

MAINE STATE LEGISLATURE

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UPDATE TO THE
MAINE STATE PLAN ON
ALCOHOL ABUSE AND ALCOHOLISM

by the
OFFICE OF ALCOHOLISM AND DRUG ABUSE PREVENTION

March 1, 1977

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COMMISSIONER

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

ADDRESS REPLY TO:
32 Winthrop Street
Augusta, Maine 04330
207-289-2781

February 28, 1977

Mr. Edward J. Montminy
Acting Regional Health Administrator
Dept. of Health, Education and Welfare
Region I - JFK Federal Building
Boston, Massachusetts 02203

Dear Mr. Montminy:

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

This Office has completed development work on the Five Year Forward Plan which was mentioned in last year's update. The Five Year Forward Plan has been used as a basis for developing the action plan included in this update. We are currently fighting the "appropriations battle" to obtain sufficient state monies with which to carry out our objectives. Our success with these endeavors is the key to our program. Given the financial resources, there is little doubt that we will succeed with our objectives of a comprehensive approach to the problems of alcohol abuse and alcoholism.

Sincerely,

A handwritten signature in cursive script that reads "Michael D. Fulton".

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

MDF/bp
Enclosure

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PART I: STATE ADVISORY COUNCIL

A. Membership Data

Public Law 91-616, as amended, requires State Alcoholism Agencies to review and update the State Alcoholism Plan annually and to submit the modifications to the Secretary for review. Modifications to the basic document which are to be submitted annually must include the following:

The council membership has not changed since last year. The Governor is aware of the federal membership requirements and is in the process of considering appointments. Poverty, youth, women, minority and the Health Systems Agency (HSA) will have representation on the Council. See page 2 listing members of the council.

B. Proceedings

The primary contribution made by the Maine Council on Alcohol and Drug Abuse Prevention and Treatment was to inject citizen guidance into the public decision making process. The Council also provided a check on state agency activities and generated constituency support for program development, modification, and implementation.

Specifically the Council has:

1. established funding criteria and made dollar allocations for grant-in-aid; and
2. taken policy stands on the drinking age, prevention, state plan, legislation, and problems with the Uniform Act.

No changes occurred in the Council's structure, duties, or bylaws. The Council met seven times last year on the following schedule.

February 4, 1976 - Augusta
April 7, 1976 - Augusta
June 2, 1976 - Augusta
October 6, 1976 - Augusta

November 4, 1976 - Augusta
November 23,24, 1976 - Augusta
December 16, 1976 - Augusta

The Council will meet again on March 3, 1976 in Augusta.

MAINE COUNCIL ON ALCOHOL AND DRUG
ABUSE PREVENTION AND TREATMENT

Rev. John J. Feeney, Chairman
St. Mary's Rectory, 30 Cedar Street
Bangor, 04401
Ph: 945-5018 (1977)

Mr. Brendon Twoomey, Vice Chairman
6 Promenade Avenue
Saco, 04072
Ph: 284-4324 (1977)

Mr. Paul Adams
79 Bramhall Street - Holt Hall
Portland, 04102
Ph: 772-6222 (1978)

Mr. Charles C. Aleck, Jr.
137 Granite Street
Mexico, 04257 (1979)
Ph: 364-4521

Sister Mary Anastasia
Chief Pharmacist, Mercy Hospital
Portland, 04101
Ph: 774-1461 (1977)

*Senator Minnette Cummings
24 High Street
Newport, 04953
Ph: 368-5050

Mr. Dwight Dogherty, Jr.
P.O. Box 716
Auburn, 04210
Ph: 353-2698 (1979)

Mr. Steven Howes
c/o Mrs. Joan R. Lancaster
9F Littlefield Street, Augusta, 04330
Ph: 622-4686 (1977)

Mr. Anthony Newcomb
6 Morse Street
Augusta, 04330
Ph: 622-4091 (1977)

Ms. Alberta Nicola, R.N.
P.O. Box 63
Old Town, 04468
Ph: (1978)

Dr. Robert Ohler
Chief of Staff, Veterans Hospital
Togus, 04330
Ph: 623-8411 (1978)

Dr. Einar Olsen, President
University of Maine
Farmington, 04938
Ph: 778-3501 (1977)

*Representative Olympia Snowe
114 Nottingham Road
Auburn, 04210
Ph: 782-0492

Mr. Eaton W. Tarbell
c/o Eaton W. Tarbell & Assoc., Inc.
1 Merchant Plaza
Bangor, 04401
Ph: 942-8229

Rev. James Word
7 Epsworth Street
Presque Isle, 04769
Ph: 762-7361 (1979)

Mrs. Grace E. Ridlon
172 Second Street
Hallowell, 04347 (1977)
Ph:

Mr. Clement E. Pooler
RFD 1 - Skowhegan Road
Fairfield, 04937 (1979)
Ph: 453-6596

*Members of the Legislature will serve at the pleasure of the
President of the Senate and the Speaker of the House. Other
members are appointed to 3 year terms by the Governor.

(19--) year term expires

PART II: ANNUAL IMPLEMENTATION PLAN

Section A: SUMMARY OF PREVIOUS YEAR'S ACTIVITY

1. Organizational Changes

Other than minor changes in personnel, no significant organizational change has taken place since the last state plan update. See Appendix A.

2. Administrative Changes

Minor changes have been made to the OADAP Grant Guidelines this year. The changes were designed to clarify certain actions which are necessary for grants management such as suspension and termination procedures. A copy of the revised guidelines is included as appendix B.

The OADAP grant application format has been refined to permit a more complete analysis of the project proposal. The added project definition will greatly aid in monitoring performance and quality of effort of grantees.

3. Primary Prevention and Training Activities

Prevention activities have significantly increased in the past year. Community centered projects have been organized and initiated, school projects of various types piloted and followed up, professional groups addressed, and legislative action proposed.

Forty school systems have been affected by projects supported at least partially by OADAP. Many other schools have used films and pamphlets provided by this office. (95 separate individuals or agencies have requested films. Some agencies use films weekly. Over 2000 pamphlets have been distributed from this office.) Workshops developed by the Department of Education and funded by OADAP have created in a couple of communities teams of parents, students, and teachers. They are planning individual ways to attack the problems related to alcohol. Six other school systems have been introduced to the K through 12 curriculum called Drugs, Alcohol, Tobacco and Human Behavior. Three of these school systems have had workshops for their whole staff and they are in the process of inserting this into the school curriculum.

Initial efforts have been made to involve ten college and University campuses in alcohol programs. Some have started activities already (i.e. study groups, visiting lecturers, alcohol abuse prevention planning with and for residential life styles.

Four state agencies (Dept. of Education, Bureau of Maine's Elderly, Children and Youth Services, University of Maine) and three national agencies (NIAAA, NCA, LEAA) are involved in the prevention activities in Maine.

As the result of much public input, primary prevention has been identified as the top priority of the Office of Alcoholism and Drug Abuse Prevention at several public hearings. The Five Year Forward Plan also indicates the prominence of prevention. The state legislature is considering funding community wide prevention activities in several pilot communities as well as other activities.

National and state produced T.V. spots have been on all television stations in Maine. T.V. and radio appearances have broadened the base of alcohol abuse prevention awareness.

4. Assessment of Previous Year's Activity

A. Treatment Programs (Including Public Inebriate)

During the past year there have been no supplemental monies to develop new treatment programs, so the number of licensed treatment facilities remains at 12. Emphasis has been placed upon upgrading these programs; however, and whereas a year ago 9 of these programs earned conditional licenses, 1 a temporary license and 2 full licenses, this year 10 programs qualified for full licenses and 2 for conditional. In most every instance there has been vast improvement in program quality and staff performance, as reflected in these licensing gains.

These programs collectively have a total of 255 beds. By type, they include 48 shelter beds, 65 detox beds and 142 rehab beds. In certain types of emergencies shelter and/or detox beds are used interchangeably and the average occupancy for all beds has been about 87% during the past year.

In addition to the 12 licensed residential programs there are 6 non-residential programs that offer only out-patient counseling, follow-up and out-reach services. One of these programs has qualified for a certificate of approval under state licensing policy. A year ago it was indicated that more free standing out-patient programs should be developed. This was not possible, but arrangements have been made with existing residential programs to provide more out-patient services, thereby addressing the problem to some extent.

Also, a year ago there were no organized transportation services for alcoholic clients. During this past year 4 systems have been implemented to provide linkage between treatment programs.

A one week training program for 20 alcoholism counselors (at least 1 selected from each of the 17 existing alcoholism programs) was held at the University of Maine at Augusta, co-sponsored by the State Alcoholism Agency and the Human Services Development Institute of the university.

A year ago there was one JCAH* accredited alcoholism program in Maine. Now, there are two more that are applying for such accreditation, and undoubtedly, they will be able to qualify.

On the negative side, it has not been possible to establish any free standing shelters as believed necessary a year ago, but demands have been such that no great problems have resulted. Also, new detox programs have not been established in general hospitals; however, hospitals generally are doing more detox on a selective individual basis.

*Joint Commission on Accreditation of Hospitals

It has also not been possible to respond to some projected regional needs, namely: recruitment of an education specialist in Region I; establishment of halfway houses in Regions II and III; a women's treatment center in Region IV; and the provision of two specialized court counselors in Region V.

However, despite all this, the status quo has been adequately maintained. A somewhat equitable geographical distribution of service providers exists, and most people who require services apparently can be provided for without too much inconvenience to themselves or their providers.

B. Indian Needs

Maine Indians, through their entity The Wabanaki Corporation, continue to develop special alcoholism treatment and training programs with Federal grant funds. The Office of Alcoholism and Drug Abuse Prevention underwrites 3 Indian Alcoholism Counselor slots, one for each of the three Indian Reservations. OADAP monitors these three positions through quarterly reports furnished by the Wabanaki Corporation. All their other program components are internally managed by Indians, for Indians, as they insist their culture dictates.

C. Licensing and Accreditation

As projected in last year's plan update, in October of 1976 the separate alcoholism and drug abuse standards were amalgamated and published as a single licensing document, "Regulations for the Residential Licensing of Substance Abuse Treatment Facilities in Maine". In addition to the 12 residential alcoholism programs licensed under these regulations, 6 residential drug abuse treatment programs were also licensed. For the most part, these new regulations were based upon the Joint Commission of Accreditation of Hospital manual and procedures. In fact, a goal stated by JCAH could well be our own. "Our purpose is to motivate treatment programs to provide the best services possible."

D. Early Intervention Program (Troubled Employees)

During the past year there have been 5 Industrial Specialist Consultant groups implemented, 1 in each of the state planning regions.

Two Regional Councils (II and IV) have active industrial committees that are working with OADAP and area industries to implement new company "troubled employee" programs. Similar committees are currently being established in Regions I, III and V. Despite this activity, slow gains are being made in the private sector. Only 1 new major industry has developed an inhouse program during the past year.

In the public sector it is even more disappointing. The "troubled employee" program for state employees is still bogged down as the result of the ongoing slow reorganization of the State Personnel Department. Its implementation also hinges upon support from the executive branch of state government which, as yet, has not been forth coming. The big

problem is trying to cut red tape.

A year ago it was planned to introduce legislation that would extend benefit coverage for in-patient and out-patient treatment of alcoholism to the holders of group or individual health insurance policies in Maine. That action is being postponed pending further research in the matter.

E. Credentialing Standards for Substance Abuse Workers

After 10 months of work the Task Force on Credentialing of Substance Abuse Counselors completed their assignment in November, 1976. The product of their work is the final revised draft of the "Substance Abuse Counselor Registration" model. OADAP is submitting this model, along with the necessary enabling legislation, to the current 108th session of the Maine Legislature and will sponsor it to enactment, hopefully. The two categories to be registered are:

- 1) Provisionally Registered Substance Abuse Counselor,
- 2) Registered Substance Abuse Counselor.

The agency responsible for credentialing will be the Maine Board of Registration of Substance Abuse Counselors. This body will consist of 9 members, appointed by the Governor, with 7 of the initial Board members eligible for registration under this law, the other 2 being non-providers — one of which shall be a consumer.

The Board will conduct its business within the Department of Business Regulations from which it will receive staffing. If the counselor legislative package is enacted in this session, the target date for implementation of the credentialing process could come early in 1978. (See Appendix D.)

Lastly, probably the most impressive accomplishment of OADAP during the past year has been the development of a Five Year Forward Plan for Comprehensive Alcoholism Services in Maine. A companion legislative bill will request a levy tax surcharge on all alcoholic beverages sold in Maine, to generate funds primarily for three purposes:

- 1) to provide for alcohol and drug education and prevention programs;
- 2) to establish programs for the treatment of drinking drivers and other court-connected alcoholic offenders;
- 3) to provide non Title XX funding for Maine's residential alcoholism treatment facilities so as to refocus treatment resources on the middle class alcoholic as well as the public inebriate.

Those particular goals and objectives of the Five Year Forward Plan that relate to the Action Plan of this up-date, will be addressed in detail under the Action Plan section.

5. Statistical Summary of Treatment System Activity

In April, 1974, the OADAP Program monitoring treatment effectiveness system began receiving data from 5 alcoholism treatment programs. By September 30, 1976, 18 programs were participating in the system. A summary of selected data generated by this system for the time periods April 1, 1974 through December 31, 1974, January 1, 1975 through December 31, 1975 and January 1, 1976 through September 30, 1976 appears in tables A, B and C.

An examination of these tables reveals that the demographic and socio-economic characteristics of clients who have completed treatment have remained essentially the same through the three reporting periods.

The portrait of the "typical" client still indicates that he is a male in his mid forties, who is currently not married, who is unemployed, and who, when employed, works as a laborer, with a total household income of under \$5,000. Since his educational level equals that of the general population in the state his low occupational and income level probably indicates that his alcohol use patterns seriously undermine his economic potential. Typically, he has received prior professional treatment for alcoholism and has attended A.A.. During treatment he was likely to receive individual counseling and detoxification services. He left treatment after almost two weeks, and typically completed the treatment program before discharge. At discharge he displayed partial improvement on several measures of psychological adjustments.

Within this general picture of stability some individual items have changed. The proportion of female admissions has declined from 22% to 17%. The geographic dispersal of admissions has increased. In 1974, 68% of all admissions were from two adjacent counties. By 1976, these two counties accounted for just 38% of all admissions. The proportion of clients who were referred from a state funded alcoholism treatment upon admission increased from 14% to 23%. In an encouraging response to the state's emphasis on continuity of care, the proportion of clients who were referred for additional treatment upon termination increased from 57% to 77%. Median income increased from \$3,765 to \$4,912. Given the rate of inflation, such an increase probably does not represent a substantial improvement in the client's economic condition. The most readily apparent change has been the marked increase in the total number of admissions. The annual rate of admissions in 1976 was almost 2 and 1/2 times that of the rate in 1974. Much of this increase has been due to the funding of new treatment programs. Some has been the result of small existing programs joining the system in mid stream. It is expected that the rate of increase in admissions will fall to nearly zero during the calendar year 1977. It is also expected that shifting program emphasis will bring about an increase in women admissions, and in admissions of employed persons.

The stability of the characteristics of the client population is due in large measure, to the restrictions of the funding sources here in Maine. A significant proportion of all treatment slots are funded under Title XX of the social services act (formerly Title VI and IV-a). This type of funding places definite upper limits upon the income levels and by extension the occupational and educational attainments of the clients.

Another factor which influences the statistics on client characteristics is that the figures are based on admission/termination events, not on individuals. Since there is a tendency for the chronic public inebriate to recidivate more than the others, the averages are weighted toward the lower end of the socio-economic scale.

Despite the stability of the client population, there has been a noticeable shift in the amount and types of treatment given to the clients. In 1974, 79% of the total hours of reported treatment was for detoxification. By 1976, this decreased to 60%. Group counseling increased from 9% of the total treatment hours to 36%, and individual counseling from 6% to 15% during this same period. These changes are due to the development of new out-patient and residential programs, and also, to a shifting of emphasis within the previously existing residential programs. (Table D)

In the past, existing programs concentrated on relieving acute physical crisis situations and, in introducing clients to the availability of A.A.. Presently, these programs are realizing that clients can receive additional benefits from in-house counseling efforts.

In summary, the program monitoring system shows that while the total client population has not altered significantly in the direction of reaching new target groups, some new programs are reaching clients who are higher in SES, and all programs are providing increased levels of counseling services to their clients.

The data on treatment outcome are rather weak. The three items most readily usable from the reports are: reason for termination; employment status at admission and termination; and therapist's rating. These measures indicate consistent results over the three year period. The percentage of clients who have successfully completed treatment has hovered around 60%. The proportion of persons eligible for employment, who were in fact employed, has shown a consistent, though small, increase from admission to termination. The therapist's ratings show that while clients discharged in 1976 were in better condition at termination than those discharged in 1974, they were also in better condition at admission. The actual amount of positive client change during treatment has remained almost the same. The exception to this is the client's medical condition. In keeping with the trend toward opening rehabilitation programs which admit sober clients only, there has been an improvement in the average client's medical condition upon admission. A fourth measure of success, not apparent from this data, is a state wide inter-program tracking system. While this system is cumbersome and incomplete, it does provide information on the recidivism rates of clients. These rates have not been subjected to intensive analysis; however, upon review they give the impression of comparative stability across reporting periods. There is evidence that the proportion of clients who have only one admission, has increased slightly over time.

The revised Program Monitoring & Training Effectiveness System (PMTES) data collection system, which was put in place on January 1, 1977 will not only allow continued monitoring of such trends as were described above, but will also provide more solid information on treatment outcomes.

Table E displays selected demographic characteristics by sex for 1975 admissions. Examination of this table reveals that women are less likely to have been referred by another state funded program, or to be self-referred, but, are more likely to have been referred by a hospital, than men. Women were less likely to have been sober upon admission than men; however, the relatively large proportion of clients in an "unknown" condition may affect these figures. Women were much less likely to have never married and were much more likely to be widowed than men. Women were much less likely to be living alone, but still almost one third of all female admissions were living alone at the time of admission. Men and women were substantially identical in their ethnic and religious characteristics. Women were more likely to have graduated from high school.

