

Bangor/Brewer Area
Legislative Delegation
January 15, 2015



SERVICE CENTERS

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TO: BANGOR/BREWER AREA LEGISLATIVE DELEGATION
FROM: CITIES OF BANGOR AND BREWER
DATE: 1/14/2015

- **Service Centers are Engines of the State's Economy** – Businesses in these 71 (of 489) service center towns and cities generate most of the State's jobs and retail sales and therefore most of its sales and income taxes; account for most of the business capital investment and most of the innovation; and for three-quarters of all the municipal revenue sharing dollars that get distributed to towns – but get only 58% of those dollars back, a net redistribution of \$15 to \$20 million to other towns.
 - For the last three years, the Bangor region was the highest generator of retail sales in the state, with more than \$1.6 billion in 2013, exceeding both Portland and South Portland according to the Department of Revenue.
 - Bangor and Brewer have invested heavily in the economic future of the region with projects such as the Cross Insurance Center (\$68 million for construction from the City, in addition to \$450,000 from Brewer, and over \$7 million from Private Companies including Cross Insurance for operating); EMHS Cianchette Building and Lafayette Cancer Center (\$64 million from EMHS and \$6 million from the City of Brewer); Cianbro Facility (\$6.5 million from Brewer, state and federal sources and upwards of \$20 million from Cianbro) Bangor International Airport Terminal (\$12.3 million from Federal, \$1.6 million from BIA, \$100k from State of Maine.); and C & L Aerospace Expansion (\$3 million from BIA, \$1.1 million from C&L, \$1 million from Federal). Total economic development investment of \$183.6 million (\$78.9 million Municipal, \$85.1 million Developer, \$19.1 million Federal, \$500k State)
 - In addition, those investments generate significant money for state coffers such as the Cross Insurance Center which generated more than \$125,000 in sales tax revenue in its first year.
 - Businesses within the City of Bangor employ 35,000 people or roughly 6.19% of the jobs in Maine according to the Census for 2010.

- **Much is asked of Service Centers** –Local property taxes in service centers such as Bangor support huge inflows of commuters and other visitors who pay their property taxes elsewhere; additionally, service centers are home to most of the urban compact roads with their much greater maintenance obligation. Additionally, service centers have 59% of the tax exempt properties; deal with 63% of state’s reported crimes; provide 80% of federally assisted housing; and distribute 82% of the General Assistance.
 - According to the assessment records, more than 35% of the property tax base in Bangor and 17.5% of the tax base in Brewer is exempt from paying taxes
 - According to the US Census for 2013, the percentage of homeownership is 45% with approximately 55% of the population living in rental properties, compared to the state average of only 28%.
 - Bangor has 3 licensed methadone clinics serving approximately 1300 patients, more than anywhere else in the State.
 - Maintain roads and infrastructure to support the regional economy.
 - An increased level of public safety personnel – According to data from Penobscot County and Bangor Dispatch, the City of Bangor has over 40,000 public safety calls and Brewer had 11,500 per year. In both cases that amounts to 1.2 calls per person. As retail and service hubs Bangor and Brewer property taxpayers are called on to support more public safety services than would be needed for a like size town.

- **Playing field still very uneven, as if Service Centers instead of Suburbs are the centers of personal wealth.** Service Centers have lower median household income and higher rates of poverty than non-Service Centers and especially the surrounding high-growth suburbs. But they pay a higher share of “essential programs and services”; have property tax commitments that exceed the other 418 organized towns combined; on average have 42% higher property tax burdens (taxes vs income); and 2-3 times more per capita debt loads. Many small rural towns in the rim counties are also low-moderate income, but the suburbs in between are better off than either, yet treated as if they, too, are poorer than the service centers. (Note: among the 71 service centers are a few well-to-do suburban towns that grew into service centers over the last couple of decades as jobs as well as housing disbursed out of the original service centers.)
 - Both Bangor and Brewer’s median household income grew over the last year. However, Bangor’s at \$36,246 is well below the state median household income of \$48,219. While Brewer’s median household income is closer at \$47,940 it is still lower than the state average and neighboring communities such as Hampden at \$75,786.
 - The percentage of children eligible for free or reduced lunch in Bangor is 53%, Brewer is 44% vs. Hampden, Hermon, and Orrington at 25%.

- **Service Centers are at a breaking point.** Population levels have been basically stagnant for several decades, with many Service Centers in decline; Municipal Revenue Sharing has been raided for growing sums over the last 5 years; slow decline in Local Roads Program; and local government picking up the slack in GPA, which has never met statutory requirement and is getting farther and farther away from it.
 - In the 2010 Census, Brewer's population grew by 5.5% and Bangor's population increased by less than 5%, while neighboring communities have grown significantly more with one community growing 22%.
 - Municipal Revenue Sharing for Bangor and Brewer declined by roughly 60%. In 2010 Commercial assessments across the state decreased. At its current growth, commercial assessments are only slightly above the levels in 2009. This shift has left residential property tax payers paying more and more for services that support the entire region.
 - The decrease in state aid for education to Bangor from 2009 to 2013 was (\$1,404,594) and Brewer was (408,000); while the increase in the local share grew by \$959,151 in Bangor and \$488,000 in Brewer. The Bangor school budget remained relatively flat during this time. (\$41,197,728 in 2009 vs. \$41,238,725 in 2013 or a difference of \$40,997 or a .1% increase between four years of budgets). The Brewer budget increased \$360,000 or 2.2% over the same time period.

■ **What We Need from the State of Maine:**

- **Allow municipalities to keep more of what is earned within them with the help of local services** – i.e., protect existing revenue sharing mechanisms; give municipalities authority for more independent sources of revenue based on local choices (i.e. local option sales tax);
- **Recognize Service Center municipalities are different** – While all municipalities share certain issues, there are differences. Service Center communities play a vital role in the economic well being of the State. Property tax revenues produced within Service Center communities cannot fund all the necessary infrastructure and operating costs vital to maintaining let alone growing the economy, especially given that a significant portion of that development is not for profit.

- **Aggressively grow housing, population, and commerce in Service Centers –** Service Center communities will need to continue to pave the way with streamlined regulation in their growth areas, joint financing of projects with TIF and other tools, etc. – but state needs to protect existing revenue sharing mechanisms, continue to support local economic financing mechanisms such as TIF districts and business equipment tax reimbursement, help with transportation investments including transit, and cooperate in streamlining environmental regulations in designated growth areas
- **Invest in infrastructure and innovation –** Revive the Municipal Infrastructure Trust Fund to support planned growth; invest in hospitals, colleges, Maine Technology Institute, R&D tax credits, and support Public Education, all of which are key parts of Service Center economies and help the entire state grow through job, income, and sales growth.
- **Long term vision –** Recognize the cumulative impact of legislative action on municipalities and invest in long-term solutions to grow the economy versus short term fixes to address near term spending issues.

TAX SHIFT

TAX SHIFT

TO: BANGOR/BREWER AREA LEGISLATIVE DELEGATION
FROM: THE CITIES OF BANGOR AND BREWER
DATE: 1/14/2015

While the Legislature committee structure allows for a more in-depth review and discussion of a particular issue, it can result in unintended consequences. Municipalities have borne the costs of a number of legislative changes, which when taken individually or over a number of sessions, seem tolerable, but the totality of these costs shifts have had a significant negative impact on municipal residential and commercial property taxpayers.

What's Happened?

	Tax Rate Impact	
	Bangor	Brewer
Legislative Mandates With No Funding		
Administration of General Assistance	0.129	0.050
MaineCare changes, lack of expansion and cap resulted in:		
transfer of prescription costs to General Assistance	0.005	-
decrease in funding for ambulance services	0.010	-
decrease in transportation system fare revenues	0.090	0.034
Normal costs of teacher retirement	0.260	0.360
Statutory Funding Not Upheld by Legislature		
Revenue Sharing	1.226	1.183
Aid to Education - mandated by voter referendum	2.040	1.847
State Could Do More to Participate in Collaborative and Economic Development Efforts		
Reduction in Local Road Assistance Program (LRAP formerly URIP)	0.060	0.049
Reductions in State funding of State route projects (Odlin Rd, Outer Broadway)	0.080	0.021
Flat funding of BACTS results in fewer projects per year		
Approved traffic enhancement grants, local share committed, no State funding		
Regional transportation system		
Bangor, Brewer, Veazie, Orono, Old Town, UMaine fund \$760k or 27%	0.121	0.018
of operating costs, State contributes \$61k or 2%		
Designated transit systems as direct recipients - additional responsibilities	0.010	-
	\$ 4.031	\$ 3.562

If these costs had been funded as proscribed by Statute or had not been shifted to the municipality, the average residential property tax bill would have been 18.5%, or \$535.99, lower in Bangor and 17.0%, or \$472.65, lower in Brewer.

