

**Substance Abuse Services Commission
Meeting of July 9, 2014
State Office, DHHS, Conference Room C
41 Anthony Avenue
Augusta, Maine**

ATTENDANCE

Members Present:

Peter McCorison, Chair
Robert Rogers
Darren Ripley
Irene Laney
Scott Gagnon
Ann Giggey
Robert Creamer
Rep. Ann Dorney
Senator Colleen Lachowicz
Robert Creamer

Members Absent/Excused:

Bill Lowenstein
Thomas Leonard
Diehl Snyder, MD
Rep. Carol A. McElwee
Rep. Katherine Cassidy
Rep. Peter Stuckey

Office of Substance Abuse and Mental Health Services:

Linda Frazier, Representing Guy Cousins, Director, SAMHS
Tracy Weymouth (by phone)

Guests:

Raya Kouletsis, Coordinator, MAPSA
Neill Miner, AdCare Maine
Deborah Doiron, AdCare Maine, Recorder

**Substance Abuse Services Commission
Meeting of July 9, 2014
State Office, DHHS, Conference Room C
41 Anthony Avenue
Augusta, Maine**

JULY MINUTES

DRAFT Date:	July 10, 2014	SASC Approved:	
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: Introductions, Review Agenda; Public Forum

New Business:

- Review of Minutes of Previous Meeting: June 11, 2014
- Presenting letter of request to SAMHS on the Marijuana Study
- SAMHS Update – Linda Frazier, Associate Director, Representing Guy Cousins, Director, SAMHS
- Recovery Sub-Committee: Darren Ripley and Ann Giggey present letter of request to SAMHS on Recovery
- Recovery – Darren Ripley will present to Commission members for feedback on a Recovery Month Proclamation he has been working on
- Health & Human Services Committee Letter – need more information on Medication Assisted Treatment (MAT) from Tracy Weymouth

Old Business:

- Membership
- Non-biased position paper on legalization of Marijuana
- Role of MaineCare in the delivery of Substance Abuse Prevention, Intervention, Treatment and Recovery in Maine: Contact MaineCare to identify a person to speak with the Commission
- Information on the Role of the Commission to Candidates for Governor

Prepare Agenda Items for Next Meeting on August 13, 2014

Adjourn meeting 12:00

SASC Meeting - General Opening Statements

Peter McCorison, Chairperson Introductions and Public Guest Comments

Peter McCorison welcomed the members. Introductions were given. Peter stated that Guy would not be available for the meeting and Linda Frazier, Associate Director for Treatment and Recovery would be representing SAMHS for this meeting. He stated that there will be adjustments to the agenda as needed to accommodate Linda's schedule. Peter asked the group if there was anything they wanted to add to the agenda. There were no additions. Peter stated that the group would be focusing on MAT services and the federal guidelines around methadone and requirements, which will help us understand the capacity to expand these services throughout the State of Maine. Peter announced that Tracy Weymouth from SAMHS would be available to answer member's questions regarding MAT services. Peter announced that Robert Creamer is a new member on the Commission and that Leanne Dodge has taken a position with SAMHS and is resigning her position on the Commission. We will be looking to fill her seat. The Commission received a letter from the City of South Portland. The City Council notified the SASC that they had passed a Resolve resolution opposing the legalization of non-medical marijuana. The letter will be kept in the SASC records.

Conclusions or Actions and Responsible Lead Person; timeline if applicable:

N/A

NEW BUSINESS - July Agenda

Topic #1 – Review of Minutes of Previous Meetings – June Minutes

Discussions: feedback on minutes

Peter stated that he would like to make a motion to accept June's Minutes. He then asked if there were any comments from the group on the June Minutes. There were none. The motion was made by Ann Giggey, seconded by Irene Laney, and accepted, with no corrections or amendments needed.

Conclusions or Actions: Motion for Acceptance and Seconded for June Minutes

- Motion accepted with corrections or amendments to be made to previous month's minutes, Responsible Lead Person – Deb Doiron**

List Changes Made: No changes were recommended. The motion for acceptance was approved and Peter McCorison signed and dated the minutes for the file.