Other data not shown in table D indicate that women show the same patterns of length of stay, but they are slightly more likely to be discharged for completion of treatment than are males. 61% of the women complete treatment v.s. 58% of the men. Women are also more likely to be referred for additional treatment upon termination than are men. 60% of the women are so referred compared with 57% of the men. This may appear to be inconsistent with the previous finding that women are more likely to complete treatment than men. However, if it is assumed that all treatment programs are part of a continuum of care and that no single program can care for every need of the client, then clients may well complete the course of treatment offered by a given program and still need to be referred elsewhere for additional treatment. If more women left after completing treatment, this would indicate that they left with the advice and consent of the staff and would therefore be more likely to have been referred to our agencies for additional treatment.

Other data indicate that women were less likely to have been arrested in the year prior to admission than were men. 5% of the women were known to have been arrested compared to 14% of the men. 71% of the women arrested had only a single reported arrest compared to 64% of the men.

Women were more likely to have been hospitalized for treatment of alcohol related diseases prior to admission than men. 35% of the women compared to 28% of the men were known to have been hospitalized. Women also reported spending more days in the hospital than men.

Unfortunately it is not possible at this time to know how representative these statistics on women in treatment are of the characteristics of all women in the state who have alcohol problems. We have used the Parker Marden formula to derive an estimate of the number of women alcohol abusers in the state. The only characteristic this formula provides information on is age. When the age distribution of women in treatment is compared with that derived from the Parker Marden formula, it can be seen that those in treatment are older than one would expect.

Alcoholism Treatment Client Summary
April 1 to December 31, 1974

Admissions

	Duplicated	Unduplicated
Men	887	
Women	245	
Unknown	433	
TOTAL	1,565	

Ethnicity

White	- 97.0
Black	- 1
Indian	- 1
Other,	- 1
Unknown	- 1

Discharge Counts

Men	887	78%
Women	245	22%
TOTAL	1,132	

Client Age

	Men	Women
Under 14		
15 - 19	1	1
20 - 24	3	6
25 - 29	8	11
30 - 39	26	27
40 - 49	27	27
50 - 59	21	24
Over 60	12	4
Unknown	1	1
<u>Median</u>	44.4	41.5

County of Residence

Androscoggin	- 12	Piscataquis	-
Aroostook	- 1	Sagadahoc	- 1
Cumberland	- 41	Somerset	- 1
Franklin	- 1	Waldo	- 1
Hancock	-	Washington	-
Kennebec	- 3	York	- 17
Knox	- 4	TOTAL - in state	- 92
Lincoln	- 1	Out of State	- 5
Oxford	- 2	Unknown	- 3
Penobscot	- 7		

Source of Referrals

OADAP funded facilities	- 14
other agencies	36
self/friend	44
A.A.	5
Unknown	

Client Resides with

Spouse	- 27%
Family, other than spouse	- 13
friends in private house	- 5
group quarters	- 4
alone	- 50
unknown	- 1

Condition at Admission

Intoxicated - 75%

Income

Marital Status

Never married	- 24%
Married	- 28
Widowed	- 7
Divorced/annulled	- 34
Separated	- 6
Unknown	- 1

Under 1,999	- 26%
2,000 to 3,999	- 23
4,000 to 5,999	- 14
6,000 to 7,999	- 12
8,000 to 9,999	- 4
10,000 to 11,999	- 2
Over 12,000	- 3
Unknown	- 16

Average

3,765

Table A-1

Education

None	-	5
Grade 1 to 6	-	17
Grade 7 to 8	-	24
Grade 9 to 11	-	34
High School	-	3
Vocation/Business/Technical	-	8
College - 1 to 3	-	5
College	-	1
Graduate School	-	3
Unknown	-	
Median	12.1	

Treatment type

	Number receiving
Detox.	- 83%
Med. maintenance	- 48
A.A.	- 40
individual counseling	- 89
individual therapy	- 9
group counseling	- 71
group therapy	- 12
Voc. rehabilitation	- 14
other (A)	-
other (B)	-
Other	-
Family Counseling	- 9

Antabuse

Yes	- 2%
No	- 94
Unknown	- 4

Other alcoholism treatment in last 5 years

no	- 32%
yes - other program	- 24
yes - this program	- 25
yes - this & other prog.	- 17
Unknown	- 3

Months since last treatment

not applicable	- 31
still in treatment	- 5
under 12	- 46
over 12	- 6
unknown	- 11
Average	-

Occupation

Professional	- 3
managers - administrators	- 5
sales	- 3
clerical	- 3
craftsman/foreman	- 14
operatives	- 2
transport operatives	- 3
non-farm labor	- 31
farmers/managers	-
farm laborers	- 0
service workers	- 11
private household	- 1
student	- 1
housewife	- 7
retired	- 5
disabled	- 5
unemployed	-
unknown	- 6

A.A. Meetings

no	- 19
regularly present	- 7
occasionally present	- 7
in past	- 37
unknown	- 29

Duration of Treatment

Less than one day	- 4%
1 to 3 days	- 20
4 to 7 days	- 26
8 to 14 days	- 33
15 to 30 days	- 7
31 to 90 days	- 7
Over 90 days	- 2
Average # of days	13

Cause of Termination

Completion/mutual agreement	- 59
dropped out against advice	- 30
inactive 3 or more months	- 1
terminated by facility	- 6
other	- 4
Unknown	- 1

Referral at termination

no	- 42%
yes	- 57%
OADAP FUNDED	- 9% of those referred
other	- 15% of those referred
A.A.	- 76% of those referred

Employment

	Admission		Termination	
	% Total	% Elig.	% Total	% Elig.
yes	28	33	31	36
no	56	67	55	64
not applicable	13		13	
student	1		1	
housewife	5		5	
retired	4		4	
disabled	4		3	
unknown	3		1	

Problem area

	Average (Therapist Rating)	
Medical condition	3.64	start
	2.26	termination
Emotional Stability	4.08	start
	2.76	termination
Positive attitude toward others	3.45	start
	2.35	termination
Accept self as problem drinker	3.30	start
	2.24	termination
Understand reason for drinking	3.80	start
	2.69	termination
Intend to modify problem drinking	3.33	start
	2.35	termination
Realistic perception of problem drinking	3.79	start
	2.64	termination
Realistic action toward solving problems	3.41	start
	2.72	termination

Shelter

No. of Admissions	-	6,210
No. of Shelter Nights	-	
Average clients per night	-	23

<u>Age</u>	<u>Number</u>	<u>Percent</u>
under 14		
15 - 19		
20 - 24		
25 - 29		
30 - 39		
40 - 49		
50 - 59		
60+		
Unknown		

Alcoholism Treatment Client Summary

- 1975 -

Admissions

	Duplicated	Unduplicated
Men	2,434	
Women	543	
Unknown	1,084	
TOTAL	4,061	

Ethnicity

Discharge Counts

Men	2,434	82%
Women	543	18%
TOTAL	2,977	

White
Black
Indian
Other/unknown

Client Age

	Men	Women
Under 14		
15 - 19	3	2
20 - 24	5	4
25 - 29	9	10
30 - 39	26	22
40 - 49	27	33
50 - 59	20	19
Over 60	11	8
Unknown		3
Median	42.7	42.6

County of Residence

Androscoggin	-	13	Piscataquis	-	
Aroostook	-	1	Sagadahoc	-	3
Cumberland	-	33	Somerset	-	2
Franklin	-	1	Waldo	-	1
Hancock	-	2	Washington	-	1
Kennebec	-	6	York	-	11
Knox	-	2	TOTAL - in state	-	94
Lincoln	-	1	Out of State	-	3
Oxford	-	4	Unknown	-	3
Penobscot	-	11			

Source of Referrals

QADAP funded facilities	-	21
other agencies	-	29
self/friend	-	45
A.A.	-	5
Unknown	-	.5
Condition at Admission		

Client Resides with

Spouse	-	29
Family, other than spouse	-	14
friends in private house	-	9
group quarters	-	2
alone	-	45
unknown	-	1

Intoxicated - 64

Income

Marital Status

Never married	-	21
Married	-	30
Widowed	-	6
Divorced/annulled	-	33
Separated	-	9
Unknown	-	1

Under 1,999	-	21
2,000 to 3,999	-	28
4,000 to 5,999	-	13
6,000 to 7,999	-	7
8,000 to 9,999	-	4
10,000 to 11,999	-	3
Over 12,000	-	5
Unknown	-	17

Average

Table B-1

Education

None	-	4
Grade 1 to 6	-	
Grade 7 to 8	-	18
Grade 9 to 11	-	23
High School	-	34
Vocation/Business/Technical	-	3
College - 1 to 3	-	11
College	-	3
Graduate School	-	1
Unknown	-	4
Median		

Treatment type

	Number receiving	
Detox.	- 2,413	80%
Med. maintenance	- 1,333	44
A.A.	- 820	27
individual counseling	- 2,871	95
individual therapy	- 436	14
group counseling	- 2,310	77
group therapy	- 755	25
Voc. rehabilitation	- 179	6
other (A)	-	
other (B)	-	
Other	-	
Family Counseling	- 284	9%

Antabuse

Yes	-
No	-
Unknown	-

Other alcoholism treatment
in last 5 years

no	-	35
yes - other program	-	29
yes - this program	-	17
yes - this & other prog.	-	16
Unknown	-	2

Months since last treatment

not applicable	-	35
still in treatment	-	5
under 12	-	48
over 12	-	7
unknown	-	6
Average	6	-

Occupation

Professional	-	5
managers - administrators	-	2
sales	-	4
clerical	-	3
craftsman/foreman	-	15
operatives	-	3
transport operatives	-	3
non-farm labor	-	32
farmers/managers	-	
farm laborers	-	
service workers	-	6
private household	-	
student	-	1
housewife	-	6
retired	-	6
disabled	-	5
unemployed	-	
unknown	-	9

A.A. Meetings

no	-	23
regularly present	-	8
occasionally present	-	11
in past	-	36
unknown	-	21

Duration of Treatment

Less than one day	-	130	4%
1 to 3 days	-	591	20
4 to 7 days	-	682	21
8 to 14 days	-	1,048	35
15 to 30 days	-	342	11
31 to 90 days	-	167	6
Over 90 days	-	59	2
Average # of days			13.2

Cause of Termination

Completion/mutual agreement	-	59
dropped out against advice	-	32
inactive 3 or more months	-	
terminated by facility	-	5
other	-	3
Unknown	-	2

Referral at termination

no	-	42
yes	-	57
QADAP FUNDED	-	40 of those referred
other	-	15 of those referred
A.A.	-	45 of those referred

Table B-2

Employment

	Admission		Termination	
	% Total	% Elig.	% Total	% Elig.
yes	26	27	26	28
no	70	73	69	72
not applicable	21		20	
student	1		1	
housewife	7		7	
retired	7		7	
disabled	6		5	
unknown	4		5	

Problem area

	Average (Therapist Rating)	
Medical condition	3.12	start
	1.89	termination
Emotional Stability	3.87	start
	2.73	termination
Positive attitude	3.72	start
toward others	2.60	termination
Accept self as	3.71	start
problem drinker	2.70	termination
Understand reason	3.94	start
for drinking	2.93	termination
Intend to modify	3.77	start
problem drinking	2.73	termination
Realistic perception of	3.95	start
problem drinking	2.98	termination
Realistic action toward	3.83	start
solving problems	2.91	termination

Shelter

No. of Admissions	- 3,277
No. of Shelter Nights	- 15,956
Average clients per night	- 43.8

<u>Age</u>	<u>Number</u>	<u>Percent</u>
under 14	1	0
15 - 19	103	3
20 - 24	178	5
25 - 29	296	9
30 - 39	601	18
40 - 49	845	26
50 - 59	696	21
60+	358	11
Unknown	199	6

Table B-3

January 1 to September 30, 1976
Alcoholism Treatment Client Summary

Admissions

	Duplicated	Unduplicated
Men	2,077	
Women	430	
Unknown	1,324	
TOTAL	3,831	

Ethnicity

White	- 95.9
Black	- .7
Indian	2.6
Other/unknown	- .5

Discharge Counts

Men	2,077	83%
Women	430	17%
TOTAL	2,507	

Client Age

	Men	Women
Under 14		
15 - 19	2	3
20 - 24	3	4
25 - 29	10	10
30 - 39	25	19
40 - 49	28	31
50 - 59	20	23
Over 60	11	10
Unknown	.1	.2

Median

County of Residence

Androscoggin	- 13	Piscataquis	- 1
Aroostook	- 1	Sagadahoc	- 3
Cumberland	- 29	Somerset	- 2
Franklin	- 1	Waldo	- 1
Hancock	- 2	Washington	- 2
Kennebec	- 5	York	- 9
Knox	- 2	TOTAL - in state	-
Lincoln	- 1	Out of State	-
Oxford	- 3	Unknown	-
Penobscot	- 17		

Source of Referrals

OADAP funded facilities	- 23
other agencies	23
self/friend	49
A.A.	5
Unknown	1

Condition at Admission

Intoxicated	- 59
-------------	------

Marital Status

Never married	- 22
Married	- 29
Widowed	- 5
Divorced/annulled	- 35
Separated	- 9
Unknown	- .2

Client Resides with

Spouse	- 28
Family, other than spouse	- 15
friends in private house	- 10
group quarters	- 3
alone	- 45
unknown	- .3

Income

Under 1,999	- 20
2,000 to 3,999	- 28
4,000 to 5,999	- 14
6,000 to 7,999	- 7
8,000 to 9,999	- 5
10,000 to 11,999	- 4
Over 12,000	- 6
Unknown	- 18
Average	-

January 1 to September 30, 1976

Education

None	-	.1
Grade 1 to 6	-	4.6
Grade 7 to 8	-	19.6
Grade 9 to 11	-	24
High School	-	33
Vocation/Business/Technical	-	3
College - 1 to 3	-	10
College	-	3
Graduate School	-	1
Unknown	-	2
Median		

Treatment type

	Number receiving	
Detox.	-	1,994 80%
Med. maintenance	-	1,433 57
A.A.	-	1,168 47
individual counseling	-	2,419 96
individual therapy	-	376 15
group counseling	-	1,729 69
group therapy	-	722 29
Voc. rehabilitation	-	148 6
other (A)	-	
other (B)	-	
Other	-	
Family Counseling	-	297 12

Antabuse

Yes	-	27	1%
No	-	2,342	93
Unknown	-	139	6

Other alcoholism treatment in last 5 years

no	-	27
yes - other program	-	27
yes - this program	-	22
yes - this & other prog.	-	23
Unknown	-	2

Months since last treatment

not applicable	-	27
still in treatment	-	6
under 12	-	51
over 12	-	7
unknown	-	9
Average	6	

Occupation

Professional	-	5
managers - administrators	-	3
sales	-	3
clerical	-	3
craftsman/foreman	-	8
operatives	-	2
transport operatives	-	4
non-farm labor	-	42
farmers/managers	-	
farm laborers	-	
service workers	-	7
private household	-	
student	-	1
housewife	-	5
retired	-	5
disabled	-	6
unemployed	-	
unknown	-	7

A.A. Meetings

no	-	28
regularly present	-	8
occasionally present	-	12
in past	-	46
unknown	-	5

Duration of Treatment

Less than one day	-	3
1 to 3 days	-	21
4 to 7 days	-	25
8 to 14 days	-	29
15 to 30 days	-	14
31 to 90 days	-	6
Over 90 days	-	2

Average # of days

Cause of Termination

Completion/mutual agreement	-	60
dropped out against advice	-	31
inactive 3 or more months	-	
terminated by facility	-	4
other	-	2
unknown	-	1

Referral at termination

no	-	23
yes	-	77
QADAP FUNDED	-	46 of referrals
other	-	10 of referrals
A.A.	-	44 of referrals

Table C-2

Employment

	Admission		Termination	
	Total	Elig.	Total	Eligible
yes	23	28	24	29
no	59	72	60	71
not applicable	15		14	
student				
housewife	4		4	
retired	4		4	
disabled	5		5	
unknown	3			

Problem area

Average (Therapist Rating)

Medical condition	3.04	start
	1.89	termination
Emotional Stability	3.75	start
	2.72	termination
Positive attitude toward others	3.63	start
	2.60	termination
Accept self as problem drinker	3.67	start
	2.73	termination
Understand reason for drinking	3.82	start
	2.87	termination
Intend to modify problem drinking	3.61	start
	2.71	termination
Realistic perception of problem drinking	3.80	start
	2.87	termination
Realistic action toward solving problems	3.61	start
	2.81	termination

Shelter

No. of Admissions	- 2,411
No. of Shelter Nights	- 11,549
Average clients per night	- 42.3

Age	Number	Percent
under 14	0	0
15 - 19	56	2
20 - 24	108	4
25 - 29	188	8
30 - 39	430	18
40 - 49	602	25
50 - 59	552	23
60+	254	11
Unknown	221	9

Table C-3

Treatment Hours:
Totals and Proportions
1974-1976*

	Total Number of Hours			Percent of Hours*			Percent Receiving			Average Hours		
	1974	1975	1976	1974	1975	1976	1974	1975	1976	1974	1975	1976
Detoxification	80,240	281,356	124,555	79.1	74.3	59.9	83.3	79.9	78.0	85.0	116.6	93.3
Medical Maint.	2,411	18,662	5,728	11.4	19.2	6.9	48.4	44.1	59.7	4.4	14.0	5.6
Alc. Anonymous	3,763	8,528	5,947	17.8	8.8	7.1	39.5	27.1	48.2	8.4	10.4	7.2
Ind. Counseling	5,040	20,958	18,216	23.8	21.6	21.9	89.0	95.0	96.7	5.0	7.3	11.0
Ind. Therapy	611	1,570	822	2.9	1.6	1.0	8.5	14.4	16.0	6.3	3.6	3.0
Grp. Counseling	7,307	31,185	44,774	34.5	32.1	53.8	70.9	76.5	71.3	9.1	13.5	36.7
Group Therapy	1,540	14,949	6,964	7.3	15.4	8.4	12.3	25.0	28.4	11.0	19.8	14.3
Fam. Counseling	315	1,250	616	1.5	1.3	0.7	9.2	9.4	13.3	3.0	4.4	2.7
Voc. Rehabil.	185	734	143	0.9	0.8	0.2	13.6	5.9	4.9	1.2	4.1	1.7

Totals:

All	101,413	378,457	207,766	*	*	
Non-Detox	21,173	97,101	83,211	100.1	100.8	100.0

Individual Couns/Therapy	5,611	22,528	19,038	26.7	23.2	22.9
Group Counsel- ing/Therapy	8,847	46,134	51,738	41.8	47.5	62.2
All "Therapy"	2,151	16,519	7,786	10.2	17.0	9.4

*Percent of Hours for Detoxification is based on the full total; the percent for each other treatment reflects the portion of the non-detox hours of treatment.

