

**Substance Abuse Services Commission
Meeting of February 12, 2014
DHHS Building, 41 Anthony Avenue
Augusta, Maine**

ATTENDANCE

Members Present:

Peter McCorison, Chair
Robert Rogers
Lee Anne Dodge
Scott Gagnon
Ann Giggey (by phone)
Bill Lowenstein
Thomas Leonard (by phone)

Members Absent/Excused:

Irene Laney
Darren Ripley
Michael Savage
Diehl Snyder, MD
Rep. Carol A. McElwee
Rep. Katherine Cassidy
Rep. Peter Stuckey
Senator Colleen Lachowicz
Rep. Ann Dorney

Office of Substance Abuse and Mental Health Services:

Stephen Corral, Data & Research Program Specialist, SAMHS
Linda Frazier, Associate Director, Treatment & Recovery, SAMHS

Guests:

Hartwell Dowling, Admin. Office of Courts
Neill Miner, AdCare Maine
Deborah Doiron, AdCare Maine, Recorder

**Substance Abuse Services Commission
Meeting of February 12, 2014
DHHS Building, 41 Anthony Avenue
Augusta, Maine**

MINUTES

DRAFT Date:	February 24, 2014	SASC Approved:	April 9, 2014
Signed: Recorded by: Deborah Doiron, AdCare Maine			

Meeting Convened: 9:00 A.M.

Adjourned: 12:00

Meeting Convened: By Peter McCorison

Agenda:

- General Meeting Opening: Review Agenda; Acceptance of Minutes; Public Forum
- SAMHS Update

New Business:

- Drug Court Presentation – Linda Frazier and Hartwell Dowling
- Maine Integrated Youth Health Survey (MIYHS) – Stephen Corral

Old Business:

- Recovery Capital
- Marijuana in the State of Maine, The Commission’s Position
- LD 1578, “An Act to Increase Health Security by Expanding Federally Funded Health Care for Maine People”
- Format/Content of Minutes
- Recovery Items and the Recovery Subcommittee: Its plans and actions
- Membership (Representatives and numbers)
- Ethics and Mission Statements

Prepare Agenda Items for Next Meeting on March 12, 2014

Adjourn meeting

General Meeting Opens:

Introductions, Review Agenda, Acceptance of Minutes; Public Comment

Peter McCorison, Chair, welcomed the group at 9:00 AM. Introductions were given. Peter announced that a few of the Representatives would not be able to attend the meeting. Since there were not enough members present for a quorum, Peter stated the group would defer some items and work on the ones they could. Peter announced that the meetings for March and April will be located at the Cross Building. The room number will be announced later. Peter also announced that he was adding to and rearranging the agenda to accommodate the guest speaker's schedules for today's meeting. Peter introduced Linda Frazier from SAMHS and Hartwell Dowling from the Department of Corrections as the first guest speakers to the group regarding Maine's Drug Courts and the system support it offers. The second presenter, Stephen Corral, Research and Data Program Specialist from SAMHS would also be giving a presentation on data collected from the Maine Integrated Youth Health Survey (MIYHS) through the schools.

SAMHS Update: Guy Cousins, Director for SAMHS wasn't able to attend the meeting.

NEW BUSINESS

Drug Court Informational Presentation –Linda Frazier, Associate Director, Treatment & Recovery Teams, SAMHS and Hartwell Dowling from Department of Corrections, Office of the Courts:

Linda Frazier stated that the main message she wants to convey is that we have excellent Drug Court programs available and have the capacity to serve more clients, but these programs are being underutilized and under-recognized. She distributed a factsheet handout Drug Courts In Maine from a conference she attended recently. Linda stated the State currently has nine operating drug courts. Five of these are Adult Drug Treatment Courts, three are Family Drug Courts, one a Co-occurring Drug Court and one a Veteran's Drug Court. All of these programs are operating out of Augusta, but all of the counties use it. These drug court programs have been researched and are considered evidence-based practice in the form of cognitive and behavioral motivational treatment. The programs are performed with fidelity and the staff who deliver the programs have to go through a certification process similar to the DEEP model at SAMHS. They are trained, certified and are required to maintain a certain number of credits each year to remain certified. We have learned from reports this is the best system we can use that works to reduce the recidivism rate.

Tom Leonard asked if the reason the Penobscot County Drug Court closed was because it was underutilized. Linda Frazier stated that the closure was more to do with the budget crisis going on at the time and the timing of the evaluation report. This program was chosen because it showed the lowest number of participants and also had a lot of recidivism, compared with the other drug courts. She feels this was a systems issue. She was disappointed that there wasn't an option to provide technical assistance to help the program improve; a cut had to be made and this data was used to make this decision.

