Aroostook County Opioid Task Force

Members:

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Peter Johnson, Sheriff
Dana Gendreau, Finance Director
Ryan Pelletier, County Administrator

County of Aroostook

COMMISSIONERS' OFFICE

FINANCE DIRECTOR / DEPUTY TREASURER
Dana L. Gendreau

June 4, 2024

Subject: **Update on Opioid Settlement Funds**

To date, the County has received $694,743.81 of opioid settlement funds. Projected over the next 14 years, the County of Aroostook is slated to receive an additional $1,995,848 of settlement funds. All opioid funds receipted by the County of Aroostook are currently held in an interest-bearing account.

The first drawdown/expense of settlement funds, in the amount of $75,000.00, will be used to fund a portion of the County Jail MAT program in the upcoming and approved fiscal year 2024-2025 County Jail budget. This transaction will take place in July 2024.

Regards,

Dana Gendreau

Dana Gendreau
Finance Director/Deputy Treasurer

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Actual Received & Estimated Future Opioid Settlement Fund Payments to Aroostook County

2022 Payments		**$325,482.90**
4/2/2022	Distributor 1st	$56,930.18
9/15/2022	Distributor 2nd	$64,448.38
12/15/2022	J&J	$204,104.34
2023 Payments		**$65,897.29**
6/16/2023	J&J	$2,274.59
8/2/2023	Distributor	$63,622.70
2024 Payments		**$303,363.62**
3/15/2024	Cencora	$14,535.47
3/15/2024	Cardinal	$14,601.35
3/29/2024	Walmart (1)	$172,643.19
3/29/2024	Allergan (1,2)	$19,602.58
3/29/2024	Teva (1,2)	$17,715.92
3/29/2024	Walgreens 1st (1)	$25,579.02
3/29/2024	Walgreens 2nd (1)	$16,883.86
3/29/2024	CVS (1)	$21,802.23
	Total Payments	**$694,743.81**

2024 Pending Estimated Payments		**$146,285.16**
	J&J	$2,112.12
	CVS	$17,381.84
	Allergan	$19,615.47
	Teva	$19,294.07
	Distributor	$66,197.85
	Mallinckrodt	$9,962.83
	Mallinckrodt	$11,720.98
2025 Pending Estimated Payments		**$156,727.38**
	Walgreens	$16,883.86
	CVS	$34,736.13
	Distributor	$66,197.85
	Allergan	$19,615.47
	Teva	$19,294.07
2026 Pending Estimated Payments		**$166,956.22**
	Walgreens	$16,883.86
	J&J	$10,228.84
	CVS	$34,736.13
	Distributor	$66,197.85
	Allergan	$19,615.47
	Teva	$19,294.07
2027 Pending Estimated Payments		**$125,979.75**
	Walgreens	$16,883.86

	J&J	$10,228.84
	CVS	$34,736.13
	Distributor	$25,221.38
	Allergan	$19,615.47
	Teva	$19,294.07
2028 Pending Estimated Payments		**$178,615.02**
	Walgreens	$16,883.86
	J&J	$10,228.84
	CVS	$34,736.13
	Distributor	$77,856.65
	Allergan	$19,615.47
	Teva	$19,294.07
2029 Pending Estimated Payments		**$179,673.86**
	Walgreens	$16,883.86
	J&J	$13,023.10
	CVS	$33,000.71
	Distributor	$77,856.65
	Allergan	$19,615.47
	Teva	$19,294.07
2030 Pending Estimated Payments		**$167,018.11**
	Walgreens	$25,579.01
	J&J	$13,023.10
	CVS	$31,265.28
	Distributor	$77,856.65
	Teva	$19,294.07
2031 Pending Estimated Payments		**$154,580.28**
	Walgreens	$25,579.01
	J&J	$13,023.10
	CVS	$31,237.73
	Distributor	$65,446.37
	Teva	$19,294.07
2032 Pending Estimated Payments		**$141,557.18**
	Walgreens	$25,579.01
	CVS	$31,237.73
	Distributor	$65,446.37
	Teva	$19,294.07
2033 Pending Estimated Payments		**$110,319.45**
	Walgreens	$25,579.01
	Distributor	$65,446.37
	Teva	$19,294.07
2034 Pending Estimated Payments		**$110,319.45**
	Walgreens	$25,579.01
	Distributor	$65,446.37
	Teva	$19,294.07

2035 Pending Estimated Payments		**$110,319.45**
	Walgreens	$25,579.01
	Distributor	$65,446.37
	Teva	$19,294.07
2036 Pending Estimated Payments		**$91,025.38**
	Walgreens	$25,579.01
	Distributor	$65,446.37
2037 Pending Estimated Payments		**$91,025.38**
	Walgreens	$25,579.01
	Distributor	$65,446.37
2038 Pending Estimated Payments		**$65,446.37**
	Distributor	$65,446.37
	Total Pending Payments	**$1,995,848.44**
	Total Actual & Pending	**$2,690,592.25**

Ryan D. Pelletier

From: The Office of the Maine Attorney General <AG@subscriptions.maine.gov>
Sent: Wednesday, May 22, 2024 1:36 PM
To: Ryan D. Pelletier
Subject: Maine Recovery Council- Notice of Funding Opportunity - Corrected

The Maine Recovery Council

Notice of Funding Opportunity

The Maine Recovery Council is requesting Letter of Intent submissions for its first community grant application, which seeks to provide funding for opioid abatement and remediation programs and activities.

The Council has selected to fund Treatment, Recovery Support, and Harm Reduction projects for this first application cycle, with the goal of providing $12 million in funding for projects across the State of Maine. The Council has identified and selected priority strategies for each pillar, which are outlined in the Letter of Intent.

Please note: While applicants can apply for any project under these three pillars, the Council will score applications more favorably that align with their priority areas.

The Council plans to develop a funding opportunity for Prevention programs later this year.

Applicants must submit a Letter of Intent to be considered for the grant application.

The Council will review completed Letter of Intent submissions and selected applicants will be invited to apply for grant funding.

Maine Recovery Council Letter of Intent

All Letter of Intent submissions must be completed by **June 28th, 2024**, at 4:59pm (EST). The Council will not review or consider submissions received after this deadline.

If you have questions or need technical support, please reach out to INFORecoveryCouncil@maine.gov.

Click to here to view all upcoming meetings: Maine Recovery Council Calendar

The Council is established pursuant to court order and 5 M.R.S.A. s. 203-C. More information is available on the following website.

Maine Recovery Council Letter of Intent

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The Council has identified and selected priority strategies for each pillar, which are outlined in this Letter of Intent. Please note that while applicants can apply for any project under these three pillars, the Council will score applications more favorably that align with these priorities.

Applicants MUST submit a Letter of Intent to be considered for the grant application. The Council will review completed Letter of Intent submissions and selected applicants will be invited to apply for grant funding.

All Letter of Intent submissions must be completed by June 28, 2024, at 4:59pm (EST).
Please reach out to INFORecoveryCouncil@maine.gov with any questions.

1. Primary Organization Name:
2. Primary Organization Address:
3. Primary Contact Name:
4. Primary Contact Role:
5. Primary Contact Phone Number:
6. Primary Contact Email:
7. What type of organization is this?

- ○ 501(c)(3)
- ○ 501(c)(4)
- ○ 501(c)(6)
- ○ For-Profit
- ○ Individual
- ◉ Other

8. Primary Organization Annual Operating Budget: $23,315,360
9. Does the organization have a history of providing the proposed services in Maine? (Y/N)
10. Does your senior leadership and/or a majority of the board identify as the following? Check all that apply.

- ☐ People who identify as Black, Indigenous, or other People of Color
- ☐ People who identify as an immigrant or New Mainer
- ☐ People who have been or are incarcerated
- ☐ People who identify as LGBTQIA+
- ☐ People who are under the age of 18
- ☐ People with lived or living experience of substance use
- ☐ Does not apply

11. Does or will your organization provide services to the following populations? Check all that apply.

- [ ] People who identify as Black, Indigenous, or other People of Color
- [ ] People who identify as an immigrant or New Mainer
- [ ] People who have been or are incarcerated
- [ ] People who identify as LGBTQIA+
- [ ] People who are under the age of 18
- [ ] People with lived or living experience of substance use
- [ ] Does not apply

12. Where does your proposed project plan to provide services?
Check all that apply. I would assume Kennebec County only

13. Has any of the staff or board members of this organization served as a Council Member of the Maine Recovery Council? I would assume No

15. Are you currently receiving opioid settlement funds? Yes

17. Is your proposal the result of a local or regional planning process? I would assume No

19. Project Name:

20. Funding Amount Requested Year 1:

21. Funding Amount Requested Year 2 (If Applicable):

22. Total Funding Amount Requested:

23. Funding Period Requested (up to 2 years):

- ○ One Year
- ○ Two Years
- ○ Other (*e.g. 9 months*)

24. Please select the pillar & strategy that best fits this project. *Please note that while Applicants can apply for funding for any project, Council members will score applications catered toward the Council's specific priorities more favorably. (Treatment, Recovery Support, Harm Reduction)*

26. Please select the strategy that best fits this project.

- ○ Support or expand recovery community centers and programs, which may include support groups, social events, computer access, peer recovery coaching, re-entry support.
- ○ Support funding to compensate new or existing peer recovery coaches or peer support individuals at treatment centers, hospitals, recovery residences, community centers, etc.
- ○ Increase access to affordable housing for people with OUD, or co-occurring SUD and MH conditions, especially programs that house underserved populations, including families, women, LGBTQIA+, BIPOC, justice-involved, and unhoused people.
- ○ Expand employment training and educational services for individuals with lived or living experience, including but not limited to skills-based training, education, technical assistance, transportation, and resources to foster a supportive recovery-friendly environment.
- ○ Other

28. Optional: Please explain your strategy selection choice.

30. Please indicate which Approved Use(s) align with your proposed project: Check all that apply.

- [ ] Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
- [ ] Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved meditation with other support services.
- [ ] Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
- [ ] Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
- [ ] Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
- [ ] Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
- [ ] Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
- [ ] Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
- [ ] Create and/or support recovery high schools.
- [ ] Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an overdose.
- [ ] Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
- [ ] Expand warm hand-off services to transition to recovery services.
- [ ] Develop and support best practices on addressing OUD in the workplace.
- [ ] Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

- [ ] Engage non-profits and the faith community as a system to support outreach for treatment.
- [ ] Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
- [ ] Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.
- [ ] Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
- [ ] Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including strategies such as PAARI, "Naloxone Plus", LEAD model, etc.
- [ ] Support evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated, leaving incarceration, or recently incarcerated in jail or prison; who are under community corrections supervision or in re-entry programs or facilities.
- [ ] Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental health illnesses, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
- [ ] Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD to law enforcement, correctional, or judicial personnel or to providers of treatment, harm reduction, or other services offered in connection to prevention or recovery support strategies.
- [ ] Expand comprehensive evidence-based treatment and recovery services for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
- [ ] Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions.
- [ ] Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
- [ ] Support evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
- [ ] Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including but not limited to parent skills training.
- [ ] Support for Children's Services - Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.
- [ ] Support evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
- [ ] Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.
- [ ] Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders.
- [ ] Does not apply

32. Please provide a brief description of the project and consider the following questions:

- How will your project assist in combating the opioid epidemic?
- Please explain how your project is evidence-based or evidence-informed.
- How does this project meet needs not otherwise met or fill gaps in current resources?

