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DAVID E. SMITH
COMMISSIONER

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

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

July 13, 1977

Robert J. Robertson, Director
Division of Community Assistance
National Institute on Drug Abuse
11400 Rockville Pike
Rockville, MD 20852

Dear Mr. Robertson:

On behalf of the Office of Alcoholism and Drug Abuse Prevention, I am submitting this completed version of the 1977-78 State of Maine Drug Abuse Prevention Plan. We have received your letter of June 27, 1977 outlining procedures NIDA has established to provide greater continuity in the State planning process and we will welcome the assistance you offer in the coming year.

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

261270

FEDERAL ASSISTANCE		2. APPLICANT'S APPLICATION	a. NUMBER 4	3. STATE APPLICATION IDENTIFIER	a. NUMBER ME- 772713
1. TYPE OF ACTION (Mark appropriate box) <input type="checkbox"/> PREAPPLICATION <input type="checkbox"/> APPLICATION <input type="checkbox"/> NOTIFICATION OF INTENT (Opt) <input type="checkbox"/> REPORT OF FEDERAL ACTION		b. DATE Year month day 19 77 - 7 - 15		b. DATE Year month day 19 JUL - 5 1977	
4. LEGAL APPLICANT/RECIPIENT a. Applicant Name : Maine Department of Human Services b. Organization Unit : Office of Alcoholism & Drug Abuse(OADAP) c. Street/P.O. Box : 32 Winthrop Street d. City : Augusta e. County : Kennebec f. State : Maine g. ZIP Code: 04330 h. Contact Person (Name & telephone No.) : Michael D. Fulton Ph: 289-2781				5. FEDERAL EMPLOYER IDENTIFICATION NO. 016-000-001	
7. TITLE AND DESCRIPTION OF APPLICANT'S PROJECT State Drug Abuse Prevention Plan - The plan assesses the nature and extent of the drug abuse problem in Maine, establishes goals and objectives for drug abuse prevention and treatment during 1977-78 and describes activities planned to accomplish those goals and objectives.				6. PROGRAM (From Federal Catalog) a. NUMBER 130269 b. TITLE Drug Abuse Formula Grants	
10. AREA OF PROJECT IMPACT (Names of cities, counties, States, etc.) State of Maine				8. TYPE OF APPLICANT/RECIPIENT A-State B-Interstate C-Substate District D-County E-City F-School District G-Special Purpose District H-Community Action Agency I-Higher Educational Institution J-Indian Tribe K-Other (Specify): Enter appropriate letter A	
13. PROPOSED FUNDING a. FEDERAL \$ 196,000 .00 b. APPLICANT .00 c. STATE .00 d. LOCAL .00 e. OTHER .00 f. TOTAL \$ 196,000 .00				9. TYPE OF ASSISTANCE A-Basic Grant B-Supplemental Grant C-Loan D-Insurance E-Other Enter appropriate letter(s) A	
14. CONGRESSIONAL DISTRICTS OF: a. APPLICANT 1 b. PROJECT 1, 2 16. PROJECT START DATE Year month day 19 77 7 15 17. PROJECT DURATION 12 Months 18. ESTIMATED DATE TO BE SUBMITTED TO FEDERAL AGENCY 19 77 7 15				12. TYPE OF APPLICATION A-New B-Renewal C-Revision D-Continuation E-Augmentation Enter appropriate letter D	
20. FEDERAL AGENCY TO RECEIVE REQUEST (Name, City, State, ZIP code) National Institute on Drug Abuse, 11400 Rockville Pike, Rockville, MD 20852				15. TYPE OF CHANGE (For 12c or 12e) A-Increase Dollars B-Decrease Dollars C-Increase Duration D-Decrease Duration E-Cancellation F-Other (Specify): Enter appropriate letter(s)	
21. REMARKS ADDED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				19. EXISTING FEDERAL IDENTIFICATION NUMBER DA X 23 9600 77 0	
22. THE APPLICANT CERTIFIES THAT a. To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved. (1) (2) (3)		b. If required by OMB Circular A-95 this application was submitted pursuant to instructions therein, to appropriate clearinghouses and all responses are attached: sponse Response attached <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
23. CERTIFYING REPRESENTATIVE a. TYPED NAME AND TITLE Michael D. Fulton Acting Director - OADAP b. SIGNATURE Michael D. Fulton		c. DATE SIGNED Year month day 19			
24. AGENCY NAME				25. APPLICATION RECEIVED Year month day 19	
26. ORGANIZATIONAL UNIT				28. FEDERAL APPLICATION IDENTIFICATION	
27. ADMINISTRATIVE OFFICE				30. FEDERAL GRANT IDENTIFICATION	
29. ADDRESS				34. STARTING DATE Year month day 19	
31. ACTION TAKEN <input type="checkbox"/> a. AWARDED <input type="checkbox"/> b. REJECTED <input type="checkbox"/> c. RETURNED FOR AMENDMENT <input type="checkbox"/> d. DEFERRED <input type="checkbox"/> e. WITHDRAWN		32. FUNDING a. FEDERAL \$.00 b. APPLICANT .00 c. STATE .00 d. LOCAL .00 e. OTHER .00 f. TOTAL \$.00		35. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)	
38. FEDERAL AGENCY A-95 ACTION		a. In taking above action, any comments received from clearinghouses were considered. If agency response is due under provisions of Part 1, OMB Circular A-95, it has been or is being made.		b. FEDERAL AGENCY A-95 OFFICIAL (Name and telephone no.)	
33. ACTION DATE 19		36. ENDING DATE 19		37. REMARKS ADDED <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION IV-REMARKS *(Please reference the proper item number from Sections I, II or III, if applicable)*

The Plan is prepared annually by the Office of Alcoholism and Drug Abuse Prevention, Department of Human Services. It assesses the extent of the drug abuse problem in the State during the preceding year and proposes a detailed response to the problem for the new fiscal year. The 1977-78 Plan contains three specific sections:

- 1) Delineation of state agency policy and planning process;
- 2) An analysis of needs assessment data; and
- 3) Information on six program functional areas.

The last section includes a performance report for last year's goals and objectives and the formulation of specific goals and objectives for the coming year in each of the following areas: Administration, Planning and Coordination; Treatment and Rehabilitation; Information Systems, Research and Evaluation; Prevention, Intervention and Education; Training; and Cooperation with the Criminal Justice System.

The final plan is submitted to the National Institute on Drug Abuse for consideration. Its approval secures funds from the Institute for executing the Plan.

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I. State Agency Policy and Planning Process

The Office of Alcoholism and Drug Abuse Prevention (OADAP) is the one agency charged by Maine Statute with coordinating the planning and operation of all drug abuse services in the State. That legislation establishes as OADAP's primary objective "the significant reduction of the incidence of the serious problem of drug abuse within the shortest possible period of time." Accordingly, it assigns OADAP the responsibility for policy development in each of seven functional areas related to drug abuse programming. Those areas are: administration, planning, information systems, evaluation, treatment, education and public information. In practice, continuing analysis of the nature of the drug abuse problem in Maine and periodic assessment of the need for services are conducted in order to guide the development and revision of policy.

During the past five years, the distillation of these analyses and assessments has produced two basic premises which have defined the areas for development of OADAP policy on drug abuse prevention. The premises and a summary of resulting policy are provided below.

Premises

- Widespread polydrug abuse of licit and illicit substances, including alcohol, by people aged 15 to 35 is the primary problem prevalent in each geographic region of the state.
- The widely dispersed population of Maine, its rural economy and the resulting lack of concentrated human or fiscal resources present serious barriers to service delivery.

Policy

OADAP is committed to insuring the availability of individual drug abuse services commensurate with the demonstrated need for those services. Initially the need for a specific service is assessed at state-wide, regional and local levels. It is OADAP's policy to then establish a service at the particular level where the potential for utilization can guarantee cost-effective delivery of the service. To illustrate OADAP's implementation of that policy, an outline of the current drug abuse service delivery system follows.

OADAP devotes the largest part of its staff energies and its financial resources to guaranteeing the availability of broad-based prevention/intervention programming throughout the state. The primary objective of that programming is the reduction of the incidence of polydrug abuse by promoting the responsible use of chemicals. OADAP also insures the availability of drug-free treatment at the regional level by maintaining outpatient programs in large population centers. Finally residential drug-free treatment services are provided in the largest urban area to serve clients on the basis of state-wide referral. Other drug abuse services, such as methadone maintenance,

are not presently provided in Maine because their potential utilization is so low. Instead, clients requiring other services are referred within the New England region.

A second policy which is central to OADAP's functioning is the integration of drug abuse services into the larger system of human services in Maine. Cooperation with community mental health centers, regional health agencies, rural health centers, community action programs and alcoholism programs maximizes the potential of scarce resources. In several instances, funds are awarded to these agencies to actually provide drug abuse services. In other instances, strong referral relationships have been developed to broaden access to those services. Increasing emphasis is being placed on close coordination between drug and alcohol programs. For example, two mental health centers now operate effective substance abuse components. Since a majority of clients arriving for treatment at drug abuse programs are abusers of two or more substances, one of which is often alcohol, coordination between drug and alcohol programs reflects not only efficient use of limited resources, but the reality of human problems.

Finally, it is OADAP policy to maintain a management role which excludes actual service delivery and concentrates on coordination of services. Administratively, OADAP plans for services with regional and local assistance, allocates funds to appropriate private agencies and oversees the operation of the drug abuse service system. This policy helps to insure equitable allocation of resources and adequate evaluation of existing programs.

For each of the program functional areas where OADAP has responsibility, the goals and objectives it establishes and the funds it allocates provide demonstration of the policies stated in this section.

Planning Process

OADAP's planning process for drug abuse services includes participation by service providers, regional alcohol and drug abuse councils, the State Advisory Council on Alcohol and Drug Abuse Prevention, regional planning commissions and state health planning agencies. Service providers, regional councils and the State Advisory Council are actively involved in planning through the annual cycle of grant application and subsequent regional and state review.

There are five regional councils, each incorporated as a private, non-profit corporation and staffed by a regional coordinator. The membership of each council reflects a balance between providers, consumers and interested citizens. While the councils periodically select new members, the SSA reserves the right to recommend individuals or groups for membership to guarantee broad representation of community interests. All applications for continued, expanded or new funding are initially submitted to the appropriate regional coordinator for consideration by the council. Throughout the year, the councils are charged with local level assessment of drug and alcohol abuse problems in their regions and with the establishment of regional priorities for service.

Recommendations which emerge from the grant review process result from measuring proposed services against those priorities. Additional recommendations may be formulated for new or expanded services which are needed but have not been proposed. The State Advisory Council, with staff assistance from the OADAP Grants Manager, is then convened to sort regional recommendations on the basis of their consistency with state policy. Recommendations resulting from both regional and state review are incorporated in the State Plan document.

The A-95 review process allows OADAP to notify agencies of State and local government of its intent to submit a State Plan for Drug Abuse Prevention. Agencies may then request information, make recommendations or secure a copy of the completed Plan.

The recently established Maine Health Systems Agency (HSA) and the State Health Coordinating Council (SHCC) are the health planning agencies which will assume responsibility for review of the State Plan. OADAP is currently formulating plans to include the required review and planning coordination of the HSA and the SHCC in the normal development process of both the drug and alcoholism programs for Maine.

Initially, the preparer of the State Plan met with groups and individuals who have responsibility in each of the program functional categories. Information gathered from these contacts, data obtained from OADAP's Community and Program Monitoring Systems, and specific priorities resulting from the grant review process were then analyzed and compared. The plan was then written by the Drug Program Specialist with the specific assistance of the OADAP Research Analyst and OADAP's Prevention Coordinator. Public announcement of the Plan's availability and required reviews by appropriate agencies are scheduled to complete the Plan preparation.

II. Analysis of Needs Assessment Data

This section of the Plan contains several tables which have been produced by Maine's Program Monitoring and Community Monitoring Systems. The first tables detail the characteristics of clients seeking treatment in OADAP-funded treatment programs. The next, tables illustrate the services provided drug abusers by other health and social service resources. Tables are then included which indicate the social and legal consequences of drug abuse at the community level. Finally, the last table summarizes drug abuse problems by OADAP Planning Regions.

Following the tables, an analysis of their content with reference to last year's studies is presented and a statement of their planning implications is provided.

A. Tables

Characteristics of Population in Treatment

- 1.1 Characteristics of Patients Admitted to Publically Funded Drug Treatment Centers in 1975-76.

Resources

- 2.1 Number of Patients With Drug Related Diagnoses or Problems Admitted to Mental Health Centers by County of Residence, by Month, 1/1/76 to 6/30/76.
- 2.2 Admissions With Diagnoses of Drug Problems to Mental Health Institutes, 7/1/75 to 6/30/76.
- 2.3 Vocational Rehabilitation Clients with Drug Dependence Status on December 31, 1976.

Community Impact

- 3.1 Arrests for Drug Abuse Violations by Drug Offense and Age and Sex Groups, 1/1/76 to 12/31/76.
- 3.2 Drug Items Submitted to Three Maine Laboratories, July, 1976 to December, 1976.
- 3.3 Number of Accidents Where the Primary or Contributing Cause is Operating Under the Influence of Drugs for Regions and Counties by Month for 1976.
- 3.4 Number of Accidents Where the Primary or Contributing Cause is Operating Under the Influence of Drugs for Regions and Counties by Month for 1975.
- 3.5 Drug Related Commitments to State Correctional Facilities.
- 3.6 Tabulations of Types of Drugs Used by 1976 Committals by Admitting Age Groups--Maine State Prison.
- 3.7 Tabulations of Types of Drugs Used by 1976 Committals by Admitting Age Groups--Maine Correctional Center.
- 3.8 Tabulations of Types of Drugs Used by 1976 Committals by County of Residence--Maine State Prison.
- 3.9 Tabulations of Types of Drugs Used by 1976 Committals by County of Residence--Maine Correctional Center.
- 3.10 Tabulations of Types of Drugs Used by Alcohol Use of 1976 Committals--Maine State Prison.

- 3.11 Tabulations of Types of Drugs Used by Alcohol Use of 1976
 Commitals--Maine Correctional Center.
- 3.12 Drug Related Deaths in 1976.
- 3.13 Drug Related Deaths in 1975.
- 3.14 Secondary School Dropout Rates.
- 3.15 Summary of Certain Activities Relating to Drug Abuse Problems
 by Planning Regions.

Characteristics of Patients Admitted to Publicly Funded
Drug Treatment Centers in 1975 and 1976.

	<u>Crisis and Counseling</u>		<u>Day One</u>				<u>Full Circle</u>		<u>York County Counseling</u>				<u>TOTAL</u>	
	1975	1976	<u>Outpatient</u>		<u>Residential</u>		1975	1976	<u>Saco.</u>		<u>Sanford</u>		1975	1976
			1975	1976	1975	1976			1975	1976	1975	1976		
<u>Age Group</u>														
Under 18	51	28	14	7	19	14	53	42	23	18	15	17	175	126
18 - 20	28	25	6	4	16	17	7	7	5	8	3	7	65	68
21 - 25	29	31	24	15	16	17	8	9	9	2	5	2	91	76
26 - 30	11	16	9	8	2	9		1	2	1	3		27	35
Over 30	22	12	2	3	1		3		1		4		30	18
Unknown	1												1	
TOTAL	142	112	55	37	54	57	68	62	40	29	30	26	389	323
<u>Sex</u>														
Male	65	63	41	24	40	38	35	40	10	8	12	9	203	182
Female	77	49	14	13	14	19	33	22	30	21	18	17	186	141
TOTAL	142	112	55	37	54	57	68	62	40	29	30	26	389	323
<u>Last Grade of School</u>														
0 - 9	36	18	16	4	20	13	39	19	21	11	12	15	144	80
10 - 11	46	33	11	9	20	20	18	35	3	14	7	10	105	121
12	41	32	18	14	12	21	9	6	8	1	10	1	98	75
Over 12	19	29	9	10	1	3		2	4	3	1		34	47
Unknown			1		1		2		4				8	
TOTAL	142	112	55	37	54	57	68	62	40	29	30	26	389	323
<u>Primary Drug of Abuse</u>														
None	10					1	1				8	0	19	1
Heroin		2	2	2		2		1					2	7
Illegal Methadone	2			1	1	1							3	2
Other Opiates		5	2	3	1	2		1					3	11
Alcohol	14	1	1	3	1	9			27	6	3		46	19
Barbiturates	6	18	2	4	9	10	1	5	1	1	2		21	38
Other Sedatives	21	33	14	5	7	6	2	6	2	4			46	54
Amphetamines	19	14	15	12	14	14	23	30	2		2	1	75	71
Cocaine	1	3		1		2					14	25	15	31
Marijuana	51	22	4	3	6	2	37	5	8	15	1		107	47
Hallucinogens	7	6	14	3	11	7	4	12					36	28
Inhalants	1	1	1	-	3	1		2					5	4
Over the counter	3	1			1					3			4	4
Other	7	6											7	6
TOTAL	142	112	55	37	54	57	68	62	40	29	30	26	389	323

Characteristics of Patients Admitted to Publicly Funded
Drug Treatment Centers in 1975 and 1976.

	<u>Crisis and Counseling</u>		<u>Day One</u>				<u>Full Circle</u>		<u>York County Counseling</u>				<u>TOTAL</u>	
	1975	1976	<u>Outpatient</u>		<u>Residential</u>		1975	1976	<u>Saco</u>		<u>Sanford</u>		1975	1976
			1975	1976	1975	1976			1975	1976	1975	1976		
<u>Secondary Drug of Abuse</u>														
None	48	24	2	1		1	6	5	11	15	17	10	84	56
Heroin	1	1	1		1	5							3	6
Illegal Methadone			1										1	
Other Opiates	1		6	2	4			2					11	4
Alcohol	27	23	6	8	8	12	27	17	5	6	1	3	74	69
Barbiturates	7	4	5	6	5	7	1	1	2		2	1	22	19
Other Sedatives	12	11	2		5	5	1	3	3	1	4	5	27	25
Amphetamines	17	10	10	7	10	10	8	9			2	4	47	40
Cocaine		2	3			1	1	1					4	4
Marijuana	20	26	10	3	8	6	15	15	13	5	1		67	55
Hallucinogens	6	6	9	10	12	10	9	6	3	2	3	2	42	36
Inhalants	1				1			3					2	3
Over the counter	1	3							3			1	4	4
Other	1	2											1	2
TOTAL	142	112	55	37	54	57	68	62	40	29	30	26	389	323
<u>Reason for Discharge</u>														
Completed Treatment	53	52	10	8	4	10	20	25	2	16		17	89	128
Transfer Within Program			1	4	2	2			1			1	4	7
Referred Outside Program	14	3	3		11		8	3		4	1		37	10
Non Compliance	3		5	1	8	16	2						18	17
Left before completing treatment	58	49	19	22	18	22	43	32	15	9	12	11	165	145
Incarcerated	6	6	3	2		1		1					9	10
TOTAL	134	110	41	37	43	51	73	61	18	29	13	29	322	317
<u>Average Length of Treatment in months</u>	6.7	7.9	3.3	5.1	3.1	2.3	3.9	5.2	2.2	4.5	1.7	2.4	3.5	4.6

Number of Patients with Drug Related Diagnoses or Problems Admitted to
Mental Health Centers, by County of Residence, by Month, 1/1/76 to 6/30/76

<u>County of Residence</u>	January	February	March	April	May	June	TOTAL
REGION I							
York	2	6	1	8	4	4	25
Cumberland	13	7	13	10	7	3	53
Sagadahoc	1	1	1	2			5
Lincoln	-	-	-	-	1	1	2
Knox	1	4			2	1	8
Waldo	-	-	-	-	-	-	-
TOTAL	17	18	15	20	14	9	93
REGION II							
Oxford	1	1	-	-	1	1	4
Franklin	2	-	-	1	-	-	3
Androscoggin	7	4	1	6	3	5	26
TOTAL	10	5	1	7	4	6	33
REGION III							
Somerset	1	1	1	-	1	-	4
Kennebec	5	2	1	5	2	2	17
TOTAL	6	3	2	5	3	2	21
REGION IV							
Piscataquis	-	1	1	-	-	-	2
Penobscot	4	2	2	3	2	3	16
Hancock	2	1	-	-	-	-	3
Washington	1	1	-	1	-	-	3
TOTAL	7	5	3	4	2	3	24
REGION V							
Aroostook	3	-	1	2	2	1	9
STATE TOTAL	43	31	22	38	25	21	180
1975	62	54	69	68	50	38	341

Admissions with Diagnoses of Drug Problem to
Mental Health Institutes, 7/1/75 to 6/30/76

Augusta Mental Health Institute

<u>Admission Number</u>	<u>County</u>	<u>Sex</u>	<u>Diagnosis Number</u>	<u>APA Diagnosis</u>
5	Kennebec	Female	2	294.30 Psychosis with drug intoxication
2	Kennebec	Female	2	309.14 Non psychotic OBS with drug intoxication
1	Somerset	Male	1	294.30 Psychosis with drug intoxication
1	Kennebec	Female	3	304.80 Other drug dependence

Bangor Mental Health Institute

<u>Admission Number</u>	<u>County</u>	<u>Sex</u>	<u>Diagnosis Number</u>	<u>Diagnosis</u>
5	Kennebec	Female	2	294.30 Psychosis with drug intoxication
1	Somerset	Male	1	294.30 Psychosis with drug intoxication
1	Kennebec	Female	3	304.80 Other drug dependence

Taken from listings prepared by Mental Health and Corrections
Augusta Mental Health Institute 9/22/76
Bangor Mental Health Institute 3/22/77

Vocational Rehabilitation Clients with Drug Dependence
Status on December 31, 1976

<u>Year of Referral</u>		Total Referrals	Applicants	Extended evaluation	Ineligible	Counseling	Active Caseload				Service interrupted	Rehabilitated	Closed	
							Physical and mental restoration	Training	Ready for employment	In employment			Closed program initiated	Closed before program
Prior to 1974	Major	8								1		1	1	
	Minor											3	2	
1974	Major	19			3			2				5	2	1
	Minor							2	1			2	1	
1975	Major	49	1	1	21	1	1	5	2	2	1	1	3	
	Minor				6			2			1		1	
1976	Major	26	10	4	8						1			
	Minor				1			1			1			

Source: Vocational Rehabilitation Directory
December, 1976

Arrests for Drug Abuse Violations
by Drug Offense and Age and Sex Groups 1/1/76 to 12/31/76
(Includes those released without having been formally charged)

Region One	under 15		15 - 17		18 - 19		Age and Sex 20 - 24		25 - 29		30 and over		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
<u>York</u>													
Sale/Manufacturing:													
Opium or cocaine													
Marijuana		1	4	2	2		8		1		4	1	23
Synthetic narcotics			1		1							1	3
Non-narcotic drugs		1	1				2		2				6
Sub-total		2	6	2	3		10		3		4	2	32
Possession:													
Opium or cocaine					2				1		1		4
Marijuana	1	2	38	3	20		36		11		6		117
Synthetic narcotics			1				1		2		1		5
Non-narcotic drugs	2	1	2		2		1				1		
Sub-total	3	3	41	3	24		38		14		9		135
TOTAL ARRESTS	3	5	47	5	27		48		17		13	2	167
<u>Cumberland</u>													
Sale/Manufacturing:													
Opium or cocaine				1	2		1	1			2		7
Marijuana	1		10		8		11		2		6		38
Synthetic narcotics	2		4		1		7		2				16
Non-narcotic drugs							1						1
Sub-total	3		14	1	11		20	1	4		8		62
Possession:													
Opium or cocaine			1								1		2
Marijuana	10	2	68	9	33	7	35	2	11	2	3	2	184
Synthetic narcotics			3				1	1	2		1		8
Non-narcotic drugs	3	5	3	2	2	1	7	1	4	1	1		30
Sub-total	13	7	75	11	35	8	43	4	17	3	6	2	224
TOTAL ARRESTS	16	7	89	12	46	8	63	5	21	3	14	2	286

