

**Substance Abuse Services Commission  
Meeting of January 13, 2016  
Cross State Office Building, Augusta, Maine  
Room 300**

**ATTENDANCE**

**Members Present:**

Scott Gagnon, Director, AdCare Maine  
Robert Rogers, Kennebec Behavioral Health (phone)  
Ann Giggey, Hope House (phone)  
Irene Laney, Clinician in Private Practice (phone)  
Bill Lowenstein, Pres. Of the Board of Dir. of Sexual Assault & Response Services (phone)  
Richard Malaby, Legislature, Maine House of Representatives, District 136  
Darren Ripley, MAAR  
Tim Cheney, Education, Choopers Guide  
Matthew Braun, Young People in Recovery (phone)

**Members Absent/Excused:**

Peter McCorison, Provider, Aroostook County, Chair for SASC  
Rep. Adam Goode  
Rep. Peter Stuckey  
Rep. Patricia Hymanson  
Diehl Snyder, MD

**Office of Substance Abuse and Mental Health Services:**

Geoff Miller, Associate Director, Prevention & Intervention, Office of Substance Abuse and Mental Health Services (SAMHS)

**Guests:**

Ann Rogers, Data & Research Manager, SAMHS  
Guy Cousins  
Erin Dunne, AdCare Maine, Recorder

**Substance Abuse Services Commission Meeting  
January 13, 2016  
Cross State Office Building, Augusta, Maine  
Room 300**

**JANUARY MINUTES**

<b>DRAFT Date:</b>	<b>January 14, 2016</b>	<b>SASC</b>	
<b>Amended Date:</b>	<b>February 11, 2016</b>	<b>Approved:</b>	
<b>Signed:</b> Recorded by: Erin Dunne, AdCare Maine			

**Meeting Convened:** 9:00 A.M.

**Adjourned:** 12:00 PM

**Meeting Convened:** By Scott Gagnon

**AGENDA**

- Introductions and Public Comments, Review of the December Minutes

**New Business:**

- SAMHS Update – Geoff Miller, Associate Director
- Report out on WITS to more clearly define scope of SA issues in Maine - Anne Rogers
- Public Hearing on Substance Abuse Bill 1/5/16
- Announcement from the US Surgeon General about a forthcoming report on the state of science on substance use, addiction, and health
- Prepare Agenda Items for meeting on February 10th, 2016

**Old Business:**

- Social Detox
- Data Mapping

**Meeting Adjourned: 12:00**

# **January 13, 2016 SASC Meeting DRAFT Summary**

**Scott Gagnon, Acting Chairperson**

**Introductions, Public Comment, and Meeting Minutes Review**

Scott Gagnon welcomed and thanked members and guests for coming to the meeting. Introductions were made. Scott asked if there were any public comments. No comments were offered.

**Review of the December SASC minutes:** Due to the lack of a quorum of the Commission members, review and revisions, if any, of the December meeting minutes was deferred until the next meeting.

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

N/A

## **NEW BUSINESS – January Agenda**

- **SAMHS Update – Geoff Miller, Associate Director, SAMHS**

- 1) Geoff mentioned that his position as Associate Director will end on February 1<sup>st</sup> and he will relocate to the Maine Center for Disease Control and Prevention (Maine CDC) as the Grants and Contracts Program Manager. As of February 1<sup>st</sup> the SAMHS Prevention Team will also relocate to the Maine CDC. All but four individuals within the Data and Research team will relocate to the Office of Continuous Quality Improvement and staff that oversees the Residential Services and similar programs will relocate to the Office of Maine Care Services.
  - a. 20% of the Substance Abuse Prevention and Treatment Block Grant will go with the SAMHS Prevention Team.
  - b. Tim Cheney asked now that the Federal ban on funding syringe exchange programs has been lifted if the program is eligible for funding. Geoff responded that he is not sure at this point in time.
  - c. Bill Lowenstein asked if a new liaison from SAMHS would be identified to attend the Commission meetings. Geoff responded that he is unsure at this point in time, however a transition document is in the works to determine next steps.
- 2) Crisis Services RFP awards were announced.
- 3) SAMHS staff is involved in the task force around the heroin opioid epidemic in the state. There are a number of bills that SAMHS is looking at for this legislative session.
- 4) SAMHS will be starting Contract Allocation Planning for FY17.
- 5) Some of the services within SAMHS's contract with MASAP around MAAR and MAPSA have come to an end. MASAP is looking at how they can sustain their work going forward.
- 6) The Maine Integrated Youth Health Survey (MIYHS) has been posted. The report showed positive trends with high schools students, including a decrease in marijuana, alcohol and prescription drug use. The report is published on SAMHS website.
- 7) Geoff advocated for leadership from SAMHS to attend future Commission meetings.
- 8) Guy Cousins asked that, with the reorganization happening within SAMHS, if there was enabling statute that required an Office of Substance Abuse to exist. Geoff responded that he is not sure. Bill Lowenstein added that statutorily the change is covered and the Commission may need to look at what is left of the SAMHS office and whether or not they can carry out the functions listed in statute.

