regional plans addressed the concept of establishing centralized assessment components within their regions. Viable outpatient services and family treatment have become a reality in Region IV.

In the coming year OADAPs new activities will be focused on improving the responsiveness of treatment to the special needs of selected population groups and developing uniform standards of treatment.

B. Goals

GOAL I: Produce a plan for making the Client Oriented Treatment System (COTS) responsive to the needs of special populations of substance abusers. Those special populations are: Women, youth, criminal justice clients, Native Americans, the physically handicapped, mentally ill, elderly, and families of substance abusers.

Objective 1: Distribute the compiled set of staff discussion papers on special populations with questions requesting feedback to regional councils and to advocacy groups for those populations. (July 15, Planner)

Objective 2: Review the feedback received with a small group of field experts and determine final recommendations for each special population. (September 15, OADAP Staff)

Objective 3: Amend the COTS document to include the final recommendations. (October 15, Planner)

Objective 4: Circulate the amended document to the field. (October 31, Planner)

Objective 5: Require that each of the regional plans prepared for FY'82 include activities which address those recommendations. (November 30, Grants Manager)

GOAL II: Continue to promote and support implementation of the COTS system on a regional basis throughout the state.

Objective 1: Prepare interview formats for use with regional council staff and the staff of existing programs to research progress made in the past year on COTS implementation. (September 15, Alcohol Program Specialist and Drug Program Specialist)

Objective 2: Visit regional offices and all service providers to conduct interviews. (October 30, Alcohol Program Specialist and Drug Program Specialist)

Objective 3: Report findings from those visits to other OADAP staff members. (November 15, Alcohol Program Specialist and Drug Program Specialist)

Objective 4: Meet with staff of each regional council to discuss results of the research and to help determine future implementation steps for COTS in the region. (January 30, Alcohol Program Specialist and Drug Program Specialist)

Objective 5: Provide assistance to the regional councils and their staff in carrying out steps in the further implementation of COTS in each region. (February-June, Alcohol Program Specialist and Drug Program Specialist)

GOAL III: Establish treatment standards for one component of the substance abuse treatment system.

Objective 1: Determine the specific application(s) for the treatment standards. (November 30, OADAP Staff Group)

Objective 2: Determine the type and scope of standards to be established. (November 30, OADAP Staff Group)

Objective 3: Using the results of the research conducted for Goal II above, determine the component for which standards will be established. (November 30, Alcohol Program Specialist and Drug Program Specialist)

Objective 4: Generate an initial set of standards. (January 31, OADAP Staff Group)

Objective 5: Convene a group of field experts to review and refine the standards. (February 28, Alcohol Program Specialist and Drug Program Specialist)

Objective 6: Meet with client groups, the MASAP and the regional councils to obtain feedback on the standards. (April 30, Alcohol Program Specialist and Drug Program Specialist)

Objective 7: Make final revisions in the standards and publish them to the field. (May 31, OADAP Staff Group)

GOAL IV: Improve the quality and accessibility of services for Driver Education Evaluation Program (DEEP) clients.

Objective 1: Maintain sufficient DEEP classes on a statewide basis to enable offenders to comply with Motor Vehicle Law. (Ongoing, DEEP Specialist)

Activity a: Increase the number of classes in geographic areas of need.

Activity b: Develop additional class sites.

Activity c: Maintain adequate staff.

Objective 2: Develop adequate treatment resources. (Ongoing, DEEP Specialist)

Activity a: Continue working with the Maine Association of Substance Abuse Programs and private practitioners.

Activity b: Develop uniformity in treatment practices.

Activity c: Maintain quality treatment standards.

Objective 3: Implement data collection system. (January 1, 1981, DEEP Specialist)

Activity a: Identify recidivism rates.

Activity b: Identify recidivism rates related to instructor.

Activity c: Identify recidivism rates related to treatment providers.

Activity d: Develop recidivism profile data.

Objective 4: Provide OUI skill development training to service providers. (March 1, DEEP Specialist)

Activity a: Develop instructor evaluative techniques.

Activity b: Develop treatment provider diagnostic skills.

Activity c: Provide opportunities for instructor and treatment provider interaction.

GOAL V: Promote the establishment of Employee Assistance Programs (EAP) in all work sites throughout the State of Maine.

Objective 1: Continue support of the Occupational Consultants Association of Maine (OPCAM). (Ongoing, Occupational Program Consultant)

Objective 2: Provide technical assistance to OPCAM in establishing EAPs. (Ongoing, Occupational Program Consultant)

Objective 3: Provide technical assistance and training on request to firms establishing EAPs. (Ongoing, Occupational Program Consultant)

Objective 4: Increase union support for EAPs. (Ongoing, Occupational Program Consultant)

Activity a: Meet with each union council in the State.

Activity b: Consult with union leaders in firms considering adoption of an EAP.

Objective 5: Coordinate efforts of OPCs employed by regional councils and treatment programs. (Ongoing, Occupational Program Consultant)

Objective 6: Revisit established programs for trouble-shooting and additional training. (Ongoing, Occupational Program Consultant)

Objective 7: Facilitate the treatment referral process in specific cases as requested. (Ongoing, Occupational Program Consultant)

Objective 8: Contact each major newspaper and broadcast station to run at least one article or production on EAPs. (March 15, Occupational Program Consultant)

Chart 5

Costs of Treatment, Rehabilitation and Intervention

GOAL I					
Objective 1	-	Labor	=	132	
		Support	=	133	
		Materials, etc.	=	75	340
Objective 2	-	Labor	=	1,638	
		Support	=	66	1,704
Objective 3	-	Labor	=	666	
		Support	=	199	865
Objective 4	-	Labor	=	67	
		Support	=	33	
		Materials, etc.	=	250	350
Objective 5	-	Labor	=	143	143
			Total		3,402
GOAL II					
Objective 1	-	Labor	=	292	292
Objective 2	-	Labor	=	3,355	3,355
Objective 3	-	Labor	=	536	
		Support	=	66	602
Objective 4	-	Labor	=	1,504	
		Travel	=	500	2,004
Objective 5	-	Labor	=	6,426	
		Support	=	133	
		Travel	=	300	6,859
			Total		9,757
GOAL III					
Objective 1	-	Labor	=	1,135	1,135
Objective 2	-	Labor	=	1,382	1,382
Objective 3	-	Labor	=	134	134
Objective 4	-	Labor	=	1,523	
		Support	=	133	1,656

Continued

Chart 5 (continued)

Costs of Treatment, Rehabilitation and Intervention

GOAL III (continued)

Objective 5 -	Labor	=	535	
	Support	=	66	
	Materials, etc.	=	130	731
Objective 6 -	Labor	=	2,410	
	Support	=	66	
	Materials, etc.	=	25	
	Travel	=	350	2,851
Objective 7 -	Labor	=	1,402	
	Support	=	199	
	Materials	=	150	1,751
		Total		9,640

GOAL IV

Objective 1 -	Labor	=	5,958	
	Support	=	614	
	Travel	=	275	6,847
Objective 2 -	Labor	=	2,975	
	Travel	=	430	3,405
Objective 3 -	Labor	=	2,975	
	Support	=	306	
	Materials, etc.	=	4,300	7,581
Objective 4 -	Labor	=	648	
	Support	=	61	
	Materials, etc.	=	3,800	4,509
		Total		22,342

GOAL V

Objective 1 -	Labor	=	3,147	
	Travel	=	200	3,347
Objective 2 -	Labor	=	1,695	
	Travel	=	150	1,845
Objective 3 -	Labor	=	1,210	
	Support	=	199	
	Materials	=	100	
	Travel	=	290	1,799

Continued

Chart 5 (continued)

Costs of Treatment, Rehabilitation and Intervention

GOAL V (continued)

Objective 4 -	Labor	=	3,147		
	Support	=	133		
	Materials, etc.	=	100		
	Travel	=	450	3,830	
Objective 5 -	Labor	=	5,010		
	Support	=	199		
	Travel	=	480	5,689	
Objective 6 -	Labor	=	3,268		
	Travel	=	780	4,048	
Objective 7 -	Labor	=	1,452		
	Travel	=	280	1,732	
Objective 8 -	Labor	=	1,936		
	Support	=	199		
	Travel	=	480	2,615	
		Total			24,905
	Total for Chart 5				$ 70,046

3. QUALITY ASSURANCE AND EVALUATION

A. Quality Assurance

1. RESOURCE ASSESSMENT

OADAP has a full-time Licensing/Monitoring Specialist. He is assisted on site visits by selected members of the OADAP staff who act as the licensing team. OADAP currently licenses 20 residential facilities and has issued certificates of approval to 28 outpatient programs. More outpatient programs are applying for certification than in the past since certification has been designated as the process by which programs may become eligible to deliver treatment services to DEEP referrals.

During the past year the licensing regulations and procedures were modified. The new procedures allow more time for direct contact with program staff and clients to assist in program assessment.

The licensing/certifying process has gained general acceptance within the treatment field as a positive tool for both client protection and program improvement. The licensing/certifying regulations have been accepted by NIDA in lieu of the Federal Funding Criteria for the Statewide Services Grants (SWSG). A special schedule of site visits has been established to monitor the SWSCs program's performance.

Counselor registration, the second major element in quality assurance, is not under the auspices of OADAP. Maine has adopted a voluntary counselor registration process. Registration is achieved by passing a written and oral examination, and by meeting certain other eligibility requirements. The process is administered by the Maine Board of Registration of Substance Abuse Counselors under the Department of Business Regulation.

