

MAINE STATE LEGISLATURE

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*York County Sheriff's Office
York County Shelter Program*

**Therapeutic Community
Initiative
2016**

Sheriff William L. King Jr.

Introduction

The York County Jail (hereinafter Jail) is the second largest jail in the state of Maine. The rated capacity is 298 although the Maine Department of Corrections (MDOC) places the maximum capacity at over 300.

During the last MDOC Inspection, the jail received a rating of 99.2 (out of 100). The only aspect that prevented a perfect score was the jail's failure to allow contact visits. The sheriff discontinued contact visits due to the introduction of contraband into the facility that resulted in three overdose incidents in mid 2015. The prohibition on contact visits will remain in effect until the jail obtains additional tools to ensure drugs are not introduced into the facility.

Criminogenic Behavior

In the United States, we incarcerate people for the following reasons:

1. Punishment

The first and primary reason we incarcerate those convicted of crimes in America is to punish the offender and hold them accountable for their actions.

2. Rehabilitation

The second reason for incarcerating offenders is to insure treatment and open a pathway to rehabilitation. Treatment is the precursor to rehabilitation and the core issues that led to criminogenic behavior must be addressed before effective rehabilitation can occur.

3. Incapacitation

Simply put, people cannot commit crimes when they are incarcerated.

4. Deterrent Effect

Offenders who have been incarcerated will be deterred from committing additional crimes because they do not want to experience incarceration again. Incarceration is a deterrent to all citizens because they want to avoid committing crimes so they will not be incarcerated.

Whatever the reason for the incarceration, a person enters the criminal justice system when they are accused of committing a crime. But why do people commit crimes?

There are many prevailing theories about why people commit crimes. Some say it is merely a choice one makes – individuals outweigh the benefits of

committing crime with not committing the crime. Others believe criminal behavior is genetic and one has no control over their anti-social behavior.

Many of the contemporary theories explaining criminal behavior are complicated and exceed the purpose of this report – however, many theories have a common thread that attribute a person’s environment and lack of positive role models that affect criminal behavior.

We have found that drug addiction, specifically addiction to Opioids, has become a compelling factor introducing people to crime and the criminal justice system. Although drug addiction is not an excuse, it does compel criminal behavior in some people.

Drug abuse is a complex disorder and the individual is responsible for the disorder and recovery. For purposes of this proposal, we ask the reader to accept that drug abuse and addiction¹ is a problem facing Maine² citizens, some of who are incarcerated. Consequently, Maine’s jails and prisons have become the major treatment facilities.

Illegal Drug Usage and York County Inmates

A study conducted this past summer by a student intern³ found that 90% of York County Inmates self reported to be drug abusers – the majority voluntarily identified heroin as their drug of choice. Also, the vast majority of offenders related they plan to seek help for their heroin addiction once released.

Opioid Addiction

Many of Maine’s jails are at capacity and some overcrowded. Overdose deaths are at an unprecedented rate in Maine. Recently, Attorney General Janet Mills reported that Maine experiences (on average) five overdose deaths per week.

Methods to combat this scourge are widely debated – some believe more enforcement is necessary while others view this problem as a medical issue.

¹ Heroin has become the drug of choice in Maine.

² In 2011, Maine led the country in prescription drug abuse.

³ Student Intern Katharine Courville, Clark University, summer, 2015.

This proposal is not intended to debate whether resources should be expended on enforcement, therapeutic treatment and/or education. York County Jail inmates are screened during the intake process. Part of that process is testing for drug/alcohol abuse. Our health care provider uses the Clinical Opiate Withdrawal Scale (COWS) and a Clinical Institute Withdrawal Assessment for Alcohol (CIWA) to assess the needs of our population. In 2015, over 20% of all inmates admitted into the York County Jail required some alcohol/opiate treatment.

Unintended Consequences of the Addiction Crisis

The current drug crisis is also producing an unprecedented number of drug addicted/drug affected babies. Recently released statistics reveal that one in 12 babies born in Maine are drug addicted or drug affected.

Additionally, statistics have shown that heroin has moved from a drug of choice for men to the drug of choice for young women. Young women have become the “new face of heroin.”

Treatment

Treatment facilities have not met the demand. In mid December, a new company⁴ opened an opiate treatment center in Biddeford because the company saw a huge need for a treatment facility in York County, specifically Biddeford. A problem among providers is a lack of collaboration, of database sharing of individuals who access multiple services at the same time.

One of the challenges facing Maine is the lack of health care facilities for drug addicts – especially those without insurance. Because Maine does not subscribe to the “extended Medicare” a benefit under the Affordable Care Act, Medication Assisted Treatment (MAT) utilizing methadone, buprenorphine (Suboxone), or naltrexone (Narcan), is not an option.

Some critics believe that MAT simply replaces a prescribed drug for an illegal one. Again, some issues are beyond the scope of this report; however, abstinence does address the physical dependence of an Opioid.

Incarceration presents an opportunity for intensive therapy because it makes illegal drug use more difficult which should ensure abstinence. However,

⁴ Recovery Together Addiction Treatment Center, 469-C Elm St., Biddeford.
Sheriff William L. King Jr.

upon release many offenders quickly return to heroin, often with fatal results. Any treatment program must have adequate follow through, and programs administered in a custodial setting are no different. This proposal will have a seamless integration between the public and private providers, enhanced data sharing, and decision making to determine the best pathway for an individual.

Custodial treatment seeks to provide an offender with an opportunity to break free from their addiction and hopefully provide them with the tools (life skills, knowledge and links) to stay clean upon release. Empirical evidence suggests that an addict must remain in a TC longer than seven weeks or the experience has no affect. The same study also cautioned that once an addict is removed from a TC, they return to the environment that facilitated their involvement with heroin in the first place.

Many experts believe that it is important to treat addiction as a chronic illness, something each addict will have to live with “for the rest of their life.”

Therapeutic Communities in Custodial Settings

Strafford County Jail in New Hampshire boasts a successful Therapeutic Community (TC) for male and female inmates. Successfully completing a substance abuse treatment program is challenging. It presents even more challenges when one has the outside pressures of living with environmental pressures to abuse drugs – consequently, in-custody treatment programs have a distinct advantage.

Strafford County allows sentenced and pre-trial inmates in the TC program. The New Hampshire courts will also refer the residents to the program with a reduced sentence upon successful completion of the program. Programs at Strafford vary from the traditional “28-day” sobriety program to a two-year stay in a TC.