What Have Municipalities Done?

- Limited cost of living increases
 - Bangor: Pay adjustments held to 0% - 2%.
 - Brewer: Only two pay adjustments in last 6 years
- Reduced workforce by 7% - 10% (layoffs and elimination of vacant positions)
- Managed health insurance costs
 - Bangor: Contributed 75% towards employee health insurance premiums
 - Brewer: Redesigned health plan for union and nonunion employees, saving 15%
 - Contributed 0% towards retiree health insurance premiums
- Bangor: Converted from MPERS (defined benefit plan) to 401 (defined contribution plan) for retirement
- Participated in regional and cooperative efforts
 - Joint purchasing--Brewer/Bangor, State, MPO
 - Cooperative economic development—Bangor Region Development Alliance
 - Joint environmental/regulatory compliance—universal and hazardous waste collection, Bangor Area Stormwater Group
 - Interconnected water systems provide backup and disaster mitigation
 - Public safety—Fire mutual aid agreements, joint Police training and investigations, regional grant administration
 - Use of jail inmate services
- Invested in energy efficiency improvements (LED, Efficiency Maine, dual fuel burners, weatherization, heat pumps)
- Invested in technology to enhance efficiency (tablets in field, consolidated and automated manual functions – permitting, licensing, expanded online services)
- Privatized services
 - Bangor: mowing, recycling, refuse collection
 - Brewer: janitorial, ambulance, computer support, mowing and grounds maintenance
- Implemented fees
 - Bangor: stormwater utility to finance unfunded mandates
 - Brewer: pay as you throw refuse program, stormwater plan review fees

What We Need?

- Fund revenue sharing, or develop an alternative to recognize burden of service centers
- Allow local option sales tax
- Assist municipalities in protecting their economic development investments
- Invest in the long term economic prosperity of the regions in lieu of short term cost cutting measures
- Allow municipalities to tax or charge non-profits in recognition of municipal services they receive that directly benefit the organization (police, fire, public works)
- Recognize the cumulative property tax shift implications of Legislative action



BREWER



State Cost Shifts

Revenue Sharing

- Brewer has lost over \$3 million to the state since 2010. Over \$1.5m in FY14 and FY15 alone. Impact on the mil rate approximately \$1.20.
- State is now redirecting about 60%, or \$86 million, of total revenue sharing income to support the state general fund budget.
- See attached graphs and table for a visual depiction of the State's dramatic revenue sharing grab of the last 10 years.

Schools

- In FY14, the State required local taxpayers to pick up 2.65% of the cost of teacher retirement, which had previously been 100% State-funded. Brewer's FY14 cost = \$250,000. FY15 cost = \$253,000.
- In FY16, the local share is set to increase to 3.36%, raising local taxpayer expense by an additional \$75,000.
- State has failed to meet the 55% funding directive established in law in 1985 and reaffirmed by voters in 2004, leaving local property taxpayers to fill the gap.

Road Funding

- Brewer's FY15 State URIP funding is \$36,000 lower than it was in FY06.
- Brewer has spent tens of thousands of local taxpayer funds to provide interim paving and fixes to state roads in excessive disrepair due to State extended delays in road improvement project schedules and funding.
- State Street, Mill Street, Parkway South

Transit

- In July 2014, the State eliminated the Transit Bonus Program, which had help cover Brewer's \$130,000 per year cost to operate two buses. Loss to Brewer about \$20,000 per year.
- Since FY11, Brewer's share of Community Connector costs has increased over 150% (\$45,000/yr) in part due to increased costs and reduced revenues resulting from MaineCare reductions (lower monthly bus pass purchases) and offloading compliance and reporting requirements to local government.

BETE – BETR

- The BETE program (which exempts certain personal property from local property taxes and provides 50% reimbursement to the municipality) is cheaper for the State than the BETR program (which reimburses companies for taxes paid to local government on eligible personal property).
- Changing eligibility interpretations at the State level have shifted some equipment from BETR to BETE, resulting in a 50% revenue loss.
- Two year revenue loss for Brewer for the two businesses known to be impacted so far is \$3,700.

Homestead

The State's shift in burden to local governments and toward the property tax has been building over a long period.

- In FY2006, the State reduced its Homestead Exemption reimbursement to municipalities from 100% to 50%, effectively reducing Brewer's taxable valuation by \$13.3m (2%) that year—the equivalent of \$274,000 in tax revenue.
- In FY2011, the State reduced the Homestead Exemption from \$13,000 to \$10,000, which lowered the amount the State needed to reimburse municipalities and at same time made it appear local governments had increased taxes.

For more information, contact:

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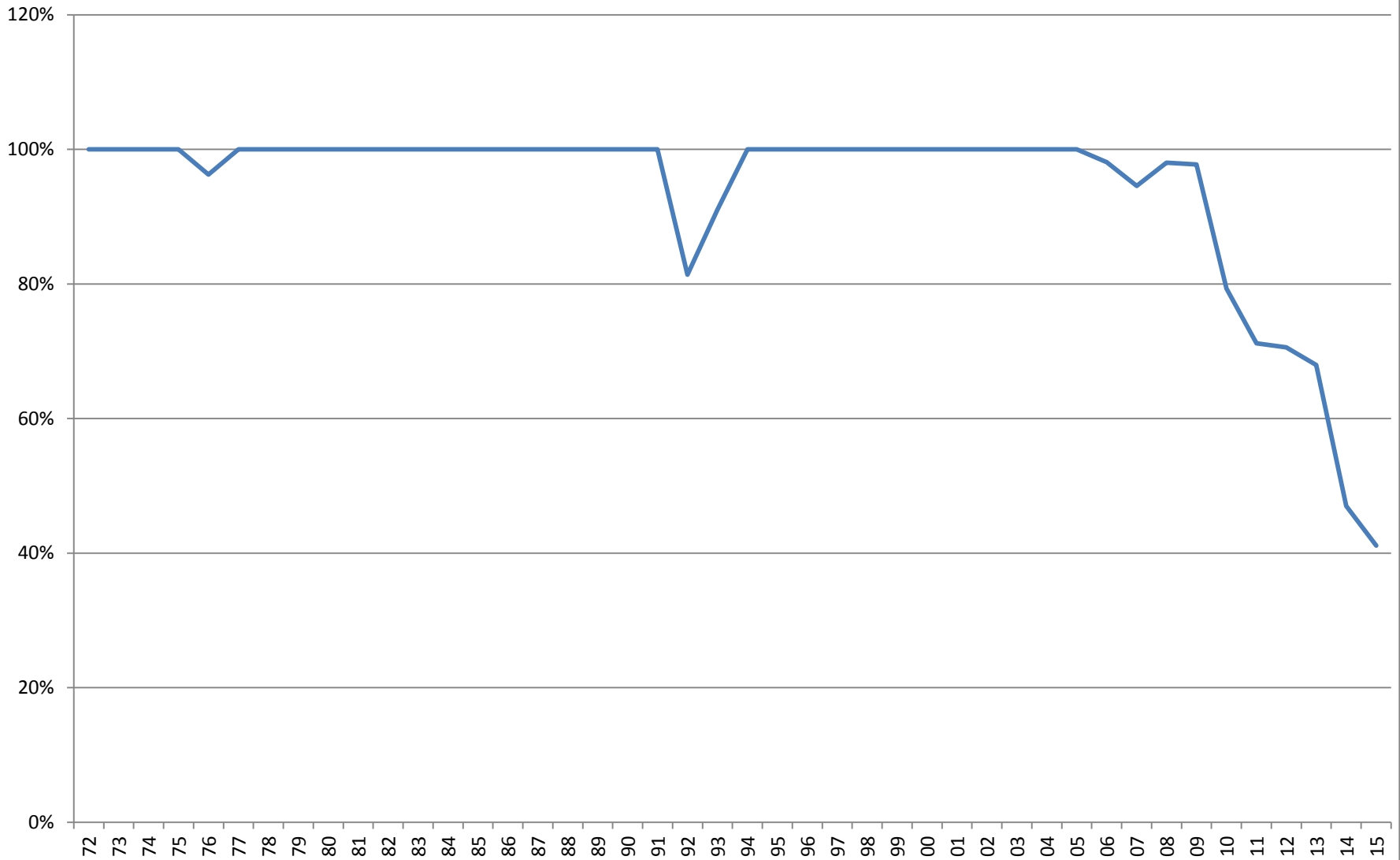
Legislative Transfers Out of Revenue Sharing (1972 - 2015)