Please limit your response to 350 words.

End of Survey.

This is the final question. Your answers will be submitted once you click the forward arrow below. Please check the box below to confirm the Letter of Intent is complete and the submitted information is accurate.

- ○ The Letter of Intent is complete

EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[14]

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and

2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**

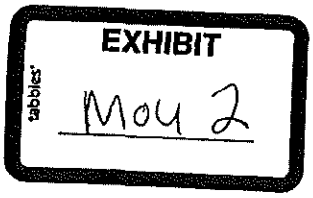
1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

[14] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.



C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment (*"SBIRT"*) services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (*"OUD"*) and other Substance Use Disorder (*"SUD"*)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME (*"NAS"*)**

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND *RESEARCH ANALYZING THE EFFECTIVENESS OF THE* ABATEMENT STRATEGIES WITHIN THE STATE**

Principles for the Use of Funds From the Opioid Litigation

Principles for the Use of Funds From the Opioid Litigation

States, cities, counties, and tribes will soon be receiving funds from opioid manufacturers, pharmaceutical distributors, and pharmacies as a result of litigation brought against these companies for their role in the opioid epidemic that has claimed more than half a million lives over the past two decades.

Governors, attorneys general, and legislators will face difficult decisions in determining the best use of these funds. We support the following principles:

1. **Spend money to save lives.**
   Given the economic downturn, many states and localities will be tempted to use the dollars to fill holes in their budgets rather than expand needed programs. Jurisdictions should use the funds to supplement rather than replace existing spending.

2. **Use evidence to guide spending.**
   At this point in the overdose epidemic, researchers and clinicians have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.

3. **Invest in youth prevention.**
   States and localities should support children, youth, and families by making long-term investments in effective programs and strategies for community change.

4. **Focus on racial equity.**
   States and localities should direct significant funds to communities affected by years of discriminatory policies and now experiencing substantial increases in overdoses.

5. **Develop a fair and transparent process for deciding where to spend the funding.**
   This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.

This document describes these principles in greater detail.

Background

Addiction is an ongoing public health crisis in the United States; an estimated 20 million people have a substance use disorder related to alcohol or illicit drugs. Recent attention has understandably focused on the role of opioids—which have killed more than 500,000 people over the past two decades. Driven in large part by increases in overdose deaths and suicides (which are often associated with substance misuse), life expectancy in the United States dropped from 2014 to 2017, the first three-year decline in nearly a century.

Already dire, the situation has worsened with the COVID-19 pandemic. The economic downturn and social distancing mandates have increased the chance of overdose among people who use drugs. Preliminary data indicate that overdose deaths have increased in most states compared to a year ago, with some states reporting an estimated 30% increase in opioid-related deaths so far in 2020. Early evidence also indicates a significant increase in alcohol consumption, anxiety, and depression during the pandemic. Accordingly, addressing mental health and addiction should be part of any COVID-19 response.

Confronting this new crisis, many localities are already adopting interventions that save lives. Fortunately, new financial resources that can help states and communities fund additional programs are close at hand as a result of lawsuits brought by States, cities, counties, and tribes against opioid manufacturers, pharmaceutical distributors, and pharmacies. This is an unprecedented opportunity to invest in solutions to address the needs of people with substance use disorders.

For this to happen, jurisdictions must avoid what happened with the dollars that states received as part of the litigation against tobacco companies. Those landmark lawsuits were hailed as an opportunity to help current smokers quit and prevent children from starting to smoke. Unfortunately, most states have not used the dollars to fund tobacco prevention and cessation programs. Overall, less than 3% of revenue from the settlement and tobacco taxes went to tobacco control efforts. Failure to invest these dollars in tobacco prevention and cessation programs has been a significant missed opportunity to address the greatest cause of preventable death in the United States.

To guide jurisdictions in the use of these funds, we encourage the adoption of five guiding principles through specific actions outlined here. The principles are as follows:

1. **Spend money to save lives.**
2. **Use evidence to guide spending.**
3. **Invest in youth prevention.**
4. **Focus on racial equity.**
5. **Develop a transparent, inclusive decision-making process.**

Principle 1: Spend money to save lives.

Given the economic downturn, many states and localities will be tempted to use the dollars to fill holes in their budgets rather than expand needed programs. Jurisdictions should use the funds to supplement rather than replace existing spending.

In addition to its dramatic health impacts, the COVID-19 pandemic has also harmed the U.S. economy, leaving gaps in localities' operating budgets. Despite the increasing number of overdose deaths, many state and local governments have already made cuts to substance use and behavioral health programs.

However, at current funding levels, these programs are already not meeting the needs of people who use drugs. For example, only an estimated 10% to 20% of people with opioid use disorder are receiving any treatment at all. Accordingly, groups like the American Medical Association and the American Bar Association have called for all settlement funds to address the substance use epidemic.

How can jurisdictions adopt this principle?

1) *Establish a dedicated fund.*
   Ensuring that funds from the opioid lawsuits are being used to help people with substance use disorders is easier if dollars resulting from the various legal actions go into a dedicated fund. When establishing such a fund, jurisdictions should include specific language that the money from the fund cannot be used to replace existing state investments and outline the acceptable uses of the dollars when establishing this fund. (See *Principle 2—Use evidence to guide spending* for examples.)

2) *Supplement rather than supplant existing funding.*
   In order to be sure that funds are being used to expand programs, jurisdictions should understand their baseline level of spending on substance use disorders, including prevention efforts. This will help ensure that dollars from any legal actions are additive to existing efforts. Most jurisdictions have already developed comprehensive strategic plans focused on opioids; these plans can be used as a starting point for prioritizing new investments.

3) *Don't spend all the money at once.*
   Ameliorating the toll of substance use, and addressing the underlying root causes, will require sustained funding by states and localities. Jurisdictions should avoid the temptation to exchange future payments that result from the opioid litigation for an upfront lump sum payment, as happened in many states with dollars from the tobacco settlements. Should the opioid lawsuits result in a lump sum payment to jurisdictions, they should consider establishing an endowment so that the dollars can be used over time.

4) *Report to the public on where the money is going.*
   Jurisdictions should publicly report on how funds from opioid litigation are being spent. The expenditures should be categorized such that it is easy to understand the goals of a particular program and the measures that they are using to determine success, such as, for naloxone distribution programs, the amount of naloxone distributed.

Principle 2: Use evidence to guide spending.

At this point in the overdose epidemic, researchers and clinicians have built a substantial body of evidence demonstrating what works and what does not. States and localities should use this information to make funding decisions.

Jurisdictions run the risk of using new dollars on programs that do not work or are even counterproductive if they do not rely on evidence to guide the spending. As one example, people with opioid use disorder in many residential treatment facilities are prohibited from being treated with methadone or buprenorphine, despite evidence that these medications reduce the chance of overdose death by 50% or more. To address this gap, jurisdictions can use the dollars to help residential programs transition to offering a full range of medication treatment options.

How can jurisdictions adopt this principle?

1) *Direct funds to programs supported by evidence.*
Jurisdictions should fund initiatives demonstrated by research to work and not fund programs shown not to work. Interventions that work, ranging from youth prevention efforts to harm reduction programs to communications campaigns that address stigma, have been compiled by a number of different organizations. See *Appendix 1* for examples of these summaries, which should serve as references as jurisdictions determine which interventions to fund. Additionally, state and local agencies that oversee substance use interventions have significant expertise regarding programs that work.

   Should jurisdictions fund programs that have not been studied, they should also allocate sufficient dollars to confirm their effectiveness.

2) *Remove policies that may block adoption of programs that work.*
In many jurisdictions, state and local policy change may need to occur in order for affected communities to implement evidence-based models. For example, state restrictions may cap the number of methadone clinics that may operate in the state, may make it difficult for nurse practitioners to prescribe buprenorphine, or may impede good harm reduction practices by banning syringe service programs. States should ensure that their regulations are not more restrictive than federal guidelines.

3) *Build data collection capacity.*
An important part of determining which programs are working in a given jurisdiction is collecting sufficient data. Jurisdictions should consider using opioid settlement funds to build the capacity of their public health department to collect data and evaluate policies, programs, and strategies designed to address substance use.

   In particular, jurisdictions should be sure that they have sufficient data to ensure that they are meeting the needs of minority populations. Localities should make data available to the public in annual reports and on publicly facing data dashboards.

Principle 3: Invest in youth prevention.

States and localities should support children, youth, and families by making long-term investments in effective programs and strategies for community change.

Any comprehensive effort to reduce the toll of substance use generally—and opioids specifically—must invest in youth primary prevention programs.

- Overdoses among children have increased steadily over the past decade; nearly 8,000 adolescents ages 15–19 died of an opioid overdose between 1999 and 2016.
- Substance use by children often persists into adulthood; approximately one-half of all people with substance use disorders start their substance use before age 14.

Primary prevention efforts—which are designed to stop use before it starts—can interrupt the pathways to addiction and overdose. Youth primary prevention also reduces the risk of substance use and lessens other negative outcomes, including low educational status, under- and unemployment, unintended parenthood, and an increased risk of death from a variety of causes.

Youth prevention programs also have a very favorable return on investment—$18 dollars for every dollar spent by one estimate.

How can jurisdictions adopt this principle

Direct funds to evidence-based interventions.
Youth primary prevention programs address individual risk factors (such as a favorable attitude towards substance use) and strengthen protective factors (such as resiliency); they can also address elements at the family and community levels.

Research demonstrates that not all prevention programs are created equal. While there are many examples of effective prevention programs, investments in ineffective prevention initiatives persist. Jurisdictions should be sure that the programs that they are funding are supported by a solid evidence base.

Numerous compilations of effective youth primary prevention interventions already exist, including the following:

- Blueprints for Healthy Youth Development.
- Facing Addiction in America, the Surgeon General's Report on Alcohol, Drugs, and Health, 2016.

Jurisdictions should also fund long-term evaluations of youth prevention programs to ensure that they are having their desired effect.