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3.1

Arrests for Drug Abuse Violations
by Drug Offense and Age and Sex Groups
(Includes those released without having been formally charged)

Region One (con't)

Drug Offense	Age and Sex						Total
	under 15	15 - 17	18 - 19	20 - 24	25 - 29	30 and over	
	M F	M F	M F	M F	M F	M F	
<u>Sagadahoc</u>							
Sale/Manufacturing:							
Opium or cocaine					1		1
Marijuana			2				2
Synthetic narcotics							
non-narcotic drugs	— —	— —	— —	— —	— —	— —	—
Sub-total			2		1		3
Possession:							
Opium or cocaine				3 1			4
Marijuana			1	6 1	1	1	10
Synthetic narcotics					1		1
Non-narcotic drugs	— —	— —	— —	— —	— —	— —	—
Sub-total			1	9 2	1 1	1	15
TOTAL ARRESTS			3	9 2	2 1	1	18
<u>Lincoln</u>							
Sale/Manufacturing:							
Opium or cocaine				6	1		7
Marijuana							
Synthetic narcotics							
Non-narcotic drugs	— —	— —	— —	— —	— —	— —	—
Sub-total				6	1		7
Possession:							
Opium or cocaine			5 1	3	2		11
Marijuana							
Synthetic narcotics			1				1
Non-narcotic drugs	— —	— —	— —	— —	— —	— —	—
Sub-total			6 1	3	2		12
TOTAL ARRESTS			6 1	9	3		19

Arrests for Drug Abuse Violations
by Drug Offense and Age and Sex Groups
(Includes those released without having been formally charged)

Region One (con't)

Region One (con't)		Age and Sex										Total		
Drug Offense		under 15		15 - 17		18 - 19		20 - 24		25 - 29			30 and over	
		M	F	M	F	M	F	M	F	M	F	M	F	
<u>Knox</u>														
Sale/Manufacturing:														
Opium or cocaine				1	1									2
Marijuana														
Synthetic narcotics														
non-narcotic drugs														2
Sub-total				1	1									
Possession:														
Opium or cocaine						8		1		1		1	1	1
Marijuana		2		7	1					1				22
Synthetic narcotics				1				1		2				1
Non-narcotic drugs														3
Sub-total		2		8	1	8		2		4		1	1	27
TOTAL ARRESTS		2		9	2	8		2		4		1	1	29
<u>Waldo</u>														
Sale/Manufacturing:														
Opium or cocaine														
Marijuana														
Synthetic narcotics														
Non-narcotic drugs														
Sub-total														
Possession:														
Opium or cocaine						1	1	3	1	1		2		20
Marijuana		6	2	3				1						1
Synthetic narcotics														
Non-narcotic drugs						1	1	4	1	1		2		21
Sub-total		6	2	3		1	1	4	1	1		2		21
TOTAL ARRESTS		6	2	3		1	1	4	1	1		2		21
TOTAL FOR REGION ONE		27	14	148	19	91	10	135	8	48	4	31	5	540

Arrests for Drug Abuse Violations
by Drug Offense and Age and Sex Groups
(Includes those released without having been formally charged)

Region Two

Drug Offense	<u>Age and Sex</u>						Total
	under 15	15 - 17	18 - 19	20 - 24	25 - 29	30 and over	
	M F	M F	M F	M F	M F	M F	
<u>Oxford</u>							
Sale/Manufacturing:							
Opium or cocaine							11
Marijuana		1	3	6	1		9
Synthetic narcotics				6	1	1	
non-narcotic drugs							
Sub-total		1	3	12	2	1	20
Possession:							
Opium or cocaine							26
Marijuana		10	3	3		1	
Synthetic narcotics		1					1
Non-narcotic drugs		11	3	3		1	27
Sub-total		12	3	15	2	2	47
TOTAL ARRESTS		12	3	15	2	2	47
<u>Franklin</u>							
Sale/Manufacturing:							
Opium or cocaine							6
Marijuana			1	1	1	1	
Synthetic narcotics							
Non-narcotic drugs							
Sub-total			1	1	1	1	6
Possession:							
Opium or cocaine				1			1
Marijuana			2	3			5
Synthetic narcotics							
Non-narcotic drugs			2	4			6
Sub-total			3	5	1	1	12
TOTAL ARRESTS			3	5	1	1	12

Arrests for Drug Abuse Violations
by Drug Offense and Age and Sex Groups
(Includes those released without having been formally charged)

Region Two (con't)

Region Two (con't)		Age and Sex												Total
Drug Offense		under 15		15 - 17		18 - 19		20 - 24		25 - 29		30 and over		
		M	F	M	F	M	F	M	F	M	F	M	F	
<u>Androscoggin</u>														
Sale/Manufacturing:														
Opium or cocaine				7				1						8
Marijuana					1									2
Synthetic narcotics			1											1
non-narcotic drugs				1										1
Sub-total			1	8	1			1						11
Possession:														
Opium or cocaine										7		2	1	162
Marijuana		6	5	51	17	37	3	31	2					3
Synthetic narcotics					1	1			1					1
Non-narcotic drugs				1										1
Sub-total		6	5	52	18	38	3	31	3	7		2	1	166
TOTAL ARRESTS		6	6	60	19	38	3	32	3	7		2	1	177
TOTAL FOR REGION II		6	6	72	22	53	3	52	5	10		5	2	236

Arrests for Drug Abuse Violations
by Drug Offense and Age and Sex Groups 1/1/76 to 12/31/76
(Includes those released without having been formally charged)

Region ThreeAge and Sex

Drug Offense	under 15		15 - 17		18 - 19		20 - 24		25 - 29		30 and over		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
<u>Somerset</u>													
Sale/Manufacturing:													
Opium or cocaine													
marijuana			1		2	1	4		1		1		10
synthetic narcotics							1						1
non-narcotic drugs							2						2
Sub-total			1		2	1	7		1		1		13
Possession:													
Opium or cocaine													
marijuana	2		4	2	9		11				3		31
synthetic narcotics													
non-narcotic drugs													
Sub-total	2		4	2	9		11				3		31
TOTAL ARRESTS	2		5	2	11	1	18		1		4		44
<u>Kennebec</u>													
Sale/Manufacturing:													
Opium or cocaine													
marijuana			3	2	6	1	7		2	1	1		23
synthetic narcotics													
non-narcotic drugs							3				1		4
Sub-total			3	2	6	1	10		2	1	2		27
Possession:													
Opium or cocaine													
marijuana	4	2	31	8	15		35	2	6	3	4		110
synthetic narcotics	1	1	3								1		6
non-narcotic drugs			1	1	2		1						5
Sub-total	5	3	35	9	17		36	2	6	3	5		121
TOTAL ARRESTS	5	3	38	11	23	1	46	2	8	4	7		148
TOTAL FOR REGION THREE	7	3	43	13	34	2	64	2	9	4	11		192

Arrests for Drug Abuse Violations
by Drug Offense and Age and Sex Groups
(Includes those released without having been formally charged)

REGION FOUR

REGION FOUR		Age and Sex												Total
Drug Offense	under 15		15 - 17		18 - 19		20 - 24		25 - 29		30 and over			
	M	F	M	F	M	F	M	F	M	F	M	F		
<u>Piscataquis</u>														
Sale/Manufacturing:														
Opium or cocaine							1				1		2	
Marijuana														
Synthetic narcotics														
non-narcotic drugs							1				1		2	
Sub-total														
Possession:														
Opium or cocaine					3		18		4		2		27	
Marijuana					1								1	
Synthetic narcotics							3						3	
Non-narcotic drugs					4		21		4		2		31	
Sub-total					4		22		4		3		33	
TOTAL ARRESTS														
<u>Penobscot</u>														
Sale/Manufacturing:														
Opium or cocaine	1		16	3	3	1	12	1	3		5	1	46	
Marijuana					1								1	
Synthetic narcotics					3		3	1			1		8	
Non-narcotic drugs	1		16	3	7	1	15	2	3		6	1	55	
Sub-total														
Possession:														
Opium or cocaine					20	2	20		7	1	2		104	
Marijuana	4	1	41	6	1		1		2				4	
Synthetic narcotics					2	1	4	2			1		10	
Non-narcotic drugs	4	1	41	6	23	3	25	2	9	1	3		118	
Sub-total														
TOTAL ARRESTS	5	1	57	9	30	4	40	4	12	1	9	1	173	

Arrests for Drug Abuse Violations
by Drug Offense and Age and Sex Groups
(Includes those released without having been formally charged)

REGION FOUR (con't)

REGION FOUR (con't)		Age and Sex										Total		
Drug Offense		under 15		15 - 17		18 - 19		20 - 24		25 - 29		30 and over		Total
		M	F	M	F	M	F	M	F	M	F	M	F	
<u>Hancock</u>														
Sale/Manufacturing:														
Opium or cocaine								2		1		2		11
Marijuana				1		4	1			1				2
Synthetic narcotics						1								
non-narcotic drugs														
Sub-total				1		5	1	2		2		2		13
Possession:														
Opium or cocaine								1						1
Marijuana		1		8	2	6		11		8		1		37
Synthetic narcotics					1									1
Non-narcotic drugs				1		1				1				3
Sub-total		1		9	3	7		12		9		1		42
TOTAL ARRESTS		1		10	3	12	1	14		11		3		55
<u>Washington</u>														
Sale/Manufacturing:														
Opium or cocaine												1		1
Marijuana				3	1			3		1				8
Synthetic narcotics														
Non-narcotic drugs												1		
Sub-total				3	1			3		1		1		9
Possession:														
Opium or cocaine														
Marijuana				1		5	1	6	2	5	1			21
Synthetic narcotics														
Non-narcotic drugs				1		5	1	6	2	1	1			12
Sub-total				1		5	1	6	2	6	1			22
TOTAL ARRESTS				4	1	5	1	9	2	6	2	1		31
TOTAL FOR REGION FOUR		6	1	71	13	51	6	85	6	33	3	16	1	292

Arrests for Drug Abuse Violations
by Drug Offense and Age and Sex Groups
(Includes those released without having been formally charged)

REGION FIVE

REGION FIVE		Age and Sex												Total
Drug Offense		under 15		15 - 17		18 - 19		20 - 24		25 - 29		30 and over		
AROOSTOOK		M	F	M	F	M	F	M	F	M	F	M	F	
Sale/Manufacturing:														3
Opium or cocaine		1		9		2		5						17
Marijuana							1	5		3				9
Synthetic narcotics														1
non-narcotic drugs				1										30
Sub-total		1		10		2	1	13		3				
Possession:														5
Opium or cocaine				2				3						58
Marijuana				17		16		15	2	7		1		1
Synthetic narcotics								1						7
Non-narcotic drugs				1	1			5				1		71
Sub-total				20	1	16		24	2	7		1		101
TOTAL ARRESTS		1		30	1	18	1	37	2	10		1		8
GRAND TOTAL FOR STATE		47	24	364	68	247	22	373	23	110	11	64	8	1,361

Drug Items Submitted to Three Maine Laboratories

July, 1976 - December, 1976

Region	County	Marijuana	LSD	PCP	Other Hallu.	Heroin	Cocaine	Misc. Narc.	Barb.	Amphet.	Positive Misc.
I	York	60		2					5	1	43
	Cumberland	15	3	2			6		1	2	7
	Sagadahoc	11					5				
	Lincoln			1							8
	Knox	4									4
	Waldo	7								2	4
	TOTAL FOR REGION I	97	3	5			11		6	5	62
II	Oxford	9	1	1							2
	Franklin	8									3
	Androscoggin	15					1				5
TOTAL FOR REGION II		32	1	1			1				
III	Somerset	11	1							1	8
	Kennebec	30	1	3	1		1	1	3	4	18
	TOTAL FOR REGION III	41	2	3	1		1	1	3	5	26
IV	Piscataquis	11									5
	Penobscot	6		2							
	Hancock	6		1			1				
	Washington	4		3			1				2
TOTAL FOR REGION IV		27		6			1				7
V	Aroostook	27	1				2	1	1		16
TOTAL FOR STATE		224	7	15	1		16	2	10	10	116

SOURCE: Drug Abuse Statistical Report,
Public Health Laboratory

Source: State Police Accident Reports

Number of Accidents Where the Primary or Contributing Cause
is Operating Under the Influence of Drugs
For Regions and Counties, by Month for 1975

Region/ County	MONTH											
	J	F	M	A	M	J	J	A	S	O	N	D
REGION I												
York	2	1		2		1						
Cumberland	2	3		2	1	3						
Sagadahoc						1						
Lincoln		1	2	1								
Knox			2									
Waldo												
TOTAL	4	5	4	5	1	5						
REGION II												
Oxford												
Androscoggin	1	1	1		1	1						
Franklin					1							
TOTAL	1	1	1		2	1						
REGION III												
Somerset												
Kennebec	2	1	3	1	3	2						
TOTAL	2	1	3	1	3	2						
REGION IV												
Piscataquis					2							
Penobscot		1	2	2								
Hancock	1											
Washington		1		2	1							
TOTAL	1	2	2	4	3							
REGION V												
Aroostook		2	2	1	3	4						
STATE TOTAL	8	11	12	11	12	12						

Source: St. Police Accident Reports

Number of Accidents Where the Primary or Contributing Cause
is Operating Under the Influence of Drugs
For Regions and Counties, by Month for 1976

Region/ County	MONTH											
	J	F	M	A	M	J	J	A	S	O	N	D
REGION I												
York					1	3	1	4	1	2	1	1
Cumberland				5	2	2		3	1	4	2	3
Sagadahoc				1			1		1			
Lincoln					1		1	2				1
Knox								1		1	1	
Waldo						1	1		1	1		
TOTAL				6	4	6	4	10	4	8	4	5
REGION II												
Oxford								2	1			2
Androscoggin							3	2			1	
Franklin						2						1
TOTAL						2	3	4	1		1	3
REGION III												
Somerset												
Kennebec				4	3	1		4		4	4	1
TOTAL				4	3	1		4		4	4	1
REGION IV												
Piscataquis												1
Penobscot				4		2			3	1		1
Hancock									1			1
Washington								1				
TOTAL				4		2		1	4	1		3
REGION V												
Aroostook					1			1	1		1	2
STATE TOTAL				14	8	11	7	20	11	13	10	14

DRUG RELATED COMMITMENTS
TO
STATE CORRECTIONAL FACILITIES

	<u>1973-1974</u>	<u>1974-1975</u>	<u>1975-1976</u>
Maine State Prison	67	60	74
Men's Correctional Center	37	42	* { 49
Women's Correction Center	7	7	{
Boys' Training Center	6	11	* { N/A
Stevens School	4	2	{

* Combined as of June 12, 1977

FILE MHE (CREATION DATE = 06/07/77) -TAPE

CROSSTABULATION OF *****
BY DRUGA TYPES OF DRUGS USEDADAGE
CONTROLLING FOR..

INST1 INSTITUTION

VALUE =

1. MSP Maine State Prison

PAGE 1 OF 1

		DRUGA										ROW TOTAL	DRUG USE		
		COUNT	NON USER		MARIJUAN	HARD DRU	MARIJ-HA	RD DRUGS							
		ROW PCT			A USE	G USE	RD								
		COL PCT													
		TOT PCT	0.1	1.1	2.1	3.1	4.1	88.1	99.1						
AD4AGE															
2.			1	8	7	0	14	0	2	32	1 = Non User				
18 - 19 YEARS			3.1	25.0	21.9	0.0	43.8	0.0	6.3	9.9	2 = Marijuana Use				
			103.0	6.0	9.9	0.0	23.0	0.0	5.3		3 = Hard Drug Use				
			0.3	2.5	2.2	0.0	4.3	0.0	0.5		4 = Marijuana & Hard Drugs				
											88 = Inapplicable				
3.			0	23	33	8	30	1	17	112	0, 99 = Unknown				
20 - 24 YEARS			0.0	20.5	29.5	7.1	26.8	0.9	15.2	34.8					
			0.0	17.2	46.5	53.3	49.2	50.0	44.7						
			0.0	7.1	10.2	2.5	9.3	0.3	5.5						
4.			0	26	20	3	14	0	7	70					
25 - 29 YEARS			0.0	37.1	28.6	4.3	20.0	0.0	10.0	21.7					
			0.0	19.4	28.2	20.0	25.0	0.0	13.4						
			0.0	3.1	6.2	0.5	4.3	0.0	7.2						
5.			0	55	10	4	3	1	9	92					
30 - 34 YEARS			0.0	67.1	12.2	7.6	3.7	1.2	11.0	25.5					
			0.0	41.0	14.1	20.7	4.9	50.0	23.7						
			0.0	17.1	3.1	1.2	0.9	0.3	2.8						
6.			0	14	1	0	0	0	1	16					
40 - 49 YEARS			0.0	87.5	6.3	0.0	0.0	0.0	6.3	5.0					
			0.0	10.4	1.4	0.0	0.0	0.0	2.6						
			0.0	4.3	0.3	0.0	0.0	0.0	0.3						
7.			0	5	0	0	0	0	1	6					
50 - 49 YEARS			0.0	83.3	0.0	0.0	0.0	0.0	16.7	1.9					
			0.0	3.7	0.0	0.0	0.0	0.0	2.6						
			0.0	1.6	0.0	0.0	0.0	0.0	0.3						
8.			0	3	0	0	0	0	1	4					
60 AND OVER			0.0	75.0	0.0	0.0	0.0	0.0	25.0	1.2					
			0.0	2.2	0.0	0.0	0.0	0.0	2.6						
			0.0	0.9	0.0	0.0	0.0	0.0	0.3						
COLUMN			1	134	71	15	61	2	38	322					
TOTAL			0.3	41.6	22.0	4.7	18.9	0.6	11.8	100.0					

25

3.6

FILE MHE (CREATION DATE = 06/07/77) -TAPE

***** C R O S S T A P U L A T I O N O F * * * * *

ADMAGE BY DRUGA TYPES OF DRUGS USED

CONTROLLING FOR..

VALUE = 3. MCC Maine Correctional Center

PAGE 1 OF 1

		DRUGA							
COUNT									
ROW	PCT	NON USER MARIJUAN HAFD DRU MARIJ-HA						ROW	
COL	PCT	A USE G USE RD DRUGS						TOTAL	
TOT	PCT	0.I	1.I	2.I	3.I	4.I	99.I		
ADMAGE									
1.		0	0	2	0	7	3	12	
UNDER 18 YEARS		0.0	0.0	16.7	0.0	58.3	25.0	5.7	
		0.0	0.0	2.9	0.0	11.9	8.8		
		0.0	0.0	1.0	0.0	3.3	1.4		
2.		0	16	35	1	25	8	85	
18 - 19 YEARS		0.0	18.8	41.2	1.2	29.4	9.4	40.7	
		0.0	39.0	50.7	25.0	42.4	23.5		
		0.0	7.7	16.7	0.5	12.0	3.8		
3.		2	16	28	2	24	19	91	
20 - 24 YEARS		2.2	17.6	30.8	2.2	26.4	20.9	43.5	
		100.0	39.0	40.6	50.0	40.7	55.9		
		1.0	7.7	13.4	1.0	11.5	9.1		
4.		0	8	4	0	2	4	18	
25 - 29 YEARS		0.0	44.4	22.2	0.0	11.1	22.2	8.6	
		0.0	19.5	5.8	0.0	3.4	11.8		
		0.0	3.8	1.9	0.0	1.0	1.9		
5.		0	0	0	1	0	0	1	
30 - 34 YEARS		0.0	0.0	0.0	100.0	0.0	0.0	0.5	
		0.0	0.0	0.0	25.0	0.0	0.0		
		0.0	0.0	0.0	0.5	0.0	0.0		
8.		0	1	0	0	1	0	2	
60 AND OVER		0.0	50.0	0.0	0.0	50.0	0.0	1.0	
		0.0	2.4	0.0	0.0	1.7	0.0		
		0.0	0.5	0.0	0.0	0.5	0.0		
COLUMN		2	41	69	4	59	34	209	
TOTAL		1.0	19.6	33.0	1.9	28.2	16.3	100.0	

FILE MHE (CREATION DATE = 06/07/77) -TAPE

CROSS TABULATION OF
 RESCNTY COUNTY OF RESIDENCE BY DRUGA TYPES OF DRUGS USED
 CONTROLLING FOR...
 INST1 INSTITUTION VALUE = 1. MSP Maine State Prison
 PAGE 1 OF 3

		DRUGA										
	COUNT	NON USER MARIJUAN HARD DRU MARIJ-HA										ROW
	ROW PCT	A USE G USE RD DRUGS										TOTAL
	COL PCT											
	TOT PCT	0.1	1.1	2.1	3.1	4.1	88.1	99.1				
RESCNTY												
1.		0	9	11	0	5	0	2	27			
ANDROSSCOGIN		0.0	33.3	40.7	0.0	18.5	0.0	7.4	8.4			
		0.0	6.7	15.5	0.0	8.2	0.0	5.3				
		0.0	2.8	3.4	0.0	1.6	0.0	0.6				
3.		0	7	3	0	2	0	2	14			
ARDOSTOOK		0.0	50.0	21.4	0.0	14.3	0.0	14.3	4.3			
		0.0	5.2	4.2	0.0	3.3	0.0	5.3				
		0.0	2.2	0.9	0.0	0.6	0.0	0.6				
5.		0	22	10	4	9	1	12	58			
CUMBERLAND		0.0	37.9	17.2	6.9	15.5	1.7	20.7	18.0			
		0.0	16.4	14.1	26.7	14.8	50.0	31.6				
		0.0	6.8	3.1	1.2	2.9	0.3	3.7				
7.		0	3	2	0	0	0	0	5			
FRANKLIN		0.0	60.0	40.0	0.0	0.0	0.0	0.0	1.6			
		0.0	2.2	2.8	0.0	0.0	0.0	0.0				
		0.0	0.9	0.6	0.0	0.0	0.0	0.0				
9.		0	0	1	0	0	0	1	2			
HANCOCK		0.0	0.0	50.0	0.0	0.0	0.0	50.0	0.6			
		0.0	0.0	1.4	0.0	0.0	0.0	2.6				
		0.0	0.0	0.3	0.0	0.0	0.0	0.3				
11.		0	25	8	0	10	0	3	46			
KENNEBEC		0.0	54.3	17.4	0.0	21.7	0.0	6.5	14.3			
		0.0	18.7	11.3	0.0	16.4	0.0	7.9				
		0.0	7.8	2.5	0.0	3.1	0.0	0.9				
13.		0	6	2	0	2	0	1	11			
KNOX		0.0	54.5	18.2	0.0	18.2	0.0	9.1	3.4			
		0.0	4.5	2.8	0.0	3.3	0.0	2.6				
		0.0	1.9	0.6	0.0	0.6	0.0	0.3				
COLUMN		1	134	71	15	61	2	38	322			
TOTAL		0.3	41.6	22.0	4.7	18.9	0.6	11.8	100.0			

RESCNTY COUNTY OF RESIDENCE BY DRUGA TYPES OF DRUGS USED
CONTROLLING FOR...
INST1 INSTITUTION VALUE = 1. MSP

1 (CONTINUED)

FILE MHE (CREATION DATE = 06/07/77) -TAPE

CROSS TABULATION OF *****
 RESCNTY COUNTY OF RESIDENCE BY DRUGA TYPES OF DRUGS USED
 CONTROLLING FOR...
 INST1 INSTITUTION VALUE = 1. MSP

***** PAGE 3 OF 3

		DRUGA										ROW TOTAL
		COUNT	NON USER MARIJUAN HARD LRU MARIJ-HA									
		ROW PCT	A USE G USE PD DRUGS									
		COL PCT										
		TOT PCT	0.1	1.1	2.1	3.1	4.1	88.1	99.1			
RESCNTY												
	29.		0	3	3	2	0	0	0	9		
WASHINGTON			0.0	37.5	37.5	25.0	0.0	0.0	0.0	2.5		
			0.0	2.2	4.2	13.3	0.0	0.0	0.0			
			0.0	0.9	0.9	0.6	0.0	0.0	0.0			
	31.		1	7	5	1	4	0	2	20		
YORK			5.0	35.0	25.0	5.0	20.0	0.0	10.0	6.2		
			100.0	5.2	7.0	6.7	6.6	0.0	5.3			
			0.3	2.2	1.6	0.3	1.2	0.0	0.6			
	33.		0	9	2	2	3	0	5	21		
OUT OF STATE			0.0	42.9	9.5	9.5	14.3	0.0	23.8	6.5		
			0.0	6.7	2.8	13.3	4.9	0.0	13.2			
			0.0	2.8	0.6	0.6	0.9	0.0	1.6			
	88.		0	0	0	0	0	1	0	1		
			0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.3		
			0.0	0.0	0.0	0.0	0.0	50.0	0.0			
			0.0	0.0	0.0	0.0	0.0	0.3	0.0			
	99.		0	5	2	0	5	0	1	13		
			0.0	38.5	15.4	0.0	38.5	0.0	7.7	4.0		
			0.0	3.7	2.8	0.0	8.2	0.0	2.6			
			0.0	1.6	0.6	0.0	1.6	0.0	0.3			
COLUMN TOTAL			1	134	71	15	61	2	38	322		
TOTAL			0.3	41.6	22.0	4.7	18.9	0.6	11.8	100.0		

FILE MHE (CREATION DATE = 06/07/77) -TAPE

***** C R O S S T A B U L A T I O N O F *****
 RESCNTY COUNTY OF RESIDENCE BY DRUGA TYPES OF DRUGS USED
 CONTROLLING FOR..