	Calculated Revenue Sharing Distribution	Legislative Transfer	Actual Revenue Sharing Distribution	Transfer as % of Calculated Rev Share Dist	% Actual Distribution
1972	2,900,000		2,900,000	0%	100%
1973	3,700,000		3,700,000	0%	100%
1974	6,200,000		6,200,000	0%	100%
1975	8,000,000		8,000,000	0%	100%
1976	9,870,130	370,130	9,500,000	4%	96%
1977	9,900,000		9,900,000	0%	100%
1978	12,700,000		12,700,000	0%	100%
1979	14,100,000		14,100,000	0%	100%
1980	15,609,880		15,609,880	0%	100%
1981	17,934,892		17,934,892	0%	100%
1982	19,654,260		19,654,260	0%	100%
1983	21,547,832		21,547,832	0%	100%
1984	27,579,003		27,579,003	0%	100%
1985	35,658,816		35,658,816	0%	100%
1986	41,399,922		41,399,922	0%	100%
1987	49,636,300		49,636,300	0%	100%
1988	56,920,102		56,920,102	0%	100%
1989	63,757,298		63,757,298	0%	100%
1990	60,826,462		60,826,462	0%	100%
1991	62,254,009		62,254,009	0%	100%
1992	64,939,137	12,100,000	52,839,137	19%	81%
1993	67,128,500	6,000,000	61,128,500	9%	91%
1994	66,325,845		66,325,845	0%	100%
1995	69,896,500		69,896,500	0%	100%
1996	72,704,600		72,704,600	0%	100%
1997	77,696,000		77,696,000	0%	100%
1998	89,490,000		89,490,000	0%	100%
1999	96,174,000		96,174,000	0%	100%
2000	107,116,000		107,116,000	0%	100%
2001	109,481,753		109,481,753	0%	100%
2002	100,610,139		100,610,139	0%	100%
2003	102,311,399		102,311,399	0%	100%
2004	110,663,051		110,663,051	0%	100%
2005	117,609,820		117,609,820	0%	100%
2006	123,722,881	2,335,918	121,386,963	2%	98%
2007	128,330,756	6,951,935	121,378,821	5%	95%
2008	135,819,468	2,695,409	133,124,059	2%	98%
2009	123,748,797	2,789,719	120,959,078	2%	98%
2010	122,873,014	25,400,000	97,473,014	21%	79%
2011	130,880,200	37,724,748	93,155,452	29%	71%
2012	137,225,178	40,350,000	96,875,178	29%	71%
2013	138,109,890	44,270,000	93,839,890	32%	68%
2014*	138,306,246	73,306,246	65,000,000	53%	47%
2015*	145,949,391	85,949,391	60,000,000	59%	41%

* "Legislative Transfer" amounts found in the FY 14-15 General Fund budget document (LD 1509).

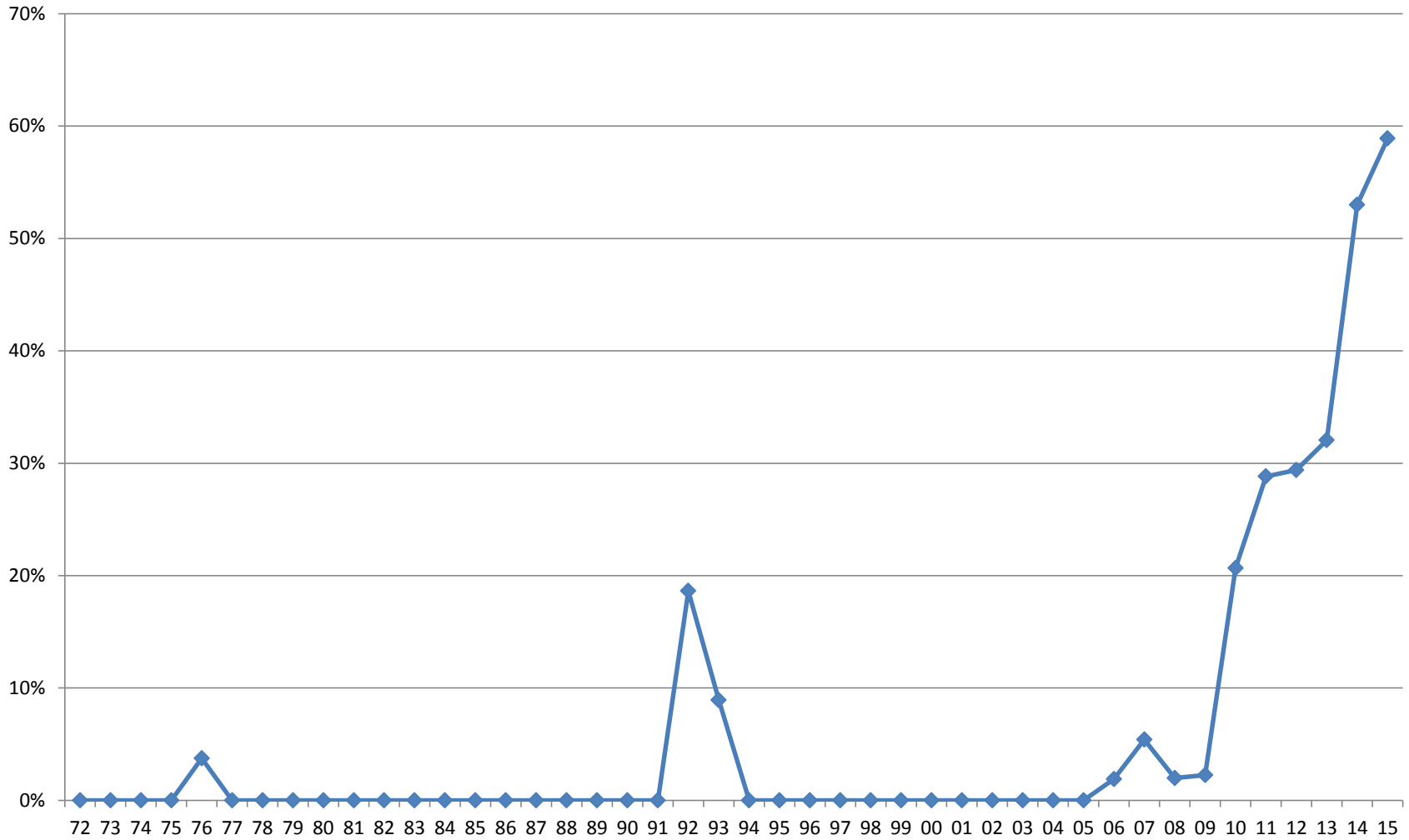
Sources: Office of Fiscal and Program Review; Budget Documents

Revenue Distributions as a Percentage of Legal Requirement 1972 - 2015



* If LR 2721 is not enacted.

% of Revenue Sharing Funds Redirected to State General Fund 1972-2015





LEGISLATIVE ITEMS

TO: BANGOR/BREWER AREA LEGISLATIVE DELEGATION
FROM: THE CITY OF BANGOR
DATE: 1/14/2015

On behalf of the City of Bangor, I would like to thank you for the work you have done for the residents in Bangor and throughout the state. It is a difficult time to be in a leadership position in state government and we understand that each of you have made personal and professional sacrifices to serve your community. As always, the City and its staff are ready to support each of you as you undertake this important but difficult task.

The overall goal of the City is to seek legislative support that enhances the quality of life for all our residents, homeowners and business alike, while protecting Bangor property taxpayers from paying for State of Maine fiscal decisions as well as programs that are regional in nature and not "Bangor specific", such as treatment for the mentally ill or financial assistance for those released from incarceration.

Further, we seek legislative support to restore revenues that were specifically created to recognize that property taxes cannot finance all municipal service costs, encourage capital investment and mitigate the financial burdens related to being a regional service center.

For the purposes of this discussion, we have provided our top priorities for consideration of legislative action.

Revenue Sharing

Revenue Sharing was implemented over 40 years ago because the Legislature reasoned "that the principal problem of financing municipal services is a burden on the property tax; and to stabilize the municipal property tax burden and to aid in financing all municipal services, it is necessary to provide funds from the broad-based taxes of State Government". Pursuant to Title 30-A, Subpart 9, Chapter 223, Subchapter 2, Section 5681, revenue sharing is to be distributed monthly to each municipality based on a formula whose variables include municipal populations, state valuations and tax assessments. The monthly revenue sharing pool is funded by setting aside 5 percent of the State Government's sales, service provider, personal and corporate income tax receipts for the month.