Principle 4: Focus on racial equity.

States and localities should direct significant funds to communities affected by years of discriminatory policies and now experiencing substantial increases in overdoses.

Although minority communities experience substance use disorders at similar rates as other racial groups, in recent years the rate of opioid overdose deaths has been increasing more rapidly in Black populations than in white ones. Additionally, historically racist policies and practices have led to a differential impact of the epidemic. In particular, minorities are more likely to face criminal justice involvement for their drug use. Black individuals represent just 5% of people who use drugs, but 29% of those arrested for drug offenses and 33% of those in state prison for drug offenses. Minority groups are also more likely to face barriers in accessing high-quality treatment and recovery support services.

These disparities have contributed to ongoing discrimination as well as racial gaps in socioeconomic status, educational attainment, and employment. Without a focus on racial equity when allocating settlement funds, localities run the risk of continuing a cycle of inequity.

How can jurisdictions adopt this principle?

1) *Invest in communities affected by discriminatory policies.*
Historical patterns of discrimination will take sustained focus to overcome. Jurisdictions should fund programs in minority communities that will tackle root causes of health disparities and eliminate policies with a discriminatory effect.

2) *Support diversion from arrest and incarceration.*
Localities should:
   - Elevate and expand diversion programs with strong case management and link participants to community-based services such as housing, employment, and other recovery support services.
   - Fund community-based harm reduction programs that provide support options and referrals to promote health and understanding for people who use drugs
   - Increase equitable access to treatments for opioid use disorder including medications for opioid use disorder.

3) *Fund anti-stigma campaigns.*
Stigma against people who use drugs is pervasive and frames drug use as a moral failure. This stigmatization may contribute to the use of discriminatory punitive approaches to address the epidemic, particularly among racial minority communities, as opposed to more effective ones grounded in public health. In order to address this, jurisdictions should use funds to support campaigns based in evidence that reduce stigma.

4) *Involve community members in solutions.*
Jurisdictions should fund programs in minority communities with diverse leadership and staff, and a track record of hiring from the surrounding neighborhood. Programs with a diverse workforce of staff, supervisors, and peers are more likely to provide relatable and effective services.

Principle 5: Develop a fair and transparent process for deciding where to spend the funding.

This process should be guided by public health leaders with the active engagement of people and families with lived experience, as well as other key groups.

How can jurisdictions adopt this principle?

1) *Determine areas of need.*
Jurisdictions should use data to identify areas where additional funds could make the biggest difference. For example, data may show that various groups in the state are not reached by current interventions; or that certain geographic areas would benefit from specific programs such as housing assistance or syringe services programs. Existing strategic plans may contain much of this information.

2) *Receive input from groups that touch different parts of the epidemic to develop the plan.*
Jurisdictions should draw upon public health leaders with expertise in addiction and substance use to guide discussions and determinations around the use of the dollars. They should also include groups with firsthand experience working with youth and people who use drugs—including prevention and treatment providers, law enforcement personnel, recovery community organizations, social service organizations, and others—who have insights into strategies that are working, those that need to be revised, and areas where new investments are needed. Once a jurisdiction has conducted an initial assessment of areas where additional resources would be helpful, it should solicit and integrate broad feedback to design a plan that will meet the needs of the local community.

   Jurisdictions should be sure to include people with lived experience, including those receiving medications as part of their treatment, as part of the decision-making process. The Ryan White Program, which distributes HIV funds to affected communities, demonstrates one way to do this; at least one-third of the members of the community Planning Councils that allocate funds to treatment providers must receive program services themselves.

   In addition to the groups from which a jurisdiction may formally seek input, they should also solicit and use input from the public. This will help raise the profile of the newly developed plan and give those with particular insights—such as families and other members of the recovery community—a chance to weigh in.

3) *Ensure that there is representation that reflects the diversity of affected communities when allocating funds.*
To ensure equitable distribution of funds to communities of color, representation from these communities should be included in the decision-making process. Community representatives, leaders, and residents can help leverage community resources and expertise while giving insights into community needs.

Appendix 1: Compilations of Evidence-Based Interventions

- *From the War on Drugs to Harm Reduction*, FXB Center for Health and Human Rights at Harvard University, December 2020.
- *Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic*, Coordinated by Richard Frank, Harvard University, Arnold Ventures, November 2020.
- *Bringing Science to Bear on Opioids*, Association of Schools & Programs of Public Health, November 2019.
- *Opioid Settlement Priorities*, Addiction Solutions Campaign, May 2018.
- *Addressing Access to Care in the Opioid Epidemic and Preventing a Future Recurrence*, American Psychiatric Association, American Society for Addiction Medicine, and other groups, April 2020.
- Substance Abuse and Mental Health Services Administration's Evidence-Based Practices Resource Center.
- Curated Library about Opioid Use for Decision-makers (CLOUD).

For a complete list of resources, visit our website: http://opioidprinciples.jhsph.edu/

HEALTH (HTTPS://THEMAINEMONITOR.ORG/CATEGORY/TOPICS/HEALTH/) 10 minute read

How are Maine counties and municipalities spending their opioid settlement funds?

By Emily Bader (https://themainemonitor.org/author/emilybader/)
May 12, 2024

A Maine Monitor analysis found that many communities are putting money toward police programs and services, despite advocates' warnings.

Bottles of intramuscular naloxone, the opioid overdose-reversing drug, are seen at Maine Access Points' office in Machias. MAP, a state-certified syringe service program that works statewide, was part of a nationwide coalition that issued a list of priorities for opioid settlement spending last year. Photo courtesy Chasity Tuell.

Needle disposal boxes. Handheld spectrometers. Prevention programs for middle and high schoolers. Behavioral health workers. A 58-bed recovery center.

These are some of the ways that Maine counties, cities and towns have allocated the $8 million in opioid settlement funds distributed to them over the past two years.

The money is coming from settlements (https://themainemonitor.org/maine-will-receive-at-least-235-million-in-settlements-from-companies-accused-of-fueling-the-opioid-crisis/) that capped years of litigation against prescription drug manufacturers, distributors and retailers accused of fueling the opioid epidemic that has claimed the lives of thousands of Mainers over nearly three decades.

Maine expects to receive about $230 million across 18 years from settlements with household names such as CVS Pharmacy and Walmart, and some of the biggest pharmaceutical companies in the country, like McKesson Corporation, Mallinckrodt, Allergan and more.

Nearly every medicine cabinet across the country likely has a drug made, distributed or sold by one of the settling companies.

A memorandum of understanding between the state, and the counties and municipalities that were part of a massive multidistrict litigation case against Purdue Pharma, divides Maine's portion of the more than $50 billion (https://www.opioidsettlementtracker.com/globalsettlementtracker) being doled out nationally, into three shares: Twenty percent to a state fund overseen by the attorney general's office; 50 percent to a recovery fund, overseen by the Maine Recovery Council (https://themainemonitor.org/recovery-council-nears-first-distribution/); and 30 percent to a subdivision fund paid out directly to 39 counties, cities and towns.

There is little oversight for how localities — which were party to the Purdue litigation or have a population of at least 10,000 — spend their cut of the money, which will amount to more than $66 million by 2038.

They are supposed to adhere to a list of allowable uses (https://www.maine.gov/ag/docs/Maine%20Subdivision%202023%20Memorandum%20of%20Understanding%20Regarding%2(but neither the memorandum nor settlement agreements require the subdivisions to report expenditures to the public or state.

Without disclosure requirements, Mainers have little way of knowing how their local governments are making spending decisions.

In an attempt to shed light on their choices, *The Maine Monitor* reached out to officials (https://themainemonitor.org/tracking-opioid-settlement-maine/) from each subdivision with a detailed list of questions — ultimately hearing back from everyone but Brunswick, Waterville, and Somerset and Washington counties.

Officials from the 35 counties, cities and towns that responded to *The Monitor*'s survey described putting the funds toward a wide variety of initiatives, some focused on prevention and awareness, others on treatment and recovery.

One theme was particularly prominent: A third of the subdivisions reported spending money on law enforcement and jail programs, including medication-assisted treatment (MAT) for substance use disorder in jails, a priority for advocates. But it also includes hiring behavioral health specialists that work with police, and purchasing handheld drug-checking devices.

Decisions to fund police programs and services technically comply with the MOU, but are at odds with how most advocates say the money should be spent.

A nationwide coalition (https://www.vocal-ny.org/resource/a-roadmap-for-opioid-settlement-funds-supporting-communities-ending-the-overdose-crisis/) of more than 130 public health groups, legal aid organizations and providers last year issued a list of priorities for the settlement money.

The coalition, which included Maine Access Points, Maine People's Alliance and the Maine Recovery Advocacy Project, warned against spending on "law enforcement personnel, overtime or equipment."

Instead the group recommended (https://themainemonitor.org/as-opioid-settlement-funds-reach-maine-opinions-arise-over-how-best-to-use-them/) spending to expand access to medication-assisted treatment, increase housing access and support community-based organizations doing on-the-ground work.

Drug-checking devices

Saco and Falmouth purchased handheld drug-checking devices for their police departments. Saco bought the TacticID-N Plus (https://www.metrohm.com/en_us/products/b/wt-8/bwt-840000994.html) and Falmouth got the TruNarc (https://www.thermofisher.com/order/catalog/product/TRUNARC). These instruments, called Raman spectrometers, cost around $25,000 apiece. Saco and Falmouth each used nearly $20,000 of their opioid settlement money to help pay for them.

Experts have questioned the accuracy of the tools.

“Those handheld devices are worse than bad, they are plain dangerous,” Dr. Nabarun Dasgupta, a senior scientist researching street drugs at the University of North Carolina’s school of public health, told *The Monitor*.

Dasgupta called the TacticID-N Plus and TruNarc devices “garbage.”

They use a technology called Raman spectroscopy (https://www.unodc.org/documents/scientific/Guidelines_Raman_Handheld_Field_dentification_Devices.pdf) — which uses light beams to identify molecular structures — to determine which drugs are present in a sample. Dasgupta said the process works (https://pubmed.ncbi.nlm.nih.gov/31951925/) “fine” when dealing with one or two substances.

“But when you get into mixtures of substances, which most street drugs are, they’re not effective, they miss substances and they can give false positives,” he said. “They’re not scientific tools. They’re legal tools for cops to be able to arrest people.”

Saco Police chief Jack Clements and Falmouth Police deputy chief Jeff Pardue told *The Monitor* their departments purchased the devices because they allow officers to test a substance without taking it out of its container, which is helpful for “officer and victim safety.”

They can quickly and accurately identify substances in an overdose situation; and their results can be used in criminal proceedings.