*Actual dates are April 1, 1974 through September 30, 1976.

Table D

A Comparison of the Characteristics of Women and Men Admitted to
Alcoholism Treatment Facilities in 1975

Total reported on - 3,019
Total women - 554

Penobscot County - 321 Total
- 61 Women
- 11% of all women
in state

Town size - Fifty-eight percent (58%) of both women and men
resided in towns with populations of 2,500 to 50,000

<u>Referral Sources</u>	<u>% Women</u>	<u>% Men</u>	<u>Ethnicity</u>	<u>% Women</u>	<u>% Men</u>
OADAP facilities	15	23	White	92	92
Self	22	33	Franco-American	4	5
Family/friend	14	13	Indian	3	2
Police	6	6	Black	1	1
Social Service	3.6	2.4	Other	*	*
Mental Health Ctr.	3.2	3.1	Unknown	1	1
Alcohol Worker	4.3	2.4			
Doctor	5.2	3.2	<u>Education</u>		
Hospital	15.0	8.8	None	0	*
A.A.	8.8	4	Grade 1 - 6	4	4
	4.3	2.4	Grade 7 - 8	11	20
Unknown	2	1.1	Grade 9 - 11	22	23
			High School Grad.	41	32
<u>Condition on Admission</u>			Vocational School	4	3
Sober	19	24	College 1 - 3	12	11
Intoxicated	64	64	College Graduate	2	3
Withdrawal	7	4	Graduate School	*	1
Unknown	11	8	Unknown	3	4
<u>Marital Status</u>			<u>Religion</u>		
Never Married	12	23	Protestant	42	43
Married	31	30	Catholic	40	37
Widowed	16	4	Jew	0	*
Divorced/Annulled	32	34	None	5	4
Separated	8	9	Other	1	1
Unknown	1	1	Unknown	13	15
<u>Client's living arrangements</u>			<u>Income</u>		
Spouse	32	28	Female/male income comparisons are not possible since nearly 1/3 of the women had an unknown income.		
Other family	21	13			
Friends	14	8			
Group quarters	2	2			
Alone	30	48	<u>Occupation</u>		
Unknown			One-third of the women had 'housewife' as their occupation. Sixteen percent had 'unknown' occupations. Fourteen percent were service workers. Seventy- two percent of the eligible males were unemployed upon admission. Seventy-nine percent of the eligible females were unemployed upon admission.		

Table E

6. Update of Needs Assessment

a. Estimates of the Total Number of Alcohol Abusers and Alcoholics in Maine

There are numerous methods for estimating the number of alcohol abusers and alcoholics in a given population. One of the most reliable is to survey a scientifically selected sample of persons who are representative of the entire population in question. This is also the most costly and time-consuming method. It has not yet been attempted in Maine and when this issue was raised at the public hearings regarding this Plan, almost no one felt this method to be necessary.

The most common method employed in the past has involved the application of some standard formula or percentage to the population in question. Often, as in the case of the "Maine State Plan for Prevention, Treatment and Rehabilitation of Alcohol Abuse and Alcoholism, December, 1974", this is the Jellinek formula (see, for example, N. Jolliffe and E.M. Jellinek, "Vitamin Deficiencies and Liver Cirrhosis in Alcoholics", Quarterly Journal of Studies on Alcohol, II, pp. 544-583, 1941), which is based upon statistics on deaths due to cirrhosis of the liver. By means of this formula, the total number of alcoholics in Maine's 1970 population was estimated as 26,300 with a male-female ratio of almost exactly 4-1.

Note that the Jellinek formula does not include consideration of alcohol abusers, but only alcoholics. Mark Keller of the Rutgers Center of Alcohol Studies has estimated ("Problems of Epidemiology in Alcohol Problems", Quarterly Journal of Studies on Alcohol, XXXVI, pp. 1442-1452, 1975) that for each alcoholic there is another pre-alcoholic whose drinking is already causing problems. On this basis the number of alcoholics estimated by means of the Jellinek formula would have to be doubled -- to 52,600 -- to arrive at an estimate of the total number of problem drinkers, i.e., alcohol abusers and alcoholics.

Similar to the Jellinek formula is another (see W. Schmidt and J. deLint, "Estimating the Prevalence of Alcoholism from Alcohol Consumption and Mortality Data", Quarterly Journal of Studies on Alcohol, XXXI, pp. 957-964, 1970) based on the number of suicides in a given year, the proportion of alcoholics among suicides (.25) and the suicide rate of alcoholics (12.39 per 10,000). Based on this formula, the estimated number of alcoholics in Maine for 1970 was 26,836. Again, depending upon the reliability of Keller's estimate of the ratio of alcoholics to alcohol abusers, this would yield an estimated total of 53,572 alcohol abusers and alcoholics.

A third and less reliable method is based upon the estimate of Keller, cited above, that 5.2% of those who drink are alcoholics, and upon another estimate of the percentage of Americans who drink -- 68% of those 21 and older (First Special Report to U.S. Congress on Alcohol and Health, U.S. Department of Health, Education, and Welfare Publication No. HSM 73-9031, 1972). This formula would yield an estimate for Maine in 1970 of 50,294 adult alcohol abusers and alcoholics.

Still other methods could be cited which are too crude and unreliable to be employed. Even the three methods cited above can be criticized in that they are each actually a combination of several estimates, and they do not reflect the fact that people of different sex, age, race, ethnicity, socio-economic status, residence and religion will have different probabilities of being

alcohol abusers or alcoholics. This section will conclude with a fourth estimate based on a formula which does take into account the most important of these differences and which in the judgment of OADAP is the most sensitive and reliable formula developed to date. It is taken from "A Procedure for Estimating the Potential Clientele of Alcoholism Service Programs" authored by Parker G. Marden, Ph.D. in 1974 for the National Institute on Alcohol Abuse and Alcoholism.

Based on the work of Cahalan and colleagues (D. Cahalan and I.H. Cisin, "American Drinking Practices: Summary of Findings from a National Probability Sample: I. Extent of Drinking by Population Subgroups", Quarterly Journal of Studies on Alcohol, XXIX, pp. 130-151, 1968; D. Cahalan, I.H. Cisin, and H.M. Crissley, American Drinking Practices, New Brunswick, Rutgers Center of Alcohol Studies, 1969; D. Cahalan and R. Room, Problem Drinking Among American Men, Monograph No. 7, New Brunswick, Rutgers Center of Alcohol Studies, 1972), Marden arrived at proportions of drinkers with problems for women by age and for men by age and, except for those 19 and under or 70 and above, by occupation. These proportions are represented by the first figure in the cells of the following "Marden Grid". It should be noted that the proportions listed for males and females aged 15-19 are not given by Marden, but are supplied by OADAP on the basis of other sources ("High School Survey on Drinking and Driving, Phoenix, Arizona", prepared for NHTSA, U.S. Dept. of Transportation, City of Phoenix, Alcohol Safety Action Project, 1973; "Survey of Adolescent Alcohol Drinking Behavior, Altitudes and Correlates", prepared for NIAAA, U.S. Dept. of HEW, Research Triangle Institute, 1975). The second figure in each cell is a 1970 population figure for that subgroup (U.S. Bureau of the Census, Public Use Samples of Basic Records from the 1970 Census: Description and Technical Documentation, Washington, D.C., 1972).

The total number of problem drinkers from this grid is 56,694. The ratio of men to women is almost precisely 4 to 1. If the total number is adjusted simply according to the 5.3% increase in Maine's population since the 1970 census, the current estimate becomes 59,699 problem drinkers, or 5.7% of Maine's 1976 population. The recent Ploch report to the Commission on Maine's Future states that Maine's population is increasing currently at the rate of 1.2% per year.

b. Estimates of the Numbers of Particular Types of Alcohol Abusers and Alcoholics in Maine

It is possible to use the Marden formula to estimate the numbers of problem drinkers in particular segments of the population. The formula shows that in 1970 there were 11,761 women problem drinkers. Adjusted for population increase, this becomes 12,384 in 1976. These same procedures yield a current estimate of 45,000 employed problem drinkers aged 20 and over. In the previous section, it was noted that OADAP has made its own conservative estimate of the proportion of young (15-19) problem drinkers. This proportion yielded an estimate of 2,375 such young persons in 1970, and 2,500 in 1976. These figures have practical importance, as will be seen in subsequent chapters, because the means both of reaching these different types of troubled persons as well as the kinds of services they need also differ. The same can be said of other types of problem drinkers -- problem drinking drivers, other criminal justice offenders (misdemeanants and felons who are probationers, inmates and parolees), public inebriates, and Indian problem drinkers.

MARDEN GRID (1970 pop.)

<u>MEN</u>	15-19	20-29	30-39	40-49	50-59	60-69	70 +
Professional, Technical		.111 x 8,000 = 888	.151 x 6,700 = 1,012	.113 x 5,100 = 576	.089 x 3,500 = 311	.042 x 2,400 = 101	
Managers, Administrators		.250 x 3,600 = 900	.250 x 6,300 = 1,575	.122 x 9,300 = 1,135	.127 x 6,600 = 838	.171 x 2,600 = 445	
Sales Workers		.261 x 2,900 = 725	.136 x 2,500 = 340	.097 x 2,700 = 262	.078 x 1,900 = 148	.053 x 1,100 = 58	
Clerical	.050 x	.261 x 2,700 = 705	.136 x 2,200 = 299	.097 x 3,400 = 330	.078 x 2,600 = 203	.053 x 1,500 = 79	.014 x
Craftsmen	47,496	.250 x 11,400 = 2,850	.146 x 10,700 = 1,562	.280 x 13,500 = 3,780	.177 x 11,200 = 1,982	.179 x 6,300 = 1,128	30,776
Operatives, Ex. Transp.	= 2,375	.379 x 11,200 = 4,245	.113 x 7,400 = 836	.250 x 7,700 = 1,925	.292 x 6,700 = 1,956	.067 x 2,400 = 161	= 431
Transport Operators		.379 x 3,700 = 1,402	.113 x 2,800 = 316	.250 x 2,800 = 700	.292 x 3,000 = 876	.067 x 1,600 = 107	
Laborers, Ex. Farm		.248 x 5,100 = 1,265	.450 x 4,500 = 2,025	.080 x 3,500 = 280	.118 x 3,700 = 437	.200 x 1,300 = 260	
Farmers Farm Managers		.261 x 400 = 104	.136 x 1,600 = 218	.097 x 800 = 78	.078 x 1,100 = 86	.053 x 700 = 37	
Farm Laborers, Foremen		.379 x 12,00 = 455	.113 x 400 = 45	.250 x 700 = 175	.292 x 500 = 146	.067 x 800 = 54	
Service Workers		.261 x 4,200 = 1,096	.136 x 1,900 = 258	.097 x 2,800 = 272	.078 x 4,100 = 320	.053 x 3,600 = 191	
<u>WOMEN</u>		.01 x 46,846 = 469	.02 x 66,988 = 1,398	.079 x 53,398 = 4,218	.068 x 58,107 = 3,951	.019 x 52,646 = 1,000	.012 x 45,136 = 542
							.004 x 45,853 = 183

Obviously, these seven groups or categories overlap. While not likely, it is conceivable that a single individual could belong to six of these seven groups. To state the matter in a different way, the estimate made below of the number of problem drinking drivers indicates that approximately three out of every four problem drinkers in Maine hold drivers licenses. This would indicate not only strong overlap, but also that an effective statewide system for screening out the problem drinkers from among all drinking driver offenders and requiring that these problem drinkers enter a treatment program would be one of the most important steps which could be taken to reduce the problems of alcohol abuse and alcoholism in Maine. To make estimates, then, of the numbers of problem drinkers in seven categories is not to separate a group into distinct parts which by simple addition equal the whole, but rather to "dehomogenize" the group called "alcohol abusers and alcoholics", i.e., to look more closely at this group, to begin to uncover different and sometimes multiple means of access to its members, and to lay the foundations for treatment services which respond to individual needs.

The National Highway Traffic Safety Administration of the U.S. Department of Transportation estimates (Evaluation of Presentence Investigation and Probation Countermeasure Activities, U.S. Department of Transportation Publication HS 801728, p. 2, 1975) that 7% of all licensed drivers are problem drinkers. The Maine State Division of Motor Vehicles indicates that there are now approximately 640,000 drivers licensed in Maine. On this basis, there are 44,800 problem drinkers with drivers licenses. The Department of Transportation's definition of "problem drinker" is based on a complex combination of the quantity of alcohol consumed per occasion and the frequency of drinking, and it includes those in the early stages of alcohol abuse as well as those suffering from advanced alcoholism. It appears likely that few of these problem drinkers make a practice of never driving while intoxicated.

Early in 1976 the Maine Criminal Justice Planning and Assistance Agency (MCJPAA) conducted a survey of correctional officers to obtain their estimate of drug and/or alcohol problems among their clients. They responded that 40% of all correctional clients have alcohol problems, 34% have marijuana problems, 11% have narcotics problems, and 15% have problems with other drugs. By "correctional clients" are meant:

- a) all persons on probation or parole,
- b) all persons in county jails, and
- c) all persons in State correctional institutions.

While the figure of 40% for alcohol abuse problems may seem high, it coincides very closely with a "conservative" estimate made at the National Institute on Alcohol Abuse and Alcoholism ("Proceedings of the Seminar on Alcoholism Detection, Treatment and Rehabilitation in the Criminal Justice System", Department of Health, Education and Welfare, 1974). In calculating the estimated daily number of problem drinkers in the correctional system at 2,274 persons, the chart below takes into account that the three types of correctional clients mentioned above differ both in numbers and in rates of problem drinking.

(See Chart on Following Page)

	Approximate Average daily population*	% of problem drinkers	Approximate number of problem drinkers in daily population
Probation and Parole	4,600	33.5%	1,541
State Correctional Institutions	850	70.3%	598
County Jails	287	47.1%	135

*These approximations are made on the basis of data collected by OADAP from both MCJPAA and the Department of Mental Health and Corrections.

Using the NIAAA estimate of 3-5% of the total number of problem drinkers, Maine's estimated number of publice inebriates ranges between 1,800 and 3,000 persons.

Finally, an estimate of the number of Indian problem drinkers in Maine must be even more approximate. According to the 1970 Census there were then 2,195 Indians in Maine. This Census had serious problems in enumerating minorities, and later analyses indicated that 9.5% of the non-white population may have been missed. Some among Maine Indians place their true current population at approximately 4,000, of whom 25% live on reservations. The National Institute on Alcohol Abuse and Alcoholism, in its 1971 report to the U.S. Congress, stated that alcoholism is at least twice as prevalent among Indians as other Americans, and on some reservations has reached rates of 25-50%. Information gathered by the Wabanaki Corporation and the Department of Indian Affairs indicates that the prevalence of problem drinking in this population is most probably in the upper range of this estimate, i.e. in the neighborhood of 1,500 persons on and off the reservations.

SUMMARY

It is estimated that there are approximately 60,000 problem drinkers in Maine at present, or 5.7% of the total population. Approximately 98% of these persons are employed, 74% hold drivers licenses, 20% are women, and 5% are 15-19 years of age. Other smaller but important target populations are chronic public inebriates, Indian problem drinkers, and problem drinkers in the criminal justice system.

c. Existing Resources

As elsewhere in the United States, the oldest, most widely accessible and most effective source of help for problem drinkers in Maine is the Fellowship of Alcoholics Anonymous (AA). Each week there are 128 AA group meetings in Maine, as well as 43 Al-Anon meetings and 12 Alateen meetings. OADAP estimates that approximately 2,500 alcoholics now attend AA meetings in this State *, the ratio of men to women being 5 to 1. A recent membership survey ("A.A.: A community Resource for Coping with a National Health Problem," General Services Office of A.A., New York, N.Y.) showed that 35% of the members at a typical AA meeting had been sober from one to five years, and another 25% had been sober five years or more.

It has been and will remain the policy of OADAP that no treatment program for any type of problem drinker is complete without strong cooperation with AA. In addition, it is not unusual in Maine as elsewhere that program staff members at all levels from counselors to directors are themselves successful AA participants. In the development of this update, the opinions and advice of many individual members of AA were sought at every stage. However, no formal AA endorsement of this document is claimed or implied.

Within the framework of its Twelve Traditions, AA also has a policy of cooperation with public agencies and private organizations which endeavor to help alcoholics ("Cooperation But Not Affiliation", General Service Office of A.A., New York, N.Y.). The Fellowship acknowledges that it does not traditionally provide alcoholics with needed services such as medical and psychiatric care, food and lodging, or job and family counseling, and it acknowledges a debt to those who do so. While the relationships between AA and alcoholism treatment programs, hospitals, courts and other agencies must remain informal, there was a general agreement at the June-July public hearings that the spirit of cooperation is good in almost all regions of Maine and that the introduction of any new alcoholism service has rather consistently brought about an important rise in membership in nearby AA groups and, at least in a few cases, the creation of new groups.

For purposes of this update it will be useful to chart the treatment and rehabilitation resources by type, volume, location (Region), average client stay, and annual capacity (presuming 80% utilization due to normal discharge-intake lag, seasonal fluctuations, etc.). Under each Region is noted its percentage of the total Maine population.