Topic #2 – Presenting Letter of Request to SAMHS on the Marijuana Study

Discussions:

Peter McCorison presented Linda Frazier, Associate Director of the Treatment and Recovery Teams, SAMHS with the Letter of Request for a marijuana study. The letter asks that SAMHS work with the Commission to develop and implement a comprehensive study of the potential

impact of further decriminalization/legalization of marijuana in the State of Maine. The Commission feels that it is very important for the State to have a clear non-biased documentation, including the pros and cons regarding the legalization of marijuana. Peter thanked Linda for taking the letter and stated that the Commission doesn't have the capacity to do the study by itself. The Sub-Committee will assist SAMHS on sorting out the process. The Sub-Committee also discussed that SAMHS most likely doesn't have the funds for this request at this time. The Commission is willing to support SAMHS in seeking out resources to fund this study.

Conclusions or Actions and Responsible Lead Person; timeline if applicable:
Petr McCorison presented the letter of request on the Marijuana Study to Linda Frazier, Associate Director for Treatment and Recovery, SAMHS

Topic #3 – SAMHS Update, Linda Frazier, Associate Director, Representing Guy Cousins, Director, SAMHS

Discussion Items:

- 1) SAT-Ed Grant – work going very well and now Vinal Haven has been included as one of the sites associated with this grant.
- 2) Quality Management Team – Linda described the work this team has been doing surrounding the Consent Decree and all the information they collect. On June 30th Guy Cousins and Sheldon Wheeler went to Portland and met with Justice Waltham and Justice Horton, who are the overseers on the AMHI Consent Decree and went over the outcomes. A motion was put forth to Court Master, Justice Horton to eliminate SAMHS' obligation to continue to gather data concerning 32 measures that SAMHS currently tracks and reports out on, on a regular basis. The information would still be collected and SAMHS would still have the data, but this would significantly reduce the burden of reporting on the Quality Management Team around the Consent Decree. The 32 selected measures had been vetted very carefully by SAMHS; it was concluded by SAMHS that continuing to report out on measures would not inform the Court as to whether DHHS was accomplishing the intended outcomes. A decision on this matter is forthcoming.
- 3) Staffing changes: Lee Anne Dodge was hired recently into a Prevention Specialist position at SAMHS; Mickey Dodge has been hired into the Librarian position in Information and Resource Center; Stephanie Kadnar has been hired as an Administrative Support staff; Leticia Huttman, Recovery Manager has been hired into the Training and Employment position; Linda Frazier has already placed a request to hire someone for the Recovery Manager position; Wanita Page has been hired into a Quality Management Team position;
- 4) Geoff Miller, Associate Director for the Prevention and Intervention Team is currently working on finalizing the Crisis Response Services RFP;
- 5) Hope Conference took place last month and was well attended.
- 6) Criminal Justice Conference, CA – Linda attended this national conference and gave a presentation on the work SAMHS has been doing on timely access to Drug Courts.
- 7) Updating the Treatment Data System (TDS) to FEI WITS – TDS system will be updated and aligned with similar data gathering systems in other states across the country. This update to the new system is expected to be completed around a year from now. Linda gave a description of the current TDS system on how, where, and what kinds of treatment information is collected on clients. The TDS system collects data from contracted

agencies who provide substance abuse treatment across the system. It also collects data from clients served by Methadone Clinics. Linda stated the new system will improve SAMHS' ability to integrate and communicate with other data gathering entities.

8) Contracts for 2015 – moving forward more quickly than last year.

Peter McCorison asked Linda about the overdoses and deaths regarding opiates. Peter said that he was advised that all we can track right now are the overdose deaths and not overdose incident. Linda responded by stating that SAMHS is very concerned about the fentanyl laced heroin and increases in opiate related admissions. At the same time, she stated that SAMHS is very pleased that with the support of the Legislature for authorizing the use of Narcan by family members and emergency personnel in response to incidents of overdose. Linda said the SAMHS last year has expanded funding for the Overdose Prevention contracts in the Bangor, Waterville and Portland areas. Peter asked if there is any data being collected right now regarding overdoses and overdose deaths associated with opiates. Linda will share with the SASC members, data from the American Public Association annual meeting last year on how to balance policy between supply and demand reduction and access to services and how that impacts overdose. Peter stated that we need to collect data on both overdose deaths and non-fatal overdose incidents, in order to be able to present this informational data to the Legislature when seeking to receive support on these issues.