Both named concerns about officers’ safety as a major consideration. If a drug such as fentanyl becomes airborne or gets on an officer’s skin, it can “overcome” the officer, Clements said.

In 2017, the U.S. Drug Enforcement Administration released a warning (https://www.justice.gov/opa/video/roll-call-video-warns-about-dangers-fentanyl-exposure) about fentanyl exposure. “Any fentanyl exposure can kill innocent law enforcement, first responders and the public,” said Rod Rosenstein, the deputy attorney general at the time.

But such “exposure overdoses” have been debunked (https://www.mcgill.ca/oss/article/medical-critical-thinking/you-wont-die-touching-fentanyl) by clinicians (https://www.jems.com/operations/fentanyl-facts-and-fiction-a-safety-guide-for-first-responders/) and medical toxicologists (https://staging-acmt.rd.net/wp-content/uploads/2022/06/PRS_170701_Preventing-Occupational-Fentanyl-and-Fentanyl-Analog-Exposure-to-Emergency-Responders.pdf).

“This has never happened,” Dr. Ryan Marino, a toxicologist and emergency medicine physician who researches addiction at Case Western Reserve University in Ohio, told NPR (https://www.npr.org/2023/05/16/1175726650/fentanyl-police-overdose-misinformation) last year. “There has never been an overdose through skin contact or accidentally inhaling fentanyl.”

The police officials also said it helps their departments’ community resource liaisons direct people toward appropriate treatment options, though they said that largely happens through the court system.

Dasgupta, who is also the co-founder of Remedy Alliance For The People — a nonprofit that supplies low-cost naloxone to harm reduction programs — said having real-time information on drugs can be helpful, especially for medical providers establishing a treatment plan, but he doesn’t think the Raman spectrometers are appropriate for collecting data.

There are more accurate options available that are already being used in Maine: Project DHARMA, a federally funded harm reduction program, has deployed portable Fourier transform infrared (FTIR) spectrometers with organizations statewide to learn more about what’s in the

drug supply.

These machines, called the Nicolet Summit PRO

Dr. Nabarun Dasgupta, a drug research scientist and co-founder of the Street Drug Analysis Lab at UNC-Chapel Hill, holds a fentanyl sample sent to the lab for analysis. Dasgupta warned against using the handheld drug-checking devices the Saco and Falmouth police departments purchased with opioid settlement money. Photo courtesy Pearson Ridley.

(https://www.thermofisher.com/us/en/home/industrial/spectroscopy-elemental-isotope-analysis/molecular-spectroscopy/fourier-transform-infrared-spectroscopy/instruments/nicolet-summit-ftir-spectrometers.html#otherproducts:~:text=Nicolet%20Summit%20PRO%20FTIR%20Spectrometer), are made by Thermo Fisher, which also makes the TruNarc. Maine Access Points has two machines, and commonspace in Portland and Church of Safe Injection in Lewiston each have one.

At about $20,000 per machine, they are cheaper and more accurate than TruNarc and TacticID-N Plus, advocates say.

“If you’re opting for (the TruNarc or TacticID-N Plus), that tells me that you are using that during traffic stops, you’re using that during raids,” said MAP’s operating director, Whitney Parrish Perry. “And that does not feel like the spirit of the funds to me.”

Police programs

A number of subdivisions use their money to fund behavioral health liaison positions within police departments. Brunswick, Falmouth, Gorham, South Portland, York and Sagadahoc County have spent or allocated nearly $370,000 combined to fund positions.

The town of York, for instance, allocated more than $92,000 for a contract with York County Community Action Corporation for two community health workers and one caseworker who will “help address challenges with opioids in the community,” said human resources director Kathryn Lagasse.

In a preliminary budget, Gorham town manager Ephrem Paraschak proposed (https://www.gorham-me.org/sites/g/files/vyhlif4456/f/uploads/fy_24-25_tog_proposed_municipal_budget_-_submitted_04_08_24_0.pdf#page=3) creating a community liaison position within the police department that will be “100 percent funded through opioid settlement funding that is available for the next 10 years.” He requested $77,085 for fiscal year 2024-25.

South Portland spent nearly $62,000 to hire an additional behavioral health liaison for its police department, finance director Ellen Sanborn said, and allocated $106,500 to continue funding the position into the next fiscal year.

Sanford city manager Steve Buck told *The Monitor* that the city’s plan to use the money to “offset the cost of the police department’s mental health unit” hasn’t changed since last year. Buck’s preliminary budget (https://d3n9y02raazwpg.cloudfront.net/sanfordmaine/d516cb90-

abf6-11ee-bb82-0050569183fa-a37320f4-242e-40ed-b0e1-9c45dbcd8fda-1709307202.pdf#page=46) proposed using $123,300 of the funds toward the mental health unit. The city spent $114,450 in fiscal year 2023-24.

Lewiston, meanwhile, spent $37,000 on a new vehicle for a ridealong program that pairs a mental health counselor with Lewiston and Auburn public safety officers.

Treatment in jails

Administrators from several counties said they expect to spend most of their funds on prevention and treatment programs in jails.

Androscoggin County, for example, has spent or allocated more than $346,000 on "mandated substance use disorder programs in jail," deputy county administrator Clarice Proctor said.

Piscataquis County, meanwhile, has put nearly $43,000 toward hiring a medical technician to administer medications (https://www.samhsa.gov/medications-substance-use-disorders) that treat substance use disorder, pay for the prescriptions and provide counseling for jail residents, according to county manager Michael L. Williams.

Penobscot County administrator Scott A. Adkins said officials have spent $26,000 on prevention services at the county jail, and allocated another $1.05 million for these programs, but did not provide detail on what the services entail.

Programs at the jail are "currently the only projected use of funds," he said.

Hancock County contracted Aroostook Mental Health Services to provide services at the county jail for 12 months at a total cost of $36,000, according to administrator Michael Crooker.

Kennebec County is spending its share on medication-assisted treatment at the county jail, which administrator Scott Ferguson called a "$1 million unfunded mandate passed in the legislature."

Gov. Janet Mills signed an executive order (https://www.maine.gov/governor/mills/news/governor-mills-signs-executive-order-directing-immediate-action-combat-opioid-epidemic-2019-02) in 2019 that directed the Department of Corrections to develop a pilot program to provide medication-assisted treatment to inmates and to "encourage every county jail to have MAT services available for incarcerated Mainers suffering from substance use disorder, and help individuals receive similar services after their release."

A month later, a federal judge ruled (https://www.aclumaine.org/en/press-releases/federal-judge-rules-jail-must-allow-access-medication-assisted-treatment) that the Aroostook County Jail had to provide MAT to a Madawaska woman, which was upheld (https://www.aclumaine.org/en/cases/smith-v-aroostook-county) on appeal.

In 2022, Mills signed a bill (https://www.mainelegislature.org/legis/bills/display_ps.asp?ld=1654&PID=1456&snum=130) that required county jails to provide medication for substance use treatment and established a County Jail Operations Fund to help pay for it. The governor's supplemental budget (https://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP1420&item=23&snum=131#page=28) for 2024-25 includes $4 million for MAT services.

Needle disposal

Bangor will spend an estimated $30,000 per year on a syringe litter pickup service, city manager Debbie Laurie said. This decision was made as the city opposed (https://www.bangordailynews.com/2024/05/03/bangor/bangor-health/needle-sanctuary-bangor-locations-city-objection/) attempts by a new state-certified syringe service program, Needlepoint Sanctuary, to operate in parts of town.

Of the more than $286,000 Lewiston has distributed or allocated, the city spent just under $2,000 to replace needle disposal boxes.

Recovery centers and housing assistance

York County commissioners approved spending all of their settlement funds — $4.6 million — to build a 58-bed regional recovery center (https://themainemonitor.org/york-county-crises-45-million-dollar-investment/) in Alfred.

Penobscot County distributed $14,500 to Breaking the Cycle, a recovery home for women in Millinocket, for "capital improvement to their facility," the county administrator said.

Westbrook has spent nearly $64,000 on in- and outpatient treatment, recovery housing, medical services, food insecurity and prevention costs, police captain Steven Goldberg said.

A rendering of the 58-bed recovery center York County plans to build in Alfred. Commissioners approved using all $4.6 million of the county's opioid settlement funds to help pay for its construction. Courtesy: York County.

Lewiston has allocated $11,600 to A Hand Up Recovery & Re-Entry Housing, an organization working to provide housing for people transitioning out of the prison system.

Cumberland County used $21,230 last spring to fill in a funding gap for Pathways of HOPE, formerly Operation HOPE, between state Department of Safety grant periods.

The project, formerly run by Scarborough Police and now a partnership between the Cumberland County public health department and the Portland Recovery Community Center, works to support people at high risk of overdose and criminal justice involvement by helping them find treatment and housing, according to the county's public health director, Liz Blackwell-Moore.

Scarborough has put some of its funds toward short-term housing for individuals affected by substance use disorder while they work with a police department social worker to connect to longer-term services, Scarborough Police social services navigator Lauren Dembski-Martin said.

Community support

Lewiston has allocated $27,400 to nonprofit An Angel's Wing to establish a community support and receiving center; $23,000 to Recovery Connections of Maine for recovery coaching in St. Mary's Medical Center's detoxification unit; $18,000 to Sweetser for training to increase effective treatment options for youth and their families, and $166,400 to Tri-County Mental Health Services to contract counselors for Project Support You. Portland-based Spurwink acquired (https://www.mainepublic.org/health/2024-03-07/to-avoid-closing-its-doors-tri-county-mental-health-services-in-lewiston-seeks-acquisition) TCMHS this year.

Franklin County commissioners awarded $10,000 to Kennebec Behavioral Health, which plans to use the money for recovery coaches and gas cards, and $10,000 to Western Maine Community Action for staffing at its recovery center, county administrator Amy Bernard said.

Cumberland County has allocated $80,000 for one to two treatment programs solicited through a request for proposals (https://www.cumberlandcountyme.gov/departments/public_health_department/behavior_health_program/opioid_settlement_ that closed last month.

Research and awareness

Cumberland County spent $4,790 to host a day-and-a-half "sequential intercept mapping" (https://www.samhsa.gov/criminal-juvenile-justice/sim-overview) workshop in March.

Blackwell-Moore said 75 people working in behavioral health and criminal justice systems in Cumberland County "developed a comprehensive community-wide strategic plan for addressing substance use, particularly among adults involved in the criminal legal system."

The county was one of the 11 nationwide selected to host a workshop, which was facilitated by the federal Substance Abuse and Mental Health Services Administration.

The county is also spending about $90,000 combined this fiscal year and next to partially fund a behavioral public health manager within the public health department to build relationships with, and assess efforts and opportunities for "enhancing coordination among programs and agencies that serve people who use drugs," Blackwell-Moore said.