The volume of applications has grown to the point where the volunteer Board is being taxed to its limits. The Board feels that this overload is the temporary result of an initial influx of applicants and that legislative action to address this overload is not necessary at this point.

2. GOALS

GOAL I: Improve the efficiency of the licensing/monitoring process.

- Objective 1: Revise and clarify scoring system for on-site inspections of treatment facilities. (August 1, Licensing/Monitoring Specialist)
- Objective 2: Update regulations for licensing/certifying of substance abuse treatment facilities. (September 1, Licensing/Monitoring Specialist)
- Objective 3: Rearrange licensing schedule to improve work flow. (October 1, Licensing/Monitoring Specialist)
- Objective 4: Ensure that licensing/monitoring personnel receive ongoing training. (Ongoing, Licensing/Monitoring Specialist)

Chart 6

Quality Assurance

GOAL I

Objective 1 -	Labor	= 106		
	Support	= 66	172	
		Total		172
Objective 2 -	Labor	= 2,723		
	Support	= 199		
	Materials, etc.	= 200		
	Travel	= 25	3,147	
		Total		3,147
Objective 3 -	Labor	= 425	425	
		Total		425
Objective 4 -	Labor	= 1,592		
	Support	= 66		
	Materials, etc.	= 200		
	Travel	= 2,058	5,802	
		Total		5,802
	Total for Chart 6			$9,546

4. PREVENTION AND EDUCATION

A. Resource Assessment

OADAP has a full-time State Prevention Coordinator. The SPC and clerical support are funded by a prevention grant from NIDA. The SPC monitors prevention projects funded by OADAP, coordinates prevention activities carried out by various agencies, and promotes the concept of prevention throughout the State. OADAP's direct prevention services consist of the distribution of pamphlets, posters and other literature to the general public and various professionals engaged in prevention activities; and personal appearances by staff members at workshops and other public forums devoted to public education on substance abuse.

As mentioned earlier, the Department of Educational & Cultural Services, the University of Maine/Farmington School Health Education Project, and other programs are also engaged in prevention activities.

The prevention goals contained in this Plan are incomplete in that they do not reflect a full year's activities. Two of the major efforts in prevention are scheduled for completion by October - the plan and the prevention conference. Many of the activities occurring beyond October will be determined by the content of the prevention plan which will be developed by the Governor's Committee on the basis of regional hearings for citizen input. SPC staff time and other resources have not been totally committed to the goals contained in this Plan in recognition that they will need to be available after October to carry out the activities proposed in the prevention plan.

In addition to recommending action for the OADAP SPC the Plan will address such issues as defining a uniform approach to prevention and specifying which agencies should be responsible for direct prevention activities and generating resources for prevention efforts. These recommendations will be based on regional plans, the prevention needs assessment, and community input provided at the regional hearings.

B. Goals

GOAL I: Develop a comprehensive prevention plan which will be relevant to the distinct needs of Maine's population.

Objective 1: Compile present needs assessment data from SHEP, and community-wide surveys to formulate a stronger data base. (July 15, SPC, Planner)

Objective 2: Conduct regional hearings utilizing Governor's Committee members to collect verbal testimony in 5-10 regions throughout the State. (August 1, SPC)

Objective 3: Distribute draft of committee recommendations to random agencies for input. (August 15, SPC)

Objective 4: Compile recommendations and needs assessment data with the Governor's Committee to formulate a plan. (October 1, SPC, OADAP staff)

Objective 5: Explore continuation of committee's role in the prevention field. (November 1, SPC)

Objective 6: Prepare recommendations for legislation and other funding based on the committee's recommended plan. (January 1, SPC)

GOAL II: Explore the development of a broader funding base for prevention services in Maine.

Objective 1: Participate in the risk reduction program for alcohol and smoking prevention in conjunction with the Bureau of Public Health. (July 1, SPC)

Objective 2: Apply to NIAAA for prevention monies. (August 15, SPC)

Objective 3: Work with the Department of Mental Health & Corrections to develop a grant proposal for funding. (January 30, SPC, Grants Manager)

Objective 4: Develop legislation for funding of prevention programs statewide. (January 1, SPC)

GOAL III: Enhance the development of a strong network among prevention providers with the State.

Objective 1: Explore the possibility of developing a prevention group for professionals from: Public Health, Department of Educational & Cultural Services, LEAA, SHEP, and grantees from our projects MASAP, ARC. (November 1, SPC)

Objective 2: Encourage the development of joint training endeavors among prevention workers. (Ongoing, SPC, Work Force Training)

Objective 3: Provide a mechanism through NERSC for representatives from the above groups to participate in prevention training packages. (November 1, SPC)

GOAL IV: Conduct a statewide drug and alcohol abuse prevention conference. (October 20 and 21, SPC, OADAP Staff)

(The major tasks of planning for the conference have already been accomplished.)

Chart 8

Prevention

GOAL I

Objective 1 -	Labor	= 408		
	Support	= 133	541	
		Total		541
Objective 2 -	Labor	= 1,809		
	Support	= 199		
	Materials, etc.	= 200		
	Travel	= 650	3,168	
		Total		3,168
Objective 3 -	Labor	= 445		
	Support	= 330		
	Materials, etc.	= 220	995	
		Total		995
Objective 4 -	Support	= 528		
	Materials, etc.	= 220	748	
		Total		748
Objective 5 -	Support	= 66	66	
		Total		66
Objective 6 -	Labor	= 264		
	Support	= 2,415	2,679	
		Total		2,679

GOAL II

Objective 1 -	Labor	= 1,290		
	Materials, etc.	= 40		
	Travel	= 180	1,510	
		Total		1,510
Objective 2 -	Labor	= 535		
	Support	= 66	601	
		Total		601

(Continued)

(Chart 9 Continued)

Objective 3 -	Labor	= 535		
	Support	= 133	668	
		Total		668

GOAL III

Objective 1 -	Labor	= 1,038		
	Support	= 66		
	Travel	= 230	1,334	
		Total		1,334
Objective 2 -	Labor	= 1,326		
	Support	= 66	1,392	
		Total		1,392
Objective 3 -	Labor	= 792		
	Support	= 66	1,038	
		Total		1,038

GOAL IV

Objective 1 -	Labor	= 5,197		
	Support	= 990		
	Materials, etc.	= 20,000*		
	Travel	= 230	26,417	
		Total		26,417
	Total for Chart 9			$41,157

*Most of this cost will be defrayed by registration fees.

5. MANPOWER AND TRAINING

A. Resource Assessment

OADAP has a legislative mandate to "foster, develop, organize, conduct, or provide for the conduct of training programs for all persons in the field of treating alcoholics and intoxicated persons and drug abusers." Pursuant to that mandate, OADAP has participated in the NIDA State Training Support Program (STSP) since 1975. In addition OADAP began operation of the NIAAA State Manpower Development Program (SMDP) grant, funded in October of 1979, for a three year period. Both the NIDA STSP and the NIAAA SMDP grants provide resources to manage and develop the work force that is essential to deliver treatment services.

One full-time Work Force Coordinator (WFC) and a half-time Secretary are assigned responsibility for carrying out work force development activities. OADAP staff members do not directly provide training. OADAP funds and organizes training events, purchases slots in existing training programs, and plans for and monitors training. Chart 7 depicts the interrelationship of the major components of the substance abuse work force system. The chart also indicates that the substance abuse training system is not the only training resource available.

Historically, OADAP has recognized the need to develop both the work force in the treatment system and those workers who encounter substance abusers in other health and social service systems. As in past years most of our resources will be devoted to work force issues within the treatment system itself. Consistent with other goals in this Plan special efforts will be made to address the work force issues in prevention programs.

A major goal for the coming year is to develop a work force management system of which a training system is part. Those objectives necessary to develop a management system are presented first. Objectives necessary to improve the functioning of the training system are presented next. Finally, objectives for maximizing interaction with other systems are presented.

The NIAAA SMDP grant has provided the resources to enable OADAP to take a more systematic approach to work force issues. Up until now,training has been prescribed as the panacea for all work force ills. In the coming year many work force issues will be examined from the perspective of applying other solutions which may prove to be more effective than training. A key part of this effort is the development of an interest and capacity to deal with work force issues among the workers in the field.