INST1 INSTITUTION

VALUE = 3. MCC Maine Correctional Center

PAGE 1 OF 3

		DRUGA							
COUNT		I							
ROW	PCT	I	NON USER MARIJUAN HARD DRU MARIJ-HA						ROW
COL	PCT	I	A USE		G USE		RD DRUGS		TOTAL
TOT	PCT	I	0.1	1.1	2.1	3.1	4.1	99.1	
REFSCNTY		I							
1.		I	0	7	1	0	4	6	18
ANDROSSCOGIN		I	0.0	38.9	5.6	0.0	22.2	33.3	8.6
		I	0.0	17.1	1.4	0.0	6.8	17.6	
		I	0.0	3.3	0.5	0.0	1.9	2.9	
3.		I	0	4	4	0	4	3	15
ARDOSTOOK		I	0.0	26.7	26.7	0.0	26.7	20.0	7.2
		I	0.0	9.8	5.8	0.0	6.8	8.8	
		I	0.0	1.9	1.9	0.0	1.9	1.4	
5.		I	1	5	13	0	11	3	33
CUMBERLAND		I	3.0	15.2	39.4	0.0	33.3	9.1	15.8
		I	50.0	12.2	18.8	0.0	18.6	8.8	
		I	0.5	2.4	6.2	0.0	5.3	1.4	
7.		I	0	3	3	0	0	1	7
FRANKLIN		I	0.0	42.9	42.9	0.0	0.0	14.3	3.3
		I	0.0	7.3	4.3	0.0	0.0	2.9	
		I	0.0	1.4	1.4	0.0	0.0	0.5	
9.		I	1	1	7	0	0	3	12
HANCOCK		I	8.3	8.3	59.3	0.0	0.0	25.0	5.7
		I	50.0	2.4	10.1	0.0	0.0	8.8	
		I	0.5	0.5	3.3	0.0	0.0	1.4	
11.		I	0	1	6	1	10	2	20
KENNEBEC		I	0.0	5.0	30.0	5.0	50.0	10.0	9.6
		I	0.0	2.4	8.7	25.0	16.9	5.9	
		I	0.0	0.5	2.9	0.5	4.8	1.0	
13.		I	0	1	0	0	6	1	8
KNOX		I	0.0	12.5	0.0	0.0	75.0	12.5	3.8
		I	0.0	2.4	0.0	0.0	10.2	2.9	
		I	0.0	0.5	0.0	0.0	2.9	0.5	
COLUMN			2	41	69	4	59	34	209
TOTAL			1.0	19.6	33.0	1.9	28.2	16.3	100.0

FILE MHE (CREATION DATE = 06/07/77) -TAPE

CROSSTABULATION OF *****
 RESCNTY COUNTY OF RESIDENCE BY DRUGA TYPES OF DRUGS USED

CONTROLLING FOR... VALUE = 3. MCC
 INST1 INSTITUTION ***** PAGE 2 OF 3

RESCNTY	DRUGA						ROW TOTAL
	COUNT	NON USER	MARIJUAN	HARD DRU	MARIJ-HA		
	ROW PCT	A USE	G USE	RD DRUGS			
	TOT PCT	0.1	1.1	2.1	3.1	4.1	99.1
15. LINCOLN	0.0	1	1	0	1	0	3
	0.0	33.3	33.3	0.0	33.3	0.0	1.4
	0.0	2.4	1.4	0.0	1.7	0.0	
	0.0	0.5	0.5	0.0	0.5	0.0	
17. OXFORD	0	3	2	0	1	1	7
	0.0	42.9	28.6	0.0	14.3	14.3	3.3
	0.0	7.3	2.9	0.0	1.7	2.9	
	0.0	1.4	1.0	0.0	0.5	0.5	
19. PENNOBSCOT	0	6	6	0	8	2	22
	0.0	27.3	27.3	0.0	36.4	9.1	10.5
	0.0	14.6	8.7	0.0	13.6	5.9	
	0.0	2.9	2.9	0.0	3.8	1.0	
21. PISCATAQUIS	0	1	2	0	1	0	4
	0.0	25.0	50.0	0.0	25.0	0.0	1.9
	0.0	2.4	2.9	0.0	1.7	0.0	
	0.0	0.5	1.0	0.0	0.5	0.0	
23. SAGadahoc	0	0	2	0	0	1	3
	0.0	0.0	66.7	0.0	0.0	33.3	1.4
	0.0	0.0	2.9	0.0	0.0	2.9	
	0.0	0.0	1.0	0.0	0.0	0.5	
25. SOMERSET	0	0	6	1	3	1	11
	0.0	0.0	54.5	9.1	27.3	9.1	5.3
	0.0	0.0	8.7	25.0	5.1	2.9	
	0.0	0.0	2.9	0.5	1.4	0.5	
27. WALDO	0	0	3	0	0	0	3
	0.0	0.0	100.0	0.0	0.0	0.0	1.4
	0.0	0.0	4.3	0.0	0.0	0.0	
	0.0	0.0	1.4	0.0	0.0	0.0	
C COLUMN TOTAL	2	41	69	4	59	34	209
	1.0	19.6	33.0	1.9	28.2	16.3	100.0

(CONTINUED)

FILE MHE (CREATION DATE = 06/07/77) -TAPE

***** C R O S S T A B U L A T I O N O F *****
 RESCNTY COUNTY OF RESIDENCE BY DRUGA TYPES OF DRUGS USED
 CONTROLLING FOR..
 INST1 INSTITUTION VALUE = 3. MCC

***** PAGE 3 OF 3

		DRUGA							
	COUNT	NON USER MARIJUAN HARD DRU MARIJ-HA							ROW
	ROW PCT	A USE G USE RD DRUGS							TOTAL
	COL PCT								
	TOT PCT	0.I	1.I	2.I	3.I	4.I	99.I		
RESCNTY									
29.	I	0	0	7	0	1	1	9	
WASHINGTON	I	0.0	0.0	77.8	0.0	11.1	11.1	4.3	
	I	0.0	0.0	10.1	0.0	1.7	2.9		
	I	0.0	0.0	3.3	0.0	0.5	0.5		
	I								
31.	I	0	6	4	1	6	5	22	
YORK	I	0.0	27.3	18.2	4.5	27.3	22.7	10.5	
	I	0.0	14.6	5.8	25.0	10.2	14.7		
	I	0.0	2.9	1.9	0.5	2.9	2.4		
	I								
33.	I	0	1	0	1	1	2	5	
OUT OF STATE	I	0.0	20.0	0.0	20.0	20.0	40.0	2.4	
	I	0.0	2.4	0.0	25.0	1.7	5.9		
	I	0.0	0.5	0.0	0.5	0.5	1.0		
	I								
99.	I	0	1	2	0	2	2	7	
	I	0.0	14.3	28.6	0.0	28.6	28.6	3.3	
	I	0.0	2.4	7.9	0.0	3.4	5.9		
	I	0.0	0.5	1.0	0.0	1.0	1.0		
	I								
COLUMN		2	41	69	4	59	34	209	
TOTAL		1.0	19.6	11.0	1.9	20.2	16.3	100.0	

FILE MHE (CREATION DATE = 06/07/77) -TAPE

***** CROSSTABULATION OF *****
 ALCOHOL ALCOHOL USE BY DRUGA TYPES OF DRUGS USED
 CONTROLLING FOR...
 INST1 INSTITUTION VALUE = 1. MSP Maine State Prison

***** PAGE 1 OF 1

		DRUGA										RDW				
		COUNT	NON USER MARIJUAN HARD DRU MARIJ-HA										TOTAL			
		ROW PCT	A USE G USE RD DRUGS													
		COL PCT														
		TOT PCT	0.1	1.1	2.1	3.1	4.1	88.1	99.1			Alcohol Use				
ALCOHOL																
	0.	1	1	0	0	0	0	0	0	1	0	1	1	1 = Social Drinker		
		100.0	1	0.0	0.0	0.0	0.0	0.0	0.0	1	0.0	1	0.3	2 = Problem Drinker		
		100.0	1	0.0	0.0	0.0	0.0	0.0	0.0	1	0.0	1		3 = Alcoholic		
		0.3	1	0.0	0.0	0.0	0.0	0.0	0.0	1	0.0	1		4 = Non Drinker		
1.														5 = Unknown		
		0	1	61	32	8	15	0	4	1	120			88 = Inapplicable		
SOCIAL DRINKER		0.0	1	50.8	26.7	6.7	12.5	0.0	3.3	1	37.3			0, 99 = Unknown		
		0.0	1	45.5	45.1	53.3	24.6	0.0	10.5	1						
		0.0	1	18.9	9.9	2.5	4.7	0.0	1.2	1						
2.																
		0	1	18	20	5	22	0	1	1	66					
PROBLEM DRINKER		0.0	1	27.3	30.3	7.6	33.3	0.0	1.5	1	20.5					
		0.0	1	13.4	28.2	33.3	36.1	0.0	2.6	1						
		0.0	1	5.6	6.2	1.6	6.8	0.0	0.3	1						
3.																
		0	1	31	14	2	18	0	2	1	67					
ALCOHOLIC		0.0	1	46.3	20.9	3.0	26.9	0.0	3.0	1	20.8					
		0.0	1	23.1	19.7	13.3	29.5	0.0	5.3	1						
		0.0	1	9.6	4.3	0.6	5.6	0.0	0.6	1						
4.																
		0	1	24	4	0	6	0	0	1	34					
NON-DRINKER		0.0	1	70.6	11.8	0.0	17.6	0.0	0.0	1	10.6					
		0.0	1	17.9	5.6	0.0	9.8	0.0	0.0	1						
		0.0	1	7.5	1.2	0.0	1.9	0.0	0.0	1						
88.																
		0	1	0	0	0	0	2	0	1	2					
		0.0	1	0.0	0.0	0.0	0.0	100.0	0.0	1	0.6					
		0.0	1	0.0	0.0	0.0	0.0	100.0	0.0	1						
		0.0	1	0.0	0.0	0.0	0.0	0.6	0.0	1						
99.																
		0	1	0	1	0	0	0	31	1	32					
		0.0	1	0.0	3.1	0.0	0.0	0.0	96.9	1	9.9					
		0.0	1	0.0	1.4	0.0	0.0	0.0	81.6	1						
		0.0	1	0.0	0.3	0.0	0.0	0.0	9.6	1						
COLUMN																
TOTAL			1	134	71	15	61	2	38		322					
			0.3	41.6	22.0	4.7	18.9	0.6	11.8		100.0					

FILE MHE (CREATION DATE = 06/07/77) -TAPE

CROSS TABULATION OF *****
BY DRUGA TYPES OF DRUGS USEDALCOHOL ALCOHOL USE
CONTROLLING FOR..

VALUE = 3. MCC Maine Correctional Center

INST1 INSTITUTION ***** PAGE 1 OF 1

		DRUGA					ROW TOTAL	
COUNT		NON USER MARIJUAN HARD DRU MARIJ-HA						
ROW PCT		A USE G USE RD DRUGS						
COL PCT								
TOT PCT		0.1	1.1	2.1	3.1	4.1	99.1	
ALCOHOL	0.	2	0	0	0	0	0	2
	100.0	0.0	0.0	0.0	0.0	0.0	0.0	1.0
	100.0	0.0	0.0	0.0	0.0	0.0	0.0	
	1.0	0.0	0.0	0.0	0.0	0.0	0.0	
SOCIAL DRINKER	1.	0	18	47	2	33	3	103
	0.0	17.5	45.6	1.9	32.0	2.9	49.3	
	0.0	43.9	63.1	50.0	55.9	8.8		
	0.0	8.6	22.5	1.0	15.8	1.4		
PROBLEM DRINKER	2.	0	13	15	1	18	0	47
	0.0	27.7	31.9	2.1	38.3	0.0	22.5	
	0.0	31.7	21.7	25.0	30.5	0.0		
	0.0	6.2	7.2	0.5	8.6	0.0		
ALCOHOLIC	3.	0	3	1	0	4	1	9
	0.0	33.3	11.1	0.0	44.4	11.1	4.3	
	0.0	7.3	1.4	0.0	6.8	2.9		
	0.0	1.4	0.5	0.0	1.9	0.5		
NON-DRINKER	4.	0	7	5	1	4	1	13
	0.0	38.9	27.8	5.6	22.2	5.6	8.6	
	0.0	17.1	7.2	25.0	6.8	2.9		
	0.0	3.3	2.4	0.5	1.9	0.5		
99.	0	0	1	0	0	29	30	
	0.0	0.0	3.3	0.0	0.0	96.7	14.4	
	0.0	0.0	1.4	0.0	0.0	85.3		
	0.0	0.0	0.5	0.0	0.0	13.9		
COLUMN TOTAL		2	41	69	4	59	34	209
		1.0	19.6	33.0	1.9	28.2	16.3	100.0

Drug Related Deaths in 1976

<u>Residence</u>	<u>Age</u>	<u>Cause of Death</u>	<u>Total # of Deaths</u>
<u>REGION ONE</u>			7
York	24	Accidental poisoning - anesthetic gas	
	21	Suicide - other and unspecific drug	
Cumberland	21	Accidental poisoning - tranquilizer	
	50	Suicide - other and unspecific drugs	
	15	Undetermined accident or suicide - other and unspecific drugs	
Sagadahoc			
Lincoln			
Knox	82	Accidental poisoning - cardiac tonics	
Waldo	42	Accidental poisoning - other sedatives and hypnotics	
<u>REGION TWO</u>			5
Oxford	71	Accidental poisoning - cardiac tonics	
	16	Undetermined accident or suicide - barbituric acid and derivatives	
Franklin			
Androscoggin	50	Suicide - other and unspecified drugs	
	28	Suicide - Psychotherapeutic agents	
	22	Undetermined accident or suicide - other and unspecified drugs	
<u>REGION THREE</u>			2
Somerset			
Kennebec	39	Accidental poisoning - Insulins and antidiabetic	
	76	Accidental poisoning - anticoagulants	
<u>REGION FOUR</u>			4
Piscataquis			
Penobscot	55	Accidental poisoning - other antibiotics	
	48	Accidental poisoning - other anti-infectives	
	62	Suicide - Salicylates and congenurs	
	62	Suicide - Psychotherapeutic agents	
Hancock			
Washington			
<u>REGION FIVE</u>			
Aroostook			
TOTAL			18

Drug Related Deaths in 1975

<u>Residence</u>	<u>Age</u>	<u>Cause of Death</u>	<u>Total # of deaths</u>
<u>Region One</u>			14
York	34	Drug dependence - unspecified	
	46	Accidental poisoning - penicillin	
	61	" " - adrenals	
Cumberland	77	" " - Salicylates and Congeners	
	73	" " - tranquilizers	
	80	" " - cardiac tonics	
	45	Suicide - Barbituric acid & derivatives	
	89	" - Other & unspecified drugs	
	51	" - " " "	
	81	Undetermined accident or suicide - Salicylates and congeners	
Sagadahoc			
Lincoln			
Knox	34	Drug dependence - unspecified	
	27	Suicide - other & unspecified drugs	
	15	Undetermined accident or suicide - other & unspecified drugs	
	22	Undetermined accident or suicide - " " "	
Waldo			
<u>Region Two</u>			1
Oxford			
Franklin			
Androscoggin	17	Undetermined accident or suicide - Barbituric acid and derivatives	
<u>Region Three</u>			6
Somerset	74	Suicide - Other & unspecified drugs	
	45	Undetermined accident or suicide - " " "	
Kennebec	71	Drug dependence	
	54	accidental poisoning - other & unspecified drugs	
	5	" " - other sedatives & hypnotics	
	24	Suicide	

Drug Related Deaths in 1975 (con't)

<u>Residence</u>	<u>Age</u>	<u>Cause of Death</u>	<u>Total # of Deaths</u>
<u>Region Four</u>			6
Piscataquis	-	-	
Penobscot	38	Suicide	- Psychotherapeutic agents
	24	"	"
Hancock	43	Accidental poisoning	- barbiturates
	43	"	- tranquilizers
Washington	17	"	- other specified drugs
	72	Undetermined accident	
		or suicide	- psychotherapeutic agents
<u>Region Five</u>			0
Aroostook			
STATE TOTAL			<hr/> 27

Secondary School Dropout Rates

	1975 - 1976				1974 - 1975		
	<u>Enrollment</u>	<u>Dropouts</u>	<u>Rate</u>		<u>Enrollment</u>	<u>Dropouts</u>	<u>Rate</u>
REGION I							
York	7,763	386	5.0		7,550	366	4.8
Cumberland	13,550	602	4.4		13,227	717	5.4
Sagadahoc	2,058	124	6.0		2,017	105	5.2
Lincoln	1,337	64	4.8		1,378	86	6.2
Knox	1,513	71	4.7		1,844	90	4.9
Waldo	<u>1,597</u>	<u>72</u>	<u>4.5</u>		<u>1,600</u>	<u>80</u>	<u>5.0</u>
	27,818	1,319	4.7		27,616	1,444	5.2
REGION II							
Oxford	3,823	158	4.1		3,827	159	4.2
Franklin	1,893	55	2.9		1,818	50	2.8
Androscoggin	<u>5,963</u>	<u>250</u>	<u>4.2</u>		<u>5,840</u>	<u>300</u>	<u>5.1</u>
	11,679	463	4.0		11,485	509	4.4
REGION III							
Somerset	3,197	166	5.2		3,069	98	3.2
Kennebec	<u>6,987</u>	<u>319</u>	<u>4.6</u>		<u>6,908</u>	<u>324</u>	<u>4.7</u>
	10,184	485	4.8		9,977	422	4.2
REGION IV							
Piscataquis	919	37	4.0		915	28	3.1
Penobscot	9,983	486	4.9		9,865	461	4.7
Hancock	2,528	120	4.7		2,403	115	4.8
Washington	<u>2,004</u>	<u>134</u>	<u>6.7</u>		<u>1,980</u>	<u>84</u>	<u>4.2</u>
	15,434	777	5.0		15,163	688	4.5
REGION V							
Aroostook	<u>7,666</u>	<u>258</u>	<u>3.4</u>		<u>7,770</u>	<u>280</u>	<u>3.6</u>
STATE TOTAL	72,781	3,302	4.5		72,011	3,343	4.6

Source: Department of Educational and Cultural Services
 1975-1976, August 10, 1976
 1974-1975, January, 1976

Summary of Certain Activities Relating to Drug Abuse Problems by Planning Regions, 1976

	Population Estimate 7/1/75*	1976 Arrests for Drug Offenses**			1975 and 1976 Deaths due to Drug Related Causes Ø			Secondary School Drop-Outs 1975 - 1976 ØØ				Ranking of Regions	
		No.	Rate per 1000 population	Rank	No.	Rate per 100,000 population	Rank	Enrol.	Drop Out	Rate per Enrol.	Rank	Sum	Rank
REGION I													
York	121,662	167			5			7,763	386				
Cumberland	202,183	286			10			13,550	602				
Sagadahoc	26,234	18						2,058	124				
Lincoln	23,197	19						1,337	64				
Knox	31,925	29			5			1,513	71				
Waldo	26,187	21			1			1,597	72				
TOTAL	431,388	540	1.25	4	21	4.87	2	27,818	1,319	4.7	3	9	3.5
REGION II													
Oxford	45,076	47			2			3,823	158				
Franklin	24,729	12			4			1,893	55				
Androscoggin	94,094	177						5,963	250				
TOTAL	163,899	236	1.44	1	6	3.66	4	11,679	463	4.0	4	9	3.5
REGION III													
Somerset	43,519	44			2			3,197	166				
Kennebec	100,745	148			6			5,987	319				
TOTAL	144,264	192	1.33	2	8	5.55	1	10,184	485	4.8	2	5	
REGION IV													
Piscataquis	16,688	33						919	37				
Penobscot	133,671	173			6			9,983	486				
Hancock	39,145	55			2			2,528	120				
Washington	32,854	31			2			2,004	134				
TOTAL	222,358	292	1.31	3	10	4.50	3	15,434	777	5.0	1	7	2
REGION V													
Aroostook	96,044	101	1.05	5	0	0	5	7,666	258	3.4	5	15	5
STATE TOTAL	1,057,953	1,361	1.29		45			72,781	3,302				

* Series P-25, No. 667, Bureau of Census, U.S. Dept. of Commerce
 ** Uniform Crime Reports, Maine Department of Public Safety
 Ø Listings, prepared by Division of Vital Statistics
 ØØ Department of Educational and Cultural Services

B. Data Analysis

Analysis of Characteristics

More than 60% of the population which is served by the drug treatment centers continues to be under 21. During 1976, the distribution of the ages below 21 shifted slightly to the 18-20 age group. The proportionate number of female clients dropped from 47.8% in 1975 to 43.7% of the total admitted to treatment in 1976. Those receiving treatment in 1976 were somewhat better educated than those in 1975; 15% having gone beyond high school as opposed to 9% previously. There has been a marked shift in the primary drugs of abuse from marijuana, 27.5% to 14.5%, and alcohol, 11.8% to 5.9%, to amphetamines, 19.2% to 21.9%, and other sedatives, 11.8% to 16.7%, or hypnotics. As the secondary drug of abuse, marijuana, 17%, amphetamines, 12%, and hallucinogens, 11%, maintain the same percentage while alcohol increased from 19 to 21 percent of the total.

Of those clients discharged from the drug treatment centers in 1976, 40.3 percent had completed their treatment. This statistic represents an important increase over the 27.6 percent reported in 1975. The average length of treatment was extended from 3.5 months in 1975 to 4.6 months in 1976.

