

MAINE STATE LEGISLATURE

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L.D. 1337

Date: 5/31/19 Majority

(Filing No. H- 429)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
129TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 965, L.D. 1337, Bill, "An Act To Save Lives by Establishing a Homeless Opioid Users Service Engagement Program within the Department of Health and Human Services"

Amend the bill by striking out the title and substituting the following:

'Resolve, To Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services'

Amend the bill by striking out everything after the title and inserting the following:

'Sec. 1. Homeless opioid users service engagement pilot project. Resolved: That there is established within the Department of Health and Human Services a homeless opioid users service engagement pilot project to provide 50 opioid users who are among the most vulnerable and unstable in the State rapid access to low-barrier treatment for substance use disorders and stable housing to support their recovery.

1. Definitions. As used in this resolve, the following terms have the following meanings.

A. "Department" means the Department of Health and Human Services.

B. "Individuals who are experiencing homelessness" means adults, unaccompanied youth and families with children who lack a fixed, regular and adequate nighttime residence or who are at risk of imminently losing their primary nighttime residence, including those who are sharing another person's dwelling on a temporary basis under which permission to remain is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice. "Individuals who are experiencing homelessness" includes individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or another dangerous or life-threatening situation involving violence against the individual or a member of the family. "Individuals who are experiencing homelessness" also includes individuals who are exiting an institution where the individual resided for 90 or fewer days and who resided in an emergency shelter or place not meant for human habitation immediately before entering the institution.

COMMITTEE AMENDMENT

R. 03

1 C. "Lead provider" means a social service or health care provider that is selected by
2 the department and that executes a social service contract with the department to
3 implement the pilot project.

4 D. "Medication-assisted treatment" means the evidence-based, whole-patient
5 approach to the treatment of substance use disorder that combines counseling and
6 behavioral therapies with medications approved by the federal Food and Drug
7 Administration for the treatment of substance use disorder, such as buprenorphine
8 and naloxone combination drugs, methadone or naltrexone.

9 E. "Partner provider" means a social service or health care provider with expertise in
10 all or a portion of the services provided in the pilot project and that executes a
11 subcontract with a lead provider to provide those services.

12 F. "Pilot project" means the homeless opioid users service engagement pilot project
13 established in this section.

14 G. "Recovery" means a process of change through which an individual improves the
15 individual's health and wellness, lives a self-directed life and strives to reach the
16 individual's full potential.

17 **2. Social service contracts.** The department shall issue a request for proposals and
18 implement the pilot project through social service contracts.

19 **3. Service location.** The pilot project must provide services in both an urban area
20 and a rural area of the State where social service and health care providers who can
21 successfully implement the pilot project are located. In selecting the areas of the State, the
22 department shall determine which areas of the State have the greatest need based upon the
23 geographic location of opioid users who are individuals who are experiencing
24 homelessness and the extent of emergency services use by those individuals. The
25 department may select one lead provider to implement the pilot project in both the urban
26 area and the rural area or it may select separate lead providers for the urban area and the
27 rural area.

28 **4. Lead providers.** The lead provider or providers with which the department
29 executes social service contracts are responsible for implementing the pilot project and
30 accounting for pilot project funds. To qualify for selection by the department as a lead
31 provider, a social service or health care provider must demonstrate the ability to
32 implement all aspects of the pilot project successfully. A lead provider may subcontract
33 with partner providers to implement portions of the pilot project services that are within
34 the partner providers' expertise. At a minimum, the lead provider and its partner providers
35 shall demonstrate successful experience in the following activities:

36 A. Engaging with individuals who are experiencing homelessness and who use
37 opioids in the State;

38 B. Administering medication-assisted treatment to vulnerable populations; and

39 C. Providing housing support services to individuals who are experiencing
40 homelessness.

41 **5. Pilot project design and implementation.** To the extent permitted by resources
42 allocated to the pilot project, the pilot project must be designed and implemented as
43 described in this subsection.