Rob Roberts asked if there were any juvenile drug courts. Linda responded by stating there are no longer any youth drug court programs available.

The following is a list of the reasons the Drug Court Program is moving along more slowly than expected:

- 1) Participation and promotion levels among the judges, defense attorneys, and prosecuting attorneys varies across the State. The Drug Court program needs professionals who understand and value the program process and have a vested interest in promoting and encouraging offenders to participate in the program.

- 2) There is an issue with turnover of staff and retraining of the staff administering the Drug Court Program.
- 3) The judiciary system in the State of Maine is stretched.
- 4) Drug court programs do not have any control over the plea bargain agreement and how the language is created.
- 5) Drug Courts are very demanding programs and participants may be intimidated by the in-depth treatment and guidelines they will have to follow in order to graduate from the program.
- 6) The Federal funding system requires these individuals to be able to get into treatment immediately, in order to provide funding for the service. The Federal Government has made some changes recently in their policies, because results have shown that if all you do is punish people without a treatment plan, you just make that person sicker.

Hartwell Dowling described the drug court process. The programs are voluntary on the behalf of the participant. The person will be charged with a crime, then they will be given a choice to participate or not in the drug court program. The plea agreement is then written up for the individual. The agreement states what is expected of them. If the person does well in the program, they will receive a good sentence and if they don't, they will receive a bad sentence. This plea agreement is crucial and sometimes the language is not crafted very well. Also rumors on the street discourage some individuals who hear from others that the program is very rigorous; having to do a lot of drug tests, visiting judge on a regular basis and doing community service. Hartwell stated he has seen the number of referrals drop off. Right now, the drug courts have seen the lowest number of participants than there has ever been. The prosecutors are the gatekeepers and they are very much concerned about safety and sometimes the plea agreements may be written in a way that may not motivate participants to engage in the program.

Bill Lowenstein asked whether we are still talking about non-violent offenders participating in these drug court programs. Hartwell said yes; primarily we are serving non-violent offenders. The Federal Government funding requires that the offenders have to be non-violent. Other resources of funding do not make the same requirements, so we have seen some violent offenders be more responsive and productive in the programs than the non-violent offender. At the same time, there are still a lot of concerns regarding this population, especially when these individuals are out in the community setting.

Hartwell stated that the referrals are less of an issue in Androscoggin County because they have a dynamic judge, District Attorney, Defense Attorney and probationers who are on board with the Drug Court process. The Washington County courts are also doing well. This is not the case in other areas of the state where some judges are ambivalent and not as interested in the programs.

The Co-occurring side of Drug Courts; even statewide the numbers are lower. Reason is because it is a very complex population.

Hartwell stated that the Veteran's Drug Court population is continuing to grow. The Veteran's programs are clearly different. The criminal histories usually begin after deployment in service. Once they enter the drug court program, these individuals have veteran peer mentors, and case managers. They are also a very cohesive group and have shown more engagement than the civilian populations. The District Attorney has been very helpful. Hartwell attended the Judiciary Committee meeting yesterday concerning a bill to expand Veteran's Drug Courts. The Committee ended up recommending expanded funding in the amount of \$42,000 a year for Veteran's Court to support a part-time Assistant District Attorney. With this money, we will be able to screen cases and then do a needs assessments to decide where these cases should go. It is not clear exactly how many Veterans are in the Drug Court system. Initially, this bill was asking to place a Veteran's Drug Court in the eight courts all over the State, but the State can't really devote those kind of resources without knowing the actual numbers. Rob Rogers asked Hartwell if people were being asked if they are a Veteran when they are

booked. Hartwell stated that this happens consistently in some but not all courts. However, the DOC has a pretty good estimate of the numbers.

Linda presented a couple of things the Drug Courts are focusing on to strengthen the system:

- 1) Changing people's attitudes, both on the street and in the court system; having all parties value the process;
- 2) Using the NIATx process to help grow the numbers of participants.