Critical Need for female offenders/addicts

During conversations with local subject matter experts substance abuse treatment for women appears to be a critical need in Maine.

Often, a woman’s gender role prevents her successful completion of treatment programs in a non-custodial setting. One study showed that women may feel the pull of their family obligations and will drop out of treatment as a result. The demands of their homes will interfere on their focus to get well.

Many incarcerated women who have abstained from using drugs will return to their addiction upon release. It is reasoned that they have become accustomed to failing at treatment programs and view incarceration as a hiatus from their normal lifestyle.

The critical need for treatment for females and the cascading affect from producing drug addicted and drug-affected babies in Maine has influenced our decision to propose a pilot Therapeutic Community for women at the York County Jail.

York County Jail

Many males arrested in York County for aggravated trafficking of heroin hail from outside of Maine, typically New York and Massachusetts. Many are gang affiliated who relocate to Maine to take advantage of Mainers who became addicted to prescription medication. Many of these “dealers” find local women who are addicts, or become addicted. Some women are forced into sex slavery and commit crimes at the behest of their new boyfriends.

The custodial TC concept that is being proposed will have unique advantages in that women are committed to a facility and will be presented an opportunity to better themselves and break the pattern of substance abuse with peer group support, an evidence based program, and preparation for their release by establishing supports while incarcerated.

Collaboration with the York County YCSP Programs (YCSP)

Our plan is to develop a partnership with the York County Homeless Shelter Programs (YCSP). YCSP’s primary focus is mental health and substance abuse services.

YCSP currently offers residential short and long term treatment and has the experience and proven ability to provide custodial treatment services to our inmates. One such program, Pamela’s Place⁵, is a residential treatment program for women that can be replicated in a custodial setting. Their programs have Commission on Accreditation and Rehabilitation (CARF) accreditation.

⁵ Brochure attached.

An added benefit of this collaboration is YCSP's out patient services throughout York and Cumberland Counties that will allow an offender to continue outpatient services at the YCSP and capitalize upon those established supports so desperately needed when returning to an environment that allowed (and sometimes encouraged) addiction to drugs and alcohol.

Clientele

Sentenced and pre-trial state and federal offenders will be eligible to participate in the York County TC. We have contacted the United States Marshals Service and obtained the requisite application to board individuals in federal custody.

Inmates will be screened to ensure participants will benefit from the services that will be offered in the TC. That screening will be done by YCSP and officers assigned to the TC to ensure candidates will benefit and security concerns are addressed up front.

Treatment Model

The TC at the York County Jail will have an abstinence model of recovery. It is recognized that some experts believe that a medication-assisted model is preferred. The FDA has approved three medications for use in the treatment of opioid dependence: methadone, naltrexone, and buprenorphine.

A study by the *Huffington Post* suggested that methadone treatment is the preferred treatment model – however, medication assisted treatment in a custodial setting may not be advisable and/or may not be funded.

The partnership between YCSP and the York County Jail in administering the TC will extend beyond incarceration. The TC at the jail will tackle addiction on several levels. In addition to teaching sober living in a controlled environment, YCSP also has the ability to administer buprenorphine once the client is released.

Additionally, while involved in the TC, YCSP professionals will uncover any prevailing personality disorders or mental illness that will inhibit the participant from being successful. In addition to counseling for their drug and alcohol addiction, correctional officers will assemble “success committees” for each local participant nearing release.

A primary component of the Therapeutic Community at the York County Jail will focus on the “aftercare” of a TC graduate. YCSP will deliver the treatment program in the Therapeutic Community and with its vertical services in York and Cumberland Counties, as well as professional state wide relationships; the client/offender’s recovery will be tracked.

Each graduate will be documented to ascertain the rate of recidivism. Also, periodic interviews of TC graduates will be conducted to assess the program’s success, or lack thereof.

Should a TC graduate be re-arrested, the York County Officers will conduct an interview to ascertain what led to the arrest and if the alleged crimes were drug fueled.

York County Corrections Officers

An aspect of the plan is that York County Corrections Officers will play a instrumental role in the TC. The officers will ensure that participants of the TC will be provided the tools to ensure success upon release.

York County Corrections Officers, in conjunction with the participant, will be tasked to create “Success Committees” for each participant.

Success Committee

A success committee⁶ will be comprised of several members who exemplify pro-social behavior, and agree to serve as models for the inmate participant. Committee members agree to be focused and interested on the participant’s recovery and successful re-entry into society. It is suggested a success committee to be comprised of the following volunteers:

- Family member
- Local law enforcement officer
- Corrections officer
- Local clergy
- Businessperson
- Peer

⁶ YCSO Corrections Officers will conduct an abbreviated background check to ensure suitability of each member of the success committee.

The success committee will meet with the participant and learn the challenges they believe they will face upon release. Recognizing that the judicial system will have no leverage on the participant upon release, it is our plan that a successful relationship with their success committee will provide an opportunity for the inmate to:

- Return to a safe home environment
- Have their family situation stabilized – are their children with trusted individuals, can they be returned from DHHS care, etc. All these issues should be resolved prior to a participant's release
- Ensure there are no pending charges, wants or warrants
- Have gainful employment (or make several applications in preparation for employment)
- Have reliable transportation or access to transportation for work and/or attendance to AA or NA meetings
- Most important, the participant will know that they have several mentors who are interested in the participant's successful completion of the program and successful reentry into society.

Benefits to York County

Other than the obvious benefits of providing additional treatment options for our offenders, there are additional benefits to the citizens of York County.

- Shorter incarceration
- Reduced supervision
- Generated revenue streams

The average cost to incarcerate an individual at the York County Jail is estimated at approximately \$103.00 per day. Fewer returning inmates have a direct impact on reducing overall jail costs.

Logistics

The jail has seven housing areas:

Housing Area	Beds Available
B-1 Male	32
B-2 Male	32
B-3 Largest Male Unit	76
C-1 Disciplinary Unit Male	24
C-2 Classification Unit	44
C-3 Special Needs	44
C-4 Females	46
Total	298

C-4 houses females because that unit has restricted housing cells contained within the unit for disciplinary infractions.

The York County Jail have selected B-1 as the female TC unit, with a capacity of 32 beds. B-2 will be reclassified as the “female” unit. There are several security reasons to have B-2 reclassified as a female unit, which will be discussed later in this proposal.