Put simply, Revenue Sharing was implemented for the following reasons:

- a. Provide a broad based tax for ensuring stable municipal funding; and
- b. Assist municipalities to provide consistent funding needed to provide services that maintain the environment in which businesses can thrive. Police, Fire and Public Works are essential services that must be maintained to support an active commercial, industrial and business center.
- c. Recognize the disproportionate tax burdens that are placed on service center communities and unique burden placed upon communities such as Bangor to support regional services such as Federal, State, and County Government as well as the vast array of non-profits that call Bangor home.
- d. Every \$25,000 reduction to Bangor's share, results in an estimated one (.01) cent increase to the mil rate.

Municipalities such as Bangor have invested heavily in economic development efforts that will help businesses locate, expand, develop and thrive. Those investments have been good for the City, Region and State. Reductions in Revenue Sharing, on the other hand, have resulted in substantial cost shifts to businesses that are dependent on our services to maintain police, fire and roads. As the shift continues from Revenue Sharing to property taxes, fewer and fewer taxpayers are required to pay for services. Additionally, basic services such as roads and transit have been cut that directly support economic development and business stability in the region. What used to be part of the services that they would receive through taxes paid to the state are now being shifted to property taxes.

The sales tax statistics below demonstrate that retail sales in Bangor produce the highest retail sales tax to the State exceeding those in Portland and South Portland.

Total for	CY 2012	CY 2013	6 mos 2014
Bangor	\$78,567,570	\$82,989,646	\$41,550,229
Portland	\$63,798,795	\$66,638,784	\$35,098,124
S. Portland	\$43,046,460	\$46,719,745	\$22,832,777
Total - State of Maine	\$877,189,845	\$935,272,561	\$465,490,223

In 2010, the Legislature began transferring a portion of the funds allocated by Statute for Revenue Sharing to the State of Maine General Fund. The table below shows the impact over the last seven fiscal years.

Fiscal Year	Statutory Allocation	Legislative Transfer	Municipal Revenue Sharing	Bangor Revenue Sharing
2008-2009	\$123,748,797	\$2,789,719	\$120,959,078	\$4,411,277
2009-2010	\$122,873,014	\$25,383,491	\$97,489,523	\$3,832,933
2010-2011	\$130,880,200	\$38,145,323	\$92,734,877	\$3,670,723
2011-2012	\$137,225,178	\$40,350,638	\$96,874,540	\$3,637,838
2012-2013	\$138,109,890	\$44,267,343	\$93,842,547	\$3,513,711
2013-2014	\$136,306,246	\$73,306,246	\$65,000,000	\$2,305,725
2014-2015	\$145,949,391	\$85,949,391	\$60,000,000	\$2,033,162

If Revenue Sharing had been maintained as prescribed by Statute, Bangor would have received an additional \$10.8 million over this seven year period.

The tax rate impact for the legislative transfer of Revenue Sharing funds for FY 2014-2015 translates to a \$1.23 increase in the municipal tax rate.

- Business Equipment Tax Exemption (BETE)– In 2005, the State Legislature found “that encouragement of the growth of capital investments in this State is in the public interest of this State....that the high cost of owning qualified business property in this State is a disincentive to the growth of capital investment in this State”. Therefore, BETE was implemented to overcome this disincentive and encourage capital investment in the State.

This Legislation exempted certain types of qualified property from municipal taxation and provided for a sliding scale of reimbursement to municipalities “of property tax revenue lost by reason of the exemption”.

The Legislature also provided for additional compensation to municipalities to compensate for the impact of BETE by requiring a transfer to the Disproportionate Tax Burden Fund, a component of the Revenue Sharing formula.

From the Legislative actions and findings, it is apparent, that the Legislature a) recognized the negative fiscal impact of BETE on municipal property taxes and b) by encouraging capital investment in the State, municipalities would share in the results through the Revenue Sharing formula (increased sales and income taxes increase the Statutory Revenue Sharing allocation).

Based on Bangor’s history, the original intent of this Legislation was achieved, in that capital investment was encouraged. However, the Legislative transfers from the Revenue Sharing Statutory allocation have resulted in municipalities losing twice. The following table shows the impact of the BETE Legislation for the last seven years.

Fiscal Year	BETE Valuation	Lost Tax Revenue	State Reimbursement	Increase to Bangor Tax Rate
2008-2009	\$8,523,800	\$162,378	\$162,562	.00
2009-2010	\$27,467,500	\$523,256	\$472,683	.02
2010-2011	\$41,980,400	\$806,024	\$645,033	.07
2011-2012	\$57,635,300	\$1,106,598	\$777,196	.14
2012-2013	\$66,043,600	\$1,297,757	\$787,746	.21
2013-2014	\$72,600,700	\$1,510,095	\$906,627	.25
2014-2015	\$86,984,900	\$1,896,271	\$1,073,665	.34

Health and Welfare

- General Assistance – Currently, a municipality receives 50% reimbursement up to expenditures of .003% of the appraised property value for general assistance. Once the City exceeds .003%, they are eligible to receive 90% reimbursement. For Bangor, that amounts to approximately 50% up to \$800,000 and after that, it receives 90% reimbursement.

The purpose of the higher reimbursement was to help to mitigate the increased costs of General Assistance services on the property tax payers in Bangor and similar “service center” communities. Why do service centers such as Bangor receive this additional reimbursement? Communities like Bangor are host to State, Federal and non-profit entities whose clientele often need to live in closer proximity to services. Bangor supports a regional transportation system which is often used by folks in special need of transportation and communities like Bangor are host to 80% of the state’s federally assisted housing.

Additionally, the impacts of cuts to Medicaid have resulted in folks using the prescription drug program through GA as opposed to have them paid for through Medicaid. If the formula changes to fifty percent reimbursed by the State, **the City cost will go up by over \$600,000 or approximately .25 cents on the mil rate.**

The City of Bangor requests that if no changes are made to how general assistance is administered that no changes be made to the existing formula.

The City of Bangor requests a change in State Statute to allow municipalities to have the right to offset General Assistance rent payments to landlords who owe real or personal property taxes on the assisted property and to apply the General Assistance payment towards these past due taxes.

- Substance Abuse Issues - The City of Bangor along with the leadership of the Bangor Public Health Department, St. Joseph Healthcare, Eastern Maine Medical Center, EMHS, Community Health and Counseling Services, Penobscot Community Health Care, Acadia Hospital, Eastern Area Agency on Agency and Penquis have been evaluating recommendations from the Bangor Community Working Group to address substance abuse issues in the City and region. In November they completed the report (which is attached). Several of the recommendations will need to have legislative and/or financial support from the State of Maine:

- Fund for a Healthy Maine/Healthy Maine Partnership – The City of Bangor is the recipient of Healthy Maine Partnership funds which we administer for the 13 town region. These represent the primary state funds that the City receives for public health education and prevention. In light of our extensive work over the past four months with the community on substance abuse issues affecting our region, these funds have been identified as extremely important to support public health prevention and education in the 13 community region.
 - Community based Social Detox Center – Funding and support for a community based social detox center. One alternative may be re-purposing a portion of the old BMHI facility.
 - Ensure continued access and treatment to those who are seeking treatment. One alternative may be through expansion of Medicaid.
 - Re-establish a drug court in Bangor.
 - Require that all liquor establishments be required to provide TIPS training for employees who serve and/or sell alcohol and ensure adequate documentation that liquor establishments are making an effort to comply.
 - Develop a statewide plan for proportional distribution of Medical Assisted Treatment to ensure that individuals can receive access to treatment from their own community. This would cut down on transportation costs and reduce stigma. Vermont might provide the appropriate legislative model to accomplish this.
- BMHI - Dorothea Dix The City would like the State to maintain and/or expand the number of beds at Dorothea Dix as it remains a vital link in the care of those suffering from mental illness in the community, region, and state. This is a critical link in our community and state because without this type of facility those suffering from critical mental health issues end up on the streets or in our shelters, which only exist in the bigger service centers.

Additionally, the City would seek legislative support as it facilitates a conversion of some of the space at Dorothea Dix to transitional housing to serve those with mental illness or perhaps re-purpose some of the facility as a detox center which was identified as a high priority for the region to effectively detox populations that are seeking treatment for addiction to drugs and alcohol.

Gaming

When gaming was first introduced in the State of Maine in Bangor, the Bangor City Council viewed this new revenue stream as an opportunity to invest in and support our region (during fiscal year 2014, the Cross Insurance Center remitted \$112k in sales tax revenue to the State of Maine). The City of Bangor placed every dollar received from tax and rent received from the gaming operation into a separate fund to finance the replacement of the aging, out dated and overall inadequate Bangor Auditorium and Civic Center.

Below is summary of the financial receipts from the operations of Hollywood Casino in Bangor.

