



**City of Biddeford
City Council**

September 17, 2024 at 6:00 PM
City Hall Council Chambers & Zoom

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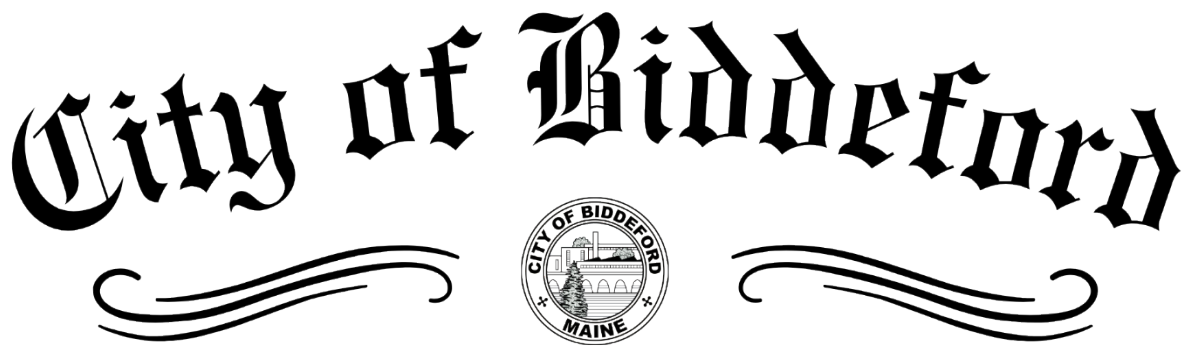
Meeting ID: 916 5577 7568

Passcode: 394024

1. Roll Call
2. Pledge of Allegiance
3. Adjustment(s) to Agenda
4. Proclamation
 - 4.a Biddeford Neighborhood Cleanup
5. Appointments
 - 5.a 2024.153 Approval Mayoral Appointments to Citizens Committees
6. Public Addressing the Council
(3 minute limit per speaker for up to a total of 15 minutes)
7. Consideration of Minutes
 - 7.a Council Minutes 9-3-24
8. Second Reading
 - 8.a 2024.145 Approval Orchard Street Parking
 - 8.b 2024.147 Approval Opioid Use Settlement Fund Tracking and Reporting Ordinance
9. Orders of the Day
 - 9.a 2024.158 Approval/Maine Municipal Association Voting Delegates
 - 9.b 2024.143 Reconsideration of Tidewater Estates Lot 5 Consent Agreement
10. Public Addressing the Council

(5 minute limit per speaker)

11. City Manager Report
12. Other Business
13. Council President Addressing the Council
14. Mayor Addressing the Council
15. Executive Session
 - 15.a Executive Session MRS 405 (6) c - Real Estate Matters
16. Adjourn



PROCLAMATION

Honoring World Cleanup Month, National Cleanup Day, and Recognizing the Contributions of Our City Employees

Whereas, the City of Biddeford is dedicated to preserving the environment and ensuring the health and beauty of our city; and

Whereas, World Cleanup Month, observed each September, and National Cleanup Day, recognized on the third Saturday of September, offer an opportunity for communities across the globe to come together in unified action, addressing litter and promoting sustainable, long-lasting stewardship of our natural and urban spaces; and

Whereas, on Saturday, September 21st from 10:00 AM to 1:00 PM, the Heart of Biddeford will host the "We Love Biddeford Neighborhood Cleanup", encouraging residents to take part in improving our city's public spaces; and

Whereas, we encourage citizens to engage in cleanup efforts throughout September to make a lasting impact, fostering pride in our shared spaces; and

Whereas, we express deep gratitude to our city employees, especially in the Public Works and the Parks and Recreation Departments, whose year round efforts safeguard the cleanliness, safety, and overall well-being of Biddeford's streets, parks, and public spaces, making our city a place of pride and joy for all who live, work, and visit

Now, Therefore, I, Martin Grohman, Mayor of Biddeford, proclaim September as World Cleanup Month and the third Saturday of September as National Cleanup Day in Biddeford. I invite all residents to join these important efforts and thank our city staff for their ongoing dedication

*In Witness Whereof, We the undersigned have herewith affixed
our signatures this 17 day of September 2024.*

Mayor

City Clerk

City of Biddeford



PROCLAMATION

*In Witness Whereof, We the undersigned have herewith affixed
our signatures this 17 day of September 2024.*

Mayor

City Clerk

City of Biddeford



2024.153 IN BOARD OF CITY COUNCIL.....SEPTEMBER 17, 2024
BE IT ORDERED, that I Martin Grohman, do hereby appoint:

Kathryn Lagasse
Ward 3
to the Recreation Commission For a term to expire December 2028,

Kyle R. Scully
Ward 3
to the Biddeford Fire Advisory Committee for a term to expire December 2025

Attest by: _____
Robin Patterson, City Clerk

Committee, Board, and Commission Application Form

Application

Name Kathryn Lagasse

Pronouns *Field not completed.*

Ward 3

Need to find your Ward?

[Click here](#) to find your Ward on a map or a list of streets.

Which City Committee, Board or Commission do you request to be appointed to? Recreation Commission

If other, please list below. *Field not completed.*

Why are you interested in serving the City of Biddeford? I have lived in Biddeford for 15 years and my kids are getting to the age where they are starting school and getting involved in activities. I am proud to live in this city and I want to be part of helping it continue to thrive and move forward.

Please list any experience that may be pertinent to the Board or Committee in which you are requesting to serve. I am currently the HR Director and Deputy Town Manager for the Town of York so I have a background and about 10 years of experience working in a municipality. I have worked with many boards and committees and understand the process around public engagement.

My son will be in Kindergarten this year and he has participated in Recreation sports for the past 2 years. I also used to run the Kettlebell and Spin program through the Recreation Department.

Please list any prior experience serving on any public Boards, Commissions or Committees (and approximate dates). I just recently joined the Little League Board but I am just starting to get involved.

Committee, Board, and Commission Application Form

Application

Name Kyle R Scully

Pronouns He/Him

Ward 3

Need to find your Ward?

[Click here](#) to find your Ward on a map or a list of streets.

(Section Break)

Which City Committee, Board or Commission do you request to be appointed to? Biddeford Fire Advisory Committee

If other, please list below. *Field not completed.*

Why are you interested in serving the City of Biddeford? I am a community minded individual with a passion for the fire service.

Please list any experience that may be pertinent to the Board or Committee in which you are requesting to serve. I served as a volunteer firefighter, EMT-b, and technical rescue specialist for 10 years prior to moving to Maine.

Please list any prior experience serving on any public Boards, Commissions or Committees (and approximate dates). I served on the board of directors of Millcreek Paramedics Service in Erie PA from approximately 2017-2020.

City of Biddeford

City Council

September 3, 2024 at 6:00 PM

City Hall Council Chambers & Zoom

1. Roll Call

Council President LaFountain – present

Councilor Lessard – present

Councilor Ortiz – excused

Councilor Belanger – present

Councilor Gross – present

Councilor Doughty – present

Councilor Beaupre – present

Councilor Whiting – present

Councilor Emhiser – present

Mayor Grohman – excused. Council President LaFountain will run the meeting.