Other collection processes discussed:

Engage hospitals regarding the overdose cases; have them provide numbers to the State and Legislature;

HMP groups presentation on heroin PowerPoint presentation; and
Critical incident reports.

Conclusions or Actions and Responsible Lead Person; timeline if applicable:

N/A

Topic #4 – Recovery Sub-Committee: Darren Ripley and Ann Giggey will present a Letter of Request to SAMHS on Recovery

Discussions:

The Sub-Committee members reviewed and discussed the two draft letters with the rest of the group. One letter was created by Darren Ripley and Ann Giggey and another was created by Ann Dorney. After reviewing the two letters, it was decided to use some language from both. The letter of request will be re-drafted by Darren, Ann G. and Ann D. to be presented to SAMHS at the next meeting in August.

Darren is promoting the Robert White tool as the best way to collect basic data on Recovery Services. Darren has already been given permission to use this tool by the authors. This tool would also show where we are lacking in recovery services. Darren feels it will give easy access to data that can serve as an assessment tool for counselors to determine client needs, and help them create an action plan for the recovering individual. It can also identify the recovery service needs that are missing in the community.

Peter also sees this tool as a data source for SAMHS and the Recovery movement to offer a recovery system of care. The data could show the value of recovery and the services needed in order to maintain individuals in their recovery. Irene Laney said that she has already been using this tool with her clients and feels it is very useful in doing assessments. Ann Giggey also recommended it as a great assessment tool and would also like to see regulations promulgated, so we can track this data and use this information as a continuum of recovery. Rob stated that we need to be clear if this tool is going to be used for collecting data, used as a treatment planning tool, or just as a survey. Peter also mentioned the development of the health homes and the possibility of connecting them with recovery coaches for clients in recovery.

In terms of next steps, Ann Dorney thought that sending out the survey now could give a one-time snapshot of the current system, and could also be helpful in getting the tool out in the community support systems;

NEXT Steps: Peter asked that the group make some formatting changes to the letter. The Commission would like SAMHS to be responsible to collect the data and engage them in the recovery system of care. Peter also mentioned that Recovery has not been added yet to the SAMHS web page and would like to see this happen, so that it is included with the other pillars.

Discussions regarding options for engaging SAMHS in this project:

- 1) Doing a study on the Value of Recovery: Right now there isn't a real understanding of what the value of recovery is, nor is there a non-biased document created to describe it;
- 2) Commission support the recovery system of care: It should create a document to deliver to SAMHS, in order to engage it in further action. One good option is conducting an initial survey. This may be a do-able request for SAMHS .

Suggested edits:

3rd paragraph in letter – change language to encourage SAMHS to gather this data across the State for the Recovery Capitol;

4th paragraph – remove Darren's name and replace with members of the sub-committee.

Ann Dorney suggested including the descriptions of the known benefits of recovery capitol in the language. Peter suggested that the Sub-Committee for Recovery complete their re-drafting and send the final draft of the letter of request to Deborah and Peter. Deborah will then share the draft letter of request to SAMHS with the SASC Members in an e-mail with the July minutes and August agenda.

Conclusions or Actions and Responsible Lead Person; timeline if applicable:

Create one draft letter of request to present to SAMHS at the next SASC Meeting on August 13th on Recovery. Responsible persons: Darren Ripley, Ann Giggey and Ann Dorney; Sub-Committee will send the draft to Deborah Doiron and Peter McCorison. Deborah will send out the draft letter to all members when she sends out the e-mail notice, which will include July's draft minutes and agenda for August meeting.

BREAK: 10 minutes

Topic #5 – Recovery – Darren will present to Commission Members for feedback on a Recovery Month Proclamation he has been working on.