Lewiston put $1,000 toward its annual Rally for Recovery, while Waldo County gave $2,000 to Belfast Creative Coalition for an awareness campaign.

Prevention initiatives

Windham has spent $9,000 on substance use prevention programming at its middle and high schools, according to the town manager's executive assistant, Tammy Hodgman.

Cumberland County has allocated but not yet disbursed $40,000 for a "preventative intervention program for families, youth and adolescents at risk for opioid use disorder, and any co-occurring substance use disorder/mental health conditions," according to Blackwell-Moore.

The county plans to apply for federal, state and philanthropic grants to pay for the bulk of the program and use the opioid settlement money as a complement.

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Emily Bader

Emily Bader is a health care and general assignment reporter for The Maine Monitor. She joined The Monitor in April 2023 from the Sun Journal in Lewiston, Maine, where she covered healthcare for two years and was a University of Southern California Center for Health Journalism Data Fellow. Prior to that, she was a staff writer for the Lakes Region Weekly in Cumberland County. Emily has earned several awards, including the Maine Press Association's Bob Drake Young Writer Award in 2021, the New England Newspaper & Press Association's Publick Occurrences Award in 2022 and most recently, the Maine Public Health Association's journalism award. Emily was born and raised in Los Angeles and earned her bachelor's degree in International Relations from Wellesley College.

(https://themainemonitor.org/lake-protection-bill/)

Lawmakers gut bill aimed at protecting Maine lakes (https://themainemonitor.org/lake-protection-bill/)

By **Emmett Gartner**(https://themainemonitor.org/author/emmettgartner/) May 12, 2024

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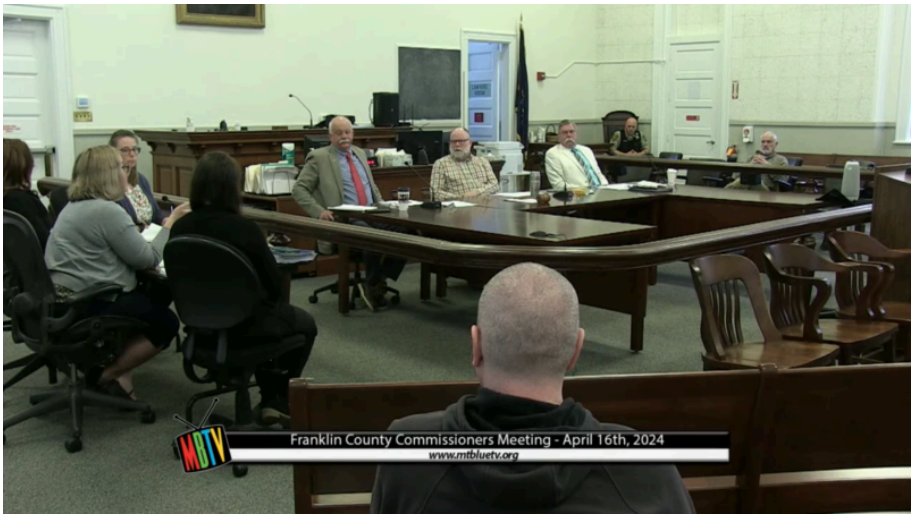
Abrupt end to Franklin County opioid settlement committee raises questions about process statewide

By Emily Bader (https://themainemonitor.org/author/emilybader/)
May 11, 2024

'http'

A Maine Monitor analysis found that many counties and municipalities have yet to decide who will make spending recommendations.



County administrator Amy Bernard, far left, in gray, speaks to Franklin County Commissioners, right, at an April 16 meeting. Screenshot from Mt. Blue Public Television.

In early April, Franklin County commissioners held a closed-door meeting and voted to remove Keith Amato of Wilton from the county's opioid settlement committee.

Amato, who is in long-term recovery from substance use disorder, said he was blindsided by accusations that his behavior in committee meetings had been aggressive and made some members uncomfortable.

Amato's removal was first reported by the Lewiston *Sun Journal* (https://www.sunjournal.com/2024/04/10/franklin-county-commissioners-remove-wilton-man-from-opioid-committee/). Amato said that although he had met with commissioners the week before to discuss the accusations, he only found out he was removed when a *Sun Journal* reporter contacted him for comment on his dismissal.

At their next meeting, the commissioners voted to dissolve the committee (https://themainemonitor.org/franklin-county-takes-efficient-approach-to-distributing-opioid-settlement-money/) entirely. Amy Bernard, the county administrator, told *The Maine Monitor* the commissioners believed the committee had been "dysfunctional," though no commissioner ever attended a meeting.

The committee was tasked with coming up with recommendations for how the county should spend what will eventually amount to more than $1 million in funds. The money comes from national settlements with prescription opioid manufacturers, distributors and retailers, such as Johnson & Johnson and Walgreens, who have been accused of fueling the opioid epidemic.

Maine is set to receive (https://themainemonitor.org/maine-will-receive-at-least-235-million-in-settlements-from-companies-accused-of-fueling-the-opioid-crisis/) about $230 million across 18 years, according to the attorney general's office.

Thirty percent of that money, approximately $66 million, will go to 39 direct share subdivisions: counties, cities and towns that were party to a massive multidistrict litigation case against Purdue Pharma and others, or have a population of at least 10,000. That includes all 16 Maine counties, plus 23 cities and towns.

Subdivisions started receiving funds in 2022, and more than $8 million has been distributed across the 39 localities.

The Maine Monitor found that the subdivisions have varied greatly in their approaches to spending decisions.

Permitted uses for the money are detailed in the state's memorandum of understanding (https://www.maine.gov/ag/docs/Maine%20Subdivision%202023%20Memorandum%20of%20Understanding%20Regarding%2(with the subdivisions, but who gets to decide how the money is spent is up to each county, city or town.

And oversight is scarce: The memorandum does not require the subdivisions to disclose their spending plans or expenditures to the public or state. What localities must report to the settlement trusts is vague.

The Monitor reached out to representatives from all 39 subdivisions and found many have yet to decide who will make spending recommendations or how they will measure impact.

Several subdivisions, including Augusta, Biddeford, Calais, Rockland and Penobscot County, said they were still developing a process to determine how money will be spent. Others, like Kennebunk and Saco, said their police chiefs were working with town and city administrators to bring recommendations to their councils.

As of mid-April, Auburn, Orono, Lincoln County and at least six other subdivisions had yet to spend or allocate any money. Biddeford, which falls into this camp, said it was in the process of reviewing an "Opioid Use Settlement Fund Tracking and Reporting" ordinance (https://legistarweb-production.s3.amazonaws.com/uploads/attachment/pdf/2522573/Opioid_Use_Settlement_Fund_Draft_Ordinance.pdf), according to Danica Lamontagne, the assistant to the city manager.

"If the policy is approved as written, the city council will develop and approve a strategic plan every two years detailing the operational use of the funds," Lamontagne said.

She added that expenditures exceeding $10,000 or for purposes not outlined in the strategic plan would require city council approval.

Conflicting accounts

Franklin County formed its nine-member opioid settlement committee a year ago. The group appeared to be efficient and focused: It created an application for funding and sent out a request for proposals just a few months after the first meeting, *The Monitor* reported last September (https://themainemonitor.org/franklin-county-takes-efficient-approach-to-distributing-opioid-settlement-money/).

Bernard, the county administrator, said at the time the county hoped to get money out the door by the end of 2023.

But that didn't happen. Instead, accusations of conflicts of interest, excessive red tape and personal biases mushroomed, stymying progress and ultimately leading to the group's dissolution last month.

Wilton resident Keith Amato speaks to Franklin County Commissioners at an April 16 meeting. Screenshot from Mt. Blue Public Television.

Bernard claims personalities got in the way. Amato said he was shut down every time he brought up concerns or objections. He and others, including Richard Lumb (https://dailybulldog.com/opinion/letter-to-the-editor-franklin-county-opioid-settlement-committee/) and Bonita Tompkins, said the committee lacked direction, with poor leadership and inadequate communication with members.

"I didn't think the commissioners had put sufficient thought into all this money," said Lumb, a former law enforcement officer and part-time faculty member at the University of Maine at Augusta.

"I think an advisory committee can only do the best they can, as thoroughly as they can, based on the mission they have, and then pass that information forward to the deciding body," he said.

Approval for most spending decisions lies with elected officials, whether a county commission, town council or board of selectmen, or their designee, such as an administrator.

But a number of subdivisions are attempting to build on the experience of those who have had substance use. Aroostook County, for example, formed an "opioid task force made up of community members, practitioners and individuals who have been directly impacted by the opioid crisis," county administrator Ryan D. Pelletier said.

Commissioners appointed members in April. The task force will solicit requests for funding, make recommendations to the county, develop measurable outcomes and "serve as a resource for the elected officials, other community groups and interested parties" — much like the Franklin County committee strove to do.

A collaborative approach

A few subdivisions are working with each other or with outside groups to determine how to allocate the funds.

Standish, which will receive $45,000, the least amount of money of the subdivisions, signed an agreement last year to give all its money to Cumberland County. County officials conducted an assessment (https://cms4files1.revize.com/cumberlandcounty/Departments/Public%20Health/2023-2027%20Assessment%20and%20Plan%20for%20Opioid%20Settlement%20Fund%20Allocation.pdf) last year that helped guide initial spending decisions, and recently closed the grant application (https://www.cumberlandcountyme.gov/departments/public_health_department/behavior_health_program/opioid_settlement_ period for the first round of funding, public health director Liz Blackwell-Moore said.

Blackwell-Moore has met with most of the county's municipalities that are receiving money and is in touch with organizations such as The Opportunity Alliance, the Catherine Cutler Institute at the University of Southern Maine and behavioral health units within police departments as they develop a "prevention intervention model," she added.

Wells town manager Michael Pardue said the town has met with York County administration and other municipalities in the region to "determine if combining opioid settlement funds may enhance our collective ability to meet service needs," as well as with the executive director of the Eliot-based nonprofit Pinetree Institute and Kennebunk police chief Bob MacKenzie to discuss a countywide recovery coalition.

Lauren Dembski-Martin, the Scarborough Police social services manager, said she's spoken with law enforcement behavioral health liaisons throughout southern Maine about how they're spending their funds and assessing outcomes.

Both Windham and Westbrook are working closely with their school departments on prevention programming, said town manager executive assistant Tammy Hodgman and police captain Steven Goldberg.