Councilor Beaupre – motion to name Councilor Lessard as President Pro Tempore

Second – Councilor Belanger

Vote – Unanimous in favor.

2. Pledge of Allegiance

3. Adjustment(s) to Agenda

None

4. Recognition

4.a Fire Department Promotions: Chief Best described the Fire Department process and read a short biography of each candidate. The City Clerk gave the Oath of Office to each candidate.

Captain/Paramedic Andrew Stevenson

Lieutenant/Paramedic Benjamin Brown

Lieutenant/Paramedic Breenna Ross

5. Appointments

5.a 2024.140 Approval/Mayoral Appointments to Citizens Committees

Motion: Councilor Beaupre

Second: Councilor Lessard

Councilor Lessard asked about the trust fund.

City Manager Jim Bennett gave a brief history of the fund and how it is managed.

Vote: Unanimous in favor.

Motion passed.

6. Public Addressing the Council

One person spoke about their attempts to find housing.

7. Consideration of Minutes

7.a Approval Council Minutes 8-20-24

Motion: Councilor Whiting

Second: Councilor Lessard

Vote: Unanimous in favor.

Motion passed.

8. Second Reading

8.a 2024.132 Approval/Ch. 70 Ordinance Revision (Sewer Permit Fees)

Motion: Councilor Emhiser

Second: Councilor Lessard

Vote: Unanimous in favor.

Motion passed.

8.b 2024.133 Approval/Establishment of a New Sustainability Commission

Motion: Councilor Emhiser

Second: Councilor Lessard

Citizen comments – one person spoke in favor of the item.

Vote: Unanimous in favor.

Motion passed.

9. Orders of the Day

9.a 2024.141 Heart of Biddeford waiver request for October Fest

Motion: Councilor Beaupre

Second: Councilor Lessard

Heart of Biddeford Assistant Director Abby Leibowitz thanked everyone for a great River Jam. She explained the reason for the request for the waiver. The new fees started after their budget process was completed. They appreciate the work that the City puts into their events and understand the costs, they consider themselves a partner with the City to host these events that have a direct economic impact on the businesses in the City.

Councilor Beaupre motion to waive all City fees for this event.

Second: Councilor Lessard

Vote on the amendment – Unanimous in favor.

Amendment passed.

Vote on the order as amended: Unanimous in favor.

Motion passed.

9.b 2024.142 Heart of Biddeford October fest

Motion: Councilor Belanger

Second: Councilor Lessard

Abby Leibowitz said that they expect Octoberfest to draw 1,700 people. Last year local businesses reported that it was their best day in the fall season.

Vote: Unanimous in favor.

Motion passed.

9.c 2024.143 Tidewater Estates Lot 5 Consent Agreement

Motion: Councilor Emhiser

Second: Councilor Whiting

The developer discussed the issue and the mistake that was made.

Councilor Lessard – the mistake is very large and sets a precedent for any future development mistakes to be handled, intentional or unintentional. He will not support this. He would only support it if the developer forfeited all profit.

Code Enforcement Officer Roby Fecteau described the process, and the fee was based on others in York County.

Vote: 3 yeas – Councilors Belanger, Whiting, and Emhiser

5 nays – Councilors LaFountain, Lessard, Gross, Doughty and Beaupre

Motion failed.

9.d 2024.151 Approval/EV Charger Station

Motion: Councilor Belanger

Second: Councilor Lessard

Councilor Whiting asked about the Water St. location.

Councilor Beaupre expressed concern about the charging station being placed in a paid parking lot.

Councilor Emhiser asked if they can get two stations with the grant?

Brad Favreau, City Planning and Development reviewed the two options, the criteria of the grant and answered questions.

Councilor Belanger – motion to strike out option 1 and choose option 2.

Second – Councilor Gross

Councilor Lessard – explained that when this was presented to the Finance Committee a few weeks ago he requested these options from Brad Favreau, and he thanked him for all of the work he has put into this. He has done more research on the function of a site plan in the grant process and now he supports option 1.

Councilor Belanger expressed concern with spending money on the site plan. In the world of EVs, the plan would be out of date before anything could be implemented.

Vote on the amendment: 3 yeas – Councilors Belanger, Gross and Whiting

5 nays – Councilors Lessard, Doughty, Beaupre, Emhiser and LaFountain.

Amendment failed.

Councilor Belanger Point of Order – asked about the role of the Council President in breaking a tie. City Solicitor Harry Center explained that he wasn't breaking a tie in this case, he was switching his vote to the negative, therefore the motion failed.

Councilor Belanger - Motion to choose option 1.

Second – Councilor Lessard.

Vote: 7 yeas – Councilors Lessard, Belanger, Doughty, Beaupre, Whiting, Emhiser and LaFountain.

1 nay – Councilor Gross.

Motion passed.

9.e 2024.150 Approval for Eastern Fire/EMS Station Land Transfer Agreement

Motion: Councilor Whiting

Second: Councilor Lessard

Public comments: 5 citizens spoke against this item with comments about the details of the agreement, losing public access to the water, the scholarship program, traffic issues, the reverter clause and missing information in the contract. They spoke in favor of the need for the fire station.

Councilor Emhiser – the site committee created a plan that is in the best interest of a broad range of citizens and the City is working on this in good faith with UNE.

City Manager Bennett spoke about the process for the fire station, and this is one step towards identifying the property and conducting due diligence, everything will come back to the Council for approval. This item is connected to the next item.

Several Councilors had questions about details of the contract.

Councilor Belanger stated the importance of the fire station, it is a safety issue and would save lives. He explained that this would be a binding contract if the Council approved it, more work needs to be done.

Councilor Belanger – motion to Table the item until such time as Council needs to review the documents.

Second – Councilor Lessard.

Vote – Unanimous in favor.

Motion to Table passed.

9.f 2024.123 Approve Funds for Eastern Fire/EMS Station Property/Site Conditions

Review and Additional Architectural Work

Councilor Belanger – motion to Table.

Second – Councilor Whiting

Vote: Unanimous in favor.

Motion to Table passed.

9.g 2024.144 Approval/Recycling Center Fees

Motion: Councilor Belanger

Second: Councilor Lessard

Councilor Belanger commented that this item passed the Policy Committee unanimously.

Vote: Unanimous in favor.

Motion passed.

9.h 2024.148 Approval/Street Opening fees

Motion: Councilor Belanger

Second: Councilor Lessard

Councilor Belanger that this also was unanimous at the Policy Committee.

Public Works Director Jeff Demers explained the purpose of the fee.

Vote: Unanimous in favor.

Motion passed.

9.i 2024.149 Approval/Recycling Center Vehicle Sticker

Motion: Councilor Belanger

Second: Councilor Lessard

Councilor Belanger that this also was unanimous at the Policy Committee.

Public Works Director Jeff Demers explained that the purpose of the sticker is to speed up entry for those who have a sticker, others who don't have one can still use the facilities. This is the first step; they will continue to review ways to improve access.