Fiscal Year	State 1 % Admin Fee	State Taxes Recd Slots & Table	Bangor's Share of State Tax	Bangor Rent Received
2005-2006	\$3,173,764	\$7,071,987	\$183,680	\$639,212
2006-2007	\$5,991,666	\$13,545,401	\$347,318	\$1,246,150
2007-2008	\$5,959,376	\$14,909,114	\$382,285	\$1,296,520
2008-2009	\$6,743,359	\$19,515,844	\$500,406	\$1,716,218
2009-2010	\$7,015,877	\$21,116,271	\$541,443	\$1,838,765
2010-2011	\$6,801,538	\$20,693,050	\$530,591	\$1,800,992
2011-2012	\$6,493,529	\$21,628,382	\$544,529	\$1,841,417
2012-2013	\$4,880,040	\$18,544,139	\$443,620	\$1,493,268
2013-2014	\$4,689,695	\$17,757,119	\$424,116	\$1,384,835
2014-Dec 2014	\$2,352,796	\$8,991,435	\$213,845	\$622,222
Total	\$54,101,639	\$163,772,740	\$4,549,684	\$13,879,560

The lion's share of revenue resulting from the operations of Hollywood Casinos in Bangor has been and will continue to be received by the State of Maine. While shifts in gaming around the State may have little impact on State finances, Bangor's portion of gaming revenues is solely dependent upon the local operation. Accordingly, the City remains concerned about the impact of new gaming facilities in the State of Maine, as well as revisions to existing Statutes. All the revenues the City received from the operations of Hollywood Casino, including a portion of the property tax revenues within the Downtown TIF, are used to pay the \$3 million annual debt service on the Cross Insurance Center.

Should the Legislature decide to move forward on additional gaming, the City would like the state to protect our regional investment and ensure parity of operations.

Liquor Licensing for Municipal Facilities

- Chapter 102 of State Liquor Rules stated no person under 18 years of age shall be allowed to entertain, with or without compensation, in licensed premises while liquor is being served or consumed, except that in Class A restaurants, clubs, and hotel dining rooms persons 17 years of age who are members of a musical group may entertain. Any person under 17 years of age will be permitted to entertain provided his/her parent is present– ***Alter to allow for performers of any age in civic auditorium with or without parent.***
- All sales of spirituous or vinous liquor for consumption with or without food in rooms designated therefore shall be by the glass except that wines may be sold by the bottle for consumption by the glass, and further except that licensed hotels may sell liquor in the original container to bona fide registered guests to be delivered to their hotel room. – ***Alter to allow for original container resale to suite users in civic auditorium.***
- 28-A M.R.S.A §1070 requires the civic auditorium licensee give written notice to the bureau 24 hours before a function or event at which there will be sales of alcoholic beverages. – ***Eliminate this requirement.***
- Current law does not provide for the operator of a civic auditorium to hold a liquor license. Instead the owner of the facility has to be the holder of the license. – ***Enact legislation to allow the operator of a civic auditorium to be the holder of a liquor license.***
- 28-A M.R.S.A §1069-A prohibits the sale of liquor at any event primarily involving primary or secondary school children. – ***Enact legislation to allow the sale of liquor at such events under certain conditions.***
- Current law does not allow for sale of alcoholic beverages within the suites at civic auditoriums. – ***Enact legislation to allow for sale of alcoholic beverages within the suites at civic auditoriums.***

How Can We Help Finally, Councilors and City staff participate in a number of professional organizations that provide will provide information to you and other legislators as they grapple with the difficult decisions that impact both the state and municipalities. Please feel free to contact any one of our Department Heads should you need assistance or information on a specific issue or piece of legislation.

Additionally, the City is an active participant in the Maine Municipal Association, Maine Service Center Coalition and the Mayor’s Coalition. The Maine Service Center Coalition is comprised of approximately 50 communities that have been legislatively designated as Service Centers and the coalition is represented by Dick Trahey. The Mayor’s Coalition is comprised of the Mayors of Maine’s 10 largest communities and sets forth a specific agenda that is focused on key issues facing the largest communities such as economic development, bond financing, and funding issues. Rick McCarthy of Eaton Peabody represents the Mayor’s Coalition in Augusta.

Bangor Contact List

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BANGOR SCHOOL DEPARTMENT

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Memorandum

To: Bangor Legislative Delegation
From: Betsy M. Webb, Ed.D., Superintendent of Schools
Date: December 2014
Re: Legislative Issues and Priorities
cc: Bangor School Committee and Bangor City Council

On behalf of the Bangor School Department, I would like to congratulate you on your recent election and thank you for your support over the last session. Bangor is fortunate to have such dedicated individuals advocating for the city.

These are the issues in the next session that we ask you to be aware of and their impact on Bangor:

Education Funding

- ✓ Increase state funding for schools to the state mandated 55%

The people of Maine passed a statewide referendum in 2004 that required the state to contribute 55% of the cost of public education. Currently, the state is funding approximately 46%. Education funding is \$34 million less today than it was in FY08, and \$30 million in teacher retirement costs were shifted onto school districts even though retirement was never intended to be a component of the EPS funding formula.

- ✓ Stop cost shifts

Shifting costs onto school districts without increasing the state's share, places a greater burden on the local taxpayers. In FY14, the retirement cost shifts resulted in an additional \$650,000 or the equivalent of **.26 on the mil rate**. In FY15, Bangor lost (\$1,020,687) in state aid or **.41 on the mil rate**. In FY16, the retirement rate will increase from 2.65% to 3.36% of salaries resulting in an approximate additional \$200,000 or **.08 on the mil rate**. These swings create an equivalent of a **.75 increase on the mil rate**. The retirement rate will probably continue to increase and the impact will grow exponentially.

- ✓ Protect EPS funding formula

The PICUS study of the EPS funding formula found that the formula provides equitable and adequate funds for public education. However, local decisions to under or over fund the appropriate funding level as determined by research (6-10% over the EPS amount), has created the inequity and inadequacy of public funding in the state.

Bangor is a higher performing and efficient school system as determined by Maine Legislature sponsored research. Since the FY09 budget, Bangor has been in the appropriate funded range of 6-10% over EPS, with the exception of one year of being below this range. Bangor was one of the original districts used to create the EPS funding model. Bangor has fared relatively well by the EPS funding formula. However, continued tinkering with the EPS formula has redistributed funds from larger school districts to more rural areas.

The Commission to Strengthen the Adequacy and Equity of Certain Cost Components of the School Funding Formula recently reviewed elements of the EPS formula including professional development, Pre-K, labor market, extended learning, and Title I adjustments. The Commission voted on proposed changes to the EPS formula. The Commission's recommendations will be shared with incoming Education Committee, which ultimately will decide what proposals to send to the full Legislature. We support the Commission's recommendations as written. However, even slight changes may make differences in the financial outcome.

The Commission's votes were as follows:

1. NOT to recommend changes to the controversial Labor Market Areas embedded in the EPS formula.
2. The goal is to increase the number of Pre-K slots available for all students and rulemaking for Pre-K must be monitored. Recently adopted DOE rules are so stringent, many predict they will put some existing programs out of business and make startups undoable.

Pre-K proposed rules impact on Bangor - The rules for Pre-K approval will significantly increase Bangor's costs. For approximately ten years, the Bangor School Department has successfully run Pre-K programs and assessments have demonstrated student success, both socially and academically. The rules appear to be aligned with federal Head Start rules, which are not always easily transferable to schools and, in our opinion, will not make our programs more successful.

Areas of concern include:

- a. Class sizes being limited to 16 students and student teacher ratio of 8:1 - Bangor is at 20 students and using a 10:1 ratio.
- b. Requiring teachers to eat with students - teacher contracts allow for 20-minute duty-free lunch breaks - Bangor would be required to hire additional staff beyond our lunch staff and ed techs to supervise lunch.
- c. Specific requirements for the day including how and when students may transition throughout the building - Bangor may need to hire additional staff in order to meet these requirements.
- d. All programs MUST join the Maine Roads to Quality Registry- Bangor staff share that the quality of professional development provided within district is of higher quality than some of the other early childhood trainings they have attended. Bangor would want to know more regarding why this is required.
- e. Fencing is required around the playground area - Depending on the specifications; Bangor may need to add additional fencing at all elementary schools.
- f. Transportation recommendations put pressure on systems unnecessarily. Recommendations include aides and harnesses. Bangor has been transporting successfully for years and these recommendations would be costly.

A conservative mil rate estimate of the impact of these rules, would be an **additional .18** and 36 students would be turned away from the Bangor School Department Pre-K programs or additional space and staffing will be required.

3. **Title 1 Funds** should be removed from the EPS formula.

