

City of Biddeford
Policy Committee
May 20, 2024 6:00 PM Council Chambers & Zoom

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+13092053325,,91788073577# US

Or join by phone:

Dial(for higher quality, dial a number based on your current location):

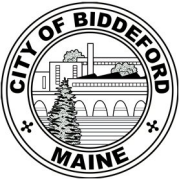
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Status:

- 1. Roll Call**
- 2. Pledge of Allegiance**
- 3. Adjustments to the Agenda**
- 4. Acceptance of Minutes**
- 5. Discussion/Review**
 - 5.1. Special Events Application and Permitting Process
 - [20240422 Special Events Policy Brief](#)
 - [Biddeford Recreation Facilities Rental Policy](#)
 - [Copy of CC Rental Fee Schedule 2024](#)
 - [Policy Committee draft agenda 3-25-24](#)
 - [SPECIAL EVENTS 2024](#)
 - 5.2. Maine Opioid Settlement Discussion
 - [2024.3.11 Maine Opioid Settlement Payments-Actual-by Entity.xlsx](#)
 - [2024.3.11 Maine Opioid Settlement Payments-Estimated-by Entity](#)
 - [2024.43 Opioid Use Settlement Funds order attest](#)
 - [ERP intro presentation 4-2-24](#)
 - [Opioid Use Settlement Fund brief](#)
 - [Opioid Use Settlement Fund Draft Ordinance](#)
 - [Opioid Use Settlement Funds Memo](#)
 - [Maine Memorandum of Understanding Regarding Opioid Settlement Funds](#)

6. Adjourn



Policy Committee

Meeting Date: April 22, 2024

Meeting Time: 6:00 p.m.

Agenda Item No: [as it appears on the agenda]

Item Description: [as it appears on the agenda]

Submitted by: Roby Fecteau, Director of Code Enforcement
Danica Lamontagne, Assistant to the City Manager

Supporting Information/Documentation:

Draft Special Events Policy Updates

Key Terms:

N/A

Executive Summary:

The City Council has directed staff to review the City's policies for special events and bring forward recommended updates.

Detailed Review:

The proposed updates to the Special Events policy are intended to address several challenges.

- The policy update streamlines the approval process for certain special event permits to be obtained. There are three tiers for special events that are established in the updated policy.
 - o Tier 1 events involve the use of Recreation Department facilities for functions involving 100 or less people. The Recreation Director can grant Tier 1 event permits.
 - o Tier 2 events include street closure requests, parades, road races, walks or other single-day functions involving 100 or less people.
 - o Tier 3 events are functions that involve a street closure or the use of a City facility for a single-day function involving 100-999 people.
- Special events are costly for the City to support. There is a significant amount of public safety and Public Works support required to ensure events run safely and smoothly. The updated policy is intended to recoup some of those costs. However, it also provides a mechanism for fees to be waived by the City Council if they desire to provide in-kind City support to the event. The actual fee amount has not been included in the draft policy update. Along with

this memo, you have been provided an example of the actual costs incurred by the Police Department and Public Works Department at events last year. Staff would like the Committee to determine what level of fees they believe would be appropriate.

- The existing policy does not explicitly state how much prior notice should be provided to business owners and residents who may be impacted by road closures during an event. Some downtown businesses have not felt that they were able to prepare appropriately for how events could alter their typical flow of customers. The updates more clearly specify the time period and methods of notifications that are required as a part of the special event application process.

Funding Source:

N/A

Staff Recommendation:

Determine an appropriate fee for staff support of special events and refer the ordinance changes to the City Council for approval.

Biddeford Recreation Facilities Rental Policy

It is the policy of the City of Biddeford Recreation Department (hereafter the “Department”) that some of the buildings, parks and other facilities owned by the City and overseen by the Department should be made available to the public to use for activities that benefit City residents, at a reasonable cost. Therefore, the Department sets forth the following rules and regulations for the management and protection of the public facilities it oversees and for the protection of the persons granted permission to use the same. Failure to observe and abide by the Facility Usage Rules and Policies may result in the immediate termination of the Facility Use Permit, forfeiture of all fees and removal from the reserved facility. For more information or questions concerning this policy or its contents, please contact the Biddeford Recreation Department Facility Manager, 189 Alfred Street, Biddeford, ME 04005 207-283-0841

Making a Reservation:

1. **Log in** - Log onto your account with Biddeford Recreation at www.biddefordrec.com. If you do not have one, you must create one prior to requesting space.
2. **Online Requests** - Once in your account, go to the “Facilities” tab, then to “Facility List” and choose the Facility in which you would like to request space. Click on that Facility and choose “Request this Facility”. Complete the online form and review the facility’s policies and rules.
3. **Written Requests:** You may come to the office and fill out a rental request form. The Facility Manager will review forms and you will be notified by email if your reservation is approved.
3. **Confirmation** - The Facility Manager or his/ her designee will then follow up with you to confirm or deny the request. Once confirmed, payment will be required in order to maintain your reservation. Payments of \$75 or less are due in full at the time of reservation confirmation. Reservations in which the balance due is over \$75; at least 50% of the *total amount due* is needed at the time of your reservation confirmation. All reservation balances are due at least 7 days prior to your event date. If balance is unpaid 7 days prior to your first date, we reserve the right to release your reservation and retain your deposit. Requests for a single day, one time reservation or Special Event can be submitted up to 365 days prior to the reservation date. *Please note, Parks & Recreation programming and annual special events take precedent to all requests.*

Standards for Issuance

The Facility Supervisor shall approve an application submitted based on facility availability, priority of usage, maintenance impact on the facility, best use of the facility and only if the application meets the following criteria:

1. The proposed event or activity shall not endanger the health and safety of persons who visit the public facility.
2. Adequate parking facilities exist and are available to accommodate the number of expected attendees at the proposed event or activity at the public facility.
3. Adequate sanitary facilities exist and are available to accommodate the proposed event;
4. The event or activity shall not cause damage from destruction or overuse of the grounds, equipment, vegetation, buildings, fences or other amenities in the public facility;
5. The proposed event or activity shall not unreasonably disturb persons who own and/or occupy land that is adjacent to such public facility;
6. The public facility or portion thereof to be used has not been reserved for other use at the day and hour required in the application.
7. The applicant has demonstrated the ability and intent to provide adequate supervision of the activity and understands the applicable rules and regulations.

General Conditions of Use

1. The applicant is responsible for leaving the public facilities in the same condition in which received, and shall be responsible for any loss or damage to facilities or equipment. The applicant shall be charged for any required repair or cleanup costs incurred as a result of the applicant’s use of the public facilities.
2. The City shall not be liable for any damage or loss to any property of the applicant from any cause whatsoever while said property is located on the premises for storage purposes or otherwise.
3. The applicant is required to comply with all applicable federal, state and local statutes, ordinances and regulations, in addition to any policies or conditions imposed by the Facility Manager or Director of the Department upon approval of the request, including, but not limited to, all of the following:
 - Arranging and paying for adequate security services by the City of Biddeford Police Department, if necessary.
 - When the use of City equipment is requested, arranging for qualified City employees to be present and available for the operation of the same.
 - When other City licenses, permits or approvals are required (e.g., special event, food vendor, amplified sound, road closure, signage), the applicant must follow the proper procedure for seeking and obtaining such other licenses, permits or approvals. Contact the City Clerk’s office at least 30 days prior to the event and once the other license, permit or approval is obtained, a copy must be submitted to the Facility Manager.
4. The applicant shall not engage in or allow any illegal activity to occur at the public facility. Illegal drugs, alcoholic beverages and/or tobacco products shall not be brought onto or consumed within the public facility.
5. The applicant is responsible for any damage to the public facility or any part thereof caused directly or indirectly by the applicant or his/her agents, employees, guests, or invitees. The applicant is required to indemnify the City for any claims arising from the applicant’s use of the public facility.

6. Any outstanding debts owed to the City of Biddeford or violation of City policies during a previous reservation will result in denial of usage of any facility.

Insurance Requirements:

Renters may be required to provide proof of general liability insurance provided by an insurance company or companies licensed or approved to do business in the State of Maine by the Maine Bureau of Insurance to cover any loss or damage to public facilities or City equipment in an amount not less than \$1 million.

1. All policies evidenced to the City shall name the City of Biddeford as an additional insured.
2. Certificate Holder must read: **City of Biddeford, 205 Main Street, Biddeford, ME 04005**
3. For any one-day event, proof of general liability insurance in compliance with this policy must be provided to the Facility Manager prior to approval of the use application.
4. Any tournament, league and/or organization must present proof of general liability insurance in compliance with this policy to the Facility Manager at least two (2) weeks prior to the event. Failure to do so may result in the cancellation of rental.

Priority Use

User Priority Groups that use city facilities are characterized as follows, organized from highest to lowest priority.

1. City of Biddeford & Biddeford Recreation programs & events.
2. Biddeford Schools and their associated School Committee sanctioned programs.
3. Non-profit organizations with 100% Biddeford resident participation.
4. Non-profit organizations with less than 100% Biddeford resident participation.
5. Commercial, profit-making activities.

All non-profit organizations must provide proof of current non-profit status including a recent copy of the IRS Form 990 and/or Tax Exempt Certificate.

Administering Facility Rental Fees

1. **Priority 1** Groups or activities will not be charged a rental fee.
2. **Priority 2** Groups or activities will not be charged a rental fee, but may be charged other support fees (site supervisor, technical support, maintenance support, etc.) depending on the nature of the event.
3. **Priority 3** Groups or activities will not be charged a rental fee may be charged other support fees (site supervisor, technical support, maintenance support, etc.) depending on the nature of the event.
4. **Priority 4** Groups or activities will be charged a rental fee at the resident rate, and may be charged other support fees (site supervisor, technical support, maintenance support, etc.) depending on the nature of the event.
5. **Priority 5** Groups or activities will be charged a rental fee at the non-resident rate and may be charged other support fees (site supervisor, technical support, maintenance support, etc.) depending on the nature of the event.

Cancellation/Refund Policy

1. A deposit of 50% of the total fee due is required for rentals fees greater than \$75. Rental fees less than \$75 are due at time of confirmation. Balance is due at least 7 days prior to your event date. If balance is unpaid 7 days prior to your first date, we reserve the right to release your reservation and retain your deposit.
 2. Cancellation greater than 7 days prior to rental = full refund
 3. Cancellation less than 7 days prior to rental = loss of rental fee & deposit
 4. Modification to rental less than 7 days prior to your event = an additional \$30 fee per request.
 5. No show on date of rental = loss of rental fee & deposit.
- *Any event that is cancelled by the Facility Manager will receive a full refund or account credit.*

Failure to Comply with Policy:

Any individual, group or organization that does not comply with the terms and conditions set forth in this Policy will be disqualified from future use of Department facilities at the discretion of the Director of the Department. Any person applying to use a Department facility and found to provide false information, such as false team member names and addresses, shall be disqualified from future use of the City facilities.

Community Center Rules for Rentals

- The person requesting the use of the Community Center must be at least 21 years of age or older. Community Center Management may require a photo ID.
- Tap shoes or shoes with heels that could cause damage to floors are prohibited.
- Non-marking gym appropriate footwear to be worn in the gym.
- Events involving vehicles or animals (unless a service animal) are prohibited.
- If multiple rooms/areas are rented on the same day by different parties, then the bathrooms and the parking lot will be shared.
- Food and drink are prohibited in the gym.
- Rentals must take place within Community Center hours of operation, unless authorized by the Recreation Director.
- Any duly authorized department employee shall have the right at any time during a function to enter any and all parts of the premises for the purpose of inspection.
- Decorations shall not be attached to the structure of the Community Center. The renter must check with the Community Center manager for exceptions.
- There shall be no rice, confetti, bubbles, silly string, glitter or birdseed allowed in the Community Center.
- Bounce houses are prohibited.
- Any outside vendors (magicians, face painters, etc.) hired by the renter must be approved by the Facility Manager.
- Tables and chairs are to stay inside the Community Center.
- Smoking will not be permitted within the Community Center.
- The Department will not be responsible for lost or stolen items.
- All trash will be tied up and placed in the appropriate receptacle. Excessive trash incurring additional pickup charges will be billed to the individual or organization that signs the rental contract.
- If the individual or organization that signs the rental contract does not abide by the facility policy and rules, the department may refuse that individual or organization any future rental requests.
- The individual or organization signing the rental contract will be responsible for any missing or damaged items and will be responsible for any damage done to the building during the date reserved.
- This agreement shall not be assigned nor shall you allow the premises or any part of the premises to be sublet.
- The Renter agrees to ensure that the facility and all equipment in the building is left in its original condition.



Revised 1/2024

J. Richard Martin Community Center Rental Fee Schedule 2024

Space Description	City Assigned	Non-Profit		Private Rental	
		City of Biddeford	Other	Resident	Non-Resident
Classrooms	\$0	\$15.00	\$17.50	\$30.00	\$35.00
Kitchen w/ Attached Meeting Space	\$0	\$20.00	\$22.50	\$40.00	\$45.00
Gymnasium, Bingo Room & Auditorium	\$0	\$22.50	\$30.00	\$45.00	\$60.00

Classrooms:

Room 1- Conference room set up with a maximum for 10

Room 2- Meeting space set up for a maximum of 25

Room 4- Meeting space with a maximum of 25

Room 8 Meeting space with a maximum of 25

Room 10- Meeting space / game room with a maximum of 10. Pool table, fooseball table and couches

Kitchen & attached meeting space: Working stove and refrigerator/ freezer. Sink for washing dishes. Gathering space for 30.

Gymnasium: one full sized basketball court with bleacher seating for 50. 4 basketball hoops: full court or small sided games.

Bingo Room: Large meeting space for 75. Tables and chairs set up in classroom style.

Auditorium: Large space for dance, fitness or large gathering up to 75 (with tables) and 100 standing room or classroom style set up.