Vote: Unanimous in favor.

Motion passed.

9.j 2024.152 Authorize Purchase of 2021 Hyundai Ioniq (Vehicle Coming Off Lease)

Motion: Councilor Belanger

Second: Councilor Lessard

Councilor Lessard does not support this based on the financial analysis.

Councilor LaFountain stated that this passed in the Finance committee.

Vote: 7 yeas – Councilors Belanger, Gross, Doughty, Beaupre, Whiting, Emhiser, and LaFountain.

1 nay – Councilor Lessard.

Motion passed.

9.k 2024.145 Approval Orchard Street Parking

Motion: Councilor Belanger

Second: Councilor Lessard

Councilor Belanger – this was unanimous in the Policy Committee and the public spoke in favor of it.

Councilor Beaupre – motion to amend remove “distance of 300 feet” and add “to May Street”

Second: Councilor Belanger

Vote on the amendment: 7 yeas – Councilors Belanger, Gross, Doughty, Beaupre, Whiting, Emhiser, and LaFountain.

1 nay – Councilor Lessard.

Amendment passed.

Vote on the order as amended: 7 yeas – Councilors Belanger, Gross, Doughty, Beaupre, Whiting, Emhiser, and LaFountain.

1 nay – Councilor Lessard.

Motion passed.

9.l 2024.146 Amend/ Part II: Code of Ordinances, Chapter 42 Motor Vehicles and Traffic,

Article IV Specific Street Regulations, Sec. 42-90(a) No Parking - Lester B. Orcutt Blvd

Motion: Councilor Emhiser

Second: Councilor Lessard

Public comments – several people spoke about overall safety concerns in that area with speeding, parking, enforcement issues, and access to the bird sanctuary.

Several Councilors had concerns with the same issues. This needs to be worked out more.

Councilor Beaupre – motion to Table and send it back to the Policy Committee.

Second – Councilor Lessard.

Vote- Unanimous in favor.

Motion to Table passed.

9.m 2024.147 Approval Opioid Use Settlement Fund Tracking and Reporting Ordinance

Motion: Councilor Belanger

Second: Councilor Lessard

Public comments – two people spoke in favor of the item and want to make sure it is properly used.

Vote: Unanimous in favor.

Motion passed.

10. Public Addressing the Council

One person spoke about a request to GA for assistance with a lease deposit. Another person spoke about concerns with algorithms being used to calculate rent.

11. City Manager Report - the City Manager did not address the Council at this time.

12. Other Business - Councilor Lessard reminded everyone about the hazardous waste day on September 14th from 8 am to noon.

13. Council President Addressing the Council - Council President LaFountain mentioned that students were back in school this week and he wishes them well.

14. Mayor Addressing the Council - none.

15. Executive Session

15.a Executive Session MRS 405 6 (a) Personnel Matters

Councilor Belanger – motion to go into Executive Session at 8:28 pm

Second: Councilor Lessard.

Vote: Unanimous in favor.

Motion passed.

Councilor Beaupre- motion to come out of Executive Session at 9:25 pm

Second: Councilor Whiting

Vote: Unanimous in favor.

Motion passed.

16. Adjourn

Motion to adjourn at 9:25 pm by Councilor Beaupre

Second: Councilor Whiting.

Vote: Unanimous in favor.

Meeting adjourned.



City Council

Meeting Date: September 17, 2024
Meeting Time: 6:00 PM
Agenda Item No: 8.a
Item Description: 2024.145 Approval Orchard Street Parking
Submitted By: JoAnne W. Fisk, Chief of Police

Supporting Information/Documentation:

2024.145 Order Orchard Street Parking 2nd, Orchard Street Pavement Widths

Key Terms:

Executive Summary:

A request from several Orchard Street residents was forwarded to Staff from Council President Liam Lafountain. Residents have requested an elimination of parking on one side of the roadway due to safety concerns. At 25.65 and or 28.65 feet of road width, vehicles parked opposite each other on Orchard Street would not allow for free and unencumbered passage of vehicles traveling in an east/west direction, including that of larger emergency fire vehicles.

Detailed Review:

Orchard Street is a residential street 1069 feet + in length, varying in road width from 25.65 ft on the Elm Street end to 28.65 ft on the May Street end. The current parking restriction under City Ordinance Sec. **42-90(a) No Parking(a)** There shall be no parking on the following streets for the specified distance:

- Orchard Street, northeasterly (even-numbered) side, from Elm Street to a distance of 300 feet
- Orchard Street, odd-numbered side, from Elm Street, a distance of 300 feet, being the crest of the small incline at the driveway entry

Funding Source:

The funding source is DPW signage budget.

Staff Recommendation:

Passage of Limited parking under City Ordinance **42-92(a) Limited Parking: Parking will be limited at the following locations in the specified manner:** Orchard Street parking on the odd-numbered side of the street only, beginning at Elm Street intersection, 1069 ft. $\pm$ westerly to intersection of May Street.

City of Biddeford



2024.145 IN BOARD OF CITY COUNCIL... SEPTEMBER 3, 2024
BE IT ORDERED, BY THE City Council of the City of Biddeford that the Code of Ordinances, Chapter 42, Motor Vehicles and Traffic, Article IV Specific Street Regulations, **Section 42-90 No Parking**, is amended by adding or ~~deleting~~ to read as follows:

Orchard Street, even numbered side, from Elm Street to May Street.

September 3, 2024

Motion: Councilor Belanger

Second: Councilor Lessard

Councilor Beaupre – motion to amend remove “distance of 300 feet” and add “to May Street”

Second: Councilor Belanger

Vote on the amendment: 7 yeas – Councilors Belanger, Gross, Doughty, Beaupre, Whiting, Emhiser, and LaFountain.

1 nay – Councilor Lessard.

Amendment passed.

Vote on the order as amended: 7 yeas – Councilors Belanger, Gross, Doughty, Beaupre, Whiting, Emhiser, and LaFountain.

1 nay – Councilor Lessard.

Motion passed.

September 17, 2024

Attest by:_____



Pelletier roofing

28.65'

28.20'

26.75'

25.65'

Google

JBC WOOD FLOORS



City Council

Meeting Date: September 17, 2024

Meeting Time: 6:00 PM

Agenda Item 8.b

No:

Item 2024.147 Approval Opioid Use Settlement Fund Tracking and Reporting

Description: Ordinance

Submitted By:

Supporting Information/Documentation:

2024.147 Opioid Use Settlement Fund Tracking and Reporting Ordinance 2nd, Maine
Memorandum of Understanding Regarding Opioid Settlement Funds, Opioid Use Settlement
Fund April Memo, Opioid Use Settlement Funds August Memo

Key Terms:

Executive Summary:

Detailed Review:

Funding Source:

Staff Recommendation:

City of Biddeford



2024.147 IN BOARD OF CITY COUNCIL... September 3, 2024
BE IT ORDERED, that the City Council of the City of Biddeford does hereby adopt the
Opioid Use Settlement Fund Tracking and Reporting Ordinance, attached.