B-3 – Largest male Unit

B-3 is the largest unit in the York County Jail and is the most challenging to supervise. It is difficult to supervise 64 offenders who share recreation and meal time. Oftentimes, two officers are assigned the unit.

When an “inmate on inmate” assault occurs, it often occurs in B-3. B-3 will be reconfigured to house 76 inmates by double bunking and implementing a “split tier” modality. A split tier allows only one floor out at a time so only 38 offenders would be recreating at one time and meals would be served in two settings.

C-1 – Male Disciplinary Unit

C-1 would be reconfigured to be a “regular” housing unit and (pending concurrence of the commissioners) an additional bunk would be installed in each unit raising the capacity to 48.

C-2 – Male Classification Unit - would remain the same

C-3 – Male “Special Needs” Unit - would remain the same

C-4 – Female Unit

This unit will change to a “regular housing unit” for males with eight “restricted housing” cells within the unit. MDOC Manager of Correctional Operations – Compliance, Ryan Anderson toured the facility in early December and related that the functionality of C-4 as a combination “regular” and “restrictive housing” unit falls within MDOC guidelines, pending a formal review of our written activation plan.

Utilizing the aforementioned changes and reconfiguration, the capacity of the York County Jail would be increased to 322 beds.

Housing Area	Beds Available
B-1 Female Therapeutic Community	32
B-2 “Regular” Female unit	32
B-3 Largest Male Unit	76
C-1 Regular Male Unit	48
C-2 Male Classification Unit	44
C-3 Special Needs	44
C-4 Regular Male unit with 8 Restricted housing cells	46
Totals	322

B-1 – Therapeutic Community

Unit B-1 will have a capacity of treating 32 women in a TC setting. B-2, the “sister” unit is divided by a slider. Since both units will house women, the incidents of “note passing” and jailhouse romances and flirting should be minimized.

More important, since both units house females, MDOC has approved a plan to open the slider when the inmates are locked down for the night. In other words, after 11:30PM, only one officer will be needed to supervise two units, cutting down on staff. B-1 will only need correctional staff from 5:30AM wake up to 11:30PM lights out (18 hours).

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It would be suggested that officers assigned to the TC be provided additional training in substance abuse counseling and be “task assigned” to the TC. Also, their shifts will coincide with the programming of the TC.

TC shift #1 – 0530A – 1:30PM
TC Float (supervisor) 1:30PM – 3:30PM
TC shift #2 – 3:30PM – 11:30PM

Collaboration with Cumberland County (CC)

Since the jail will only have eight (8) restricted housing beds, a Memorandum of Agreement (MOA) must be forged with Cumberland County for them to take our overflow disciplinary inmates. In return, we will agree to open up bed space for any females eligible to be admitted into the TC.

Anticipated Revenue Streams

At this time, counties cannot board inmates from other counties. However, some counties have creatively entered into agreements to “rent” bed space to each other.

The York County Jail is not offering boarding – we are offering a custodial treatment model for offenders who are eligible and pre-screened by our classification committee and the program provider.

The YCSP and/or York County should apply for grant funding to implement and sustain this initiative. The York County costs that should be sought through grant/state/ or federal funding is as follows:

- Staffing for three correctional officers and a corporal⁷
- Space usage (TBD)
- Food (Estimated at \$1.78 per meal)⁸
- Vehicle usage (per mile at .50)

⁷ Weekly, 112 hours must be “covered” but not in the traditional sense. This would require 3 officers and a supervisor to devote to the TC. The nightly checks are revenue neutral for York County (conducted by the officer assigned to B-2.)

⁸ Cost determined for the week of 12/20 – 12/26/2015.

With the implementation of the TC, the cost of incarceration for some of York County's female inmates will be absorbed with the alternate funding. York County inmates will have priority for beds in the TC.

More important, York County is providing a TC for all Maine's drug addicted/affected female inmates. This program will serve all of Maine's female offenders and York County should seek reimbursement from other counties, not boarding rates, but treatment expenses.

The York County Jail – expenses

To implement this plan, the county of York will be requested to:

- Purchase additional cell furniture for Unit C-1 (24 bunk beds, shelves and stools).
- Purchase an additional security door for unit C-4

Other expenses will be requested through alternate funding streams.

Staffing

The county will staff the TC 16 hours each day for a total of 112 hours weekly. The night hours will be absorbed by the night officer who is assigned to B2 by opening up a slider door so one officer can conduct night checks on two units. This plan was also reviewed and tentatively approved by MDOC Compliance Manager Ryan Anderson.

In addition to staffing the pod and ensuring the security of the unit, the officers will become an active participant in the community. Collateral duties performed by officers may include:

- Organize "success committees" and ensure those volunteers are suitable for inclusion in the program
- When requested by the Success Committee, the officers will perform welfare checks on the home of the TC participants to ensure they are being released to a healthy environment. This may involve state wide travel that will be borne by the affected counties and/or through donations.
- These specially trained officers will also be responsible to identify job openings for TC participants.

- When appropriate, officers will seek alternate funding for individualized needs of participants, such as tattoo removal service if it deemed that the visible tattoos may impede successful reentry into society.

Conclusion

The York County Jail habitually operates with a deficit – and this year is no different. Increasing bed space and the purchase of additional bunks will be a fixed cost with the proposed re-configuration; however, the increased capacity of the jail will position us well if and when boarding is reinstated in Maine.

Additional work must be done in the planning and implementation of the TC, but we ask that the commissioners agree in concept to the TC initiative. The concept of a TC is presented not to increase the liability to the taxpayer but to seek alternate funding for this initiative.

Should alternate funding be obtained, our fixed costs will be diminished because the implementation of a TC basically, shuts down a unit, reducing our staffing expense.