	Region I 40.3%	Region II 15.8%	Region III 13.7%	Region IV 20.7%	Region V 9.5%	Statewide Programs	Totals	Average client stay	Annual Capacity
Emergency Care (detoxification beds)	24	10	0	21	0	13	68	7.0 days	2,828 clients
Overnight Shelter beds	23	3	1	15	0	0	42	1 day	12,264 client days
In-patient beds	0	0	0	0	0	0	0	5.8 days	2,063 admissions
Quarterway House Beds	37	0	22	14	12	47	132	18.2 days	2,117 clients
Halfway House Beds	31	0	0	12	0	3	46	57.2 days	235 clients
Weekly Out-patient Caseload	285	140	40	75	100	20	660	8.3 visits	3,308 clients

The total number of beds indicated in this table differs from the total given on page 4, due to the inclusion in this table of a Veterans hospital, which is not required to be licensed by this office.

7. Citizen Input and Coordination with Other State and Local Health Planning Agencies

a. Citizen Input

As a public agency, OADAP is directly accessible to any citizen of Maine. To facilitate this direct contact we are listed in the yellow pages under state government. Regional Councils have been established with boundary lines as indicated in the outline map, included in this state plan up-date as appendix C. The councils meet monthly throughout the year. Each council responds to OADAP through the State Council (see State Advisory Council Section) and by way of its respective Regional Planning Coordinator. The Regional Planning Coordinators are responsible for assisting their own councils in information gathering, reviewing and commenting on grant funding requests, organizing meetings and exchanging information and policy decisions with the OADAP central office.

An additional facet of citizen input was present during the past year as part of the development of the OADAP Five Year Forward Plan. This entailed holding public hearings throughout the state, special meetings of the regional councils and special interest group participation on the part of alcoholism treatment and rehabilitation facility personnel.

b. Other State and Local Health Planning Agencies

One of the more desirable secondary benefits of the regional council input structure is the participation in council membership by persons who belong to one or more health planning organizations other than the alcoholism council. This allows for an interchange of information not always possible with a formal avenue of communications. By utilizing the A-95 review process and maintaining informal relationships with key members of other health planning organizations, a reasonable flow of information exchange has existed in Maine. With the formal establishment of a state-wide Health Systems Agency, another avenue of communication has opened up and OADAP must involve itself in this process by law. Plans are currently being formulated to include the required review and planning coordination of the state-wide Health Coordination Council and Health Systems Agency in the normal development process of the alcoholism program for Maine.

8. Summary of Legislation

a. Existing Legislation

The primary Maine Statutes which address the problem of alcohol abuse are: the 1973 Alcoholism & Drug Abuse Act (22 MRS* §4 Part 3); and a statute requiring the "Inspection and Licensing of Residential Facilities for the Care, Treatment or Rehabilitation of Drug Users," (22 MRS §5-A).

The 1973 Alcoholism & Drug Abuse Act declares a comprehensive purpose - "The serious problem of drug abuse, including the use of alcohol which results in chronic intoxication or alcoholism, must be confronted with the immediate objective of significantly reducing the incidence of such abuse in the State within the shortest period of time."

The Act includes provisions which:

- 1) Establish the Office of Alcoholism & Drug Abuse Prevention (OADAP) as the Single State Agency.

This section prescribes the organization of the office and delineates its powers and duties. Principal among the duties are the establishment of a comprehensive system of treatment and prevention programs, administration of state and federal resources; development of an up-to-date information system, dissemination of information and response to community requests for assistance.

- 2) Creates the Maine Council on Alcohol and Drug Abuse Prevention, a 17 member Advisory Council appointed by the Governor.

Membership and duties for the Council are prescribed in this section. The Council is charged with advising the Governor, the Legislature and OADAP on substance abuse needs, plans and policies. A subcommittee of the Council is responsible for grant review of all proposals submitted to OADAP for state funding of substance abuse programs.

- 3) Creates the State Government Coordinating Committee with 17 members from state agencies and the legislative leadership. The Committee is assigned the insurance of productive cooperation between all state agencies responsible for services to substance abusers or the control of substance abuse.
- 4) Requires the preparation of a state substance abuse strategy.
- 5) Gives OADAP the power to establish standards, for approved treatment facilities.
- 6) Sets forth rules for treatment program acceptance of alcoholics and intoxicated persons.
- 7) Prescribes treatment and services for intoxicated persons and persons incapacitated by alcohol.
- 8) Provides for both emergency and involuntary commitment of incapacitated or intoxicated persons.
- 9) Sets conditions of payment for receipt of treatment services.

The statute requiring licensing of treatment facilities by the Department of Human Services details conditions for the promulgation of licensing regulations, sets annual license fees, allows for conditional and full licensure and establishes procedures for suspension and revocation of licenses.

b. Proposed Legislation

OADAP is supporting the submission of separate legislative acts during the 1977 session of the 108th Maine Legislature. These acts are the culmination of a year long planning process which measured the availability of treatment and prevention services against the need for services as it was defined by people with diverse perspectives on the problem of alcohol abuse. Those people included: staff members from local treatment and prevention programs; recipients of treatment services; individual A.A. members; members of Regional and State Advisory Councils; law enforcement personnel; legislators; providers of youth services; health care providers and interested citizens. Specific recommendations that were distilled during that process are reflected in the proposals sponsored by state legislators that are described below.

The first piece of legislation proposed would increase the state tax on alcoholic beverages sold in Maine to generate revenues for alcohol abuse treatment. During the next two years, approximately 3.7 million dollars in new funds would result from the intended increase of 3 cents per gallon on wine, 5 cents per gallon on beer and from the tax surcharge of 3% on liquor. The monies raised would be used for the three vital purposes outlined here:

- 1) To secure funding for existing treatment services which would encourage a focus on the 90% of alcohol abusers who are not represented by the chronic public inebriate. The current heavy reliance of existing programs on Title XX funding has discouraged such a focus. The upgrading of treatment quality for existing programs, elimination of geographical gaps in service availability, provision of services to special populations and the addition of occupational alcoholism counseling services are all priorities for specific uses of that money.
- 2) To implement a comprehensive program of substance abuse prevention. Please see the detailed description of the prevention act below.
- 3) To provide, under OADAP auspices, alcohol education and treatment services for alcohol abusers convicted of Operating Under the Influence (OUI) or minor crimes where the abuse of alcohol was a precipitating factor.

The second act is one to initiate a comprehensive program of primary prevention of substance abuse. That program calls for a major attack on potential problems of drug and alcohol abuse, using a broad-based, community-wide approach in selected communities throughout the state. It will also incorporate smaller, experimental prevention projects in specific schools and towns. Included in the bill is a strong requirement for the formulation and application of rigorous evaluation standards at several stages of the program's implementation. An estimated \$500,000 will be necessary for the program's operation during the next two years.

The third bill, while strengthening the penalties imposed for conviction of OUI, would establish an incentive and a mechanism for those convicted to enter alcohol education and treatment programs. Current responsibility for conducting Driver Rehabilitation Courses resides with the Motor Vehicle Division of the State Department. This bill would effectively transfer administration of that program to OADAP, thus insuring an important referral link with existing treatment programs for those convicted of a second or subsequent OUI violation. Funds allocated for carrying out the purposes of this act would total \$408,400 in the next two years.

The last legislative act would create a Board of Registration for Substance Abuse Counselors. The intent is to offer those counselors who qualify under the terms of the act and under standards which the Board may establish, the option of a professional credential. The act was produced by a state-wide Task Force on Credentialing, comprising nine substance abuse workers, after lengthy deliberations and careful consideration of comments received from state-wide hearings. The implementation of the registration process is viewed as an important step in insuring high quality care for clients throughout the treatment system.

9. Summary of Fund Usage FY 1977

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	STATE	FORMULA	UNIFORM ACT	FEDERAL TITLE XX	LEAA	OTHER	TOTAL
Administration	\$ 15,215	\$ 27,733	\$	\$ 54,985	\$	\$ 3,113	\$ 101,046
State & Regional Planning Organization	500	2,773					3,273
Total: (Not to exceed 10% of allocation)		30,506					
Personal Services	104,910	156,395					261,305
Fringe Benefits	11,319	23,074					34,393
Travel	13,500	10,352					23,852
Expenses by Objective:							
1. Treatment Program	413,594	9,836	129,212	1,018,398	20,000	62,723	1,653,763
2. Indian Needs	8,775	27,000		26,375			62,100
3. M.I.S. & Evaluation		30,764					30,764
4. Licensing & Accredi- tation*						800	800
5. Primary Prevention System	27,830	375			13,050	46,615	87,870
6. Credentialing Stand- ards*							
Miscellaneous	23,507	16,765	1,295				41,567
Total:	619,150	305,067	130,507	1,099,708	33,050	113,251	2,300,733

*No funds were specifically identified for these objectives. Licensing fees result in about \$800.00 per year which is used to offset expenses incurred by the state licensing team.

Section B: PLANS FOR THE UPCOMING YEAR

1. Introduction

The following goals and objectives are presented in the order of priority with the first goals being the highest priority continuing to the last and lowest priority goal. The goals and objectives for the upcoming grant period are based entirely on the Five Year Forward Plan for Comprehensive Alcoholism Services for Maine. In most cases full accomplishment of an objective is contingent on the action of the State Legislature concerning appropriation of adequate funding to carry out the total program. For the purpose of this update to the state plan it is assumed that such legislative action will take place.

2. Goals and Objectives

A. Alcoholism Prevention Program

The ultimate goal of OADAP's primary prevention program is to bring public policy, individual attitudes and the persuasiveness of community leaders, parents and institutions to bear in a coordinated effort aimed at giving people an opportunity to develop the skills necessary to deal with the challenges of life, including decisions about alcohol.

Objective (1): Implement community-wide alcoholism prevention projects in Five Maine communities by January, 1978.

- (a) Choose five communities, two large (30,000+), one medium (10,000+), and two small (10,000 or less).
- (b) Conduct pre-evaluations of the five selected communities beginning in October, 1977.
- (c) Recruit and train community alcoholism specialist by January, 1978.
- (d) Commence community awareness campaign in January, 1978.
- (e) Do post-evaluation of five communities in October and November, 1979.
- (f) Evaluation of total effort to be completed by December, 1979.

Objective (2): Assist schools outside of selected target areas (see objective 1) with development and delivery of alcoholism prevention activities.

- (a) Contract for staffing commencing July 31, 1977 with full staff as required under contract by June 30, 1978.
- (b) Initial training for staff commenced by August 31, 1977.
- (c) Assistance available to schools by September 30, 1977.
- (d) Evaluate efforts quarterly commencing January 1, 1978.

Objective (3): Conduct experimental projects in several Maine communities to provide assessment data for evaluation of community-wide projects (see objective 1).

- (a) Contract for experimental project staff commencing October 31, 1977 with full strength staffing by May 31, 1978.
- (b) Commence training of staff not later than November 30, 1977.
- (c) Assessment of community needs and development of specific projects to begin by December 31, 1977.
- (d) Evaluate special projects as required or quarterly if project length is greater than 5 months.
- (f) Make evaluation reports available to community specialists commencing December, 1978.

Objective (4): Continue prevention efforts which currently include state-wide media presentation, a speakers bureau, distribution of pamphlets and film lending library.

- (a) Provide films for use in various state locations as requested (average 1 every 10 days): evaluate and purchase new films as appropriate (3/yr.); seek out requested films which are not in the central office.
- (b) Evaluate and provide pamphlets and posters to schools, agencies and individuals at a minimum level of 2,000/yr.
- (c) Provide prevention presentations as requested throughout the state for civic groups, schools, clubs, professional groups, etc. by prevention coordinator or his designate (25/yr.).
- (d) Provide media presentations on television, radio, news papers, or magazines as requested (30/yr.).
- (e) Provide research material on request from library or through contact with NIAAA Clearing House or other resources.
- (f) Seek funding for prevention efforts (federal, state etc.).

- (g) Develop training opportunities for professionals.
- (h) Consult with prevention projects in various parts of the state.
- (i) Advise on prevention legislation when requested.
- (j) Fill out state and federal reports and surveys as requested.

B. Outreach Program Development

The goal of OADAP's outreach program development is to make alcoholism treatment services available to all who have need of them. Certain populations are normally deprived of services for a variety of reasons. OADAP's intention is to improve the availability of services to the criminal justice population, the labor force and the indigent citizen.

Objective (1): Improve access to the criminal justice population by way of the courts.

- (a) Provide District Courts, via contract with the Office of the State Courts Administrator, with the personnel needed to screen, refer and track problem drinkers from among OUI repeat offenders as of October, 1977.
- (b) Provide, via contract with the Office of the State Court Administrator, two equivalent full time positions at the Superior Court and four equivalent full time positions at District Courts to provide problem drinker screening, referral and tracking services for offenders, other than juveniles and OUI's as of October 1, 1977.
- (c) Provide, via contract with the Office of the State Court Administrator, for screening, referral and tracking of juvenile alcohol abusers from among juveniles in the District Courts.

Objective (2): Develop Employee Assistance Programs in private industry to provide for the early detection and treatment of alcoholism.

- (a) During State fiscal year 1978, the Governor of Maine should hold a Governor's Conference on Occupational Programs for Employed Problem Drinkers.
- (b) Implement an Employee Assistance program for state employees on or about July 1, 1977.
- (c) Provide support for three equivalent full time occupational program specialists by contract with existing alcoholism programs.

Objective (3): Upgrade existing out-patient counseling resources to increase the availability of such services to persons unable to pay for their own alcoholism treatment.

- (a) Provide additional funds for purchase of service from local agencies to pay for out-patient counseling services to indigent persons.
- (b) Continue to cooperate with the Maine Criminal Justice Planning and Assistance Agency in administering a grant to provide direct alcoholism counseling services to resident populations of all correctional facilities in Maine. Current grant year runs from April 1, 1977 to March 31, 1978.

Objective (4): Seek to have responsibility for the Driver Rehabilitation Course with its screening and referral component reassigned by the State Legislature from the Department of Motor Vehicles to OADAP as of July 1, 1977.

C. Alcoholism Treatment and Rehabilitation Program Assistance and Development

The goal of OADAP in this area is to fulfill the State's responsibility to ensure that a quality level of alcoholism services is available to its population.

Objective (1): Provide funds for the correction of structural deficiencies for existing alcoholism treatment facilities resulting from "shoe string" operating budgets and inadequate start-up funding.

- (a) Survey existing facilities to determine need for repair and refurbishment during first half of fiscal year 1978.
- (b) Provide construction grants to facilities in need of such funding during last half of fiscal year 1978.
- (c) Encourage existing programs to periodically monitor physical plant condition to prevent deterioration and hazard to client group or employees.

Objective (2): Continue to enforce provisions of licensing regulations for alcoholism programs.

Objective (3): Assist alcoholism treatment and rehabilitation facilities in obtaining Title XX and other third party payor support.

- (a) Provide local matching share for Title XX funding to facilities unable to obtain sufficient catchment area support.

- (b) Submit legislative proposals which provide for counselor registration and other measures that tend to encourage third party payor participation (see legislative section for details).
- (c) Assist alcoholism treatment and rehabilitation programs in obtaining alternative funding sources as federal project grants are reduced and withdrawn.
- (d) Seek to eliminate or alleviate problems experienced by local service provider agencies arising out of their contractual relationships with the Title XX funding mechanism.

Objective (4): Maintain funding support for treatment services for which a real need exists but which cannot generate sufficient non-state funding.

- (a) Requests for funding due on February 1, 1978 for fiscal year 1978 will be reviewed and acted upon by May 1, 1978.
- (b) Assign state-wide facility directors association to determine salary standards for alcoholism program personnel during first half of fiscal year 1978. Consultation on other issues will be sought as necessary.
- (c) Develop standard forms for use by all alcoholism programs to reduce inconsistencies in record keeping by July 1, 1979.
- (d) Restructure system of grant review to include participation by the State Health Planning and Development Agency as necessary.

Objective (5): Assist in the establishment of three intermediate care facilities, one long term shelter facility and a women's treatment program during fiscal year 1978.

- (a) Determine location and associated costs for each proposed facility by second quarter fiscal year 1978.
- (b) Assemble necessary funding support base by third quarter fiscal year 1978.
- (c) Assist in staff recruiting and administrative structuring during third quarter fiscal year 1978.

Objective (6): Determine whether or not a residential setting is required for treatment of a significant number of teenage alcohol abusers.

- (a) Conduct needs assessment during first three quarters of fiscal year 1978.

- (b) Report out findings and develop necessary course of action based on needs assessment during last quarter of fiscal year 1978.

Objective (7): Determine the extent to which alcoholism treatment and rehabilitation meets the needs of Maine's elderly.

- (a) Conduct survey of existing program utilization to determine types of service and availability to persons 65 or older during first three quarters of fiscal year 1978.
- (b) Report out findings and develop necessary course of action based on needs assessment for implementation commencing with first quarter of fiscal year 1979.

D. Alcoholism Training Programs

The primary goal of OADAP alcoholism training programs is to provide for the universal availability of high quality alcoholism services for the people of Maine.

Objective (1): Provide, via contract with the Office of the State Court Administrator, for the funding of tuition and expenses of six Superior and District Court Judges annually, to enable their participation in specialized alcoholism-related judicial education courses provided by one of the national judicial education centers.

- (a) Determine the availability and costs of specific courses by September 30, 1977.
- (b) Fill quotas for courses with specific judges during remaining fiscal year period.
- (c) Continue to cycle judges as appropriate through the available courses.

Objective (2): Develop an audio-visual instruction package to cover the recognition of the physical and behavioral symptoms of problem drinking, cross addictions, withdrawal and other aspects of alcoholism basic to the role of physicians.

- (a) Contract for the development of the audio-visual package within the first quarter of fiscal year 1978 with an expected completion date of April 1, 1978.
- (b) Schedule presentations and make available for physician audiences beginning May 1, 1978.
- (c) Provide funds to cover costs of maintaining, transporting and presenting the audio-visual instruction annually commencing with fiscal year 1979.

Objective (3): Provide tuition assistance for training of alcoholism program staff personnel to encourage the professional development of the para-professional alcoholism worker.

- (a) Notify alcoholism program staff personnel of the availability of tuition assistance during first quarter fiscal year 1978.
- (b) Screen applicants and select on the basis of need and future benefits which might accrue to the field of alcoholism services as a result of training the individual.
- (c) Monitor progress of tuition recipients to ensure completion of training objective.

Objective (4): Continue development of substance abuse counselor training model.