B. Goals

GOAL I: Implement the Work Force Management System

Objective 1: Establish the Work Force Coordinating Council

Activity a:

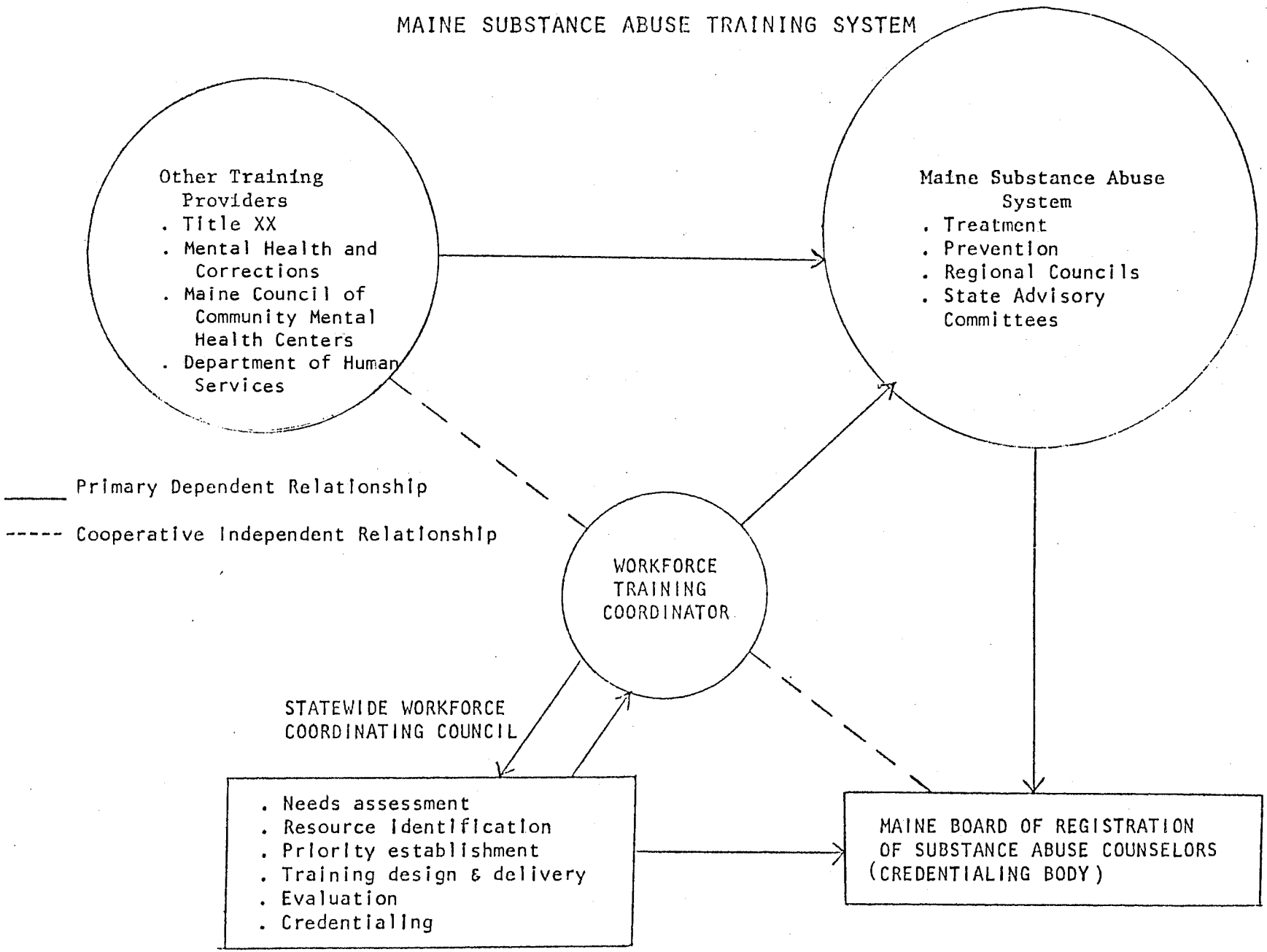
Develop expert panel resource list.

Activity b:

Design membership recruitment strategy.

Chart 7

MAINE SUBSTANCE ABUSE TRAINING SYSTEM



Activity c:

Publish and distribute work force management system concept paper.

Activity d:

Hold meetings with selected groups to obtain support for, and commitment to, the system.

Activity e:

Implement recruitment strategy.

Activity f:

Hold organizational meeting.

Objective 2: Complete counselor skill/knowledge survey.

Activity a:

Analyze results (July 15, Planner)

Activity b:

Develop report and distribute to field and Work Force Coordinating Council. (September 15, WFC)

Activity c:

Develop with field and Work Force Coordinating Council an action plan to address training needs identified. (December 1, WFC)

Objective 3: Conduct a special study concerning Maine's 22% substance abuse work force turnover rate. (October 15, Planner, WFC)

Activity a:

Determine turnover rate among similar human services providers within the State and nationally.

Activity b:

Conduct survey to assess causes of terminations.

Activity c:

Present data to Work Force Coordinating Council for action.

Objective 4: Upgrade data capacity of licensing protocols. (December 31, WFC)

Activity a:

Detail areas of licensing process that may elicit needed work force data.

Activity b:

Negotiate changes in licensing protocols to elicit needed work force data.

Activity c:

Develop Work Force Coordinator's licensing data monitoring schedule.

GOAL II: Continue to operate Maine's Substance Abuse Training System.

Objective 1: Update work force needs assessment data bank. January 30, WFC)

Objective 2: Identify training resources. (Ongoing, WFC)

Activity a:

Maintain training resource file.

Activity b:

Meet quarterly with the following:

1. Director, Staff Training Unit, Department of Human Services.
2. Director, Work Force Project, Mental Health and Corrections.
3. Director, Maine Council of Community Mental Health Centers.

Activity c:

Participate in NIDA National Manpower Training System resource-sharing system.

Activity d:

Assess availability of federal and state fiscal resources for work force development activities.

Objective 3: Establish training priorities. (November 15, WFC)

Activity a:

Prepare resource option documentation.

Activity b:

Present documentation to Work Force Coordinating Council.

Objective 4: Design and develop training resources. (Ongoing, WFC)

Activity a:

Write RFP for training services, as appropriate.

Activity b:

Develop trainers in three NIDA packaged courses.

Activity c:

Purchase training slots from existing resources.

Objective 5: Deliver training. (Ongoing, WFC)

Activity a:

Establish training schedule.

Activity b:

Operate trainee recruitment and selection system.

Activity c:

Select training sites.

Objective 6: Evaluate effectiveness of training delivery. (Ongoing, WFC)

Activity a:

Read evaluation data.

Activity b:

Contact 10% of trainee population for feedback on training experience.

Objective 7: Maintain linkage between Maine Substance Abuse Training System and credentialling mechanism. (Ongoing, WFC)

Activity a:

Hold quarterly meetings with chairperson of Maine Board of Registration of Substance Abuse Counselors.

Activity b:

Invite consumer representative to participate in Work Force Coordinating Council.

Activity c:

Obtain Board approval for system training courses, as needed.

Chart 9

Manpower and Training

GOAL I

Objective 1 -	Labor	= 5,722		
	Support	= 199		
	Materials, etc.	= 200		
	Travel	= 130	6,251	
		Total		6,251
Objective 2 -	Labor	= 1,805		
	Support	= 133		
	Materials, etc.	= 650	2,588	
		Total		2,588
Objective 3 -	Labor	= 1,682		
	Support	= 264		
	Materials, etc.	= 100		
	Travel	= 75	2,121	
		Total		2,121
Objective 4 -	Labor	= 588	588	
		Total		588

GOAL II

Objective 1 -	Labor	= 2,464		
	Support	= 199	2,663	
		Total		2,663
Objective 2 -	Labor	= 3,942		
	Support	= 133		
	Travel	= 500	4,595	
		Total		4,595
Objective 3 -	Labor	= 370		
	Support	= 133	503	
		Total		503

(Continued)

(Chart 8 continued)

Objective 4 -	Labor	= 4,065		
	Support	= 199		
	Materials, etc.	= 135	4,399	
		Total		4,399
Objective 5 -	Labor	= 2,448		
	Support	= 663		
	Materials, etc.	= 17,035		
	Travel	= 150	20,296	
		Total		20,296
Objective 6 -	Labor	= 986		
	Support	= 66		
	Materials, etc.	= 40		
	Travel	= 110	1,202	
		Total		1,202
Objective 7 -	Labor	= 941	941	
		Total		941
	Total for Chart 8			$34,579

PART V. BUDGET

Table 2

PROJECTED EXPENDITURES BY FUNCTIONAL AREAS AND SOURCE OF FUNDS FOR FY 1981

SOURCE	TOTAL	Administrative Services	Planning/ Coordination	Management Information System	Treatment/ Rehabilitation/ Intervention	Quality Assurance/ Evaluation	Prevention/ Education	Manpower/ Training
STATE APPROPRIATION	1,455,068	41,805	27,703	17,029	1,346,739	11,653	10,139	
NIAAA FORMULA	305,067	30,506	118,152	21,143	56,645	29,700	12,744	36,177
NIAAA UNIFORM ACT INCENTIVE	211,013				211,013			
NIAAA STATE WORK FORCE DEVELOPMENT PROGRAM	30,000							30,000
NIDA 409 FORMULA	181,913	18,191	42,035	5,407	30,589	14,071	71,620	
NIDA 410 STATE-WIDE SERVICES GRANT	249,305				227,436	21,869		
NIDA 410 STATE TRAINING SUPPORT PROGRAM	29,644							29,644
NIDA STATE PREVENTION COORDINATOR PROGRAM	65,000						65,000	
TITLE XX	1,050,000	52,500			997,500			
OTHER	135,900	14,000			121,000	900		
TOTAL	3,712,078	156,919	187,141	43,579	2,990,922	78,193	159,503	95,821

PART VI. ASSURANCES

No changes have been made which require the restating of assurances already given in previous years. These assurances are incorporated by reference into this Plan. In addition to these assurances, assurance is given that OADAP will comply with the following new requirements:

We assure that prevention and treatment programs will be designed to meet the special needs of women, the elderly, and individuals under the age of 18. This is consistent with our past and current policy of encouraging and supporting the development of such programs. It is a logical outgrowth of the special population needs projects conducted during the past year.