September 3, 2024

Motion: Councilor Belanger

Second: Councilor Lessard

Vote: Unanimous in favor.

Motion passed.

September 17, 2024

Attest by: _____

City of Biddeford, Maine

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: Use of Funds

- 3.1 All Opioid Use Settlement Funds shall be utilized solely to supplement and strengthen resources for the approved uses described herein. These uses include opioid use disorder prevention, harm reduction, treatment, and recovery.
- 3.2 The expenditure of Opioid Use Settlement Funds is strictly prohibited from being used to offset or supplant any existing or already budgeted expenditures. This includes any attempt to use opioid use settlement funds to replace or reduce funding for programs or services that are currently funded through other sources.

Article IV: Reporting Requirements

- 4.1 The Finance Director or appropriate fiscal officer shall provide a detailed annual report to the City Council on the Opioid Use Settlement Fund by the 1st City Council meeting of September.
- 4.2 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 V: Strategic Planning

5.1 The City Council adopt a strategic plan detailing the operational use of the Opioid Use Settlement Fund revenues on a biennial basis, with said adoption to be completed no later than November 30 of the even numbered years. The City Council may direct city staff and/or a designated city committee to develop the strategic plan, which shall then be reviewed and approved by the City Council.

5.2 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.

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

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

Article VI: Implementation and Review

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

6.2 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.

**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

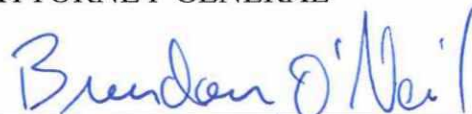
allocation for the identified amounts may be reduced by financial order upon the recommendation of the State Budget Officer and approval of the Governor. The State Budget Officer shall report annually on the allocation adjustments made pursuant to this subsection to the joint standing committee of the 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:

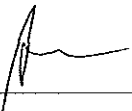
AARON M. FREY
ATTORNEY GENERAL


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 (“*OUD*”) and other Substance Use Disorder (“*SUD*”) / Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

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

1. Expand comprehensive evidence-based and recovery support for NAS babies;
2. Expand services for better continuum of care with infant-need dyad; and
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

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

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

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

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

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

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

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:

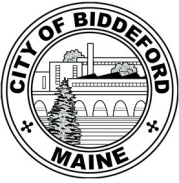
1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results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





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

SUBJECT: Revisions to the Opioid Use Settlement Fund Ordinance Based on Policy Committee Feedback

Item Description: Creation and Management of Opioid Use Settlement Fund

Supporting Information/Documentation:

- Revised Opioid Use Settlement Fund Ordinance
- May 20th Opioid Use Settlement Policy Memo
- Maine Memorandum of Understanding Regarding Opioid Settlement Funds

Key Terms:

- 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:

Following the Policy Committee's meeting on May 20th, several revisions were made to the proposed Opioid Use Settlement Fund Ordinance to enhance its clarity, flexibility, and effectiveness. This memo outlines the specific changes implemented based on the Committee's feedback.

Detailed Review:

1. Explicit Date/Time of Year for Annual Financial Review and Strategic Planning Process/Approval (*Article IV & V*):

Change:

The ordinance now mandates that the annual financial report on the Opioid Use Settlement Fund shall be submitted to the City Council by the first City Council meeting in September. Furthermore, the ordinance now clarifies that the strategic plan for the operational use of the Opioid Use Settlement Fund must be adopted by the second City Council meeting of November every two years.

Rationale:

This change ensures a consistent and predictable timeline for the financial review and strategic planning process providing clear deadlines for action. This date aligns with the City's required reporting to the state under the Maine State-Subdivision Memorandum of Understanding, which mandates a report by September 1st each year to the Recovery Council detailing the use of funds for Approved Uses.

2. Flexibility in Developing the Strategic Plan (*Article IV*):

Change:

The ordinance has been revised to allow the strategic plan to be developed by city staff and/or a designated committee. The City Council retains the authority

to approve the plan but is no longer required to be directly involved in its development.

Rationale:

This adjustment provides greater flexibility in the strategic planning process, enabling the City to leverage the expertise of staff and committees while streamlining the Council's role. This allows for a more efficient process without compromising the Council's oversight and approval responsibilities.

3. Explicit Guidelines on the Approved and Banned Uses of the Funds (Article III):

Change:

The ordinance now includes explicit language that defines:

- **Approved Uses:** Funds must be used solely for opioid use disorder prevention, harm reduction, treatment, and recovery.
- **Banned Uses:** The ordinance explicitly prohibits the use of these funds to supplant any existing budgeted expenditures. The funds must not be used to offset or replace funding for programs or services that are currently financed through other sources.

Rationale:

These clarifications ensure that the funds are used to enhance and supplement existing resources, rather than replacing them, thereby maximizing their impact on addressing the opioid crisis. The focus on prevention, harm reduction, treatment, and recovery aligns the ordinance with the intended purposes of the settlement funds.

Conclusion:

The revisions to the Opioid Use Settlement Fund Ordinance incorporate the changes requested by the Policy Committee at their May 20th meeting. These changes attempt to align with the Committee's direction and strengthen the ordinance's ability to effectively achieve its intended purpose.

Funding Source:

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

Staff Recommendation:

City of Biddeford



2024.158 IN BOARD OF CITY COUNCIL... September 17, 2024

BE IT ORDERED, the Biddeford City Council does hereby authorize a Maine Municipal Association voting representative and a delegate for the MMA Annual Convention and Annual Meeting, and

BE IT FURTHER ORDERED, that Mayor Martin Grohman be authorized to sign the MMA Voting Delegate form on behalf of the Biddeford City Council.

Attest by: _____
Robin Patterson, City Clerk



MAINE MUNICIPAL ASSOCIATION **SINCE 1936**

60 Community Drive | Augusta, ME 04330-9486
1-800-452-8786 (in state) | (t) 207-623-8428

To: Key Municipal Officials of MMA Membership
From: Catherine Conlow, Executive Director
Date: September 2, 2024
Subject: MMA Annual Business Meeting & Voting Credentials

The Maine Municipal Association's Annual Business Meeting is being held in conjunction with the MMA Annual Convention and will be held on **Wednesday, October 2, 2024, at 1:15 p.m.** The meeting will be in person at the Augusta Civic Center, Augusta, Maine.

Attached please find the proposed agenda and the ***MMA Voting Delegates Credential Form*** on which the municipal officers may designate their municipality's voting representative and alternate. Complete and mail the form to us before October 2nd or bring the completed form to the Annual Meeting. Please note, there are no proposed bylaws amendments for 2024.

This year's Convention promises to be exciting and full of great opportunities for learning and networking. Our theme is Unstoppable: Building Resilience. You can learn more about the program by visiting:

<https://www.memun.org/Training/Conferences-Conventions/Convention/Agenda>

If you have any questions regarding this information, contact me at (207) 623-8428 or by email at cconlow@memun.org.

We look forward to seeing you at the convention and the Annual Meeting!



