MaineHealth

MaineHealth Member Organizations:
Franklin Community Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
Waldo County General Hospital
Western Maine Health

Part of the MaineHealth Family:
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MaineHealth Affiliates:
MaineGeneral Health
Mid Coast-Parkview Health
New England Rehabilitation Hospital of Portland
St. Mary's Health System

Testimony of Debra Rothenberg, M.D., PhD
Maine Medical Center
In Support of LD 1337
"An Act to Save Lives by Establishing a Homeless Opioid Users Service Engagement Program within the Department of Health and Human Services"
April 8, 2019

Senator Gratwick, 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 1337, "An Act to Save Lives by Establishing a Homeless Opioid Users Service Engagement Program within the Department of Health and Human Services," which would establish the Homeless Opioid Users Service Engagement pilot project.

I testified before this Committee last year in support of similar legislation, LD 1711. In the 15 months since then, I can report that there has been SOME progress towards establishing community partnerships to address the opioid crisis in Portland. Maine Behavioral Healthcare will soon be opening the doors of a hub, as the hub-and-spoke model of care advances, Greater Portland Health has implemented a very successful pilot daily dose suboxone program, and many community organizations have gathered at Cumberland County Jail to talk about how to connect people leaving the jail with treatment.

Sadly, these baby steps were too little, too late, for the 282 Mainers who died from overdoses during the first three quarters of 2018. I'm here to say that it is time to take more than baby steps to prevent more people from dying of an overdose.

I practice and teach family medicine. One of my medical education roles is serving as the Academic Director of the Maine Medical Center-Preble Street Learning Collaborative (PSLC) –a joint effort between the hospital and a community service organization dedicated to providing accessible barrier-free services to people experiencing homelessness. Staffed by a nurse practitioner, medical social workers, and residents from psychiatry, family, internal and emergency medicine, our mission is to provide no-barrier access to medical and care-coordination services as well as to educate tomorrow's caregivers about social determinants of health.

When we opened our doors in January 2017, we had no 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—to help coordinate a

response to this crisis – a response grounded in understanding the nature of the problem and best practices towards addressing it.

The people we see at the Learning Collaborative— many of whom are homeless or have unstable housing, and have co-occurring chronic mental illness and polysubstance addictions—have lives and needs that are more intense than what a hub or an opioid medical home can provide. Or, in fact, will provide. Our clients need what is proposed in the pilot project in LD 1337: 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.

For those reasons, I strongly urge you to support LD1337 so we can start intervening in this crisis in a comprehensive way. Thank you for your time today and I would be happy to answer any questions that you may have.

GUIDELINES FOR ASSESSING APPROPRIATENESS FOR OFFICE-BASED BUPRENORPHINE TREATMENT

The following guidelines will help in deciding whether to treat with buprenorphine in the office. They assume the person *is* opioid dependent.

Scoring Key

0-5: Excellent candidate for office based treatment.
6-10: Good candidate for office based treatment.
11-15: Good candidate, but only with tightly structured program providing supervised dosing and on site counseling.
16-20: Candidate for office based treatment by board certified addiction physician in a tightly structured program or hub induction with follow-up by office based provider or methadone clinic referral.
21-25: Candidate for methadone program only.

For each answer check *Yes or No* and add points for *Yes and No* below.

Questions	Points:	Yes	No
Is the person employed?		☐	☑ 1
Is the family intact?		☐	☑ 1
Does the person have a partner who uses drugs or alcohol?		☑ 1	☐
Is the person's housing stable?		☐	☑ 1
Does the person have legal issues?		☑ 1	☐
Does the person have any convictions for drug dealing?		☐ 2	☑
Is the person on probation?		☐ 1	☑
Does the person have psychiatric problems, e.g., major depression, bipolar, severe anxiety, PTSD, schizophrenia, personality subtype of antisocial, borderline, or sociopathy?		☑ 2	☐
Does the person have a chronic pain syndrome that needs treatment?		☐ 2	☑
Does the person have reliable transportation?		☐	☑ 1
Does the person have a reliable phone number?		☐	☑ 1
Has the person been on medication assisted treatment before?		☐	☐ 1
Was the medication assisted treatment successful?		☐	☐ 2
Does the person have a problem with alcohol?		☑ 2	☐
Does the person have a problem with cocaine?		☐ 1	☑
Does the person have a problem with benzodiazepines?		☑ 2	☐
Is the person motivated for treatment in the office?		☑	☐ 1
Is the person currently going to counseling, AA, or NA?		☐	☑ 2
Total points possible: 25	**Total each column:**		
	Total both columns:		

Provided by John R. Brooklyn, MD, May 21, 2009

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