We assure that, insofar as practical, the survey of need for the prevention and treatment of alcohol abuse and alcoholism is coordinated with, and not duplicative of, the drug abuse and dependence survey. OADAP is a combined single state agency. We have adopted a conceptual focus on substance abuse whenever possible.

As a combined drug and alcohol single state agency, coordination of planning between the drug and alcohol state agencies is assured. We further assure that we will maintain coordination of planning with local drug and alcohol abuse planning agencies and with other state and local health planning agencies.

We assure we (A) will foster and encourage the development of alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs and services in state and local governments and in private businesses and industry; (B) will make available to all business concerns and governmental entities within such state information and materials concerning such model programs suitable for replication on a cost effective basis as are developed pursuant to section 201(b) of Public Law 96-180; and (C) will furnish technical assistance as feasible to such business concerns and governmental entities. Maine has a state employee assistance program. OADAP employs an Occupational Program Specialist to provide technical assistance to business and government agencies.

A CONCEPTUAL DESIGN FOR THE STATE-WIDE WORK FORCE COORDINATING SYSTEM

In order to examine and resolve the diverse issues affecting Maine's substance abuse work force, it is necessary to coordinate the data gathering and problem solving functions of people within the substance abuse field in a systematic manner. The State-wide Work Force Coordinating System described herein is intended to allow for the timely gathering of "real world" data and its subsequent comparison with standards established by the many groups involved in substance abuse treatment and prevention planning. The results of such comparisons would then provide a problem solving basis for persons concerned with work force issues.

The key persons involved in this system operation are the OADAP State-wide Work Force Coordinator, other OADAP staff as appropriate and a thirty member council made up of persons representing the many facets of the substance abuse treatment and prevention community. Included in the council membership are ten "field area resource person" positions. These positions are filled as required and persons assigned to them retain membership on the council only for the period of time during which a problem requiring their particular field expertise is being considered. This factor, essentially limits the systems capacity to solve problems to ten distinct field areas.

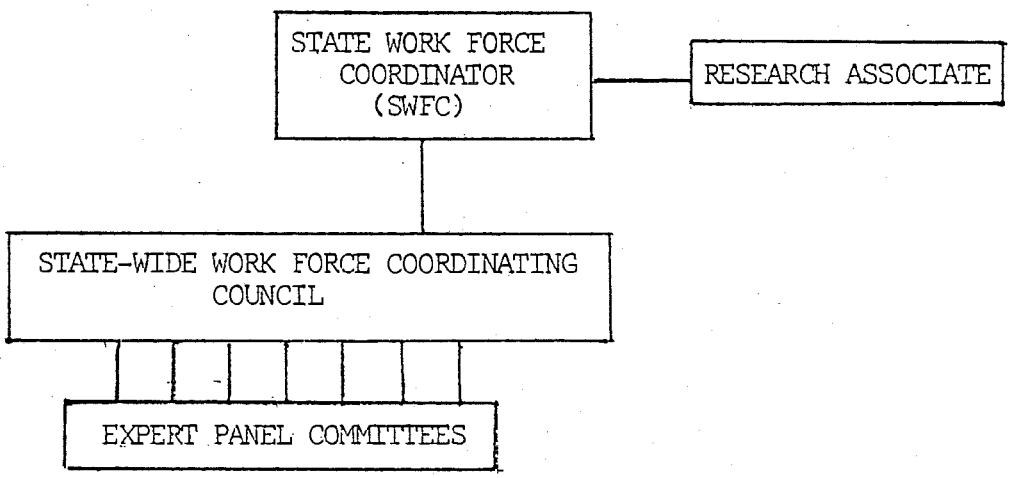
The council structure and membership allowances are illustrated in exhibit (1). The selection process for council membership will largely depend on the various interest groups seeking representation on the council. As mentioned above, the resource persons will serve for limited periods and should be selected by the OADAP State-wide Work Force Coordinator with the approval of a majority of the council membership. The five state advisory council members should also be a subcommittee of the Governor's Advisory Council. This dual capacity will serve to integrate the work of the two councils in matters relating to work force issues.

The council structure is designed to answer to both political and practical concerns. In order for any state-wide effort which attempts to address "people" issues to succeed, it is necessary to obtain top level agreement from all interests involved. Thus, the membership makeup of the council allows for the inclusion of a wide

Exhibit (1)

STATE-WIDE WORK FORCE DEVELOPMENT SYSTEM

(1) ORGANIZATIONS:



COUNCIL MEMBERSHIP

1	Representative of each regional council	(5)
1	Resource person from each field area	(10)*
5	Representatives from program professional staffs	(5)
5	Non-field employed persons	(5)**
5	State advisory council members	(5)***
	Total membership	(30)

*Maximum of 10 at any one time. Persons will serve only while their area of expertise is being reviewed.

**Volunteers, facility board members, former clients, etc.

***Same as membership of Work Force Development Committee of State Advisory Council.

variety of inputs for decision making. This council will develop "policy" as its major function. In order that its developed policy may be more practical, the inclusion of field experts as resource persons on the council is necessary. These two prime considerations are vital to any policy making body whose ultimate success depends largely on voluntary compliance.

The actual system in which the council and other staff personnel will function is illustrated in exhibit (2). It may be readily recognized as a five step problem solving design and includes both a data development and decision making function in each step. As indicated in each block, staff persons are responsible for providing the data which the council membership makes its decisions based on it. The system is open-ended in that any opportunity to compare actual conditions with existing standards may be used to initiate the problem solving process. Likewise, the end result of the process may entail any imaginable solution which is evaluated for effectiveness in solving the initial problem. If the results are unsatisfactory, the problem may again be considered within the system's context.

The following is a functional description of the various system components which makeup each major subsystem shown in exhibit (2):

1. NEEDS ASSESSMENT AND STUDY REQUEST -
   Exhibit (3a) illustrates the major components of this subsystem. The purpose of this component is to make a comparison of base line data and relevant standards. The differences are presented to the council in the form of a "Needs Assessment Finding Report."

   Base line data is continuously collected in accordance with mandated requirements or situational convenience. A more formal approach to this process is shown in the "Base Line Data" block of exhibit (3a). Data requirements are matched which potential data sources utilizing a "best" method.

   The format in which the data is displayed is largely dependent upon the type, quantity and intended usage of the collected information. Once the requirements, sources, collection methods and format have been determined the data is collected and reports are generated as needed.

Exhibit (2)