Some alternate funding sources:

- YCSP is researching funding for this program
- Opioid and heroin Epidemic Emergency Supplemental Appropriations Act
- State of Maine DHHS Funding

York County Sheriffs Office/York County Homeless YCSP
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ESTIMATED ANNUAL COSTS					
<u>WAGES</u>				CO	Corp
Annual Wages (40 hr/wk)				\$ 36,000.00	\$ 48,000.00
<u>FRINGE BENEFITS/EMPLOYER COSTS</u>					
FICA	6.20%			\$ 2,232.00	\$ 2,976.00
Medicare	1.45%			\$ 522.00	\$ 696.00
Health Insurance (\$10,000-\$20,000)				\$ 15,000.00	\$ 15,000.00
Dental Insurance				\$ 432.00	\$ 432.00
MEPERS (8.9%)	8.90%			\$ 3,204.00	\$ 4,272.00
Basic Life Insurance				\$ 100.00	\$ 140.00
Long Term Disability Insurance				\$ 100.00	\$ 140.00
Short Term Disability Insurance				\$ 300.00	\$ 340.00
Workers Comp	4.63%			\$ 1,666.80	\$ 2,222.40
Total Benefits/Employer Costs				\$ 23,556.80	\$ 26,218.40
GRAND TOTAL				\$ 59,556.80	\$ 74,218.40
X3				178,670.40	
Both				\$252,888.40	\$252,888.40
Meals (unit)				1.78	81,637.92
Yearly				1,943.76	\$334,526.32
x42				81,637.92	

YCSP

YORK COUNTY SHELTER PROGRAMS, INC.

Where no need goes unmet

Post Office Box 820, Shaker Hill Rd. Alfred, Maine 04002. Phone 207-324-1137. Admin Fax 207-324-5290. Residential Fax 207-324-7316

Pamela's Place

A Residential Treatment Program for Women

A Division of YCSP

Background:

YCSPi provides a multitude of emergency based services in its primary residential location in Alfred, Maine. This 63 bed facility is dually licensed by the State of Maine, Department of Health and Human Services, as both a substance abuse and mental health residential treatment program. This facility is the initial point of entry into any of the other residential or community based programs offered in our continuum.

All individuals receiving any level of service through YCSPi have entered our shelter as homeless. Over the course of our 30 years in operation, we have developed services in response to the needs of our residents. In addition to residential treatment, we also offer psychiatry, physician's services, community integration, targeted case management, community rehabilitation, substance abuse outpatient, vocational training, and transitional and permanent housing opportunities. The primary goal is to avoid a return to homelessness and assisting our residents in achieving the highest independence possible. Through our 30 year history, we have demonstrated in offering a level of care the individual is in need of in order to remain successfully housed, regardless of their ability to pay, our recidivism rate has been incredibly low.

Historically, the percentage of single men in shelter has remained at approximately 65% of those we serve. The remaining beds are designated for homeless women and homeless families. Over the past few years, we have noticed an increase in the numbers of single women coming into shelter who have substance dependency or co-occurring disorders. For many of these women, the appropriate intervention is a level of residential treatment of long duration, which is not available and not accessible. There are no resources available to assist these homeless women in the way of treatment, because the majority of them have no ability to pay for treatment. In addition, we have seen an increase in the number of women entering the shelter who have been recently incarcerated, are currently on probation, and/or have legal issues pending. This combination of substance dependency, mental health issues, and legal issues is of concern as this population is not being adequately served in the current system design.

This proposal is being recommended based on the increased numbers of women in YCSPi continuum in need of treatment, both presently and in the remote past. It is also an attempt to

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address the complex layers and needs of these homeless women in a compassionate and thoughtful way. In collaboration and cooperation with the Department of Corrections, we hope to bridge a gap and create a safety net that will reduce addictive behaviors, reduce legal involvement, arrest any mental health issues, and avoid a return to homelessness. We believe this to be a cost effective and beneficial proposal for your consideration.

Program Description:

Pamela's Place is named after one of our long-time original, founding staff members, Pamela Hartvigsen, who had a passion for helping homeless individuals and families. Pam's caring and understanding shaped many of our former residents and staff members' personal growth choices, as well as increasing their ability to see there is always hope for recovery and a better life. Pam was in the front line advocating for homeless services, as her, and our belief still, was that every living person deserved food, shelter, and security, regardless of their ability to pay for such.

Following in Pam's footsteps, we are offering this 12 bed program for homeless women who are in need of residential treatment. As many of our other programs provide multiple services under one roof, Pamela's Place will be no different.

This program is being offered in close collaboration with the Department of Corrections in Cumberland and York County. The building belongs to DOC, and they have generously offered us to use it for women in need of treatment. This partnership is the first of its kind that we are aware of in the entire State, and provides a treatment placement option for up to 3 individuals, in any level of care, through DOC. In addition, it is anticipated that most of the women will have pending legal issues or recent incarcerations that make the eligible for this treatment program.

It is anticipated that the majority of women served at Pamela's Place will have complex needs, including addiction, mental illness, sexual and emotional abuse histories, legal problems, financial issues, and a need for help re-integrating back into a community.

We are proposing a three tiered program, a woman may enter into the first, and transition through to an SRO stay (based on availability), or may complete the first tier and graduate. The key point is that the program is designed to meet individual needs.

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- **3 bed Extended Shelter**-a licensed service, extended shelter is designed for a shorter term stay of up to 45 days. This treatment will consist of brief therapy, assistance in realignment for women who have recently relapsed, but do have a basic understanding of addiction, will focus on women who have a place to return "home" to once they have successfully met legal obligations that have prevented their return home. In some instances, while an original identification of this shorter term program is recommended, during their time in extended shelter, it may become apparent they are in higher need of a longer term stay (half-way house), if this is determined, they will move into one of the half-way house beds
- **7 bed half-way house:** a licensed service, the half-way house is designed for up to 180 day stay, for women who have a demonstrated difficulty in remaining sober on their own. This program will assist women in accessing various supportive services and resources that will increase the likelihood of their success upon discharge.
- **2 bed permanent SRO:** we have historically seen a small number of individuals, who have completed residential treatment, but are not yet ready for transition into permanent housing outside of our continuum. These individuals will benefit from the added security of remaining in the facility longer than 7 months (assuming extended shelter stay, followed by half-way house stay). While they will have successfully graduated from the half-way house, they can remain in a level of service known as substance abuse outpatient. They will have more independence, however, will continue to have expectations that encourage other women in the program to attain similar status.

Many times, these individuals have complicated histories that include trauma and co-occurring mental illness(es) that are newly disclosed during their residential treatment. These individuals can present as fragile and obviously struggle with the pending discharge from the supportive environment they have resided in during their treatment. Women in our SROs will continue to participate in some level in the house, will likely have external supports, and may serve as peer mentors during their SRO stay.

This proposal offers 2 permanent beds for women who fall into this category.

