JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

Testimony on LD 1722
Submitted by Bruce A. Campbell, LCSW, LADC

Thank you Chair Senator Claxton and Representative Meyer and Members of the Joint Standing Committee on Health and Human Services. Committee::

My name is Bruce Campbell. I began my professional career 1976 as Director of Aroostook County Halfway House, a correctional work release program operating out of the Aroostook County Jail. When I left that program in 1982, my only regret was that we never dealt with the substance use disorders among our residential clients, because 90 days after their release, they would be back in jail because they got drunk or stoned and did something stupid.

I went to California and began working in residential programs for young, emotionally disturbed children and later with adolescents with substance use disorders. I went back to graduate school focusing on cross sector social work practice, receiving my MSW degree in 1990. For five years, I was the policy and planning and program development analyst for Monterey County's Alcohol and Drug Programs, then for nine years as the senior analyst Monterey County's Child Welfare Program, assigned to the out-of-home care system. This led me to a consultant role with the National Center for Substance Abuse and Child Welfare. I served in that capacity for both Massachusetts and Maine as we moved back from California to Maine in 2004.

When we returned to Maine, I began working as a Clinician at Acadia Hospital's methadone program, then worked for Wellspring in Bangor as its Clinical Director for 11 years, overseeing the clinical operations of its Men's House, Women's House, Infinity House for Women and Children, and Detox Center. I provided clinical oversight to the implementation of treatment for Penobscot County's Drug Court, as well as the treatment partners in Maine's Title IV Demonstration Project Partnership, the Maine Enhanced Parenting Program. I administered the treatment components for the Penobscot County Drug Court and supervised Wellspring's Outpatient Substance Abuse and Mental Health Programs.

But none of this would have been possible without my own recovery, and this August I will celebrate my 37th year in recovery. I am also very proud to say that I am one of the founders of the Bangor Area Recovery Network, the first recovery community center in the State of Maine.

I say this with the hope and understanding that what I have to say about this bill will be kept in mind from my own experience. I spent yesterday digesting the Behavioral Health Plan for Maine, and with no exaggeration, I have never been more excited to see our State on the verge of such transformative systemic change for our citizens and families. This is truly remarkable.

In addition to what has already been articulated in the Behavioral Health Plan, LD 1722 has the promise of creating structural sustainability for these initiatives. We cannot even begin to fathom the scope of loss that the opioid epidemic has caused in our state yet the economic impact pales in comparison to the crushing grief and devastation experienced by our families. But there are some pieces of the bill that I would like to bring to your attention:

- First of all, I am pleased this is directed to substance use disorders, not just the opioid epidemic. I would suggest that inclusion also be reflected in the title of the bill. If you read the whole Overdose Report, you will also see dramatic increases in deaths attributed to methamphetamine and cocaine. Mention of just alcohol in addition to opioid strategies should be broadened to include benzodiazepines, stimulants, marijuana, and nicotine. In short, all substance use disorders. We have no idea what cocktails will be developed in the future. Cite fentanyl as an example; where was that five years ago?
- Funds from the opioid settlement has the capacity to support sustainability. Sustainability should be included in the preamble to the bill.
- Make sure the funds are secured in a "lock box" that cannot be raided and diverted to the General Fund. It is good to designate the interest to the General Fund, but without that security, there will be a feeding frenzy for those dollars, making these dollars particularly vulnerable to diversion.
- Agreed that this fund should not supplant existing federal and state resources that are currently targeted at reducing the economic and social impacts of substance use.

- There is no mention of “reinvested cost savings.” To often, promising pilot projects that demonstrate a cost savings are not allowed to benefit from those savings because the cost avoidance (or return on investment) is not shared. Without the sustainability ensured by reinvestment policies, these projects simply go by the wayside with a nice pat on the head, and we are told, “You should have been doing that all along.” Without that kind of reinvestment strategy, promising projects that should be supported in the long-term are vulnerable to being relegated to a “Wasn’t that a good idea. Too bad it lost its funding.”
- We do need to understand that treatment is not recovery in and of itself. The extent to which these funds can be used to develop “recovery ready communities” would result in communities that had jobs, housing, and education to support individuals and families impacted by substance use disorders, as well as the resiliency initiatives to prevent or mitigate substance use disorders in the first place.
- In Section 203.C.2. the bill establishes a “revolving fund.” But under Section C.6. Limitations of funding, the bill states that “Disbursements from the fund must continue until such time as the funds in the fund are exhausted.” With the appropriate reinvestment policies, there is no reason why the funds in the fund will ever become exhausted.

The funding described in this bill, if properly administered and supported by reinvestment policies, will not only serve to capitalize this systemic transformation, it has the potential for maintaining these changes into perpetuity. I never thought I would be able to say these words. Thank you.

Respectively submitted,
Bruce A. Campbell, LCSW, LADC