Analysis of Resources

The number of new clients admitted to the drug treatment centers in 1976 declined 17% from 1975. However, the total number treated, including the carry overs, increased by 1. The number of patients with drug diagnoses or problems, admitted to the eight community mental health centers for the first six months of 1976 was down 47% over the first six months of 1975. The number admitted during the fiscal year ending June 30, 1976 showed a similar decline. In a mental health center which is located in a large medical center, 70% of the drug abusing patients entered center services through the emergency component. In discussions with the Psychiatric Director at the local VA hospital, it was learned that a few patients with drug overdoses are seen in the emergency services each year but they decline treatment beyond that. In the VA alcoholic wards, however, some 60% of the patients are polydrug abusers. During the fiscal year ending June 30, 1976, four patients were admitted to Augusta Mental Health Institute and three were admitted to the Bangor Mental Health Institute with diagnoses of drug psychosis or dependence.

The number of drug dependent clients referred to vocational rehabilitation services in 1976 dropped 53% from 1975. Of the 26 referrals, nine had been determined ineligible as of December 31, 1976 and three were being provided services. However, of those referred in previous years, some 21 drug dependent clients were still receiving some service from the agency as of December 31, 1976.

Analysis of Community Impact

The number of arrests for drug offenses in 1976 was 1,361, a drop of 28% from 1,895 during 1975. This decrease is at least partially attributable to changing the law for possession of a small amount of marijuana from a criminal to a civil offense, effective in May, 1976. It should be noted that of these offenses, 503 or 37% were committed by juveniles, which is consistent with the fact that of those seeking treatment in 1976, 39% were juveniles. Of the items submitted by the police to the certified laboratories for identification from July to December, 1976 only 4% proved to be narcotics while 56% were marijuana. The Division of Special Investigation of the State Police reported 852 cases from April 1974 to December 1976; less than 1% involved narcotics while 62.8% involved marijuana. The number of accidents where the cause was operating under the influence of drugs has averaged 11 per month for the period that we have available statistics. There seems to have been no dramatic change in these statistics since the law for possession of marijuana was changed.

The number of commitments to Maine State Prison for drug offenses in the year ending June 30, 1976 increased 23% over the previous year. The number committed to the Maine Correctional Center remained the same. The cross tabulation of drug use by age for all commitments indicates that of the age group 20-24 committed to the Maine State Prison in 1976, 29.5% admit to marijuana use and 26.8% to a combination of marijuana and hard drugs. Of all commitments to the Prison, 22.0% use marijuana and 18.9% do so in combination with hard drugs. Only 4.7% admit to hard drug use only. Of those committed to the Maine Correctional Center in 1976, 33% admit to marijuana use and 28.2% to a combination. Of further interest is the type of drug used tabulated against alcohol use. Of those committed to Maine State Prison, 30.3% of the problem drinkers use marijuana and 33.3% use both marijuana and hard drugs. Among the Correctional Center admissions 45.6% of the social drinkers use marijuana and 44.4% of the alcoholics use marijuana and hard drugs.

While the number of deaths in Maine reported to be due to drug related causes actually decreased in 1976, 18 from 27 in 1975, the two year total of 45 compares to 43 for 1973 and 1974. The percentage of those drug related deaths of persons under age 40, however, continues to rise: 1973, 26.3%; 1974, 33.3%; 1975, 37.0%; and 1976, 38.8%.

Only four cases of serum hepatitis were reported in Maine in 1976. Since cases numbered 4 in 1974 and 48 in 1975, while other drug problem indicators varied much less dramatically, this indicator is not considered valid for planning purposes.

The secondary school dropout rate is adopted here as a community indicator of unmotivated, possibly troubled, youth who are in danger of becoming chronic drug abusers. The overall state rate has only slightly improved during the 1975-1976 school year, but in the counties where we sponsor specific school counselors-Knox, Waldo, and Androscoggin, the rate improved considerably. Most of the treatment centers do, in fact, have school counseling as a major component of their activities.

Summary of Certain Activities Relating to Drug Abuse
Problems by Planning Regions

The summary of the three indicators - arrests, deaths, and dropouts, indicates that Region III, Somerset and Kennebec Counties, poses the largest drug abuse problem per capita with Region IV, the next most serious. Regions I and II share the next rank.

Interestingly enough, the U.S. Customs Service notes that the majority of seizures of controlled and prohibited substances in 1976 were made at Calais, Maine (Region IV) and Jackman, Maine (Region III) with Calais having approximately one-half of all interceptions. It is uncertain whether this border activity has any bearing on the problems in these areas. "The average seizure of marijuana weighs 10 grams; the average seizure of hashish weighs approximately 2 grams. No average for tablets or capsules has been determined because of the wide variation in quantities (from 1 to 5 or 6 hundred). Probably, most seizures of controlled substances involve less than 50 tablets or capsules."*

C. Planning Implications of the Data

It is clear, from the data presented and analyzed, that widespread polydrug abuse is the major drug problem in Maine. That abuse is prevalent in all geographic areas of the state and is principally evident among people between the ages of 15 and 35. In response to this problem, OADAP will continue to emphasize outpatient drug treatment services and prevention/intervention programming. Residential drug treatment services will be provided in Maine's largest city to serve clients on a statewide basis.

Changes observed during the past year which have implications for planning include the greater number of amphetamine and barbituate abusers receiving treatment services and the geographic shift of the greatest number of drug problems per capita to the central region of the State. An increase in the general availability of outpatient treatment services and a specific increase in the amount of drug abuse services available in the central region need to be considered in light of these changes.

Another important planning implication crystallizes while analyzing data from the criminal justice system. The large number of drug problems reported among Maine's correctional populations merits the development of concrete plans to treat those problems in cooperation with various components of that system.

*Letter of June 10, 1977 from Acting District Director of U.S. Customs Service, Portland, Maine.

III. Program Functional Areas

This section of the Plan addresses six program functional areas: administration, planning and coordination; treatment and rehabilitation; management information, research and evaluation; prevention, intervention and education; manpower and training; and cooperation with the criminal justice system. For each of the six areas, A-F, the following format has been used to provide the requested information:

Specific Program Functional Area

Discussion of specific issues and content areas

- a. Performance report
- b. Needs Assessment Data
- c. Goals, Objectives, Activities and Cost Analysis*

A. Administration, Planning and Coordination

SSA Organization and Staffing Pattern - There have been no substantive changes in SSA structure during the reporting year. A copy of OADAP's organizational chart is included in Appendix A. One staff change that should be noted is the filling of the Drug Abuse Program Specialist position in August, 1976.

Third Party Payment System - SSA activities in exploring third party payment possibilities during the current year included the development of a Third Party Payor Profile for Maine and support for state legislation to mandate insurance coverage for alcohol and drug abuse services. The Profile was completed with assistance from the Northeast Regional Support Center at Yale University. It includes information obtained in discussions with the following existing and potential third party payor sources: Medicaid; Food Stamps, Vocational Rehabilitation; Title XX; Supplemental Security Income; the Veterans Administration; Title XIX; Blue Cross-Blue Shield and other private insurance carriers. In April 1977, directors of alcohol and drug abuse programs received two days of training on techniques for maximizing third party reimbursements.

When it was obvious that the bill mandating insurance coverage was in serious jeopardy, its legislative sponsor and the Maine Facility Directors' Association made the decision to withdraw the bill in return for the submission of a compromise bill proposed by insurance companies. That second bill would have required that health insurance companies in Maine offer coverage for alcohol and drug abuse services to potential subscribers. The bill lacked Committee support and was subsequently defeated.

An SSA strategy for maximizing third party reimbursement during the coming year has been devised which includes these key activities: sponsorship of the NDAC Third Party Payments Course for fifteen drug and alcohol program administrators in-state; support of the Maine Facility Directors' Association in subsequent attempts to secure private insurance coverage for drug and alcohol services; technical assistance to facilities pursuing JCAH accreditation; establishment of substance abuse counselor registration; and investigation of Title XX funds

*Goals for Program Functional Areas A, B, C, D & E are excerpted from the Maine Statute which establishes OADAP and delineates its responsibilities; all Objec-

for drug abuse programs to reflect the priority Title XX has recently established for youth services.

For 1976-77 \$12,000 or 2.9% of the total amount budgeted for drug treatment in Maine was anticipated from third party sources. Those sources were CHAMPUS, Food Stamps, Vocational Rehabilitation and Medicaid (for required medical services only). Projected reviews for that period are now \$8,600. In the coming year, \$24,500 is being budgeted for third party reimbursement with the increase reflecting additional vocational rehabilitation clients to be served at Maine's drug-free, residential treatment center. The one other third party source from which additional funds may be secured in the future is Title XX. However, state priorities for those funds must first be revised to specifically include drug abuse services. The new emphasis Title XX is placing on youth services may well provide the opportunity for that revision.

Existing state legislation certainly does not facilitate third party reimbursement for drug and alcohol services, but neither does it noticeably hinder it. What does hinder it are state priorities for expenditure of federal funds, state interpretations of federal legislation and the continuing reluctance of private insurance carriers to provide adequate, affordable coverage for such services.

The fact that the Title XX Plan has never included drug abuse as a priority service and the realization that the Title XX regulations produce conflicts with federal regulations on confidentiality have prevented the collection of Title XX funds in the past. Title XIX funds have not been available to drug or alcohol programs, again because there are insufficient funds to pay even for longstanding priority services. Federal regulations governing vocational rehabilitation services continue to emphasize the needs of the most severely physically handicapped individuals. The nature of the drug abuse problem in Maine means that few drug abusers qualify under such stringent criteria.

One specific area in which technical assistance would be welcome is in the compilation of data from states where private insurance companies have experienced the long-term effects of paying for drug and alcohol services.

Special Emphasis Programs - Because of the fact that over 60% of the clients currently receiving drug treatment in Maine are under twenty years of age, the delivery of all services is characterized by a special emphasis on youth. Various intervention/prevention programs targeted to reach youth have been established throughout the state in response to the obvious need. Many of these programs are located in rural areas since their services can be fully utilized at the local level. This joint emphasis on rural and youth programming is translated into several different programs which meet the special needs of particular areas. First, each of the existing outpatient treatment programs provides services to outlying towns and school administrative districts in its catchment area. Those services are delivered through the establishment of satellite offices or through deployment of program staff to individual schools and may include actual group or individual counseling. However, those services also include consultation with individual teachers and parents, presentations to

community organizations and school groups, the implementation of school-based primary prevention models, the maintenance of crisis telephone lines and career counseling for drug-abusing high school drop outs. But, OADAP also provides funds for distinct programs in certain rural areas of the state. For example, OADAP has supported a sports camp for youth in northernmost Aroostook County, affective education programs in several rural schools, alternative education and youth employment programs in the rural coastal counties and school-based counseling programs. One of the school-based counselors who works in the northern coastal region provides regular telephone consultation in conference calls with teachers on Northhaven Island off the coastal town of Rockland.

Vocational Rehabilitation - In addition to the continuing emphasis treatment programs place on vocational services for their clients, there are three projects partially funded by OADAP which exhibit a strong vocational education component. One is an alternative education project which requires residents to secure a job and pay a portion of room and board expenses. That project provides the vocational counseling and generates the community support which make that requirement realistic. The two other projects sponsor year round employment programs for high-risk youth. Those participating in the programs also receive counseling and educational services. Finally it should be noted that one of the existing treatment programs has obtained funds from the Department of Labor to provide career counseling for high school dropouts. The program is able to offer that service to qualified outpatient clients who need it.

Licensure, Certification Standards and Credentialling - The Regulations for the Residential Licensing of Substance Abuse Treatment Facilities in the State of Maine have been established by OADAP for all residential drug and alcohol facilities. Those Regulations are based on the JCAH model and also contain provisions for the optional accreditation of outpatient drug and alcohol facilities.

Maine's Task Force on Credentialling of Substance Abuse Workers completed the final model of Substance Abuse Counselor Registration and submitted it to the 108th legislature. At this date, it has been enacted by the House and the Senate and awaits the Governor's approval. A copy of the bill, L.D. 530, is included in Appendix B.

Relationship to the Health Systems Agency and the State Health Coordinating Council - The Maine Health Systems Agency has been organized with a 69 member Board of Directors comprising providers and consumers. To date the Agency's efforts have been focused on the development of a state plan for health services and the preparation of legislation. During the current Legislative session, both the Health Systems Agency and the State Health Planning and Development Agency proposed bills establishing criteria for Certificate of Need. The legislative committee to which the bills were assigned decided to study the issue and return with recommendations in next year's session. The bill introduced by the HSA included reference to both drug and alcohol programs and therefore requires OADAP's continuing attention as the study proceeds.

Presently, one member of the HSA Board is a recently appointed member of

the State Advisory Council to OADAP. Also, the OADAP Prevention Coordinator serves on the Steering Committee of the Maine Conference on Health Promotion which is helping to establish priorities for the HSA Health Education Plan. These relationships are expected to facilitate the establishment of a formal planning relationship with the HSA.

The State Health Coordinating Council is staffed by the Health Planning and Development Agency. Since both that Agency and OADAP function as units within the Department of Human Services, the establishment of planning ties is consistent with Departmental objectives.

Coordination with Drug Related Agencies -

Mental Health - As a result of its policy of integrating drug abuse services into the larger human service system, OADAP has chosen to fund drug abuse services in three of the eight community mental health centers in Maine. The relationship which exists with those centers is a close, cooperative one. In the past year the mental health center system as a whole has displayed greater interest in the provision of drug abuse services, partly in response to the federal mandate in P.L. 93-64 which states the centers must insure those services are provided. A Mental Health Consortium has been established to review all the mandates of that law and to decide on actions that are needed. OADAP participates in that Consortium. The new, statewide Mental Health Training Program is also making a special effort to assess substance abuse training needs for the staffs of the community mental health centers.

Alcoholism - Since OADAP is a joint drug and alcohol SSA, a close working relationship exists at the central office, regional council, and community program levels. Several agencies funded by OADAP operate both drug and alcohol components. Special advantages in the specific program functional area of prevention, management information and training have been realized by OADAP's determination to develop a substance abuse approach.

Vocational Rehabilitation - Administratively, OADAP functions as a unit of the State Bureau of Rehabilitation which also houses the Vocational Rehabilitation Unit. This structure has made an information flow between OADAP and Vocational Rehabilitation both possible and necessary. The one publicly-funded residential drug treatment center has received Vocational Rehabilitation monies during the past three years, first as a staffing grant and then as reimbursement for individual, VR-eligible clients. However, because of the State's implementation of federal regulations for Vocational Rehabilitation services, on a state-wide basis only a small number of drug abusers have qualified as clients to receive those services.

Department of Education - OADAP currently provides funds to the Human Development and Guidance Resources Unit of the Department of Education and Cultural Services. That money is used for affective education programs related to drug and alcohol abuse that involve teachers, parents and students in schools throughout the state.

a. Performance Report

Goal 1: To Assist existing drug abuse treatment programs in the assessment of alternate funding sources and in the preparation of long-term funding plans.

Objectives

1. To determine the application process and examine the potential benefits of Medicaid reimbursement for the one residential drug treatment program in Maine.

Performance: Investigation of the possibility of Medicaid reimbursement for residential drug abuse services generated a clear statement that the Department of Human Services will not now consider any extension of Medicaid coverage to new services. This statement directly reflects the Commissioner's commitment to control the increasing cost to the state of reimbursement for currently covered services. Medicaid does of course continue to pay medical costs for eligible clients in residential treatment and costs associated with inpatient drug treatment in hospital settings.

Planning Implication: It appears that in future efforts to obtain Medicaid reimbursement for specific drug abuse services, the publicly-funded residential treatment center should join with residential alcohol treatment programs, organizing a broad-based campaign to secure such funds.

2. To survey the private insurance companies serving Maine to discover whether any of them currently provide health insurance coverage for drug abuse services.

Performance: See Objective 5 below.

3. To investigate the possibility of Title XX funding for drug abuse services.
 - a. To testify about existing and projected needs for those services at the public hearings conducted by the State Title XX Task Force.
 - b. To develop a detailed plan for Title XX payment of specific drug abuse services in cooperation with drug program administrators and the State Title XX Planner.

Performance: Testimony was presented at hearings conducted by the Title XX Task Force in October, 1976. Current drug abuse services were outlined and the future need for types and amounts of service was projected. It should be noted that

the Maine Human Services Council in presenting recommendations to the Department of Human Services for the Title XX State Plan, includes the recommendation that "Youth should be included as a target population for substance abuse services under Title XX." The detailed plan will be prepared by October, 1977.

Planning Implication: Title XX continues to be the most likely new source for financial support of necessary drug abuse services. With the current emphasis on the provision of youth services that permeates the Title XX State Plan, and the predominately young client population served by existing drug treatment centers, future procurement of Title XX funds seems a realistic goal.

4. To conduct a review and comparison of the four treatment programs' current fee schedules and to present recommendations about the effectiveness of various schedules.

Performance: This objective has not yet been completed.

Planning Implication: Only lack of time prevented the completion of this objective. It should therefore be pursued in the coming year. By then, the treatment programs will have had at least one full year of experience with charging client fees for service on which the review can be based.

5. To use the technical assistance offered by NIDA, and the information gained from completing Objectives 1-3 above, to produce a state profile of third party reimbursement sources for the use of drug programs in preparing long-term funding plans.

Performance: The Third Party Payor Profile was completed in March, 1977 through the valuable assistance of staff from the Northeast Regional Support Center. It contains information on several public sources for third party reimbursement in Maine, including client eligibility criteria, provider status criteria, reimbursement rates and billing procedures. As a part of the Profile process, private insurance companies were also surveyed.

Planning Implication: After validation by its contributors, the Profile will be returned to OADAP as a state-wide resource. OADAP must therefore plan for its actual, efficient use, most probably in the training of drug program administrators so that they may begin to secure additional third party reimbursement.

6. To require that each drug abuse program submit a long-term

funding plan as part of the application for renewal of its OADAP grant.

Performance: Each program receiving OADAP grant or contract monies for 1977-78 was required to submit a long-term funding plan as a condition of its award. A copy of the grant application form is included as Appendix C. As might be expected, the detail and feasibility of these plans varied from program to program.

Planning Implication: The funding plan will be valuable in providing technical assistance to individual programs throughout the year and in evaluating each program's overall performance at grant review in March, 1978.

- Goal 2: To support the reintroduction of a bill in the Regular Session of the 108th Legislature, that would increase the tax on the sale of beer, wine and liquor, generating revenues for substance abuse prevention services and alcoholism treatment services.

Performance: A bill establishing a tax on wine, beer and liquor which would generate \$4,456,989 for alcoholism treatment services and prevention services during the next two years was introduced this legislative session and supported by OADAP in legislative testimony. At this date, it has been passed by the House and is scheduled for final debate in the Senate.

Planning Implication: If the bill becomes law, then two consequences with importance for drug abuse services will follow. First, approximately \$499,141 will become available for prevention programming during the next two years. This availability will require much time and cooperative effort between the Drug Program Specialist the Alcohol Program Specialist and the Prevention Coordinator at OADAP and several community groups, programs and individuals. Furthermore, the bill's passage may well mean that some State funds, specifically Title XX funds, will be relinquished by alcohol programs in favor of the new, less restrictive revenues. Those funds would then be available for drug programs to pursue. The pursuit and intended use of those funds will have to be carefully planned.

- Goal 3: To pursue legislation establishing state-wide substance abuse counselor registration.

1. To hold six state-wide hearings for review of the draft model of counselor registration.

Performance: The hearings were held and testimony was recorded during September, 1976.

2. To negotiate final changes within the structure of the

Credentialing Task Force that comprises OADAP staff members, career development personnel and substance abuse program people.

Performance: A final draft of the substance abuse counselor registration model was completed by the Task Force on Credentialing of Substance Abuse Workers in November, 1976.

3. To solicit the approval and active support of the Commissioner of the Department of Human Services for the final certification model, and, with that approval, to introduce the model in the Regular Session of the 108th Legislature.

Performance: With the support of the Commissioner, the final registration model was introduced as legislation in the 108th session of the Maine Legislature. At this date, it has been enacted by the House and the Senate and now awaits the Governor's action.

Planning Implication: The passage of the model will require OADAP's provision of consultation and other assistance to the proposed Board of Registration. It will also demand careful monitoring of the necessary link between credentialing requirements and training opportunities.

Goal 4: To increase cooperation with all other agencies delivering substance abuse services or providing substance abuse education.

1. To expand informal relationships and strengthen referral links between each drug abuse program and; the community mental health center in its geographical area, the vocational rehabilitation services available in its region and the criminal justice intervention services located in Central Maine.

Performance: This objective was stated too vaguely to accurately evaluate its performance.

Planning Implication: OADAP continues to consider this objective an important one in light of its declared policy of integrating drug abuse services into the human service system. Therefore, it should be restated for the coming year in measurable terms.

2. To encourage drug treatment programs and alcoholism facilities in the state to share their expertise in developing treatment methods for clients presenting both drug and alcohol abuse problems.

Performance: The encouragement which OADAP has provided for cooperation between drug and alcohol programs has primarily been

through the sponsorship of four joint training programs for the staffs of those programs during the past year. OADAP reporting forms for the alcohol treatment system were also revised to include specific information about clients' use of other drugs. This revision was designed to reveal the dimensions of the problem of concurrent drug and alcohol abuse.

3. To join with the Maine Criminal Justice Planning and Assistance Agency in planning, intervention and treatment efforts for the benefit of correctional system clients.

Performance: See Cooperation with the Criminal Justice System, Goal 1.

4. To continue to fund substance abuse education efforts through the Human Development and Guidance Resources Unit (HD & GRU) of the State Department of Education.

Performance: See Prevention/Intervention, Goals 1 and 2.

- Goal 5: To insure that the Maine Health Systems Agency has information both about existing drug abuse services and about the need for any additional services for preparation of its State Plan.

Performance: Contact has been made with the Health Systems Agency by the SSA Director and an offer to provide any information on substance abuse needs and services was conveyed.

Planning Implication: Continuing contact must be maintained with the Health Systems Agency as the initial organizational phase of that agency ends and implementation of policies and procedures begins.

Expenditures for the past year in the category of Administration, Planning and Coordination totalled \$77,504. That sum was used primarily to begin the maximization of third party reimbursement for drug abuse programs and to obtain additional monies needed for the provision of prevention services. Anticipated from those efforts were: a Third Party Payor Profile for Maine; recommendations on the effectiveness of various fee schedules for drug abuse treatment; Title XX awareness of the need for drug abuse services; long-term funding plans from each OADAP-funded program; a bill taxing alcohol consumption to pay for alcoholism services; a bill establishing substance abuse counselor registration; and increased cooperation with drug related agencies. Obtained were: the Profile; a recommendation from the Maine Human Services Council that youth be targeted for Title XX substance abuse services; long-term funding plans from each program; a bill that is likely to become law which would generate \$4,456,989 for prevention and alcoholism treatment during the next two years; and a second bill, also likely to become law, establishing counselor registration. Only the survey of fee schedules and the quantification of benefits derived from increased cooperation remain to be accomplished and both have been incorporated in next year's objectives.

While only the tax bill will generate immediate funds, releasing \$90,000 in Title XX monies from alcoholism programs and providing \$161,539 worth of prevention programming during the next year, the other products obtained have long-term implications for third party reimbursement of drug abuse services.

b. Needs Assessment Data

The components of the Community Monitoring and Program Monitoring Systems have little direct impact on the program area of general administration. Indirectly, the size and extent of the drug problem is of course, reflected in the amount of human and fiscal resources allocated for administering drug abuse services. Once OADAP expands the Program Monitoring System to include a financial management information system for the programs it funds, then the data collected could be expected to clearly indicate the need for generating other sources of funding. This need, however, is already generally acknowledged and is included in objectives within the Administration program functional area.

The components of both Monitoring Systems are fundamental to the OADAP planning process. Discussion of the relationship between specific components and the plans made for a particular program functional area is accordingly provided under the program functional area heading as Part b.