Eligibility:

1. Women who are in need of and interested in placement at Pamela's Place will be referred by their case manager at the Shelter, or through Department of Corrections. In

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most instances, all women can expect to spend some length of time in the shelter while awaiting for placement at Pamela's Place.

2. Women must be single (no children accompanying them) and aged 18 or older
3. Women being referred must have demonstrated difficulty living without the support of 24 hour staffing
4. Women will have past or current legal involvement
5. Women at Pamela's Place will have a substance dependency or a co-occurring diagnosis that includes substance dependency issues
6. Women interested in Pamela's Place will have an invested interest in their recovery, and commit to programmatic rules and guidelines, attending group and individual counseling, participate in community service activities, and work towards personal growth and recovery
7. Women at Pamela's Place will remain clean and sober, evidenced by routine and random drug/alcohol testing
8. Eligibility requires an inability to remain clean and sober on own for two consecutive months or longer during the past year
9. The Stage of Change the woman presents in will either be preparation or action, demonstrated by the assessment
10. ASAM Level of Criteria score of III.3 or III.5, demonstrates the need for residential treatment
11. There will be a commitment to identifying problems/issues to be worked on and a willingness to accept referral and engage with additional providers in order to attain stated goals
12. There will be a demonstrated ability to live with others, sharing community and room spaces, without continual conflict

Programming and Services:

1. A full, multi-dimensional assessment will be conducted within the first week of stay at Pamela's Place. This assessment will be the foundation for the identification of problem areas and engagement in the treatment planning process. The assessment will highlight major life areas, including addiction history, mental illness, employment history, financial needs, vocational needs, trauma, relationship status/issues, legal history and involvement, and presenting emergency needs.
2. Individual counseling sessions will be a routine part of the weekly activities, occurring at least one time per week, with an ability to offer more as necessary. These sessions will

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- be tailored to the individuals' specific needs, and may address drink/drug refusal skills, interpersonal communication and barriers, exploration of various "triggers" to relapse, and general supportive counseling based on the presentation of the specific individual
3. Group counseling sessions will occur daily, depending upon what level of care someone is in, they may attend more or less, as defined in their treatment plan. Groups will generally focus on issues specific to women and their unique needs in recovery. Trauma, parenting, domestic violence, remaining sober, healthy relationships and boundaries, dealing with co-occurring disorders, communication skills, conflict management, basic living skills, handling finances, setting limits with others, and reunification or repairing damaged relationships are some of the specialty focuses of various groups.
 4. Treatment planning-while all women at Pamela's Place will have addiction issues, their treatment plan will be generated with them and may differ greatly from another residents. Unique interventions and recommendations will be made specifically for them in order to be the most successful they can be. Treatment planning begins at admission, and is formalized within the first week of stay. A comprehensive review of the treatment plan will be done minimally every 30 days.
 5. Case management-although not a licensed service or requirement in treatment, the counselors available at Pamela's Place will also provide comprehensive case management services. These services will include referrals to both internal resources (psychiatric, medical care, medication monitoring, and vocational training) and external resources as necessary.
 6. Bi-monthly a Family Matters experience will be offered and heavily encouraged. This will be a facilitated experience for the woman in treatment and her supportive family members. This opportunity will be an effort to help reunify and mend broken relationships. The woman in treatment will identify who in her family (or who she considers to be her family) she would like to engage with, in a group setting with other women in treatment and their family members. This process will provide education and information to the family and support to the woman in treatment.
 7. A specific focus will be placed on avoiding interaction with the legal system, accepting responsibility for self and actions, complying with probation requirements, and learning ways to live life with no further legal involvement. In most instances, legal involvement for these women has surrounded engagement with a partner who has also had legal difficulties. While each individual is responsible for themselves, a close look at appropriate boundaries and limit setting will be conducted. In addition, in the absence

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Pamela's Place Program Description

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of substance abuse and active mental health issues, most if not all of these women would not have any legal issues. This will be another area of heavy focus.

8. A variety of self-exploration activities will also be offered. These can be identified as activities that offer alternatives to drinking and drugging. In many instances, we hope it will assist our women in re-engaging in formerly enjoyable activities they have abandoned, or providing the exposure to something new they have never tried before that ends up being helpful to them. Some of these activities include expression through art, dance/movement therapy, creative writing, self-care activities (exercise, yoga, and meditation), cooking/meal planning, and field trips.
9. Outside AA/NA and other self-help groups will be a required part of residency at the house. In addition, eventually, we hope to have our own facility based meeting as the hosts for external meeting attendees
10. Self-government will occur weekly, and will be facilitated by the residents. The goal for self-government is allowing the women in the house to have a voice in their recovery program. They will be encouraged to discuss and bring forth concerns relating the house, recommended improvements to the program, and working on unification of them as a group, finding one voice
11. Participation-women will be expected to participate heavily in programming, engaging with staff, focusing on recovery and stability. There are multiple expectations they must fulfill on a daily basis to demonstrate their level of commitment. The goal is for the entire house to be moving forward, taking advantage of what is available to them, and taking responsibility for themselves and future choices.

Staffing:

Pamela's Place will be staffed 24 hours a day, 7 days per week. During business hours, a full time Program Manager (LADC, CCS), a full time counselor (CADC) and one full time Res Tech will be on-site. They will provide the bulk of the treatment to the 12 women in residency. Second, third, and weekend coverage will be provided by one Res Tech who will be responsible for ensuring compliance with rules and regulations, assist in meal preparation, provide some non-clinical group experiences, and socialization opportunities (movie night, GI clean up, fun activities).

In addition to the on-site staff, YCSPI already has a clinical on-call back up schedule in place. All clinical staff working for the agency rotate on-call coverage and are able to physically go to the site should problems arise that require additional staffing.

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Pamela's Place Program Description

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The Clinical Director will be on-site once per week to review case load, client files, inspect property, and oversee general compliance with regulations and requirements.

Residential Guidelines:

While not inclusive, these are some basic guidelines this program will operate under.