Currently the state subtracts approximately \$44 million in Title 1 funds from GPA allocations based on the premise that the staffing ratios offset the removal of the funding. The Commission voted to recommend removing the Title 1 funds from the EPS formula over a phase in period to avoid substantial winners and losers.

Given that Bangor has over 50% of our students qualifying for free and reduced lunch rate, this process must be monitored carefully. Bangor would receive more funding when you subtract the Title 1 funds from the formula **if** the remainder of the EPS funding formula remained the same. However, former Commissioner Jim Rier often spoke of changing the staffing ratios and the economically disadvantaged rate if the Title 1 funds were removed from the formula. We feel that given these students are at risk and require additional resources, Title 1 funding should be removed from the EPS allocation **and** the remaining elements of EPS should remain the same.

4. Additional funding for **extended learning summer school programs** should be funded (\$15 million estimate needed given the number of economic disadvantaged students across the state). The Commission proposes non-competitive block grants outside of the EPS funding and targeted funds within EPS. Please note the Bangor School Department's summer programs were studied as effective models in the recent EPS study.

5. The Commission voted for more collaborative time available for **professional development** through non-competitive block grants outside the EPS funding. Estimated at approximately \$40 million.

6. The Commission voted that the **unfunded teacher retirement** should not be part of the calculation to get to the 55% expectation for the state's responsibility of the cost of education. Retirement was never part of the EPS formula or the cost of education.

- ✓ Stop unfunded mandates and fair is fair

The volume of initiatives passed onto school systems is overburdening the limited resources and capacity of school systems. Bangor is a higher performing and efficient school system with a charted and proven course for student success. Although well intended, many mandates pull us off course and consume time, energy, and limited resources. Many of these initiatives require us to back track and redo work we have already developed and implemented. It is particularly frustrating when other schools receiving public funds are not required to meet these same standards. For example, the 60/40 schools do not have to meet the proficiency-based diploma requirements. Other areas where the rules are different are for charter schools include:

- Charters are run by appointed boards not elected by the public. State law requires regular public schools to be governed by elected members.
- Taxpayers have no say over charter school budgets, even though they have to pay the charter tuition or per-pupil amount that goes with the child. Regular public schools have to have their budgets approved at the ballot box every year.
- In the last curtailment of state aid to education, charter schools and private academies were exempt from any cuts.

These are just a few of the issues we are monitoring at the current time. We appreciate your availability and will continue to reach out to you when there are issues impacting education. Please know I am always available whether to research impact or provide the "in the trenches" stories to assist with your decision-making. I look forward to working with you again this session.

SUBSTANCE ABUSE REPORT

INTRODUCTION

“No one gets into drugs or alcohol intending to become addicted,” Dr. Eric Brown advised the Community Working Group at its first information session. But as Dr. Brown explained, approximately 10% do become addicted, their systems quickly “hijacked” by changes in brain chemistry and continued drug or alcohol dependence, while their ability to resist and respond is compromised by anxiety, fear and the stigma associated with dependence and addiction.

As the Working Group learned over the course of six weeks in presentations and conversations with local providers, treatment specialists, prosecutors, law enforcement officers and businesspeople, Bangor has become the eye of what presenter described as a “perfect storm” of demand throughout central and northern Maine for successful treatment for opiod drug abuse, an illness that unfortunately is characterized by relapse and complex issues of mental health and often, childhood trauma.

Beginning in 2001 with the opening of a clinic based at Acadia Hospital, and now with two for-profit clinics, Bangor has a licensed total of 1,500 patients, the equivalent of 5.145% of the city’s population of 33,000 people, receiving a daily dose of methadone. In comparison, Portland, South Portland and Westbrook, each with one clinic, and a combined population 108,690, has a total of 1700 patients, or the equivalent of 1.56% of their total population.

For Bangor, according to businesspeople, law enforcement and healthcare providers, the burden placed on the community over the past 10 years to properly care for the influx of opiod patients, and related issues of social services and crime is straining the community’s carrying capacity as a service center, while the lack of a cohesive state policy for properly addressing issues of addiction and dependence seriously encumber efforts to provide effective treatment and recovery support.

While other states, New Hampshire, Vermont and Massachusetts have used Medicaid expansion funds to improve their care of drug- and alcohol-dependent residents, Maine’s response has been to cut reimbursement, resulting in increased provider patient load and reduced funding for essential counseling and therapy sessions to support recovery.

That is where we are. The recommendations we offer to the Community Health Leadership Board are steps we believe will get us to a far better place in treating our drug- and alcohol-dependent citizens. Our objective, which we hope will be shared by the CHLB, is to develop an integrated, holistic, economically sustainable and efficient system that encompasses the entire region, and treats addicted and dependent citizens like any other person who is ill and deserves our care, compassion and support.

The work of the CHLB begins here. These recommendations are our call to action for the CHLB to review the recommendations, establish priorities and move the community forward. And the working group’s efforts do not end here. Those of us who prepared these recommendations pledge our continued support and assistance to the CHLB as it brings the region together so we can address the challenge of addiction/dependence together.

RECOMMENDATIONS

A. PREVENTION

- 1) **Recommendation: Launch a public awareness media campaign that provides education and decreases the stigma around substance abuse addiction, treatment and recovery.**

Background: The community at large would benefit from an education process that is sustained and consistent. This community public awareness effort would also target the medical community and must involve media, houses of worship, day care centers, malls and grocery stores. The message should focus on addiction, treatment and recovery and address stigma as a barrier to those who wish to break their dependence on drugs or alcohol as addiction does not discriminate. The Bangor Daily News participation in the successful Town Hall Forum is an example of how media can help convene and educate the community, but all media—print, TV, radio and social media—must be engaged in this effort to maximize success and effectiveness.

Potential Action Steps:

- a. Engage media partners from print, TV, radio and social media.
- b. Develop consistent prevention/education and anti-stigma message
- c. Develop a communications plan

Desired Outcomes:

- a. Ongoing community education campaign in place

- 2) **Recommendation: Develop a community-wide opioid prescribing protocol based on best practice, including diversion prevention that can be instituted across all primary care provider and other medical provider offices. Track adherence with the Prescription Monitoring Program (PMP).**

Background:

Maine has made progress in reducing over-prescribing of opioids, but the state is number one in the country in the quantity of drugs collected at drug-take-back events, further evidence of the need for additional changes to provider prescribing practices. There is also a wide range of prescribing practices using inconsistent models. A community-wide prescribing protocol based on best practice, including diversion prevention that can be instituted across all primary care provider and other medical provider offices is needed. This community protocol should include training in patient risk assessment for all prescribing providers, including dentists, oral surgeons and others who routinely prescribe drugs for pain. Tracking adherence to the protocols can be accomplished through the Prescription Monitoring Program (PMP) in a community monitoring system.

Potential Action Steps:

- a. Research and decide upon an evidence based best practice prescribing protocol that considers diversion prevention (Diversion Alert)
- b. Engage prescribers from primary care offices, specialty physicians, dentists, oral surgeons and anyone prescribing narcotics across the community to implement the protocol
- c. Train prescribers on risk assessment, abuse, diversion and addiction
- d. Train prescribers to reference the PMP before prescribing
- e. Track adherence to protocols with the PMP
- f. Advocate for continuing education requirements for prescribing narcotics for pain management
- g. Advocate for medical, nursing and dental school curriculum to ensure competency in knowledge of addiction

- h. Build upon foundation of the Maine Care policy (6/14) to audit all cases where multiple categories of addictive substances are prescribed (opioid, stimulant, benzodiazepines).

Desired Outcomes:

- a. Standardized community prescribing practice
- b. Decreased number of narcotic prescriptions
- c. Decreased dosing (unnecessary prescriptions, i.e. 30 day supply for 3 day post-operative procedure)
- d. Better assessments/surveillance of prescribing practices
- e. PMP is utilized to track adherence
- f. PMP is referenced by providers before prescriptions are written

3) Recommendation: Create an environment for children age 0-5 and their parents that nurtures their development and reduces Adverse Childhood Experiences (ACEs) that are often precursors to opioid and alcohol dependence.

Background: The region must acknowledge the critical importance of early education for children and parents on the effects of drugs and the need to reduce ACEs. Nurturing resiliency in children to overcome ACEs is also effective and can be achieved through community supports for the child and parent outside the home.

Potential Action Steps:

- a. Advocate for increased funding for Healthy Maine Partnerships and services such as Head Start, home visits and public health nursing.
- b. Start parent education in the OB/GYN office with assessment, screening and literature, followed up on a consistent and continuing basis during visits to all providers, including pediatric dentists and pediatricians and primary care givers. Tools be designed for each of those groups to use

Desired Outcomes:

- a. Decrease number of opioid dependent births
- b. Increase number of Head Start slots
- c. Increased readiness of children for Pre-Kindergarten and Kindergarten
- d. Increased health and well-being of children age 0-5

4) Recommendation: Continue to support the work of the Healthy Maine Partnerships in limiting youth access to and availability of alcohol and drugs in the range of settings in which young people grow up so that use isn't normalized.