- (a) Assess progress on present contract with Human Services Development Institute for model development by July 1, 1977.
- (b) Take necessary steps to complete development of model based on progress assessment.

Objective (5): Provide training for non-alcoholism service workers to give them the knowledge and skills necessary to assist problem drinkers.

- (a) Determine target groups and training needs by July 1, 1978.
- (b) Develop workshops for delivery on or after July 1, 1978 based on findings.
- (c) Deliver and evaluate workshop training sessions for target groups during fiscal year 1979 and 1980.

Objective (6): Continue to promote training opportunities which exist in Maine for alcoholism field people.

- (a) Continue to participate in activities of the New England Institute of Alcohol Studies.
- (b) Assist the Human Services Development Institute's efforts to provide training for Title XX alcoholism service provider personnel.
- (c) Provide funds through grants to alcoholism service provider agencies for staff training and development activities.

E. Management Information System

The goal of the OADAP management information system is to provide

decision making data for program management and monitoring information to aid in determining the effectiveness of the state-wide effort concerning alcoholism.

Objective (1): Continue receiving data from all alcoholism treatment programs in the state.

- (a) Assist programs in submitting reports on time.
- (b) Assist programs in submitting accurate data by conducting training sessions on forms completion.
- (c) Supply data forms and manuals to all programs as required.

Objective (2): Develop a system of reports, based on data collected for use by OADAP and alcoholism program administrators during first quarter fiscal year 1978.

- (a) Determine type and frequency of desired reports by July 1, 1978.
- (b) Negotiate with data systems contractor for production of reports and design of report formats.
- (c) Begin report cycle in second quarter of fiscal year 1978.

Objective (3): Refine present system to provide decision making data and monitoring for grant funding program.

- (a) Develop decision making criteria by July 1, 1977.
- (b) Monitor specific program data elements for unsatisfactory performance quarterly.
- (c) Provide assistance to programs based on quarterly evaluation.
- (d) Utilize past year performance data to formulate objective decision for funding process during grant cycle for fiscal year 1979 grant award program.

F. Indian Alcoholism Programs

All of the goals of OADAP are designed to provide a comprehensive program effort which applies to all segments of the state's population. However, since this office has agreed to comply with the Maine Indian community's stated desire to develop its own programs by Indians and for Indians, it is necessary to include in the state plan certain specific objectives.

Objective (1): Monitor Maine Indian alcoholism program efforts to provide a more complete assessment of the total alcoholism program effort in the state.

- (a) Review federal grant requests as necessary to determine the extent of alcoholism efforts mounted by Maine Indians.
- (b) Ensure representation of Maine Indian interests on the appropriate regional and state-wide councils.
- (c) Solicit the participation of Maine Indian alcoholism programs in the OADAP management information system reporting.

Objective (2): Support funding efforts for Maine Indian alcoholism services.

- (a) Provide portion of seed money for match with Title XX funds for fiscal year 1978.
- (b) Assist in the contract development process between the state Title XX program and Maine Indians.

Objective (3): Provide program assistance to Maine Indian alcoholism programs as required or requested.

Section C

Budget For the Upcoming Year
(Based on Five Year Forward Plan)

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	S T A T E		F E D E R A L		Title XX	Other	Total
	Current Services	Expanded Services	Formula Grant	Uniform Act			
Administration	\$ 15,000	\$	\$ 28,447	\$	\$ 52,500	\$52,500	\$ 98,447
State & Regional	1,500		- 0 -				1,500
Planning Organization							
Total: (Not to Exceed 10%)			28,447				
Personal Services	104,910		156,395				261,305
Fringe Benefits	11,319		23,074				34,393
Travel	14,000		10,000				24,000
Expenses by Objective:							
a. Alcoholism Prev. Prog.	27,830	161,539					189,369
b. Outreach Prog. Development.		193,200				29,000	222,200
c. Treatment & Rehab Programs	420,622	1,310,650	19,026	206,894	972,562	47,500	2,977,254
d. Alcoholism Training Programs		75,200					75,200
e. Management Information System		30,000	30,764				60,764
f. Indian Alcoholism Prog.	8,312				24,938		33,250
Miscellaneous	23,507		16,765			800	41,072
TOTAL	\$627,000	\$1,770,589	\$284,471	\$206,894	\$1,050,000	\$79,800	4,018,754

PART III: ASSURANCES

A. Proof of Notice to the Public

Due to the precipitous deadline for rewriting this year's up-date, it was not possible to extensively publicize its existence prior to submission on March 1, 1977. The following legal notice will appear in the newspaper within a week of submitting the plan for review. Since much of the proposed action plan for the upcoming year was generated from the Five Year Forward Plan a broad range of citizen input already exists in this up-date.

Legal Notice

The 1977 State Plan for comprehensive services relating to alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs in Maine as provided for under terms of the Federal Hughes Act, Public Law 91-616, has been up-dated. Upon approval of this up-date, federal fiscal year 1977 funds in the amount of \$284,471 will be allocated to the State for the development and implementation of these programs.

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

A copy of the State Plan is available for examination at the Maine State Library in Augusta and at regional offices of the Department of Human Services.

COVER SHEET for FEDERAL GRANT APPLICATION/AWARD NOTIFICATION

1 APPLICATION DATE

yr mo day

19 77 2 28

ITEMS 1-31 TO BE COMPLETED BY APPLICANT OR CLEARINGHOUSE DEPENDING UPON STATE PROCEDURES

3. APPLICANT - Organizational Unit

MAINE - Department of Human Services

4. ADDRESS - Street or P. O. Box

State House

2 FEDERAL EMPLOYER ID NO.

1-016 00000 1-A8

5. CITY

Augusta

6. COUNTY

Kennebec

7. STATE

Me.

8. ZIP CODE

04333

9. PROG NO. (Catalog of Fed Domestic Assistance)

13.257

10. TYPE OF ACTION

a ☐ New c ☐ Modification
b ☒ Continuation

TYPE OF CHANGE (Complete if 10b or 10c was checked)

11. a ☐ Increased Dollars
b ☒ Decreased Dollars12. a ☐ Increased Duration
b ☐ Decreased Duration13. a ☐ Other Scope Change
b ☐ Cancellation

14. EXISTING FED GRANT ID

01-X23

9500 76

15. REQUESTED FUND START

yr mo
19 77 10

16. FUNDS DURATION

12 (Months)

17. EST. PROJECT START

yr mo
19 77 10

18. EST. PROJECT DURATION

12 (Months)

19. APPLICANT TYPE

A. State

Enter Letter

A

B. Interstate

G. Community Action Agency

C. Sub State Dist

H. Sponsored Organization

D. County

I. Indian

E. City

J. Other (Specify in Remarks)

FUNDS REQUESTED (For Changes Show Only Amt. of Inc.(+) or Dec.(-))

20. FEDERAL

() \$ 284,471.33 .00

21. STATE

() \$.00

22. LOCAL

() \$.00

23. OTHER

() \$.00

24. TOTAL (20, 21, 22, 23) () \$ 284,471.33 .00

25. BRIEF TITLE OF

APPLICANT'S PROJECT

Alcoholism State Plan

26. DESCRIPTION OF APPLICANT'S PROJECT (Purpose)

Provide for prevention, treatment and rehabilitation programming for
alcohol abuse and alcoholism in Maine.

Attach additional narrative description or site map as appropriate.

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

Statewide

28. CONGRESSIONAL DISTRICT

Of Applicant Districts Impacted By Project

[1] [1 & 2]

29. Environmental Assessment Required

By State/Federal Agency?

☐ Yes☒ No

30. CLEARINGHOUSE(S) TO WHICH SUBMITTED

a ☒ State b ☐ Area Wide c ☐ None

31. a NAME OF CONTACT PERSON

Michael D. Fulton

b ADDRESS - Street or P. O. Box

32 Winthrop Street, Augusta, Maine

c TELEPHONE NO.

207-289-2781

ITEMS 32-38 TO BE COMPLETED BY CLEARINGHOUSE

32. CLEARINGHOUSE ID

001

MULTIPLE

☐ CLEARINGHOUSE

33. a ACTION BASED ON

REVIEW OF

a ☐ Notification
b ☐ Application

33. b ACTION TAKEN

a ☐ With Commentc ☐ Waivedb ☐ Without Commentd ☐ Unfavorable34. STATE APPLICATION IDENTIFIER
(SAI)

ME

State

Number

35. CLEARINGHOUSE
IMPACT CODE

STATE WIDE

☐ Yes ☐ No

County/

City

County/

City

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36. STATE PLAN REQUIRED

☐ Yes ☐ No

37. RECEIVING DATE

AT CLEARINGHOUSE

yr mo day

19 _____

38. FINAL CLEARINGHOUSE

ACTION DATE

yr mo day

19 _____

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

39. CERTIFICATION -

The applicant certifies that to the best of his knowledge and belief the above data are true and correct and filing of this form has been duly authorized by the governing body of the applicant.

Check box if no clearinghouse response was received in 30 days ☐

40. a NAME (Print or Type)

Michael D. Fulton

b TITLE

Director, OADAP

c SIGNATURE of Authorized Representative

X Michael D. Fulton

d TELEPHONE NUMBER

207-289-2781

41. DATE MAILED TO FEDERAL/STATE AGENCY

yr mo day

19 77 2 28

42. NAME OF FEDERAL / STATE AGENCY

TO WHICH THIS APPLICATION SUBMITTED

NIAAA

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

43. GRANT APPLICATION ID
(Assigned by Federal Agency)

52. Application Rec'd.

yr mo day

19 _____

53. a Exp. Action Date

yr mo day

19 _____

Always Complete

53. a OR b

53. b Ret. to Applicant

yr mo day

19 _____

44. GRANTOR AGENCY

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Received

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19 _____

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Action Date

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54. Exp. Action
Revised
As Of

yr mo day

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45. ORGANIZATIONAL UNIT

46. ADMINISTERING OFFICE

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

STATE PLANS:

Under Title V, Section 505

Social Security Act, as amended, and

Under Sections 314(a), 314(d), 303(a), 204(a)

Public Health Service Act, as amended, and

APPLICATION FOR FUNDS:

Under Section 606(c)

Public Health Service Act, as amended

CERTIFICATION

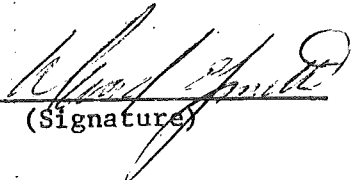
1. I hereby certify that the Office of Alcoholism & Drug Abuse Prevention of the State
(State Agency)
of Maine's Department of Human Services has been designated to administer
or supervise the administration of, (check each applicable item) the:

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

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

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

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


(Signature)

Commissioner

(Title)

COMMISSIONER

(Title)

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

STATE HEALTH PLAN BUDGET

STATE Maine - Department of Human Services	FISCAL YEAR '77
AGENCY Office of Alcoholism and Drug Abuse Prevention	
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REVISION NO. _____	

FUND SOURCE			TITLE V--SOC. SECURITY ACT		PUBLIC HEALTH SERVICE ACT, AS AMENDED					
			SEC. 503 MCH	SEC. 504 CC	SEC. 314(a) PLANNING	SEC. 314(d) PUBLIC HEALTH	SEC. 314(d) MENTAL HEALTH	SEC. 303(a) ALCOHOL	SEC. 204(a) M H CONST.	SEC. 606(c) HOSP. ADMIN.
1.	STATE PUBLIC		A	B	C	D	E	F	G	H
								627,000.00		
2.	LOCAL PUBLIC							50,000.00		
3.	PRIVATE NON-PROFIT									
4.	SUB-TOTALS									
5.	FEDERAL	FINANCIAL ASSISTANCE	FUND A					284,471.33		
			FUND B							
		DIRECT ASSISTANCE								
6.	PREVIOUS FISCAL YEAR (s) CARRYOVER		A.	A.				-0-		
			B.	B.						
7.	TOTALS							961,471.33		
8.	NON FEDERAL SHARE REQUIREMENTS									
9.	MAINTENANCE OF EFFORT							619,150.00		
10.	AMOUNT OF MATCHING PROPOSED BY STATE									
11.	DIRECT COMMUNITY SERVICES									
12.	TOTAL HEALTH FUNDS BUDGETED							8,000.00		

STATE FUNDS BUDGETED TO OTHER AGENCIES			
PURPOSE	STATE PUBLIC AGENCIES	LOCAL PUBLIC AGENCIES	NON-PROFIT
13. PUBLIC HEALTH			
14. MENTAL HEALTH			

REMARKS:

PROGRAM DIRECTOR (Name and Title) Michael D. Fulton, Director Office of Alcoholism and Drug Abuse Prevention	
AGENCY HEAD (Signature)	DATE
TITLE Commissioner, Department of Human Services	
OFFICE OF GOVERNOR	DATE
TITLE Governor	

E. Additional Assurances in Effect With This Plan Update

1. New grant guidelines, recently revised by the Office of Alcoholism and Drug Abuse Prevention, require that alcoholism program grantees receiving state formula grant funds shall include the following in their applications:

- a. what their measurable program goals and objectives are;
- b. what the criteria of acceptable performance is.

A further requirement is that the program shall submit a quarterly evaluation progress report, related to goal attainment and acceptable performance. These requirements, coupled to compliance with stiff program licensing regulations based on JCAH modes and procedures, assure satisfactory standards for measuring program effectiveness.

2. At the present time OADAP is not reviewing admissions to general hospitals and out-patient facilities to determine whether or not alcoholic patients are being refused admission in violation of P.L. 91-616, as amended. Beginning with this formula grant period OADAP will implement this procedure to assist the Secretary, HEW, in determining compliance with this requirement, and will make periodic reports to the Secretary about such review in accordance with regulations by the Office of Civil Rights.

3. Also, beginning with the period after September 30, 1977 OADAP will submit to the Secretary periodic reports assessing progress in implementing Maine's State Plan, in such form and manner as the Secretary may prescribe.

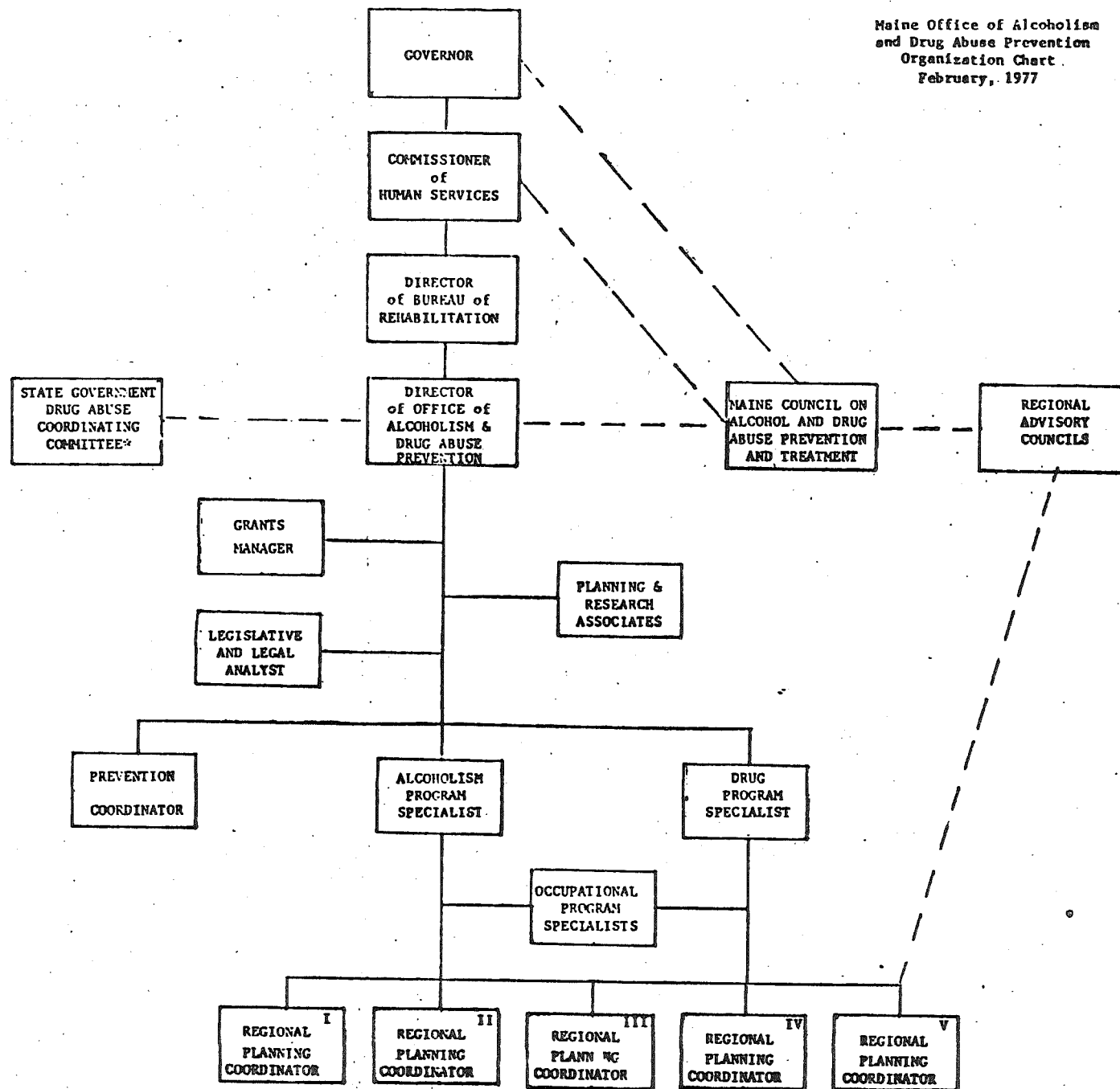
4. At the present time OADAP maintains a comprehensive directory which lists all the alcoholism and drug abuse services available in the State of Maine. Copies of this directory are available from central office, regional alcoholism councils, regional public health office and their satellites, mental health centers, and selected private service agencies. The most recent update of this directory was October, 1976. Future updates will be done as occasion demands or at least once a year.