(2) BASIC SYSTEM BLOCK DIAGRAM

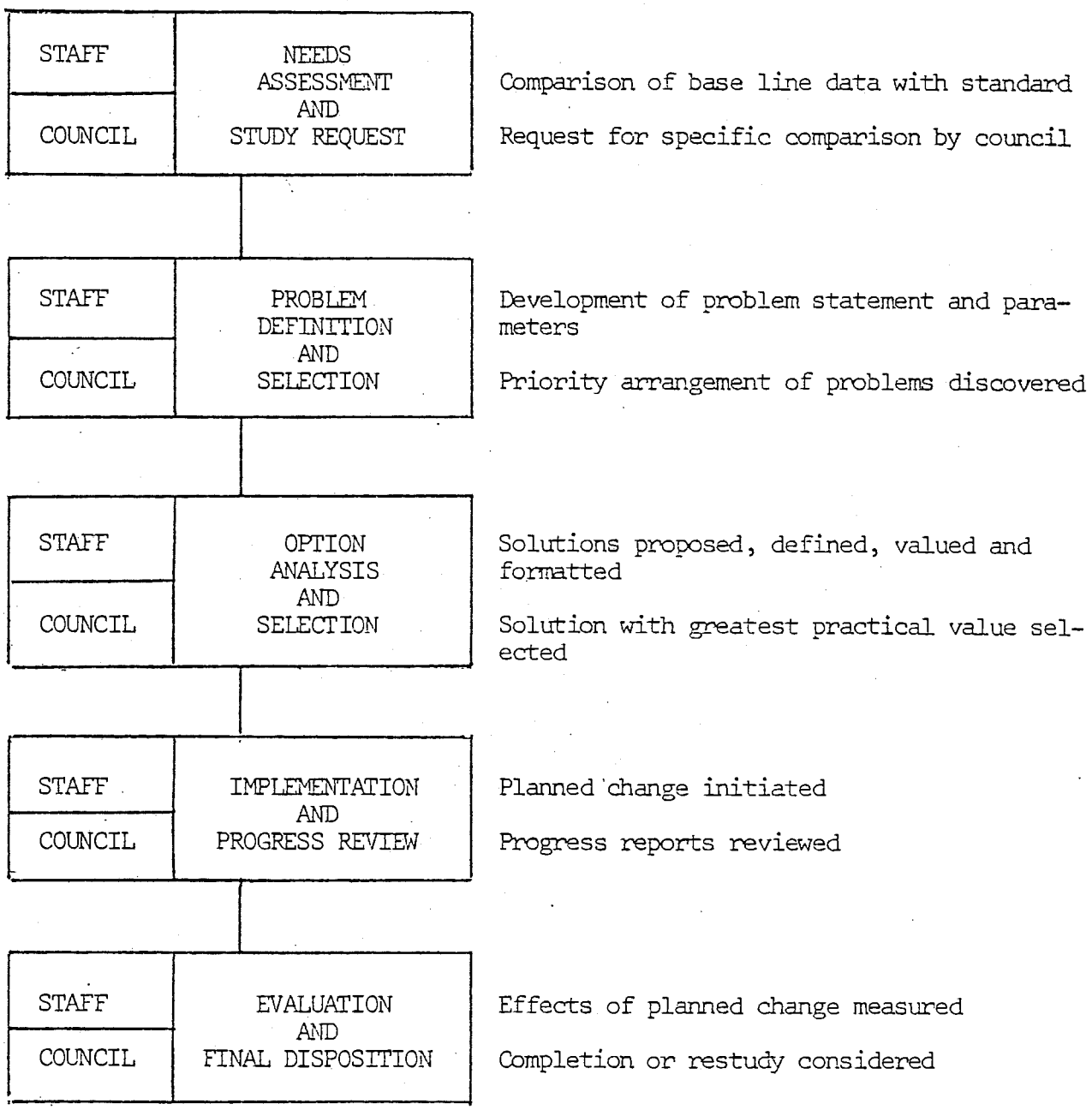
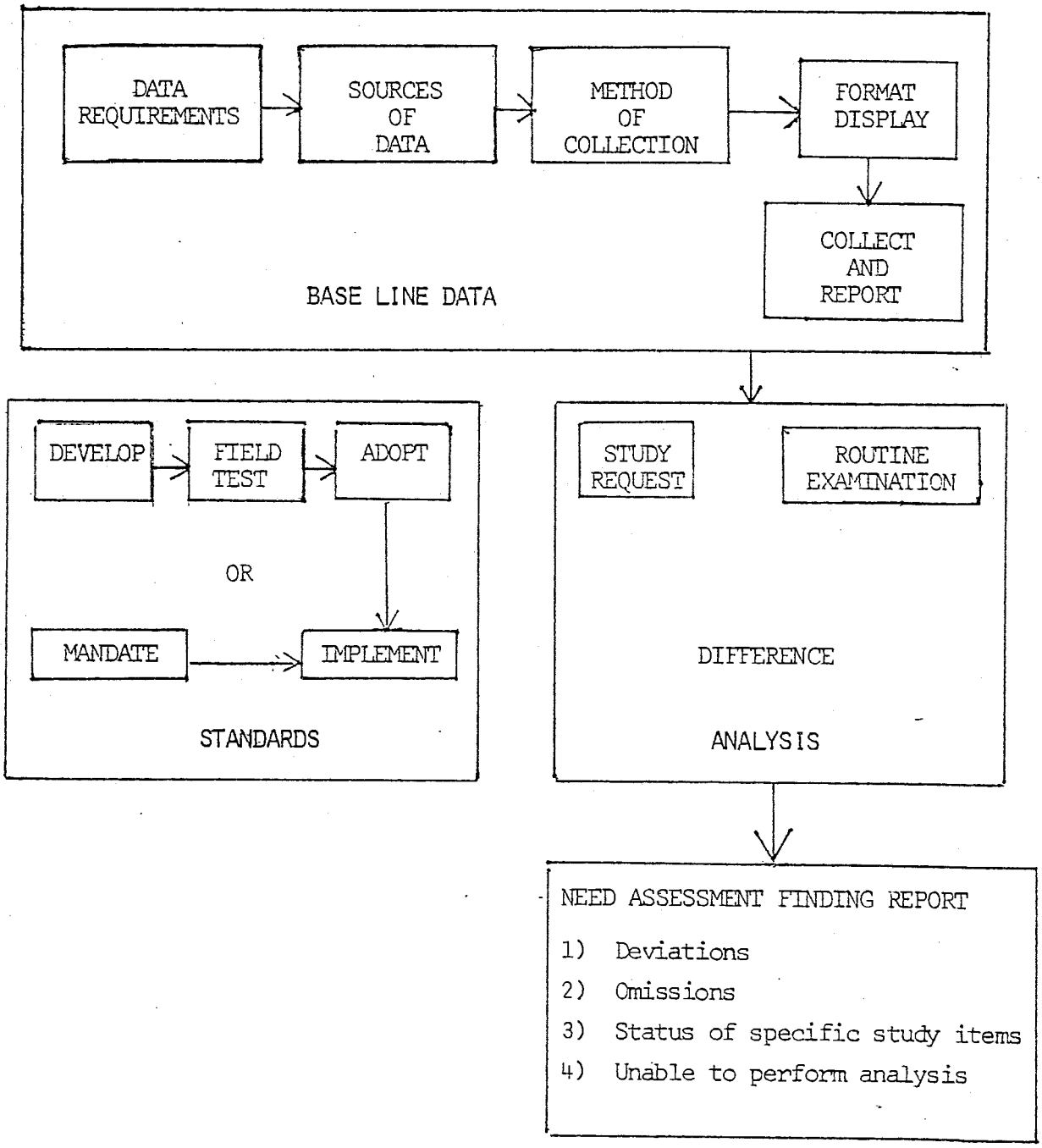


Exhibit (3a)

(3) SUBSYSTEM BLOCK DIAGRAMS

a) Needs assessment and study request



Standards already exist for many areas of substance abuse treatment and prevention operations. However, much frustration is still experienced by persons attempting to measure other aspects of the substance abuse field because of the existence of poorly developed standards or the lack of any standard at all. It is beyond the scope of this discussion to provide a detailed methodology for standards development. As shown in the "standards" block of exhibit (3a) standards are typically developed, field tested and adopted or they are mandated by some authority and implemented. Regardless of how they are developed, they may be useful for comparison purposes in this system, since the discovery of an improper standard may be the key to resolving a work force issue.

As indicated in exhibit (3a), base line data and standards are fed into the difference analysis portion of the Needs Assessment and Study Request component. The difference analysis may take place as a result of two factors. Since base line data is continuously collected and standards are generally established for application over relatively long periods of time routine examination is likely to indicate the need for differences to be analyzed and reported without any formal action to initiate such an analysis. On the other hand, if the council's attention is focused on a certain issue, then it may initiate the difference analysis step by making a formal study request.

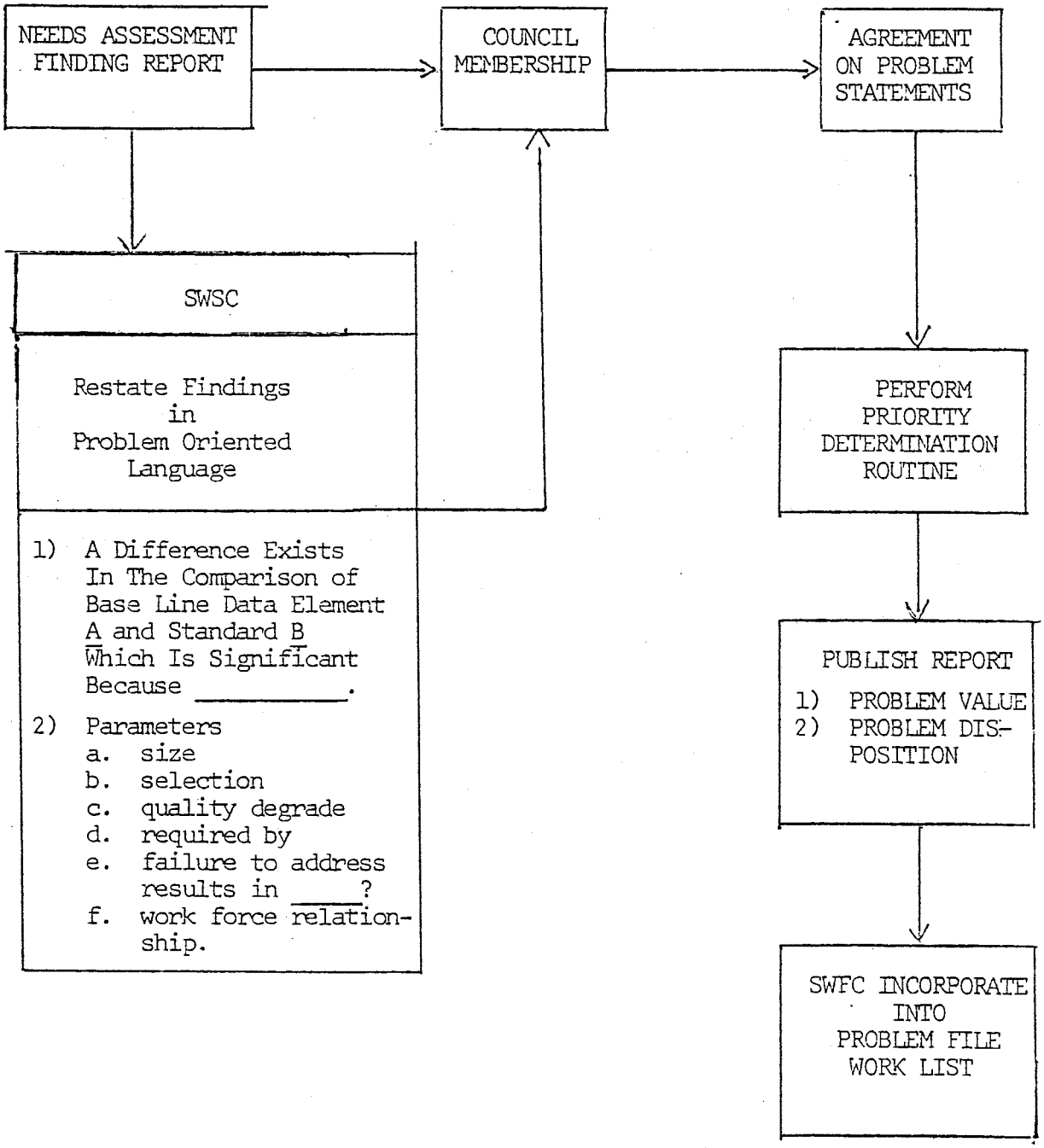
In either case, the difference analysis portion this system component will result in the generation of a "Needs Assessment Finding Report." This report to the council will indicate any deviations from the accepted standard, omissions of required activity, the status of any items deemed critical by the council study order and explanations as needed, for items requested which cannot be analyzed and presented in the report. The reports are to be made available to appropriate OADAP staff persons (always to the OADAP State-wide Work Force Coordinator) and to the council. The availability of the "Needs Assessment Finding Report" initiates activity which makes up the next major component of the system.