Questions of structure

Only a few subdivisions have begun developing processes similar to that of the Maine Recovery Council (https://themainemonitor.org/recovery-council-nears-first-distribution/), which controls 50 percent of Maine's share and is governed (https://www.maine.gov/ag/recovery-council/background-documents.shtml) by state law, the memorandum of understanding, and their own bylaws and policies.

Bernard, from Franklin County, said commissioners devised a set of bylaws that was given to the committee when it first convened. The four-paragraph document (https://themainemonitor.org/wp-content/uploads/2024/05/Franklin-County-Opioid-Settlement-Committee-Bylaws.pdf), which Bernard shared with *The Monitor*, is brief and fairly open-ended. By comparison, the Recovery Council's bylaws (https://www.maine.gov/ag/recovery-council/governance.shtml) are a 12-page document that the council took nearly a year to develop.

Amato, Lumb and Tompkins said they did not recall being given the bylaws.

"We definitely didn't have a chair or any sort of guidance," Amato said.

Tompkins, CEO of the Center for Entrepreneurial Studies, a Farmington-based nonprofit that works with disadvantaged youth, said the committee lacked structure.

Tompkins submitted an application to the committee to fund two pop-up roadside shops where students could sell products they made, recusing herself when it was discussed. Her application never made it to the commissioners.

Center for Entrepreneurial Studies CEO Bonita Tompkins speaks to Franklin County Commissioners at an April 16 meeting. Screenshot from Mt. Blue Public Television.

Ultimately, during the committee's 11 months, only two proposals were recommended to and approved by the commissioners.

Commissioners awarded Kennebec Behavioral Health $10,000 in November (https://www.franklincountymaine.gov/wp-content/uploads/2024/01/CC-Meeting-Minutes-11.21.2023.pdf) for "Franklin County recovery coaches along with gas cards, which serve all people impacted by substance use disorder," according to Bernard. Commissioners also awarded Western Maine Community Action $10,000 in March (https://www.franklincountymaine.gov/wp-content/uploads/2024/01/CC-Meeting-Minutes-11.21.2023.pdf) for "assistance with items not available through our current programs and staffing consistent hours at the Recovery Center."

The county commission's March 5 minutes say the committee "unanimously" recommended funding for WMCA, but Amato said he voted against it because it "failed our community" when it made "promises that they didn't keep" regarding COVID-era rental assistance programs.

Bernard said the commissioners plan to "reconvene" the committee in the next month or two.

Commissioners made it clear in April they want to interview potential members this time before appointing them. Beyond that, it's unclear how the new committee will differ from the one that was disbanded.

(https://twitter.com/share?&text=Abrupt%20end%20to%20Franklin%20County%20o

(mailto:?subject=Abrupt%20end%20to%20Franklin%20County%20opioid%20settlement%20committee%20raises%20questions%2settlement-committee-process/)

(https://twitter.com/emilykbader) (mailto:emily@themainemonitor.org)

Emily Bader

Emily Bader is a health care and general assignment reporter for The Maine Monitor. She joined The Monitor in April 2023 from the Sun Journal in Lewiston, Maine, where she covered healthcare for two years and was a University of Southern California Center for Health Journalism Data Fellow. Prior to that, she was a staff writer for the Lakes Region Weekly in Cumberland County. Emily has earned several awards, including the Maine Press Association's Bob Drake Young Writer Award in 2021, the New England Newspaper & Press Association's Publick Occurrences Award in 2022 and most recently, the Maine Public Health Association's journalism award. Emily was born and raised in Los Angeles and earned her bachelor's degree in International Relations from Wellesley College.

(https://themainemonitor.org/embracing-climate-migration/)

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Franklin County Opioid Settlement
Application for Funding

Franklin County • 140 Main St Suite 3 • Farmington, ME 04938 • 207-778-6614

Date: _____

See Appendix A, Exhibit E

Name of applying individual, business, or organization: _____

Please check which type of organization is applying for funds:

Private enterprise/Person 501(c)(3) nonprofit organization

Community organization Fiscal sponsor: _____

Government entity Please specify: _____

This project is being pursued by:

Single business or organization

A collaboration including: _____

A one-line description of your project:

_____

Dollar amount requested: _____ Total project budget: _____

Please indicate which Opioid Settlement approved categories your project will address:

- ◯ Prevention
- ◯ Harm Reduction
- ◯ Treatment
- ◯ Recovery

What substance is your project targeting?

- ◯ Alcohol
- ◯ Cannabis
- ◯ Opioids
- ◯ Prescription Drugs

Application directions:

- Fill out the application form completely, including this page.
- Do not send any materials under separate cover.
- Email in PDF format your application and narrative materials to abernard@franklincountymaine.gov
- Narrative sections typed separately should be in a non-script, non-italic type of no smaller than 11 points.
- Registered nonprofit organizations should include a copy of their IRS determination letter.
- Organizations needing a fiscal sponsor to handle funds should include a letter from that sponsor documenting its identity and willingness to accept Franklin County Opioid Settlement funds for the project.
- Please see the checklist at the end of this application to be sure you have included all required information and attachments.
- All applications should include a cover letter signed by the leader of the business or organization.

Please provide the following information.

I. Applicant Information

Legal name of organization: _____

Mailing address: _____

Physical address: _____

Telephone: _____ Mobile: _____

Email: _____

Website: _____

Number of years business/agency in existence: _____

Number of paid staff (note FT, PT, *and/or Seasonal):* _____

Number of volunteers: _____

Federal Tax I.D. or EIN: _____

President or Executive Director: _____

Telephone: _____ Email: _____

Board president *(if applicable):* _____

Amount requested from Franklin County Opioid Settlement Funds for this project: _____

Total project budget: _____

A 200-word (maximum) description of your project (you *may add a one-page typed description of your project* to *this application if you wish):*

III. Financial Information

Fiscal year start and end dates: From_____ to _____

Revenues and Expenses for Enterprises Currently in Business

Revenue

Income from sale of goods & services	$
Grants and donations:	
Individuals & businesses	$
Foundations	$
Government funding	$
Personal funds	$
Interest income	$
Other (please list):	$
TOTAL REVENUE	**$**

Expenses

Administration	$
Labor	$
Supplies	$
Equipment	$
Fundraising costs	$
Other (please specify):	$
TOTAL EXPENSES	**$**

NET (REVENUE - EXPENSES) $ _____

If any shortfalls occurred, please explain how they were financed:

Assets and Liabilities for Last Fiscal Year From: _____ to: _____

Assets		**Liabilities**	
Cash		Accounts payable	
Property & equipment		Long-term liabilities	
Accounts receivable			
Investments			
Other (please list):			
Total assets:		**Total liabilities:**	

Restricted Assets or Revenue (explain):

IV. Project budget

Please attach a budget for your proposed or ongoing project, including startup costs, operating costs, estimated payroll, equipment, and supplies, and so on.

Also include anticipated sources of revenue for the project, including donations, earned income, and fees for services.

V. Sustainability plan

Franklin County Opioid Settlement funding is intended to provide proven opioid-related treatment programs to include, prevention and recovery services through the Opioid Settlement funds received through the Class Action Lawsuit. See Exhibit E

VI. Barriers to Success

Please indicate the greatest impediments to the success of your proposed project and plans to address them.

VII. Project Narrative

You may use the spaces below each major section, or you may include a separate page. Please do not exceed one typed page (minimum 11-point type) for each section.

History of your company or organization (founding date, mission, region, and population served, top products or services, etc.):

Overview of the project for which you seek funding (1. overall goal; 2. how this project will strengthen your organization; 3. up to three measurable outcomes that will help achieve your goal; 4. specific activities required to complete the project):

Who will be served by this project?

Town(s): _____

The age range of those served: _____

Approximate number: _____

Plan for evaluating the success of this project:

VIII. Signatures - Must be original, not photocopied.

_____ _____

Signature of president, chief executive officer, or board president (nonprofits) Date

_____ _____

Print name Title

Fiscal sponsor (if applicable):

_____ _____

Signature of officer of fiscal sponsor organization Date

_____ _____

Print name Title

Application Checklist

Please be sure you have included or completed the following items before submitting your application:

- ☐ Complete contact information
- ☐ For nonprofits, a copy of your IRS determination letter
- ☐ All sections completed on this form or, if typed on a separate sheet, so noted in the correct areas on the form (*"Please* see attachment *A,"* etc.) and appropriately titled on the separate sheet
- ☐ A project budget as noted in Section IV
- ☐ A cover letter from the leader of your organization
- ☐ If you have a fiscal sponsor, a letter from that sponsor as indicated under "Directions" on the first page of this application.
- ☐ Up to three letters of support (optional)
- ☐ Original signatures on the application
- ☐ Remove and retain the Appendix of this application before submittal.

Appendix A: Guidelines and Considerations for Franklin County Opioid Settlement Funding Applications

Note: *The following appendix is for informational purposes. You do not need to return the appendix with your application.*

-For questions and/or assistance preparing an application, contact the Administrator via email abernard@franklincountymaine.gov .

The Franklin County Opioid Settlement Program has specific limitations regarding who may apply and what projects and costs are eligible for funding assistance. It is important to understand these guidelines prior to applying. See below for details.

Public Program:

The Commissioners of Franklin County are entrusted by its citizens to be responsible stewards of the Opioid Settlement program funds. Accountability and transparency are held in the highest regard. *As such:*

- Applicants must be willing to make public all matters and materials provided as part of an Opioid grant. Information relating to project design and implementation including perhaps competitive advantages, personal and business financial and tax data, is all subject to public review.

- The county will, under special and limited circumstances, take appropriate steps to protect personal and/or proprietary information relating to Opioid Settlement projects.

Eligibility to Apply:

Key considerations for Opioid Settlement grant award determinations include:

Project Location

- The proposed activity must take place within Franklin County

Opportunity for economic impact

- Projects intended to create and/or retain jobs in the county are more likely to receive support through this program.

Sustainability

- Opioid Settlement grant funds are not intended to be utilized as a long-term subsidy. Applicants need to show a plan and trends towards becoming self-supporting.

Special considerations for large-scale investment and/or job creation:

In keeping with the original intent of this program, project proposals that offer substantial capital investment and/or the strong potential for significant job creation within Franklin County may be eligible for additional support through this program. These exceptional cases may be considered from time to time on an individual basis, but potential applicants must contact the Opioid Administrator to discuss prior to applying. Awards and funding levels will be at the sole discretion of the County Commissioners.

Grantee Obligations:

Successful applicants are not required to accept grant funds awarded to them. The county allows applicants up to three months from the time of notice of award to accept that award. If the award is not accepted within that timeframe, the application and award notice will be considered void. Those who do choose to accept a grant award will be required to first agree to specific terms outlined in a grant contract with the county. Each grant contract is unique to the project funded, but several requirements are inclusive to all grant contracts. Please consider the following:

GRANT PERIOD.
The grant period for all Opioid Settlement grants will be no less than one year from the time of receipt of an award.