Commercial Rental
\$60.00
\$80.00
\$90.00

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City of Biddeford
Policy Committee
March 25, 2024 6:00 PM Council Chambers & Zoom

Status:

- 1. Roll Call**
- 2. Pledge of Allegiance**
- 3. Adjustments to the Agenda**
- 4. Acceptance of Minutes**
- 5. Discussion/Review**
 - 5.1. J. Richard Martin Community Center Rental fee schedule
[Copy of CC Rental Fee Schedule 2024](#)
 - 5.2. Biddeford Recreation Facilities Rental Policy and Procedures
[Biddeford Recreation Facilities Rental Policy](#)
- 6. Adjourn**

Actual Payments made to Maine Entities. Last updated on 3/18/2024

		Maine Settlement Totals	Additional Restitution
		100%	
2022 Payments		\$28,778,697.42	\$0.00
12/15/2022	J&J Payment	\$18,046,591.78	
4/2/2022	Distributor 1st Payment	\$5,033,678.79	
9/15/2022	Distributor 2nd Payment	\$5,698,426.85	
2023 Payments		\$5,826,537.05	
6/16/2023	J&J Payment	\$201,115.81	
8/2/2023	Distributor Payment	\$5,625,421.24	
2024 Payments		\$3,093,815.95	
3/15/2024	Cencora	\$1,285,204.22	
3/15/2024	Cardinal	\$1,808,611.73	
	Walmart 1st Payment		
	Walmart 2nd Payment		
	Allergan Payment		
	Allergan Payment		
	Teva Payment		
	Teva Payment		
	Walgreens 1st Payment		
	Walgreens 2nd Payment		
	CVS Payment		
	CVS Payment		
	Mallinckrodt Payment		
	Mallinckrodt Payment		
	Distributor Payment		
	J&J Payment		
2025 Payments		\$0.00	
	J&J Payment		
	Distributor Payment		
	Mallinckrodt Payment		
	Allergan Payment		
	Teva Payment		
	Walgreens Payment		
	CVS Payment		
2026 Payments		\$0.00	
	J&J Payment		
	Distributor Payment		
	Mallinckrodt Payment		
	Allergan Payment		
	Teva Payment		
	Walgreens Payment		

CVS Payment	
2027 Payments	\$0.00
J&J Payment	
Distributor Payment	
Mallinckrodt Payment	
Allergan Payment	
Teva Payment	
Walgreens Payment	
CVS Payment	
2028 Payments	\$0.00
J&J Payment	
Distributor Payment	
Mallinckrodt Payment	
Allergan Payment	
Teva Payment	
Walgreens Payment	
CVS Payment	
2029 Payments	\$0.00
J&J Payment	
Distributor Payment	
Mallinckrodt Payment	
Allergan Payment	
Teva Payment	
Walgreens Payment	
CVS Payment	
2030 Payments	\$0.00
J&J Payment	
Distributor Payment	
Mallinckrodt Payment	
Teva Payment	
Walgreens Payment	
CVS Payment	
2031 Payments	\$0.00
J&J Payment	
Distributor Payment	
Teva Payment	
Walgreens Payment	
CVS Payment	
2032 Payments	\$0.00
Distributor Payment	
Teva Payment	
Walgreens Payment	
CVS Payment	
2033 Payments	\$0.00
Distributor Payment	
Teva Payment	
Walgreens Payment	

2034 Payments	\$0.00
Distributor Payment	
Teva Payment	
Walgreens Payment	
2035 Payments	\$0.00
Distributor Payment	
Teva Payment	
Walgreens Payment	
2036 Payments	\$0.00
Distributor Payment	
Walgreens Payment	
2037 Payments	\$0.00
Distributor Payment	
Walgreens Payment	
2038 Payments	\$0.00
Distributor Payment	
TOTAL	\$22,746,274.59

Maine Settlement Totals*	
J&J	\$18,247,707.59
Distributors	\$16,357,526.88
Mallindrockt	#REF!
Walmart	\$1,808,611.73
Allergan	\$0.00
Teva	\$0.00
Walgreens	#REF!
CVS	\$0.00
	#REF!
*Does not include Tribal Settlements	

by the Office of the Maine Attorney General
is available at <https://www.maine.gov/aq/opioids/>

[illegible]

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\$11,373,137.29	\$4,549,254.92	\$6,823,882.38

Percentages are from the Memorandum of Understanding, Exhibit 3

[illegible]

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\$477,671.77	\$6,346,210.61	\$106,613.39	\$257,257.08

Subdivisions with an asterisk elected to receive J&J payments for 2022-2025 in 4 equal amounts. Other subdivisions received J&J payments in a lump sum consisting of the payments for 2022-2025. Affects payments in 2022, 2023, 2024 & 2025.

[illegible]

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\$166,799.57	\$279,706.99	\$330,275.03	\$208,330.26	\$102,262.39	\$63,646.29

Cumberland County	Falmouth Town	Franklin County	Gorham Town	Hancock County
3.5026%	1.2353%	1.9718%	1.4583%	3.8494%
\$281,230.35	\$99,187.65	\$158,317.45	\$117,090.17	\$309,080.93
\$176,354.38	\$62,198.75	\$99,277.96	\$73,425.09	\$193,818.97
\$49,189.97	\$17,348.90	\$27,691.29	\$20,480.23	\$54,061.31
\$55,686.00	\$19,640.00	\$31,348.20	\$23,184.85	\$61,200.65
\$56,937.92	\$20,081.54	\$32,052.96	\$23,706.08	\$62,576.55
\$1,965.34	\$693.16	\$1,106.38	\$818.27	\$2,159.97
\$54,972.58	\$19,388.38	\$30,946.58	\$22,887.82	\$60,416.58
\$30,233.30	\$10,663.04	\$17,019.71	\$12,587.62	\$33,227.34
\$12,559.24	\$4,429.54	\$7,070.17	\$5,229.03	\$13,802.99
\$17,674.06	\$6,233.50	\$9,949.54	\$7,358.59	\$19,424.35
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\$222,280.48	\$78,396.51	\$125,131.87	\$92,546.41	\$244,293.19

[illegible]

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\$317,052.04	\$13,870.78	\$133,336.23	\$275,749.24	\$164,432.38

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[illegible]

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\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$39,247.49	\$33,207.20	\$149,879.68	\$204,635.92	\$139,655.74

Somerset County*	South Portland City	Standish Town	Waldo County*	Washington County*
3.6977%	2.2276%	0.0664%	2.4724%	2.6999%
\$157,264.29	\$178,859.68	\$5,332.60	\$105,151.03	\$114,825.13
\$46,545.04	\$112,159.61	\$3,343.97	\$31,121.24	\$33,984.45
\$51,930.64	\$31,284.33	\$932.72	\$34,722.19	\$37,916.70
\$58,788.61	\$35,415.74	\$1,055.90	\$39,307.61	\$42,923.98
\$106,655.32	\$36,211.94	\$1,079.64	\$71,312.54	\$77,873.44
\$48,619.88	\$1,249.94	\$37.27	\$32,508.53	\$35,499.37
\$58,035.44	\$34,962.01	\$1,042.37	\$38,804.02	\$42,374.06
\$31,917.78	\$19,228.07	\$573.27	\$21,341.07	\$23,304.49
\$13,258.99	\$7,987.55	\$238.14	\$8,865.31	\$9,680.93
\$18,658.79	\$11,240.53	\$335.13	\$12,475.76	\$13,623.55
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$281,210.13	\$141,368.15	\$4,214.81	\$188,024.47	\$205,323.09

**payment to Waldo County was disburse

Waterville City*	Wells Town	Westbrook City	Windham Town	York County	York Town
2.8133%	0.2541%	1.5416%	0.1935%	6.7951%	2.1005%
\$119,649.04	\$20,404.84	\$123,780.23	\$15,540.48	\$545,592.02	\$168,655.21
\$35,412.17	\$12,795.50	\$77,620.30	\$9,745.15	\$342,130.72	\$105,760.58
\$39,509.62	\$3,569.01	\$21,650.39	\$2,718.18	\$95,429.44	\$29,499.46
\$44,727.26	\$4,040.33	\$24,509.54	\$3,077.15	\$108,031.86	\$33,395.17
\$81,144.97	\$4,131.17	\$25,060.55	\$3,146.33	\$110,460.60	\$34,145.95
\$36,990.74	\$142.60	\$865.02	\$108.60	\$3,812.79	\$1,178.62
\$44,154.23	\$3,988.57	\$24,195.53	\$3,037.72	\$106,647.81	\$32,967.32
\$24,283.53	\$2,193.60	\$13,306.83	\$1,670.66	\$58,653.15	\$18,131.06
\$10,087.64	\$911.24	\$5,527.80	\$694.01	\$24,365.15	\$7,531.83
\$14,195.89	\$1,282.35	\$7,779.03	\$976.65	\$34,288.01	\$10,599.22
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
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\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$213,948.90	\$16,127.70	\$97,834.14	\$12,282.98	\$431,228.20	\$133,302.69

d on 8/15/2023

School Districts' Earmarked
Fund (Part of the Maine
Recovery Council Funding)
3% of 50% (Column E)

\$160,981.58

\$270,698.88

\$75,505.18

\$85,476.40

\$358,096.93

\$270,698.88

\$87,398.06

\$130,788.56

\$84,381.32

\$46,407.24

\$0.00

\$0.00

\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00

\$0.00
\$0.00
\$0.00
\$0.00
\$1,129,630.80

Created by the Office of the Maine Attorney General
more information available at <https://www.maine.gov/aoj/opioids/>

All amounts are estimates and are subject to change. Last updated 3/12/2024. Settlement totals are at the bottom of the data.

Subdivision Amounts are Calculated from Maine Subdivision Net Total (Column I)
Percentages are fro