As far as coordination is concerned, OADAP indicator studies do provide information about the number of drug abusers who are served by related human service agencies and those who enter the criminal justice system. That information from the past year provides impetus for OADAP to cooperate more closely with these agencies and systems which serve large numbers of drug abusers in the coming year, most notably the eight community mental health centers and Maine's jails and correctional institutions. It also encourages OADAP to investigate the reasons why certain agencies, such as Vocational Rehabilitation serve a relatively small number of drug abusers beyond the initial evaluation process.

c. Goals, Objectives, Activities and Cost Analysis*

Goal 1: Encourage and assist development of more effective, more coordinated, more efficient administration of resources and services available for drug abuse prevention.

Objectives

1. Review and approve/deny new and old continuation applications for OADAP funding annually (OADAP Grants Manager; May, 1978)
 - 1) Assign OADAP staff to complete technical review of all proposals
 - 2) Insure that each grant is reviewed by the appropriate

*All cost analysis included throughout the Plan reflect OADAP funds to be expended in the completion of specific objectives.

regional alcohol and drug abuse council and forwarded with recommendations to the State Advisory Council

- 3) Present results of the OADAP review and the five regional reviews to the State Advisory Council for recommendations
- 4) Present results of all previous reviews to the SSA Director for final decisions

Cost analysis: Completion of Objective 1 is expected to require \$21,820 for OADAP staff time and support costs at the regional council and central office levels.

2. Assist drug abuse treatment programs in their efforts to generate additional reimbursement from third party payors so that a 30% increase is reflected in the total amount of reimbursement received from those sources during 1976-77; (OADAP Drug Specialist; June, 1978)

- 1) Assist the one publicly-funded residential treatment center to increase the current rate of reimbursement from Vocational Rehabilitation so that it reflects a greater percentage of the actual cost for reimbursable services to VR-eligible clients.
- 2) Conduct a study to compare the actual amount of reimbursement collected by drug treatment programs from Title XIX, Blue Cross/Blue Shield, and CHAMPUS with the potential amount of reimbursement indicated by the number of eligible clients.
- 3) In cooperation with drug program administrators, prepare a plan detailing proposed services and necessary dollars to request inclusion in the next Title XX State Plan.
- 4) Sponsor the delivery of the NIDA Third Party Payments/Financial Management course for up to fifteen substance abuse program administrators in the state.

Cost analysis: Completion of Objective 2 is expected to require \$5,910 in staff time and support costs for the OADAP Drug Specialist.

3. Establish a statewide system of substance abuse counselor registration/credentialling. (OADAP Credentialling Specialist; June, 1978)
 - 1) Hire a staff person with responsibility for insuring establishment of that system based on the substance abuse counselor registration model produced by the Task Force on Credentialling Substance Abuse Workers.
 - 2) Devise evaluation instruments for recommendation to the registration/credentialling body; using the refined task data generated by Functional Job Analysis.

If L.D. 530*, currently being considered by the Legislature, passes:

- 3) Assist the Board of Substance Abuse Counselor Registration to establish standards and adopt criteria for consideration of applicants.

If L.D. 530 is defeated:

- 3) Reactivate the Credentialling Task Force to consider and recommend an alternative mechanism for counselor credentialling.

Cost analysis: Completion of Objective 3 is expected to require \$12,360 in staff time and support costs for the OADAP credentialling specialist and in consultation for test development.

4. To conduct a review and comparison of the four treatment programs' current fee schedules and to present recommendations about the effectiveness of various schedules.

Cost analysis: Completion of Objective 4 is expected to require \$1,480 in staff time and support costs for the OADAP Drug Specialist.

5. Assist the one OADAP-funded alternative school which provides services to drug abusers in obtaining funds from Vocational Rehabilitation to expand the vocational component of its program.

Cost analysis: Completion of Objective 5 is expected to require \$1,480 in staff time and support costs for the OADAP Drug Specialist.

Goal 2: Prepare and administer a comprehensive state plan mutually developed by the office, council and coordinating committee, relating to all drug abuse prevention and control of drug abuse.

1. Prepare an annual State Plan for Drug Abuse Prevention in Maine. (OADAP Drug Specialist; May, 1978)
 - 1) Meet with regional alcohol and drug abuse councils, existing drug service providers and providers of related health and youth services to discuss problems and needs related to drug abuse prevention.
 - 2) Analyze objective data indicating drug abuse problems and resources collected by OADAP's Program Monitoring and Community Monitoring Systems.

- 3) Provide a draft of the Plan for review to the Health Systems Agency, the State Health Coordinating Council, and interested groups and individuals.
- 4) Make necessary revisions and submit final Plan to NIDA.

Cost analysis: Completion of Objective 1 is expected to require \$19,820 in staff time and overhead costs for the OADAP Drug Specialist and Regional Coordinators.

2. Allocate additional monies secured for drug abuse services to geographic areas of the state where available treatment services are not sufficient to meet the need as evidenced by the State Plan. (OADAP staff; as monies become available)

A cost analysis is not provided for Objective 2 since its performance is conditional upon the receipt of new monies.

Goal 3: Coordinate activities and cooperate with drug abuse prevention programs in this and other states for the common advancement of drug abuse prevention and alcoholism programs.

1. Provide specific opportunities for workers in alcohol programs and members of regional councils to gain information on drug abuse and to share information and priorities with drug abuse workers. (OADAP Credentialling Specialist; April, 1978)
 - 1) Sponsor one training event on drug abuse information and issues for at least fifteen alcohol program workers*.
 - 2) Sponsor three joint training sessions on substance abuse skills and issues for alcohol and drug program workers.
 - 3) Promote membership of drug service providers on each regional alcohol and drug abuse council.

A cost analysis is provided for Objective 1 under Training, Objective 2.

2. Develop one concrete new planning link between the Juvenile Delinquency Prevention Specialist at Maine Criminal Justice Planning and Assistance Agency (MCJPAA) and the OADAP Drug Program Specialist. (OADAP Drug Specialist; December, 1977)
 - 1) Investigate the possibilities for joint review of grants proposing prevention and intervention services to youth.
 - 2) Establish a mechanism for reciprocal participation in the development of State Plans.

*The first priority training need established by the STSP training needs assessment.

Cost analysis: Completion of Objective 2 is expected to require \$2,955 in staff time and support costs for the OADAP Drug Specialist.

3. Work directly with community mental health centers throughout the state to jointly fulfill our individual responsibilities for insuring the provision of necessary drug abuse services. (OADAP Drug Specialist; June, 1978)
 - 1) Participate as an active member in the meetings and projects of the Mental Health Consortium established to insure that the federal mandates of P.L. 94-63 are met.
 - 2) Continue providing funds for drug abuse treatment and prevention programs through three community mental health centers.
 - 3) Provide funds for drug abuse treatment in one additional community mental health center.

Cost analysis: Completion of Objective 3 is expected to require \$1,980 in staff time and support for the OADAP Drug Specialist.

4. Request the cooperation of at least four school systems in sharing the support of the two school-based drug counselors currently funded by OADAP. (OADAP Drug Specialist, December, 1977)

Completion of Objective 4 will require minimal funds, since requests will be made by local program directors.

B. Treatment and Rehabilitation

State Concerns and Priorities for Treatment - The largest single factor which determines OADAP treatment priorities is the potential utilization of individual drug abuse services on a state-wide basis. This potential for each documented drug of abuse is measured by the prevalence of problems related to that drug which are revealed in the indicator studies OADAP conducts annually. Periodic consultation with the staffs at existing drug treatment programs, the Veterans Administration Hospital, community mental health centers and selected community hospitals is also conducted to obtain information about the number of requests made for the following specific drug abuse services: detoxification, methadone maintenance, residential treatment and outpatient treatment. At this date, drug problems in Maine continue to result from the widespread abuse of a variety of legally and illegally obtained substances, often including alcohol. The number of reported problems related to the abuse of opiates or synthetic narcotics remains small. As in the past, the choice of a particular drug seems to depend on what is easily available at any given time.

After consideration of this first factor, OADAP examines the geographical distribution of reported drug-related problems and requests for service in order to determine both the specific locations and appropriate levels at which treatment services should be provided. At the present time, OADAP continues to insure the availability of residential services on a state-wide basis by maintaining one residential treatment facility in the State's largest city. Outpatient treatment services are provided in smaller cities throughout the State and intervention services with strong referral links to the treatment programs are available in several rural areas. Because of the anticipated low utilization rate for detoxification or methadone maintenance services, no formal programs incorporating those services have been established in Maine. OADAP is, however, concerned with the plight of individuals who need such services and provides access to them by referral within the New England Region. Certain hospitals continue to provide detoxification services on a case by case basis.

State Capacities by Modality and Environment -

<u>Environment/Modality</u>	<u>Number of Programs</u>	<u>Budgeted Capacities</u>
Drug-free Residential	1	10
Drug-free Outpatient	4	175

a. Performance Report

Goal 1: To maintain existing residential and outpatient drug abuse treatment services, i.e. to provide the following static capacities:

- 15 inpatient residential slots
- 170 outpatient drug-free slots

Performance: Residential and outpatient treatment capacities were maintained throughout the year at the indicated levels. Outpatient services were utilized at, or above capacity during each month of 1976-77. Residential services were, however, not fully utilized during two months this winter.

Planning Implication: This lower rate of utilization for residential services should be carefully analyzed in the coming year. OADAP will cooperate with the program involved and various referral agencies to evaluate program effectiveness and improve referral relationships.

- Goal 2: To allocate any additional outpatient treatment slots, offered by NIDA for FY '77 under the state-wide service contract, to the geographic areas of the state where drug related problems and available treatment services are least commensurate.

Performance: The opportunity to secure some portion of the twenty-five (25) additional outpatient treatment slots which were allocated to Maine by NIDA was offered to each planning region in the State. As a result of the requests received, the decision was made to subcontract slots to five agencies in the State fiscal year beginning July 1, 1977. New slots were distributed to existing programs where the utilization rate for current slots was greater than 100%. Slots were also distributed to the mental health center in Aroostook County, an area previously unserved by drug treatment resources.

Planning Implication: The allocation of new slots requires a plan for monitoring their utilization during the coming year.

- Goal 3: To begin providing drug treatment services to clients of correctional institutions.

Performance: See Cooperation with the Criminal Justice System Goal 1.

- Goal 4: To require that each grant application for funding of a drug abuse treatment program contain evidence that educational opportunities and vocational training are made available to clients of that program.

Performance: Each of the four drug abuse treatment programs submitted as part of its grant application, a description of the access to educational and vocational services it would insure for its clients during the coming year.

Planning Implication: The performance of this goal must be followed by an adequate evaluation of each program which will reveal the numbers of clients actually receiving those services during the year and the education or vocational progress which individual clients have made.

It is projected that expenditures in the category of Treatment and Rehabilitation will total \$310,458 for 1976-77. It was anticipated that the amount budgeted in this category would be sufficient to maintain 15 residential drug-free slots and 170 outpatient drug-free slots. Last year's State Plan projected that 30 residential clients and 680 outpatient clients would be served through those slots.

In actuality, 60 clients received treatment at the one residential facility in Maine, with 19.6% completing treatment in comparison to 21% reported in the CODAP National Management Report for January through March, 1976. The goal set for the provision of residential services was therefore accomplished at a success rate consistent with national statistics.

A total of 433 clients were served by the State's four outpatient treatment programs, with 44.4% of those clients completing treatment. Although the average treatment cost per outpatient client was higher than originally expected because a smaller total number of clients received service, three facts should be considered in evaluating the cost-effectiveness of treatment. First, Maine's CODAP data for 1976-77 reflects a longer average length of treatment than the preceding year, a fact which corresponds to the shift in primary drug of abuse from marijuana to amphetamines, barbituates and other sedatives. Treatment of fewer clients for longer periods of time seems therefore to reflect the changing nature of the drug abuse problem in Maine. Secondly, each of the outpatient programs reported utilization of 95% or more for each month during 1976-77. The treatment of clients with more serious drug abuse problems for longer periods of time would seem to be supported by this fact. And finally, the percent of clients completing treatment compares favorably with the 38% reported nationally in the Report referred to above. Since each outpatient program budgets within the NIDA cost ceiling for drug-free treatment, these facts collectively indicate that the cost of outpatient treatment per successful completion of treatments in Maine would be lower than the national average.

The goals for this category also included the insurance of equitable allocation for new treatment resources and investigation of the educational and vocational opportunities made available to clients of treatment programs. Both goals were in fact completed. Twenty-five additional outpatient slots allocated in Maine by NIDA will be subcontracted to five agencies located throughout the State. Two agencies will be funded to provide slots in previously unserved geographic areas where treatment needs were in evidence. The remaining three agencies will be funded for additional slots in geographic areas where the current rate of utilization is greater than 100%. Secondly treatment programs did submit information on educational and vocational services that are available to their clients as a part of the grant review process.

However, the expenses incurred in completing these objectives primarily comprised salary and support costs for the OADAP Drug Specialist and are therefore charged under the category of Administration, Planning and Coordination.

b. Needs Assessment Data

Each component of the Community and Program Monitoring Systems has significance for the establishment of treatment priorities and goals. The geographical location where services are needed, the types of services needed and the

client population that services should target are largely determined by the results of the indicator studies.

During the past year changes were observed in the geographic distribution of problems related to drug abuse and in the types of drugs associated with drug problems. Three important indicators, drug arrests, deaths and dropout statistics, revealed that drug-related problems are now most prevalent in Region III comprising the two central counties of the State. Accordingly, additional outpatient treatment slots are being allocated to an existing program in one of those counties to begin providing service in the other large rural county. Sixty percent of all treatment and intervention resources continue to be allocated to the two most populous southern regions of the State, reflecting the fact that they share second rank for prevalence of drug related problems.

Statistics on clients admitted to treatment programs during 1976-77 show that the number of clients presenting a primary problem of marijuana use decreased markedly. The frequency with which amphetamines, barbiturates and other sedatives were reported as primary drugs of abuse correspondingly increased.

In response to this change in the types of drugs abused to drugs associated with more serious psychological and health consequences, additional outpatient treatment slots are being distributed to three existing treatment programs in southern Maine. These programs are ones whose utilization rates have consistently been equal to or greater than 100% of their current matrices. Also, slots are being provided in two northern areas of the State where treatment resources have previously been unavailable. At the same time, prevention and intervention programming is being expanded to rural coastal and northern areas of the State in an effort to address youth problems before the development of serious drug problems requiring treatment.

Both criminal justice system data and information from treatment programs for the past year confirm widespread polydrug abuse in each geographic region, but few drug problems, related to the use of narcotics. Residential treatment will therefore be maintained at the existing level, while additional resources will be used for outpatient treatment and prevention/intervention services.

c. Goals, Objectives, Activities and Cost Analysis

Goal: Plan, establish and maintain necessary or desirable prevention or treatment programs for individuals or groups of individuals.

Objectives

1. Maintain existing outpatient drug abuse treatment services through 175 drug-free slots at 90% utilization to serve a total of 550 clients. (OADAP Drug Specialist; June, 1977)

Cost analysis: It is expected that completion of Objective 1 will require the expenditure of \$108,830 in grants to five outpatient treatment programs and \$9,432 in staff time and support costs for the OADAP Drug Specialist.

2. Maintain residential drug-free treatment services through the provision of eight slots at 90% utilization to serve 30 clients per year. (OADAP Drug Specialist; June, 1977)

Cost analysis: It is expected that completion of Objective 2 will require the expenditure of \$65,360 in a grant to one residential treatment program and \$6,432 in staff time and support for the OADAP Drug Specialist.

3. Assess whether the current level of residential drug treatment services is consistent with the actual need for those services. (OADAP Drug Specialist, January, 1977)
 - 1) Analyze data from a survey of potential referral agencies completed in June, 1977.
 - 2) Contact other State agencies responsible for residential treatment of adolescents and young adults to determine the demand for those services.
 - 3) Determine the availability and current utilization of residential drug services in the New England Region.

Cost analysis: It is expected that completion of Objective 3 will require the expenditure of \$478 in staff time and support costs for the OADAP Drug Specialist.

4. Review the utilization of the twenty-five new outpatient treatment slots allocated under the State-wide Services Contract and prepare recommendations for continuing allocation. (OADAP Drug Specialist; January, 1977)

Cost analysis: It is expected that completion of Objective 4 will require \$1,478 in staff time and support costs for the OADAP Drug Specialist.

5. Negotiate continuation of the State-wide Services Contract with NIDA for 1978-79. (OADAP Drug Specialist; June, 1977)
 - 1) Review utilization of slots under the current subcontractors
 - 2) Evaluate the quality of service delivered by subcontractors through the grant review process
 - 3) Select proposed subcontractors and assemble essential information on proposed services
 - 4) Prepare and submit continuation proposal at NIDA's request

Cost analysis: It is expected that completion of Objective 5 will require \$2,955 in staff time and support costs for the OADAP Drug Specialist.

C. Information System, Research and Evaluation

Information System Functions for the Single State Agency - The OADAP information system for drug abuse programs currently comprises: monthly CODAP reports from publicly-funded drug treatment programs; an annual NDATUS report from all drug treatment programs; and quarterly narrative and financial reports from all OADAP-funded drug programs. The system is used for the purpose of evaluating program performance but is also used for planning purposes as one indicator of the nature and size of Maine's drug abuse problem.

Because of the small number of drug treatment programs in Maine and the relatively manageable size of the total client population for those programs, it has been possible to establish a manual card system for storage of CODAP information. This system permits retrieval of all but the most comprehensive information within an hour. CODAP data is most useful to OADAP for three specific purposes related to evaluation. The first purpose is quarterly review of each program's performance. Items such as utilization rate, number of patients completing treatment and average length of treatment are compared for programs with the same modality and environment. Second is investigation and analysis of problems with individual programs. For example, observation of a low residential census at a particular program for one or two months would result in detailed analysis of the type of clients receiving and completing treatment. And finally, it is used for annual evaluation of existing programs in the grant review process. The OADAP Research Analyst compiles CODAP data from the previous calendar year just prior to the beginning of the grant review cycle in February. Statistics are displayed for each program and comparisons between similar programs are provided. This information is distributed to regional alcohol and drug abuse councils and to the State Advisory Council for use in their review of individual program performance. OADAP has also used CODAP information for special purposes, such as profiling the residential client who has successfully completed treatment during the past two years.

NDATUS provides an annual summary of information on all treatment programs which is otherwise only available by collection from several information sources.

The quarterly narrative reports provide subjective information that supports or further explicates the objective data submitted on CODAP forms. The narrative reports in combination with quarterly financial reports are used to monitor programs' progress toward goals and objectives contained in their grant applications and their compliance with approved budgets and special conditions of grant award.

Evaluation Efforts - Evaluation is conducted on a periodic basis in the following ways:

1. The OADAP Research Analyst the Grants Manager and the Drug Program Specialist conduct a quarterly review of individual programs using objective data obtained from the information system as outlined above. The Drug Program Specialist also visits each drug treatment program at least once a quarter to discuss progress toward goals and objectives and problems which are being encountered and addressed.

2. On an annual basis, each existing drug program is evaluated as an integral part of the grant review process. This evaluation uses cumulative data from the information system, data on referrals to, and from, the program, and evidence of accomplishments of the previous year's goals and objectives as measures of each program's success. Responsibility for conduct of this evaluation is shared by members of the regional alcohol and drug abuse councils, members of the State Advisory Council and OADAP staff people.
3. The one publicly-funded residential drug treatment center and the one private, proprietary center in Maine must, by law, be evaluated annually in accordance with the Regulations For the Licensing of Substance Abuse Treatment Facilities in the State of Maine. Those Regulations contain a provision for outpatient treatment programs to request such an evaluation on an optional basis.

During the process of conducting past evaluation of the types detailed above, several criteria have been developed for measuring the success of drug abuse programs. These include:

1. Total number of clients served
2. Rate of utilization of treatment slots
3. Rate of successful completion of treatment
4. Number of referrals from other agencies
5. Number of staff hours spent in direct service to the client
6. Amount of utilization of supportive services available in the community
7. Rate of progress toward established measurable objectives
8. Level of financial support from local sources

OADAP, itself, establishes goals and objectives at the beginning of each State fiscal year. Those goals and objectives are formulated in consistence with broader goals set by the Bureau of Rehabilitation and are translated into objectives for each OADAP employee. Completion of individual and agency objectives is assessed on an annual basis.

Research efforts - At the present time, there are no scientific research efforts related to drug use being conducted in Maine. This fact reflects the scarcity of research institutes and institutions of higher education in this State. However, one community mental health center and a research center at the University of Maine have both recently expressed interest in drug-related research. OADAP has also been informed of possibilities for regional research through a committee, NEC-24, organized by the directors of experiment stations at New England land grant universities. OADAP will provide encouragement and technical assistance for each of these efforts in the coming year.

a. Performance Report

Goal 1: To improve the methods of formal program evaluation used in OADAP's grant renewal process.

Objectives

1. To assist each treatment program in the establishment of concrete, short-range programmatic objectives against which progress can be measured.

Performance: As a necessary condition of receiving a grant award, each program applying for OADAP funds formulated measurable, time-referenced objectives for 1976-77.

Planning Implication: Assistance must be provided to those programs whose quarterly review reveals insufficient progress toward completion of objectives. The nature and amount of that assistance needs to be considered in establishing objectives for evaluation.

2. To compare efficiency ratings from each program with past program performance.

Performance: As a part of the grant review process, each treatment program was compared with the other programs in Maine and programs throughout the country on the following criteria: utilization rate, rate of successful treatment outcome, and average length of treatment stay. Special conditions of grant award were established for those programs that compared unfavorably.

Planning Implication: It became evident that comparison of statistical criteria is a useful adjunct to other evaluation standards.

3. To compare cost factors for each program with standard system criteria.

Performance: This objective was not completed. Comparisons of costs between individual programs for various items were made, but no standard system criteria have yet been developed or applied.

Planning Implication: The staff time necessary to complete this objective was misjudged. For the coming year, both the time required and the importance of this objective must be considered in the light of the past year's experience with evaluation.

4. To design and implement a financial management information system, modeled on the FMIS system developed by NIDA for use by the four drug treatment programs.

Performance: The OADAP Research Analyst, in cooperation with OADAP's Grants Manager, has completed initial research on the

variety of reporting forms currently being completed by OADAP-funded substance abuse programs. It has been OADAP's intention to avoid the requirement of an additional form until it is determined what information is already supplied by programs to other funding sources. The actual design and implementation required by this objective have not yet been completed. The research we initiated has proved time-consuming and analysis of the information obtained has proved intricate. The fact that OADAP intends to establish a single system for drug and alcohol programs greatly increases the scope of the task, since there are four times as many alcoholism programs as there are drug programs.

Planning Implication: A plan for the next large step, design and implementation, is required for the coming year.

Goal 2: To participate on a state-wide task force charged with studying issues related to women in treatment.

Performance: Two members of the OADAP staff have participated on two separate task forces on women's substance abuse. One task force has completed its work and formulated recommendations on increasing the availability and quality of treatment for women which culminated in the conclusion that an extensive state-wide outreach effort for women is needed. The other task force in the northern part of the state continues to meet and discuss the possibility of opening a women's treatment center in the Bangor area. One of the OADAP staff-members attended the NDAC course "Women In Treatment" when it was offered in Maine through the Regional Support Center, and has now accepted membership on the Regional Coalition on the Special Needs of Women with Alcohol and Drug Problems.

Planning Implication: This objective was established because of OADAP's longstanding conviction that the insurance of appropriate, accessible services for women requires conscious, organized effort. Last year's experience in fulfilling this objective reconfirmed that conviction.

Goal 3: To determine the incidence of concomitant drug abuse among clients of alcoholism treatment facilities and likewise that of accompanying alcohol abuse among clients of drug treatment programs.