**Maine Municipal Association
Annual Business Meeting
Wednesday, October 2, 2024
1:15 p.m. – 2:30 p.m.
Augusta Civic Center**

AGENDA

1. **Introductions and Welcoming Remarks** – MMA President Diane Hines, Ludlow Town Manager will welcome members to the business meeting.
2. **Election Results** – Diane Hines will discuss the election results and introduce the new Executive Committee members.
3. **Approval of 2023 MMA Annual Business Meeting Minutes** – Diane Hines
4. **MMA President's Report** – Diane Hines will discuss her term in office and the remainder of the year.
5. **Executive Director's Report** – Catherine Conlow, MMA Executive Director will discuss business taking place throughout the year at MMA.
6. **Other Business** (*comments from the floor*)
7. **Adjournment**

**MAINE MUNICIPAL ASSOCIATION
VOTING DELEGATE CREDENTIALS**

_____ Is hereby designated as the official Voting
Delegate and

(print name)
_____ as the alternative Voting Delegate for

(print name)

(municipality)

to the Maine Municipal Association's Annual Business Meeting, which is scheduled to be held, on Wednesday, October 2, 2024, at 1:15 p.m., at the Augusta Civic Center, Augusta, Maine.

The Voting Delegate Credentials may be cast by a majority of the municipal officers, or by a municipal official designated by a majority of the municipal officers of each Municipal member.

Date: _____ Municipality: _____

Signature of a Municipal Official designated by a majority of Municipal Officers:

Name: _____ Position: _____

Or Signature of the Majority of Municipal Officers:

_____	_____
_____	_____
_____	_____
_____	_____

Please return this form no later than Monday, October 1, 2024, or bring it with you to the MMA Annual Business Meeting. If mailing, send to:

**MMA Annual Business Meeting
Maine Municipal Association
60 Community Drive
Augusta, Maine 04330
Email: kmaines@memun.org**



City Council

Meeting Date: September 17, 2024

Meeting Time: 6:00 PM

Agenda Item No: 9.b

Item Description: 2024.143 Reconsideration of Tidewater Estates Lot 5 Consent Agreement

Submitted By: Roby Fecteau

Supporting Information/Documentation:

2024.143 Council Order attested, 1668_Lot 5, Tidewater Estates Consent Agreement, Copy of 5 Tide Water Speech, Tidewater Estates Consent Agreement 9.17.24

Key Terms:

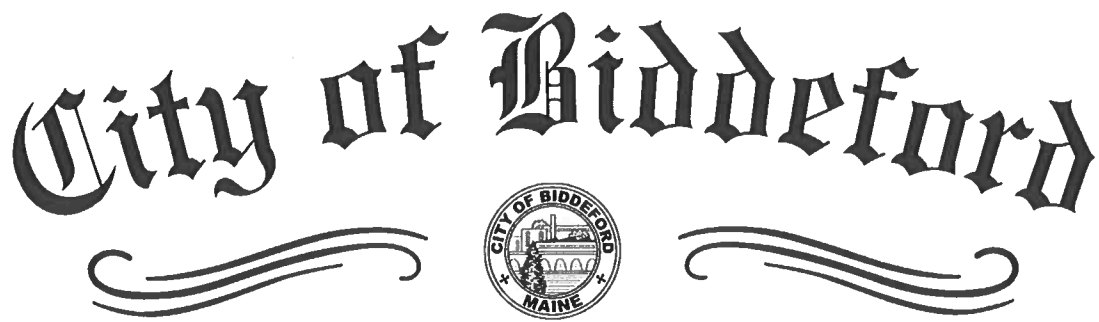
Executive Summary:

Tide Water Estates, LLC received a building permit on 10-31-2023 to construct a single family home located on Lot 5 of Tide water drive Tax map 47 Lot 44. The required front yard setback depicted on the subdivision plan is 40 feet. All setbacks are the sole responsibility of the developer to ensure they are met. After receiving notice that the building was constructed within the setback, the developer met with the city and disclosed the violation. The developer was instructed to try to redesign the right of way in an effort to try to resolve the violation. After review, the realignment would not work because there was not enough land. The developer has requested to enter into a consent agreement that acknowledges the violation and pays the city a fine.

Detailed Review:

Funding Source:

Staff Recommendation:



2024.143 **IN BOARD OF CITY COUNCIL... September 3, 2024**
BE IT ORDERED, that the City Council of the City of Biddeford does hereby enter into a consent agreement between Tide Water Estates, LLC and the City of Biddeford for a front yard setback violation.

BE IT FURTHER ORDERED, WHEREAS: Permit Applicant is the owner of 5 Tide Water Drive, Biddeford, Maine 04005, MBL 47 - 44, shown as Lot 5 (hereinafter, the "Lot") on Plan entitled, "Amended Subdivision Plan, Tide Water Estates" dated June 2, 2022, and recorded in the York County Registry of Deeds in Plan Book 423, Page 44 (the "Plan"), and being a portion of the premises conveyed to Permit Applicant by deed of the Albert L. Bartolucci Living Trust dated July 5, 2000, the Pearl M. Bartolucci Living Trust dated July 5, 2000, and Lisa M. Curro, dated August 11, 2021 and recorded in the York County Registry of Deeds in Book 18767, Page 626; and

WHEREAS: on October 19, 2023, Permit Applicant submitted a building permit application for the Lot to the Code Enforcement Office to construct a single family home; and

WHEREAS: on October 31, 2023, the Code Enforcement Office approved a building permit to construct a single family home on the Lot; and

WHEREAS: on May 27, 2024, an as-built plan (the "As-Built Plan") was completed by Paul P. Gadbois Professional Land Surveyor that showed the structure was built 16' +/- from the front-yard property line instead of the required 40'; and

WHEREAS: Part III, Chapter LDR, Article V, Section 4(A) of City of Biddeford Code of Ordinances states no structure shall be erected unless in conformity with the Zoning Ordinance, which includes the required setbacks; and

WHEREAS: The construction of the structure is substantially complete; and

WHEREAS: The Permit Applicant has explored and exhausted all available remedies, and would incur excessive cost of moving the structure to comply with the required 40' setback; and

WHEREAS: the encroachment into the setback does not cause substantial increase in health or safety risk to abutters or future property owners; and

WHEREAS: state law and the City's ordinances authorize the City to bring enforcement actions to cure violations, including the imposition of fines and the recovery of legal fees and expenses; and

WHEREAS: the City and Permit Applicant wish to resolve this matter without further litigation.

NOW, THEREFORE, in consideration of the mutual promises and agreements set forth herein, the parties agree as follows:

1. The City shall not seek any further action against Permit Applicant, its successors in interest, heirs or assigns, with respect to the encroachment and those matters shown on the As-Built Plan attached hereto as Exhibit A.
2. Permit Applicant shall pay a civil penalty to the City in the amount of Twenty Thousand and 00/100 Dollars (\$20,000.00).
3. In the event that Permit Applicant, its successors or assigns, fail or refuse to comply with any of the terms of this Agreement, they shall be deemed to be in violation of this Agreement and shall be liable to the City for a civil penalty of one hundred dollars (\$100.00) per day for each day the violation continues and further relief as a court may deem appropriate, including, without limitation, payment of the attorney's fees and costs incurred by the City to bring an action to enforce this Agreement.
4. At a meeting of the City Council held on September 3, 2024, the City approved the resolution of the matters set forth herein on the terms and conditions set forth in this Agreement, and in connection therewith authorized James Bennett, in his capacity as City Manager, to sign and deliver this Agreement for and on behalf of the City.
5. This Agreement shall be recorded in the York County Registry of Deeds, and a copy will remain in the property file.