	Maine Settlement Totals 100%	Additional Remediation and Restitution Amounts Not included in column C	Maine Recovery Council 50% of Column C	Office of the Attorney General Column D + 20% of Column C	Maine Subdivision Total 30% of Column C	Maine Attorney Fees Backstop Fund (Funded from Distributors & J&J) 7% of Column G	Maine Subdivision Net Total Column G minus Column H	Androscoggin County 1.6800%	Aroostook County 4.0537%
2022 Payments	\$28,778,697.42	\$0.00	\$14,389,348.71	\$5,755,739.48	\$8,633,609.23	\$604,352.65	\$8,029,256.58	\$134,887.78	\$325,482.91
J&J	\$18,046,591.78		\$9,023,295.89	\$3,609,318.36	\$5,413,977.53		\$5,034,999.11	\$84,585.65	\$204,104.34
Distributor 1st	\$5,033,678.80		\$2,516,839.40	\$1,006,735.76	\$1,510,103.64		\$1,404,396.38	\$23,593.21	\$56,930.18
Distributor 2nd	\$5,698,426.84		\$2,849,213.42	\$1,139,685.37	\$1,709,528.05		\$1,589,861.09	\$26,708.93	\$64,448.38
2023 Payments	\$5,626,537.04		\$2,813,268.52	\$1,163,307.41	\$1,747,861.11		\$1,625,803.84	\$27,269.39	\$66,897.25
J&J	\$201,115.81		\$100,557.90	\$40,223.16	\$60,334.74		\$56,111.31	\$942.54	\$2,274.59
Distributor	\$5,625,421.24		\$2,812,710.62	\$1,125,084.25	\$1,687,626.37		\$1,569,492.52	\$26,366.75	\$63,622.70
2024 Payments	\$37,579,518.12	\$299,674.22	\$18,788,759.06	\$7,815,577.84	\$11,273,855.44	\$180,938.02	\$11,092,917.42	\$186,355.87	\$449,674.88
Cencora ***	\$1,285,204.22		\$642,602.11	\$257,040.84	\$385,561.27		\$358,571.98	\$6,023.84	\$14,535.47
Cardinal***	\$1,291,028.99		\$645,514.50	\$258,205.80	\$387,508.70	\$27,111.61	\$360,197.09	\$6,051.14	\$14,601.35
Walmart 1st	\$5,394,596.19	\$108,868.76	\$2,697,298.09	\$1,187,788.00	\$1,618,378.86		\$1,618,378.86	\$27,188.01	\$65,604.41
Walmart 2nd	\$8,801,709.57		\$4,400,854.79	\$1,760,341.91	\$2,640,512.87		\$2,640,512.87	\$44,359.39	\$107,038.78
Allergan 1st	\$1,612,963.42	\$20,798.69	\$806,481.71	\$343,391.37	\$483,889.03		\$483,889.03	\$8,129.11	\$19,615.47
Teva 1st	\$1,457,851.89		\$729,825.95	\$308,155.00	\$437,355.57		\$437,355.57	\$7,947.37	\$17,729.13
Walgreens 1st	\$2,103,341.00		\$1,051,670.50	\$420,668.20	\$631,002.30		\$631,002.30	\$10,600.55	\$25,579.01
Walgreens 2nd	\$1,388,346.00	\$26,593.77	\$694,173.00	\$304,262.97	\$416,503.80		\$416,503.80	\$6,997.07	\$16,883.86
CVS 1st	\$1,792,778.82	\$25,351.17	\$896,389.41	\$383,906.93	\$537,833.65		\$537,833.65	\$9,035.36	\$21,802.23
J&J	\$186,750.39		\$93,375.20	\$37,350.08	\$56,025.12	\$3,921.76	\$52,103.36	\$875.31	\$2,112.12
CVS 2nd	\$1,429,294.12	\$25,351.18	\$714,647.06	\$311,210.00	\$428,788.24		\$428,788.24	\$7,203.44	\$17,381.84
Allergan 2nd	\$1,612,963.42	\$34,664.49	\$806,481.71	\$357,257.17	\$483,889.03		\$483,889.03	\$8,129.11	\$19,615.47
Teva 2nd	\$1,586,535.56	\$41,461.54	\$793,267.78	\$358,768.65	\$475,960.67		\$475,960.67	\$7,995.92	\$19,294.07
Distributor	\$5,853,112.39		\$2,926,556.19	\$1,170,622.48	\$1,755,933.72	\$122,915.36	\$1,633,018.36	\$27,433.95	\$66,197.85
Mallinckrodt	\$819,235.57		\$409,617.79	\$163,847.11	\$245,770.67		\$245,770.67	\$4,128.83	\$9,962.83
Mallinckrodt	\$963,806.56		\$481,903.28	\$192,761.31	\$289,141.97		\$289,141.97	\$4,857.45	\$11,720.98
2025 Payments	\$12,297,286.83	\$128,070.97	\$6,146,640.42	\$2,707,527.14	\$3,989,184.25	\$122,915.36	\$3,866,268.89	\$64,953.52	\$156,727.39
Walgreens	\$1,388,346.00	\$26,593.77	\$694,173.00	\$304,262.97	\$416,503.80		\$416,503.80	\$6,997.07	\$16,883.86
J&J	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CVS	\$2,856,323.47	\$25,351.17	\$1,428,161.73	\$596,615.86	\$856,897.04		\$856,897.04	\$14,395.47	\$34,736.13
Distributor	\$5,853,112.39		\$2,926,556.19	\$1,170,622.48	\$1,755,933.72	\$122,915.36	\$1,633,018.36	\$27,433.95	\$66,197.85
Allergan	\$1,612,963.42		\$806,481.71	\$357,257.17	\$483,889.03		\$483,889.03	\$8,129.11	\$19,615.47
Teva	\$1,586,535.56		\$793,267.78	\$358,768.65	\$475,960.67		\$475,960.67	\$7,995.92	\$19,294.07
2026 Payments	\$14,201,698.97	\$159,759.95	\$7,100,849.49	\$3,000,099.74	\$4,260,509.69	\$141,908.14	\$4,118,601.55	\$69,190.59	\$166,956.23
Walgreens	\$1,388,346.00	\$26,593.77	\$694,173.00	\$304,262.97	\$416,503.80		\$416,503.80	\$6,997.07	\$16,883.86
J&J	\$904,418.14		\$452,209.07	\$180,883.63	\$271,325.44	\$18,992.78	\$252,332.66	\$4,239.07	\$10,228.84
CVS	\$2,856,323.47	\$57,040.15	\$1,428,161.73	\$571,264.69	\$856,897.04		\$856,897.04	\$14,395.47	\$34,736.13
Distributor	\$5,853,112.39		\$2,926,556.19	\$1,170,622.48	\$1,755,933.72	\$122,915.36	\$1,633,018.36	\$27,433.95	\$66,197.85
Allergan	\$1,612,963.42		\$806,481.71	\$357,257.17	\$483,889.03		\$483,889.03	\$8,129.11	\$19,615.47
Teva	\$1,586,535.56		\$793,267.78	\$358,768.65	\$475,960.67		\$475,960.67	\$7,995.92	\$19,294.07
2027 Payments	\$10,578,622.40	\$151,689.24	\$5,289,311.20	\$2,267,413.72	\$3,173,586.72	\$65,823.53	\$3,107,763.19	\$52,208.98	\$125,979.76
Walgreens	\$1,388,346.00	\$53,187.55	\$694,173.00	\$304,262.97	\$416,503.80		\$416,503.80	\$6,997.07	\$16,883.86
J&J	\$904,418.13		\$452,209.07	\$180,883.63	\$271,325.44	\$18,992.78	\$252,332.66	\$4,239.07	\$10,228.84
CVS	\$2,856,323.47		\$1,428,161.73	\$571,264.69	\$856,897.04		\$856,897.04	\$14,395.47	\$34,736.13
Distributor***	\$2,230,036.82		\$1,115,017.91	\$446,007.10	\$669,010.75	\$46,830.75	\$622,179.99	\$10,452.34	\$25,221.38
Allergan	\$1,612,963.42		\$806,481.71	\$357,257.17	\$483,889.03		\$483,889.03	\$8,129.11	\$19,615.47
Teva	\$1,586,535.56		\$793,267.78	\$358,768.65	\$475,960.67		\$475,960.67	\$7,995.92	\$19,294.07
2028 Payments	\$15,232,551.46	\$94,049.09	\$7,612,675.73	\$3,141,159.38	\$4,569,765.44	\$163,556.05	\$4,406,209.39	\$74,022.27	\$178,615.02
Walgreens	\$1,388,345.52	\$53,187.55	\$694,172.76	\$330,856.65	\$416,503.66		\$416,503.66	\$6,997.07	\$16,883.86
J&J	\$904,418.13		\$452,209.07	\$180,883.63	\$271,325.44	\$18,992.78	\$252,332.66	\$4,239.07	\$10,228.84
CVS	\$2,856,323.47		\$1,428,161.73	\$571,264.69	\$856,897.04		\$856,897.04	\$14,395.47	\$34,736.13
Distributor	\$5,883,965.36		\$2,941,982.68	\$1,176,793.07	\$2,065,189.61	\$144,563.27	\$1,920,626.34	\$32,265.63	\$77,856.65
Allergan	\$1,612,963.42		\$806,481.71	\$357,257.17	\$483,889.03		\$483,889.03	\$8,129.11	\$19,615.47
Teva	\$1,586,535.56		\$793,267.78	\$358,768.65	\$475,960.67		\$475,960.67	\$7,995.92	\$19,294.07
2029 Payments	\$15,336,913.36		\$7,668,456.68	\$3,067,382.67	\$4,601,074.01	\$168,744.40	\$4,432,329.60	\$74,061.08	\$179,673.86
Walgreens	\$1,388,346.00		\$694,173.00	\$304,262.97	\$416,503.80		\$416,503.80	\$6,997.07	\$16,883.86
J&J	\$1,151,482.48		\$575,741.24	\$230,296.50	\$345,444.74	\$24,181.13	\$321,263.61	\$5,397.08	\$13,023.10
CVS	\$2,713,620.54		\$1,356,810.27	\$542,724.11	\$814,086.16		\$814,086.16	\$13,676.27	\$33,000.71
Distributor	\$6,883,965.36		\$3,441,982.68	\$1,376,793.07	\$2,065,189.61	\$144,563.27	\$1,920,626.34	\$32,265.63	\$77,856.65
Allergan	\$1,612,963.42		\$806,481.71	\$357,257.17	\$483,889.03		\$483,889.03	\$8,129.11	\$19,615.47
Teva	\$1,586,535.56		\$793,267.78	\$358,768.65	\$475,960.67		\$475,960.67	\$7,995.92	\$19,294.07
2030 Payments	\$14,296,241.91		\$7,146,120.95	\$2,869,246.38	\$4,288,672.57	\$168,744.40	\$4,120,128.17	\$69,216.24	\$167,038.11
Walgreens	\$2,103,340.90		\$1,051,670.45	\$420,668.18	\$631,002.27		\$631,002.27	\$10,600.55	\$25,579.01
J&J	\$1,151,482.48		\$575,741.24	\$230,296.50	\$345,444.74	\$24,181.13	\$321,263.61	\$5,397.08	\$13,023.10
CVS	\$2,570,917.60		\$1,285,458.80	\$514,183.52	\$771,275.28		\$771,275.28	\$12,957.07	\$31,265.28
Distributor	\$6,883,965.36		\$3,441,982.68	\$1,376,793.07	\$2,065,189.61	\$144,563.27	\$1,920,626.34	\$32,265.63	\$77,856.65
Teva	\$1,586,535.56		\$793,267.78	\$358,768.65	\$475,960.67		\$475,960.67	\$7,995.92	\$19,294.07
2031 Payments	\$13,194,679.41		\$6,598,339.70	\$2,639,335.88	\$3,959,003.82	\$145,701.15	\$3,813,302.67	\$64,061.72	\$154,580.29
Walgreens	\$2,103,340.90		\$1,051,670.45	\$420,668.18	\$631,002.27		\$631,002.27	\$10,600.55	\$25,579.01
J&J	\$1,151,482.48		\$575,741.24	\$230,296.50	\$345,444.74	\$24,181.13	\$321,263.61	\$5,397.08	\$13,023.10
CVS	\$2,568,652.84		\$1,284,326.42	\$513,130.57	\$770,595.85		\$770,595.85	\$12,945.65	\$31,237.73
Distributor	\$5,786,667.62		\$2,893,333.81	\$1,157,333.52	\$1,736,000.29	\$121,520.02	\$1,614,480.27	\$27,122.52	\$65,446.37
Teva	\$1,586,535.56		\$793,267.78	\$317,307.11	\$475,960.67		\$475,960.67	\$7,995.92	\$19,294.07
2032 Payments	\$12,045,196.93		\$6,022,598.46	\$2,409,039.39	\$3,613,559.08	\$121,520.02	\$3,492,039.06	\$58,664.64	\$141,557.19
Walgreens	\$2,103,340.90		\$1,051,670.45	\$420,668.18	\$631,002.27		\$631,002.27	\$10,600.55	\$25,579.01
CVS	\$2,568,652.84		\$1,284,326.42	\$513,130.57	\$770,595.85		\$770,595.85	\$12,945.65	\$31,237.73
Distributor	\$5,786,667.62		\$2,893,333.81	\$1,157,333.52	\$1,736,000.29	\$121,520.02	\$1,614,480.27	\$27,122.52	\$65,446.37
Teva	\$1,586,535.56		\$793,267.78	\$317,307.11	\$475,960.67		\$475,960.67	\$7,995.92	\$19,294.07
2033 Payments	\$9,476,544.09		\$4,738,272.04	\$1,895,308.82	\$2,842,963.23	\$121,520.02	\$2,721,443.21	\$45,718.98	\$110,319.46
Walgreens	\$2,103,340.90		\$1,051,670.45	\$420,668.18	\$631,002.27		\$631,002.27	\$10,600.55	\$25,579.01
Distributor	\$5,786,667.62		\$2,893,333.81	\$1,157,333.52	\$1,736,000.29	\$121,520.02	\$1,614,480.27	\$27,122.52	\$65,446.37
Teva	\$1,586,535.56		\$793,267.78	\$317,307.11	\$475,960.67		\$475,960.67	\$7,995.92	\$19,294.07
2034 Payments	\$9,476,544.09		\$4,738,272.04	\$1,895,308.82	\$2,842,963.23	\$121,520.02	\$2,721,443.21	\$45,718.98	\$110,319.46
Walgreens	\$2,103,340.90		\$1,051,670.45	\$420,668.18	\$631,002.27		\$631,002.27	\$10,600.55	\$25,579.01
Distributor	\$5,786,667.62		\$2,893,333.81	\$1,157,333.52	\$1,736,000.29	\$121,520.02	\$1,614,480.27	\$27,122.52	\$65,446.37
Teva	\$1,586,535.56		\$793,267.78	\$317,307.11	\$475,960.67		\$475,960.67	\$7,995.92	\$19,294.07
2035 Payments	\$9,476,544.09		\$4,738,272.04	\$1,895,308.82	\$2,842,963.23	\$121,520.02	\$2,721,443.21	\$45,718.98	\$110,319.46
Walgreens	\$2,103,340.90		\$1,051,670.45	\$420,668.18	\$631,002.27		\$631,002.27	\$10,600.55	\$25,579.01
Distributor	\$5,786,667.62		\$2,893,333.81	\$1,157,333.52	\$1,736,000.29	\$121,520.02	\$1,614,480.27	\$27,122.52	\$65,446.37
Teva	\$1,586,535.56		\$793,267.78	\$317,307.11	\$475,960.67		\$475,960.67	\$7,995.92	\$19,294.07
2036 Payments	\$7,890,008.53		\$3,945,004.26	\$1,578,001.71	\$2,367,002.56	\$121,520.02	\$2,245,482.54	\$37,723.06	\$91,025.39
Walgreens	\$2,103,340.90		\$1,051,670.45	\$420,668.18	\$631,002.27		\$631,002.27	\$10,600.55	\$25,579.01
Distributor	\$5,786,667.62		\$2,893,333.81</						

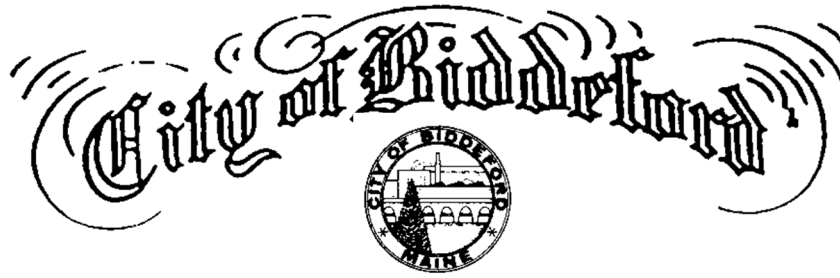
Subdivisions with an asterisk elected to receive J&J payments for 2022-2025 in 4 equal amounts. Other subdivisions received J&J payments in a lump sum consisting of the payments for 2022-2025. Affects payments in 2022, 2023, 2024 & 2025.