5. Maine has 1 Health Systems Agency for the entire state. It is presently in the implementation state, and in checking with its Executive Director, Mr. Stanley Hanson, information was obtained to the effect that HSA is not presently constituted to review proposed uses of formula grant funds in accordance with P.L. 93-641. A copy of the update plan has been made available to Mr. Hanson's agency for study. When HSA gets ready to deal with this matter the ground work will have been laid for future participation and compliance.

6. Unlike the Health Systems Agency, the State Health Planning and Development Agency has been fully implemented at this time under P.L. 93-641 and its Statewide Health Coordinating Council is operative. This plan was put together with consultation from SHPDA and in final form is being reviewed by SHCC in accordance with current regulations and guidelines.

P A R T I V A P P E N D I C E S

- A. ORGANIZATION CHART
- B. GRANT GUIDELINES
- C. STATE REGIONAL MAP
- D. SUBSTANCE ABUSE COUNSELOR REGISTRATION



*Inactive

OFFICE OF ALCOHOLISM AND DRUG ABUSE PREVENTION

GRANT GUIDELINES

I. General:

- A. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970 and the Drug Abuse Office and Treatment Act of 1972, make, by allotment, Federal Funds available to this State under a formula grant basis. The State Administrator may provide a portion of these funds to: State, regional and local public and private non-profit agencies and organizations for participation in programs under these Acts. In addition, some State funds are made available for the same purposes.
- B. Almost any type of project activity may be fundable, provided that the activity is based upon:
 - 1. the Alcoholism State Plan or Drug Abuse State Plan.
 - 2. the development of new or innovative programs to fill gaps in existing services or to expand the reach of existing services.
 - 3. the ultimate integration of services and resources of all State, regional, and local public and private agencies assisting alcohol or drug abusers, or high-risk persons as defined in the Drug Abuse State Plan, and the Alcoholism State Plan.
- C. The use of Federal/State funds must not result in a decrease in the effort of providing local alcohol or drug abuse prevention services. To the extent feasible, this program is designed to stimulate an increase in local effort.
- D. The major thrusts of the grant program are for the delivery of services, and ongoing planning and coordination of all alcohol and drug abuse prevention, treatment and rehabilitation efforts.
- E. OADAP may fund up to 75% of a proposed alcoholism or drug abuse project subject to the availability of funds.

II. Program Guidelines:

- A. Project design, identification and justification are basically the same as those in developing any other type of funding proposal.
- B. The project documentation features shall include the following specific information where applicable:

1. Statement of Need: In this part, identify in detail the problem which this project is intended to address. Accurate problem definition is essential. The problem as described here must be specifically related to the activities or effort proposed. Describe the problem in a manner which offers the potential to observe and measure its dimensions before, during and after the project activity.

As a minimum this item should:

- a. Describe the nature and scope of the problem addressed in this application.
- b. Provide supporting facts and figures which describe the existence of this problem and a summary of your analysis of the implications of this information.
- c. Describe the underlying causes of the problem.
- d. Provide a clear description of the impact or effect of the problem on other agencies or groups.

2. Goals and Objectives:

This section is vital to the application. It should clearly and concisely present the goal statement and measurable objectives for the project. In other words, this section should describe precisely what the project will achieve and/or demonstrate. The goal statement and measurable objectives presented in this section should be directly related to the statement of the problem so that the project can be monitored and/or evaluated in terms of its ability to resolve the problem identified.

- a) Specify a goal statement for the project. The goal statement should clearly communicate the intended result of the project as of the end of the grant period. The goal statement identifies, before the project starts, what must happen or be achieved in order for the project to be considered a success. The goal statement must be precise enough so that a person could, on the basis of project records and data, determine if the project goal has been achieved.

Below is one method for writing a precise goal statement:

- (1) Identify the terminal (end) behavior or condition which will be accepted as evidence that the project has achieved its goal.
- (2) Try to further define the desired behavior or condition by describing the important limits or circumstances under which the behavior and/or conditions will be expected to occur.
- (3) If possible, specify the criteria of acceptable performance and/or results by defining the minimum acceptable functioning level of the project.

NOTE: Complex projects may have more than one goal statement.

b. Identify implementation objectives for the project. Implementation objectives reflect major activities necessary to begin the project. They should be stated in the order in which they will happen. Describe how completion of each activity will be documented.

c. Identify performance objectives for the project. Performance objectives indicate major activities necessary to conduct the project as planned. Each performance objective should incorporate, where applicable, specific behavior, the method or procedures to be followed, time specifications and how achievement of the objective will be documented. Performance objectives should answer the questions 1) Who? 2) What? 3) Where? 4) When? 5) How? 6) Under what conditions? 7) To what level of acceptance? 8) As documented by what?

If this is a continuation of a previously funded project then the prior year's goals and objectives must be indicated along with a statement of the progress made toward achieving each specific goal or objective.

3. Project Description: Describe physical requirements for the project to be funded. List the types of clients to be served and describe the services to be delivered. Provide a list of project personnel requirements with job descriptions and special training and education requirements. Explain how this project will be made available to the specific client groups and identify sources of referral to and from your project. Indicate the relationship of each project activity to the goals and objectives. If this is a Single Purpose request, then describe only that purpose and indicate the impact on your program of not funding the request.
4. Project Budget: The budget should be prepared listing the total expense for each line item and identifying the OADAP share of the line. It will be assumed that this budget may be applied evenly for each quarter of the grant year unless otherwise noted in the grant request.
5. Line Item Costs Justification: You must show the basis of cost for each major category line in the budget. This may be done by showing the process used to arrive at the line expense total. If an estimate is used from a supplier or contractor then give the name of the firm and/or person from which the estimate was obtained.
6. Summary of Project Personnel: List each position or job title relative to the grant activity. State the number of persons who will hold each position or job title and the number of hours to be spent weekly on the project for each position. Show the total salary expense for that position or job title.

A breakdown of fringe benefit costs should also be provided. The maximum fringe benefit ceiling allowed by the state should not be exceeded.

7. Sources of Income: All sources of income must be listed (including "in kind" services). Show contract dates and indicate the amount represented by each source. If this is a continuation of a previously funded proposal then show the increase or decrease from the previous budget.
8. Future Project Funding: Describe the steps that your agency plans to take concerning funding for this project for at least one year following the requested termination date of this grant. Identify sources of funding and indicate the proportion of the project that each source is expected to support. If this is a continuation of current activity request, then describe the progress which has been made during the previous funding period toward achieving funding goals.
9. Evidence of Community Support:
 - a. List any inter-agency agreements which concern this project, and indicate in what ways they have been utilized, and how they will be used during the requested grant period.
 - b. Describe the involvement that the local community has had in developing this project. What attempts will be made to solicit local community support during the project period?
 - c. Provide evidence of community support if possible in the form of unsolicited endorsement letters from community leaders, municipal officials, legislative representatives, former clients (with the client's written permission only!), and other concerned citizens.
10. Assurance of Compliance with the Department of Health, Education and Welfare Regulation under Title VI of the Civil Rights Act of 1964: A signed and properly filled in copy of the illustrated affidavit must be included with the grant application. See figure II - 1.
11. Applicant Certification and Governing Authority review: The applicant must certify that the application is complete and accurate and that they have read and will abide by these grant guidelines. The application must be reviewed and approved by the governing authority of the agency prior to submission to OADAP. A statement of approval must be signed by the principal board officer.
12. Delivery of Services: Use of OADAP funds for support of services is designed to fill gaps in the existing service structure in the State and for expansion of services for persons not now receiving services.
13. Proposal Submission: Grant proposals for OADAP funds will be submitted

ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE REGULATION UNDER
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

(hereinafter called the "Sponsoring Agency")

(Sponsoring Agency)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health, Education, and Welfare (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Sponsoring Agency by the Department, this assurance shall obligate the Sponsoring Agency, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Sponsoring Agency for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Sponsoring Agency for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Sponsoring Agency by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Sponsoring Agency recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Sponsoring Agency, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Sponsoring Agency.

Dated _____

(Chief Administrator of
Sponsoring Agency)

By _____

(Project Director, if different)

to OADAP regional planning and coordinating agencies. Regional review and comment data and OADAP recommendations will then be submitted to OADAP's State Advisory Council for final review and comment. OADAP will then make a final decision as to the disposition of the proposal.

14. Evidence will be submitted that the grant request has been comprehensively planned and that appropriate local and regional agencies coordination has been fully accomplished.
15. The applicant will comply with all the provisions of these guidelines and procedures.
16. Methods of Administration: The public or private agency submitting the project proposal assures that:
 - a) Funds paid to the agency under this plan will be used to make a significant contribution toward improving the quality, scope and extent of alcohol and/or drug abuse treatment, rehabilitation or prevention services.
 - b) Funds paid will be further used to supplement and, to the extent practicable, to increase the level of funds that would otherwise be made available for the purposes for which these funds are provided and will not supplant local funds.
 - c) There will be applicant/agency participation in the cost of carrying out the project at the rate of at least 25% of the project costs.
 - d) Methods and procedures for properly charging project costs will be established and maintained. Fiscal procedures will be adequately described in writing and made available to OADAP on request.
 - e) In accordance with Title VI of the Civil Rights Law of 1964 (42 U.S.C. 200d et. seq.) and the regulation issued thereunder by the U.S. Department of Health, Education, and Welfare (45 DFR Part 80) no individual shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the project submitted.
 - f) All information as to personal facts and circumstances obtained by the agencies or other private nonprofit agencies, groups or organizations, to whom funds are paid by the State, will be held confidential and will not be divulged without the individual's consent in accordance with current federal regulations except as necessary to provide services to him. Each project proponent agency will establish adequate procedures to carry out this provision and to adequately protect the rights of persons with respect to whom confidential information is held.
 - g) Applicants for projects shall be in compliance with the U.S. Department of Health, Education, and Welfare policy concerning Human Rights: Copies of HEW Regulations concerning Human Rights are maintained for reference purposes by OADAP at 32 Winthrop Street, Augusta.

- h) The project or facility to be provided funds will furnish a community service, and that consideration will be given to the involvement of residents of the community in management and operation of the project, or if applicable, the facility.
- i) The project or the facility will furnish services to all persons in need of such services regardless of ability to pay.
- j) All portions and services of the project, and if applicable, of the entire facility of which, or in connection with which, OADAP funds are sought, will be made available without discrimination on account of sex and creed and no professionally qualified person will be discriminated against on account of sex and creed with respect to the privilege of professional practice in the facility.
- k) Resumes detailing the professional qualifications of project staff and key operating personnel, responsible for the operation of service projects or facilities funded under these guidelines will be provided upon request by OADAP.
- l) The grantee understands that all service projects funded will normally be scheduled for termination on June 30. Projects scheduled for a time length of more than 12 months will only be considered for funding by the single state agency for a specific year. In the event of multi-year project proponents the successive fiscal year funding or continuing projects will be dependent upon Federal/State funding levels and annual approval of OADAP. At the present time there are no provisions for extended time length projects.

No obligations made before the starting or after the termination date may be charged to a grant.

Such projects when submitted will be considered for funding subject to these conditions:

- The annual availability of Federal/State funds
- Relative success or failure of the project
- Annual approval of the project by OADAP

- iii) Any major change in the scope of the project (policy, objectives or goals) for funded projects must receive prior written approval of the single state agency responsible for administration of the program. Personnel changes must be reported to OADAP within 5 working days of their occurrence.

Permissible changes in the approved project shall be limited to minor changes in methodology, approach, or other aspects that would expedite achievement of the project's objectives as long as the original objectives are not changed. Such changes

may not result in increasing the cost of the project to OADAP. Whenever the grantee, or program director, is uncertain as to whether any change complies with the above provision, the question shall be referred to the OADAP for resolution.

- n. Expenditures will follow the major budgetary categories established in the application. Prior written approval of the grantor is required for the transfer of funds between established budget categories when the amount exceeds 5% of the total grant. Requests for rebudgeting will be submitted to the Director of OADAP outlining the justification for rebudgeting.
- o. The budget categories between which funds are to be transferred will be clearly defined with full justification.
- p. Subgranting is not allowable. The grantee may not, in whole or part, delegate or transfer responsibility for the use of project funds to any other institution, organization, or person.
- q. Accounting of project funds provided will be in accord with grantee standard accounting practices, based upon generally accepted principles, consistently applied, regardless of the source of these funds. Itemization of all supporting records of fund expenditures must be recorded in sufficient detail to show the exact nature of the expenditures. Where personnel costs apply to two or more activities or projects, such costs involved will be appropriately prorated and explained.
- r. The retention of essential records is required. Project accounting records are considered to be essential. Records required for retention include all original receipt and expenditure documents that support and substantiate charges to project activity. All recipients of project funds are required to maintain accounting records, as follows:
 - (1) Records may be destroyed three years after the end of the budget period if audit, by or on behalf, of the state agency has occurred by that time.
 - (2) If audit, by or on behalf of the state agency, has not occurred by that time, the records must be retained until audit or until five years following the end of the budget period, whichever is earlier.
 - (3) In all cases an overriding requirement exists to retain records until resolution of any audit questions relating to individual grants.
 - (4) Project records are subject to inspection and audit by state and federal representatives:
 - (a) To verify financial transactions and determine whether funds were used in accordance with applicable laws, regulations, and procedures;
 - (b) To ascertain whether policies, plans, and procedures are being followed;

(c) To provide management with objective and systematic appraisals of financial and administrative controls and information as to whether operations are carried out effectively, efficiently and economically; and

(d) To determine reliability of financial records and reports.

s) The audit activity is not intended to review technical aspects of the conduct of the project. The audit is performed in accordance with generally accepted auditing practices in determining that there is a proper accounting for and use of grant funds. If the grantee fails to appeal a proposed audit disallowance within 30 days of receipt of written notification, the disallowance becomes final.

t) Obligations, commitments, encumbrances, or expenditures normally will be made within the budget period indicated on the agreement. (The agreement is a document which will be tendered to grantees upon acceptance of their project application). Project funds may not be used to reimburse obligations, commitments or expenditures made prior to the beginning date of an initial grant for a new or renewal project.

u) Title to equipment purchased with grant funds is vested in the grantee and the equipment must be accounted for during and after the end of the project period. The state agency reserves the right to determine final disposition of equipment.

w) Upon termination of the project, grant, or agreement for any reason, funds issued to the grantee and not expended or obligated will be returned to the grantor.

17. The following guidelines apply to specific budget items:

a) Bonus Payments: Not allowable.

b) Consultant Services: Allowable, subject to the following restrictions:

(1) Consultant fees may not be paid to a State or to a U.S. Government employee.

(2) Consultant fees may be paid to an employee of the grantee institution only under unusual circumstances and with prior approval of the OADAP.

The grantee agency policy prevails as to determination of consultant fees. In the absence of agency policy any questions concerning appropriateness of consultant fees should be referred to the OADAP.

c) Contingency Funds or Reserves: Not allowable.

d) Depreciation or Use Allowance: Not allowable for real or personal property (buildings or equipment).

e) Dues: Not allowable except when incurred because membership in professional organizations or societies is required to obtain publications necessary to the project.

f) Entertainment: Not allowable for costs of amusements, social activities, entertainment, or incidental costs related thereto.

g) Equipment: Allowable; however, prior OADAP approval is required for:

- (1) any item of equipment costing in excess of \$1,000;
- (2) printing equipment;
- (3) audio-visual equipment; and
- (4) equipment for offices, conference rooms, and similar facilities.

Equipment may be rented but not purchased from grant related funds in support of conferences.

For purposes of charging project grant funds, the cost of a single unit or piece of equipment includes necessary accessories, duty, excise, and sales taxes (unless the institution is exempt from such taxes). If the institutional policy provides that charges for transportation, protective-in-transit insurance, and installation are a part of the cost of equipment, such charges must be included in the equipment costs if they are to be charged to OADAP funds. Whenever possible, equipment purchases will be made within the first quarter of the grant period.

h) Equipment Maintenance and Repairs: Allowable on equipment used specifically on the OADAP supported project.

i) Equipment Rental: Allowable provided the equipment is not owned by the grantee. Rental charges to the project must be made in conformance with grantee policies and in the same manner that similar charges are made to any account.

j) Fringe Benefits: Allowable for employer's share to the extent that such payments are made under formally established and consistently applied institution policies, uniformly charged as a direct cost on an actual rather than an estimated basis, and charged in proportion to salary charged to the project (exceptions may be granted on a case for specific circumstances by OADAP). The employee's share is part of the gross salary and included therein. Not allowable for trainees.

k) Honorarium: Not allowable. An honorarium is considered a payment or reward whenever the primary intent is to confer distinction on, or to symbolize respect, esteem, or admiration for the recipient. A consultant fee, on the other hand, is compensation for services rendered and is allowable.

l) Insurance: Allowable for premiums on hazard, malpractice, and other liability insurance to cover personnel directly connected with the project. Not allowable for premiums on government owned equipment.

m) Land: Not allowable for purchase costs.

n) Leave: Allowable when earned on the project which the grant is supporting and prorated in accordance with the salary charged to the project. Not allowable for trainees.

o) Meals: Allowable for persons receiving service or when an agency or program customarily provides for meals to employees working beyond the normal workday, or as a part of the salary arrangement.

p) Publication Costs: Allowable subject to prior approval for cost of publishing books, monographs, pamphlets, etc., describing project activities, however, an acknowledgement of support must be made through use of the following or comparable footnote*:

*This project was supported by Grant No. _____ awarded by the State of Maine Office of Alcoholism and Drug Abuse Prevention.

q) Recruitment Costs: Allowable for full-time employment on OADAP supported projects, including the charges for want ads, transportation for an interview, and other costs, if payment of such costs is normally made by the grantee regardless of the source of funds. Allowable are costs of descriptive brochures or other costs directly related to the recruitment of trainees. Not allowable are payments to prospective trainees for transportation, per diem, or other related recruiting costs. Now allowable, also, are moving expenses of employees.

r) Rental of Space: Allowable when charges are made in conformance with grantee policies and in the same manner that similar charges are made to any account. Expenses for the alteration of rented facilities will be detailed as a cost item (other). Full cost particulars will be provided and justified for such expenses.

s) Salaries and Wages: Allowable for time or effort spent on a supported project. Rate must be consistent with salaries paid from grantee funds. Salary and wage rates must be in conformity with those permitted by the grantee's wage and salary scales and policies.

t) Supplies: Allowable.

u) Taxes: Allowable only for those taxes which a grantee is required to pay in connection with employment, services, travel, renting, or purchasing for a project.

v) Travel: Allowable for domestic travel when such travel is essential to the successful conduct of the project being supported including attendance at National or Regional Meetings (prior approval necessary unless authorized in the form of approved application). Travel on grant funds may be allowed for those persons listed in

the application who are holding staff positions at least 50% of full time in the conduct of the project (others with prior written approval). Prior approval is required for such travel if the total required for travel exceeds the amount approved by the OADAP. Not allowable for foreign travel. Less than first class air travel must be used when available. Mileage cost and expenses relating to the travel will be applied in accordance with the grantee's policy. State of Maine Travel regulations must be followed when a grantee has no established policy.

w) Tuition and Related Costs: Allowable with prior OADAP approval when specialized training is required for the project. Other tuition costs are not allowable unless treated consistently as a fringe benefit.

x) Indirect Costs: Indirect costs of a project are those not readily identified with the project itself but nevertheless incurred by a grantee - as in the operation and maintenance of building or in the payment of utilities costs or administrative salaries - for the joint benefit of the project activity and of other objectives. These costs must be clearly identified in the project application.

y) Bank Interest: Whenever possible, the total grant or major portion of the grant award should be deposited in an interest bearing account. The amount received should be reported in the financial report to OADAP and may be used to reduce project related expenses incurred over and above the grant amount. Remaining interest funds not utilized for program expenditures under the grant will be returned to OADAP upon expiration of the grant period.

z) Accreditation of Agency: Costs associated with agency accreditation by recognized National Organizations (JCAH etc.) are allowable, with prior OADAP approval.