Performance: Information on alcohol abuse by clients in drug treatment programs has been collected from the CODAP reporting forms. The revised client admission forms now used by the alcohol treatment programs collect information on drug abuse as well as alcohol abuse. However, because that form has been used for only six months, since January, 1977, comparison and analysis of the two types of information has not yet been conducted.

Planning Implication: Comparison and analysis of information should be performed on data collected over a twelve month period. It is anticipated that the results will have impact on the training needs of drug and alcohol program counselors.

Goal 4: To carry out a follow-up study of the effects of marijuana decriminalization in Maine one year later.

Performance: See Cooperation with the Criminal Justice System, Goal 2.

Goal 5: To expand and improve the OADAP's Program Monitoring System.

Objectives

1. To implement the Revised CODAP System in the four drug treatment facilities.

Performance: Each of the four drug treatment programs has been successfully integrated into the revised CODAP system. Retrieval of CODAP information from the computer tapes supplied by NIDA continues, however, to present several minor problems. At the present time, hand retrieval of specific information is quicker and easier.

Planning Implication: Because there are certain uses for which the computerized file could be most efficient, particularly cross-tabulation and analysis of historical data, additional cooperation is needed between OADAP and NIDA to iron out problems in accessing the CODAP files.

2. To design a program activity reporting system for OADAP-funded prevention/intervention programs.

Performance: A program activity form for use by all OADAP-funded drug programs has been designed to replace the current quarterly narrative report form. It requests information on both staff and client activity. Use of the form will begin in July, 1977.

Planning Implication: Close monitoring of the form's completion and continuing consideration of its usefulness for individual programs, and for OADAP, must follow its implementation.

Goal 6: To continue obtaining state-wide information from the Community Monitoring System in order to detect underserved geographic areas, changes in the rate of occurrence of drug related problems and changes in the types of drugs abused.

Performance: During the past year, state-wide data related to drug abuse has been obtained from the following sources: existing drug treatment programs, Vocational Rehabilitation, State Public Health Laboratories, the U.S. Customs Service, Uniform Crime Reports, community mental health centers, and Vital Statistics.

Planning Implication: The one traditional source of drug abuse data which presents collection problems is hospital emergency rooms. Although access is available to the data, collection requires poring over individual admission reports from each day during the past year. Because of the lack of useful information that has previously been obtained using that method, less reliance is being placed on that data source as an indicator of the drug abuse problem in Maine.

Goal 7: To improve the effectiveness of the current licensing process.

Objectives

1. To revise the current licensing regulations for residential drug abuse facilities, using the JCAH model.
2. To incorporate the revised regulations resulting from Objective 1 above with the existing regulations for alcoholism facilities, producing Regulations for the Licensing of Residential Substance Abuse Facilities in Maine.

Performance: Objectives 1 and 2 were completed with the publication of Regulations for the Residential Licensing of Substance Abuse Treatment Facilities in the State of Maine on October 26, 1976. Those regulations are based on the JCAH model and apply equally to drug and alcohol programs. Two copies of the regulations have been submitted to the Division of Community Assistance, NIDA.

Planning Implication: To date, one of the two residential drug treatment programs in Maine has received a license under the new Regulations. Once the other has been inspected for licensure in August, better conclusions can be drawn about the applicability of the new standards. It is anticipated that minor revisions will perhaps be necessary in the coming year. The possibility of substituting compliance with the Regulations for the required compliance with the Federal Funding Criteria should also be investigated.

3. To expand those regulations to include the licensing of outpatient substance abuse treatment programs.

Performance: The new Regulations contain provision for non-residential treatment programs to apply for a certificate of approval. Such application is now optional. The program can receive a certificate by meeting all the standards included in the Regulations which relate to the services it provides.

Planning Implication: Because of the implications for quality client care and for generation of third party reimbursement,

careful consideration needs to be given to the benefits which would result from requiring licensure of outpatient treatment programs.

Expenditures in the category Information Systems, Research and Evaluation for the past year are projected at \$24,600. It was anticipated that those funds would generate the following: a method for systematic evaluation of grant applications; participation in setting priorities for treatment of women's drug and alcohol problems, improvement of the Program Monitoring System; maintenance of the Community Monitoring System; and revision and expansion of OADAP licensing regulations.

Actual expenditure of the funds resulted in: the establishment of two important elements for a system of formal program evaluation and substantial research on a third element; awareness of women's treatment needs from both program and client perspectives; expansion of the Program Monitoring System to include intervention programs; expansion of the Community Monitoring System to obtain data from four new sources; and publication of joint drug and alcohol regulations for the licensing of residential facilities and accreditation of outpatient facilities. The one area where expended funds failed to provide the expected results was in the development of a complete mechanism for formal evaluation. The task proved larger and more complicated as efforts were begun to design a financial management system. However essential research as a foundation for that design has been completed.

Refinement of OADAP's evaluation and licensing functions is considered vital to securing future financial support for drug abuse services. The objectives completed and products generated in this category have important uses both for insuring quality of care and for earning the funds to continue providing that care.

b. Needs Assessment Data

OADAP's indicator studies have their major impact on the information system when it becomes clear that the studies can't provide the answers to questions about specific program areas. If the answers are considered important, then the information system is revised to begin eliciting them. For instance, at the beginning of last year, OADAP's concern about the availability of educational and vocational services for clients of drug abuse program generated questions about Vocational Rehabilitation services being received by drug abusers. The Community Monitoring component of the information system was expanded to collect information on drug-abusing clients of Vocational Rehabilitation.

During the past year, specific questions have arisen in various areas and have resulted in planned modifications of OADAP's information system. One area is staff activity in OADAP-funded programs. The Program Monitoring System has accordingly been revised to solicit information on that activity. A second area is the range of services provided to clients by prevention and intervention programs. Again the Program Monitoring System is being improved to generate more complete information on clients receiving those services. Also, the information

reported on drug-abusing patients by community mental health centers has shown a substantial decline in numbers admitted to treatment. The Community Monitoring System will therefore be modified in an attempt to obtain additional information which will explain that decline.

The primary impact that the indicator studies have on research and evaluation is to suggest issues for research and areas for individual program evaluation. For the coming year, both arrest and treatment data reflect changes related to the use of marijuana. This fact suggests that research be conducted to determine the actual effects of the recent marijuana decriminalization in Maine. The data collected from treatment programs provides comparisons between similar programs and illustrates areas where the performance of individual programs surpasses or falls short of state-wide performance. These areas can then be investigated in quarterly and annual program reviews.

c. Goals, Objectives, Activities and Cost Analysis

- Goal 1. Develop and maintain an up-to-date information system related to drugs, drug abuse and drug abuse prevention. Functions of the drug information system shall include but not be limited to: Conducting research on the causes and nature of drugs, drug abuse or people who are dependent on drugs; and

Maintaining an inventory of the types and quantity of drug abuse prevention facilities, programs and services available or provided under public or private auspices to drug addicts, drug abusers and drug dependent persons.

Objectives

1. Manage the IDARP system to collect and analyze data from treatment programs which describes the drug treatment population and indicates treatment needs. (OADAP Research Analyst; June, 1978)
 - 1) Continue collection and editing of monthly CODAP reports from five drug abuse treatment centers
 - 2) Master the SPSS system to produce tables and analyses of data from CODAP tapes issued quarterly by NIDA
 - 3) Collect and edit annual NDATUS forms from six drug abuse treatment centers

Cost analysis: Completion of Objective 1 is expected to require \$4,551 in staff time and support costs for the OADAP Research Analyst.

2. Maintain a Community Monitoring System to assess drug problems and identify resources to address the problems on an annual basis. (OADAP Research Analyst; June, 1978)
 - 1) Obtain, compile and analyze data from the following agencies: Vocational Rehabilitation Services; Department of Mental Health and Corrections; Maine Criminal Justice

Planning and Assistance Agency; Division of Special Investigation; Research and Vital Records; Public Health Laboratory and U.S. Customs Service.

- 2) Select assessment criteria and prepare a report on problems and resources for distribution drug related agencies.

Cost analysis: Completion of Objective 2 is expected to require \$2,275 in staff time and support costs for the OADAP Research Analyst.

3. Revise the OADAP Program Monitoring System to include specific information on: staff activity, the range of services delivered, and fiscal management in treatment and intervention programs. (OADAP Research Analyst, Drug Program Specialist and Grants Manager; June, 1978)

- 1) Replace the quarterly progress narrative with a quantitative program report for all OADAP-funded drug programs.
- 2) Design and implement a Financial Management Information System for drug treatment programs.

Cost analysis: Completion of Objective 3 is expected to require \$11,378 in staff time and support costs for the OADAP Research Analyst.

4. Prepare a report detailing the nature and extent of concurrent drug and alcohol use documented for clients of all OADAP-funded treatment programs. (OADAP Research Analyst; June, 1978)

Cost analysis: Completion of Objective 4 is expected to require \$596 in staff time and support costs for the OADAP Research Analyst.

5. Conduct a study comparing marijuana use in Maine before and after the May, 1976 decriminalization of small amounts of marijuana. (OADAP Drug Specialist and Research Analyst; November, 1977)

- 1) Pursue a proposal already submitted to MCJPAA for \$3,300 to conduct the study.
- 2) Investigate other sources of money to support the study if necessary.

Cost Analysis: It is expected that completion of Objective 5 will require \$6,369 in staff time and support costs for the OADAP Drug Specialist and the OADAP Research Analyst.

6. Encourage private human services agencies and educational institutions in the state to pursue research monies available for substance abuse projects. (OADAP Research Analyst; as required)

- 1) Publicize information about research opportunities.
- 2) Offer technical assistance in the preparation of research proposals upon request.

Cost analysis: Completion of Objective 6 is expected to require \$1,138 in staff time and support costs for the OADAP Research Analyst.

7. Participate as an active member of the Regional Coalition on Special Needs of Women Who Have Alcohol and Drug Problems in the development of a position paper on the special needs of women substance abusers. (OADAP Research Analyst; as required)

Cost analysis: Completion of Objective 7 is expected to require \$1,138 in staff time out-of-state travel support costs for the OADAP Research Analyst.

Goal 2: Develop and maintain an up-to-date information system related to drugs, drug abuse and drug abuse prevention. Functions of the drug information system shall include, but not be limited to:

Conducting research on the causes and nature of drugs, drug abuse or people who are dependent on drugs; and

Conducting a continuous evaluation of the impact, quality and value of drug abuse prevention facilities, programs and services; including their administrative adequacy and capacity.

1. Perform annual evaluation of all OADAP-funded programs through the grant review process. (OADAP Staff; May, 1978)
 - 1) Assist regional councils in developing evaluation criteria
 - 2) Complete a wage and salary survey of OADAP-funded substance abuse programs to be used in reviewing grants
 - 3) Establish standard system cost criteria for typical line items included in drug abuse program budgets
 - 4) Assure review by regional councils, State Advisory Council and OADAP staff

Cost analysis: It is expected that completion of Objective 1 will require \$1,138 in staff time and support costs for the OADAP Research Analyst plus costs already accounted for under Administration, Planning and Coordination, Goal 1, Objective 1.

2. Continue annual licensing or accreditation of drug treatment facilities under the Regulations for the Residential Licensing of Substance Abuse Treatment Facilities in the State of Maine. (OADAP Licensing Team; as required)

- 1) Require completion of an application for licensure 90 days prior to the expiration date of each current license
- 2) Insure necessary inspections of the two residential drug treatment facilities at least thirty days prior to the expiration date
- 3) Issue the appropriate license or denial of license on or before the expiration date
- 4) Determine advantages and/or drawbacks to drug treatment programs of substituting licensure for compliance with the Federal Funding Criteria and make indicated recommen-

- ation to the SSA Director for action
- 5) Continue to offer an optional Certificate of Approval to nonresidential drug treatment programs
 - 6) Consider the establishment of a requirement for a Certificate of Approval for nonresidential drug treatment programs
 - 7) Establish a process for the periodic review of the licensing standards as required by the Regulations. (OADAP Licensing Team; November, 1977)

Cost Analysis: It is expected that completion of Objective 2 will require \$2,955 in staff time and support costs for the OADAP Drug Specialist.

3. Perform a quarterly evaluation on drug treatment programs receiving OADAP funds and prepare specific recommendations for those programs exhibiting inadequate progress toward completion of goals and objectives. (OADAP Drug Specialist; quarterly)
 - 1) Review information submitted on both the quarterly financial report and the quarterly program report
 - 2) Visit each program at least once per quarter to discuss the results of the review and recommendations for successful completion of program goals

Cost Analysis: It is expected that completion of Objective 2 will require \$6,140 in staff time and support costs for the OADAP Drug Specialist and the OADAP Research Analyst.

D. Prevention/Intervention

Differentiation between Prevention and Treatment/Rehabilitation - OADAP generally identifies three major types of drug abuse services: treatment and rehabilitation, intervention, and prevention. Education, public information and alternatives are considered vital components of prevention. The distinction is made between these three services on the basis of characteristics of the populations needing them. Treatment and rehabilitation is directed to individuals who exhibit evidence of significant dysfunction related to the abuse of one or more drugs. Intervention services are provided to people who have begun to experience disruption in important areas of their lives while abusing one or more drugs. Finally, prevention includes activities available to everyone, regardless of his/her use or abuse of drugs, which are designed to encourage responsible decisions about drug use.

Prevention Resource Assessment - Included here is a Table A which displays prevention resources directly related to substance abuse and/or funded by OADAP. For each resource, a description of available services is provided.

The major prevention resources which have an impact on drug abuse but are funded by non-drug abuse funds are those funded by the Maine Criminal Justice Planning and Assistance Agency under the Juvenile Justice Delinquency Prevention Act. That agency joins OADAP in funding some projects, such as the Y.W.C.A. Intervention Project, the Youth Environmental Services Project, and the Waldo County Youth Alternative Project listed on the table of resources. It also funds separate projects such as the York County Juvenile Intake Bureau, the Maine Community Justice Project and Youth Aid Bureaus which are designed to intercept youth apprehended by law enforcement officials and direct them to treatment or intervention services. MCJPAA has also funded youth service bureaus to develop and coordinate a wide range of youth services in rural areas and group homes to provide alternative residences for adolescents throughout the State. MCJPAA is presently considering grant applications for projects to be funded on October 1, 1977. A detailed description of prevention projects which will be operating with MCJPAA funds in the coming year can best be provided after that date.

Prevention Needs Assessment - During the past two years OADAP has developed a philosophy of community-wide prevention and has translated that philosophy into a substance abuse prevention bill now before the Maine Legislature. That bill would designate \$499,141 in Maine tax dollars for a two year, many-faceted prevention effort to be conducted in selected communities throughout the State. There are three major types of projects proposed within that effort: community-wide prevention projects; individual school projects; and experimental community projects. The basis of OADAP's prevention program is the conviction that it is necessary 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 and drugs. Annual, independent evaluation of individual projects is required by the legislation. The results of that evaluation will be reviewed by the Legislature each year as a condition of continuing the effort. If the bill passes, OADAP will have an excellent opportunity to test the community-wide prevention approach it has delineated and will focus much of its energy on its successful execution.

Prevention Resource Assessment

TABLE A

Information Resources	Number of Clients Served Per Year	Description of Services/Geographic Availability
OADAP		Maintenance of circulating film library; Distribution of pamphlets and brochures; Response to requests from schools and community groups for presentations--State-wide.
Human Development and Guidance Resources Unit, Department of Education and Cultural Services		Circulation of films; Distribution of pamphlets; Collection of substance abuse curriculum materials--State-wide.
Counseling and Assistance Center, Brunswick Naval Air Station		Maintenance of a circulating film library-- Bath-Brunswick area.
Various groups and individuals such as local police departments and representatives of Community Action Agencies		Response to requests from schools and community groups for preventions--Specific geographical areas.
YWCA Drug Education Project		Presentation of information related to substance abuse for public school classes; church; civic and community groups--Lewiston-Auburn area.

Education Resources	Number of Clients Served	Description of Services/Geographic Availability
Human Development and Guidance Resources Unit, Department of Education and Cultural Services	350/year	Presentation of Student/Teacher/Parent Workshops; Human Development Program Workshops; and Drug Alcohol, Tobacco and Human Behavior Workshops in Public schools--State-wide.
'Pro-Act' Course, Crisis and Counseling Center	50/year	Presentation of a ten week, 10 hour, mini-course in the public schools including drug information, values clarification and development of decision-making skills related to substance abuse--Augusta-Waterville area.
Kennebunk-Kennebunkport Youth Services Project		Peer counseling; Implementation of an affective education model; Parent communication training; and Staff development training for teachers-- Kennebunk School Administrative District.
Farmington Alcoholism Primary Prevention Project	30 community groups	Design and testing of a model for community-based alcoholism primary prevention including: survey of community attitudes, development of concrete information and education approaches, selection of indicators of alcohol use and assessment of the effects which information and education have had on those indicators.
Health Education Project, Health Education Resource Center, University of Maine at Farmington		This project is a newly established one. It will place 16 health educators in individual public schools to coordinate health education activities--State-wide.

Intervention Resources	Number of Clients Served Per Year	Description of Services/Geographic Availability
Youth Environmental Services Project	200	Group and individual counseling for high-risk youth; Diversion for juveniles apprehended by five municipal police departments--Aroostook County.
Waldo County Youth Alternatives Project	40	Individual counseling, remedial education and vocational assistance for high-risk youth; Family counseling--Waldo County.
YWCA Intervention Project	60	Individual counseling, group counseling and recreational activities for adolescent girls--Lewiston-Auburn area.
Career Education Program Crisis and Counseling Center	30	Career counseling for adolescent drop-outs and those who are considering quitting school--Augusta-Waterville area.
YWCA Drug Education Project	120	Group counseling of junior high school students in four public school systems--Lewiston-Auburn area.
Youth Services Development Project	330	Counseling of high-risk adolescents in the public schools; Consultation with parents and school personnel; Training of secondary teachers in working with adolescents who have substance abuse problems--Waldo and Knox Counties.
Substance Abuse Prevention Component, Full Circle	25	School-based group and individual counseling services--Bath-Brunswick area.
Prevention Component, Day One	135	School-based counseling of students at Portland High School--Portland.
The Community School	12	Offers an educational alternative to high school dropouts which includes: individual counseling, tutoring, vocational internship--Located in Camden, accepts state-wide referrals.
Project Atrium	12	Offers a residential alternative to adolescents for whom foster homes are unavailable but for whom institutional care is unnecessary. Counseling, tutoring and an emphasis on developing skills for community living are important elements of the Project--Bangor area.

Alternative Resources	Number of Clients Served Per Year	Description of Services
Youth Environmental Services Project	100	Recreational activities; Two youth employment programs, one is a summer program for disadvantaged youth, the other a year round employment program for high-risk youth--Aroostook County.
Waldo County Youth Alternatives Project	200	Recreational activities through an organized youth center; Youth employment opportunities for disadvantaged or high-risk youth--Waldo County.
Kennebunk-Kennebunkport Youth Services Project		Recreational activities for joint youth and adult participation--Kennebunk School Administrative District.
Channel 1		This is a newly established program, based on the Gloucester Experiment, which promotes participation of diverse community elements in projects beneficial to the community as a whole--Portland.
Wabanaki Wilderness Pursuits Program	300	Outdoor recreational activities for Indian youth organized as a part of year round camping expeditions led by trained instructors.

Existing resources will then be channeled into the continuation and expansion of intervention programming. One clear need is for the extension of such programming to currently unserved geographic areas. Another vital need is more employment and educational alternatives for youth, particularly in the most rural areas of the State. Finally, additional incentives and mechanisms for the criminal justice system to direct youthful offenders into intervention or treatment programs is needed in several areas of the State.

If the prevention bill fails to pass, then there will be an urgent need for OADAP to locate and secure other resources that will address the state-wide needs identified in the development of its prevention bill.

a. Performance Report

Goal 1: To fund six local and four regional Drug, Alcohol, Tobacco and Human Behavior workshops developed by the Human Development and Guidance Resource Division (HD & GRU) for 100 participants in selected communities throughout the State.

Performance: During the past year, all schools in the State were invited to sponsor and more than twenty school systems were personally contacted to sponsor Drug, Alcohol, Tobacco and Human Behavior Workshops. Four day Workshops were subsequently conducted in three different school systems, involving approximately ninety teachers and school administrators. Two of the participating school systems have clearly indicated their intention to implement the curriculum on which the Workshops were based and are purchasing the materials necessary for implementation.

Planning Implication: The relatively small number of school systems affected is a fact which deserves consideration in planning for next year. Consideration must also be given to adequate evaluation of the impact of any future Workshops.

Goal 2: To fund Student-Teacher-Parent Projects for training in substance abuse education/prevention in five public schools state-wide.

Performance: Student-Teacher-Parent Projects were completed in five separate schools during the past year, involving 12 students, 12 teachers, and 12 parents in each school. The Projects formally comprised twenty-four hours of skill acquisition in communication, values clarification and decision-making, and eight hours of substance abuse education.

However, in three of the schools, Project participants have continued to work on specific tasks related to substance abuse prevention which they defined at the Project's end. This continued involvement is a primary goal of the original Project.

Planning Implication: Again, the small total number of people affected by the Projects raises questions about continuation and expansion which must be answered. Evaluation criteria to determine the effectiveness of individual Projects needed.

- Goal 3. To provide technical assistance to the one public school youth substance abuse prevention project funded by the Maine Criminal Justice Planning and Assistance Agency.

Performance: The OADAP Prevention Coordinator maintained close contact with the Kennebunk-Kennebunkport Youth Service Project during its first year of operation.

Planning Implication: The various prevention and alternative activities demonstrated by this Project can be used as models for the establishment of new prevention programs within the state-wide prevention effort OADAP is planning for the coming year.

- Goal 4: To expand programs of prevention/intervention, especially in rural areas.

Objectives

1. To fund two school-based drug abuse counselors, one to work in 4 rural public school systems and the other to work in 2 urban, and 1 rural, school systems.

Performance: Funds were provided to support one school-based counselor working in four school systems in a rural coastal area of the State. The counselor delivered group and individual counseling services to 334 youth and consultation services to 243 adults who are working with high-risk youth. A second counselor worked in four schools in an urban area of central Maine. This counselor provided group counseling to 200 students, facilitating 6 groups of approximately ten students for 3 days each week. The remaining two days were devoted to presentations on drug issues to students, teachers, parents and other interested groups in the community. More than 1900 people were reached by these presentations.

Planning Implication: The fact that, in each of the areas served by youth counselors, participating schools requested more of the counselor's time and additional schools requested their services is a good indication of the need for those services. It is clear that the demand for service exceeds the amount of OADAP funds currently visible. Efforts to encourage the financial support of participating schools are therefore essential.

2. To provide funding for an alternative school that serves youthful drug abusers in the rural coastal area of Maine.

Performance: Funding was provided to support up to two residents of the alternative school with a history of drug abuse during each semester of the past school year. A total of four students were subsequently enrolled and provided services from OADAP funds.

Planning Implication: The Community School continues to be a valuable alternative for drug-abusing youth who need both educational and vocational assistance and who are motivated to seek that assistance.

3. To fund a youth outreach program in rural Aroostook County.

Performance: A youth outreach program operated by the Aroostook Community Action Program received OADAP funds to provide counseling, referral, employment and diversion services to youth throughout that large, rural county.

Planning Implication: The need is still evident in that county for a single program to insure that youth are channeled into the relatively few activities and available. The success of this existing program in developing solid relationships with law enforcement officials, particularly district court judges, presents a model for similar programs.