Other items discussed on how to improve the system:

- 1) PR work - Leanne Dodge stated that maybe presenting some success stories to the prosecutors and judges, so they understand and see the results of the drug court programs.
- 2) Connecting with TV and News Stations: Example – the MPBN Documentary: A Matter of Duty showed a Drug Court Graduation. These moments need to be kept in the forefront, so that people don't lose interest and become cynical.
- 3) The new drug court judgeship positions that the Governor recently proposed.
- 4) Mandatory sentencing – Peter stated that about a month ago the Federal Government eliminated mandatory sentencing. Hartwell stated Maine is a fairly conservative state and it may take a good while to make changes.
- 5) Things to consider for the future – how to fund treatment; what will the system look like in the next phase; we may need more than one billable service.
- 6) Allowing medication assisted clients to attend Drug Courts. Bill asked where the system is regarding inclusion of this population in the programs. Hartwell stated it still remains a controversy. It may be awhile before this happens in Maine. Hartwell said right now the Legal Action Center is working on a lawsuit regarding a violation of ADA. He is not sure how it will work out. Bill also asked what the differences in gender breakdowns are right now. Hartwell stated that one third are women and two thirds are men. In the family courts there are a few more women.
- 7) Peter suggested using the ITV for court-supported services; using this as a tool would save time and money. Hartwell stated that realistically this would be a good tool, but a lot of judges are uncomfortable with using the technology.
- 8) Linda feels that the more the judiciary and collaborative parties hear good things, the more investments will be made in the drug court programs. Linda says the State has been funding these programs now for 12 years and this kind of programming will not be cut off.

Peter asked Linda what Maine Pre-Trial's role was. Linda explained that they are a contracted case management entity and they do more than just court case management. Maine Pre-Trial has locations all over the State. SAMHS has been very happy with the services they have provided. SAMHS has increased Maine Pre-Trials' funding under a BJA grant in order to increase staffing and because of an increase in the cost of drug testing. This funding will go away eventually.

Peter reviewed the Drug Court in Maine handout sheet Linda gave out to the members and offered some minor changes to the sheet, e.g., spell out acronyms; and identify what the general population recidivism rate is. Hartwell stated that the general recidivism is a challenging figure. Discussions ensued about the term recidivism. Hartwell likes the language of re-arrest.

Presentation by Stephen Corral, Data & Research, SAMHS:

Steve Corral gave a presentation on MIYHS. He talked about participation rates. The MIYHS provides data every two years. The most current delivered data was this past December. The bulk of the substance abuse data comes from Middle School and High School surveys. For this presentation Steve reviewed mostly the high school data for this presentation. More information on how to access middle school data is available through

the SAMHS website. Steve stated if the response rates come in under 60% at a specific level (e.g., County), the information may not be truly representative of the population, and therefore not available for the release. Compared to other years for the MIYHS survey, the participation rate in general has come down in specific geographic counties. The reasons for this include: school consolidations; reduced funding through the Healthy Maine Partnerships program for School Health Coordinators, in the summer of 2012; concern from some teachers that it takes too much away from regular school time. Steve stated that we need to make the case that academic and health initiatives are not separate, but are linked.

Steve continued his presentation with reviewing statistics concerning use in the past 30 days of alcohol, marijuana, prescription drugs. He also addressed perception of risk for marijuana use. Comparative survey statistics are available for the years 2009, 2011, and 2013. He explained to the group the meaning of the confidence interval bars.

Steve stated that there has been no significant changes in percentage rates for marijuana for these three years.

Scott reported that the middle school in his local area has been seeing an increase in marijuana use in Androscoggin and Oxford Counties. Leanne Dodge also said that River Valley middle school youth have had some problems with marijuana use and suicide. Steve Corral said suicide ideation has gone up statewide among female populations, where males have remained flat.

Steve stated marijuana perception of risk percentages have changed significantly. Students who perceive that marijuana use is not risky has increased from 39% to 51.6 %. This suggests that students are much more likely to smoke marijuana.

Scott asked if there would be a written report available. Steve said a draft has been completed on the Marijuana Risk Cross Tabs analyses and will be released in about a month.

Steve stated that Prescription drugs have also decreased in these years. Scott commented on the way the questions are worded. Steve responded by saying that we can't change the format of the survey, because the funding for this comes from the CDC and it has to be worded in a specific way. He noted that we do see 30-day use higher in Sagadahoc and York Counties and lower in Piscataquis County for using at least one day in the last 30 days.

Steve has been looking at the health risk behaviors by academic grades; gender; race of students. It was noted that academic grades and health behaviors are linked. He is hoping to promote this information to superintendents and schools. Leanne stated she has some CADCA conference information on this subject that she will send to Steve.

