

MAINE STATE LEGISLATURE

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129th MAINE LEGISLATURE

FIRST REGULAR SESSION-2019

Legislative Document

No. 1337

H.P. 965

House of Representatives, March 21, 2019

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

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in cursive script that reads "Robert B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative GATTINE of Westbrook.
Cosponsored by Senator SANBORN, L. of Cumberland and
Representatives: CRAVEN of Lewiston, DUNPHY of Old Town, HYMANSON of York,
JORGENSEN of Portland, MADIGAN of Waterville.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 22 MRSA §2354** is enacted to read:

3 **§2354. Homeless opioid users service engagement program**

4 There is established within the department a homeless opioid users service
5 engagement program to provide 50 opioid users who are among the most vulnerable and
6 unstable in the State rapid access to low-barrier treatment for substance use disorder and
7 stable housing to support their recovery.

8 **1. Definitions.** For purposes of this section, the following terms have the following
9 meanings.

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15 leaseholder or owner and can be rescinded at any time without notice.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

23 B. "Lead provider" means a social service or health care provider that is selected by
24 the department and that executes a social service contract with the department to
25 implement the program.

26 C. "Medication-assisted treatment" means the evidence-based, whole-patient
27 approach to the treatment of substance use disorder that combines counseling and
28 behavioral therapies with medications approved by the federal Food and Drug
29 Administration for the treatment of substance use disorder, such as buprenorphine
30 and naloxone combination drugs, methadone or naltrexone.

31 D. "Partner provider" means a social service or health care provider with expertise in
32 all or a portion of the services provided in the program and that executes a
33 subcontract with a lead provider to provide those services.

34 E. "Program" means the homeless opioid users service engagement program
35 established in this section.

36 F. "Recovery" means a process of change through which an individual improves the
37 individual's health and wellness, lives a self-directed life and strives to reach the
38 individual's full potential.

39 **2. Social service contracts.** The department shall issue a request for proposals and
40 implement the program through social service contracts.

1 **3. Service location.** The program must provide services in both an urban area and a
2 rural area of the State where social service and health care providers who can successfully
3 implement the program are located. In selecting the areas of the State, the department
4 shall determine which areas of the State have the greatest need based upon the geographic
5 location of opioid users who are individuals who are experiencing homelessness and the
6 extent of emergency services use by those individuals. The department may select one
7 lead provider to implement the program in both the urban area and the rural area or it may
8 select separate lead providers for the urban area and the rural area.

9 **4. Lead providers.** The lead provider or providers with which the department
10 executes social service contracts are responsible for implementing the program and
11 accounting for program funds. To qualify for selection by the department as a lead
12 provider, a social service or health care provider must demonstrate the ability to
13 implement all aspects of the program successfully. A lead provider may subcontract with
14 partner providers to implement portions of the program services that are within the
15 partner providers' expertise. At a minimum, the lead provider and its partner providers
16 shall demonstrate successful experience in the following activities:

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

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

20 C. Providing housing support services to individuals who are experiencing
21 homelessness.

22 **5. Program design and implementation.** To the extent permitted by resources
23 allocated to the program, the program must be designed and implemented as described in
24 this subsection.

25 A. The program must assist participants in attaining and sustaining recovery,
26 minimize the risk of opiate poisoning among participants and decrease the likelihood
27 of diversion of buprenorphine by increasing participants' access to stable and
28 supportive housing, connecting participants with the recovery community and its
29 resources and providing participants with a safe environment in which the
30 participants can identify individualized short-term and long-term goals and develop
31 new skills to support their recovery.

32 B. To participate in the program, an individual must be an individual who is
33 experiencing homelessness, have a history of drug overdose and meet the criteria for
34 physiological dependence on opioids in the Diagnostic and Statistical Manual of
35 Mental Disorders, 5th edition, published by the American Psychiatric Association.
36 The program must give priority to individuals who are being discharged from
37 incarceration or long-term hospitalization due to complications related to substance
38 use disorder.

39 The program must include intensive outreach using a collaborative team case review
40 approach to identify and recruit participants. An individual selected for the program
41 who chooses to participate in the program shall sign a written agreement that explains
42 the requirements for program participation and authorizes initiation of case
43 management and treatment services as well as a release authorizing members of the

1 program team to share information regularly regarding the participant's progress in
2 recovery and in attaining individual goals. Participants shall also complete initial
3 assessments regarding substance use disorder, physical health and psychosocial and
4 psychiatric needs as soon as possible.

5 C. Although a lead provider may adapt the structure of the program to meet the
6 needs of the rural area or urban area it serves, the program must include medication-
7 assisted treatment, intensive case management and immediate access to stable
8 housing as described in this paragraph.

9 (1) The program must provide participants with medication-assisted treatment in
10 accordance with this subparagraph that is initiated within 48 hours of each
11 participant's enrollment in the program. The program must seek reimbursement
12 from the MaineCare program for medication-assisted treatment services
13 whenever possible. The lead provider or partner provider shall employ a medical
14 professional authorized to prescribe for each participant a medication approved
15 by the federal Food and Drug Administration for the treatment of substance use
16 disorder that, in the professional's opinion, is most appropriate given the
17 participant's current medications, substance use and medical history. The
18 authorized prescriber shall take primary responsibility for managing and refilling
19 the prescription.

