L.D. 1711

Date: (Filing No. H-)

HEALTH AND HUMAN SERVICES

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STATE OF MAINE

HOUSE OF REPRESENTATIVES

128TH LEGISLATURE

SECOND REGULAR SESSION

COMMITTEE AMENDMENT " " to H.P. 1191, L.D. 1711, "Resolve, To Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services"

Amend the resolve by striking out everything after the title and before the summary 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. For purposes of this resolve, the following terms have the following meanings.

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

B. "Housing assistance fund" means the fund described in section 2, subsection 3, paragraph C.

C. "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under which permission to remain is contingent upon the hospitality of the primary leaseholder or owner and can be rescinded at any time without notice.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.

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

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

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

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

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

2. Duration of pilot project. The department shall issue a request for proposals and implement the pilot project through social service contracts no later than September 1, 2018. The pilot project must operate for a minimum of 12 months.

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

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

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

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

C. Providing housing support services to individuals who are experiencing homelessness; and be it further

Sec. 2. Pilot project design and implementation. Resolved: That, to the extent permitted by resources allocated to the pilot project, the pilot project must be designed and implemented as described in this section.

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

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

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

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

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

The lead provider or partner provider shall establish a collaborative, interagency staffing model of medication-assisted treatment that includes, to the extent resources permit, the authorized prescriber, a nurse care manager, a licensed clinical social worker or licensed alcohol and drug counselor, a certified psychiatric mental health nurse practitioner and a peer support specialist who meet regularly to plan participant services, review participant progress and implement reenrollment strategies when necessary. The lead provider or partner provider shall use a shared medical appointment model for medication-assisted treatment that supports participants in decreasing the use of illegal and nonprescribed drugs by delivering the following:

(1) Office-based, daily observed medication administration to participants;

(2) The opportunity to participate in individual and group psychotherapy, pharmacotherapy and support groups;

(3) Random drug screening of participants;

(4) Ongoing evaluations of participants to optimize treatment, including assessments of psychosocial needs and referrals for psychiatric assessments or treatment as necessary; and

(5) Treatment of participants' concomitant psychiatric disorders that either complicate the participants' substance use disorder or act as triggers for relapse.

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

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

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

(2) Improving psychosocial functioning and developing greater autonomy;

(3) Developing coping and problem-solving skills;

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

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

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

The transition liaison shall assist participants who are transitioning out of incarceration or hospitalization. The transition liaison shall recruit individuals who are incarcerated or hospitalized and who expect to be discharged soon for participation in the project and assist those individuals with the enrollment process. The transition liaison shall also coordinate with staff from the correctional or medical

facility to facilitate participants' smooth transition from the facility. To the extent practicable, the transition liaison shall ensure that participants have access to housing immediately upon discharge from a correctional or medical facility.

C. The pilot project shall provide participants with immediate and continued access to stable housing that promotes recovery, independence and harm reduction. The intensive case management team shall identify appropriate housing placements for participants that may include, but are not limited to, housing first developments, recovery residences, private nonmedical institutions and private apartments. The intensive case management team shall collaborate with local housing authorities, affordable housing developers, municipal general assistance offices and housing voucher administrators to provide pilot project participants with priority in accessing these programs.

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

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

4. Participant discharge criteria. A participant may withdraw from the pilot project at any time. The lead provider or a partner provider shall reevaluate each participant's enrollment in the pilot project every month. A participant may receive services from the pilot project for the length of time necessary for the participant to successfully complete the project or to transition to a less intensive model of treatment when considered clinically appropriate. In determining whether a participant has successfully completed the project or may transition to a less intensive model of treatment, the lead provider or partner provider shall consider the participant's sustained abstinence from illegal substance and alcohol use, employment or involvement in other meaningful community activities, psychosocial supports and willingness to participate in further treatment to maintain recovery.

Alternatively, a participant may be discharged from the pilot project if the lead provider or a partner provider determines that the pilot project is unable to provide appropriate services due to the participant's physical or mental health or continued illegal substance use; and be it further

Sec. 3. Pilot project evaluation. Resolved: That the lead provider shall contract with an independent entity to conduct a rigorous evaluation of the pilot project implemented by that lead provider, including a cost-benefit analysis, in order to inform future interventions and provide a model that can be replicated throughout the State. The independent entity shall, at a minimum, consider the following information in conducting the evaluation:

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

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

C. The number of participants who withdrew from the pilot project voluntarily, who were discharged after successful completion of the pilot project and who were discharged because the pilot project could no longer provide appropriate services; and be it further

Sec. 4. Report. Resolved: That the department shall report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the pilot project by March 15, 2019. The joint standing committee may submit legislation regarding the pilot project, including legislation to continue or expand the pilot project, to the First Regular Session of the 129th Legislature; and be it further

Sec. 5. Appropriations and allocations. Resolved: That the following appropriations and allocations are made.

HEALTH AND HUMAN SERVICES, DEPARTMENT OF

Office of Substance Abuse and Mental Health Services Z199

Initiative: Provides one-time funding for a 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	**2017-18**	**2018-19**
All Other	$0	$2,084,096
GENERAL FUND TOTAL	$0	$2,084,096

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SUMMARY

This amendment, which is the majority report of the committee, strikes and replaces the resolve. Like the resolve, the amendment establishes within the Department of Health and Human Services a 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. The amendment details the pilot project objectives, eligibility criteria for pilot project participants and services that must be provided to those participants, including medication-assisted treatment, intensive case management services and financial and case management assistance to ensure immediate and continued access to stable housing. The amendment requires an independent evaluation of the pilot project and directs the department to submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters regarding the pilot project by March 15, 2019. The joint standing committee is authorized to submit legislation regarding the pilot project, including legislation to continue or to expand the pilot project, to the First Regular Session of the 129th Legislature.

FISCAL NOTE REQUIRED

(See attached)