18. Reports on Project Accomplishments and Evaluation:

Where Regional Coordinators exist, projects will be assigned to them for continuing consultation. Where they do not exist, consultation will be provided by central office OADAP staff. Program Directors may relate progress or problems either verbally or preferably in writing at any time during the project.

In addition, there are five written reports required to be furnished to OADAP central office and regional coordinators, where they exist.

a) Quarterly Evaluation Progress Report - (1 copy Regional Coordinator, 1 copy OADAP central office.) This report is a narrative report of the Project activities; it will include success or failure assessments based upon criteria in the original grant application. Problems with goal attainment will also be described in this report.

b) Report of Expenditures - (1 copy Regional Coordinator and 1 copy OADAP central office.) This report will be submitted either monthly or quarterly as deemed by OADAP (sample form attached, see Figure II - 2).

MONTHLY/QUARTERLY REPORT OF EXPENDITURES OF GRANT TO PRIVATE OR PUBLIC AGENCY
BY OFFICE OF ALCOHOLISM AND DRUG ABUSE PREVENTION

Agency Reporting: _____

For Month/Quarter Ending: _____ Grant Number _____

Project Total: \$ _____ Grant Period _____

PART I - MONTHLY/QUARTERLY EXPENDITURES AND OBLIGATIONS:

	<u>Cash expenditures this month or quarter</u>	<u>Unliquidated Obligations*</u>
1. Personnel Services.....	\$ _____	\$ _____
2. Consultant Services.....	\$ _____	\$ _____
3. Travel.....	\$ _____	\$ _____
4. Rent of Quarters.....	\$ _____	\$ _____
5. Consumable Supplies.....	\$ _____	\$ _____
6. Equipment.....	\$ _____	\$ _____
7. Insurance.....	\$ _____	\$ _____
8. Other.....	\$ _____	\$ _____
9. Totals.....	\$ _____	\$ _____

PART II - GRANT SUMMARY:

	<u>This month or quarter</u>	<u>Project to date</u>
1. Funds available:		
a. Beginning adjusted cash balance...	\$ _____	\$ _____
b. Cash received during this period...	\$ _____	\$ _____
c. Total funds available.....	\$ _____	\$ _____
2. Cash expenditures (Part 1, line 9)....	\$ _____	\$ _____
3. Cash balance (1 c, less 2).....	\$ _____	\$ _____
4. Adjustments (explain on reverse side)...	\$ _____	\$ _____
5. Adjusted cash balance (3 (+ or -) 4).....	\$ _____	\$ _____

I hereby certify that this report is complete and accurate and that the expenditures and obligations have been made solely for the purposes set forth in the application for this grant.

Date: _____ Signed: _____

Typed name and title

PART III - OADAP QUARTERLY EVALUATION PROGRESS REPORT:

This report is a narrative report of project activities. It is to include success or failure assessments based upon criteria in your original grant application. Problems with goal attainment will also be described in this report.

MAIL: 1 copy to appropriate Regional Coordinator, and 1 copy to OADAP, 32 Winthrop Street, Augusta, Maine 04330, no later than 15 days after the reporting period.

*Unliquidated obligations are defined as the unpaid balances of formal purchase orders and contracts at the end of the period covered by this report.

c) Client Reports - (1 copy to OADAP central office). These reports on individual clients will be submitted when services to the client are terminated or as may be required by OADAP.

d) Final Report - (1 copy to Regional Coordinator, 1 copy to OADAP central office). This report will be submitted within 30 days after the end of the project period. It will consist of a review of the project's activities and accomplishments during the entire project period and a final evaluation of the extent to which the project achieved its objectives.

e) Final Financial Status Report - (2 copies OADAP central office). This report must be submitted within 30 days after the end of the grant project period. (Use the quarterly financial report form illustrated in Figure II - 2.)

III. Grantee Responsibility:

A. Grant requirements - The grantee, when applying for a project grant, agrees to administer any grant awarded by the State in accordance with governing State and Federal regulations and policies in effect at the time the award is made. The grantee further agrees to assume responsibility for fiscal administration, public information, program management, integration of services with local public and private agencies, and will comply with the Provisions of Human Rights and Civil Rights.

B. Coordination - In order to effectively promote integration of projects in the community and regional system of services, and in order to provide integration of service care provided to client group, the grantee must:

.....coordinate with appropriate local, regional and state organizations and agencies.

.....secure letters of endorsement from these organizations, agencies, and others who will participate in proposal. Such letters must be specific in scope and serve as a project commitment.

IV. Submission and Review of Grant Application:

A. Complete the project application forms and the project description and forward them to the appropriate Regional Coordinator.

Region I

Ralph Kilgore
Lafayette Towne House
638 Congress Street
Portland, Maine 04101
Tel: 775-6553

Region III

Ed Moffitt
OADAP
32 Winthrop Street
Augusta, Maine 04330
Tel: 289-2781 - 872-2365

Region V

James B. Sabine
Aroostook Mental Health Ctr.
97 Military Street
Houlton, Maine 04730
Tel: 532-6523

Region II

John Coffey
Western Regional Council
179 Lisbon Street
Lewiston, Maine 04240
Tel: 783-9151 Ext. 244

Region IV

Linwood K. Oakes, Sr.
Bangor Health Facility
103 Texas Avenue
Bangor, Maine 04401
Tel: 947-6367

- B. The process described in Figure IV - 1 normally takes ninety days to complete. In cases of extreme urgency at the regional coordinator's option, the Regional Review and Comment Committee review and regional council approval may be bypassed. The State Review and Comment Committee review and the State Advisory Council approval may be bypassed at the option of the OADAP Director to facilitate urgent requests.

V. Amendments to Grants:

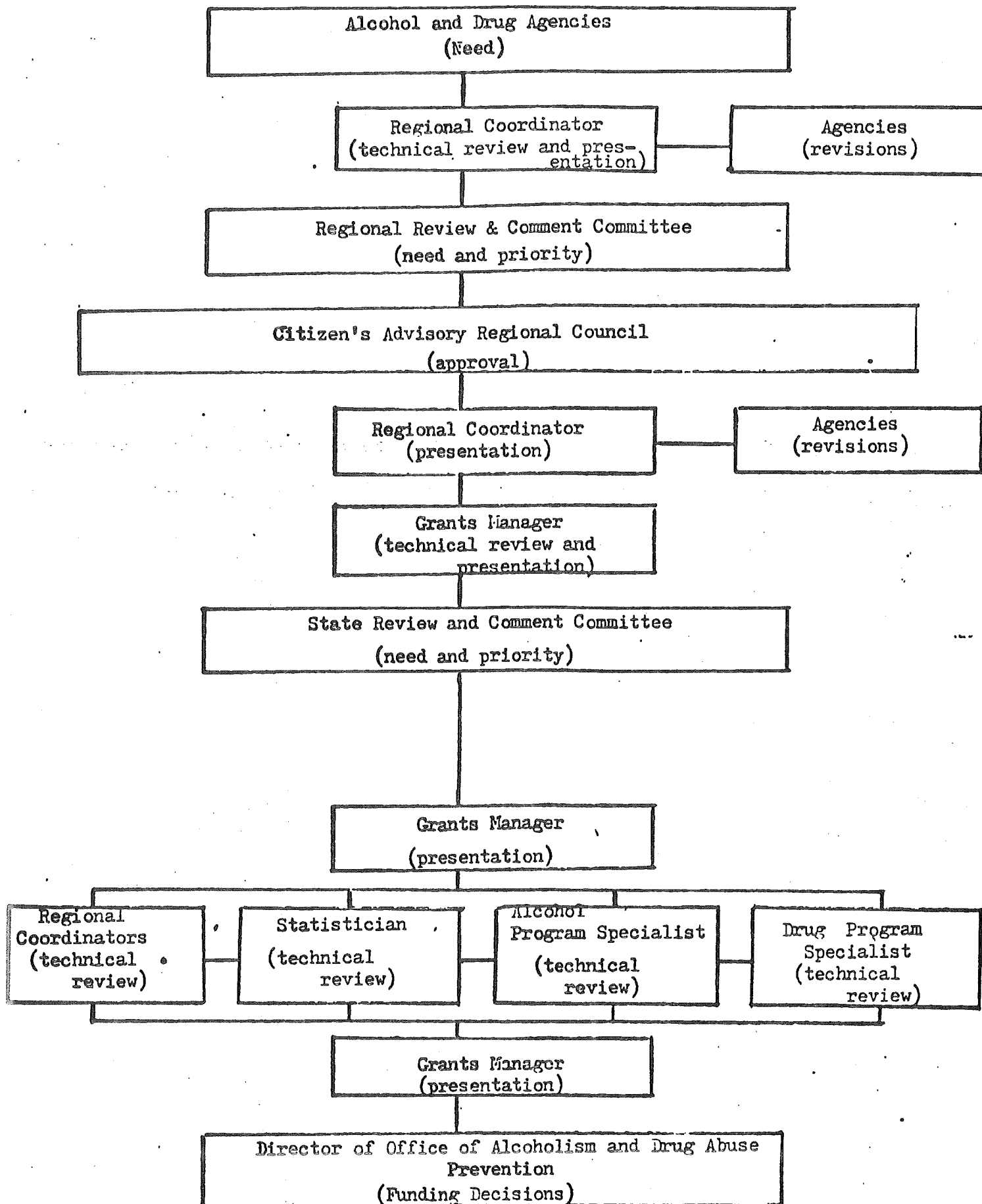
- A. Grants may be amended upon receipt of a written request for amendment by the OADAP Director. The request should be submitted to the appropriate regional coordinator and must contain the following information:

- 1) Grant number to which the amendment will apply.
- 2) Type of amendment requested (i.e. change in grant period date, budget revision, personnel change, new objective, etc.)
- 3) Justification for the amendment in the form of statistical data, impact on program, accounting information, alternatives which have been examined, etc.
- 4) Specific wording to be used in the amendment.
- 5) Date amendment should take effect.
- 6) Signatures of project director, chief administrator of sponsoring agency and principal board officer. (The signature of the principal board officer will include a statement that the governing authority has reviewed and approved the amendment).

VI. Termination/Suspension and Appeal of Grants:

- A. Normal Termination: Grants administered by OADAP will normally be effective for a period of 12 months or less. All grants, unless otherwise amended will cease to be effective on the stated termination date. At that time no further expenditures may be charged to the grant except for those in which the obligation to expend was incurred during the grant period. A final financial report must be forwarded within thirty days of the grant termination date.
- B. Termination for Cause: OADAP may terminate a grant in whole or in part any time before the date of completion if it has been determined that the grantee has failed in a material way to comply with the terms and conditions of the grant. OADAP will promptly notify the grantee in writing, stating the reasons for the termination and the effective date. Payments to grantees or recovery of funds by the State shall be made in accordance with the legal rights and liabilities of both parties. Termination for cause is appealable.

OADAP GRANT REVIEW PROCESS



C. Termination on Other Grounds: Except as provided above under Termination for Cause, OADAP grants may be terminated in whole or in part only as follows:

- 1) By OADAP with the consent of the grantee, in which case the two parties shall agree on the termination conditions, including the effective date and, in the case of partial terminations, the portion to be terminated.
- 2) By the grantee, upon written notification to OADAP setting forth the reasons for such termination, the effective date, and, in the case of partial terminations, the portions to be terminated.

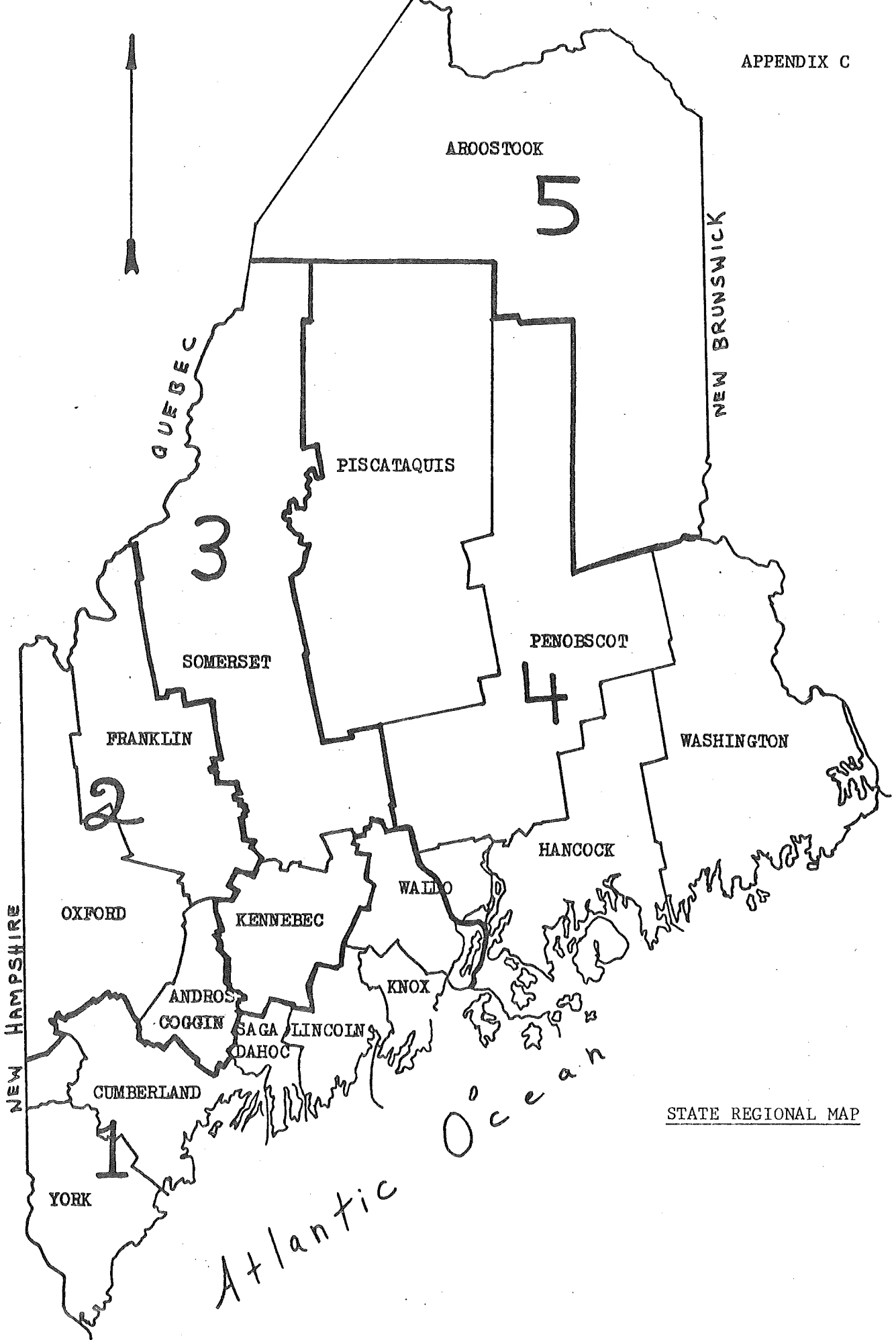
When a grant is terminated, the grantee shall not incur new obligations for the terminated portion after the effective date of the termination and shall cancel as many outstanding obligations as possible. OADAP shall allow full credit to the grantee for the State share of noncancellable obligations properly incurred by the grantee prior to termination.

D. Withholding of Support: OADAP may withhold the payment of grant funds within a previously approved project period for justifiable reasons. Such reasons may include one or more of the following:

- 1) The grantee is delinquent in submitting required reports.
- 2) Adequate funds are not available to support the project.
- 3) The grantee fails to show satisfactory progress in achieving the objectives of the project or otherwise fails to meet the terms and conditions of the award.
- 4) The grantee's management practices fail to provide adequate stewardship of OADAP funds.
- 5) Any other reason that would indicate that continued funding would not be in the best interests of the State of Maine.

E. Suspension: When a grantee has materially failed to comply with the terms and conditions of a grant, OADAP may, after reasonable notice to the grantee, suspend the grant. No obligations incurred by the grantee during the period of suspension shall be allowable under the suspended grant; however, OADAP may at its discretion allow necessary and proper costs that the grantee could not reasonably avoid during the period of suspension, provided that such costs would otherwise be allowable. Suspensions shall remain in effect until the grantee has taken corrective action to the satisfaction of OADAP, or has given assurances satisfactory to OADAP that corrective action will be taken, or until OADAP terminates the grant.