R. 49.

1 A. The pilot project must assist participants in attaining and sustaining recovery,
2 minimize the risk of overdosing among participants and decrease the likelihood of
3 diversion of buprenorphine by increasing participants' access to stable and supportive
4 housing, connecting participants with the recovery community and its resources and
5 providing participants with a safe environment in which the participants can identify
6 individualized short-term and long-term goals and develop new skills to support their
7 recovery.

8 B. To participate in the pilot project, an individual must be an individual who is
9 experiencing homelessness, have a history of drug overdose and meet the criteria for
10 physiological dependence on opioids in the Diagnostic and Statistical Manual of
11 Mental Disorders, 5th edition, published by the American Psychiatric Association.
12 The pilot project must give priority to individuals who are being discharged from
13 incarceration or long-term hospitalization due to complications related to substance
14 use disorder.

15 The pilot project must include intensive outreach using a collaborative team case
16 review approach to identify and recruit participants. An individual selected for the
17 pilot project who chooses to participate in the pilot project shall sign a written
18 agreement that explains the requirements for pilot project participation and authorizes
19 initiation of case management and treatment services as well as a release authorizing
20 members of the pilot project team to share information regularly regarding the
21 participant's progress in recovery and in attaining individual goals. Participants shall
22 also complete initial assessments regarding substance use disorder, physical health
23 and psychosocial and psychiatric needs as soon as possible.

24 C. Although a lead provider may adapt the structure of the pilot project to meet the
25 needs of the rural area or urban area it serves, the pilot project must include
26 medication-assisted treatment, intensive case management and immediate access to
27 stable housing as described in this paragraph.

28 (1) The pilot project must provide participants with medication-assisted
29 treatment in accordance with this subparagraph that is initiated within 48 hours of
30 each participant's enrollment in the pilot project. The lead provider shall seek
31 reimbursement from the MaineCare program for medication-assisted treatment
32 services whenever possible. The lead provider or partner provider shall employ a
33 medical professional authorized to prescribe for each participant a medication
34 approved by the federal Food and Drug Administration for the treatment of
35 substance use disorder that, in the professional's opinion, is most appropriate
36 given the participant's current medications, substance use and medical history.
37 The authorized prescriber shall take primary responsibility for managing and
38 refilling the prescription.

39 The lead provider or partner provider shall establish a collaborative, interagency
40 staffing model of medication-assisted treatment that includes, to the extent
41 resources permit, the authorized prescriber, a nurse care manager, a licensed
42 clinical social worker or licensed alcohol and drug counselor, a certified
43 psychiatric mental health nurse practitioner and a peer support specialist who
44 meet regularly to plan participant services, review participant progress and
45 implement reenrollment strategies when necessary. The lead provider or partner
46 provider shall use a shared medical appointment model for medication-assisted

1 treatment that supports participants in decreasing the use of illegal drugs and
 2 drugs that are not prescribed to the participant by delivering the following:

- 3 (a) Office-based, daily observed medication administration to participants;
 4 (b) The opportunity to participate in individual and group psychotherapy,
 5 pharmacotherapy and support groups;
 6 (c) Ongoing evaluations of participants to optimize treatment, including
 7 assessments of psychosocial needs and referrals for psychiatric assessments
 8 or treatment as necessary; and
 9 (d) Treatment of participants' concomitant psychiatric disorders that either
 10 complicate the participants' substance use disorder or act as triggers for
 11 relapse.

12 (2) The pilot project must provide participants with intensive case management
 13 designed to provide an intensive, comprehensive range of community-based
 14 services to address the physical and behavioral health needs of participants and
 15 support their compliance with medication-assisted treatment and other services
 16 necessary to recovery.