A total of \$59,700 is projected for expenditures in this category during 1976-77. It was intended that those monies would be spent to fund a state-wide education project in the public schools, two school-based counseling programs, an alternative school for drug abusers and a youth outreach program in the largest rural county in the State. In fact, monies were allocated to each of these proposed projects. Obtained for those monies were the following results: (1) more than 300 parents, teachers and students in eight school systems throughout the State participated in substance abuse prevention workshops; (2) over 300 students received group and individual counseling services in eight school systems in central and coastal Maine; (3) 1900 parents, teachers and students were involved in presentations on drug abuse in the Lewiston/Auburn area; (4) four students were supported at the alternative school; and (5) more than 200 youth in Aroostook County were provided recreational alternatives, counseling, court diversion or referral services.

The one case in which fewer services were delivered than originally anticipated was that of the education project. Fewer schools, and therefore fewer people, actually participated in project workshops, making the cost per person more expensive. Reasons for this problem have been investigated and will be addressed by objectives for the coming year.

b. Needs Assessment Data

The indicator studies for the past year indicate that drug-related problems are occurring throughout the State and that those problems continue to be largely associated with the abuse of non-opiate drugs. A substantial percentage of reported problems involve people younger than 18 years of age. Both OADAP data from treatment programs and arrest data provide strong support for these statements. In response, OADAP continues to emphasize the availability of prevention and intervention programming in all geographic areas of the State and plans expansion of that availability in three previously underserved areas.

Furthermore, OADAP proposes to initiate a state-wide project in selected communities which will allow the comparison of alternative strategies and different environments for prevention. It is anticipated that the project will produce effective models for use in similar communities throughout the State.

c. Goals, Objectives, Activities and Cost Analysis

Goal 1: Help communities mobilize their resources to deal with drug abuse.

Objectives

1. Continue prevention efforts which currently include state-wide media presentations, a speakers bureau, distribution of pamphlets and film lending library. (OADAP Prevention Coordinator; June, 1978)
 - 1) 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
 - 2) Evaluate and provide pamphlets and posters to schools, agencies and individuals at a minimum level of 2,000/yr
 - 3) Provide prevention presentations as requested throughout the state for civic groups, schools, clubs, professional groups, etc. by Prevention Coordinator or his designate (75/yr.)
 - 4) Provide media presentations on television, radio, newspapers, or magazines as requested (30/yr.)
 - 5) Provide research material on request from library or through contact with other resources
 - 6) Consult with prevention projects in various parts of the state
 - 7) Advise on prevention legislation when requested

Cost analysis: It is expected that completion of Objective 1 will require \$2,985 in staff and support costs for the OADAP Drug Specialist plus approximately \$10,000 in alcohol monies for staff time and support of the OADAP Prevention Coordinator.

2. Implement community-wide prevention projects in five Maine communities. (OADAP Prevention Coordinator; January, 1978)

- 1) Select five applicant communities, two large (30,000+), one medium (10,000+, and two small (10,000 or less).
- 2) Conduct pre-evaluations of the five selected communities beginning in October, 1977.
- 3) Recruit and train community prevention specialist by January, 1978.
- 4) Begin community awareness campaign in January, 1978.

Cost analysis: It is expected that completion of Objective 2 will require \$52,900 in grants to five local communities.

3. Assist schools outside of selected target areas (see Objective 2) with development and delivery of prevention activities. (OADAP Prevention Coordinator; June, 1978)

- 1) Contract for staffing
- 2) Provide initial staff training
- 3) Initiate school assistance
- 4) Evaluate efforts quarterly

Cost analysis: It is expected that completion of Objective 3 will require \$52,250 in grants to various schools and evaluation costs.

4. Conduct experimental projects in several Maine communities to provide assessment data for evaluation of community-wide projects (see Objective 2). (OADAP Prevention Coordinator; May, 1978)

- 1) Contract for experimental project staff
- 2) Provide staff training
- 3) Assess community needs and develop specific projects
- 4) Evaluate special projects as required or quarterly if project length is greater than 5 months
- 5) Make evaluation reports available to community prevention specialists.

Cost analysis: It is expected that completion of Objective 4 will require \$56,550 in grants to various local communities and evaluation costs.

Goal 2: Plan, establish and maintain necessary or desirable prevention and treatment programs for individuals or groups of individuals.

Objectives

1. Expand the geographic availability of intervention and alternative programs including vocational, educational and recreational services for youth to serve a total of 1,350 clients in the coming year. (OADAP Drug Specialist; June, 1978)

- 1) Continue funding in support of five existing drug abuse intervention/alternative programs to serve 780 youths.
- 2) Provide funding for three additional intervention/alternatives programs to serve 570 youth with educational, vocational and/or recreational activities.

Cost analysis: Completion of Objective 1 is expected to require \$8,433 in staff time and support costs for the OADAP Drug Specialist.

2. Insure the provision of substance abuse prevention/education activities in fifteen school systems of at least two days duration for at least 300 total participants. (OADAP Drug Specialists; June, 1978)

- 1) Ask the Human Development & Guidance Resources Unit, Department of Education, to secure contracts with an initial twelve school systems for delivery of workshops.
- 2) If 1) above is completed, supply funds for the delivery of a total of fifteen workshops in local school systems throughout the State.
- 3) If 1) above is not completed, invite proposals from other agencies for completion of Objective 1.

Cost analysis: Completion of Objective 2 is expected to require \$2,477 in staff time and support costs for the OADAP Drug Specialist.

E. Training

Existing Training Needs - Priority training needs for substance abuse counselors have been identified as a part of the work completed on the Needs Assessment element of the Maine STSP Project. Following is a list of those needs formulated in September, 1976:

1. Knowledge of major drug types and their psychological/physiological effects.
2. Knowledge of patterns of addiction associated with more drug types.
(Progression and recovery)
3. Knowledge of basic counseling theories and techniques.
4. Knowledge of basic principles of network therapy.
5. Ability to assess underlying emotional disturbances in substance abuse dependent people.
6. Ability to select and apply appropriate treatment strategy/model.
7. Knowledge of substance abuse counseling techniques.
8. Knowledge of learning theories.
9. General knowledge of laws affecting common situations found by substance abuse counselors.
10. Knowledge of principles of group therapy.
11. Ability to state areas of agreement-disagreement in nonjudgmental, noncoercive manner while assisting a client to reach a decision regarding treatment.
12. Ability to apply crisis counseling techniques.

In May, 1977, OADAP cooperated with the Title XX Training System to update the original training needs assessment for counselors extending it to program administrators and prevention/intervention workers. The results of that assessment are now being tabulated. However, based on informal conversations with program directors, formal requests for technical assistance and the types of program problems which have occurred during the past year, three training needs for administrators can be identified. These are: financial management; generation of third party reimbursement and internal evaluation. Prevention/intervention workers have expressed a need for developing evaluation techniques to help them measure the effectiveness of their services and a desire to learn about the wide range of alternative programming. Additional training needs for both administrators and prevention/intervention workers will undoubtedly be evident upon the completion of the needs assessment.

OADAP is currently assessing its own staff training needs. One need already identified is improvement of the communication flow between individuals functioning in specific program areas. A local trainer who provides assistance in organizational structure and development has been asked to design a training event which would address that need.

Manpower Demands and Resources - At the present time, Maine's manpower resources in the drug abuse field seem to exceed the demand for those resources. The total number of administrative, counseling, prevention and ancillary staff employed by drug programs remains small. At the same time, the number of people qualified by education and experience to work in those programs increases because of growing urban migration to this state. Observation of the ease with which

qualified people are found to fill staff vacancies and the speed with which new positions are filled, confirms this fact. The one program area where manpower resources are less than abundant is residential treatment. Experience has shown that few people who have had extensive clinical experience working specifically in a residential drug treatment center are available for employment in Maine.

Maine's STSP Project - As the end of the 1976-77 STSP contract year approaches, Maine's progress toward completion of each STSP element can be summarized in the following way:

Needs Assessment - This element has been completed once for substance abuse counselors and was recently updated. The original assessment was based on functional job analysis of a typical counselor's job. The updated assessment was expanded to survey the other categories of workers in drug abuse programs.

Priority Establishment - OADAP goals and objectives in the training area have been established, as have priority training needs for substance abuse counselors.

Resource Identification - OADAP has published the Directory of Training Resources in Maine, a catalogue of individual trainers and educational opportunities in the state. An update to the original Directory will be forthcoming in July, 1977, which will contain necessary changes and additions and which will also catalogue material resources useful in providing training.

Training Design and Delivery - Initially, a substance abuse training model was developed and delivered under the STSP contract. However the time and expense involved was prohibitive. OADAP next chose to emphasize the delivery of existing training packages, modified to suit Maine's special needs. Last year, 23 days of training, 18 in-state and 5 at the Northeast Regional Support Center, were provided to Maine drug abuse workers.

Evaluation - Although each training event previously conducted was evaluated at the time of delivery, this element is one which will be refined and expanded in the coming year. An attempt will be made to develop standardized evaluation techniques for use at subsequent training events.

Credentialling - Maine's Task Force on Credentialling of Substance Abuse Workers produced a final model for registration of substance abuse counselors which has been submitted to the 108th Session of the Maine Legislature. At this date, it has been enacted by the House and the Senate and is pending action by the Governor.

a. Performance Report

Goal 1: To produce a comprehensive state training plan.

Objectives

1. To complete the assessment of priority training needs for substance abuse counselors.

Performance: Priority training needs for substance abuse counselors

were identified under OADAP's STSP subcontract with the Human Services Development Institute. A list of the actual needs and an explanation of the method used for determining them were submitted in a report to OADAP on September 23, 1976.

Planning Implication: The priority training needs are now available for use in planning training events for counselors during the coming year.

2. To survey drug abuse program people on preferences for training schedules and structure.
3. To complete a training needs assessment for substance abuse program administrators.

Performance: Objectives 2 and 3 were completed through the administration of a needs assessment instrument in cooperation with the Title XX Training System during May, 1977.

Planning Implication: The information obtained through completion of the objectives will also be used in establishing a training schedule for next year.

4. To conduct one week of training by in-state trainers for substance abuse counselors.

Performance: One full week of substance abuse training was attended by 20 counselors in August, 1976. Seven in-state people each provided one morning or afternoon of training on specific medical and psychological issues.

Planning Implication: This training event revealed the disparate levels of training skills possessed by the trainers and demonstrated a need for a training of trainers course. Two sessions of the Training of Trainers Course developed by the National Drug Abuse Center (NDAC) were held in Maine in Spring, 1977.

5. To fully utilize the potential of the material resources and trainer capabilities offered by the Regional Support Center at Yale, i.e.

- 60 days of centralized training
- 45 days of in-state training

Performance: During the past year, Maine used 40 days of in-state training, 20 days of centralized training and 10 days of technical assistance.

Planning Implication: The inability to fully utilize the training resources available was a result of the inevitable delay in beginning a new contract. All of the days used were within the six-month period from January-June, 1977.

If the opportunity to program for a full year had been available, the entire number of days could have been used.

6. To charge a Training Advisory Committee (comprising substance abuse program personnel, OADAP staff members, career development specialists and representatives of other human service agencies) with the responsibility of reviewing various training options and presenting recommendations to OADAP.

Performance: In January, 1977, a Training Advisory Committee was formed comprising eight members representing the areas indicated. The Committee has met monthly since that time, reviewing of past training experiences and investigating training opportunities now available.

Planning Implication: The Committee, to be active and effective, must participate in decisions related to training which will be offered within the STSP contract next year. Basically this will mean deciding what should be offered for whom, when.

- Goal 2: To develop and/or locate evaluative mechanisms for recommendation to the proposed Board of Registration of Substance Abuse Counselors.

Objectives

1. To utilize the Regional Support Center's capability for locating existing materials.

Performance: Requests were submitted to the Northeast Regional Support Center for assistance in locating materials. Specific testing instruments in the substance abuse field proved scarce. However instruments developed from the functional job analysis of related fields have been located and secured.

Planning Implication: It became clear in searching for sample materials that much of the methodology for competency-based testing is still being developed. This fact is likely to mean slower progress than might otherwise be anticipated in establishing adequate tests for counselor registration. However, some sources of information and sample instruments are now available and can be used in the coming year.

2. To participate in the NIDA-funded Career Area Skill Matrix Project.

Performance: Maine become one of the twelve states participating in the Career Area Skill Matrix Project in November, 1976, attending an initial week long workshop. It was quickly evident that the Project was developing methodology and requiring data collection in the context of that methodology. Because of our previous investment of time and money in functional job analysis as a method for identifying job competencies, we were reluctant to

collect additional data using a new methodology. It was mutually agreed that Maine would continue to participate in the skills Matrix Project on a limited basis, offering the potential for comparison and integration of two different approaches to identifying career competencies.

Planning Implication: As a result of the decision to limit our participation in the Project, we have proceeded on our own to begin forging the necessary link between the identification of competencies and the establishment of instruments to test for those competencies. This effort must be continued in the coming year, since it is essential to the successful establishment of substance abuse counselor registration.

Expenditures in the training totalled \$58,305. The major portion of that money, \$31,256, was granted to the University of Maine to complete work on STSP elements and to provide specific training events for substance abuse counselors. It was anticipated that the following products and services would be obtained through the grant: training content and training structure needs assessments of drug abuse counselors and administrators; one week of training conducted exclusively by in-state trainers; at least three training events conducted in cooperation with the Northeast Regional Support Center; staffing of a Training Advisory Committee to recommend training options; and evaluative mechanisms for purposes of counselor registration.

In fact, each of the products and services listed above was delivered to OADAP with the exception of the evaluative mechanisms. The products have been incorporated in a Comprehensive State Training Plan completed during June, 1977. Instead of actual evaluative mechanisms, models of testing instruments, based on Functional Job Analysis and used in other career areas, have been located. The original task data for substance abuse counselors has been refined and scaled to permit its use in developing field-specific testing instruments.

The link between training and counselor credentialing has been strengthened by delivery of the products and services outlined above. Although no monies have been immediately generated, the potential for future third party reimbursement to drug abuse programs has been significantly increased.

The remaining monies were expended through two small training grants to individual programs. One was intended to provide clinical supervision for counselors at one outpatient drug treatment program and the second was provided to train Indian instructors in a wilderness pursuit program for youth. Each grant was for a six month period and final evaluation of their cost-effectiveness must await submission of final program reports to OADAP.

b. Needs Assessment Data

The relationship between indicator studies and the program functional area training is an indirect one. Some information gathered in the studies, such as the amount of concurrent alcohol and drug abuse, may have general implications for training. In this case, the information may suggest that joint training of

drug and alcohol counselors should be conducted. However, the periodic training needs assessments which are planned as part of Maine's STSP Project are much more accurate and detailed indicators of training priorities and goals.

c. Goals, Objectives, Activities and Cost Analysis

Goal: Foster, develop, organize, conduct or provide for the conduct of training programs for all persons in the field of treating drug abusers.

Objective

1. Assess the needs and solicit the opinions and recommendations of workers in the substance abuse field on all training related issues. (OADAP Credentialling Specialist; as required)

- 1) Administer both training content and training structure needs assessments for substance abuse workers annually
- 2) Maintain a Training Advisory Committee to OADAP comprising substance abuse personnel and representatives of related training and education systems that will be staffed by OADAP and will meet no fewer than six times a year

Cost analysis: It is expected that completion of Objective 1 will require \$5,430 in staff time and support costs for the OADAP Credentialling Specialist.

2. Provide a minimum of five training opportunities for substance abuse workers that will directly respond to the priority training needs identified through Objective 1 above. (OADAP Credentialling Specialist; June, 1978)

- 1) Provide the recently completed Comprehensive State Training Plan and information on all available training resources to the Training Advisory Committee for recommendations
- 2) Provide at least:
 - 3 training opportunities for substance abuse counselors
 - 1 training opportunity for substance abuse administrators
 - 1 training opportunity for other substance abuse workers such as outreach staff or prevention people
- 3) Utilize the training and technical assistance resources being offered to Maine by the Northeast Regional Support Center, i.e.:
 - 25 days of Training/Technical Assistance
 - 20 days of in-state training
 - 18 consultant days for T/TA
 - 10 days of centralized training

Cost Analysis: It is expected that completion of Objective 2 will require \$15,061 in staff time and support costs for the OADAP Credentialling Specialist and in direct training costs.

3. Insure that training opportunities provided by OADAP address the knowledge/skills/attitudes upon which the requirements and testing instruments for credentialling of substance abuse counselors will be based. (OADAP Credentialling Specialist; June, 1978)
 - 1) Incorporate in the certification model a clause which requires the consultation and approval of OADAP before implementation of additional credentialling standards, including testing instruments
 - 2) Assign the STSP Project Director the task of test development for credentialling based on the knowledge/skill/attitude statements for counselors previously generated by Functional Job Analysis
 - 3) Charge the Training Advisory Committee to OADAP with monitoring the link between training and credentialling requirements.

Costs for completion of Objective 3 are included in Administration, Planning and Coordination, Goal 1, Objective 3.

4. Invite interested workers from related human service fields to participate in the training detailed in Objective 2 and likewise pursue opportunities for substance abuse workers to participate in training events sponsored by other human service or educational agencies. (OADAP Credentialling Specialist; throughout the year)
 - 1) Coordinate the delivery of OADAP sponsored training sessions through the Title XX Training System developed by the Department of Human Services
 - 2) Keep substance abuse workers advised of training opportunities available through the established Mental Health Training Program.

Cost Analysis: It is expected that completion of Objective 4 will require \$5,430 in staff time and support costs for the OADAP Credentialling Specialist.

5. Secure additional training resources as required by the needs assessments (Objective 1) or when indicated for special training purposes. (OADAP Credentialling Specialist; as required)

Cost Analysis: It is expected that completion of Objective 5 will require \$2,715 in staff time and support costs for the OADAP Credentialling Specialist.

F. Cooperation with the Criminal Justice System

Compliance with SSA Notice #34 - A copy of the letter of agreement requested in the Notice is included in this Plan as Appendix D. The information exchange referenced in the letter has occurred throughout the year at the request of either OADAP or the Maine Criminal Justice Planning and Assistance Agency (MCJPAA). Evidence of the exchange is provided by the inclusion of Uniform Crime Report data in the Needs Assessment section of this Plan. The establishment of a coordinated program of service delivery which the letter encourages is addressed in the performance of Goal 1 outlined in the Performance Report below.

Planning Cooperation with the Criminal Justice System - MCJPAA, as the recipient of LEAA monies for Maine, is a component of the criminal justice system where the potential benefits of planning cooperation with OADAP are obvious. At the present time, one way that cooperation does occur is through overlapping membership on OADAP regional councils or the State Advisory Council and MCJPAA's Juvenile Delinquency Prevention Advisory Committee. Each of these bodies is instrumental in planning needed services, evaluating existing services and making funding decisions. Another example of overlapping membership was the participation of an OADAP staff member on the Children and Youth Services Planning Project funded by MCJPAA. The director of that project was in fact, Board president of Maine's only public residential drug treatment facility. Since both OADAP and MCJPAA fund portions of various prevention/intervention programs for youth, such cooperation is essential. Now that MCJPAA has created the new position of Juvenile Delinquency Prevention Specialist, it is hoped that additional methods can be jointly developed for maximizing funds and avoiding wasted effort.

Other Cooperative efforts with the Criminal Justice System - During the past year, special cooperation was secured from the Division of Probation and Parole to design and support legislation providing for court diversion of individuals arrested on charges related to substance abuse. The bill would hire court counselors within the Division to provide a link with treatment programs and now awaits appropriation from the legislature.

The administration of a MCJPAA grant by OADAP has begun the provision of some amount of substance abuse treatment in each of 12 county jails, the Maine Correctional Center and the Maine State Prison during the past year. In addition to this effort, three of the four drug treatment programs conduct groups at the Maine Youth Center, using state funds from the Department of Mental Health and Corrections and OADAP. OADAP is now cooperating with the Department of Mental Health and Corrections in the revision of their data system to include drug specific and alcohol specific information on correctional system clients.

OADAP's cooperation with law enforcement has mostly been that already outlined with MCJPAA, in planning, information sharing and programming for correctional institutions. During the past year, the Maine Legislature has considered two bills addressing issues of drug law enforcement. Both bills were supported by various law enforcement officials. One bill which would have

recriminalized possession of less than 1 1/2 ounces of marijuana was reported out of the Judiciary Committee 'ought not to pass' and was subsequently defeated. The second called for stiffer penalties for sale of several drugs contained in specific Maine Drug Schedules. Because of the extensive time and effort that had been carefully spent reordering drug penalties in the last Legislative Session, that bill also went down to defeat. OADAP supplied specific information as requested to the Committee during its deliberations.

At the sub-state level, all cooperative arrangements exist between drug programs and components of the criminal justice system. Examples of these arrangements include: contracts between drug treatment programs and the MCJPAA-funded Community Justice Project which offers diversion for youthful first offenders; referral by individual judges to the youth alternatives program in Aroostook County and referral by the Juvenile Intake Bureau in York County to an OADAP-sponsored outpatient drug treatment program.

a. Performance Report

Goal 1: To secure \$35,000 in funds from the MCJPAA to provide counseling services from existing treatment programs at the two adult correctional institutions and at 14 county jails in the state.

Performance: The amount of \$23,040 was secured in October, 1976 and six-month contracts were negotiated with 10 different agencies to provide one-half day of counseling at the two adult correctional institutions and at 12 county jails throughout the state. In April, 1977, additional dollars were secured to continue this project in six county jails and the two correctional institutions for a full year.

Planning Implication: Once the project has been securely established and adequately evaluated so that recommendations on successful treatment approaches and competent provider agencies can be prepared, its administration should revert to MCJPAA. Technical assistance should continue to be offered by OADAP to MCJPAA or individual provider agencies.

Goal 2: To ask that the MCJPAA support a follow-up study one year later of the effects of the May, 1976 decriminalization of the possession of small amounts of marijuana.

Performance: A proposal has been submitted to MCJPAA for consideration that would fund a potential user survey to determine the effects of decriminalization on marijuana use. A final funding decision has not yet been made.

Planning Implication: If funds are not forthcoming from MCJPAA, other alternatives should be explored to finance such a study. It is probable that during the next legislative session, the question of recriminalization will again be raised and information gathered by this follow-up study will then be requested by legislators.

Funds expended in this category amounted to \$30,417. These funds represent two grants awarded to OADAP by the MCJPAA. An initial \$23,040 was contracted to ten different substance abuse agencies to provide counseling in twelve county jails and two correctional institutions for a six-month period. At the end of that time, in April, 1977, a total of 412 client contacts and 1,215 hours of service had been provided at an average cost of \$12.00 per hour. Of the 412 clients, 139 were continuing in post-release counseling with a substance abuse agency, while 120 persons were able to make satisfactory improvement prior to release so that further counseling was not considered necessary. In April, \$29,507 in additional funds were awarded to OADAP for a twelve month continuation of the project. On the basis of their efforts during the initial six-month period, seven agencies were selected to provide counseling services in five county jails and the two correctional institutions. Because of the success demonstrated by the agency providing services at the Maine State Prison, service availability was increased to three days a week there.

Current cost figures indicate that \$10,000 is required to support a prisoner at a correctional institution in Maine for one year. If this project succeeds in preventing only 3 clients from returning to imprisonment within the next year, certainly the project will have proven cost-effective.

The second objective was also completed, using staff time accounted for in the category of Administration, Planning and Coordination. Procurement of funds for the study is considered essential to accurately informing the Legislature about the effects of marijuana decriminalization, both on users, on potential users and on the criminal justice system.

b. Data Needs Assessment

The indicator studies which have impact on OADAP's cooperative efforts with the criminal justice system are: data recording drug arrests, data on commitments to jails and prisons for drug offenses and information about the drug use characterizing all commitments to jails and prisons. While data for the past year indicates that the number of drug arrests dropped 28% from the previous year, commitments for drug offenses to the Maine State Prison increased by 23%. This fact partially reflects the May, 1976 decriminalization of small amounts of marijuana and the correspondingly greater number of arrests for possession or sale of hard drugs. However, the majority of drug arrests continue to be related to marijuana. This fact causes OADAP to continue concentrating attention on prevention and intervention programming.

