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Testimony of Debra Rothenberg M.D., PhD, Maine Medical Center

In Support of LD 1711, Resolve, To Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services

January 17, 2018

Senator Brakey, Representative Hymanson and distinguished members of the Joint Standing Committee on Health and Human Services:

I am Dr. Debra Rothenberg of Maine Medical Center, and I am here today to testify in strong support of LD 1711 titled: *Resolve, To Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services*, which would establish the Homeless Opioid Users Service Engagement pilot project.

I'd like to start by telling the brief story of the MMC-Preble Street Learning Collaborative, which opened its doors a year ago this month. Our path to doing the work we do today—teaching tomorrow's medical providers about the social determinants of health while providing high intensity care-coordination for homeless and at-risk-for-homeless clients with complex health and social needs—illustrates the importance of understanding the context of care prior to proposing solutions.

In November of 2014, we proposed to start a "pop-up medical clinic" in the empty building across from Preble Street Resource Center that had previously housed the City of Portland's Homeless Health program. The aim was to have an out of hospital location for teaching population health while providing same day health care services for Portland's homeless. However, a Comprehensive Needs Assessment revealed gaps in care that would not be filled by adding another clinic to the neighborhood. Rather, providing low barrier, walk-in access to intensive care coordination would decrease fragmentation of care. As we opened our doors, with one nurse practitioner and five what-I-like to call 'guerilla social workers' as well as medical residents in psychiatry and family medicine, we learned about the

needs for access to mental healthcare services, to wound care, to foot care. . .And then, to treating substance use disorder.

We did not open the doors of the Learning Collaborative with the intention of tackling the opioid crisis. Yet, as we witnessed increasing numbers of overdoses in the neighborhood and learned about the limited options for treatment for the vulnerable clients we serve, we began to see our role as working with our partners—Preble Street and Greater Portland Health—helping to coordinate a response to this crisis, a response grounded in understanding the nature of the problem and best practices towards addressing it.

The State of Maine needs a comprehensive response to the opioid crisis. A comprehensive approach to the opioid crisis in Maine would, as recommended by the Legislature's Opioid Task Force, involve passage of LD 1430 and 605 as well as LD 1711. The people we see at the Learning Collaborative—homeless or unstable housing, co-occurring chronic mental illness—have lives and needs that are more intense than what a HUB or an opioid medical home can provide. They need what is proposed in the pilot project in LD 1711: a program that meets these most vulnerable clients where they are, providing MEDICATION FIRST, in the form of daily observed suboxone (both to assure the client is taking the medication, engage them in daily support by social work and peers, as well as to prevent diversion). This Medication First approach aims to stabilize someone so they are ready to participate in a “housing first model” and then, hopefully, be ready to engage in a hub and spoke—with less frequent visits and less intensive support—model of care.

I should point out, though, that there currently is not a Hub in the Portland area, meaning there is no place for successful HOUSE clients to go once they no longer need the daily monitoring of medication and supportive services. This is, again, why all three of these bills need support. Recidivism is part of the definition of OUD. The relapsing nature of this disease means that people can go from needing the intense support model proposed in this pilot project to a HUB and back again. Sadly, we currently have neither the intense model proposed in this bill nor a hub to send successful clients to once they graduate from the need for daily observed therapy.

I strongly urge you to support LD1711 so we can start intervening in this crisis in a comprehensive way.

Thank you and I would be happy to answer any questions.