- 9) Darren asked Geoff for more information around why the decision was made to terminate the contract between SAMHS and The Maine Association of Substance Abuse Programs (MASAP). Geoff shared that the reduction was made to move three positions under the MASAP contract into state lines to avoid any duplicative work between the organizations. Geoff added that there are other contracts that are still in place between MASAP and SAMHS, however the 501 contract was eliminated.
- 10) Bill Lowenstein requested that Peter write a letter to Sheldon Wheeler to request that a liaison from the office attend future SASC meetings. Scott will follow up with Peter to make that recommendation to SAMHS.

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

Scott will follow up with Peter to make a request for a new SAMHS liaison to attend future SASC meetings.

• **Report out on WITS to more clearly define scope of substance abuse issues in Maine - Anne Rogers**

- 1) Anne Rogers explained that the report she was sharing with the Commission showed the client data that licensed substance abuse treatment agencies are required to enter into the Web Infrastructure Treatment System (WITS) system.
- 2) The WITS system was developed through a grant award with SAMHSA as a system for states to collect and load client data into the federal Treatment Episode Data (TED) system.
- 3) Anne emphasized the differences between the WITS system and the previous Treatment Data System (TDS) system – the WITS system has multiple pages and more fields required for entering information. Some agencies are choosing to use the WITS system as their organization’s electronic health tracking system.
- 4) The WITS system makes it easy to change program enrollment between clients when they change from one program to another, or go from one agency to another.
- 5) The WITS system tracks client admissions, discharges, encounters, episodes, and cross-site weight-lists. It can also track change in referrals, employment, client demographics, substance use (of clients), progress notes, and other information. Data is limited to what clinicians enter into the system.

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

Ann Rogers will email the PowerPoint presentation used during the meeting to Scott for distribution to the Commission.

• **Public Hearing on Substance Abuse Bill 1/5/16**

- 1) Rep. Richard Malaby reported that appropriations voted against the bills. He stated that there are topics that are unaddressed. He stated some examples, such as the need for residential alcohol detox facilities, additional methodologies for treating the prison populations using vivitrol, and additional beds in treatment facilities for drug addicted pregnant women and drug affected babies/children. He reported that the bill was split vote and he is unsure what will happen when the bill goes to the floor. He believes that a larger solution is forthcoming but more data is needed.
- 2) Tim Cheney added that there are a lot of effective best practices and approaches going on the country than is going on in the state of Maine. There is an educational component that needs to be addressed in the state in order to solve the substance abuse problems. Guy Cousins added that

it is the stigma or the dismissal of science as it relates to the field of substance use disorders that is creating the uphill battle surrounding these issues.

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

None.

**BREAK from 11:05am to 11:15am**

- **Announcement from the US Surgeon General about a forthcoming report on the state of science on substance use, addiction, and health**

Scott stated that the announcement from the US Surgeon General is something the Commission should keep on their radar and, once the article is published, determine if the article's contents can be incorporated into the Commission's efforts and Maine's efforts around substance use, addiction, and health.

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

None.

**Old Business:**

- **Social Detox**

- 1) Guy Cousins mentioned that SAMHS funds a social detox in Portland, Milestone Foundation. In the American Society of Addiction Medicine patient placement criteria there is a level called medically monitored detoxification center. Social detoxes are non hospital-based centers with a medical director and nursing staff. Doctors prescribe medications administered by nursing staff.
- 2) Tim Cheney – a medication-assisted recovery residence in Lewiston was just approved by the state.
- 3) Guy Cousins – the definition of social detox needs to be made clear and agreed to. The admission criteria, continued stay criteria, and discharge criteria needs to be determined. He added that the language in the ASAM criteria helps delineate what level of care is most appropriate.
- 4) Detox needs to be reframed and treated as a health issue, as opposed to a moral issue or a criminal issue. It's a process to regulate for people in recovery to be able to live their lives. Elevate awareness.
- 5) Tim – Recovery center in Sanford will be reopened based on ASAM criteria. There will also be a co-morbid separate facility that individuals can be referred to. The center will aim to use the Yale/New Haven model.
- 6) No wrong door for people to get into treatment. There is a lot of education that needs to be done.

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

None.

- **Data Mapping**

- 1) Collect pre-existing asset map to start collecting data that is relevant so the Commission can appropriate accordingly. What data is available? How can the Commission use that data to target communities? What data is currently being collected? How is it being analyzed?

- 2) Tim Cheney – Choopers Guide is releasing an app that has treatment availability by modality or by how long the waiting list is for a treatment program. The app has real time functions in that staff can update how many beds are available, available rooms in IOP, room in detox, etc. Staff or referring person is able to see what is available immediately. 168 different fields in the database of this app. 46,000 providers on site, with listings in Canada, Europe, and US. The challenge is making people aware of this resource and getting people to use it.

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

Define the scope of the objective and the benefit of Data Mapping. Decide what the tasks are, create task groups, if necessary, and set a timeline.

- **Prepare Agenda Items for meeting on February 10<sup>th</sup>, 2016**

Members discussed topics for next agenda – Continue Data Mapping discussion, Commission’s report/letter to the Governor, Legislative Bills Update, SAMHS update -including list of recipients of Block Grant funding for substance abuse treatment agencies for FY15 and site reviews for these agencies (Darren’s request), Letter of support for LD1473 and LD1496.

**Meeting Adjourned: 12:00 PM**

**Next Meeting:**

Burton Cross Building  
111 Sewall Street, Augusta  
4<sup>th</sup> Floor, Conference Room 400  
Wednesday, February 10, 2016  
9:00 AM to 12:00 Noon