REPORTING.
All grantees will be required to maintain regular communication with the county. Grantees are typically required to submit progress reports and verification of expenditures halfway through (6 months) the grant period. The Opioid Administrator will work closely with grantees to ensure this occurs.

VERIFICATION OF EMPLOYMENT.
Grantees will be required to provide evidence of the creation and/or retention of any jobs proposed in the grant application materials. This should include details about the type of job, the frequency and duration (part-time, full-time, long-term, temporary, seasonal), and wage levels or compensation package.

DEFAULT AND REPAYMENT.
Grantees who do not meet the requirements outlined in the grant contract will be required to repay all or a portion of the funds awarded to them. Each case will be considered on an individual basis, however: Upon the sale, transfer, or dissolution of a grant project prior to the end date of the grant period, the grantee will be held liable for up to the full amount of their initial award amount.

The final determination for distribution of any funds through the Franklin County Opioid Settlement Grant Program will be at the discretion of the County Commissioners.

Maine's Opioid Settlement Expenditure Reports

Can I see how Maine is spending its **20% State Share**?
No. *See, e.g.,* Attorney General's **Annual Recovery Fund Reports** *(reporting only the Council's activities to the legislature and not its own, per Maine's own prior public reporting commitments)*.
What is known about this share? "The state's 20% share is allocated to the state Attorney General for spending on approved uses." *See* Maine's Community Guide.

For all **state-specific spending news** and **grant opportunities**, *updated weekly*, *see* Maine's row in States' Opioid Settlement Allocation Plans.
Can I see how Maine is spending its **50% Fund Share**?
Eventually. *Bookmark:* Maine Recovery Council's **Reports** *(see, e.g., **Attorney General Report Recovery Fund** (2023-12-8), which reads preliminarily)*.
When? "The Council has made significant progress towards distributing funds[,] and while it has not yet made distributions[,] it has been working hard to clearly identify where funding is most needed as indicated by date..." *Id.*
Can I see how Maine is spending its **30% Local Share**?
No. *See, e.g.,* Attorney General's **2023 Opioid Settlements FAQs** *(providing that city and county officials will be the best sources of localities' spending data)*.
"How can I find out more information about what my county, city or town is using its settlement funds for?" "The best way to find out about what your community is doing with its settlement funds is to call your county administrators, or if your city or town is a participating subdivision call the city or town office. The Attorney General's Office has a list of participating subdivisions and contact information (Word)." *Id.*

For more information on Maine's opioid settlements:

Summary of decision-making processes *for each share:* Maine's Guide for Community Advocates on the Opioid Settlement

State-specific spending news, *updated weekly:* States' Opioid Settlement Allocation Plans (*see* Maine's row)

Total winnings from all settlements: States' Individually Reported Opioid Settlement Sums (*see* Maine's row)

Prior written commitments to publicly report opioid settlement spend, *(if any):* States' Initial Promises to Report Their Opioid Settlement Expenditures (*see* Maine's row)

Definitions

Yes. For shares with published expenditure reports, *regardless of format or granularity*.
Eventually. For shares with expenditures not yet live but promised as a matter of "when."
Not… yet? For shares attached to official statements that speak to public reporting as a matter of "if."
No. For shares unattached to public reporting commitments.

For more information, *see* OST's Expenditure Reports Tracker methodology.

Source: https://www.opioidsettlementtracker.com/expenditures

GUIDE FOR COMMUNITY ADVOCATES ON THE OPIOID SETTLEMENT

Maine

Vital Strategies

Total Funds	Allocation	Mechanism
$130 million[1]	50% to the Recovery Fund, 30% to political subdivisions, and 20% to the state Attorney General	Allocation agreements between the state and local governments (Amendment to Maine State-Subdivision Memorandum of Understanding and Agreement Regarding Use of Settlement Funds, Maine State-Subdivision Memorandum of Understanding and Agreement Regarding Use of Settlement Funds - 2023, Maine School Administrative Units' Inclusion in Maine's Recovery Fund), legislation (MRS Tit. 5 Sec. 203-A, 203-B, 203-C)[2]

Key Takeaways

Maine Recovery Fund and Council. Half of Maine's opioid settlements is held in the Maine Recovery Fund,[3] which is overseen by the 15-member Maine Recovery Council.[4]

Multiple MOUs. Maine prepared for its "second wave" of settlements with opioid retailers CVS, Walgreens, and Walmart by developing a separate MOU.[5] Maine's 2023 MOU includes new provisions (e.g., prohibiting supplantation uses of funds from subsequent opioid settlements)[6] and alters certain provisions of the original MOU (e.g., substituting the Maine Recovery Council for the legislature in several passages).[7]

Public reporting. The Maine Recovery Council must create a dashboard to publish data on expenditures from the Maine Recovery Fund.[8] However, no public reporting requirements apply to the 20% of settlement funds allocated to the state Attorney General and 30% of funds allocated directly to local governments.

This resource is current as of 5/8/2023. For the most up-to-date information, please visit https://www.opioidsettlementtracker.com/settlementspending.

Maine

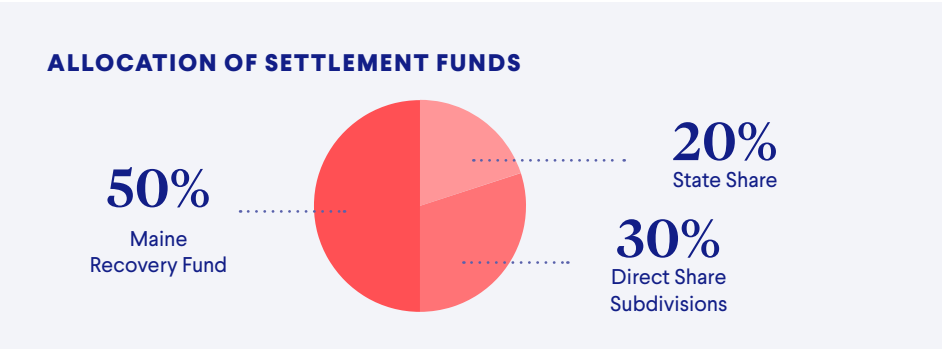
Background

Maine allocates 50% of its opioid settlement funds to the Maine Recovery Fund, 30% to subdivisions, and 20% to the state Attorney General.[9] A state law authorizes the Attorney General to deposit opioid settlement funds into the Maine Recovery Fund (Fund),[10] which was established by the Maine State-Subdivision Memorandum of Understanding and Agreement Regarding Use of Settlement Funds (MOU).[11] State law also establishes the Maine Recovery Council and requires it to direct disbursements from the Fund for approved uses.[12] Three percent (3%) of monies in the Fund are reserved for Maine's school districts pursuant to the Maine School Administrative Units' Inclusion in Maine's Recovery Fund agreement (School MOU).[13] All settlement funds, regardless of allocation, generally must be spent on approved uses, which are defined to include the prevention, harm reduction, treatment, and recovery strategies listed in the national settlement agreements' Exhibit E.[14]

Maine's original MOU applied only to proceeds from the Distributor and Janssen settlements and the Purdue and Mallinckrodt bankruptcies.[15] The state developed a similar but distinct MOU (2023 MOU) that applies to any opioid settlements reached after the Distributor and Janssen settlements (i.e., "subsequent opioid settlements").[16] Finalization of the 2023 MOU requires the signatures of the Attorney General and litigating counties, cities, and towns.[17] The 2023 MOU maintains the 50%/30%/20% allocation among the Fund, subdivisions, and state Attorney General,[18] including a 3% set aside of Fund monies for Maine's school districts,[19] but it both includes new provisions and substantively alters certain provisions of the original MOU. For example, the 2023 MOU requires that funds from subsequent opioid settlements be used to supplement, rather than supplant, other funding streams,[20] and it substitutes the Maine Recovery Council for the legislature in several passages.[21]

Maine

Decision-Making Process



50% MAINE RECOVERY FUND

Fifty percent (50%) of the state's settlement monies are held in the Maine Recovery Fund (Fund),[22] disbursements from which are directed to approved uses by the Maine Recovery Council (Council).[23] Three percent (3%) of monies in the Fund are earmarked for grants to Maine's school administrative units.[24] The Council, which has adopted bylaws,[25] otherwise has "broad discretion" around how to spend funds,[26] including for administrative supports.[27] Any uncommitted monies at the end of the year remain part of the Fund.[28]

The Council's primary responsibility is to distribute monies from the Fund for approved purposes and ensure that these distributions comply with the MOU.[29] The Council is also responsible for an accounting of Fund monies and releasing money to recipients,[30] and must facilitate collaboration among the state, local governments, regional councils, and other groups to share overdose data and abatement best practices.[31] The Council is required to meet at least twice each calendar year,[32] and it has meet nearly every month since November 2022.[33]

MAINE RECOVERY COUNCIL

The 15-member Maine Recovery Council (Council) contains the 11 members described in the MOU and four members added by state law.[34] Four appointments are made by litigating subdivisions, two by the Governor, six by legislative leadership, and three by the Attorney General.[35] The Attorney General's appointees must include a person with lived experience and a public health expert.[36] The four legislative appointments added to the Council by state law — one medical professional with direct experience providing medications for opioid use disorder, one representative of re-entry services, one representative from a non-profit community-based mental health treatment provider, and one representative from the harm reduction community[37] — should try to reflect Maine's racial, ethnic, gender, and Indigenous diversity.[38] Members can serve up to two two-year terms, for a total of four years.[39] Current members of the Council are listed here.

Maine

Decision-Making Process
(Continued)

30% DIRECT SHARE SUBDIVISIONS

Thirty percent (30%) of the state's settlement funds are allocated directly to 39 eligible local governments according to the percentages in Exhibit 3 of the MOUs.[40] Local governments must spend these funds on approved uses,[41] whether directly or in collaboration with federal, state, local, tribal, or private sector groups.[42] Localities will likely use their normal budgeting and decision-making processes to expend their share of settlement funds.

LOCAL SPENDING EXAMPLE

The Westbrook City Council approved $9,180 in opioid settlement funds for a summer youth prevention program at Westbrook Partners for Prevention.