17 The lead provider or partner provider shall establish an intensive case
 18 management team that includes, to the extent resources permit, an intensive case
 19 management team supervisor, case managers, a housing liaison, a transition
 20 liaison and peer support specialists. The intensive case management team shall
 21 provide intensive outreach, assessment, care coordination, advocacy, support,
 22 planning and facilitation of services to meet each participant's comprehensive
 23 mental health, medical and dental health needs while reducing redundant services
 24 and supporting participants in achieving the following goals:

- 25 (a) Acquiring medical care and material resources, including, but not limited to,
 26 to, food, shelter and clothing;
 27 (b) Improving psychosocial functioning and developing greater autonomy;
 28 (c) Developing coping and problem-solving skills;
 29 (d) Developing a community support system to help participants meet the
 30 demands of community life; and
 31 (e) Accessing benefits and services for which participants may qualify,
 32 including, but not limited to, housing, medical, behavioral health,
 33 employment, education, supplemental income, transportation, utility and
 34 community and family integration services.

35 The peer support specialist shall serve as a role model and shall provide one-on-
 36 one peer support services to assist participants in reducing harmful behaviors, to
 37 identify participants' strengths and skills that can help reduce illegal substance
 38 use and to develop participants' recovery goals. The peer support specialist shall
 39 also coordinate and facilitate peer recovery groups.

40 The transition liaison shall assist participants who are transitioning out of
 41 incarceration or hospitalization. The transition liaison shall recruit individuals
 42 who are incarcerated or hospitalized and who expect to be discharged soon for

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1 participation in the pilot project and assist those individuals with the enrollment
2 process. The transition liaison also shall coordinate with staff from the
3 correctional or medical facility to facilitate participants' smooth transition from
4 the facility. To the extent practicable, the transition liaison shall ensure that
5 participants have access to housing immediately upon discharge from a
6 correctional or medical facility.

7 (3) The pilot project shall provide participants with immediate and continued
8 access to stable housing that promotes recovery, independence and harm
9 reduction. The intensive case management team shall identify appropriate
10 housing placements for participants, which may include, but are not limited to,
11 housing first developments, which are developments prioritizing providing
12 permanent housing to individuals experiencing homelessness, recovery
13 residences, private nonmedical institutions and private apartments leased either
14 directly by the individual or by the provider through a master lease agreement.
15 The intensive case management team shall collaborate with local housing
16 authorities, affordable housing developers, municipal general assistance offices
17 and housing voucher administrators to provide pilot project participants with
18 priority in accessing these placements and maximizing the availability of any
19 housing assistance, subsidies or vouchers.

20 The lead provider or a partner provider shall administer a housing assistance fund
21 to provide participants with immediate access to stable housing. The housing
22 assistance fund must contain sufficient capital to provide all pilot project
23 participants with 18 months of rent at fair market value based on the location of
24 the housing. The lead provider or partner provider may provide a participant with
25 more or less than 18 months of financial assistance from the housing assistance
26 fund, depending on the participant's individual need for financial assistance to
27 achieve housing stability.

28 While participants receive financial assistance from the housing assistance fund,
29 the intensive case management team shall assist participants in securing an
30 alternative financial resource or resources for housing, including but not limited
31 to employment, general assistance, the Bridging Rental Assistance Program
32 established in the Maine Revised Statutes, Title 34-B, section 3011, the federal
33 shelter plus care program authorized by the federal McKinney-Vento Homeless
34 Assistance Act, Public Law 100-77, as amended by the federal Homeless
35 Emergency Assistance and Rapid Transition to Housing Act of 2009, Public Law
36 111-22, Division B (2009) and housing choice vouchers under Section 8 of the
37 United States Housing Act of 1937, Public Law 75-412, 50 Stat. 888, as
38 amended.

39 D. A participant may withdraw from the pilot project at any time. The lead provider
40 or a partner provider shall reevaluate each participant's enrollment in the pilot project
41 every month. A participant may receive services from the pilot project for the length
42 of time necessary for the participant to successfully complete the pilot project or to
43 transition to a less intensive model of treatment when considered clinically
44 appropriate. In determining whether a participant has successfully completed the pilot
45 project or may transition to a less intensive model of treatment, the lead provider or
46 partner provider shall consider the participant's sustained abstinence from illegal

H. 48

1 substance and alcohol use, employment or involvement in other meaningful
2 community activities, psychosocial supports and willingness to participate in further
3 treatment to maintain recovery.