2. PROBLEM DEFINITION AND SELECTION -

Exhibit (3b) illustrates this subsystem. As stated above, the "Needs Assessment Finding Report" is made available to the council and the State-wide Work

Exhibit (3b)

(b) PROBLEM DEFINITION AND SELECTION



Force Coordinator. Utilizing appropriate OADAP staff depending on the number problems indicated in the report and the complexity of the issues involved, the work force coordinator examines the information presented and restates the report's findings in problem oriented language an example of which is included in the SWFC block of exhibit (3b). This is a critical step in the process since the manner in which the problems are stated may greatly influence the outcome of the councils decision concerning which problems require the most attention.

The council membership then receives the restated findings and agrees to, or modifies, the wording developed by thepanel. A method of priority setting is then applied and problems are reported out of the council in priority order with initial recommendations concerning the disposition of each problem. Problems which are deemed in need of resolution by the council are incorporated by the work force coordinator into the problem file work list. This list should contain a brief summary of the problems listed in a format which allows for periodic progress updating. The work list should be regularly available for review by the council membership.

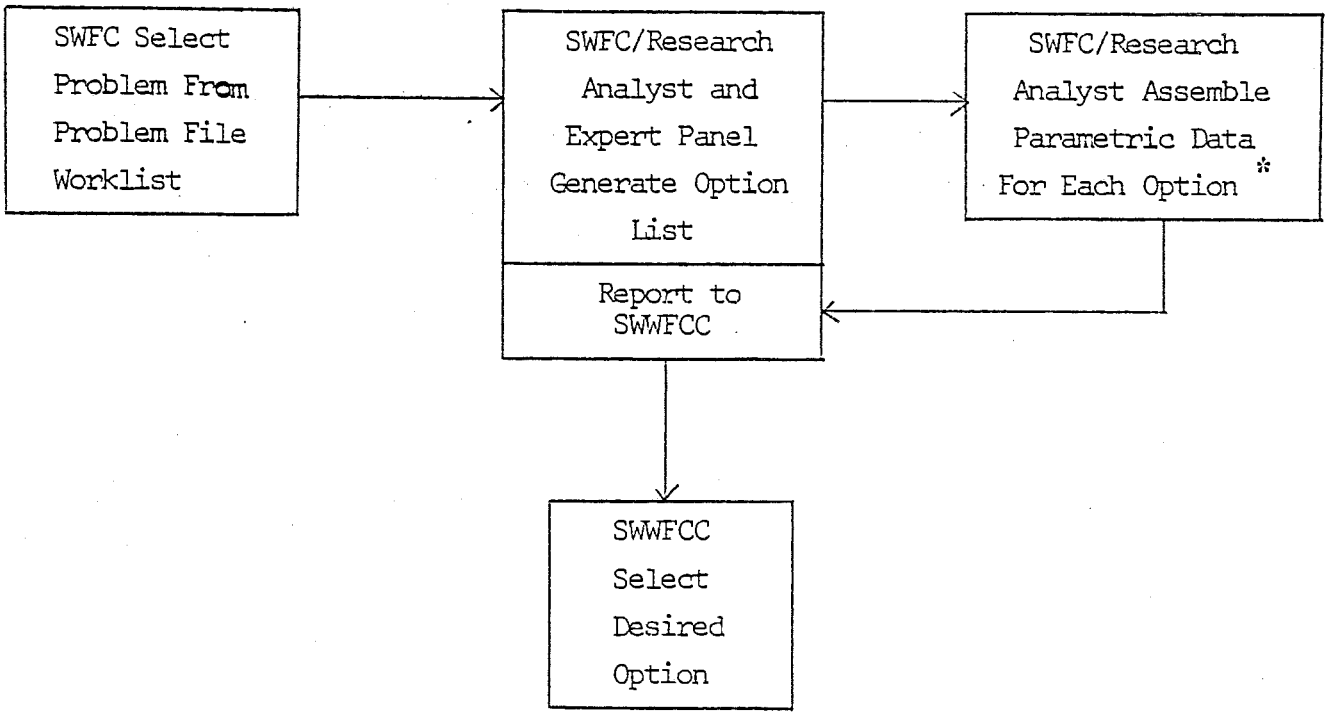
3. OPTION ANALYSIS AND SELECTION -

As shown in exhibit (3c) the State-wide Work Force Coordinator selects a problem from the current "Problem File Work List" and with the assistance of the OADAP Research Analyst presents it to the appropriate expert panel for generation of a list of options. The expert panel should as a minimum be composed of any resource persons selected for council membership whose area of expertise relates to the problem being considered, and two other regular members of the council. As the panel generates options, the work force coordinator and the research analyst jointly assemble parameter data for each one. Exhibit (3c) displays a typical listing of these data elements. The list will necessarily vary dependent upon the nature of the options being considered.

Once all options developed by the panel have been researched, the complete list of options and their parameters are reported out of committee to the entire council. Through a process acceptable to the council, one (or more)

Exhibit (3c)

(c) OPTION ANALYSIS AND SELECTION



* PARAMETRIC DATA ELEMENTS:

a. Expected Degree of Impact on Problem
b. Effectiveness
c. Efficiency
d. Resource Limits
e. Time Constraints
f. System Disruption
g. Political Value
h. Long Range Benefits
i. Short Range Benefits
j. State of the Art
k. Funding Impact

option is selected and the OADAP State-wide Work Force Coordinator is directed to begin the process of implementation. With the exception of reviewing progress and making a final determination concerning the effectiveness of the option selected, this step completes the major work of the council membership for the problem under consideration.

4. IMPLEMENTATION AND PROGRESS REVIEW -

Exhibit (3d) illustrates the probable steps involved in implementing the selected option(s). From this point the process involved is nearly the same as that used for any OADAP activity involving program planning and development. The activity shown is largely self-explanatory. As with any project involving a specific OADAP functional area, the staff position established to address the function will usually monitor progress and report achievement in the overall Substance Abuse State Plan. In this case, the State-wide Work Force Coordinator is that position.

In addition to state plan related activity, the work force coordinator will report on progress to the State-wide Work Force Coordinating Council (oral reports are acceptable) and update the problem work list summaries to indicate success or failure of efforts. When the implementation and subsequent activity are complete the problem is removed from the problem file work list. This last step should not be undertaken until all pertinent evaluation activity is complete and the council has taken its final action on the problem at issue.

5. EVALUATION AND FINAL DISPOSITION -

This subsystem is illustrated in exhibit (3e) and is activated at the time that objectives are formulated for inclusion in the Substance Abuse State Plan. Both the OADAP Research Analyst and the State-wide Work Force Coordinator are involved throughout this process. At certain points it may be necessary to adopt alternate strategies for accomplishing a problem solution independent of council action. Such actions will be taken as a result of evaluation outcome and in the interest of efficiency and treatment system client welfare. If an activity cannot be accomplished or does not appear to be effective after being evaluated, a "no-go" decision may result. This will

Exhibit (3d)