F. Appeals: Terminations and suspensions of grants by OADAP are subject to appeal. The appeal must be submitted to OADAP within 10 working days of the notification of termination or suspension date. Each appeal will be considered for acceptance by the OADAP Director on an individual case basis.



AN ACT TO CREATE A BOARD OF REGISTRATION OF SUBSTANCE ABUSE COUNSELORS

BE IT ENACTED BY THE PEOPLE OF THE STATE OF MAINE, AS FOLLOWS:

Sec. 1. 32 MRSA c.79 is enacted to read:

CHAPTER 79

SUBSTANCE ABUSE COUNSELORS

Subch.	Sec.
1 - GENERAL PROVISIONS.....	6201
2 - BOARD OF REGISTRATION OF SUBSTANCE ABUSE COUNSELORS.....	6208
3 - REGISTRATION.....	6213
4 - SUSPENSION AND REVOCATION.....	6217

SUBCHAPTER I

GENERAL PROVISIONS

- Sec.
- 6201. - Board of Registration of Substance Abuse Counselors.
 - 6202. - Objectives.
 - 6203. - Definitions.
 - 6204. - Reporting.
 - 6205. - Unlawful Use of Title Provisionally Registered or Registered Substance Abuse Counselor.
 - 6206. - Exemptions.
 - 6207. - Registration Required.

§6201. Board of Registration of Substance Abuse Counselors

There is created and established the Board of Registration of Substance Abuse Counselors within the Department of Business Regulations to carry out this chapter.

§6202. OBJECTIVE

The objective of this legislation is to establish a Board of Registration for Substance Abuse Counselors, which will establish and ensure high professional standards among Substance Abuse Counselors and which will encourage and promote quality treatment and rehabilitation services for substance abusers.

§6203. DEFINITIONS

As used in this chapter, unless a different meaning clearly appears from the context, the following terms shall have the following meanings:

1. Board. Board means the Maine Board of Registration of Substance Abuse Counselors.
2. Consumer. A consumer is a non-provider who has received substance abuse counseling services within the State of Maine.
3. Non-provider. A non-provider means an individual who neither is presently nor has been any of the following:
 - A) A Substance Abuse Counselor; or
 - B) An administrator or board member of a facility or program which provides substance abuse services; or
 - C) The spouse of any of those persons listed in A and B above.
4. Provisionally Registered Substance Abuse Counselor. A Substance Abuse Counselor provisionally registered under the provisions of this chapter.
5. Registered Substance Abuse Counselor. A Substance Abuse Counselor registered under the provisions of this chapter.
6. Substance Abuse Counseling Services. Substance Abuse Counseling services are those counseling services offered as part of the treatment and rehabilitation of persons abusing chemical substances. The purpose of Substance Abuse Counseling Services is to help individuals, families, and groups confront and resolve problems caused by the abuse of chemical substances.
7. Substance Abuse Counselor. A Substance Abuse Counselor is a person who presents oneself to the public or gives or offers substance abuse counseling services to any public or private individual, corporation, or agency.

§6204. REPORTING

No later than August 1st of each year the Board shall submit to the Commissioner of Business Regulations for the preceding fiscal year ending June 30th, an annual report of its operations and financial position, together with such comments and recommendations as the Board deems essential.

§6205. UNLAWFUL USE OF TITLE "PROVISIONALLY REGISTERED" OR "REGISTERED" SUBSTANCE ABUSE COUNSELOR

No person shall represent oneself to the public, or assume or use the title or designation "Provisionally Registered" or "Registered" Substance Abuse Counselor or the abbreviation "P.R.S.A.C." or "R.S.A.C." or any other title, designation, words, letters device tending to indicate that such a person is a "Provisionally Registered" or "Registered" Substance Abuse Counselor unless such person is provisionally registered or registered with and holds a current and valid Certificate of Provisional Registration or Certificate of Registration from the Board. Any person who offers or gives substance abuse counseling services in violation of this section shall, upon conviction, be punished by a fine of not less than \$50.00 and not more than \$500.00 for each such offense.

§6206. EXEMPTIONS

Nothing in this chapter shall prevent any person from engaging in or offering substance abuse counseling services provided that such person does not represent oneself as, or use the title of "Provisionally Registered" Substance Abuse Counselor or "Registered" Substance Abuse Counselor.

§6207. REGISTRATION REQUIRED

In order to safeguard the health and safety of Maine's citizens, any person who performs or offers to perform substance abuse counseling services as a "Provisionally Registered" or "Registered" Substance Abuse Counselor shall be required to submit evidence that he/she is qualified to so practice and shall be provisionally registered or registered in accordance with this chapter.

SUBCHAPTER 2

MAINE BOARD OF REGISTRATION OF SUBSTANCE ABUSE COUNSELORS

Sec.

- 6208. Appointment, Terms, Vacancies.
- 6209. Removal of Board Members.
- 6210. Meetings, Election, Quorum.
- 6211. Compensation.
- 6212. Powers and Duties of the Board.

§6208. APPOINTMENT, TERMS, VACANCIES

1. There is created a Maine Board of Registration of Substance Abuse Counselors, to consist of nine (9) members who shall be appointed by the Governor. The Maine Council on Alcohol and Drug Abuse Prevention and Treatment shall submit to the Governor a list of at least three recommendations for each initial Board member to be appointed. The list may include recommendations from the Office of Alcoholism and Drug Abuse Prevention (OADAP), the Maine Association of Alcoholism Program Directors, the Regional Alcoholism Councils and the Maine Addiction Professionals Association. The Governor shall act promptly by making said initial appointments from this list. Five of the initial Board members must be eligible for registration under this chapter. Four of the initial Board members shall be non-providers. Two of the non-providers shall be a consumer. Subsequent appointees to the Board must be Registered Substance Abuse Counselors, with the exception that two members of the Board shall be non-providers, one whom being a consumer.

2. The terms of office shall be for three (3) years provided that in the appointment of the initial Board, three (3) members shall be appointed for one (1) year, three (3) members for two (2) years and three (3) members for three (3) years. Two of the initial Board members appointed for a three year term shall be non-providers.
3. Any vacancy occurring during a term shall be filled by appointment, within thirty (30) days, by the Governor.
4. Upon expiration of a term of office, the Governor shall fill the vacancy by making an appointment within thirty (30) days. Upon such expiration, a member shall continue to serve until his successor is appointed.
5. No Board member shall serve for more than six (6) consecutive years.

§6209. REMOVAL OF BOARD MEMBERS

Any Board member may be removed from office by the Governor for any of the following reasons:

1. Attendance. Failure to attend two consecutive meetings of the Board; or
2. Criminal Conviction. After appointment to the Board any criminal conviction which if committed within this state would constitute a Class A, B or C crime under the laws of the State of Maine.

3. Fraud or Deceit. The practice of fraud or deceit in granting a Certificate of Provisional Registration or Certificate of Registration under this chapter or in connection with services rendered as a member of the Board; or
4. Active Abuse. Active abuse of alcohol, or any other drug which is detrimental to the performance or competency of a Board member or in any way jeopardizes the integrity of the Board; or
5. Mental Incompetency. A legal finding of mental incompetency;
6. Unprofessional Conduct or Negligence. Any gross negligence, incompetency or misconduct in the performance of duties as a Board member; or
7. Valid Cause. Any other valid cause.

§6210. MEETINGS, ELECTIONS, QUORUM

Within thirty (30) days after their appointment, the Board shall meet and organize by electing a chairperson, secretary, and treasurer. The Board shall hold regular meetings, at least semi-annually, and such additional meetings at such times and places as it may deem necessary. The Board shall keep a written record of all their proceedings. Five (5) members of the Board shall constitute a quorum for the transaction of business under this chapter.

§6211. COMPENSATION

Members of the Board shall receive no compensation for their services as a member of the Board, but they shall be reimbursed for

reasonable travel and incidental expenses incurred in carrying out this chapter, provided that such expenses do not exceed the fees collected by the Board. If the fees to be collected under this chapter are insufficient to pay the expenses provided by this section, the Board members shall be entitled to a pro rata payment in any years in which such fees are insufficient.

§6212. POWERS AND DUTIES OF THE BOARD

The Board shall have the following powers and duties in addition to all other powers and duties imposed by this chapter.

1. Set Standards - In addition to those standards set forth in Section 12, the Board in consultation with the Office of Alcoholism and Drug Abuse Prevention may set additional standards of eligibility for persons desiring to become Registered Substance Abuse Counselors, provided however, that the Board may not adopt standards for eligibility that require a formal educational degree.
2. Adopt Criteria - The Board may design and adopt an examination or other suitable criteria for establishing a candidate's knowledge, skill and experience in Substance Abuse Counseling.
3. Registration and Standards - The Board may register and set standards of practice for "Provisionally Registered" or "Registered" Substance Abuse Counselors working in Maine.
4. Rules and Regulations - The Board shall have the power to adopt such rules or regulations and establish such advisory committees as the Board may deem necessary and proper to carry out this chapter.
5. Contracts - The Board may enter into contracts to carry out its duties or responsibilities under this chapter.

6. Complaints - The Board shall have the power to investigate complaints on its own motion and those lodged with the Board or its representatives regarding the violation of any section of this chapter and the violation of any rules and regulations adopted by the Board pursuant to its authority.

SUBCHAPTER 3

REGISTRATION

Sec.

- 6213. Eligibility Requirements.
- 6214. Certificate of Registration.
- 6215. Application, membership fees.
- 6216. Examinations.

§6213. ELIGIBILITY REQUIREMENTS

To be eligible to apply for registration as a Substance Abuse Counselor, an applicant must:

1. Be at least 18 years of age, and
2. (A) Have been employed in the profession of Substance Abuse Counseling for a minimum of two years in the four year period immediately preceding the date on which application is made, or
(B) Have the equivalent of two years of paid employment as a Substance Abuse Counselor. In determining such equivalent an applicant must have been employed at least one year in the profession of substance abuse counseling and the Board may substitute work-based educational experience for the remaining period of required paid employment at a rate of no less than two months of work-based educational experience for each one month period of required paid employment. Both the paid employment and the work-based educational experience must have taken place within the four year period immediately preceding the date on which application is made, or

(C). Have the equivalent of two years of paid employment as a Substance Abuse Counselor. In determining such equivalent and applicant must have been employed at least one and one-half years in the profession of Substance Abuse Counseling and the Board may substitute volunteer work for the remaining period of required paid employment at a rate of no less than two months of volunteer work for each one month period of required paid employment. Both the paid employment and the volunteer work must have taken place within the four year period immediately preceding the date on which application is made.

3. Have abstained from the active abuse of alcohol or any other drug which in the judgement of the Board has been or could have been detrimental to the applicant's performance or competency as a Substance Abuse Counselor. It is strongly recommended that applicants have abstained for at least the two year period immediately preceding the date on which application is made. In considering an applicant for registration the Board shall not consider a history of previous alcoholism or drug addiction as an essential qualification nor disqualification for registration.

§6214. CERTIFICATE OF REGISTRATION

1. Registration. The Board shall issue a Certificate of Registration upon the affirmative vote of at least five (5) members of the Board, to any applicant who has satisfactorily met the following minimal requirements:

- A. Met the eligibility requirements set forth in Section 12 of this chapter; and
- B. Obtained a passing grade, as established by the Board, on any exams as the Board may prescribe by its rules and regulation; and
- C. Completed thirty (30) semester hours of college level course work in appropriate social science fields, or its equivalent in appropriate substance abuse training; and
- D. Met any other such criteria as the Board may prescribe by its rules and regulations.

2. Provisional Registration. The Board may issue a Certificate of Provisional Registration upon the affirmative vote of five (5) members of the Board, to any applicant who has met the following minimal requirements:

- A. Met the eligibility requirements set forth in Section 12 of this chapter; and
- B. Obtained a provisionally passing grade, as established by the Board, on any such exams as the Board may prescribe by its rules and regulations; and
- C. Met any other such criteria the Board may prescribe by its rules and regulations.

The Certificate of Provisional Registration shall be issued for a single non-renewable period not to exceed three years. A Certificate of Provisional Registration may be issued only once to any individual. During the period the provisional certificate is valid the provisional registrant will be expected to take appropriate action necessary to qualify for registration. During the period of provisional

registration, a provisional registrant may apply for full registration at any time, provided that he/she may not apply on more than two separate occasions.

3. Any applicant who is not issued a Certificate of Provisional Registration or a Certificate of Registration, may again apply for registration after a period of not less than six (6) months from the date of the last denial.

§6215. APPLICATION; MEMBERSHIP FEES

Application for registration as a Registered Substance Abuse Counselor shall be on a form prescribed and furnished by the Board. A non-refundable application fee shall be established by the Board in an amount not to exceed \$100.00, which fee shall accompany the application. A fee shall be established by the Board in an amount not to exceed \$25.00 for Provisionally Registered Substance Abuse Counselors who reapply for registration. A biennial fee for "Registered" Substance Abuse Counselors shall be established by the Board in an amount not to exceed \$50.00 biennially. A triennial fee for "Provisionally Registered" Substance Abuse Counselors shall be established by the Board in an amount not to exceed \$50.00 triennially.

§6216. EXAMINATIONS

Written and/or oral examinations shall be held at least twice a year at such times and places as the Board shall determine. The examinations shall be based on substance abuse counseling competencies.

SUBCHAPTER 4

SUSPENSION AND REVOCATION

Sec.

6217. Suspension and Revocation.

6218. Hearing on Refusal, Revocation, Suspension.

6219. Expiration and Renewal.

6220. Reciprocity.

§6217. SUSPENSION AND REVOCATION

The Board shall have the power to suspend or revoke the Certificate of Provisional Registration or Certificate of Registration of a Substance Abuse Counselor for any of the following reasons:

1. Criminal Conviction. After issuance of a Certificate of Provisional Registration or a Certificate of Registration, any criminal conviction which if committed within this state would constitute a Class A, B, or C crime under the laws of Maine; or
2. Fraud or Deceit. The practice of fraud or deceit in obtaining a Certificate of Provisional Registration or a Certificate of Registration under this chapter or in connection with services rendered as a Substance Abuse Counselor; or
3. Active Abuse. Active abuse of alcohol, or any other drug, which in the judgement of the Board is detrimental to the performance or competency of a Substance Abuse Counselor; or
4. Mental Incompetency. A legal finding of mental incompetency; or
5. Aiding and Abetting Misrepresentation. Aiding or abetting a person, not duly certified as a "Provisionally Registered" or "Registered" Substance Abuse Counselor, in representing oneself as a "Provisionally Registered" or "Registered" Substance Abuse Counselor in this state; or

6. Unprofessional Conduct or Negligence. Any gross negligence, incompetency, or misconduct in the performance of substance abuse services; or
7. Valid Cause. Any other valid cause.

§6218. HEARING ON REFUSAL, REVOCATION, SUSPENSION

The Board may suspend, revoke, or refuse to issue or to renew any Certificate of Provisional Registration or Certificate of Registration as specified in Subchapter 4, Section 16 of this chapter after written notice has been sent by Registered Mail to the person's last known address stating the reasons for suspension, revocation or denial, at least ten (10) working days prior to any action taken by the Board. The written notice shall inform the person of his right to appeal the decision of the Board at a special meeting of the Board.

At such meeting, the applicant or registrant shall have the right to appear personally and by counsel, to cross-examine witnesses appearing against him/her and to produce evidence and witnesses in his/her own defense.

If after such a meeting, at least five (5) members of the Board vote in favor of suspension, revocation or denial shall remain in effect pursuant to this section.

The Board, for reasons it may deem sufficient, may issue or reissue a Certificate of Provisional Registration or Certificate of Registration to any person whose Certificate of Provisional Registration or Certificate of Registration has been denied, suspended or revoked, provided at least five (5) members of the Board vote in favor of such issuance.

§6219. EXPIRATION AND RENEWAL

The Certificate of Provisional Registration is non-renewable and shall expire three (3) years from the date of initial issuance. The Certificate of Registration shall expire biennially on August 31st or at such other time as the Commissioner of Business Regulation may designate. Registration may be renewed for the succeeding two (2) year period upon written application of the registrant, the approval of the Board and the payment of the fee provided. A fee for renewal of registration shall be set by the Board in an amount not to exceed \$25.00 and shall be due and payable on or before the expiration date. Before a Certificate of Registration may be renewed, the applicant must present evidence of continued professional learning and training of a type which is acceptable to the Board.

Any person who fails to renew his registration prior to its date of expiration, shall be stricken from the rolls and his registration may be renewed only after again meeting the requirements of this chapter. The Board shall be responsible for mailing notification of the date of expiration of a Certificate of Provisional Registration or a Certificate of Registration to any Provisionally Registered or Registered Substance Abuse Counselor not later than thirty (30) days prior to the date of expiration.

§6220. RECIPROCITY

The Board may waive any examinations for applicants who are recognized by other credentialing bodies as having met qualifications and standards determined by the Board as comparable to those set forth in this chapter.

Sec. 2. 10 MRSA c.901, as repealed and replaced by PL 1975, c.767, §8001, is amended to read:

There is created and established the Department of Business Regulation to regulate financial institutions, insurance companies, commercial sports and grantors of consumer credit, to license professional and occupational trades and to award just compensation in land condemnations. The department shall be comprised of the following bureaus, boards and commissions:

Board of Examiners on Speech Pathology and Audiology;
Bureau of Banking;
Bureau of Consumer Protection;
Bureau of Insurance;
Electricians' Examining Board;
Oil Burner Men's Licensing Board;
Land Damage Board;
Maine State Boxing Commission;
Real Estate Commission;
State Board of Examiners of Psychologists; and
State Running Horse Racing Commission.
Board of Registration of Substance Abuse Counselors

STATEMENT OF FACT

The purpose of this bill is to provide for the registration of professional substance abuse counselors. Health insurers have consistently stated that before benefit coverage can be extended to alcohol or drug treatment facilities, the treatment personnel (counselors) should be examined and registered by a state sanctioned procedure. This bill seeks to accomplish that objective. In addition, the registration of substance abuse counselors would protect the public from persons who are poorly qualified to treat substance abusers, would upgrade the quality of treatment personnel and would identify individuals of professional standing.

The eligibility requirements under this bill are defined in terms of experience rather than education, and all costs will be paid for from fees collected.