Discussions:

Darren presented to the Commission Members his newly created Proclamation. He received feedback from the Members. The Commission members agreed that the SASC name could be listed in this document as being in support of recognizing the month of September as National Recovery Month in the State of Maine. Peter asked the members if they would like to add our name in support of this proclamation. Robert Creamer made a motion and Ann Dorney seconded the motion; the motion passed unanimously. Peter McCorison stated that the Proclamation should probably be sent or delivered to the Governor's Office soon. Darren stated he would deliver it personally. Peter also suggested Darren bring along with him others from the recovery community when he delivers this Proclamation to the Governor's Office for a signature of approval.

Conclusions or Actions and Responsible Lead Person; timeline if applicable:

Darren Ripley will make changes in the Proclamation language and then Darren and other recovery community members will hand deliver to the Governor's Office the Proclamation for the Governor's signature of approval.

Topic #6 – Health & Human Services Committee Letter – need for more information on Medication Assisted Treatment (MAT) from Tracy Weymouth

Discussions:

Peter began the MAT discussion with LD1213 – An Act to Reduce the Cost and Access to Methadone Treatment across the State of Maine. The SASC has been requested to present to the Health & Human Services Committee (HHSC) a document no later than October 15, 2014 giving them recommendations concerning to increase access to methadone and suboxone in support of expanded Medication Assisted Treatment (MAT) for opiate dependency. Peter suggested that the SASC needs to more clearly define the MAT to the HHSC and encourage consideration of the continuum of methadone, suboxone, vivatrol and other forms of intervention. Peter updated the members regarding June's meeting discussions, which included the suggestion of sending a letter to the FQHC's to engage them in discussions about what their interests, capacity and the barriers are to expanding use of MAT. This letter would also include a survey monkey, which will help the Commission respond to the HHSC by giving the members information on resources needed for expanded access to MAT services.

Peter announced that he had recently contacted the State of Vermont regarding their Mobile Clinic operations. He found that Vermont is no longer are doing the mobile clinics. The discontinued use was not because mobile clinics were not effective, but because they now have established permanent outreach clinic sites. The representative from Vermont said there were no federal issues related to their mobile clinics. Tracy Weymouth then stated that the DEA is no longer allowing these mobile clinics. There are currently ongoing discussions regarding the mobile clinics. We will need to get approval from Federal level before moving forward with the use of mobile clinics. The Center for Substance Abuse Treatment (CSAT) is in support of using these mobile units. The DEA will have to give their approval before this can move forward.

Tracy informed the members that SAMHS has explored the use of mobile units in the past. She said one of the barriers was the State Pharmacy Board. The Pharmacy Board does not have any

regulations on this kind of delivery system. The Pharmacy Board would have to create regulations and approve the mobile units.

Tracy presented to the members the following information on Methadone Assisted Treatment (MAT):

- 1) There are 11 Methadone Clinics in the State of Maine. One clinic is self-pay only. All Methadone Clinics are required through regulations to report TDS information to SAMHS.
- 2) The clinics have several oversight mechanisms:
 - a) DEA – regulates the medication, the safety of medication; how it is dispensed and logged; and security;
 - b) STATE Pharmacy Board; The Pharmacy Board wrote some special regulations for the clinics themselves in 2013. The methadone clinics are considered a pharmacy. These regulations are on the Board’s website; these regulations are centered around the medication and storage and installation of camera’s; other matters related to safe storage;
 - c) STATE Regulations – the methadone clinics have the most requirements of any of the service settings DHHS/SAMHS oversees. Katherine Coutu is the State Opioid Treatment Authority (SOTA) at the SAMHS office; she oversees the methadone clinics: ensures the clinics are operating effectively and using best practices; completes site visits; monitors Critical Incident Reports. She is the State’s liaison with the Center for Substance Abuse Treatment (CSAT), which also oversee the clinics.
- 3) The Methadone Clinics have to be accredited by JACO or CARF. The clinics are required to hire staff with appropriate licenses and credentials.
- 4) MaineCare – as a payer source; SAMHS does some collaboration with them also. Right now the cost is \$58.00 a week, with a \$2.00 co-pay; it is a bundled rate; covers everything at the clinic. The rate has dropped twice in the last couple of years; if clients need a service that is not included in the bundled rate, then the client can be referred to another service, e.g., mental health services. The client can be referred and payment for this service would come from MaineCare or other insurances.
- 5) Group vs. Individual Therapy for substance abuse treatment; Anonymous People were discussed.
- 6) A question was raised concerning partnering with FQHC’s or other methadone clinics to deliver methadone dosing to a client.
- 7) Existing methadone clinics: could they do mobile units at additional sites?
- 8) Peter asked Tracy to outline some regulatory rules regarding licensing of professionals, such as doctors and nurses. It was noted that clinics do orders, not prescriptions; an order can only come from a physician; medication is dispensed by an RN or LPN; there is a State requirement to have RN as a nurse manager;