(d) IMPLEMENTATION AND PROGRESS REVIEW

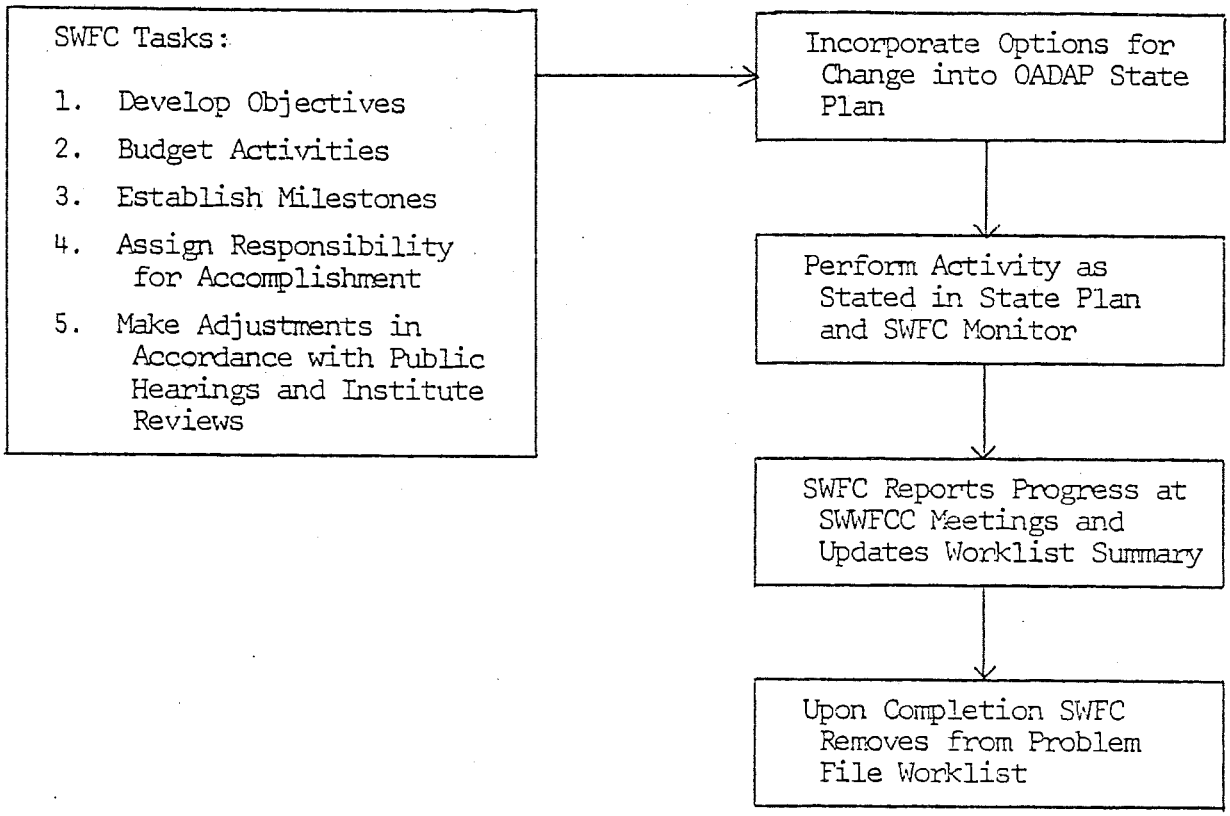
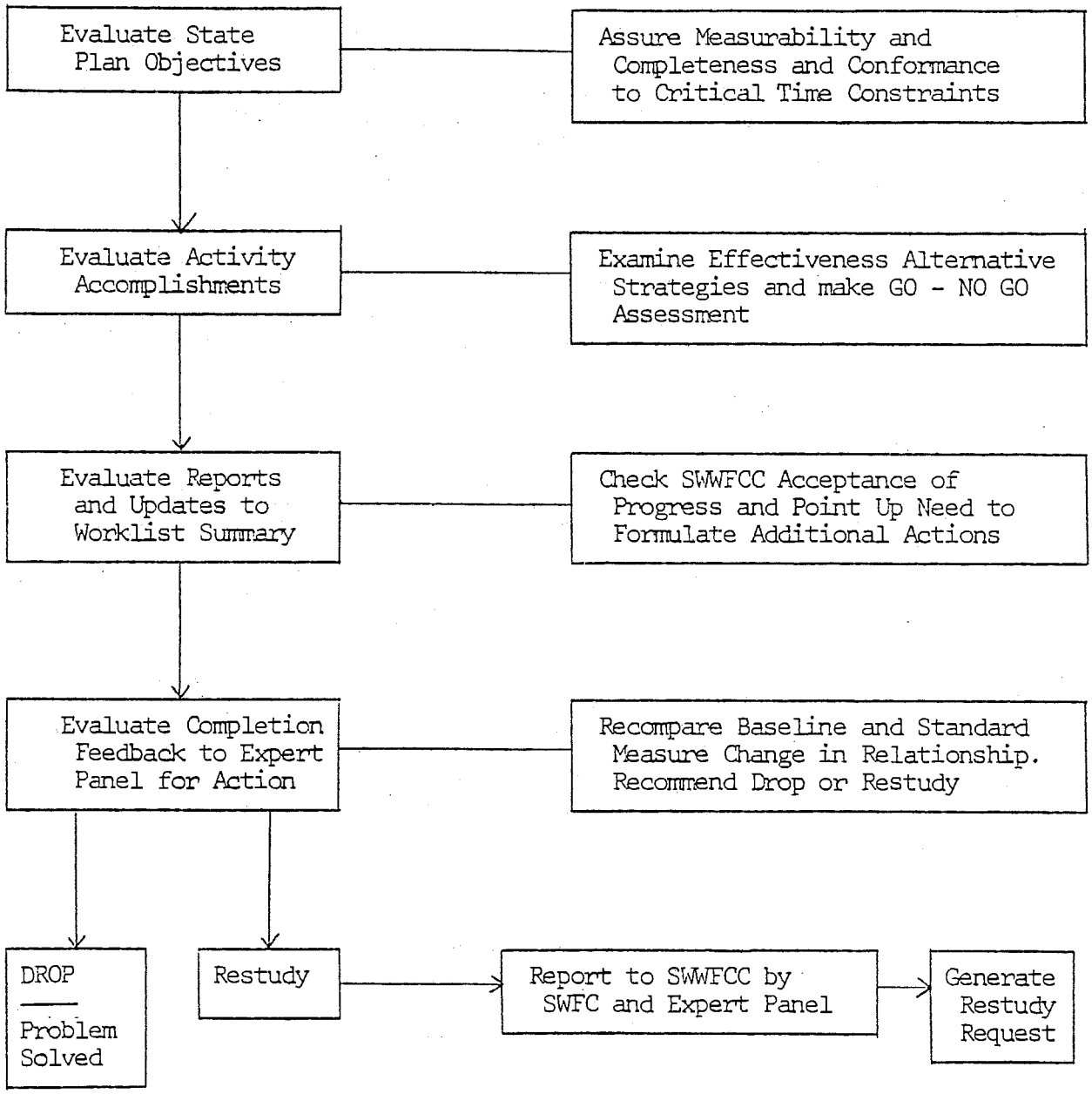


Exhibit (3e)

(e) EVALUATION AND FINAL DISPOSITION

Research Analyst and SWFC Accomplish:



necessitate polling the council for acceptance of any alternative "fix" that may be applied. The council should also indicate its own satisfaction with the results of the implementation process.

At completion of the implementation effort, base line data and the "standard" should be recompared. The change in the relationship of actual performance and the standard will be reported to the expert panel along with a recommendation for the council to drop the problem or request a restudy. If a restudy action is accepted the work force coordinator and the expert panel will generate a report to the entire council which will then generate a restudy request if it so desires. This request will again initiate a needs assessment and the problem solving process will be repeated.

This proposal has provided a framework of information about Maine's Treatment System, and what activities have been conducted to arrive at a work force plan. The remaining part of this proposal will be organized around the elements described in the SMDP grant application guidelines and constitutes the formal "plan."