A synopsis of some of the key MIYHS data presented by Steve Corral:

- 106 schools participated; 23 refused; 82% of schools participated
- 80% of students in participating schools answered; 63% of all students

-Counties without sufficient data to report on a county level, due to lack of participation: Franklin, Hancock, Knox, Waldo

-High School Data:

30 days Drinking:	2009: 32%	2011: 28%	2013: 26%
30 Days MJ:	2009: 22%	2011: 22%	2013: 22%
MJ, No or slight risk of use:	2009: 39%	2011: 44%	2013: 52%
Rx Use:	2009: 9%	2011: 7%	2013: 6%

30 day alcohol/MJ use by academic grade:

A's:	19%	10%	4%
B's:	22%	20%	5%
C's:	32%	30%	9%
D's/F's:	49%	50%	19%

Bill recommended that we be careful of how we market this information. He doesn't want to see it turned into a socioeconomic problem. He feels that academic success doesn't necessarily make you immune from substance abuse.

Steve wants to promote surveys being taken in schools and not have the schools feel like this data will be used against them.

The website address <https://data.mainepublichealth.gov/miyhs/> will take you to Steve's presentation of data for 2013. There is a heading bar called "reports and fact sheets; this page includes three types of analyses: Detailed Reports - including demographic and geographic breakdowns; Core Reports – providing one overall average number and comparing data to the previous data for this county and state overall; Special Analyses – alcohol and marijuana risk factors.

Bill asked Steve if we would be able to look at some of the Health Risk behaviors and use. He wondered if was a way to compare it to youth's behavioral health and trauma related issues. Steve stated that we can do this and can also link this survey data with other data reports from other entities, such as violence incidence data that schools collect.

Neill commented that over a period of years, the school systems that were the most assertive are the ones you see with more positive results. He commended Steve on all of his efforts to promote participation in the surveys. He also recommended we consider reaching out to the local school systems and asking anyone who has been active, if they would be willing to share their experience.

Steve stated that one of the documents he is preparing will be a user guide, where he will include quotes from school officials and superintendents. He stated that the draft of the academic health risk should be going out soon to the Superintendents Association.

Leanne suggested taking a look at Washington State and Colorado's information. We can review the information they have regarding how many marijuana arrests have been made. This information could be useful to the SAMHS Marijuana Workgroup.

OLD BUSINESS:

Recovery Capital – Peter stated the Commission is interested in gathering data to document the value of recovery. He noted that the members have been talking about this for a number of months. A written request will need to be submitted from the Commission to SAMHS on what the value of recovery is. Peter feels the Commission can assist SAMHS with meaningful suggestions on how to gather this information. In this month's meeting the Commission was missing some key members, so again it was decided to move this topic forward to next month's agenda for more discussions.

Bill asked the members what they wanted addressed on the topic of recovery and what our role and relationship would be with SAMHS. Bill voiced his concern that the Commission last November voted to recommend SAMHS include the word Recovery in SAMHS Mission Statement on their website, but this language has not

yet been added. He feels it is best practice to have this wording included on the website. Anne Giggey agreed with Bill that recovery is an important piece that needs to be included in our mission. A discussion proceeded about the Recovery Systems of care and the Recovery Subcommittee recommendations made back in November of 2013. Bill inquired as to what kind of expectations from SAMHS on this subject the Commission would receive and when. He feels that collecting data around recovery capital would be good thing to do by trying to match the problem with the services. Peter will keep this item on the agenda, since as a Commission, we will need to address this issue. Leanne suggested that after just hearing from Linda and Hartwell on Drug Court and Recovery, it would seem reasonable that these programs would be helpful in supporting recovery.

Bill stated the other piece for him around the RFP for Peer Services is that it should be run by peers and not professionals. Peter suggested that an organization could be created with a division of peer staff.

LD 1578, “An Act To Increase Health Security by Expanding Federally Funded Health Care for Maine People” – The hearing was held on January 15, 2014, before the Health and Human Services Committee. The Commission’s role would be to address the potential value of the funding of these services. Peter stated that he had not heard any of the specifics yet. We should know in the next month or two. Bill said he expects it will go by before SASC can act on it. If it goes into effect, more people would be covered by MaineCare. He feels this could, in the long run, save money that then would be freed up for other uses.

Bill asked if maybe this is something in the future that the SASC could ask SAMHS, how many clients have been cut off from methadone regarding the 24-month limit instituted. Peter will place this item on the agenda for March. Peter stated that he will also need to discuss with Guy Cousins what would be the process and benefits and of the value of methadone being offered through rural health communities.