20 The lead provider or partner provider shall establish a collaborative, interagency
21 staffing model of medication-assisted treatment that includes, to the extent
22 resources permit, the authorized prescriber, a nurse care manager, a licensed
23 clinical social worker or licensed alcohol and drug counselor, a certified
24 psychiatric mental health nurse practitioner and a peer support specialist who
25 meet regularly to plan participant services, review participant progress and
26 implement reenrollment strategies when necessary. The lead provider or partner
27 provider shall use a shared medical appointment model for medication-assisted
28 treatment that supports participants in decreasing the use of illegal drugs and
29 drugs that are not prescribed to the participant by delivering the following:

- 30 (a) Office-based, daily observed medication administration to participants;
31 (b) The opportunity to participate in individual and group psychotherapy,
32 pharmacotherapy and support groups;
33 (c) Random drug testing of participants;
34 (d) Ongoing evaluations of participants to optimize treatment, including
35 assessments of psychosocial needs and referrals for psychiatric assessments
36 or treatment as necessary; and
37 (e) Treatment of participants' concomitant psychiatric disorders that either
38 complicate the participants' substance use disorder or act as triggers for
39 relapse.

40 (2) The program must provide participants with intensive case management
41 designed to provide an intensive, comprehensive range of community-based
42 services to address the physical and behavioral health needs of participants and

1 support their compliance with medication-assisted treatment and other services
2 necessary to recovery.

3 The lead provider or partner provider shall establish an intensive case
4 management team that includes, to the extent resources permit, an intensive case
5 management team supervisor, case managers, a housing liaison, a transition
6 liaison and peer support specialists. The intensive case management team shall
7 provide intensive outreach, assessment, care coordination, advocacy, support,
8 planning and facilitation of services to meet each participant's comprehensive
9 mental health, medical and dental health needs while reducing redundant services
10 and supporting participants in achieving the following goals:

11 (a) Acquiring medical care and material resources, including, but not limited
12 to, food, shelter and clothing;

13 (b) Improving psychosocial functioning and developing greater autonomy;

14 (c) Developing coping and problem-solving skills;

15 (d) Developing a community support system to help participants meet the
16 demands of community life; and

17 (e) Accessing benefits and services for which participants may qualify,
18 including, but not limited to, housing, medical, behavioral health,
19 employment, education, supplemental income, transportation, utility and
20 community and family integration services.

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

26 The transition liaison shall assist participants who are transitioning out of
27 incarceration or hospitalization. The transition liaison shall recruit individuals
28 who are incarcerated or hospitalized and who expect to be discharged soon for
29 participation in the program and assist those individuals with the enrollment
30 process. The transition liaison also shall coordinate with staff from the
31 correctional or medical facility to facilitate participants' smooth transition from
32 the facility. To the extent practicable, the transition liaison shall ensure that
33 participants have access to housing immediately upon discharge from a
34 correctional or medical facility.

35 (3) The program shall provide participants with immediate and continued access
36 to stable housing that promotes recovery, independence and harm reduction. The
37 intensive case management team shall identify appropriate housing placements
38 for participants, which may include, but are not limited to, housing first
39 developments, which are developments prioritizing providing permanent housing
40 to individuals experiencing homelessness, recovery residences, private
41 nonmedical institutions and private apartments. The intensive case management
42 team shall collaborate with local housing authorities, affordable housing
43 developers, municipal general assistance offices and housing voucher

1 administrators to provide program participants with priority in accessing these
2 placements.

3 The lead provider or a partner provider shall administer a housing assistance fund
4 to provide participants with immediate access to stable housing. The housing
5 assistance fund must contain sufficient capital to provide all program participants
6 with 5 months of rent at fair market value based on the location of the housing.
7 The lead provider or partner provider may provide a participant with more or less
8 than 5 months of financial assistance from the housing assistance fund,
9 depending on the participant's individual need for financial assistance to achieve
10 housing stability.

11 While participants receive financial assistance from the housing assistance fund,
12 the intensive case management team shall assist participants in securing an
13 alternative financial resource or resources for housing, including but not limited
14 to employment, general assistance, the Bridging Rental Assistance Program
15 established in Title 34-B, section 3011, the federal shelter plus care program
16 authorized by the federal McKinney-Vento Homeless Assistance Act, Public Law
17 100-77, as amended by the federal Homeless Emergency Assistance and Rapid
18 Transition to Housing Act of 2009, Public Law 111-22, Division B (2009) and
19 housing choice vouchers under Section 8 of the United States Housing Act of
20 1937, Public Law 75-412, 50 Stat. 888, as amended.

21 D. A participant may withdraw from the program at any time. The lead provider or a
22 partner provider shall reevaluate each participant's enrollment in the program every
23 month. A participant may receive services from the program for the length of time
24 necessary for the participant to successfully complete the program or to transition to a
25 less intensive model of treatment when considered clinically appropriate. In
26 determining whether a participant has successfully completed the program or may
27 transition to a less intensive model of treatment, the lead provider or partner provider
28 shall consider the participant's sustained abstinence from illegal substance and
29 alcohol use, employment or involvement in other meaningful community activities,
30 psychosocial supports and willingness to participate in further treatment to maintain
31 recovery.

32 Alternatively, a participant may be discharged from the program if the lead provider
33 or a partner provider determines that the program is unable to provide appropriate
34 services due to the participant's physical or mental health or continued illegal
35 substance use.

36 **6. Program evaluation.** Annually the lead provider shall contract with an
37 independent entity to conduct a rigorous evaluation of the program implemented by that
38 lead provider, including a cost-benefit analysis, in order to inform future interventions
39 and provide a model that can be replicated throughout the State. The independent entity
40 shall consider, at a minimum, the following information in conducting the evaluation:

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