Admission interviews with people committed to the Maine State Prison and the Maine Correctional Center provided the data which has the greatest impact on the program functional area Cooperation with the Criminal Justice System. Fully 23.9% of those committed to the Prison and 28.2% of those committed Center admit to the use of hard drugs. This percent is several times that evidenced by the general population. Furthermore, one-third to one-half of those inmates with alcohol problems admit to the use of hard drugs. These statistics show that a serious drug problem exists in Maine's correctional institutions and requires resources to combat. They also provide impetus for joint planning efforts between OADAP and MCJPAA.

c. Cooperation with the Criminal Justice System

Goal: Plan and fund with various components of the Criminal Justice System in Maine to address drug problems of alcohol or potential clients in the system.

Objectives:

1. Provide the following levels of substance abuse counseling service at six county jails, with average overnight populations greater than 10, and two adult correctional institutions:

Waldo, Knox, Aroostook, Androscoggin, Somerset and Cumberland County jails - 1/2 day per week
 Maine Correctional Center - 1 day per week
 Maine State Prison - 3 days per week

- 1) Secure \$22,000 in funds from the Maine Criminal Justice Planning and Assistance Agency for this purpose.
- 2) Select appropriate substance abuse agencies to provide the service and award necessary funds to each.
- 3) Monitor the progress of each agency by requiring quarterly program and fiscal reports.
- 4) Generate a quarterly activity report summarizing results in all the institutions.

Cost analysis: \$21,576 in grants to substance abuse treatment programs will be required to complete Objective 1.

2. Having completed the 18-month experimental phase of the project to provide counseling in correctional institutions (Objective 2 above), turn administration of the project over to the MCJPAA for continuance.

- 1) Provide MCJPAA with a final report evaluating those agencies and approaches involved in the project during the experimental phase.
- 2) Offer technical assistance to substance abuse agencies in preparing proposals to MCJPAA for the continuing provision of counseling services.

Cost analysis: \$554 in staff and support costs for the OADAP Grants Manager will be required to complete Objective 2.

3. Collect the indicated data from the following components of the criminal justice system:

- 1) MCJPAA - Uniform Crime Report Data
- 2) Division of Special Investigation, Maine State Police - Drug seizures by the Division
- 3) Public Health Laboratories - Analysis of the drugs submitted
- 4) U.S. Customs Service - Accounting of drug confiscations on the Maine-Canadian border

Costs for Objective 3 are included in Information Systems, Research and Evaluation; Goal 1, Objective 2.

4. Develop one concrete new planning link between the Juvenile Delinquency Prevention Specialist at Maine Criminal Justice Planning and Assistance Agency (MCJPAA and the OADAP Drug Program Specialist. (OADAP Drug Specialist; December, 1977)
 - 1) Investigate the possibilities for joint review of grants proposing prevention and intervention services to youth.
 - 2) Establish a mechanism for reciprocal participation in the development of State Plans.

Costs for Objective 4 are included in Administration, Planning and Coordination, Goal 3, Objective 2.

A.

TABLE I - ANNUAL PERFORMANCE REPORT: EXPENDITURE REPORT SUMMARY

	Administration, Planning & Coordination	Treatment & Rehabilitation	Information Systems, Research and Evaluation	Prevention & Intervention	Training	Cooperation with the Criminal Justice System	Total
1. State Funds							
a. tax-derived appropri.	23,040	63,000		14,245		3,042	103,327
b. other state funds					25,840		25,840
TOTAL	23,040	63,000		14,245	25,840	3,042	129,167
2. Local Funds							
a. local govt.							
b. non-public funds		5,024		10,729			15,753
TOTAL		5,024		10,729			15,753
3. Federal Funds							
a. NIDA 409	77,504*	72,436		45,455			195,395
b. NIDA 410		169,022					169,022
c. Other NIDA			24,600		32,465		57,065
d. LEAA		11,851		52,400		27,375	91,626
e. HUD		40,000					40,000
f. vocational rehab		5,110					5,110
g. food stamps		5,500		3,085			8,585
TOTAL	77,504	303,919	24,600	100,940	32,465	27,375	566,803
CATEGORY TOTALS	100,544	371,943	24,600	125,914	58,305	30,417	711,723
	Total State \$	129,167		Grand Total \$	711,723		
	Total Local \$	15,753					
	Total Fed'l \$	566,803					

IV. Summary of Financial Support

	Administration, Planning & Coordination	Treatment & Rehabilitation	Information Systems, Research and Evaluation	Prevention & Intervention	Training	Cooperation with the Criminal Justice System	Total
1. State Funds							
a. tax-derived approp.	23,568	79,082		22,000		2,213	126,863
b. other state funds					11,000		11,000
TOTAL	23,568	79,082		22,000	11,000	2,213	137,863
2. Local Funds							
a. local govt.		1,800					1,800
b. non-public funds		7,000		13,000			20,000
TOTAL		8,800		13,000			21,800
3. Federal Funds							
a. NIDA 409	77,352	63,148		94,177			234,677
b. NIDA 410		191,982					191,982
c. Other NIDA			27,306		30,000		57,306
d. LEAA		4,750		71,200		19,917	95,867
e. HUD		40,000					40,000
f. vocational rehab		10,000					10,000
g. food stamps		5,500		2,400			7,900
TOTAL	77,352	315,380	27,306	167,777	30,000	19,917	637,732
CATEGORY TOTALS	100,920	403,262	27,306	202,777	41,000	22,130	797,395
	Total State \$	137,863		Grand Total \$	797,395		
	Total Local \$	21,800					
	Total Fed'l \$	637,732					

C. TABLE III - SSA Grant Award Summary, 1977-78

<u>Program Name</u>	<u>Anticipated Grant Award from TABLE II</u>
<u>Treatment*</u>	
Aroostook Mental Health Center	\$ 8,750
Crisis & Counselling	31,267
Day One	74,050
Full Circle	39,228
York County Counselling Services	<u>56,085</u>
(sub-total)	\$209,380
<u>Prevention/Intervention</u>	
Community School	\$ 16,760
Human Development & Guidance Resource Unit, Dept. of Education and Cultural Services	15,480
YWCA Drug Education Project	16,000
YWCA Intervention Project	10,600
Youth Environmental Services Project	22,000
Youth Services Development Project	15,222
Waldo County Youth Alternatives Project	<u>9,200</u>
(sub-total)	\$105,262
TOTAL	\$314,642

*Day One is drug-free, residential and outpatient. Aroostook Mental Health Center, Crisis & Counselling, Full Circle and York County Counselling Services are drug-free outpatient.

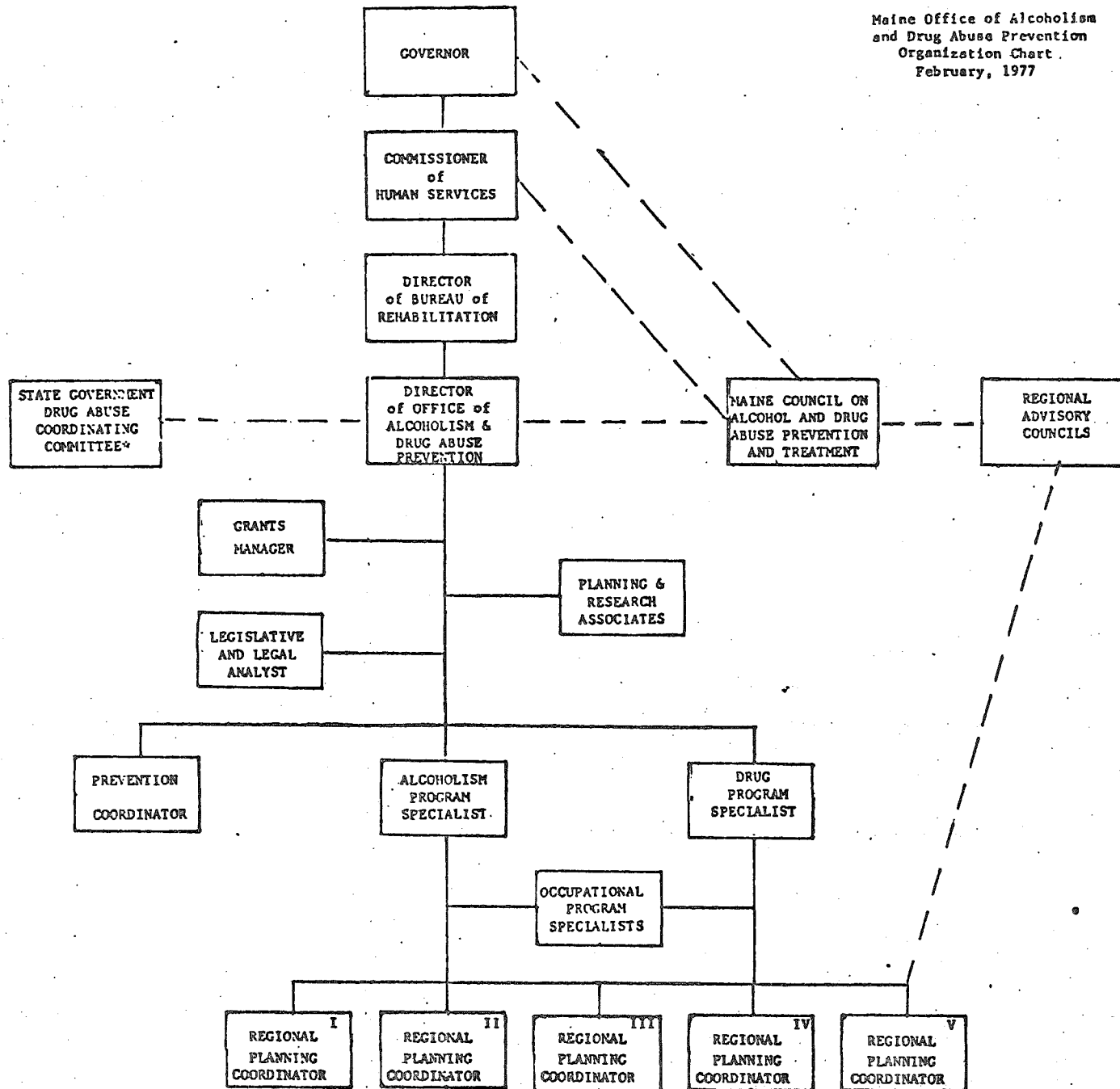
TABLE IV - Summary of Criminal Justice Project Awards

<u>Institution</u>	<u>Amount of Counseling Services Provided</u>	<u>Total Grant Amount</u>
County Jails: Androscoggin, Aroostook, Cumberland, Knox, Sumerset and Waldo	One-half day at each jail	\$14,400
Maine Correctional Center	One day	4,000
Maine State Prison	Three days	10,369
	TOTAL	<hr/> \$28,769

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

- A. OADAP Organizational Chart
- B. Bill Proposing Registration for Substance Abuse Counselors
- C. OADAP Grant Application Form
- D. Memo of Agreement Between OADAP and the Maine Criminal Justice Planning & Assistance Agency
- E. Map of OADAP Planning Regions
- F. List of Abbreviations Used in the Plan

Maine Office of Alcoholism
and Drug Abuse Prevention
Organization Chart
February, 1977



*Inactive

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; or
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.

TIME SCHEDULE FOR GRANT APPLICATIONS

All grant proposals which are to be considered for July 1 start-up shall first appear with sufficient copies for the Regional Review and Comment Committee, at the Regional Coordinator's Office* by February 1.

The Regional Review and Comment will be completed and returned to the applicant by March 1.

The applicant will then revise the grant (if necessary), considering the comments made by the Regional Review and Comment process and resubmit one copy to the Regional Coordinator and one copy to O.A.D.A.P. in Augusta (32 Winthrop Street, Augusta, 04330) by March 15.

The Office of Alcoholism and Drug Abuse Prevention will carry the proposal through the State Review and Comment Committee procedure. The action of O.A.D.A.P. and the State Review and Comment Committee will be back to the applicant by May 1.

This schedule is set up to give time for applying for Title XX and/or other matching funds which often takes two months to process.

*Names and addresses of Regional Coordinators:

Region I

Ralph Kilgore
Lafayette Towne House
638 Congress Street
Portland, Maine 04101
Tel: 783-9151 Ext. 244

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 Ave.
Bangor, Maine 04401

Tel: 947-6367

OFFICE OF ALCOHOLISM & DRUG ABUSE PREVENTION
APPLICATION FOR FUNDING

OADAP 1-1 (11/76)

A) TYPE OF REQUEST:

Continuation of Previously funded Project ☐

New Project or Expanded Project ☐

Single Purpose Special Award ☐

TITLE XX or _____ OTHER MATCH ☐
(Specify Program)

B) PROJECT APPLICANT:

(Sponsoring Organization) (Employer I.D. Number) (Date of Incorporation)

(Principal address) (Zip Code) (Telephone No.)

(Short Project Title)

(Location of Project)

C) ADMINISTRATIVE PERSONNEL:

1. Chief Administrator of Sponsoring Organization:

(Name) (Title)

2. Project Director (if different from Chief Administrator):

(Name) (Title)

3. Name of person to whom checks should be sent:

(Name) (Title)

(Address) (Zip Code) (Telephone No.)
Is this person bonded? ___ No ___ Yes Amount _____

(Bonding Company)
Signature of Payee _____

D) BUDGET SUMMARY:

1. Total agency budget: _____
2. Total project budget: _____
3. Amount of this request: _____
4. Total OADAP Funds in Budget: _____
5. Total Funds to be matched: _____

E) ORIGINAL DATE OF THIS APPLICATION: _____

F) GRANT PERIOD DATES REQUESTED: _____

STATEMENT OF NEED (Why are you going to do it?)

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:

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

(Number Additional Pages if necessary, 2a, 2b, 2c, etc.)

GOALS AND OBJECTIVES (What's going to be the result of doing it?)

Goal Statement and Measurable 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 (page 2) so that the project can be monitored and/or evaluated in terms of its ability to resolve the problem identified.

1) 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: *

- a) Identify the terminal (end) behavior or condition which will be accepted as evidence that the project has achieved its goal.
- b) 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.
- c) 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.

2) 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.

3) Identify performance objectives for the project. Performance objectives indicate major behavior (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.

(Number additional pages 3a, 3b, 3c, etc.)

PROJECT DESCRIPTION (What are you going to do and how will you do it?)

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 stated in page 3. If this is a Single Purpose request, then describe only that purpose and indicate the impact on your program of not funding the request.

(Number additional pages if necessary, 4a, 4b, 4c, etc.)

APPLICATION FOR FUNDING
PROJECT BUDGET SUMMARY (How much will it cost?)

OADAP 1-5 (11/76)

Line	Specific Item	Total	Funding Source		OADAP Use Only
			OADAP	Other	
1.	PERSONNEL SERVICES: a. Salaries b. Fringe Benefits				
2.	CONSULTANT SERVICES: a. Sub-contracts b. Consultants c. Special Services				
3.	TRAVEL a. Mileage & Tolls b. Meals & Lodging				
4.	RENT OF QUARTERS:				
5.	CONSUMABLE SUPPLIES: a. Office supplies b. Postage c. Utilities d. Telephone e. Food f. Medical supplies g. Janitorial supplies h. Misc.				
6.	EQUIPMENT: a. Purchase b. Rental				
7.	INSURANCE a. Liability b. Fire & Theft c. _____ _____ _____				
8.	OTHER: a. Audit b. Admin. fee of sponsoring agency c. _____ _____ _____				
9.	TOTALS:				
10.	Percentage of Total Project Budget (Number additional pages 5a. 5b. 5c. etc.)				

SUMMARY OF PROJECT PERSONNEL (Who's going to do it?)

Number of Personnel	Position or Title	Total Weekly Hours Worked	Number of Hours spent on Project*	Total Salary for Project

*Weekly

Fringe Benefits

Type of Benefit	Factor	Cost
Total Cost of Fringes		

Summary

Total Number of Personnel =
Total Salary
Total Salary & Fringe =

(Number additional pages 7a, 7b, 7c, etc.)

Remarks:

SOURCES OF INCOME (Who's going to pay for all of this?)Current Year
19__ - 19__Grant Request
19__ - 19__

A. Total amount from OADAP and dates of Grant/Contract (s)

Subtotal:

B. Total amount from other sources and dates of Grant/Contract (s)

SourceDates

Subtotal:

C. TOTAL:

D. Percentage of increase/decrease from current budget

% Increase

% Decrease

(Number additional pages 8a, 8b, 8c, etc.)

Please indicate seed money with an asterisk (*)

Please indicate straight money with an (s)

Please indicate inkind money with an (i)

Please indicate matched money with an (m)

FUTURE PROJECT FUNDING (Who will pay for it next time?)

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.

(Number additional pages 9a, 9b, 9c, etc.)

EVIDENCE OF COMMUNITY SUPPORT (Who else knows about your project?)

1. 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.
2. 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?
3. 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.

(Number additional pages 10a, 10b, 10c, etc.)

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)

APPLICANT CERTIFICATION

This grant application is complete and accurate to the best of my knowledge. The grantee acknowledges that he/she has read the OADAP grant guidelines and will abide by the conditions stated in those guidelines.

Chief Administrator of
Sponsoring Agency

Date

Project Director (if different)

Date

GOVERNING AUTHORITY REVIEW

This application has been reviewed by the board of directors of the sponsoring agency on this date and is approved for submission to the Office of Alcoholism and Drug Abuse Prevention.

Date

Principal Board Officer

Typed Name and Title

Memo of Agreement

The Office of Alcoholism and Drug Abuse Prevention, the Single State Agency for drug abuse prevention, and the Maine Criminal Justice Planning and Assistance Agency, the State Planning Agency, under the Safe Streets Act as amended, recognize that many clients of the criminal justice system have problems associated with the abuse of drugs and alcohol. We further recognize that improved cooperation between the criminal justice and alcohol/drug abuse treatment systems is one means of significantly reducing these problems. Improved linkages between the two systems will occur as the result of establishing an on-going exchange of information, and, of jointly planning for additional treatment services, especially in county jails and state correctional institutions.

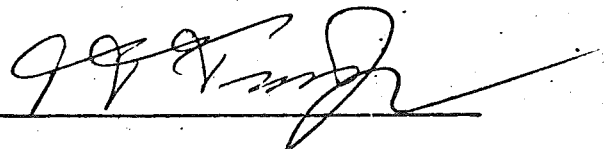
The Office of Alcoholism and Drug Abuse Prevention will make available to MCJPAA any information from the drug and alcohol management information system that would be pertinent to MCJPAA's needs. For its part the MCJPAA will provide the OADAP with data from the Uniform Crime Reports (UCR) that is relevant to drug and alcohol abuse planning.

The OADAP, in cooperation with MCJPAA, will prepare a proposal for augmenting existing treatment services in the county jails. Because funds are limited, county jails, which presently have fewest services, are assigned highest priority. The services will focus on improving diagnosis and referral within the jail setting and will make maximum use of existing community-based treatment programs.

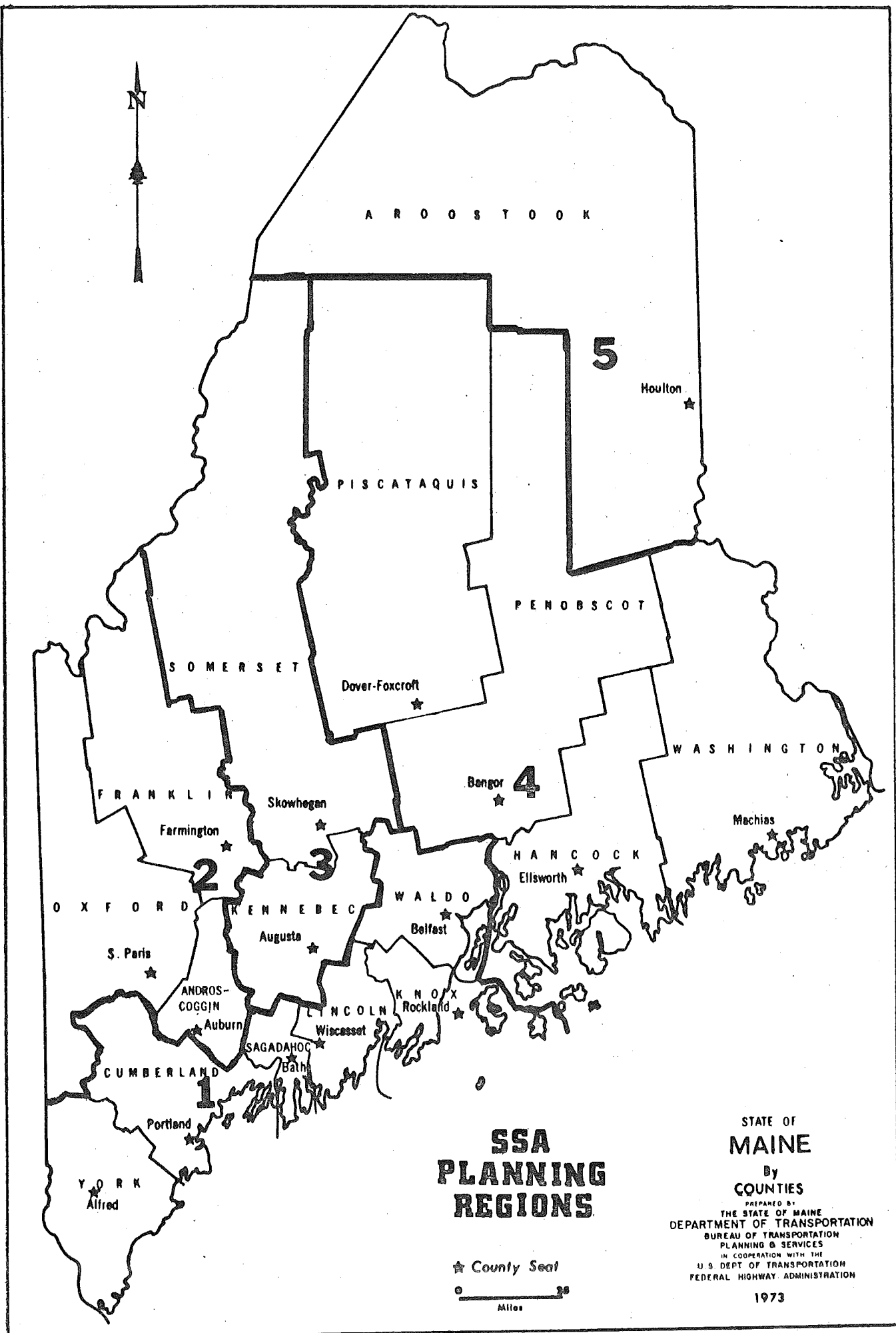
Training and education are other areas of mutual concern to the OADAP and MCJPAA. In the coming year we propose to discuss the possibility of jointly sponsored programming in these areas.



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



Maine Criminal Justice
Planning and Assistance Agency



F. List of Abbreviations used in the Plan

CODAP - Client Oriented Data Acquisition Process

HSA - Health Systems Agency

HD & GRU - Human Development & Guidance Resources Unit, Maine Department
of Education & Cultural Services

MCJPAA - Maine Criminal Justice Planning & Assistance Agency

NDAC - National Drug Abuse Center

NDATUS - National Drug Abuse Treatment Utilization Survey

OADAP - Office of Alcoholism & Drug Abuse Prevention

SHCC - State Health Coordinating Council

SSA - Single State Agency for Drug Abuse Prevention

VR - Vocational Rehabilitation Services, Maine Bureau of
Rehabilitation

Title XIX - Refers to that section of the Social Security Act which
authorizes the Medicaid Program

Title XX - Refers to that section of the Social Security Act which
authorizes funds for social services programs