September 3, 2024

Motion: Councilor Emhiser

Second: Councilor Whiting

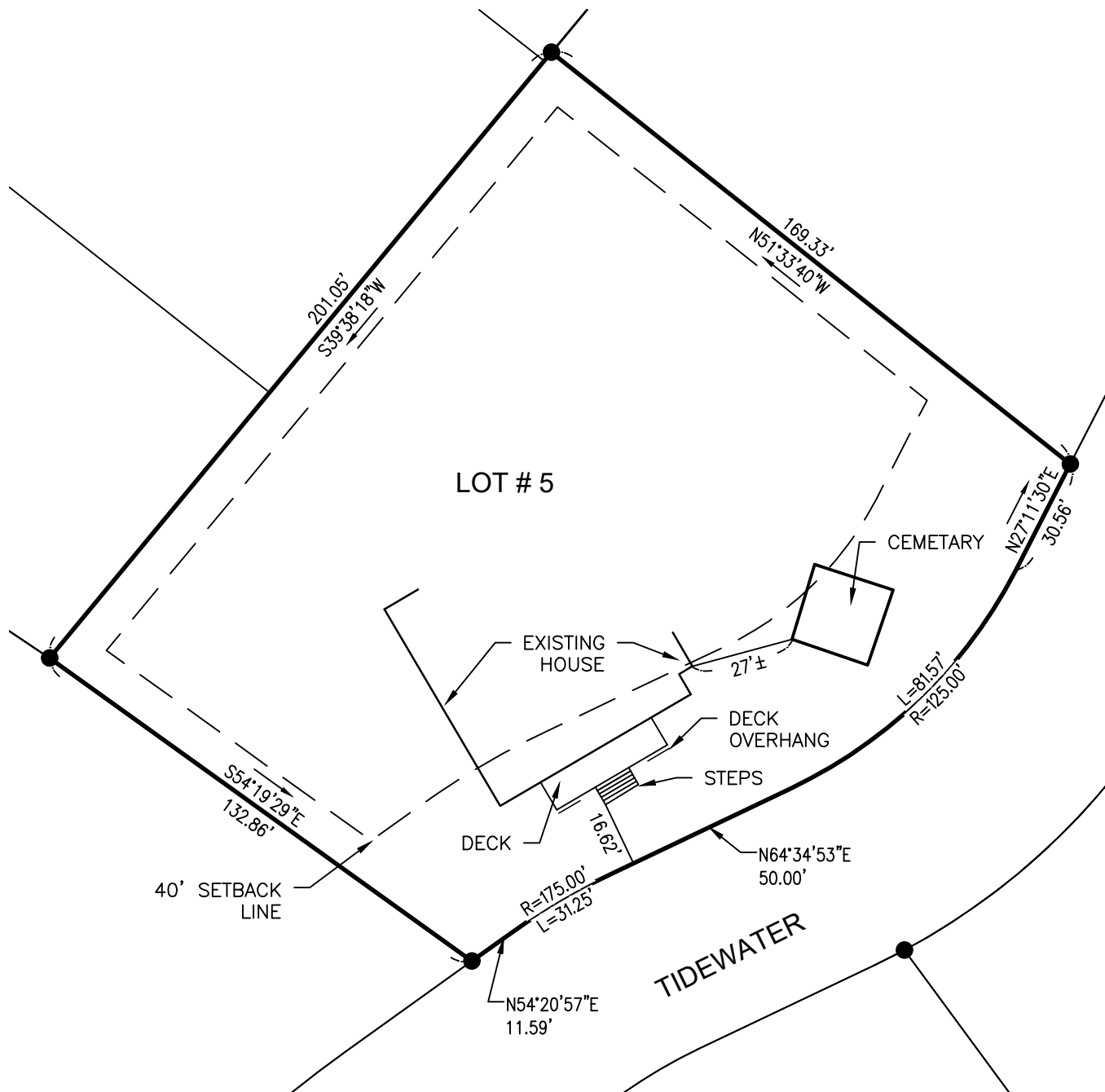
Vote: 3 yeas – Councilors Belanger, Whiting, and Emhiser

5 nays – Councilors LaFountain, Lessard, Gross, Doughty and Beaupre

Motion failed.

Attest by:


Robin Patterson, City Clerk



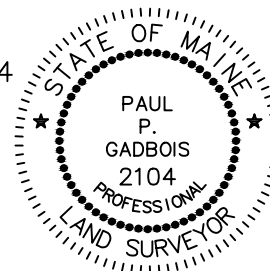
I CERTIFY THE INFORMATION SHOWN ON THIS PLAN IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Paul P. Gadbois

05-27-2024

PAUL P. GADBOIS, PLS 2104

DATE



PLAN REFERENCE:

AMENDED SUBDIVISION PLAN "TIDE WATER ESTATES" APPROVED BY THE CITY OF BIDDEFORD ON JUNE 6, 2022 AND RECORDED IN THE YORK COUNTY REGISTRY OF DEEDS IN PLAN BOOK 423, PAGE 44.

CLIENT/PROJECT: CONLON DEVELOPMENT LLC

LOCATION: LOT 5 TIDEWATER

TOWN: BIDDEFORD COUNTY: YORK STATE: MAINE

PAUL P. GADBOIS

ENGINEERING SURVEYING
LAND PLANNING

P.O. BOX 327, SACO, MAINE 04072
(207) 283-3980

SHEET TITLE:

LOT 5 AS-BUILT

SCALE: 1"=40'

DATE: 05-24-24

PROJ. NO. 1668-22

SP4

**CONSENT AGREEMENT
BETWEEN THE CITY OF BIDDEFORD
AND TIDE WATER ESTATES, LLC**

This Agreement is made between the City of Biddeford, hereinafter “City”, and Tide Water Estates, LLC, a Maine limited liability company with a mailing address of P.O. Box 1604, Saco, Maine 04072, hereinafter “Permit Applicant”.