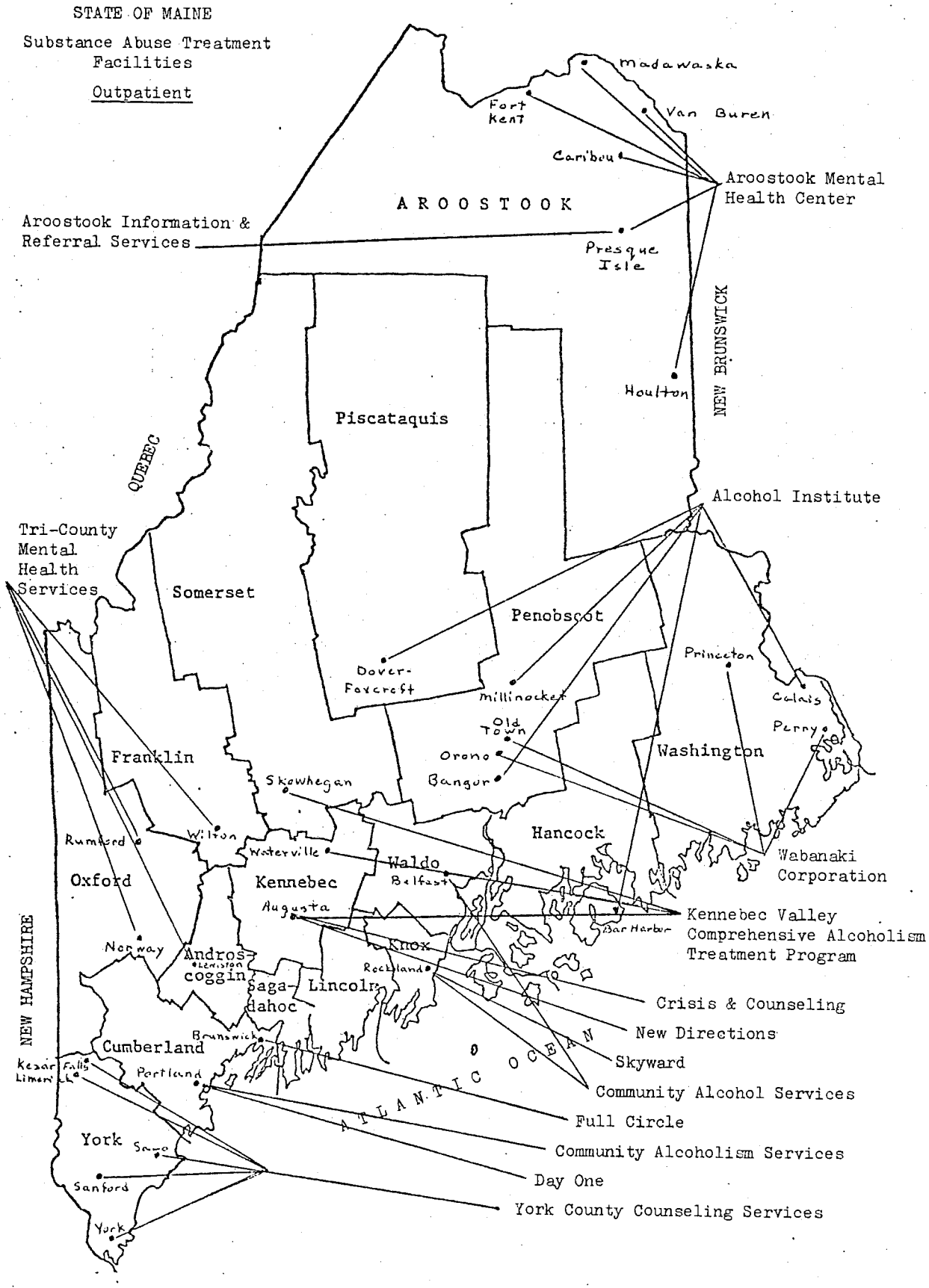
MAINE COUNCIL ON ALCOHOL AND DRUG ABUSE PREVENTION AND TREATMENT

MEMBER	AGENCY OR ORGANIZATION AFFILIATION	TERM
Charles C. Aleck, Jr. 137 Granite Street Mexico ME 04257	Counselor, Special Health Services, Boise Cascade	1979
Nancy Anne Bellhouse 1 Page Street, Apt. 105 Brunswick ME 04011	Youth	1980
John Blatchford P O Box 925 Bangor ME 04401	Banker Member, Eastern Regional Council on Alcohol & Drug Abuse	1980
Deborah Ann Buccina 302 Knox Street Rumford ME 04272	Youth	1980
Edward Dennison Box 1074 Lewiston ME 04210	St. Mary's Hospital Substance Abuse Treatment Unit	1981
A. Russell Didsbury, Chairman P O Box 17 Thomaston ME 04861 Term of Office - One year	Alcoholism Counselor, Community Alcohol Services, Belfast (Criminal Justice Coordinator)	1980
Rev. John J. Feeney 1342 Congress Street Portland ME 04100	Pastor, St. Patrick's Rectory Portland Member, National Catholic Clergy Council on Alcoholism	1982
Barbara A. Gill 70 Springwood Road South Portland ME 04106	Senator, Maine State Legislature	*
Stephen T. Hughes 108 Summer Street Auburn ME 04210	Representative, Maine State Legislature	*
Edward H Jones Route 2, Box 98 Waldoboro ME 04572	Coordinator, Central Senior Citizens Association	1980
Charles H. Milan III 46 Sylvan Drive Brewer ME 04412	Member, Eastern Regional Council on Alcohol & Drug Abuse Member, Advisory Board, Alcohol Institute, Eastern Maine Medical Center	1981

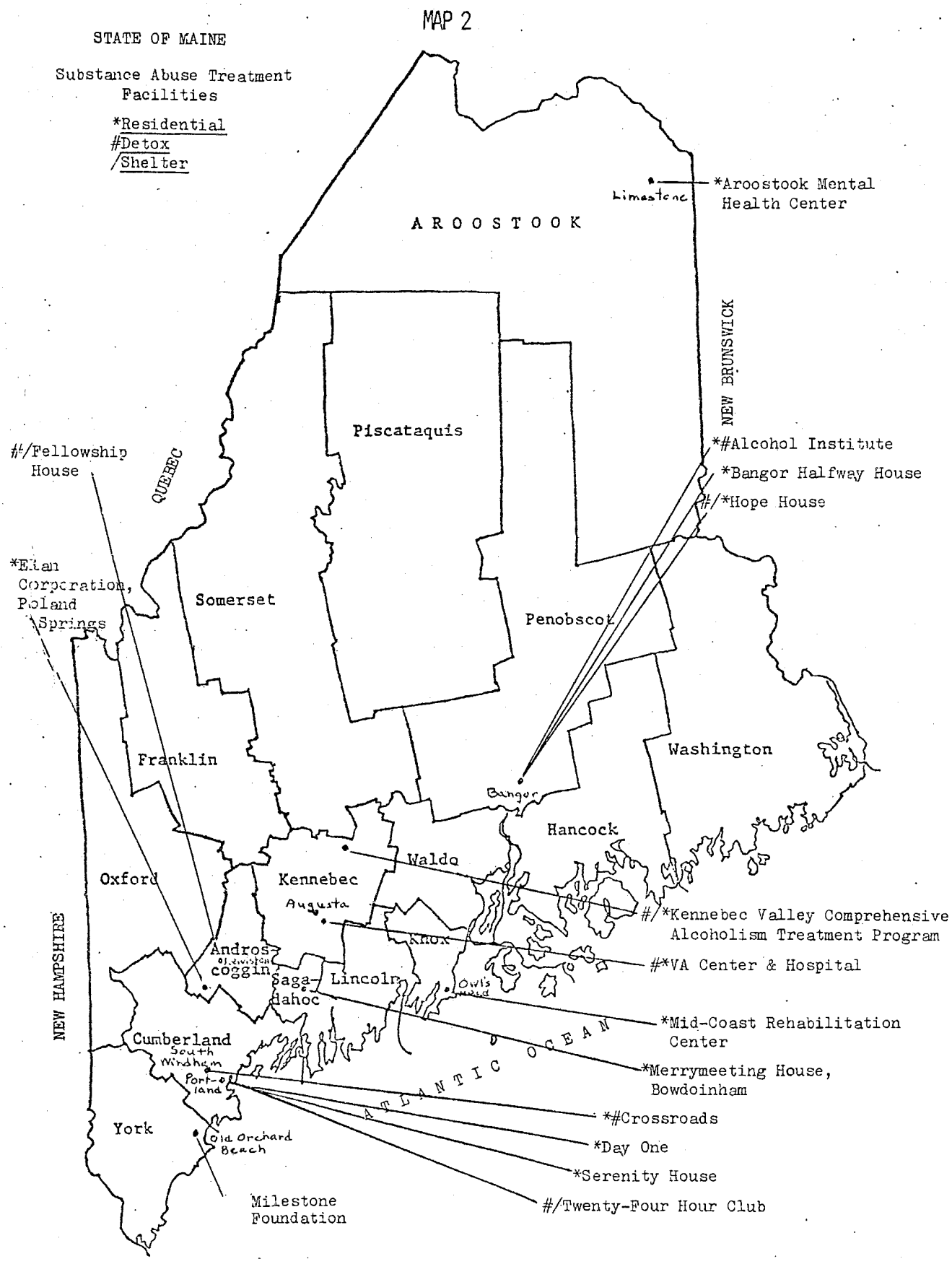
*Members of the Legislature will serve at the pleasure of the President of the Senate and the Speaker of the House.

Alberta R. Nichola P. O. Box 78 Old Town ME 04468	Registered Nurse Indian	1978
John M. Norris II 9 North Road Brewer ME 04412	Member, Eastern Regional Council on Alcohol & Drug Abuse	1982
William R. Owen 67 Applegate Lane Falmouth ME 04105	Retired	1982
Jeanne A. Rosse 757 Main Street South Portland ME 04106	Cumberland County Sheriff's Office	1981
Eaton W. Tarbell 1 Merchant Plaza Bangor ME 04401	Member, Eastern Regional Council on Alcohol & Drug Abuse	1979
Frederick Wendelken, Jr. 23 Wheeler Park Brunswick ME 04011	Retired	1980

MAP 1


STATE OF MAINE
Substance Abuse Treatment Facilities
Outpatient
Madawaska
Fort Kent
Van Buren
Caribou
Aroostook Mental Health Center
AROOSTOOK
Aroostook Information & Referral Services
Presque Isle
NEW BRUNSWICK
Houlton
Piscataquis
QUEBEC
Alcohol Institute
Tri-County Mental Health Services
Somerset
Penobscot
Dover-Foxcroft
Princeton
Millinocket
Calais
Old Town
Perry
Orono
Bangor
Franklin
Washington
Skowhegan
Hancock
Rumford
Wilton
Waterville
Waldo
Belfast
Wabanaki Corporation
Oxford
Kennebec
Augusta
Bar Harbor
Kennebec Valley Comprehensive Alcoholism Treatment Program
Norway
Knox
Androscoggin
Lewiston
Rockland
Sagadahoc
Lincoln
Crisis & Counseling
New Directions
NEW HAMPSHIRE
Cumberland
Brunswick
Skyward
Kezar Falls
Portland
ATLANTIC OCEAN
Community Alcohol Services
Full Circle
York
Saco
Community Alcoholism Services
Day One
Sanford
York County Counseling Services
York

Appendix 4


MAP 2
STATE OF MAINE
Substance Abuse Treatment Facilities
*Residential
#Detox
/Shelter
*Aroostook Mental Health Center
Limestone
AROOSTOOK
NEW BRUNSWICK
Piscataquis
*#Alcohol Institute
*Bangor Halfway House
#/*Hope House
#/Fellowship House
QUEBEC
*Elan Corporation, Poland Springs
Somerset
Penobscot
Franklin
Washington
Bangor
Hancock
Waldo
Oxford
Kennebec
Augusta
#/*Kennebec Valley Comprehensive Alcoholism Treatment Program
Knox
#*VA Center & Hospital
NEW HAMPSHIRE
Androscoggin
Lewiston
Saga-
Lincoln
Owl's Head
Dahoc
*Mid-Coast Rehabilitation Center
Cumberland
South Windham
Portland
ATLANTIC OCEAN
*Merrymeeting House, Bowdoinham
*#Crossroads
*Day One
*Serenity House
#/Twenty-Four Hour Club
York
Old Orchard Beach
Milestone Foundation