20% STATE SHARE

The state's 20% share is allocated to the state Attorney General for spending on approved uses.[43]

Tracking Funds and Accountability

- The Maine Recovery Council must create a dashboard to publish data on expenditures from the Fund.[44]
- Entities receiving monies from the Fund must, by September 1 of each year, report to the Council how the funds were used for approved purposes.[45] The Attorney General then must compile these reports for legislative committees by October 1 of each year.[46]
- The Attorney General also must submit a report to the legislature by February 1 of each year describing the activities of the Council, the status of the Fund, disbursements from the Fund, and outcomes of funded activities.[47]
- No specific public reporting requirements apply to the 20% of settlement monies allocated to the Attorney General or 30% of monies directly allocated to local governments.
- The Council may request a public hearing on any legislative proposal or budget bill that affects the Fund, the purpose of which is to assess the level of support for the change among legislative committees. If there is committee support for the proposal, the Council may request a review and evaluation of the proposal, the results of which will be made available to the Council and relevant legislative committees.[48]
- The Council must adhere to Maine's open meetings and open records laws described in Maine's Freedom of Access Act.[49]

Maine

Engaging in the Process

- Monitor implementation of the Council's bylaws,[50] which describe important mechanisms for public engagement in the oversight of Fund monies. The approved bylaws require, among other things, that the Council undertake a needs assessment that integrates public feedback at least once every two years and host regular public meetings.[51] At least one meeting each year must include a public forum to receive public input.[52]
- Attend Council meetings, which members of the public may observe but not participate in unless otherwise specified.[53] The Council must meet twice a year, either in person or virtually.[54] Information about how to join future meetings and past meeting minutes and recordings can be found on the Council's website.
- Subscribe to Council notification emails on this page. You can send questions, comments, and other feedback to the Council by filling out the form here.
- The Attorney General appoints three members of the public to the Council. Watch for future vacancies and investigate ways to put forth names!

Additional Resources

OFFICE OF THE MAINE ATTORNEY GENERAL

Opioids

Resources for Implementing the Opioid Settlements

Opioid Settlement Payments (Distributors / Janssen and Mallinckrodt)

2023 Opioid Settlements

Opioid Settlements and the Maine Recovery Council (February 2023)

MAINE RECOVERY COUNCIL

Reports

Bylaws (February 2023)

GOVERNOR'S OFFICE OF POLICY INNOVATION AND THE FUTURE

Maine Opioid Response 2021 Strategic Action Plan

Maine Drug Data Hub

Maine

References

Last updated May 8, 2023.

1. From settlements with distributors McKesson, AmerisourceBergen, Cardinal Health and manufacturer Johnson & Johnson only. Maine is also participating in several settlements that are likely to be finalized later this year, e.g., CVS, Walgreens, Walmart, Allergan, and Teva. *See* KHN's "The Right to Know: Where Does Your State Stand on Public Reporting of Opioid Settlement Cash?" interactive transparency map (located mid-article; click "Maine" for state-specific participation information) and OpioidSettlementTracker.com's *Global Settlement Tracker* for more information.
2. Although Maine's "Amendment to Maine State-Subdivision Memorandum of Understanding and Agreement Regarding Use of Settlement Funds" (MOU) is limited to the "National" (Distributor and Janssen), Purdue, and Mallinckrodt settlements (*see* MOU II.A, I.E), a 2023 version of the MOU (2023 MOU) applies to "any" "statewide settlement reached with a non-bankrupt manufacturer of, distributor of, or pharmacy prescribing, opioids subsequent to the National Opioid Settlement." *See* 2023 MOU II.A, I.J. Note that many states' mechanisms for opioid settlement spending were designed to comply with the requirements of the *Distributor* and *Janssen* settlement agreements, which require (among other provisions) that a minimum of 85% of settlement funds be spent on opioid remediation expenditures. *Section V.B.1.* Subsequent settlements require varying thresholds of opioid remediation spend; the *CVS* and *Walgreens* agreements, for instance, require a minimum of 95.5% and 95% opioid remediation spending, respectively. *Section V.B.1.* Keep an eye out for the other ways states might amend their spending mechanisms, if at all, to comply with subsequent settlement terms.
3. MOU II.C(3); 2023 MOU II.C(3).
4. MOU II.D, III; 2023 MOU II, III; Me. Rev. Stat. tit. 5, § 203-C(2)-(3).
5. *See* AG's "2023 Opioid Settlements"
6. 2023 MOU II.B.
7. *Compare, e.g.*, MOU IV.C *with* 2023 MOU IV.D.
8. MOU III re: "Transparency" (A); 2023 MOU III re: "Transparency."
9. MOU II.C(1)-(3); 2023 MOU II.C(1)-(3).
10. Me. Rev. Stat. tit. 5, § 203-B.
11. MOU IV.A. *See also* 2023 MOU IV.A (authorizing the Maine Recovery Fund to receive payments from subsequent opioid settlements).
12. Me. Rev. Stat. tit. 5, § 203-C(2). The Maine Recovery Council is referring to as the "Maine Recovery Fund Council" in the MOUs.
13. *See* Maine School Administrative Units' Inclusion in Maine's Recovery Fund.
14. MOU I.A, II.B; 2023 MOU I.B, II.B. The original MOU discusses a backstop fund that contains 7% of each payment made to participating subdivisions from the Distributor and Janssen settlements. Private counsel for the subdivisions may only apply for these monies for a "shortfall." MOU I.E, V.
15. MOU I.E., II.A. The reference to "National Distributor Settlement" in MOU II.A is presumably intended to refer to "National Opioid Settlement" as defined in MOU I.E, which includes the "National Distributor and J&J Settlements Agreement."
16. 2023 MOU II.A, I.J.
17. AG's "2023 Opioid Settlements."
18. 2023 MOU II.C.
19. *See* 2023 Maine School Administrative Units' Inclusion in Maine's Recovery Fund (2023 School MOU).
20. 2023 MOU II.B. The original MOU does not include this anti-supplantation language. MOU II.B.
21. 2023 MOU I.B and, *e.g.*, 2023 MOU IV.D,E.
22. MOU II.C(3) and 2023 MOU II.C(3).
23. Me. Rev. Stat. tit. 5, § 203-C(2). "Examples of approved uses are reversing overdoses through naloxone or other FDA-approved drugs, expanding the availability of medication assisted treatment for Mainers struggling with opioid use disorder, helping Mainers avoid opioid use through evidence-based prevention programs, and providing additional special education resources to Maine school administrative units." Maine Recovery Council.
24. School MOU 2; 2023 School MOU 2. Grants are not limited to litigating school administrative units, although "[a]pplications from Maine Litigating School Administrative Units shall be given a reasonable plus factor in consideration of grants." School MOU and 2023 School MOU re: "Allocation of School Administrative Unit Funds." The Recovery Council must invite proposals for projects that supplement opioid abatement services in school administrative units. School MOU and 2023 School MOU re: "Grant Process." It must prioritize applications from school administrative units that

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References
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are poorly funded or most impacted by overdose, that target children under the age eight, that leverage matching funds, that are replicable elsewhere, and are financially self-sustaining. School MOU and 2023 School MOU re: "Allocation of School Administrative Unit Funds" (a)-(g). Examples of aligned uses include grants for direct services, for multi-disciplinary programs, and to develop special education and abatement models with statewide applicability. School MOU and 2023 School MOU re: "Illustrations of Uses."
25. MOU III re: "Governance"; 2023 MOU III re: "Governance." Discussion of bylaw drafts may be tracked in the Council's meeting minutes. The Council otherwise has no rulemaking authority. MOU III re: "Governance" (a); 2023 MOU III re: Governance (a).
26. AG's 1/28/2022 press.
27. MOU III re: "Legal Representation"; 2023 MOU III re: "Legal Representation."
28. The original MOU required specific legislative approval to spend unencumbered balances that had lapsed back into the Fund. MOU IV.C. The 2023 MOU instead provides that the Recovery Council may expend these funds in the same manner as other monies in the Fund. 2023 MOU IV.D. The 2023 provision supersedes the original provision. *See* 2023 MOU IV.D ("Notwithstanding any provision to the contrary in Section IV.C of the 2022 State-Subdivision MOU…").
29. MOU III re: "Duties"; 2023 MOU III re: "Duties." *See also* Me. Rev. Stat. tit. 5, § 203-C(2).
30. MOU III re: "Governance" (b); 2023 MOU III re: "Governance" (b).
31. MOU III re: "Collaboration"; 2023 MOU III re: "Collaboration."
32. MOU III re: "Duties"; 2023 MOU III re: "Duties."
33. AG's Recovery Fund annual report (2023).
34. MOU III re: Membership and Sec. 203-C(3).
35. MOU III re: "Membership," "Subdivision Members," "State Members," "Public Members"; 2023 MOU III re: "Membership," "Subdivision Members," "State Members," "Public Members"; Me. Rev. Stat. tit. 5, § 203-C(3).
36. MOU III re: "Public Members"; 2023 MOU III re: "Public Members."
37. Me. Rev. Stat. tit. 5, § 203-C(3)(A)-(D).
38. Me. Rev. Stat. tit. 5, § 203-C(3).
39. MOU III re: "Terms"; 2023 MOU III re: "Terms."
40. MOU I.B, II.C(2); 2023 MOU I.C, II.C(2). Eligible local governments (i.e., "Direct Share Subdivisions") include "a plaintiff subdivision that has filed a complaint against a Pharmaceutical Supply Chain entity and/or a subdivision with a population equal to or greater than 10,000." MOU I.B; 2023 MOU I.C. "Maximum Distributor and Johnson and Johnson Payments to Maine Participating Subdivisions" available here.
41. MOU I.A, II.C(2); 2023 MOU I.B, II.C(2).
42. MOU II.D; 2023 MOU II.C.
43. MOU II.C(1); 2023 MOU II.C(1). *See also* 2023 MOU II.C ("Because the State did not hire outside counsel, any funds for attorney fees that the State receives from the Supplemental Opioid Settlements will be deposited into the Attorney General's share.")
44. MOU III re: "Transparency" (A); 2023 MOU III re: "Transparency."
45. MOU IV.H; 2023 MOU IV.H.
46. MOU IV.H; 2023 MOU IV.H. These reports must also "summarize the activity in any [directly related] funds or accounts…." *Id.*
47. Me. Rev. Stat. tit. 5, § 203-C(5).
48. 2023 MOU IV.I. Note that the original MOU *required* a public hearing whenever there was a legislative proposal affecting the fund, and a review and evaluation if there was committee support for the proposal. MOU IV.I. The 2023 MOU merely allows the Maine Recovery Council to request such a public hearing, review, and evaluation. 2023 MOU IV.I.
49. MOU III re: "Transparency"; 2023 MOU III re: "Transparency."
50. Discussion of bylaw drafts may be tracked in the Council's meeting minutes.
51. Bylaws Sec. 2.2, Sec. 4.1-2.
52. Bylaws Sec. 4.2.
53. Maine Recovery Council.
54. MOU III re: "Duties"; 2023 MOU III re: "Duties."