Background: Many community conditions contribute to youth substance use. According to the 2013 Maine Integrated Youth Health Survey 70% of high school seniors in Penobscot County report that alcohol is 'easy to get'; 62% believe they would not be caught by their parents if they drink alcohol and 88% believe they would not be caught by the police if they drink alcohol. Less than 50% of high school seniors in Penobscot County believe they risk harming themselves if they have one or two drinks of alcohol every day. 65% of Penobscot County high school seniors believe that marijuana is easy to get, and 55% perceive low or no risk if they regularly smoke marijuana.

Potential Action Steps:

- a. Advocate to increase and stabilize funding for coalition-based prevention efforts

Desired Outcomes:

- a. Schools have evidence based substance abuse prevention curriculum and school policies that prevent and reduce youth alcohol and drug use
- b. Parents have the supports they need to set clear guidelines regarding their child's expected behavior; parents model healthy behaviors and monitor their teens behavior
- c. Support and implement policies that reduce access and availability of alcohol and other substances in the community using the 4 Ps: price, promotion, and product, placement (such as regulations, zoning, and hours of operation).

B. TREATMENT

1) Recommendation: Open a community based social detox center.

Background: At the critical moment that drug/alcohol dependent individuals present to hospital Emergency Departments wanting detox they currently receive only medical evaluation and short term medications to address acute symptoms. The Emergency Departments, having addressed the medical issues have nowhere to send them to complete the 3-5 day detox process. According to police and providers, the emergency room is not the right place to manage detoxification of individuals who have drug or alcohol problems. This however is currently the practice. Steps should be taken promptly to assess the potential for making detox available in Greater Bangor.

Potential Action Steps:

- a. Research and choose an evidence based best practice model for a social detox center
- b. Identify a sustainable funding source
- c. Hospital Emergency Departments can create a "fast track" process to rapidly assess individuals seeking detox, to prescribe standard detox medications and refer for immediate entry into the social detox facility.
- d. Create a 12 bed social detoxification facility which can receive individuals who have been medically cleared. Individuals who choose to participate in recovery programs available at the facility may remain for the 3-5 days to complete detox and enroll in a recovery network of services.

Desired Outcomes:

- a. Decreased ER costs and wait times for services
- b. Decreased jail cost and census
- c. Decreased pressure upon Psychiatric hospital beds because patients will no longer need to declare suicidal thinking in order to receive detoxification
- d. Alternative available to law enforcement
- e. Individuals in need can seamlessly transition from detox into treatment and recovery

2) Recommendation: Distribute and implement training for the use of Narcan/Naloxone nasal spray to counteract opioid overdose to all first responders, community members with an identified need and eligible providers.

Background: Narcan nasal spray has demonstrated its effectiveness in saving the lives of overdose victims. Our community's goal should be to keep people alive. Widespread distribution of Narcan to first responders and those supporting recovery in the opioid addicted/dependent community will help us do that. Training for those that may administer Narcan/Naloxone is vital. Patients can come out of overdose violently and Narcan/Naloxone has a short half-life. Increased availability is going to have a benefit in rural areas too where distances for first responders to travel are farther, there are fewer paid law enforcement entities and more volunteer departments.

Potential Action Steps:

- 3) Identify cost, logistics, possible funding for wide distribution of Narcan.
- 4) Identify best practices for training and distribution of Narcan.

Desired Outcomes:

- a) Reduce negative outcomes from opioid overdose
 - b) Improve recovery for individuals that overdose
- 3) **Recommendation: Adopt best practices for MAT with Methadone and Suboxone with regard to dosage and duration of treatment and counseling to ensure positive treatment and ongoing recovery outcomes.**

Background: Improve the quality and monitoring of Medication Assisted Therapy (MAT) programs and adopt best practices on dosage and duration of treatment, and therapy. Ensuring MAT centers are using the lowest possible doses of medication will help avert diversion and over-treatment. MAT centers also need to provide enough counseling time to change individuals behavior. The State Statue requirements for licensed professionals to achieve behavioral modification is one counselor per 35 individuals in treatment.

Potential Action Steps:

- a) Research other States and regions for models and policies for dosage, duration and counseling best practices
- b) Identify, train providers on and implement best practices
- c) Utilize a 'contract of accountability' for those in MAT to help maintain their sobriety
- d) Include nutritionists/dieticians in MAT framework
- e) Change the State policy to allow MAT clinic counseling ratios be returned to 1 counselor for every 50 people in treatment from the current ratio of 1 to 150.
- f) Change the Federal guidelines to include MAT information in the PMP.

Desired Outcomes:

- a) MAT practices have a consistent standard of community prescribing for Methadone and Suboxone
- 4) **Recommendation: Expand Medication Assisted Treatment (MAT) with Suboxone and Methadone into rural areas. Explore potential of FQHCs, rural health centers and veteran's centers to provide or assist in providing MAT.**

Background:

Stigma begins in the communities from which those in treatment commute to Bangor or where they formerly resided before moving to Bangor to be close to clinic-based treatment. Due to supply and

demand, Bangor has become a hub for treatment and for drug dealers and drug crime. Adults are not the only ones impacted. Students in Bangor and Brewer have the highest mobility rate of children in the State.

Potential Action Steps:

- a) Convene a working group to engage local, state and federal representatives that will result in the opportunity for those needing opioid-dependency treatments to receive it in their home community, close to family support and jobs.
- b) Look to Vermont's hub and spoke model that is working effectively and not placing undue stress on any one community, as is the case in Bangor.
- c) FQHCs and local hospitals and clinics can become sites for treatment by staff providers and therapists or they can become sites for treatment administered by mobile provider/therapist teams.
- d) Change federal guidelines that would allow Physicians Assistants and Nurse Practitioners to provide MAT services.
- e) Change State policy to allow the use of mobile MAT vans.

Desired Outcomes:

- a) People are treated in their home community
- b) Decrease transient families and children

5) Recommendation: The Bangor community does not expand licensing at high volume, for profit clinics for medication assisted treatment (MAT) with Methadone and Suboxone, instead maintaining the number of current treatment slots. This does not limit community providers from prescribing Suboxone.

Background: Maine and the Bangor region need a rational, integrated system to respond to opiate dependence, one built on best practices and designed to adequately support and guide the addicted/dependent population through detox, treatment and recovery. This program should support treatment of patients in their own communities wherever possible. This will allow for maintenance of social support structure within the community and remove a potential barrier to obtaining or maintaining jobs. The alternative, increasing patient numbers at clinics dedicated solely to MAT treatment, both increases the burden on public services for Bangor and similar service center communities, and increases the stigma on patients by treating addiction in a separate place and manner from other medical conditions.

This recommendation should be considered as part of an integrated effort with the other recommendations so enough treatment slots are available in the metropolitan area, but not solely in the City of Bangor. In the past 12-to-13 years, Bangor police have seen the amount of drugs seized on the street soar from fractions of a gram to ounces of heroin and pounds of cocaine. The people dealing the drugs on our streets are no longer just local people, but documented dangerous gang members from large cities out of state. Bangor PD emphasizes that the gangs are not located here, but we do have gang members here dealing drugs. A few Bangor police officers conducted a survey for six months where they asked their non-traffic-related arrestees three simple questions: Where are you from? Are you employed? Are you a drug user? In response, 79% of the people arrested for non-traffic-related crimes admitted to being a drug user, 45% were unemployed (36% wouldn't answer), and only 41% were from Bangor.

Potential Action Steps:

- a) Advocate with City Council to see if there are zoning, land use or other policies that can help achieve this goal
- b) Advocate with clinics to limit expansion

Desired Outcomes:

- a) The City of Bangor does not add additional licenses to current medical assisted treatment (MAT) centers for Suboxone or Methadone.
- b) Individuals in need of MAT services receive them in their home community or return to their home community to receive these services.

C. RECOVERY

1) Recommendation: Invest in a comprehensive, community-based, continuum of recovery support services.

Background – Recovery Housing:

The lack of sober/abstinence-based housing in the region is an obstacle to the development of effective recovery programs. Sober housing could include new construction, or repurposing of existing structures, including abandoned properties available in communities throughout the region, from Bangor to Millinocket. Residents of sober housing should sign a “contract of accountability”, which stipulates what constitutes appropriate conduct for continued residence at the sober house, and allows the sober house management to terminate the agreement if there are violations of the contract. This protects both resident and management and encourages accountability on the part of the resident in recovery.