1. No use of alcohol or drugs on or off the property
2. All medications, including over the counter, will be locked up and administered or monitored (as credentialing of staff allows) at prescribed times
3. Visitors will be scheduled, ahead of time, at specific visiting hours defined by the program
4. Time off property will be by approval only, following collaboration with DOC or probation (when applicable), or other program staff. It is possible, individuals may not be permitted off property for up to 30 days, dependent upon their treatment needs.
5. Women will be permitted to bring personal belongings like clothing, toiletries, small ipods or cell phones, but will not be allowed to have TVs, DVD players, stereo equipment
6. There will be a client fee established for the women who have income (30% of income per month is the client fee). Those with no income will be assisted in applying for funding to help cover the cost of some of their services
7. Maine Care will be accepted, but will not be required. Women who appear eligible for Maine Care will be assisted in applying for such
8. Food stamps will be collected by the program monthly as the authorized treatment provider. Women who are not receiving food stamps will be assisted in applying for such.
9. While there is no guarantee of placement into permanent housing following discharge, we will work with all women in the pursuit of safe housing upon completion of the program.
10. There will be no violent activity or threats of such by any of the residents
11. We will be "good neighbors" and participate in ensuring the property appears presentable to passersby, as well as participate in local community projects that generate a positive light of the Agency and the women we serve
12. Women who are able to return to the work force will begin work search efforts before they graduate from the program.
13. If beds are full, and a waiting list is required, women will wait at the Shelter in that licensed facility until a bed opens up.

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Pamela's Place Program Description

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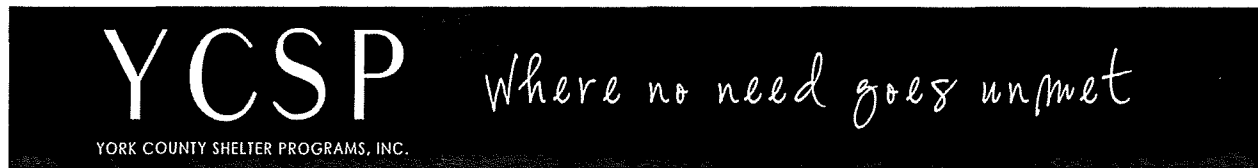
14. Women who are not successful in the program will potentially be referred back to the Shelter, assuming they have not been violent or have not endangered other residents. This remains the safety net for women who are not quite ready for treatment, or who have not engaged in a manner that is conducive to the other residents in treatment with her.

Discharge Criteria:

Again, while not all-inclusive, these are some general reasons a woman will be discharged from the program:

1. Successful completion of all treatment plan goals, recognized by formal graduation from the program
2. The woman determines she no longer wants to be at Pamela's Place
3. Use of alcohol or drugs
4. Violence or threats of violence
5. No longer meets admission criteria
6. A higher or lower level of care is needed to best meet presenting needs (referrals will be made prior to this occurring)
7. The woman is not engaging at optimal level, despite repeated conversations and encouragement to participate fully in the program, or it has been determined that she is not benefiting from the program
8. Hospitalization or incarceration for longer than 48 hours will likely result in discharge as beds cannot be held. If either occur, detailed information will be gathered to ensure safety for the woman.
9. Violation of any of the House Rules will likely result in discharge
10. Refusal to pursue available resources (payment related)
11. Refusal to work on goal setting/treatment planning
12. Refusal to accept case management services (not the same as obtaining case management elsewhere)
13. If the woman engages with another substance abuse provider
14. Engagement in illegal activity on or off the property

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**Cost and Expense Estimates
For Pamela's Place**

	salary	benefits	Travel/cell	Training/license renewal
Program Manager LADC/CCS/BA	40,000 (19.23)	12,000	2,500 (50.00 cell, 70 miles X 52, client travel)	350.00
Counselor CADC/BA	37,000 (17.79)	11,100	1,800 (50.00 cell, 70 miles X 45 weeks)	350.00
Res Tech ADCA/MHRT1	27,040 (13.00)	8,112	1,260 (70 miles wk food/supply pu)	200.00
Full Time RT 2 nd shift	22,880 (11.00)	6,865		200.00
Full time RT 3 rd shift	22,880 (11.00)	6,865		200.00
Per diem weekend RT	48 hr X 52 = 2,496 x 11.00=27, 456	n/a		500.00
Total Staffing	154,376.00	44,942	5,560.00	1,800.00

Grand Total of Above: \$206,678.00

Food Costs: 7.00 per meal, 3 meals per day, 365 days, for 12 women at 100% occupancy = **\$91,980.00**

Utilities cost (heat, lights, water/sewer/trash)-400.00 per month electricity, 300.00 per month water/sewer, 500.00 per month heat, 150.00 trash= **\$16,200.00**

Supplies: two laptops, internet, paper, pens, postage, drug tests, misc other = **\$7,500.00**

Phone and cable: **\$1,800.00**

Snow removal: **\$1,000.00**

Start up supplies: beds, vacuum, pots/pans, dishes, linens, toiletries, paper products, desks, lamps, bureaus, group materials-books, videos, journals **\$25,000.00**

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YORK COUNTY SHELTER PROGRAMS, INC.

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Grand ESTIMATED total: \$350,158.00 (amount is expected to go down as some expenses are one-time only to get program running)

Revenue Expected:

Revenue is based on 4 Maine Care clients in residency at one time, including SRO clients. 4 would be getting TCM, 2 SA OP, 1 in half-way house, and 3 initially would enter extended shelter with Maine Care. Through attrition, extended shelter may eventually have 1 with Maine Care while half-way house has 3. Generally speaking, the historical perspective on our population is that 30% have Maine Care, so I rounded that up to 4.

2 SROS, 602.00 per month (per Lori), 100% occupancy = **\$14,448.00**

Targeted Case Management, (calculated at flat 73.00 per hour) based on 4 Maine Care clients (1 hour a week each, times 52 weeks) = **\$15,184.00**

Substance Abuse Outpatient for 2 SRO clients 88.00 an hour Xs 2 hours, 52 weeks **\$9,152.00**

3 extended shelter beds-Res Rehab II (116.07 per day X 3 per day = 348.21 day, at 100% occupancy for 365 days = **\$127,096.65** *assumes all 3 have Maine Care (**? about proposing Res Rehab I which is for 30 days, reimbursed at 217.71 per day X 3 beds per day = \$653.13, at 100% occupancy for 365 days = \$238,392.45**)

Half-way house 1 bed, 100% occupancy, calculated at rate of 102.91 for 365 = **\$37,562.15**

Client Fee: assumes 4 of 10 non-SRO clients have income of SSI/SSDI, with an estimated client fee of 180.00 per month, 12 months, 100% occupancy **\$8,640.00**