Membership (Representatives and numbers): Peter stated that the Commission has two vacant positions to fill. We are looking for a lawyer and an education sector representative. If anyone is aware of someone they think would be interested in these positions, please encourage them to fill out and submit an application to the Governor’s office for appointment to the Commission.

Ethics & Mission Statements:

Code of Ethics – The new Code of Ethics statement was signed by the members present. The members decided this form will be signed by any new member as a process of appointment and then signed again at renewal for the duration of their position on the Commission.

Mission Statement – Peter made a recommendation to use largely as currently stated, leaving in the legislative language and making some minor changes to it. Changes are adding prevention, intervention and recovery to the paragraphs and replacing OSA with SAMHS throughout the document. Over the past two months there have not been enough members present for a quorum, so the Commission will try to vote on this next month.

Marijuana in the State of Maine, The Commission’s Position:

Peter stated that as the Substance Abuse Services Commission he expects that the legislature will eventually ask members to work on creating a position paper on marijuana.

Scott informed the group about LD 1719 and funding of the Marijuana Workgroup through the new tobacco settlement funding. Scott was there to propose funds to SAMHS in the amount of \$150,000.00. He discussed the research on the perception of risk. He also met with some concerned representatives who asked him questions on the subject.

Information Gathering Ideas for Position Paper:

- 1) Lee Anne mentioned that since Scott had already prepared a position paper last spring she felt we could use this as a template for the creation of this position paper.
- 2) Scott Gagnon stated that the Commission could also use the Marijuana Workgroup information they have gathered so far.
- 3) Peter – quantify the increases; enforcement on impaired driving.
- 4) Bill – Issues in the workplace.
- 5) Bill also suggested the Commission invite gubernatorial candidates to meet with us in late summer or early fall; we should have our position paper ready for their visit; make it available to all candidates; develop something for them to use.
- 6) Scott suggested inviting other agencies - MPHA; MASAP, Chiefs of police; who can give their perspective on Marijuana.
- 7) Rob – are there any medical groups that have taken a position on this issue?
- 8) Bill asked about the American Lung Association. Scott stated that they don't have a formal position right now.
- 9) Peter – We currently have Rules and guidelines for tobacco, but we don't have any for marijuana.
- 10) Scott – Marijuana issue; concerns of food based products; especially around children.
- 11) Rob: the recent DFC conference showed samples of the marketing going on; concerns around marketing to youth.
- 12) Scott – Gather information from Colorado; Scott also offered to do a presentation on this information to the members next month.
- 13) Bill – Educational process.
- 14) Peter – capture the impact.
- 15) Bill – user fees.
- 16) Scott – consider reviewing/using Eric Holder's position on legalization.
- 17) Scott – Banking business practices may be an issue; how can they allow them to place money in the bank.
- 18) Bill – also need to invite the promoters of marijuana and listen to their views of the situation regarding the impacts of this bill to the community.
- 19) Consider the amounts people will be allowed to legally have.

Prepare Agenda Items Next Meeting on March 12, 2014:

Peter McCorison will not be able to attend the March 12th Commission meeting.

The next agenda items for discussion will include:

NEW Business

-information from SAMHS

-impact of the decreased access to suboxone - would like data from SAMHS on this;

-invite gubernatorial candidates to meeting in the late summer or early fall

-capacity to send out invitation letter to candidates in March;

-review and approve the Commission Mission Statement;

Scott offered to do a presentation to the members at the next meeting on the Colorado marijuana information;

OLD Business:

-Recovery Capital; put a plan together

Bill asked Peter about the MAAR Contract review members discussed in the December meeting. Peter responded by saying that Darren has recanted his ability to do the presentation on the MAAR contract. Peter

stated that because the contract is a public document, if any of the members would like to review this document, they can have access to it through SAMHS.

Format/Content of Minutes:

Peter stated that because the Commission doesn't have any legislative capacity or the capacity to impact budgets that it may not be necessary to have the minutes done verbatim. Bill said he wasn't sure what is required, but he likes it this method because if he misses a meeting it provides more detailed information. Peter suggested that we consider having the minute's mirror the agenda and capture the essence of the items discussed and may also incorporate verbatim statements made by members or guests at the meeting where necessary. It was also suggested by Leanne Dodge that because the minutes are recorded, anyone among the members would have access to the recorded minutes should they want to listen to them. Peter will place this item on the agenda for the March meeting, hoping to have enough members present for a quorum.

Meeting Adjourned: 12:00 Noon

Next Meeting: March 12, 2014, 9:00 – 12:00

Location: Cross Building, Room #600 on the 6th Floor