in the Memorandum of Understanding.
Exhibit 3

Auburn City	Augusta City	Bangor City	Biddeford City*	Brunswick Town	Calais City*	Cumberland County	Falmouth Town	Franklin County	Gorham Town	Hancock County	Kennebec County	Kennebunk Town	Knox County
2.6203%	2.6780%	2.2043%	2.7394%	1.6114%	3.5026%	3.5026%	1.7235%	1.9718%	2.4523%	3.8494%	4.9959%	0.2186%	2.1010%
\$211,035.62	\$156,423.67	\$417,865.58	\$116,506.87	\$129,382.87	\$35,593.63	\$281,230.35	\$99,187.65	\$158,317.45	\$117,090.17	\$309,080.93	\$401,135.78	\$17,549.38	\$166,697.65
\$132,336.56	\$46,296.25	\$262,035.82	\$34,482.19	\$81,133.62	\$10,534.54	\$176,354.38	\$62,198.75	\$99,277.96	\$73,425.09	\$193,818.97	\$251,544.87	\$11,004.89	\$105,787.19
\$36,912.22	\$51,653.06	\$73,088.82	\$38,472.03	\$22,630.34	\$11,753.46	\$49,189.97	\$17,348.20	\$27,691.29	\$20,480.23	\$54,061.31	\$70,162.62	\$3,069.56	\$29,506.89
\$41,786.85	\$58,474.37	\$82,740.94	\$43,552.65	\$25,618.91	\$13,305.63	\$55,686.00	\$19,640.00	\$31,348.20	\$23,184.85	\$61,200.65	\$79,428.30	\$3,474.93	\$33,403.57
\$42,726.29	\$106,085.22	\$84,601.09	\$19,013.98	\$26,194.87	\$24,139.30	\$96,937.92	\$20,681.54	\$32,052.96	\$23,708.08	\$67,576.58	\$81,213.98	\$3,553.05	\$34,184.54
\$1,474.79	\$46,359.99	\$2,920.19	\$38,019.30	\$904.17	\$11,004.14	\$1,965.34	\$693.16	\$1,106.38	\$818.27	\$2,159.97	\$2,803.28	\$122.64	\$1,178.92
\$41,251.49	\$57,725.22	\$81,680.90	\$42,994.67	\$25,290.69	\$13,135.16	\$54,972.58	\$19,388.38	\$30,946.58	\$22,887.82	\$60,416.58	\$78,410.70	\$3,430.41	\$32,975.62
\$291,558.84	\$454,288.71	\$577,307.29	\$338,361.54	\$178,750.49	\$103,371.71	\$388,537.22	\$137,033.90	\$218,725.40	\$161,767.35	\$427,014.54	\$554,194.04	\$24,245.56	\$233,066.30
\$9,424.47	\$13,188.11	\$18,661.12	\$9,822.72	\$5,778.00	\$3,000.91	\$12,559.24	\$4,429.54	\$7,070.17	\$5,229.03	\$13,802.99	\$17,913.99	\$783.72	\$7,533.73
\$9,467.18	\$13,247.99	\$18,745.69	\$9,867.24	\$5,804.19	\$3,014.51	\$12,616.16	\$4,449.62	\$7,102.21	\$5,252.73	\$13,865.55	\$17,995.18	\$787.28	\$7,567.87
\$42,536.39	\$59,523.24	\$84,225.09	\$44,333.87	\$26,078.44	\$13,544.29	\$56,684.86	\$19,992.29	\$31,910.50	\$23,600.72	\$62,298.43	\$80,853.02	\$3,537.26	\$34,002.74
\$69,401.48	\$97,116.86	\$137,419.88	\$72,334.20	\$42,549.04	\$22,098.58	\$92,485.82	\$32,618.99	\$52,064.50	\$38,506.44	\$101,644.80	\$131,918.09	\$5,771.31	\$55,478.15
\$12,718.22	\$17,797.22	\$25,182.98	\$13,255.65	\$7,797.35	\$4,049.69	\$16,948.55	\$5,977.62	\$9,541.12	\$7,056.52	\$18,626.99	\$24,174.74	\$1,057.63	\$10,166.69
\$11,495.16	\$16,085.74	\$22,761.24	\$11,980.92	\$7,047.52	\$3,660.25	\$15,318.69	\$5,402.78	\$8,623.59	\$6,377.93	\$16,935.71	\$21,849.96	\$955.92	\$9,189.00
\$16,584.84	\$23,207.98	\$32,839.17	\$17,285.68	\$10,167.93	\$5,280.89	\$22,101.30	\$7,794.95	\$12,441.83	\$9,201.87	\$24,290.02	\$31,524.41	\$1,379.17	\$13,257.59
\$10,947.11	\$15,318.82	\$21,676.05	\$11,409.70	\$6,711.51	\$3,485.74	\$14,588.34	\$5,145.19	\$8,212.44	\$6,073.85	\$16,033.04	\$20,808.23	\$910.34	\$8,750.90
\$14,138.06	\$19,781.28	\$27,990.41	\$14,733.41	\$8,666.61	\$4,501.16	\$18,838.00	\$6,644.01	\$10,604.77	\$7,843.20	\$20,703.55	\$26,869.78	\$1,175.53	\$11,300.08
\$1,369.45	\$48,212.58	\$2,711.61	\$35,909.51	\$839.59	\$10,970.59	\$1,824.96	\$643.05	\$1,027.35	\$759.82	\$2,005.68	\$2,603.05	\$113.88	\$1,094.71
\$11,269.98	\$15,770.64	\$22,315.37	\$11,746.22	\$6,909.46	\$3,598.55	\$15,018.61	\$5,296.94	\$8,454.66	\$6,252.99	\$16,505.92	\$21,421.95	\$937.19	\$9,009.00
\$22,718.22	\$31,797.22	\$25,182.98	\$13,255.65	\$7,797.35	\$4,049.69	\$16,948.55	\$5,977.62	\$9,541.12	\$7,056.52	\$18,626.99	\$24,174.74	\$1,057.63	\$10,166.69
\$12,509.83	\$17,505.62	\$24,770.36	\$13,038.47	\$7,669.60	\$3,983.34	\$16,670.86	\$5,879.67	\$9,384.79	\$6,940.91	\$18,321.79	\$23,778.65	\$1,040.30	\$10,000.11
\$42,921.16	\$60,061.67	\$84,886.97	\$44,734.90	\$26,314.34	\$13,666.81	\$57,197.61	\$20,173.13	\$32,199.16	\$23,814.21	\$62,861.96	\$81,584.40	\$3,569.25	\$34,310.32
\$6,459.67	\$9,038.33	\$12,790.61	\$6,732.64	\$3,960.33	\$2,056.87	\$8,608.29	\$3,036.07	\$4,846.00	\$3,584.06	\$9,460.78	\$12,278.52	\$537.18	\$5,163.73
\$7,599.61	\$10,634.51	\$15,047.78	\$7,920.75	\$4,059.21	\$2,419.84	\$10,127.40	\$3,571.85	\$5,701.18	\$4,216.54	\$11,130.33	\$14,445.32	\$631.97	\$6,074.98
\$101,618.43	\$188,496.96	\$201,211.74	\$140,394.75	\$62,300.78	\$42,881.53	\$146,309.78	\$47,761.10	\$76,223.44	\$56,381.57	\$148,829.47	\$183,155.97	\$8,450.42	\$80,231.74
\$10,947.11	\$15,318.82	\$21,676.05	\$11,409.70	\$6,711.51	\$3,485.74	\$14,588.34	\$5,145.19	\$8,212.44	\$6,073.85	\$16,033.04	\$20,808.23	\$910.34	\$8,750.90
\$0.00	\$46,296.25	\$0.00	\$34,482.19	\$0.00	\$10,534.54	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$22,522.11	\$31,516.28	\$44,595.38	\$23,473.84	\$13,807.98	\$7,171.41	\$30,013.42	\$10,585.49	\$16,895.93	\$12,496.08	\$32,985.69	\$42,809.95	\$1,872.90	\$18,003.72
\$42,921.16	\$60,061.67	\$84,886.97	\$44,734.90	\$26,314.34	\$13,666.81	\$57,197.61	\$20,173.13	\$32,199.16	\$23,814.21	\$62,861.96	\$81,584.40	\$3,569.25	\$34,310.32
\$22,522.11	\$31,516.28	\$44,595.38	\$23,473.84	\$13,807.98	\$7,171.41	\$30,013.42	\$10,585.49	\$16,895.93	\$12,496.08	\$32,985.69	\$42,809.95	\$1,872.90	\$18,003.72
\$12,509.83	\$17,505.62	\$24,770.36	\$13,038.47	\$7,669.60	\$3,983.34	\$16,670.86	\$5,879.67	\$9,384.79	\$6,940.91	\$18,321.79	\$23,778.65	\$1,040.30	\$10,000.11
\$108,250.58	\$151,480.29	\$214,343.86	\$112,824.96	\$66,366.85	\$34,468.78	\$144,256.91	\$50,878.23	\$81,208.82	\$60,061.32	\$158,542.85	\$205,762.32	\$9,001.94	\$86,533.34
\$10,947.11	\$15,318.82	\$21,676.05	\$11,409.70	\$6,711.51	\$3,485.74	\$14,588.34	\$5,145.19	\$8,212.44	\$6,073.85	\$16,033.04	\$20,808.23	\$910.34	\$8,750.90
\$6,632.14	\$9,280.68	\$13,132.12	\$6,912.40	\$4,066.07	\$2,111.78	\$8,838.13	\$3,117.14	\$4,975.39	\$3,679.75	\$9,713.38	\$12,606.36	\$551.52	\$5,301.60
\$50,480.46	\$70,639.76	\$99,954.91	\$52,613.63	\$30,948.84	\$16,073.82	\$57,271.29	\$23,726.03	\$37,870.09	\$28,008.38	\$73,933.24	\$95,963.09	\$4,197.87	\$40,353.07
\$42,921.16	\$60,061.67	\$84,886.97	\$44,734.90	\$26,314.34	\$13,666.81	\$57,197.61	\$20,173.13	\$32,199.16	\$23,814.21	\$62,861.96	\$81,584.40	\$3,569.25	\$34,310.32
\$12,718.22	\$17,797.22	\$25,182.98	\$13,255.65	\$7,797.35	\$4,049.69	\$16,948.55	\$5,977.62	\$9,541.12	\$7,056.52	\$18,626.99	\$24,174.74	\$1,057.63	\$10,166.69
\$12,509.83	\$17,505.62	\$24,770.36	\$13,038.47	\$7,669.60	\$3,983.34	\$16,670.86	\$5,879.67	\$9,384.79	\$6,940.91	\$18,321.79	\$23,778.65	\$1,040.30	\$10,000.11
\$81,082.37	\$114,302.12	\$161,736.93	\$85,134.06	\$50,078.28	\$26,009.02	\$108,851.59	\$38,391.07	\$61,277.55	\$45,320.33	\$119,631.29	\$155,261.58	\$6,792.57	\$65,295.25
\$10,947.11	\$15,318.82	\$21,676.05	\$11,409.70	\$6,711.51	\$3,485.74	\$14,588.34	\$5,145.19	\$8,212.44	\$6,073.85	\$16,033.04	\$20,808.23	\$910.34	\$8,750.90
\$6,632.14	\$9,280.68	\$13,132.12	\$6,912.40	\$4,066.07	\$2,111.78	\$8,838.13	\$3,117.14	\$4,975.39	\$3,679.75	\$9,713.38	\$12,606.36	\$551.52	\$5,301.60
\$22,522.11	\$31,516.28	\$44,595.38	\$23,473.84	\$13,807.98	\$7,171.41	\$30,013.42	\$10,585.49	\$16,895.93	\$12,496.08	\$32,985.69	\$42,809.95	\$1,872.90	\$18,003.72
\$16,352.96	\$22,883.50	\$32,380.03	\$17,044.00	\$10,025.76	\$5,207.06	\$21,792.29	\$7,685.96	\$12,267.88	\$9,073.21	\$23,950.41	\$31,083.66	\$1,359.89	\$13,072.23
\$12,718.22	\$17,797.22	\$25,182.98	\$13,255.65	\$7,797.35	\$4,049.69	\$16,948.55	\$5,977.62	\$9,541.12	\$7,056.52	\$18,626.99	\$24,174.74	\$1,057.63	\$10,166.69
\$12,509.83	\$17,505.62	\$24,770.36	\$13,038.47	\$7,669.60	\$3,983.34	\$16,670.86	\$5,879.67	\$9,384.79	\$6,940.91	\$18,321.79	\$23,778.65	\$1,040.30	\$10,000.11
\$115,809.87	\$162,058.38	\$229,311.80	\$120,703.68	\$71,001.35	\$36,876.78	\$154,330.58	\$54,431.13	\$86,879.75	\$64,255.49	\$169,614.12	\$220,131.00	\$9,630.56	\$92,578.08
\$10,947.10	\$15,318.82	\$21,676.05	\$11,409.70	\$6,711.51	\$3,485.74	\$14,588.34	\$5,145.19	\$8,212.44	\$6,073.85	\$16,033.03	\$20,808.22	\$910.34	\$8,750.90
\$6,632.14	\$9,280.68	\$13,132.12	\$6,912.40	\$4,066.07	\$2,111.78	\$8,838.13	\$3,117.14	\$4,975.39	\$3,679.75	\$9,713.38	\$12,606.36	\$551.52	\$5,301.60
\$22,522.11	\$31,516.28	\$44,595.38	\$23,473.84	\$13,807.98	\$7,171.41	\$30,013.42	\$10,585.49	\$16,895.93	\$12,496.08	\$32,985.69	\$42,809.95	\$1,872.90	\$18,003.72
\$50,480.46	\$70,639.76	\$99,954.91	\$52,613.63	\$30,948.84	\$16,073.82	\$57,271.29	\$23,726.03	\$37,870.09	\$28,008.38	\$73,933.24	\$95,963.09	\$4,197.87	\$40,353.07
\$12,718.22	\$17,797.22	\$25,182.98	\$13,255.65	\$7,797.35	\$4,049.69	\$16,948.55	\$5,977.62	\$9,541.12	\$7,056.52	\$18,626.99	\$24,174.74	\$1,057.63	\$10,166.69
\$12,509.83	\$17,505.62	\$24,770.36	\$13,038.47	\$7,669.60	\$3,983.34	\$16,670.86	\$5,879.67	\$9,384.79	\$6,940.91	\$18,321.79	\$23,778.65	\$1,040.30	\$10,000.11
\$116,496.39	\$163,019.07	\$230,671.17	\$121,419.23	\$71,422.25	\$37,094.39	\$155,245.46	\$54,753.80	\$87,394.78	\$64,636.40	\$170,619.60	\$221,435.94	\$9,687.65	\$93,124.88
\$10,947.11	\$15,318.82	\$21,676.05	\$11,409.70	\$6,711.51	\$3,485.74	\$14,588.34	\$5,145.19	\$8,212.44	\$6,073.85	\$16,033.04	\$20,808.23	\$910.34	\$8,750.90
\$6,443.88	\$11,815.93	\$16,719.48	\$8,800.69	\$5,176.82	\$2,688.67	\$11,252.48	\$3,968.66	\$6,334.54	\$4,684.97	\$12,366.83	\$16,060.10	\$702.18	\$6,749.87
\$20,271.68	\$28,367.15	\$40,139.38	\$21,128.31	\$12,428.28	\$6,454.84	\$27,014.46	\$9,527.78	\$15,207.68	\$11,247.46	\$29,689.73	\$38,532.35	\$1,686.76	\$16,204.78
\$50,480.46	\$70,639.76	\$99,954.91	\$52,613.63	\$30,948.84	\$16,073.82	\$57,271.29	\$23,726.03	\$37,870.09	\$28,008.38	\$73,933.24	\$95,963.09	\$4,197.87	\$40,353.07
\$12,509.83	\$17,505.62	\$24,770.36	\$13,038.47	\$7,669.60	\$3,983.34	\$16,670.86	\$5,879.67	\$9,384.79	\$6,940.91	\$18,321.79	\$23,778.65	\$1,040.30	\$10,000.11
\$100,226.30	\$140,251.54	\$198,455.23	\$104,461.60	\$61,447.29	\$31,913.72	\$133,563.60	\$47,106.79	\$75,189.07	\$55,609.17	\$146,790.57	\$190,609.81	\$8,334.66	\$80,118.90
\$16,584.84	\$23,207.98	\$32,839.17	\$17,285.67	\$10,167.93	\$5,280.89	\$22,101.30	\$7,794.95	\$12,441.83	\$9,201.87	\$24,290.02	\$31,524.41	\$1,379.17	\$13,257.59
\$6,443.88	\$11,815.93	\$16,719.48	\$8,800.69	\$5,176.82	\$2,688.67	\$11,252.48	\$3,968.66	\$6,334.54	\$4,684.97	\$12,366.83	\$16,060.10	\$702.18	\$6,749.87
\$20,253.83	\$28,342.17	\$40,104											