General assistance payments- 110.00 per week for 6 clients, 365 days, 100% occupancy = **\$34,320.00**

Food Stamps: assumes all 12 are eligible, 100% occupancy, average stamp allotment of 150.00 (to account for those that get less than the 198.00) **\$21,600.00**

Suggested DOC contribution-three beds are identified for DOC, but will not be held for them *(this is the recommendation). When they have someone in a bed, if the individual is non-payor, I suggest some stipend paid by DOC, on behalf of their clients **\$3,600.00 annually (100.00 per bed, per month)**

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OSA contract money-no idea how much former residential treatment for women program got for contract dollars, but suggest we ask for the same

Total with Res Rehab II figure=270,898.80

Total with Res Rehab I figure = \$382,194.60

It appears using a Res Rehab II figure would leave us with a shortfall (not calculating in any OSA money), while getting a Res Rehab I figure would actually cover the costs as they are estimated above.

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Pamela's Place
Weekly Schedule

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6am		Wake up	Wake up	Wake up	Wake up	Wake up	
7am		Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	
8am	Breakfast & eye opener	Morning mtg & stretching	Morning mtg & stretching	Morning mtg & stretching	Morning mtg & stretching	Morning mtg & stretching	Breakfast & eye opener
9am	Med time	Chores/Meds	Chores/meds	Chores/meds	Chores/meds	Chores/meds	Med time
10am	Chores-GI	Group	Group	Group	Group	Group	chores
11am		Journaling	Journaling	Journaling	Journaling	journaling	
12	Lunch meds	Lunch meds	lunch meds	lunch meds	lunch meds	Lunch meds	Lunch meds
1pm	Community service	Individual	Individual	Individual	Individual	individual	Community service
2pm		group	group	group	group	group	visitors
3pm	Relaxation group	Creative expression	Being Responsible	Family Matters	Health Relationships	Free time	Relaxation group
4pm		Individual	Individual	Individual	Individual	individual	
5pm	supper	Supper	Supper	Supper	Supper	Supper	suppers
6pm	Living Sober group	Clean up	Clean up	visitors	Clean up	Social night or field trip	Coffee House
7pm		AA	NA	shopping with staff	NA		AA
8pm		Goal plans for next day	Goal plans for next day	Goals plans for next day	Goal plans for next day	Goal plans for next day	
9pm	Med time	Med time	Med time	Med time	Med time	Med time	Med time
10pm		Lights out	Lights out	Lights out	Lights out	Lights out	

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Welcome to the Cynthia Day Family Center

Providing Support To Prenatal and Parenting Women in Recovery

About the Center

The Cynthia Day Family Center at Keystone Hall is a unique program located in Nashua, New Hampshire for pregnant, post-partum, and parenting women in recovery. The Center is designed to provide a holistic, family-centered approach to the treatment of women while allowing them to care for their young children. Women and their children live on-site in a secure, home-like environment as they overcome their addiction to drugs and alcohol.

The Center attends to all levels of recovery, providing services to:

- Pregnant IV drug users
- Women transitioning back into the community from the criminal justice system
- Addicted women who are pregnant or have children
- Co-occurring disorders

Program Specifics

- Compassionate 24 hour, 7 day-a-week staffing
- Bilingual staff
- Individual one-one-one counseling
- Weekly parenting groups utilizing *Nurturing Parenting*, an evidence-based parenting program
- Individualized parenting support, education and skill building
- Therapeutic and relapse prevention groups utilizing evidence based practices
- Access to AA and NA meetings
- Transportation to appointments
- Intensive case management
- Referral and coordination of other necessary services
- Visitation with non-custodial children or reunification planning with Division of Children, Youth and Families (DCYF)

While at the Family Center, participants learn to provide for their families and participate fully in their children's lives before transitioning back to their community.

Who Do We Serve?

- Women 18 years and older
- Those who are committed to a better life for themselves and their children

Location:

615 Amherst St.
Nashua, NH 03063

To make a referral or apply for services:

Call (603) 881-4848

Rebuilding Families, One Day At A Time

Strafford County Transitional Housing Program

Strafford County maintains separate Transitional Housing units for men and women on the county complex property.

The primary goal of the Transitional Housing Program is to provide a seamless transition (for those who are deemed appropriate) from discharge at the Strafford County House of Corrections to the Transitional Housing Program. Participants will be monitored and supported through case management, court intervention and community supports, thus increasing the participants support toward re-entry, leading to a decreased rate of recidivism and relapse experience.



Transitional Housing is a sober living environment and all residents agree to abstain from all drug and/or alcohol use while in the program.

The Transitional Housing is therapeutic and can reinforce positive behavior and also admonish negative behavior through role modeling, counseling

and support and appropriate supervision.

The screening process for Transitional Housing begins at the House of Corrections or through Community Corrections. At the HOC, a discharge planner provides applications to those inmates who express that they do not have place to live. Those who are found to be appropriate for Transitional Housing are contacted to review the rules of Transitional Housing and discuss their goals. Upon their release from the HOC and moving into Transitional Housing the individual meets with the Director to review and sign the rules as well as develop a self-sufficiency plan. The individual completes an intake upon moving into Transitional Housing which includes review of the fire safety, smoking, and other policies of the house



All residents are required to complete chores while living in Transitional Housing. The expectation is that the residents will take pride in keeping their living quarters clean.



All residents have the opportunity to attend AA

and NA meetings in the community on a daily basis. Transportation is provided by Housing staff.

Residents are required to participate in random drug testing and breath tests. They follow a house curfew. Residents are provided with bus



passes to attend medical/dental/employment appointments and job

searching as incentives for good behavior and program compliance.

After 30 days of residency, clients are expected to be employed at least 35 hours per week. Residents pay 30% of income as a program fee.

Residents are permitted to stay in the program for up to 90 days. Some exceptions are made on a case by case basis.