4 Alternatively, a participant may be discharged from the pilot project if the lead
5 provider or a partner provider determines that the pilot project is unable to provide
6 appropriate services due to the participant's physical or mental health or continued
7 illegal substance use.

8 **6. Duration of pilot project.** The department shall issue a request for proposals to
9 implement the pilot project through social service contracts no later than the effective
10 date of this resolve. The pilot project must operate for 24 months from the date all of the
11 social service contracts have been awarded.

12 **7. Evaluation of pilot project.** The lead provider shall contract with an independent
13 entity each year of the pilot project to conduct a rigorous evaluation of the pilot project
14 implemented by that lead provider, including a cost-benefit analysis, in order to inform
15 future interventions and provide a model that can be replicated throughout the State. The
16 independent entity shall consider, at a minimum, the following information in conducting
17 the evaluation:

18 A. The extent of participant engagement in medication-assisted treatment,
19 maintenance of stable housing, achievement of employment or engagement in
20 community volunteer positions and reconnection with family;

21 B. The number of overdose incidents, the level of involvement with the criminal
22 justice system and law enforcement and the extent of use of emergency medical
23 services including emergency medical response, crisis intervention services,
24 emergency shelter or food resources and inpatient hospital stays for participants
25 during the evaluation period as compared to the year before the evaluation period
26 began; and

27 C. The number of participants who withdrew from the pilot project voluntarily, who
28 were discharged after successful completion of the pilot project and who were
29 discharged because the pilot project could no longer provide appropriate services.

30 **8. Federal funds.** To the maximum extent possible, the department shall use state
31 funds received for the pilot project to maximize its receipt of federal funds to be used for
32 the pilot project and the department shall seek federal funding for the pilot project, if
33 available.

34 **9. Report.** The department shall report to the joint standing committee of the
35 Legislature having jurisdiction over health and human services matters regarding the pilot
36 project by December 15, 2020 and at the conclusion of the pilot project. The joint
37 standing committee may submit legislation to the first regular session of the 130th
38 Legislature regarding the pilot project, including legislation to continue or expand the
39 pilot project.

40 **Sec. 2. Appropriations and allocations. Resolved:** That the following
41 appropriations and allocations are made.

42 **HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

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Office of Substance Abuse and Mental Health Services Z199

Initiative: Provides one-time funding for a 24-month pilot project to provide rapid access to low-barrier treatment for substance use disorders and stable housing to support recovery and create stability for 50 opioid users who are among the most vulnerable and unstable in the State.

GENERAL FUND	2019-20	2020-21
All Other	\$752,421	\$1,504,842
GENERAL FUND TOTAL	<u>\$752,421</u>	<u>\$1,504,842</u>

SUMMARY

This amendment changes the bill into a resolve. The bill established a homeless opioid users service engagement program. The amendment changes it to a pilot project that operates for 24 months.

The amendment also adds an appropriations and allocations section.

FISCAL NOTE REQUIRED

(See attached)



129th MAINE LEGISLATURE

LD 1337

LR 1261(02)

An Act To Save Lives by Establishing a Homeless Opioid Users Service Engagement Program within the Department of Health and Human Services

Fiscal Note for Bill as Amended by Committee Amendment

A. (H-429)

Committee: Health and Human Services

Fiscal Note Required: Yes

Fiscal Note

	FY 2019-20	FY 2020-21	Projections FY 2021-22	Projections FY 2022-23
Net Cost (Savings)				
General Fund	\$752,421	\$1,504,842	\$752,421	\$0
Appropriations/Allocations				
General Fund	\$752,421	\$1,504,842	\$752,421	\$0

Fiscal Detail and Notes

The bill includes General Fund appropriations to the Department of Health and Human Services of \$752,421 in fiscal year 2019-20 and \$1,504,842 in fiscal year 2020-21 for a 24 month pilot project to provide rapid access to low-barrier treatment for substance use disorders and stable housing to support recovery and create stability for 50 opioid users who are among the most vulnerable and unstable in the State.