Lewiston City	Lincoln County*	Orono Town	Oxford County*	Penobscot County	Piscataquis County*	Portland City	Rockland City	Saco City*	Sagadahoc County*	Sanford City*	Scarborough Town*	Somerset County*	South Portland City
4.3451%	2.1322%	0.2094%	3.9454%	6.7801%	1.2761%	4.2016%	0.6184%	0.4367%	1.9709%	2.6908%	1.0364%	2.6977%	2.2276%
\$348,879.28	\$91,957.37	\$16,814.72	\$163,546.92	\$544,391.85	\$54,272.00	\$578,235.15	\$49,656.12	\$18,570.83	\$83,818.89	\$114,440.84	\$78,101.25	\$157,264.29	\$178,859.68
\$218,775.78	\$27,216.35	\$10,544.20	\$48,404.49	\$341,378.11	\$16,062.72	\$392,600.63	\$31,138.44	\$5,496.35	\$24,807.63	\$33,870.71	\$23,115.39	\$46,545.04	\$112,159.61
\$61,022.44	\$30,365.48	\$2,941.06	\$54,005.25	\$95,219.52	\$17,921.29	\$101,139.05	\$8,685.35	\$6,132.32	\$27,678.05	\$37,789.80	\$25,790.01	\$51,930.64	\$31,284.33
\$69,081.07	\$34,375.54	\$3,329.46	\$61,137.18	\$107,794.22	\$20,287.98	\$114,495.48	\$9,832.33	\$6,942.16	\$31,333.22	\$42,780.33	\$29,195.54	\$58,788.61	\$35,415.74
\$70,634.12	\$62,384.71	\$3,404.31	\$110,916.14	\$110,217.61	\$36,868.81	\$117,669.53	\$10,063.38	\$12,594.98	\$65,945.26	\$77,612.81	\$52,967.61	\$106,695.32	\$38,211.94
\$2,438.09	\$28,429.57	\$11,517.51	\$59,562.22	\$5,864.40	\$16,778.75	\$4,040.91	\$347.01	\$5,741.36	\$25,913.48	\$35,380.57	\$24,145.51	\$46,619.88	\$1,249.94
\$68,196.03	\$33,935.14	\$3,286.80	\$60,353.92	\$106,413.21	\$20,028.06	\$113,028.61	\$9,706.37	\$6,853.22	\$30,931.79	\$42,232.24	\$28,821.80	\$58,035.44	\$34,962.01
\$481,996.43	\$267,064.39	\$23,230.58	\$474,976.18	\$752,111.20	\$157,617.80	\$798,867.83	\$68,003.02	\$53,933.78	\$243,428.47	\$332,361.33	\$226,823.17	\$456,730.05	\$247,105.77
\$15,650.93	\$7,752.95	\$750.91	\$13,788.68	\$24,311.55	\$4,575.68	\$25,822.93	\$2,217.55	\$1,565.71	\$7,066.79	\$9,648.53	\$6,584.73	\$13,258.99	\$7,887.55
\$70,320.19	\$34,992.15	\$3,389.18	\$62,233.62	\$109,727.75	\$20,651.89	\$116,549.21	\$10,008.70	\$7,066.68	\$31,895.25	\$43,547.69	\$29,719.54	\$59,843.12	\$36,051.00
\$114,732.94	\$57,092.45	\$5,529.71	\$101,539.39	\$179,029.49	\$33,695.19	\$190,159.24	\$16,329.98	\$11,529.85	\$52,039.62	\$71,051.49	\$48,489.77	\$97,638.77	\$58,820.05
\$21,025.47	\$10,462.52	\$1,013.35	\$18,607.67	\$32,808.17	\$6,174.84	\$34,847.76	\$2,992.56	\$2,112.91	\$9,536.56	\$13,020.59	\$8,886.03	\$17,892.86	\$10,779.11
\$19,003.54	\$9,454.38	\$915.90	\$16,818.25	\$29,653.16	\$5,581.03	\$31,496.61	\$2,704.78	\$1,909.72	\$8,619.47	\$11,768.46	\$8,031.50	\$16,172.18	\$9,742.53
\$27,417.69	\$13,643.36	\$1,321.43	\$24,264.83	\$42,782.60	\$8,052.13	\$45,442.28	\$3,902.37	\$2,755.28	\$12,435.89	\$16,979.15	\$11,587.58	\$23,332.70	\$14,056.20
\$18,097.51	\$9,005.53	\$872.23	\$16,016.41	\$28,239.39	\$5,314.94	\$29,994.95	\$2,575.83	\$1,818.67	\$8,208.52	\$11,207.37	\$7,648.58	\$15,401.14	\$9,278.04
\$23,369.41	\$11,628.89	\$1,126.32	\$20,682.08	\$36,465.67	\$6,863.22	\$38,732.64	\$3,326.18	\$2,348.46	\$10,599.70	\$14,472.14	\$9,876.65	\$19,887.58	\$11,980.78
\$2,263.94	\$28,342.91	\$109.11	\$50,408.10	\$3,532.66	\$16,727.60	\$3,752.28	\$322.23	\$5,723.86	\$25,834.49	\$35,272.72	\$24,072.21	\$48,471.68	\$1,160.65
\$18,631.28	\$9,271.14	\$897.96	\$16,488.80	\$29,072.28	\$5,471.70	\$30,879.62	\$2,651.80	\$1,872.31	\$8,450.62	\$11,537.93	\$7,874.17	\$15,895.39	\$9,551.68
\$21,025.47	\$10,462.52	\$1,013.35	\$18,607.67	\$32,808.17	\$6,174.84	\$34,847.76	\$2,992.56	\$2,112.91	\$9,536.56	\$13,020.59	\$8,886.03	\$17,892.86	\$10,779.11
\$20,680.97	\$10,291.09	\$996.75	\$18,302.79	\$32,270.62	\$6,073.66	\$34,276.80	\$2,943.53	\$2,078.29	\$9,380.30	\$12,807.25	\$8,740.43	\$17,599.69	\$10,602.50
\$70,956.29	\$35,308.68	\$3,419.84	\$62,796.77	\$110,720.32	\$20,838.71	\$117,603.49	\$10,099.24	\$7,130.60	\$32,183.77	\$43,941.61	\$29,988.37	\$60,384.44	\$36,377.11
\$10,678.98	\$5,313.99	\$514.69	\$9,540.97	\$16,663.50	\$3,136.24	\$17,699.43	\$1,519.94	\$1,073.16	\$4,843.68	\$6,613.25	\$4,513.28	\$9,087.91	\$5,474.79
\$12,563.51	\$6,251.75	\$605.52	\$11,118.79	\$19,004.12	\$3,689.70	\$20,822.86	\$1,788.17	\$1,262.54	\$5,698.45	\$7,780.29	\$5,309.74	\$10,691.66	\$6,440.92
\$187,993.28	\$10,931.53	\$8,096.07	\$187,079.61	\$262,137.00	\$65,399.69	\$278,433.32	\$23,910.95	\$22,378.49	\$101,004.62	\$137,905.11	\$94,114.66	\$189,508.83	\$86,121.96
\$18,097.51	\$9,005.53	\$872.23	\$16,016.41	\$28,239.39	\$5,314.94	\$29,994.95	\$2,575.83	\$1,818.67	\$8,208.52	\$11,207.37	\$7,648.58	\$15,401.14	\$9,278.04
\$0.00	\$27,216.35	\$0.00	\$48,404.49	\$0.00	\$16,062.72	\$0.00	\$0.00	\$5,496.35	\$24,807.63	\$33,870.71	\$23,115.39	\$46,545.04	\$0.00
\$37,233.04	\$18,527.59	\$1,794.50	\$32,951.48	\$58,098.50	\$10,934.74	\$61,710.32	\$5,299.39	\$3,741.66	\$16,887.85	\$23,057.57	\$15,735.86	\$31,685.65	\$19,088.23
\$70,956.29	\$35,308.68	\$3,419.84	\$62,796.77	\$110,720.32	\$20,838.71	\$117,603.49	\$10,099.24	\$7,130.60	\$32,183.77	\$43,941.61	\$29,988.37	\$60,384.44	\$36,377.11
\$21,025.47	\$10,462.52	\$1,013.35	\$18,607.67	\$32,808.17	\$6,174.84	\$34,847.76	\$2,992.56	\$2,112.91	\$9,536.56	\$13,020.59	\$8,886.03	\$17,892.86	\$10,779.11
\$20,680.97	\$10,291.09	\$996.75	\$18,302.79	\$32,270.62	\$6,073.66	\$34,276.80	\$2,943.53	\$2,078.29	\$9,380.30	\$12,807.25	\$8,740.43	\$17,599.69	\$10,602.50
\$178,957.38	\$89,051.28	\$8,625.10	\$158,378.43	\$279,245.42	\$52,556.86	\$296,605.32	\$25,471.07	\$17,983.95	\$81,170.00	\$110,824.22	\$75,633.05	\$152,294.35	\$91,745.95
\$18,097.51	\$9,005.53	\$872.23	\$16,016.41	\$28,239.39	\$5,314.94	\$29,994.95	\$2,575.83	\$1,818.67	\$8,208.52	\$11,207.37	\$7,648.58	\$15,401.14	\$9,278.04
\$18,097.51	\$9,005.53	\$872.23	\$16,016.41	\$28,239.39	\$5,314.94	\$29,994.95	\$2,575.83	\$1,818.67	\$8,208.52	\$11,207.37	\$7,648.58	\$15,401.14	\$9,278.04
\$37,233.04	\$18,527.59	\$1,794.50	\$32,951.48	\$58,098.50	\$10,934.74	\$61,710.32	\$5,299.39	\$3,741.66	\$16,887.85	\$23,057.57	\$15,735.86	\$31,685.65	\$19,088.23
\$27,034.35	\$13,452.61	\$1,302.96	\$23,925.57	\$42,184.44	\$7,939.55	\$44,806.93	\$3,847.81	\$2,716.76	\$12,262.01	\$16,741.75	\$11,425.57	\$23,006.47	\$13,859.68
\$21,025.47	\$10,462.52	\$1,013.35	\$18,607.67	\$32,808.17	\$6,174.84	\$34,847.76	\$2,992.56	\$2,112.91	\$9,536.56	\$13,020.59	\$8,886.03	\$17,892.86	\$10,779.11
\$20,680.97	\$10,291.09	\$996.75	\$18,302.79	\$32,270.62	\$6,073.66	\$34,276.80	\$2,943.53	\$2,078.29	\$9,380.30	\$12,807.25	\$8,740.43	\$17,599.69	\$10,602.50
\$191,454.23	\$95,269.86	\$9,227.40	\$109,438.22	\$296,745.52	\$58,226.99	\$317,613.69	\$27,249.75	\$19,239.79	\$86,838.22	\$118,563.23	\$80,914.62	\$162,929.28	\$98,152.70
\$18,097.51	\$9,005.53	\$872.23	\$16,016.41	\$28,239.39	\$5,314.94	\$29,994.95	\$2,575.83	\$1,818.67	\$8,208.52	\$11,207.37	\$7,648.58	\$15,401.14	\$9,278.04
\$10,964.11	\$5,455.87	\$528.43	\$9,703.31	\$17,108.41	\$3,219.98	\$18,172.00	\$1,560.53	\$1,101.82	\$4,973.01	\$6,789.82	\$4,633.78	\$9,330.55	\$5,620.96
\$37,233.04	\$18,527.59	\$1,794.50	\$32,951.48	\$58,098.50	\$10,934.74	\$61,710.32	\$5,299.39	\$3,741.66	\$16,887.85	\$23,057.57	\$15,735.86	\$31,685.65	\$19,088.23
\$69,081.07	\$34,375.54	\$4,022.14	\$73,856.57	\$130,220.44	\$24,508.83	\$138,315.88	\$11,877.92	\$8,386.45	\$37,851.99	\$51,680.63	\$35,269.94	\$71,019.38	\$42,783.86
\$21,025.47	\$10,462.52	\$1,013.35	\$18,607.67	\$32,808.17	\$6,174.84	\$34,847.76	\$2,992.56	\$2,112.91	\$9,536.56	\$13,020.59	\$8,886.03	\$17,892.86	\$10,779.11
\$20,680.97	\$10,291.09	\$996.75	\$18,302.79	\$32,270.62	\$6,073.66	\$34,276.80	\$2,943.53	\$2,078.29	\$9,380.30	\$12,807.25	\$8,740.43	\$17,599.69	\$10,602.50
\$191,454.23	\$95,269.86	\$9,227.40	\$109,438.22	\$296,745.52	\$58,226.99	\$317,613.69	\$27,249.75	\$19,239.79	\$86,838.22	\$118,563.23	\$80,914.62	\$162,929.28	\$98,152.70
\$18,097.51	\$9,005.53	\$872.23	\$16,016.41	\$28,239.39	\$5,314.94	\$29,994.95	\$2,575.83	\$1,818.67	\$8,208.52	\$11,207.37	\$7,648.58	\$15,401.14	\$9,278.04
\$10,964.11	\$5,455.87	\$528.43	\$9,703.31	\$17,108.41	\$3,219.98	\$18,172.00	\$1,560.53	\$1,101.82	\$4,973.01	\$6,789.82	\$4,633.78	\$9,330.55	\$5,620.96
\$37,233.04	\$18,527.59	\$1,794.50	\$32,951.48	\$58,098.50	\$10,934.74	\$61,710.32	\$5,299.39	\$3,741.66	\$16,887.85	\$23,057.57	\$15,735.86	\$31,685.65	\$19,088.23
\$27,034.35	\$13,452.61	\$1,302.96	\$23,925.57	\$42,184.44	\$7,939.55	\$44,806.93	\$3,847.81	\$2,716.76	\$12,262.01	\$16,741.75	\$11,425.57	\$23,006.47	\$13,859.68
\$21,025.47	\$10,462.52	\$1,013.35	\$18,607.67	\$32,808.17	\$6,174.84	\$34,847.76	\$2,992.56	\$2,112.91	\$9,536.56	\$13,020.59	\$8,886.03	\$17,892.86	\$10,779.11
\$20,680.97	\$10,291.09	\$996.75	\$18,302.79	\$32,270.62	\$6,073.66	\$34,276.80	\$2,943.53	\$2,078.29	\$9,380.30	\$12,807.25	\$8,740.43	\$17,599.69	\$10,602.50
\$191,454.23	\$95,269.86	\$9,227.40	\$109,438.22	\$296,745.52	\$58,226.99	\$317,613.69	\$27,249.75	\$19,239.79	\$86,838.22	\$118,563.23	\$80,914.62	\$162,929.28	\$98,152.70
\$18,097.51	\$9,005.53	\$872.23	\$16,016.41	\$28,239.39	\$5,314.94	\$29,994.95	\$2,575.83	\$1,818.67	\$8,208.52	\$11,207.37	\$7,648.58	\$15,401.14	\$9,278.04
\$10,964.11	\$5,455.87	\$528.43	\$9,703.31	\$17,108.41	\$3,219.98	\$18,172.00	\$1,560.53	\$1,101.82	\$4,973.01	\$6,789.82	\$4,633.78	\$9,330.55	\$5,620.96
\$37,233.04	\$18,527.59	\$1,794.50	\$32,951.48	\$58,098.50	\$10,934.74	\$61,710.32	\$5,299.39	\$3,741.66	\$16,887.85	\$23,057.57	\$15,735.86	\$31,685.65	\$19,088.23
\$69,081.07	\$34,375.54	\$4,022.14	\$73,856.57	\$130,220.44	\$24,508.83	\$138,315.88	\$11,877.92	\$8,386.45	\$37,851.99	\$51,680.63	\$35,269.94	\$71,019.38	\$42,783.86
\$21,025.47	\$10,462.52	\$1,013.35	\$18,607.67	\$32,808.17	\$6,174.84	\$34,847.76	\$2,992.56	\$2,112.91	\$9,536.56	\$13,020.59	\$8,886.03	\$17,892.86	\$10,779.11
\$20,680.97	\$10,291.09	\$996.75	\$18,302.79	\$32,270.62	\$6,073.66	\$34,276.80	\$2,943.53	\$2,078.29	\$9,380.30	\$12,807.25	\$8,740.43	\$17,599.69	\$10,602.50
\$191,454.23	\$95,269.86	\$9,227.40	\$109,438.22	\$296,745.52	\$58,226.99	\$317,613.69	\$27,249.75	\$19,239.79	\$86,838.22	\$118,563.23	\$80,914.62	\$162,929.28	\$98,152.70
\$18,097.51	\$9,005.53	\$872.23	\$16,016.41	\$28,239.39	\$5,314.94	\$29,994.95	\$2,575.83	\$1,818.67	\$8,208.52	\$11,207.37	\$7,648.58	\$15,401.14	\$9,278.04
\$10,964.11	\$5,455.87	\$528.43	\$9,703.31	\$17,108.41	\$3,219.98	\$18,172.00	\$1,560.53	\$1,101.82	\$4,973.01	\$6,789.82	\$4,633.78	\$9,330.55	\$5,620.96
\$37,233.04	\$18,527.59	\$1,794.50	\$32,951.48	\$58,098.50	\$10,934.74	\$61,710.32	\$5,299.39	\$3,741.66	\$16,887.85	\$23,057.57	\$15,735.86	\$31,685.65	\$19,08