WHEREAS: Permit Applicant is the owner of 5 Tide Water Drive, Biddeford, Maine 04005, (Map 47, Lot 44 on the Biddeford Assessor’s Maps), shown as Lot 5 (hereinafter, the “Lot”) on Plan entitled, “Amended Subdivision Plan, Tide Water Estates” dated June 2, 2022, and recorded in the York County Registry of Deeds in Plan Book 423, Page 44 (the “Plan”), and being a portion of the premises conveyed to Permit Applicant by deed of the Albert L. Bartolucci Living Trust dated July 5, 2000, the Pearl M. Bartolucci Living Trust dated July 5, 2000, and Lisa M. Curro, dated August 11, 2021 and recorded in the York County Registry of Deeds in Book 18767, Page 626; and

WHEREAS: on October 19, 2023, Permit Applicant submitted a building permit application for the Lot to the Code Enforcement Office to construct a single family home; and

WHEREAS: on October 31, 2023, the Code Enforcement Office approved a building permit to construct a single family home on the Lot; and

WHEREAS: on May 27, 2024, an as-built plan (the “As-Built Plan”) was completed by Paul P. Gadbois Professional Land Surveyor that showed the structure was built 16’ +/- from the front-yard property line instead of the required 40’; and

WHEREAS: Part III, Chapter Land Development Regulations, Article V, Section 4(A) of City of Biddeford Code of Ordinances states no structure shall be erected unless in conformity with the Zoning Ordinance, which includes the required setbacks; and

WHEREAS: The construction of the structure is substantially complete; and

WHEREAS: The Permit Applicant has explored and exhausted all available remedies, and would incur excessive cost of moving the structure to comply with the required 40’ setback; and

WHEREAS: the encroachment into the setback does not cause substantial increase in health or safety risk to abutters or future property owners; and

WHEREAS: state law and the City’s ordinances authorize the City to bring enforcement actions to cure violations, including the imposition of fines and the recovery of legal fees and expenses; and

WHEREAS: the City and Permit Applicant wish to resolve this matter without further litigation.

NOW, THEREFORE, in consideration of the mutual promises and agreements set forth herein, the parties agree as follows:

1. The City shall not seek any further action against Permit Applicant, its successors in interest, heirs or assigns, with respect to the encroachment and those matters shown on the As-Built Plan attached hereto as Exhibit A.
2. Permit Applicant shall pay a civil penalty to the City in the amount of Twenty Thousand and 00/100 Dollars (\$20,000.00).
3. In the event that Permit Applicant fails or refuses to comply with any of the terms of this Agreement, that is, the payment of the sums due hereunder at or prior to a closing on the Lot, it shall be deemed to be in violation of this Agreement and shall be liable to the City for a civil penalty of one hundred dollars (\$100.00) per day for each day the violation continues and further relief as a court may deem appropriate, including, without limitation, payment of the attorney's fees and costs incurred by the City to bring an action to enforce this Agreement. Any subsequent purchaser of the Lot may request a statement from the then serving Codes Enforcement Officer of the City of Biddeford that Permit Applicant has complied with all terms of this Agreement and such purchaser may conclusively rely on such statement that no violation exists.
4. At a meeting of the City Council held on _____, the City approved the resolution of the matters set forth herein on the terms and conditions set forth in this Agreement, and in connection therewith authorized James A. Bennett, in his capacity as City Manager, to sign and deliver this Agreement for and on behalf of the City.
5. This Agreement shall be recorded in the York County Registry of Deeds, and a copy will remain in the property file.
6. Upon payment of the monetary sums due hereunder, the structure on the Lot shall be deemed to be a lawfully existing non-conforming structure under the terms of all relevant land use and zoning ordinances and regulations.

Signed and agreed to by:

TIDE WATER ESTATES, LLC

CITY OF BIDDEFORD

Michael Conlon, Manager

Date: _____

James A. Bennett, City Manager

Date: _____

State of Maine

County of York, ss

_____, 2024

Personally appeared Michael Conlon, in his capacity as the Manager of Tide Water Estates, LLC and acknowledged the foregoing instrument to be his free act and deed in his said capacity, and the free act and deed of Tide Water Estates, LLC.

Before me,

Notary Public/Attorney at Law

Print Name: _____

My Commission Expires: _____

State of Maine

County of York, ss

_____, 2024

Personally appeared James A. Bennett, in his capacity as the City Manager for the City of Biddeford, Maine, and acknowledged the foregoing instrument to be his free act and deed in his said capacity, and the free act and deed of the City of Biddeford, Maine.

Before me,

Notary Public/Attorney at Law

Print Name: _____

My Commission Expires: _____

Shred/rah/olsen21/000/consentagreement

5 Tide Water Dr, Tide Water Estates
Conlon Development, LLC
Michael Conlon
(207) 618-3721

Good [morning/afternoon] members of the council,

My name is Michael Conlon, and I'm here today to request a consent agreement for 5 Tide Water Drive. Before I begin, I'd like to take a moment to introduce myself and my company. For over 25 years, I've had the privilege of building, renovating, and remodeling homes in Biddeford. I not only own property and run my business here, but I also pay my taxes in Biddeford. This city is my home, and I've always approached my work with the same goal in mind: to contribute positively to Biddeford by building homes that are not only beautiful but also stand the test of time. Due to an honest error, the home was unintentionally placed in the wrong location on the lot. This mistake provided no personal benefit to the developer, contractor, or homeowners, and it is an error that has never occurred in our years of building.

Throughout my career, I've adhered strictly to all local codes, ordinances, and regulations. From the smallest renovation to the most complex build, I've prioritized doing things correctly. I believe in setting a high standard—not just for myself but for the entire industry. I've worked hard to earn a reputation for quality and integrity by ensuring every project is completed to code and aligned with city guidelines. I've also made it a point to source materials locally and collaborate with local businesses, giving back to the community that supports my work. These long-standing relationships have helped me build a network to deliver excellence with each project.

The Tide Water Estates subdivision is undoubtedly the most ambitious and complex project I've ever undertaken. This 12-lot subdivision sits on a 10-acre parcel and involves creating a brand-new, 1,000-foot road. From the start, I approached Tide Water with the same care and attention to detail that I've applied to every project over the past two and a half decades.

Instead of clear-cutting, we took a meticulous approach, selectively cutting and preserving tree lines along Twin Island Drive and Dube Lane to maintain the privacy and natural landscape around existing homes. This careful attention to protecting the land reflects our belief that development and nature can—and should—coexist.

Before a single home was built, we spent two years meticulously planning every detail of this project, ensuring it met or exceeded all city requirements. Working closely with the City of Biddeford, public works, engineers, and Maine Water Company, we installed brand-new underground utilities, including water and power lines, to serve the subdivision and improve the overall infrastructure for the neighborhood and the University of New England. During this process, Maine Water also upgraded the old water lines along Sokokis Road, providing more reliable service to the entire area. This significant investment reflects our commitment to building homes and a stronger, better-connected community.

In our process, we made a discovery that added a historical dimension to our project—a graveyard on the property. In partnership with the Biddeford Historical Committee, we worked diligently to rehabilitate and restore the graves, honoring the history of those resting there. We even adjusted our plans to move the road five feet to provide public access to this historical site, ensuring that future generations can visit and appreciate it.

One of the other critical features of this subdivision is the waterfront path to the Saco River. Working with the Saco River Commission, we ensured that the existing 400-foot Right of Way stayed balanced with the natural surroundings, providing access to the river and preserving its ecological integrity. This path connects residents to one of Maine's most beautiful natural features and aligns with our sustainable development goals.