Transitional Housing Team Members

Ray Bower, Strafford County
Administrator

Department of Corrections:
Superintendent Bruce Pelkie

Asst Superintendant Jake Collins
Director of Programming

Lt. Christopher Brackett

Sgt Laura Noseworthy

Officer Isabel Padial

Community Corrections:
Carrie Lover Conway, Strafford County
Criminal Justice Programming
Coordinator

Thomas Herzig, Re-Entry Clinician &
Director of Transitional Housing

Zachary Tuttle, Transitional Housing
Case Manager

Adam Dionne, Transitional Housing
Case Manager

Heather Bragdon, Transitional Housing
Case Manager

Melissa Schott, Transitional Housing
Case Manager



Strafford County Community Corrections Transitional Housing Program

William A. Grimes Justice and
Administration Building
259 County Farm Road, Suite 103
Dover, NH 03820

Phone: 603-516-7198
Fax: 603-740-2955
E-mail: therzig@co.strafford.nh.us



**Strafford County
Community Corrections**

Strafford County Transitional Housing Program



William A. Grimes Justice &
Administration Building
259 County Farm Rd Suite 103
Dover, NH 03820

**Thomas Herzig, Re-Entry Clinician &
Director of Transitional Housing**

Phone: 603-516-7198
Fax: 603-740-2955

Maine averaging 5 overdose deaths a week, AG says

www.pressherald.com/2015/12/16/maine-averaging-5-overdose-deaths-a-week-says-attorney-general-janet-mills/

The Associated Press

AUGUSTA — Maine Attorney General Janet Mills says the number of overdose deaths attributed to heroin and other opioids is averaging about five a week across the state.

Mills said Wednesday there were 21 apparent drug overdose deaths in a recent month's worth of data from the Medical Examiner's Office. She said eight of them involved prescription medications.

Mills urged medical officials to be part of the solution by reviewing guidelines for prescribing opioid painkillers, using medication to treat opioid addiction, and to check with the Prescription Drug Monitoring Program before prescribing painkillers.

She says other recommendations will be forthcoming from a heroin task force. Mills, U.S. Attorney Thomas Delahanty and Public Safety Commissioner John Morris are leading the task force

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Send questions/comments to the editors.



Funds needed to fight heroin addiction in York County

By **TAMMY WELLS**

Senior Staff Writer

SANFORD — When Miranda Gilman, clean of heroin for two years, finished telling her story of how she became addicted and how she overcame her addiction at a forum in Sanford Tuesday, the audience rose to its feet and applauded the young woman.

Her treatment was not

immediate, and there were earlier relapses. But two years ago, homeless and nearly defeated, a childhood friend who took her in said she needed to get serious about conquering her problem. So she did.

Gilman found a program in Biddeford that combined intensive counseling four hours a day, five days a week with suboxone treatment. It is a program that

has worked for her when others haven't.

Gilman spoke clearly about her addiction, about being arrested and convicted of drug trafficking and about jail and prison and recovery — a story featured in the Journal Tribune, called "A path to recovery: Sanford woman reflects on

See Heroin Forum

PAGE A3

Heroin Forum

FROM PAGE A1

overcoming drug addiction," on Sept. 11.

Sanford Police Chief Thomas Connolly thinks others could be treated too. He estimates about \$285,000 would provide treatment for 30 heroin addicts. It is an idea he pitched to Department of Health and Human Services Commissioner Mary Mayhew recently, as part of a wider effort some Maine cities are advancing to get a handle on the state's heroin problem.

The heroin "problem" has been called an epidemic - and while there are some treatment programs available in this area of York County, the recent decision by Spectrum Health Systems to shutter a methadone clinic it opened less than two years is seen as a real blow. Spectrum cited lack of state support as the reason for closure.

Some state and federal legislators are looking to restore or expand treatment funding.

U.S. Congresswoman Chellie Pingree, in a news release issued Tuesday, said she is asking the federal government to block a cut in payments for methadone treatment being implemented by Maine DHHS. She said the cuts to Medicaid (called MaineCare) reimbursement rates put Maine at or near the bottom of the list nationally for methadone treatment rates and have contributed to decreased access to treatment for those suffering from addiction.

Pingree pointed both to Maine's decision not to expand Medicaid, and its decision to lower reimbursement rates from \$80 to \$70 and later to \$60 per week.

Heroin, other opiates and their toll on York County's citizens was the subject of the forum Tuesday in Sanford, the third sponsored by the York District Health Council, the Opiates Task Force and others. Additional forums on the topic were held earlier this year in Wells and Biddeford.

The Sanford forum was held in the council chambers at City Hall, and every seat was full. Attendees included local residents, city councilors, state legislators, folks in the medical community and a few people who know firsthand the effects of opiates' unrelenting chokehold, whether the opiate be in the form of prescription drugs or heroin.

Among the panelists was Raphaelle Silver, who prosecutes felony drug cases for the Maine Attorney General's Office in York County. Silver said 90 percent of the cases she prosecutes are connected to heroin and fentanyl.

"It affects every community in York County," she said.

One of the issues preventing Chief Connolly's idea from advancing is the lack of a physicians willing to take on 30 patients for the medication-assisted treatment program. He said the state needs to expand the number of people who can provide addiction treatment.

"This is a long-term problem and will require an investment. We've got to get the demand lowered," Connolly said.

Dr. Merideth Norris, a certified addiction physician, is allowed to treat up to 100 patients with suboxone, and she knows the need is much greater than her caseload allows. She chided Sanford officials for their decision

some years ago to deny a clinic in the downtown area.

"We just need more resources and the community needs to be ready to let us in," she said.

Reps. Patty Hymanson and Anne-Marie Mastraccio asked if more money from Medicaid would help.

Sen. David Woodsome said he will submit a bill for the upcoming session that would increase access to opiate addiction treatment by setting the Medicaid reimbursement for outpatient methadone treatment at a level equal to the rates in effect prior to the 2010 and 2012 cuts.

Kate Norris of Maine Behavioral Health, which has offices in Springvale and Biddeford, said timely access to care is a first step to conquering an addiction. She said a program offered by the agency, funded by a grant, can offer patients help on a sliding-scale fee that can provide care for as little as \$7.60 an hour. She said the agency dealt with 732 cases last year, 394 of which were grant-supported.

Mayor Tom Cote said his research shows a common theme - people desperate for services.

"It will take a community to fix the problem," he said.

Gillman said she's thankful she found help. "I never thought I would be here today," she said. "If I can make it, anyone can."

Her mother and two sisters were in the audience, videotaping Miranda's presentation. "I am so proud of her," said her mother, Roberta Gilman.

— Senior Staff Writer
Tummy Wells can be contacted at 324-4444 (local call in Sanford) or 282-1535, ext. 327 or twells@journaltribune.com.