Standish	Town	Waldo County*	Washington County*	Waterville City*	Wells Town	Westbrook City	Windham Town	York County	York Town	School Districts* Earmarked Fund (Part of the Maine Recovery Council Funding) 2% of 50% (Column E)
0.0664%		2.4724%	2.6990%	2.9137%	0.2541%	1.5416%	0.1929%	6.7951%	2.1005%	
\$5,332.60		\$105,151.03	\$114,825.13	\$119,649.04	\$20,404.84	\$123,780.23	\$15,540.48	\$545,592.02	\$168,655.21	\$431,680.46
\$3,343.97		\$31,121.24	\$33,984.45	\$35,412.17	\$12,795.50	\$77,620.30	\$9,745.15	\$342,130.72	\$105,760.58	\$270,698.88
\$932.72		\$34,722.19	\$37,916.70	\$39,509.62	\$3,569.01	\$21,650.39	\$2,718.18	\$95,429.44	\$29,499.46	\$75,505.18
\$1,059.90		\$39,307.61	\$42,823.98	\$44,727.26	\$4,040.33	\$24,509.54	\$3,077.15	\$108,031.86	\$33,395.17	\$85,476.40
\$129.64		\$71,312.54	\$77,673.44	\$81,144.97	\$4,131.17	\$25,060.55	\$3,146.33	\$110,460.60	\$34,145.95	\$87,399.06
\$31.27		\$32,595.53	\$35,499.37	\$36,990.74	\$142.60	\$865.02	\$108.60	\$2,812.79	\$1,178.62	\$3,016.74
\$1,042.37		\$38,804.02	\$42,374.06	\$44,154.23	\$3,988.57	\$24,195.53	\$3,037.72	\$106,647.81	\$32,967.32	\$84,381.32
\$7,367.31		\$305,381.69	\$333,477.41	\$347,487.10	\$28,190.56	\$171,010.08	\$21,470.14	\$753,769.32	\$233,007.67	\$563,692.77
\$238.14		\$8,865.31	\$9,680.93	\$10,087.64	\$911.24	\$5,527.80	\$694.01	\$24,365.15	\$7,531.83	\$19,278.05
\$239.22		\$9,905.49	\$9,724.81	\$10,133.36	\$915.37	\$5,552.85	\$697.16	\$24,475.57	\$7,565.97	\$19,365.43
\$1,074.84		\$40,012.68	\$43,693.92	\$45,529.54	\$4,112.81	\$24,949.17	\$3,132.34	\$109,969.66	\$33,994.18	\$80,918.94
\$1,753.69		\$65,283.84	\$71,290.08	\$74,285.05	\$6,710.37	\$40,706.54	\$5,110.67	\$179,424.18	\$55,464.20	\$132,025.64
\$321.37		\$11,963.64	\$13,064.31	\$13,613.16	\$1,229.71	\$7,459.71	\$936.56	\$32,880.50	\$10,164.13	\$24,194.45
\$290.47		\$10,813.15	\$11,807.98	\$12,304.04	\$1,111.46	\$6,742.34	\$846.49	\$29,718.53	\$9,186.69	\$21,867.78
\$419.08		\$15,600.85	\$17,036.16	\$17,751.87	\$1,603.57	\$9,727.63	\$1,221.29	\$42,876.92	\$13,254.26	\$31,550.11
\$276.62		\$10,297.61	\$11,245.01	\$11,717.42	\$1,058.47	\$6,420.89	\$806.14	\$28,301.64	\$8,748.70	\$20,825.19
\$357.20		\$13,297.36	\$14,520.74	\$15,130.77	\$1,366.80	\$8,291.32	\$1,040.97	\$36,546.07	\$11,297.24	\$26,891.68
\$34.60		\$32,409.43	\$35,391.17	\$36,877.98	\$132.41	\$803.23	\$100.85	\$3,540.45	\$1,094.44	\$2,801.26
\$284.78		\$10,601.33	\$11,576.67	\$12,063.02	\$1,089.68	\$6,610.26	\$829.91	\$29,136.38	\$9,006.73	\$21,439.41
\$321.37		\$11,963.64	\$13,064.31	\$13,613.16	\$1,229.71	\$7,459.71	\$936.56	\$32,880.50	\$10,164.13	\$24,194.45
\$316.11		\$11,767.62	\$12,850.26	\$13,390.11	\$1,209.56	\$7,337.48	\$921.21	\$32,341.77	\$9,997.59	\$23,798.03
\$1,084.56		\$40,374.62	\$44,089.17	\$45,941.39	\$4,150.01	\$25,174.86	\$3,160.68	\$110,964.42	\$34,301.69	\$87,796.69
\$163.23		\$6,076.42	\$6,635.46	\$6,914.22	\$624.58	\$3,788.84	\$475.68	\$16,700.24	\$5,162.43	\$12,288.53
\$192.03		\$7,148.72	\$7,806.42	\$8,134.38	\$734.80	\$4,457.46	\$559.63	\$19,647.34	\$6,073.45	\$14,457.10
\$2,567.77		\$128,710.58	\$138,568.20	\$144,381.17	\$9,025.39	\$59,602.98	\$7,483.09	\$282,714.92	\$81,211.39	\$199,459.21
\$276.62		\$10,297.61	\$11,245.01	\$11,717.42	\$1,058.47	\$6,420.89	\$806.14	\$28,301.64	\$8,748.70	\$20,825.19
\$0.00		\$31,121.24	\$33,984.45	\$35,412.17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$569.10		\$21,185.86	\$23,135.00	\$24,106.92	\$2,177.64	\$13,210.05	\$1,658.51	\$58,226.58	\$17,999.19	\$42,844.85
\$1,084.56		\$40,374.62	\$44,089.17	\$45,941.39	\$4,150.01	\$25,174.86	\$3,160.68	\$110,964.42	\$34,301.69	\$87,796.69
\$163.23		\$6,076.42	\$6,635.46	\$6,914.22	\$624.58	\$3,788.84	\$475.68	\$16,700.24	\$5,162.43	\$12,288.53
\$321.37		\$11,963.64	\$13,064.31	\$13,613.16	\$1,229.71	\$7,459.71	\$936.56	\$32,880.50	\$10,164.13	\$24,194.45
\$316.11		\$11,767.62	\$12,850.26	\$13,390.11	\$1,209.56	\$7,337.48	\$921.21	\$32,341.77	\$9,997.59	\$23,798.03
\$2,735.35		\$101,828.00	\$111,196.37	\$115,867.83	\$10,466.65	\$63,492.98	\$7,971.48	\$279,861.05	\$86,511.57	\$213,025.48
\$276.62		\$10,297.61	\$11,245.01	\$11,717.42	\$1,058.47	\$6,420.89	\$806.14	\$28,301.64	\$8,748.70	\$20,825.19
\$167.59		\$6,238.65	\$6,812.62	\$7,098.63	\$641.26	\$3,890.00	\$488.39	\$17,146.13	\$5,300.27	\$13,566.27
\$569.10		\$21,185.86	\$23,135.00	\$24,106.92	\$2,177.64	\$13,210.05	\$1,658.51	\$58,226.58	\$17,999.19	\$42,844.85
\$1,084.56		\$40,374.62	\$44,089.17	\$45,941.39	\$4,150.01	\$25,174.86	\$3,160.68	\$110,964.42	\$34,301.69	\$87,796.69
\$163.23		\$6,076.42	\$6,635.46	\$6,914.22	\$624.58	\$3,788.84	\$475.68	\$16,700.24	\$5,162.43	\$12,288.53
\$321.37		\$11,963.64	\$13,064.31	\$13,613.16	\$1,229.71	\$7,459.71	\$936.56	\$32,880.50	\$10,164.13	\$24,194.45
\$316.11		\$11,767.62	\$12,850.26	\$13,390.11	\$1,209.56	\$7,337.48	\$921.21	\$32,341.77	\$9,997.59	\$23,798.03
\$2,926.37		\$108,938.79	\$118,961.37	\$123,999.05	\$11,197.55	\$67,926.79	\$8,528.14	\$299,404.14	\$92,552.80	\$228,488.27
\$276.62		\$10,297.61	\$11,245.01	\$11,717.42	\$1,058.47	\$6,420.88	\$806.14	\$28,301.63	\$8,748.69	\$20,825.18
\$167.59		\$6,238.65	\$6,812.62	\$7,098.63	\$641.26	\$3,890.00	\$488.39	\$17,146.13	\$5,300.27	\$13,566.27
\$569.10		\$21,185.86	\$23,135.00	\$24,106.92	\$2,177.64	\$13,210.05	\$1,658.51	\$58,226.58	\$17,999.19	\$42,844.85
\$1,275.58		\$47,485.42	\$51,854.17	\$54,032.62	\$4,880.91	\$29,608.66	\$3,717.34	\$130,507.53	\$40,342.92	\$103,259.48
\$321.37		\$11,963.64	\$13,064.31	\$13,613.16	\$1,229.71	\$7,459.71	\$936.56	\$32,880.50	\$10,164.13	\$24,194.45
\$316.11		\$11,767.62	\$12,850.26	\$13,390.11	\$1,209.56	\$7,337.48	\$921.21	\$32,341.77	\$9,997.59	\$23,798.03
\$2,926.37		\$108,938.79	\$118,961.37	\$123,999.05	\$11,197.55	\$67,926.79	\$8,528.14	\$299,404.14	\$92,552.80	\$228,488.27
\$276.62		\$10,297.61	\$11,245.01	\$11,717.42	\$1,058.47	\$6,420.88	\$806.14	\$28,301.63	\$8,748.69	\$20,825.18
\$167.59		\$6,238.65	\$6,812.62	\$7,098.63	\$641.26	\$3,890.00	\$488.39	\$17,146.13	\$5,300.27	\$13,566.27
\$569.10		\$21,185.86	\$23,135.00	\$24,106.92	\$2,177.64	\$13,210.05	\$1,658.51	\$58,226.58	\$17,999.19	\$42,844.85
\$1,275.58		\$47,485.42	\$51,854.17	\$54,032.62	\$4,880.91	\$29,608.66	\$3,717.34	\$130,507.53	\$40,342.92	\$103,259.48
\$321.37		\$11,963.64	\$13,064.31	\$13,613.16	\$1,229.71	\$7,459.71	\$936.56	\$32,880.50	\$10,164.13	\$24,194.45
\$316.11		\$11,767.62	\$12,850.26	\$13,390.11	\$1,209.56	\$7,337.48	\$921.21	\$32,341.77	\$9,997.59	\$23,798.03
\$2,943.71		\$109,584.59	\$119,666.58	\$124,693.89	\$11,263.93	\$68,329.46	\$8,578.69	\$301,179.03	\$93,101.46	\$230,053.70
\$276.62		\$10,297.61	\$11,245.01	\$11,717.42	\$1,058.47	\$6,420.89	\$806.14	\$28,301.64	\$8,748.70	\$20,825.19
\$213.37		\$7,942.90	\$8,673.66	\$9,038.05	\$816.43	\$4,952.65	\$621.80	\$21,830.02	\$6,748.17	\$17,272.24
\$540.67		\$20,127.41	\$21,879.17	\$22,902.53	\$2,068.85	\$12,556.05	\$1,575.65	\$55,317.56	\$17,099.95	\$40,704.51
\$1,275.58		\$47,485.42	\$51,854.17	\$54,032.62	\$4,880.91	\$29,608.66	\$3,717.34	\$130,507.53	\$40,342.92	\$103,259.48
\$321.37		\$11,963.64	\$13,064.31	\$13,613.16	\$1,229.71	\$7,459.71	\$936.56	\$32,880.50	\$10,164.13	\$24,194.45
\$316.11		\$11,767.62	\$12,850.26	\$13,390.11	\$1,209.56	\$7,337.48	\$921.21	\$32,341.77	\$9,997.59	\$23,798.03
\$2,786.37		\$101,868.74	\$111,237.59	\$116,910.78	\$10,470.53	\$63,518.52	\$7,974.63	\$279,964.78	\$86,543.64	\$214,443.88
\$419.08		\$15,600.85	\$17,036.16	\$17,751.87	\$1,603.57	\$9,727.63	\$1,221.29	\$42,876.92	\$13,254.26	\$31,550.11
\$213.37		\$7,942.90	\$8,673.66	\$9,038.05	\$816.43	\$4,952.65	\$621.80	\$21,830.02	\$6,748.17	\$17,272.24
\$512.24		\$19,068.95	\$20,823.33	\$21,698.14	\$1,960.05	\$11,890.10	\$1,492.79	\$52,408.54	\$16,200.70	\$38,563.76
\$1,275.58		\$47,485.42	\$51,854.17	\$54,032.62	\$4,880.91	\$29,608.66	\$3,717.34	\$130,507.53	\$40,342.92	\$103,259.48
\$316.11		\$11,767.62	\$12,850.26	\$13,390.11	\$1,209.56	\$7,337.48	\$921.21	\$32,341.77	\$9,997.59	\$23,798.03
\$2,532.59		\$94,279.81	\$102,953.74	\$107,278.92	\$9,690.79	\$58,786.45	\$7,380.58	\$299,115.83	\$80,098.74	\$197,950.19
\$419.08		\$15,600.85	\$17,036.16	\$17,751.87	\$1,603.57	\$9,727.63	\$1,221.29	\$42,876.92	\$13,254.26	\$31,550.11
\$213.37		\$7,942.90	\$8,673.66	\$9,038.05	\$816.43	\$4,952.65	\$621.80	\$21,830.02	\$6,748.17	\$17,272.24
\$511.79		\$19,052.15	\$20,804.99	\$21,679.03	\$1,958.32	\$11,879.62	\$1,491.47	\$52,362.38	\$16,186.43	\$38,529.79
\$1,072.25		\$39,916.29	\$43,588.67	\$45,419.87	\$4,102.90	\$24,889.07	\$3,124.80	\$109,704.75	\$33,912.29	\$86,800.01
\$316.11		\$11,767.62	\$12,850.26	\$13,390.11	\$1,209.56	\$7,337.48	\$921.21	\$32,341.77	\$9,997.59	\$23,798.03
\$2,319.22		\$86,336.91	\$94,280.09	\$98,240.87	\$8,874.36	\$53,833.80	\$6,758.78	\$237,285.81	\$73,350.58	\$180,677.95
\$419.08		\$15,600.85	\$17,036.16	\$17,751.87	\$1,603.57	\$9,727.63	\$1,221.29	\$42,876.92	\$13,254.26	\$31,550.11
\$511.79		\$19,052.15	\$20,804.99	\$21,679.03	\$1,958.32	\$11,879.62	\$1,491.47	\$52,362.38	\$16,186.43	\$38,529.79
\$1,072.25		\$39,916.29	\$43,588.67	\$45,419.87	\$4,102.90	\$24,889.07	\$3,124.80	\$109,704.75	\$33,912.29	\$86,800.01
\$316.11		\$11,767.62	\$12,850.26	\$13,390.11	\$1,209.56	\$7,337.48	\$921.21	\$32,341.77	\$9,997.59	\$23,798.03
\$1,807.43		\$67,284.76	\$73,475.09	\$76,561.84	\$6,916.04	\$41,954.18	\$5,267.30	\$184,923.43	\$57,164.14	\$142,148.16
\$419.08		\$15,600.85	\$17,036.16	\$17,751.87	\$1,603.57	\$9,727.63	\$1,221.29	\$42,876.92	\$13,254.26	\$31,550.11
\$1,072.25		\$39,916.29	\$43,588.67	\$45,419.87	\$4,102.90	\$24,889.07	\$3,124.80	\$109,704.75	\$33,912.29	\$86,800.01
\$316.11		\$11,767.62	\$12,850.26	\$13,390.11	\$1,209.56	\$7,337.48	\$921.21	\$32,341.77	\$9,997.59	\$23,798.03
\$1,807.43		\$67,284.76	\$73,475.09	\$76,561.84	\$6,916.04	\$41,954.18	\$5,267.30	\$184,923.43	\$57,164.14	\$142,148.16
\$419.08		\$15,600.85	\$17,036.16	\$17,751.87	\$1,603.57	\$9,727.63	\$1,221.29	\$42,876.92	\$13,254.26	\$31,550.11
\$1,072.25		\$39,916.29	\$43,588.67	\$45,419.87	\$4,102.90	\$24,889.07	\$3,124.80	\$109,704.75	\$33,912.29	\$86,800.01
\$316.11		\$11,767.62	\$12,850.26	\$13,390.11	\$1,209.56	\$7,337.48	\$921.21			