There are currently five homes built and occupied in the Tide Water subdivision, contributing to a new tax base for the city, with each home increasing tax revenue by

\$10-12k annually. We strictly adhere to the rules and regulations the Town of Biddeford set forth on every build. Specifically, during the 5 Tide Water Drive construction, we applied for and received the necessary permits while following all protocols. Having passed our foundation inspection at this home, we believed the house was in the correct location and proceeded with the construction, unaware of any issues. We take great pride in the quality of our builds, and 5 Tide Water was no exception.

Nine months ago, Bill and Donna Olsen entered into a contract for the home, personalizing it with their choice of paint, fixtures, and design elements. Unfortunately, a mistake occurred during this process. Due to an honest error, the home was placed in the wrong location on the lot. This mistake brought no personal gain to the developer, contractor, or homeowners and is an oversight that has never occurred in our 25 years of building. Today, we are asking the council for approval to rectify this situation. Initially, the settlement amount was set at \$20k. Still, after reviewing the numbers and recognizing the importance of resolving this issue, we are willing to forego profits and increase the settlement to \$40k. Conlon Development has always maintained an exemplary record, with no fines or customer issues in over 25 years. I'm not here because this is the easy solution to the problem. I'm here before you because this is the only solution. Since discovering the issue, we have worked with City staff, our surveyor, engineer, and attorneys and have determined this is the only solution. I'm willing to build this house for free and forego all profits if the council approves a consent agreement allowing the purchasers to move into their dream house.

In light of this situation, we have also upgraded our internal processes, introducing new checks and balances to ensure this type of mistake does not happen again. We appreciate your time and consideration today as we work towards a resolution that benefits all parties involved.

In short, we have approached every aspect of this project with care, respect, and long-term vision. Every requirement has been met, every specification has been adhered to, and we've done it all before building the homes. This has been a two-year

journey of meticulous planning and execution, always considering the environment, the community, and the value this subdivision brings to future homeowners and the entire neighborhood.

Tide Water has increased property values by taking these steps and will stand as a testament to responsible future development. This is a project we can all be proud of, and I hope you share our excitement for the future of this subdivision.

X _____

Michael Conlon, Owner Conlon Development, LLC

**CONSENT AGREEMENT
BETWEEN THE CITY OF BIDDEFORD
AND TIDE WATER ESTATES, LLC**

This Agreement is made between the City of Biddeford, hereinafter "City", and Tide Water Estates, LLC, a Maine limited liability company with a mailing address of P.U. Box 1604, Saco, Maine 04072, hereinafter "Permit Applicant".

WHEREAS: Permit Applicant is the owner of 5 Tide Water Drive, Biddeford, Maine 04005, (Map 47, Lot 44 on the Biddeford Assessor's Maps), shown as Lot 5 (hereinafter, the "Lot") on Plan entitled, "Amended Subdivision Plan, Tide Water Estates" dated June 2, 2022, and recorded in the York County Registry of Deeds in Plan Book 423, Page 44 (the "Plan"), and being a portion of the premises conveyed to Permit Applicant by deed of the Albert L. Bartolucci Living Trust dated July 5, 2000, the Pearl M. Bartolucci Living Trust dated July 5, 2000, and Lisa M. Curro, dated August 11, 2021 and recorded in the York County Registry of Deeds in Book 18767, Page 626; and

WHEREAS: on October 19, 2023, Permit Applicant submitted a building permit application for the Lot to the Code Enforcement Office to construct a single family home; and

WHEREAS: on October 31, 2023, the Code Enforcement Office approved a building permit to construct a single family home on the Lot; and

WHEREAS: on May 27, 2024, an as-built plan (the "As-Built Plan") was completed by Paul P. Gadbois Professional Land Surveyor that showed the structure was built 16'+/- from the front yard property line instead of the required 40'; and

WHEREAS: Part III, Chapter Land Development Regulations, Article V, Section 4(A) of City of Biddeford Code of Ordinances states no structure shall be erected unless in conformity with the Zoning Ordinance, which includes the required setbacks; and

WHEREAS: The construction of the structure is substantially complete; and

WHEREAS: The Permit Applicant has explored and exhausted all available remedies, and would incur excessive cost of moving the structure to comply with the required 40' setback; and

WHEREAS: the encroachment into the setback does not cause substantial increase in health or safety risk to abutters or future property owners; and

WHEREAS: state law and the City's ordinances authorize the City to bring enforcement actions to cure violations, including the imposition of fines and the recovery of legal fees and expenses; and

WHEREAS: the City and Permit Applicant wish to resolve this matter without further litigation.

NOW, THEREFORE, in consideration of the mutual promises and agreements set forth herein, the parties agree as follows:

1. The City shall not seek any further action against Permit Applicant, its successors in interest, heirs or assigns, with respect to the encroachment and those matters shown on the As-Built Plan attached hereto as Exhibit A.
2. Permit Applicant shall pay a civil penalty to the City in the amount of Forty Thousand and 00/100 Dollars (\$40,000.00).
3. In the event that Permit Applicant fails or refuses to comply with any of the terms of this Agreement, that is, the payment of the sums due hereunder at or prior to a closing on the Lot, it shall be deemed to be in violation of this Agreement and shall be liable to the City for a civil penalty of one hundred dollars (\$100.00) per day for each day the violation continues and further relief as a court may deem appropriate, including, without limitation, payment of the attorney's fees and costs incurred by the City to bring an action to enforce this Agreement. Any subsequent purchaser of the Lot may request a statement from the then serving Codes Enforcement Officer of the City of Biddeford that Permit Applicant has complied with all terms of this Agreement and such purchaser may conclusively rely on such statement that no violation exists.
4. At a meeting of the City Council held on September 17, 2024, the City approved the resolution of the matters set forth herein on the terms and conditions set forth in this Agreement, and in connection therewith authorized James A. Bennett, in his capacity as City Manager, to sign and deliver this Agreement for and on behalf of the City.
5. This Agreement shall be recorded in the York County Registry of Deeds, and a copy will remain in the property file.
6. Upon payment of the monetary sums due hereunder, the structure on the Lot shall be deemed to be a lawfully existing non-conforming structure under the terms of all relevant land use and zoning ordinances and regulations.

Signed and agreed to by:

TIDE WATER ESTATES, LLC

CITY OF BIDDEFORD

Michael Conlon, Manager

Date: _____

James A. Bennett, City Manager

Date: _____

State of Maine

County of York, ss _____, 2024

Personally appeared Michael Conlon, in his capacity as the Manager of Tide Water Estates, LLC and acknowledged the foregoing instrument to be his free act and deed in his said capacity, and the free act and deed of Tide Water Estates, LLC.

Before me,

Notary Public/Attorney at Law
Print Name: _____
My Commission Expires: _____

State of Maine

County of York, ss _____, 2024

Personally appeared James A. Bennett, in his capacity as the City Manager for the City of Biddeford, Maine, and acknowledged the foregoing instrument to be his free act and deed in his said capacity, and the free act and deed of the City of Biddeford, Maine.

Before me,

Notary Public/Attorney at Law
Print Name: _____
My Commission Expires: _____