Other topics discussed with Tracy Weymouth:

Data on dosing amounts of methadone: Peter asked Tracy for feedback on dosage amounts. Tracy will provide the median dosing ranges to the Commission for the next meeting in August.

Travel costs to MaineCare for clients traveling to clinics; providing services closer to the client's homes, instead of traveling long distances: The Commission would like to know the original site of treatment and what location the client lives in now. Tracy will reach out to MaineCare for this data.

Rob asked about the level of treatment. TDS information shows how many individual and group sessions are being done; how much service the clients are receiving under this bundled rate and if the bundled rate is having an impact on the quality of service. Tracy will obtain this information also;

Peter – next steps:

- 1) Have Tracy and Stacey collect information for the Commission;
- 2) Peter will follow-up information on mobile units with another one of his contacts; Tracy will check in again about the mobile units discussion to see how this is progressing; she will also gather information on other states using mobile units;
- 3) Determine if the FQHC's may be interested in providing methadone services. Linda noted the RWJ grant, and the lack of interest in providing these services
- 4) Peter suggested perhaps the Commission should focus more on increasing access of suboxone and vivitrol through private physicians; provide other options, other than methadone treatment;
- 5) Peter stated he will continue to work on getting the questionnaire out to the FQHC's and add another question about whether or not they are providing soboxone or vivitrol.

Conclusions or Actions and Responsible Lead Person; timeline if applicable:

Tracy Weymouth will gather data on the following topics: Median dosing ranges on methadone clients; Original data site of treatment and the client's current living arrangements; how many individual and group therapy sessions are being done under the \$58.00 bundled rate; bring back an update to the Commission regarding the DEA discussions regarding mobile units and also gather names of other states using mobile units; Tracy will have this information ready for the next Commission Meeting in August.

OLD BUSINESS – July Agenda

Topic #7 – Membership

Discussions:

New Member – Robert Creamer, Recovery Seat

Vacancies on Commission:

Lawyer

School Administrator, Needs to be a Superintendent

College level representative

Adult Education

Ann Dorney recommended Laurie Dwyer from the Bangor area for the Lawyer vacancy.

**Conclusions or Actions and Responsible Lead Person; timeline if applicable:
Peter McCorison will contact Laurie Dwyer and inform her of how to make application to become a member of the SASC; no timeline established**

Topic #8 – Non-biased position paper on legalization of Marijuana

Discussions:

The members reviewed again the position paper on legalization of Marijuana.

Conclusions or Actions and Responsible Lead Person; timeline if applicable:

N/A

Topic #9 - Role of MaineCare in the delivery of Substance Abuse Prevention, Intervention, Treatment and Recovery in Maine: Contact MaineCare to identify a person to speak with the Commission.

Discussions:

It was concluded that the Commission does not need a presentation on MaineCare services at this time.

Topic #10 – Information on the Role of the Commission to Candidates for Governor

Discussions:

Peter will work with SAMHS to compile information on the Commission and its activity to mail to the primary candidates.

**Conclusions or Actions and Responsible Lead Person; timeline if applicable:
Work with SAMHS on information sharing with candidates; Peter McCorison; no timeline established**

Prepare Agenda Items for the next meeting on August 13, 2014:

- 1) MAT – Tracy Weymouth or Katherine Coutu-Farrell
- 2) Follow-up on Recovery
- 3) Follow-up on the Letter of request to SAMHS on Recovery
- 4) Follow-up on the Proclamation

Adjourn Meeting: 12:00