2024.43

IN BOARD OF CITY COUNCIL April 2, 2024

BE IT ORDERED, that the Biddeford City Council does hereby refer the draft Opioid Use Settlement Fund Tracking and Reporting Ordinance to the Policy Committee for review and recommendations.

BE IT FURTHER ORDERED, that the Policy Committee return a recommendation for a fully developed Opioid Use Settlement Fund Tracking and Reporting Ordinance to the City Council for adoption.

April 2, 2024

Motion: Councilor Emhiser

Second: Councilor Belanger

Vote: Unanimous in favor.

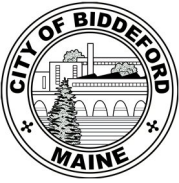
Motion passed.

Attest by: _____
Robin Patterson, City Clerk

Marine Emergency Response System

Background – On May 19, 2023, tragedy was narrowly avoided when three inexperienced kayakers launched mid-?de at Vines Landing. They capsized immediately and were swept from the Pool, ultimately becoming stranded on Lobster Rock. Fortunately, an experienced boater launched a small vessel and at his own risk, rescued the kayakers.

The result, Biddeford's Harbor Commission in cooperation with Biddeford's Police and Fire Departments have developed a Marine Emergency Response System. Officer Rob Simmons and Chief Larry Best will introduce this new response system to Council members.



City Council

Meeting Date: April 2, 2024

Meeting Time: 6:00 pm

Agenda Item No: 8.e. 2024.43

Item Description: Approval/Opioid Use Settlement Funds refer to Policy Committee

Submitted by:

Supporting Information/Documentation:

- Opioid Use Settlement Fund Draft Ordinance
- Maine Memorandum of Understanding Regarding Opioid Settlement Funds
- Maine Opioid Settlement Payments-Estimated-by Entity 2024.3.11
- Maine Opioid Settlement Payments-Actual-by Entity 2024.3.11

Key Terms:

- Opioid Crisis: A nationwide public health emergency concerning the excessive use of and addiction to opioids, including prescription pain relievers, heroin, and synthetic opioids.
- Opioid Settlement: A series of legal agreements involving multiple states, mandating major pharmaceutical companies to pay reparations to states, counties, and municipalities with populations exceeding 10,000, due to their role in the opioid epidemic.
- Opioid Use Settlement Fund: A dedicated account proposed for the management, tracking, and reporting of revenues and expenses linked to the opioid settlement.

Executive Summary:

The City of Biddeford, like many other U.S cities, has been deeply affected by the opioid crisis. As part of the opioid settlement, the city is projected to receive approximately \$1,818,254 by 2038, averaging \$106,956 annually. To ensure these funds are allocated transparently and effectively, the "Opioid Use Settlement Fund Tracking and Reporting Ordinance" has been formulated.

Detailed Review:

The Opioid Use Settlement Fund Tracking and Reporting Ordinance mandates:

- The establishment of a dedicated "Opioid Use Settlement Fund" account.
- Annual reporting to the City Council on the fund's status.
- Approval of a strategic plan every two years by the City Council, detailing the goals and pre-approved operational use of these funds.

These mandates have been proposed to help guide the allocation of settlement funds towards addressing the multifaceted challenges of the opioid epidemic. This process underscores the City's dedication to transparency, accountability, and a strategic vision in managing these funds. Considering the past and present impact of the opioid epidemic on the community, it is recommended to have structured mechanisms in place to facilitate the effective channeling of settlement funds to benefit the most impacted members of our city and support recovery efforts.

Funding Source:

Opioid Use Settlement. An estimated total of \$1,818,254 is projected to be received by 2038, with an average annual allocation of \$106,956. These allocations are front-loaded, experiencing a significant decrease starting in 2032.

Staff Recommendation:

Neutral

City of Biddeford Opioid Use Settlement Fund Tracking and Reporting Ordinance

Article I: Purpose and Title

1.1 This Ordinance shall be known as the "Opioid Use Settlement Fund Tracking and Reporting Ordinance".

1.2 The purpose of this Ordinance is to establish a transparent and accountable system for the management, tracking, and reporting of all revenues and expenses associated with the Opioid Use Settlement Fund in the City of Biddeford.

Article II: Establishment of a Dedicated Account

2.1 The City Manager or appropriate fiscal officer is hereby directed to establish a dedicated account, to be known as the "Opioid Use Settlement Fund."

2.2 All revenues received from opioid settlements or related activities shall be deposited directly into this separate account.

2.3 Expenses related to the opioid crisis or pursuant to the approved strategic plan as outlined in Article IV will be drawn from this account.

Article III: Reporting Requirements

3.1 The Finance Director or appropriate fiscal officer shall provide a detailed annual report to the City Council on the Opioid Use Settlement Fund.

3.2 Each report shall include, at a minimum:

- a) Total revenues received since the previous report.
- b) A categorized list of all expenses made from the Fund since the previous report.
- c) A summary of the current balance of the Fund.
- d) Any other relevant information deemed necessary by the City Council.

Article IV: Strategic Planning

4.1 The City Council shall develop and approve a strategic plan

detailing the operational use of the Opioid Use Settlement Fund revenues every two years.

4.2 The strategic plan shall include:

- a) Specific goals and objectives related to the use of the funds.
- b) Detailed budget projections.
- c) Expected outcomes and performance metrics.
- d) Strategies for community engagement and input.

4.3 Any substantial changes or amendments to the strategic plan will require City Council approval.

4.4 Expenditures from the Opioid Use Settlement Fund exceeding **\$10,000** or not explicitly approved in the strategic plan or outside its scope must be approved by the City Council prior to disbursement.

Article V: Implementation and Review

5.1 This Ordinance shall take effect thirty (30) days after its passage.

5.2 The City Council shall review the effectiveness of this Ordinance and make necessary amendments as deemed appropriate, but at a minimum, every two years coinciding with the strategic planning process.

Passed this ____ day of _____, **2024**.

SUBJECT: Establishment of the Opioid Use Settlement Fund and Associated Reporting Mechanisms

Item Description: Creation and Management of Opioid Use Settlement Fund

Supporting Information/Documentation:

- Opioid Use Settlement Fund Draft Ordinance
- Maine Memorandum of Understanding Regarding Opioid Settlement Funds
- Maine Opioid Settlement Payments-Estimated-by Entity 2024.3.11
- Maine Opioid Settlement Payments-Actual-by Entity 2024.3.11

Key Terms:

- Opioid Crisis: A nationwide public health emergency concerning the excessive use of and addiction to opioids, including prescription pain relievers, heroin, and synthetic opioids.
- Opioid Settlement: Legal settlements at a national level that require major pharmaceutical companies to pay reparations due to their role in the opioid epidemic.
- Opioid Use Settlement Fund: A dedicated account proposed for the management, tracking, and reporting of revenues and expenses linked to the opioid settlement.

Executive Summary:

The City of Biddeford, like many others cities, has been deeply affected by the opioid crisis. As part of the nationwide opioid settlement, Biddeford is projected to receive approximately \$1,818,549 by 2038, averaging \$106,956 annually. To ensure these funds are allocated transparently and effectively, the "Opioid Use Settlement Fund Tracking and Reporting Ordinance" and a corresponding City Council Order have been formulated.

Detailed Review:

Opioid Use Settlement Fund Tracking and Reporting Ordinance: This ordinance mandates:

- The establishment of a dedicated "Opioid Use Settlement Fund" account.
- Annual reporting to the City Council on the fund's status.
- Approval of a strategic plan every two years by the City Council, detailing the goals and pre-approved operational use of these funds.

These initiatives have been proposed to ensure that the settlement funds are utilized in a manner that addresses the multifaceted challenges of the opioid

epidemic. They underscore the City's dedication to transparency, accountability, and a strategic vision in managing these funds.

Given the past challenges and implications of the opioid epidemic on the community, it is crucial to have structured mechanisms in place to ensure that these settlement funds are channeled effectively to benefit the most impacted members of our community and support recovery efforts.

Funding Source:

Opioid Settlement. Expected total of \$1,818,549 by 2038 with an annual average allocation of \$106,956.

Staff Recommendation:

**MAINE STATE-SUBDIVISION MEMORANDUM OF UNDERSTANDING AND
AGREEMENT REGARDING USE OF SETTLEMENT FUNDS-2023**

Whereas, the people of the State of Maine and its communities have been harmed by misfeasance, nonfeasance and malfeasance committed by certain entities within the Pharmaceutical Supply Chain; and,

Whereas, the State of Maine, through its Attorney General, and certain Subdivisions, through their elected representatives and counsel, are separately engaged in litigation seeking to hold Pharmaceutical Supply Chain Participants accountable for the damage caused by their misfeasance, nonfeasance and malfeasance; and,

Whereas, the State of Maine, through its Attorney General, and its Subdivisions share a common desire to abate and alleviate the impacts of that misfeasance, nonfeasance and malfeasance throughout the State of Maine;

Now therefore, the State and its Subdivisions, subject to completion of formal documents effectuating the Parties' agreements, enter into this Memorandum of Understanding ("MOU") relating to the allocation and use of the proceeds of Settlements described.

This agreement is subject to the requirements of the Subsequent Opioid Settlements, as defined herein, as well as applicable law. Terms used in this MOU have the same meaning as in those used in the Subsequent Opioid Settlements unless otherwise defined herein.

I. DEFINITIONS

A. "2022 State-Subdivision MOU" shall mean the agreement titled 'Maine State-Subdivision Memorandum of Understanding And Agreement Regarding Use of Settlement Funds', dated January 26, 2022 and as amended on June 13, 2022.

B. "Approved Uses" shall mean those uses identified in the List of Opioid Remediation Uses, attached as Exhibit E to the National Opioid Settlement, and those uses identified as "Approved Opioid Abatement Uses" in Schedules A and B to Exhibit G to the Notice of Filing of Eighth Plan Supplement Pursuant to the Fifth Amended Joint Chapter 11 Plan of Reorganization of Purdue Pharma L.P. and its Affiliated Debtors, In re: Purdue Pharma L.P., et al., Case No. 19-23649-RDD, Dkt. 3121 (Bankr. S.D. N.Y. July 8, 2021), and attached as Exhibits I and 2 to the 2022 State-Subdivision MOU and attached hereto as Exhibits 1 and 2.

C. "Direct Share Subdivisions" means 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. For the avoidance of doubt, the 39 eligible Direct Share Subdivisions are as identified on Exhibit 3 hereto.

D. "Effective Date" means the first date on which a court of competent jurisdiction,

including any bankruptcy court, enters a Subsequent Opioid Settlement by order or consent decree.

E. The "Maine Recovery Fund" means the fund created by the 2022 State-Subdivision MOU, the funds of which will be used for the purposes of opioid abatement.

F. The "National Opioid Settlement" means the National Distributor and J&J Settlements Agreement, dated as of July 21, 2021, and any revision thereto.

G. "Opioid Funds" means all funds allocated by any Subsequent Opioid Settlement to the State or Direct Share Subdivisions for purposes of opioid abatement activities. Not included are funds made available in any Subsequent Opioid Settlement for the payment of the Parties' litigation expenses or the reimbursement of the United States Government.

H. "Pharmaceutical Supply Chain" shall mean the process and channels through which Controlled Substances are manufactured, marketed, promoted, distributed or dispensed.

I. "Recovery Fund Council" means the Council created in Section III of the 2022 State-Subdivision MOU.

J. "Subsequent Opioid Settlement" means a statewide settlement reached with a non-bankrupt manufacturer of, distributor of, or pharmacy prescribing, opioids subsequent to the National Opioid Settlement pursuant to which certain Maine political subdivisions are eligible to participate and share in funds for opioid abatement ("Opioid Funds") in exchange for releases.

II. DISTRIBUTION OF FUNDS

A. **Applicability of Agreement.** Unless otherwise stated in this Agreement, these terms shall apply to any Subsequent Opioid Settlement.

B. **Approved Uses.** All Opioid Funds, regardless of allocation, shall be utilized for approved uses. The Parties in Section II.C are strongly encouraged to use Opioid Funds solely to supplement and strengthen, rather than supplant, resources for the approved uses described herein including for opioid use disorder prevention, harm reduction, treatment and recovery.

