

Briefing Memo on Opioid Use Disorder Prevention and Treatment Fund

From Gordon Smith, J.D. Director of Opioid Response

To Joint Standing Committee on Health and Human Services

Date: Jan. 13, 2022

This fund was established through enactment in 2020 of L.D. 793 which imposed substantially higher assessments and product registration fees for manufacturers of opioid medication distributed in the state. You have received the annual report from the Board of Pharmacy detailing how many manufacturers paid the enhanced assessments and fees and I will not repeat that information here, other than to note that in the first year of collections approximately \$2.2 million was received and forwarded to DHHS which is responsible for distribution of the funds (the Board of Pharmacy by statute retains a modest handling fee). The funds are carried forward from year to year.

The statute is quite broad in setting forth what projects/initiatives the fund can support. These include:

- Opioid Use Disorder prevention services
- Opioid Use Disorder treatment services, including:
  - (1) Inpatient and outpatient treatment programs and facilities, including short-term and long-term residential programs and sober living facilities
  - (2) Treating substance use disorder for the underinsured and uninsured; and
  - (3) Research regarding opioid use disorder prevention and treatment.

The spending plan for the first year was developed by myself and the Office Directors within HHS most involved in our opioid response work including the Office of Behavioral Health (OBH), The Centers for Disease Control and Prevention (CDCP), the Office of MaineCare Services (OMS), the Office of Child and Family Services (OCFS) and the Commissioner's Office, including Drs. Letourneau and Belisle, Deputy Commissioner Mann and Commissioner Lambrew. In developing the spending plan, we kept in mind three basic principles:

- 1) The spending should be consistent with the Governor's updated Opioid Response Strategic Plan.
- 2) This new fund should be used primarily to support projects that for one reason or another cannot be (or are not likely to be) funded from other federal, state or private sources of funds.
- 3) The projects funded should be immediately impactful and benefit Mainers struggling with substance use disorders while not creating an on-going obligation for support from this fund.

Based on these principles, projects/initiatives funded the first year included:

1. Approximately \$800,000 supported existing and new syringe service providers certified by the CDCP. The programs had been supported the previous two years by one-time funding from the Fund for a Healthy Maine along with a modest \$75,000 general fund appropriation. There are now 18 certified sites (five mobile sites are not yet open) and all the details of their operation are available in the Annual SSP report which you will receive within a few days (it is statutorily due on Jan. 15). The SSPs are an essential part of both our naloxone distribution program and the OPTIONS liaison program, our primary defenses against the spiking number of overdoses, both fatal and non-fatal.
2. Approximately \$250,000 was provided to five community recovery centers, including a new center in Ellsworth. Other centers receiving a second year of funding (\$50,000 each) are located in Rumford, Millinocket, Lewiston and Lincoln. We are now supporting 18 community recovery centers and are committed to having at least one such center in each county by June 30, 2023. These community centers are a critical element in supporting recovery, reducing stigma, providing recovery coaching and hosting support meetings such as AA and NA. Each center also reports data to us on recovery capital through RecoveryLink software. The support was consistent with L.D. 488, An Act to Expand Recovery Community Centers considered last session.
3. \$300,000 was provided to Healthy Acadia to support the existing Maine RecoveryCorps which was previously supported by an Americorps grant which was not renewed. The program had provided recovery coaching services to 449 individuals through twenty host sites across 8 counties including five county jails. This \$300,000 was matched by the host sites. This transitional year is designed to provide Healthy Acadia with the opportunity to design and implement its own customized program to provide this service, rather than utilizing Americorps staff.
4. \$50,000 was provided to Penobscot Community Health Center (PCHC) to provide technical assistance to other federally qualified health centers in their effort to provide more low barrier access to Medication for Opioid Use Disorder (MOUD) in rural Maine. This project was the result of legislation introduced by Senator Claxton and considered in 2020 by this Committee.
5. \$120,000 was transferred to the CDCP to support its Substance Exposed Infant (SEI) Coordinator position. The position had been created in 2019 with one-time FHM funds. The position had existed in the previous administration but it was cut. The position coordinates SEI work across offices and departments including OCFS, OBH, OMS, etc. In 2020-2021, the position has been instrumental in assisting OCFS with implementing the federally mandated Plan of Safe Care for substance exposed infants.
6. \$50,000 was transferred to OCFS to support a proposal to train family physicians and pediatricians in medically supervised withdrawal (formerly known as detox) for adolescents. This was an acute need in the state and continues to be a service that is a priority.

7. \$35,186 was provided to Tri-County Mental Health Services in Lewiston to match a contribution of the same amount by the Maine Health Access Foundation to fund one full-time staff person to develop a pathway to responsive, culturally competent substance use treatment and recovery in Lewiston. This program is operated in partnership with the New Mainers Public Health Initiative and the Maine Immigration Refugee Services.
8. \$43,000 is being held for the Judicial Department to provide the state match required in a Bureau of Justice Assistance grant to expand Adult Drug Treatment courts to Oxford, Franklin and the Mid-Coast Region (Judicial Regions 6 and 8). These expansions will begin early this year. The Attorney General is holding a similar amount for the same purpose as nearly \$100,000 was required to include both regions. This alternative to incarceration has a lot of evidence behind it in terms of cost-effectiveness (reference to the comprehensive evaluation of Maine's Drug Courts completed last year by Public Consulting Group).
9. \$100,000 was distributed to AdCare to support a subcontract in connection with the Annual Opioid Response Summit which showcases recovery through film and storytelling. These presentations at the Summit and in community events throughout the year help break down stigma and provide hope to persons using drugs or in early recovery. Three short films featuring recovery in Washington County, Androscoggin County and Penobscot County have been completed.
10. \$120,000 has been or will be transferred to the Office of Maine Care Services to support the project coordinator position in connection with the Service Locator project, which is largely financed with federal funds. This position is being recruited presently.

## YEAR 2

The assessments have been collected for the present (second) year and \$1,779,664 has been collected. There also is available \$540,560 that was not spent or committed in the previous year so a spending plan for \$2,320,224 is being developed and I hope it will be approved by the end of January so that allocation, any necessary RFPs and then contracts can be developed where required by state purchasing laws and policies.

I would be more than happy to share with you the plan for year 2 once approved.

In conclusion, I do wish to remind committee members that the Opioid Use Disorder Prevention and Treatment Fund is just one small piece of the resources available for opioid response efforts and that anticipated funds from the settlements of lawsuits, ARPA Funds, SUD block grants, federal grants the general fund and private philanthropy all play a much larger role in funding the many needs that exist.

Thank you for the opportunity to present this update on the Prevention & Treatment Fund. I am always happy to answer any questions committee members may have.