Potential Action Steps – Recovery Housing:

- a) Convene a regional study group that includes members of the recovery community, code-enforcement and law enforcement, and public health representatives to assess the extent of need for, and the availability of appropriate properties for sober housing.

Background – Recovery Networks, Life Skills & Education:

To succeed, an integrated system dealing with detox, treatment and recovery must have sustained support from this community for critical components such as the Bangor Area Recovery Network (BARN), which can serve as a model for other recovery community-based organizations (RCOs). In developing regional programs based on successful local programs in Bangor and Brewer, communities should be encouraged to take advantage of support networks that already exist in local churches or service organizations. Those recovering from drug or alcohol dependence need help re-integrating into society, including finding jobs, writing resumes and filling out applications. Life-training skills for those in out-patient settings, including education on proper nutrition, can promote health and wellbeing and a way out of poverty and homelessness, as well as building confidence and purpose in life.

Recovery community organizations (RCOs) are the heart and soul of the recovery movement. In the last ten years, RCOs have proliferated and are demonstrating leadership in their towns, cities, states as well as on the national landscape. They have become major hubs for recovery-focused policy advocacy activities, carrying out recovery-focused community education and outreach programs, and becoming players in systems change initiatives. Many are also providing peer-based recovery support services. RCOs share a recovery vision, authenticity of voice and are independent, serving as a bridge between diverse communities of recovery, the addiction treatment community, governmental

agencies, the criminal justice system, the larger network of health and human services providers and systems and the broader recovery support resources of the extended community.

Potential Action Steps - Recovery Networks, Life Skills & Education:

- a) Launch more Recovery Network Centers (like BARN) in communities outside Greater Bangor, aligning with treatment centers
- b) Identify funding for BARN and other networks so staff can be hired to offer expanded services
- c) Encourage churches outside of Bangor to offer support systems for recovery using the United Methodist Church and the Columbia St. Baptist Church in Bangor as models
- d) Launch a volunteer effort to help those in recovery with finding employment, writing resumes and filling out applications with the goal of removing these obstacles for those in recovery.
- e) Convene partners from educational institutions to look at the “Washington DC Kitchen—Food Fighters” initiative as a model for a program that educates people in recovery and fast tracks them into jobs. Consider a local need such as training to fix up the older housing stock.
- f) Advocate for nutrition education to be included in the treatment and recovery process

Desired Outcomes - Recovery:

- a) Homeless shelters see less need from those in recovery or those relapsing due to unstable living conditions
- b) People in recovery are more successful: maintaining sobriety, staying healthy, finding jobs and being productive community members

D. POLICY AND OTHER STEPS

- 1) Recommendation: Develop a regional resource map of the continuum of care covering what services are available from prevention to treatment and recovery.**

Background: In the interest of making efficient use of scarce resources and building a case for new funding, a regional inventory/resource map of available services for prevention, detox, treatment and recovery is needed. Identifying available regional services is a first step in identifying both the funding stream that supports these services, and the potential for new funding. The resource map can be the first step leading to establishing a regional “policy of investment” where demonstrated cost savings will be reinvested to sustain programs that have proven value to the region.

Potential Action Steps:

- a) Partner with local universities to research and develop a resource map and identify existing models that will promote collaboration and wise investment of available funds.
- b) Look at current resources such as the map developed by Mobilize Eastern Maine

Desired Outcomes:

- a) Providers and community members can see what resources are available and access those services directly or give referrals to them efficiently
- b) Gaps in service can be identified and plans are made to fill them
- c) Funding sources are identified

- 2) Recommendation: Implement evidence-based criminal justice diversion programs.**

Background: Prosecutors and courts must be engaged in moving this forward, but the re-establishment of Drug Court in Bangor is one approach to divert the recovering population from the

criminal justice system. Bangor's Drug Court lost its funding. Ellsworth and Lewiston have Drug Courts.

Potential Action Steps:

- a) Restart Drug Court in Bangor. Drug Court's experience in Penobscot County, including the reasons for its success and discontinuance, need to be examined and discussed, along with funding models that would allow it to be reinstated.
- b) Develop a Youth Court
- c) Launch a Youth Alternative to Suspension Program
- d) Initiate 'contracts of accountability' for those facing charges and are willing to be drug free with consequences for breaking the contract or incentives for maintaining it (i.e. training, housing)

Desired Outcomes:

- a) Reduced jail days
 - b) Reduced pretrial jail time
 - c) Youth diverted from the criminal justice system
 - d) Fewer youth making high risk choices
- 3) **Recommendation: Connect the criminal justice system with treatment and recovery resources and work with the Penobscot County Sheriff and others to develop pilot programs with the jail system.**

Background: Helping people transition from jail to the community is a fragile and vital time period that can lead to relapse and homelessness. Getting opioid users back into the workforce after leaving jail can reduce the likelihood of these negative outcomes. Job training similar to what is offered in Washington D.C. for the food service industry might be considered here in carpentry and home repair to fix up our older housing stock.

Potential Action Steps:

- a) Start a discussion of conditions placed on those convicted of drug offenses which do not promote treatment and recovery, but only guarantee perpetuation of the cycle of dependence and criminal offense.
- b) Engage education institutions to link their offerings with this population.
- c) Consider a pilot project for inmates to receive treatment beginning at the time of incarceration.

Desired Outcomes:

- a) Reduced jail days
 - b) Shorter timeframe for transition from jail to treatment
 - c) Begin recovery in jail and get connected to recovery resources out of jail while serving time
 - d) Look at all available sources of funding
- 4) **Recommendation: Increase access to treatment through MaineCare expansion and by exploring other sources of funding.**

Background:

Expansion of MaineCare (Medicaid) will extend coverage to residents who currently require treatment but who cannot contribute to the cost of their care. Eliminating coverage, as Maine has done, is false economy because the need for medical intervention—detox, treatment and recovery-support—for alcohol and drug dependent residents continues, and left unaddressed adds to societal costs in

welfare, housing and crime. Medicaid expansion will allow Maine to follow the lead of other New England states, including neighboring Massachusetts, New Hampshire and Vermont, which have taken advantage of increased Medicaid funding to establish successful programs designed to deal effectively with the community challenges of detox, treatment and recovery. Without ability to pay for treatment, treatment will not occur.

Potential Action Steps:

- a) Document the costs of not providing treatment

Desired Outcomes:

- a) More people receive the treatment they need
- b) More people access the healthcare they need to stay healthy

5) Recommendation: Develop strategic regional partnerships with towns and health centers to address substance abuse prevention, treatment and recovery over the long-term.

Background:

Regional leaders and the administrators of regional service providers are needed to look beyond addiction at the local level. Addiction/dependence, whether to opioids or alcohol, and the response of detox, treatment and recovery is a regional problem. In the absence of a statewide policy, our efforts must have a regional approach to be successful. Addressing addiction also requires a long-term commitment from the region. New policies and programs need to make lasting, enduring changes that will promote better health in our general population, restore families and return people to productive employment.

6) Recommendation: Engage educational institutions, workforce and economic development specialists and the public.

Background:

There are many aspects of addiction in our region that can be studied to ensure evidence based best practice solutions are implemented and the cost/benefit of them is quantified. A regional body should be developed to coordinate a study and comprehensive response to the regional challenge of addiction/dependency. The cost of addiction/dependency should be examined, including recurring hospital admissions due to opioid and alcohol dependency. Everyone has a stake in the quality of the study and its process, the response, and the outcome. This work can support a community 'policy of reinvestment' where identified cost savings are reinvested in sustaining effective services.

7) Recommendation: The City of Bangor and other municipalities implement a policy requiring employees of entities applying for a liquor license be trained in Responsible Beverage Server Training.

Background:

Requiring employees who dispense alcohol to successfully complete training in the proper dispensing of alcohol is a valuable, front-line policy that can have a significant positive impact on alcohol abuse at the point of sale. Similar training requirements are in force in other jurisdictions and are supported by law enforcement and first-responders that deal with avoidable instances of alcohol abuse.

8) Recommendation: Advocate for statewide plan for proportional distribution of MAT.

Background:

Bangor's disproportional concentration of Medication Assisted Treatment patients—daily doses of methadone and suboxone in high-volume clinics are administered to approximate 5% of the city's population—stresses the community's carrying capacity for services and does not represent the best approach to treatment for residents seeking treatment for opiate dependency. Best practice would be for those seeking treatment to receive that treatment as near as possible to where they live, close to jobs and family support. The state should examine the census of where opiate-dependent residents reside, and design a MAT response (as Vermont and other states have done) geographically and consistent with best practices and proportional distribution of those needing treatment.