C. **Division of Funds.** All Opioids Funds allocated to the State of Maine and the Subdivisions are to be distributed as follows:

1. **20%** to the State of Maine Attorney General to be used on Approved Uses.
2. **30%** to the Direct Share Subdivisions for spending on Approved Uses to be allocated in accordance with Exhibit 3.
3. **50%** to be placed in the Maine Recovery Fund which are to be spent on Approved Uses as directed by the Recovery Council.

The Direct Share Subdivisions' shares shall be distributed directly to each Direct Share Subdivision by the National Settlement Administrator. Monies in the Maine Recovery Fund shall be distributed by the Treasurer of the State as described below. Any Direct Share Subdivision may form agreements or ventures or otherwise work in collaboration with federal, state, local, tribal or private sector entities in pursuing Opioid Remediation activities funded from their directshare distribution or funded by the Recovery Fund. 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.

III. THE MAINE RECOVERY COUNCIL

The parties agree that the existing Maine Recovery Council, as established by Section III of the 2022 State-Subdivision MOU, shall administer payments made to the Recovery Fund from any Subsequent Opioid Settlement. Except as otherwise stated in this Agreement, the terms of Section III of the 2022 State-Subdivision MOU shall govern the establishment, existence, and operation of the Recovery Council. In the event the 2022 State-Subdivision MOU is terminated or otherwise ceases to be in effect, the terms of this Section III shall govern the establishment, existence, and operation of the Recovery Council.

A Recovery Fund Council (the "Council") consisting of representatives appointed by the State and subdivisions, shall be created to direct the disbursement of recovery funds for recovery purposes on a statewide basis for the uses allowed by this MOU.

Membership: The Recovery Council shall consist of eleven (11) members, who shall serve in their official capacity only.

Subdivision Members: The Recovery Council shall include at least 4 members from the plaintiff cities or counties to be selected by them.

State Members. Four (4) members shall be appointed by the State as follows:

- a. The Governor shall appoint two members
- b. The Speaker of the House or his designee
- c. The President of the Senate or his designee

Public Members. The Attorney General shall appoint three (3) public members from among the following:

- a. Individuals or family members impacted by the Opioid Crisis
- b. Individuals with substance use disorder and recovery community experience,
- c. Public health experts in treatment and or prevention.

The Legislature may add members to the Council for up to a maximum of fifteen (15).

Terms: The Recovery Council shall be established within ninety (90) days of the Effective Date and initial members appointed. Members may serve no more than two (2) consecutive two-

year terms, for a total of four (4) consecutive years.

Duties: The Recovery Council is primarily responsible for ensuring that the distribution of Recovery Funds complies with the terms of the MOU and the Agreement entitled “Maine School Administrative Units’ Inclusion in Maine’s Recovery Fund”. It shall meet at least twice within each calendar year either in person or via a remote meeting method as allowed by Maine law.

Governance: The Recovery Council shall draft its own bylaws or other governing documents, which must include appropriate conflict of interest provisions, in accordance with this MOU and the following principles:

- a. **Authority:** The Recovery Council does not have any rulemaking authority. The terms of the MOU and Agreement and any Settlement, as entered by a Court of competent jurisdiction control the authority of the Recovery Council and the Recovery Council shall not stray outside the bounds of the authority and power vested by this MOU and any Court approved Settlement.
- b. **Administration:** The Recovery Council is responsible for accounting of all Recovery Funds and for releasing Recovery Funds.

Transparency: The Recovery Council shall operate with all reasonable transparency and in compliance with Maine's Freedom of Access Law 1 MRS sections 401 et seq.

The Recovery Council shall develop a centralized public dashboard or other repository for publication of expenditure data from any party or Regional Council that receives Recovery Funds. The Council may require outcome related data from any entity that receives Recovery Funds. For purposes of funding the centralized dashboard, the Council shall make every effort to use existing state resources.

Collaboration: The Recovery Council shall facilitate collaboration among the State, subdivisions, Regional Councils and other stakeholders for the purposes of sharing data, outcomes, strategies and other relevant information related to abating the opioid crisis in Maine.

Decision Making: The Recovery Council shall make all decisions by consensus. In the event consensus cannot be achieved, unless otherwise required by this MOU, the Council shall make decisions by 3/5 vote of its members.

Legal Representation: The Attorney General shall provide legal counsel and administrative support to the Recovery Council. The Council may use funds to hire additional administration support if necessary.

Compensation: No member of the Recovery Council shall be compensated for their work related to the Recovery Council.

IV. THE MAINE RECOVERY FUND

A. Fund Established. The parties agree that the existing Maine Recovery Fund, as established by Section IV of the 2022 State-Subdivision MOU, shall receive payments allocated in Section II herein from any Subsequent Opioid Settlement. Except as otherwise stated in this Agreement, the terms of Section IV of the 2022 State-Subdivision MOU shall govern the establishment, existence, and operation of the Recovery Fund. In the event the 2022 State-Subdivision MOU is terminated or otherwise ceases to be in effect, the terms of this Section IV shall govern the establishment, existence, and operation of the Recovery Council.

B. The Maine Recovery Fund is established for the purposes specified in this agreement as a separate and distinct fund for accounting and budgetary reporting purposes.

C. Sources of Fund. The State Controller shall credit to the fund:

1. All money designated to the Maine Recovery Fund for abatement in this agreement from any Subsequent Opioid Settlement;
2. Money from any other source, whether public or private, designated for deposit into or credited to the fund; and
3. Interest earned or other investment income on balances in the fund.

D. Unencumbered Balances. Notwithstanding any provision to the contrary in Section IV.C of the 2022 State-Subdivision MOU, any unencumbered balance remaining at the end of any fiscal year remains part of the Maine Recovery Fund, the account within the Office of the Attorney General established pursuant to this section and may be made available for expenditure by the Recovery Council in the same manner as other money in the Fund.

E. General Fund Limitation. Notwithstanding any provision to the contrary in this section, any program, expansion of a program, expenditure or transfer authorized by the Legislature using the Maine Recovery Fund may not be transferred to the General Fund without specific legislative approval.

F. Restricted Accounts. The State Controller is authorized to establish separate accounts within the fund in order to segregate money received by the fund from any source, whether public or private, that requires as a condition of the contribution to the fund that the use of the money contributed be restricted to approved uses. Money credited to a restricted account established under this subsection may be applied only to the purposes to which the account is restricted.

G. Adjustment to Allocations. For state fiscal years beginning on or after July 1, the State Budget Officer is authorized to adjust allocations if actual revenue collections for the fiscal year are less than the approved legislative allocations. The State Budget Officer shall review the programs receiving funds from the fund and shall adjust the funding in the All Other line category to stay within available resources. These adjustments must be calculated in proportion to each account's allocation in the All Other line category in relation to the total All Other allocation for fund programs. Notwithstanding any other provision of law, the

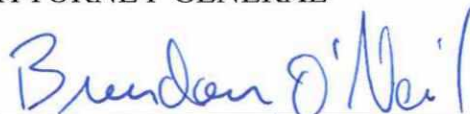
allocation for the identified amounts may be reduced by financial order upon the recommendation of the State Budget Officer and approval of the Governor. The State Budget Officer shall report annually on the allocation adjustments made pursuant to this subsection to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters by May 15th.

H. Separate Accounts; Annual Reporting. A state agency that receives allocations from the fund, and a county, a city, and a contractor or vendor that receives funding allocated from the fund shall maintain that money in a separate account and shall report by September 1st of each year to the Recovery Council providing a description of how those funds for the prior state fiscal year were targeted to the Approved Uses. The Attorney General shall by October 1st of each year compile the reports provided under this subsection and forward the information in a report to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs and the joint standing committee of the Legislature having jurisdiction over health and human services matters. In addition to the compilation described in this subsection, the report must summarize the activity in any funds or accounts directly related to this section..

I. Legislative Committee Review of Legislation. Whenever a proposal in a resolve or bill before the Legislature, including but not limited to a budget bill, affects the fund, the Recovery Council, upon notice of the proposal from any source, may submit a request through its Chairperson to the joint standing committee of the Legislature having jurisdiction over the proposal, and to the joint standing committee of the Legislature having jurisdiction over health and human services matters, that the committee with jurisdiction over the proposal hold a public hearing and determine the level of support for the proposal among members of the committee. If there is support for the proposal among a majority of the members of the committee, the Recovery Council Chairperson may request that the committee request the joint standing committee of the Legislature having jurisdiction over health and human services matters review and evaluate the proposal as it pertains to the fund. The joint standing committee of the Legislature having jurisdiction over health and human services matters shall conduct the review and report to the committee of jurisdiction, to the joint standing committee of the Legislature having jurisdiction over appropriations and financial affairs, and to the Recovery Council.

The Maine State-Subdivision Memorandum of Understanding and Agreement Regarding Use of Settlement Funds-2023 is signed by:

AARON M. FREY
ATTORNEY GENERAL

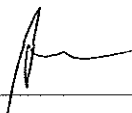


Assistant Attorney General

Date: May 2, 2023

6 State House Station
Augusta, ME 04333
207-626-8800

For the following Subdivision:



Signature

Date: 5/2/2023

Name: Shayna E. Sacks

Title: Partner

On behalf of: _____

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”).¹

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. 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.

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

¹ As used in this Schedule A, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs. Priorities will be established through the mechanisms described in the National Opioid Abatement Trust Distribution Procedures.



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

D. EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME

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.**

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following¹:

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (MAT) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (ASAM) continuum of care for OUD and any co-occurring SUD/MH conditions
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (OTPs) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

¹ As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs. Priorities will be established through the mechanisms described in the National Opioid Abatement Trust Distribution Procedures.

8. Training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD or mental health conditions, including but not limited to training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (DATA 2000) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
14. Development and dissemination of new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. 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.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
4. 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 medication with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. 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.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. 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.
11. Training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)

Provide connections to care for people who have – or at risk of developing – OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund Screening, Brief Intervention and Referral to Treatment (SBIRT) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. 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.
10. 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 opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. 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.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. 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.

D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (PAARI);
 2. Active outreach strategies such as the Drug Abuse Response Team (DART) model;
 3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (LEAD) model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. 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.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
4. Provide 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.
5. Provide 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 leaving jail or prison have recently left jail

or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions (CTI), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal-justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (NAS), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women – or women who could become pregnant – who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Training for obstetricians or other healthcare personnel that work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; expand long-term treatment and services for medical monitoring of NAS babies and their families.
5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with Neonatal Abstinence Syndrome get referred to appropriate services and receive a plan of safe care.
6. Child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Enhanced family supports and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. 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.
9. 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.
10. 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.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Fund medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Support enhancements or improvements to Prescription Drug Monitoring Programs (PDMPs), including but not limited to improvements that:
 1. Increase the number of prescribers using PDMPs;
 2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
 3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increase electronic prescribing to prevent diversion or forgery.
8. Educate Dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Fund media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Fund community anti-drug coalitions that engage in drug prevention efforts.
6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction – including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
7. Engage non-profits and faith-based communities as systems to support prevention.
8. Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create of support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increase availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enable school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expand, improve, or develop data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educate first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expand access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Support mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Provide training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide

care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Support screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Educate law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (e.g., health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (e.g. Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations including individuals entering the criminal justice system, including but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (ADAM) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

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 (“*OD*”) 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 OD, 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**

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:¹⁵

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“MAT”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“ASAM”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“OTPs”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

¹⁵ As used in this Schedule B, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service—Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. 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.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. 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 medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. 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.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. 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.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. 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.
10. 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 opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. 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.
13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. 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.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARI*”);
 2. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;
 3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. 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.
3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide 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.
5. Provide 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 leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
6. Support critical time interventions (“CTP”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome (“NAS”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.
8. 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.
9. 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.
10. Provide 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.

PART TWO: PREVENTION

**F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE
PRESCRIBING AND DISPENSING OF OPIOIDS**

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("PDMPs"), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;
2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).
7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.
12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).
7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

Subdivisions with Consolidated Allocations - Qualified Subdivisions Only

State	County	City	Consolidated State Allocation
ME	ANDROSCOGGIN COUNTY		1.6799535986%
ME	ANDROSCOGGIN COUNTY	Lewiston city	4.3451006968%
ME	ANDROSCOGGIN COUNTY	Auburn city	2.6283332826%
ME	AROOSTOOK COUNTY		4.0537116218%
ME	CUMBERLAND COUNTY		3.5025701951%
ME	CUMBERLAND COUNTY	Portland city	7.2016026249%
ME	CUMBERLAND COUNTY	South Portland city	2.2275994495%
ME	CUMBERLAND COUNTY	SCARBOROUGH TOWN	1.8363769930%
ME	CUMBERLAND COUNTY	BRUNSWICK TOWN	1.6113929261%
ME	CUMBERLAND COUNTY	Westbrook city	1.5416150467%
ME	CUMBERLAND COUNTY	GORHAM TOWN	1.4582940317%
ME	CUMBERLAND COUNTY	FALMOUTH TOWN	1.2353278939%
ME	CUMBERLAND COUNTY	WINDHAM TOWN	0.1935482073%
ME	CUMBERLAND COUNTY	STANDISH TOWN	0.0664145731%
ME	FRANKLIN COUNTY		1.9717572454%
ME	HANCOCK COUNTY		3.8494340111%
ME	KENNEBEC COUNTY		4.9959268385%
ME	KENNEBEC COUNTY	Augusta city	3.6779545807%
ME	KENNEBEC COUNTY	Waterville city	2.8132809688%
ME	KNOX COUNTY		2.1010369789%
ME	KNOX COUNTY	Rockland city	0.6184398003%
ME	LINCOLN COUNTY		2.1621727981%
ME	OXFORD COUNTY		3.8454418782%
ME	PENOBSCOT COUNTY		6.7801027597%
ME	PENOBSCOT COUNTY	Bangor city	5.2042873123%
ME	PENOBSCOT COUNTY	ORONO TOWN	0.2094180830%
ME	PISCATAQUIS COUNTY		1.2760851978%
ME	SAGadahoc COUNTY		1.9708146889%
ME	SOMERSET COUNTY		3.6977198467%
ME	WALDO COUNTY		2.4723925078%
ME	WASHINGTON COUNTY		2.6998574469%
ME	WASHINGTON COUNTY	Calais city	0.8369049504%
ME	YORK COUNTY		6.7950503019%
ME	YORK COUNTY	Biddeford city	2.7393997300%
ME	YORK COUNTY	Sanford city	2.6908215844%
ME	YORK COUNTY	YORK TOWN	2.1005084476%
ME	YORK COUNTY	Saco city	0.4366518238%
ME	YORK COUNTY	WELLS TOWN	0.2541311729%
ME	YORK COUNTY	KENNEBUNK TOWN	0.2185679049%

