

Maine's Opioid Settlements

The United States is in the **midst of a crisis** on its streets and in its communities as **overdoses, homelessness, and disorder reach record levels**. Yet settlement proceeds secured by the State of Maine present an **unprecedented opportunity for generational investment** in treatment capacity for chronic substance abuse (CSA) and severe mental illness (SMI).

Maine is set to receive **more than \$265 million** (\$265,890,645.41) in opioid settlement funds—equal to one-fifth of the state's share of the monumental Tobacco Master Settlement Agreement.¹ With twenty separate settlements and payments spread out over decades, the funds are **at risk of being squandered** through ad-hoc allocations to **diffuse and disorganized efforts**.

The state must ensure that this opportunity for treatment investment is not underutilized. **Maine can make targeted investments in treatment capacity** that will **honor those who suffered** in the opioid crisis and **ensure accessible care** for decades to come.

Maine reserves 20 percent of funds for use by the state, 50 percent of funds are allocated to the Recovery Fund (a combined \$189,865,166.52), and the remainder is allocated to subdivisions.² ⁱ The state's share is allocable by the attorney general. Control of the Recovery Fund appears to be vested in the 15-member Maine Recovery Council, though there are clauses in the Agreement that infer some allocation authority by the legislature.ⁱⁱ **All recipients are limited to a list of "approved uses," which mirrors the (non-exhaustive) list of suggested uses in the various settlements. The legislature should amend statute to provide for greater uses of funds to provide comprehensive treatment capacity investments.** Although the Agreement requires the Council to establish a centralized public dashboard for uses of funds, it does not appear that this has been done. Further, the Agreement requires the Council to report annually on uses of funds to the legislature, though the latest available report is from the beginning of 2024.³ **The state must follow the Agreement and provide transparency on uses of funds. It is not clear whether funds are being used appropriately.**

ⁱ With the exception of the McKinsey, Publicis, and Endo settlements, in which the state controls 100 percent of funds. For the Distributors and Janssen settlements, 1.5 percent is reallocated from the Recovery Fund for school district use.

ⁱⁱ Section II.C.3 plainly states that funds in the Recovery Fund are to be spent "as directed by the Recovery Council." Further, Section III.A states the Council shall "direct the disbursement" of the fund. However, Section IV.D provides that "any ... expenditure [] authorized by the Legislature using the Maine Recovery Fund may not be transferred to the General Fund." See Note 2.

The state must rein in the potential misallocation of these funds and prioritize investments in comprehensive treatment networks. **Three priorities** (Certified Community Behavioral Health Clinics, secure psychiatric beds, and community SMI/CSA response) **will ensure these funds have the largest impact** on Maine.

Certified Community Behavioral Health Clinics (CCBHCs)

CCBHCs, designed to ensure access to coordinated comprehensive behavioral health care, have stable funding and are supported by all recent presidential administrations. CCBHCs are a key response to the opioid crisis and can augment other services such as police crisis response teams, homelessness outreach and services, and outpatient psychiatric commitment services.

- **Solution: Fund the development and expansion of CCBHCs.**
 - Expand the CCBHC footprint with an emphasis on a team-based approach to co-occurring disorders.
 - Create a stepped approach to SMI/CSA treatment with services provided by the CCBHCs.
 - Require CCBHCs to offer specific care pathways to meet the needs of individuals with co-occurring disorders.

State Psychiatric Hospitals

Inpatient beds in secure facilities are critical for serving the highest-acuity psychiatric patients. Maine currently has only **11.4 state psychiatric beds** per 100,000 people, though this total includes beds occupied by forensic (i.e., criminal) patients.^{4,5} It is not clear how many beds are available for civil (i.e., non-criminal) patients. Treatment Advocacy Center recommends a rate of 30-60 beds per 100,000. Even counting non-public secure psychiatric beds, Maine still falls short of the minimum.⁶ Secure beds are a costly but necessary expenditure to protect patients with severe psychiatric disorders and the public at large.

- **Solution: Fund the expansion of civil psychiatric beds.**
 - Invest in expanding state hospital capacity.
 - Move forensic commitments to a jail-based restoration facility.
 - Apply for one of several Section 1115(a) waivers to expand Medicaid reimbursement for institutions for mental diseases (IMDs).

Inpatient Stabilization Centers and Mobile Crisis Teams

Emergency departments (EDs) are supposed to be a last resort for times of true emergencies, but are increasingly used for all types of immediate-need medical care. This is especially true for low- to medium-acuity mental health crises. In order for CCBHCs and state psychiatric bed expansions to have the largest impact, there must be an immediate triage of low-acuity patients from higher-need patients, or else investments in these facilities will be drowned out, overburdened, and underutilized by those that need them most, just like emergency departments.

- **Solution: Fund community-based mental health response resources.**
 - Expand community-based recovery centers, including voluntary short-term respite housing, especially for young adults.
 - Leverage CCBHC resources to develop comprehensive mobile crisis response teams in conjunction with police crisis intervention teams (CIT).
 - Support integration of community resources with crisis networks such as the Lifeline to support those in need or provide guidance for concerned loved ones.

¹ KFF. “Actual Tobacco Settlement Payments Received by the States (in millions).” Accessed 8 September 2025. <https://www.kff.org/health-costs/state-indicator/tobacco-settlement-payments>.

² “Maine State-Subdivision Memorandum of Understanding and Agreement Regarding Use of Settlement Funds.” <https://drive.google.com/file/d/1g13Su0eClaDtJedo8SXgY1moBTGq9dmZ/view?usp=sharing>.

³ Office of the Attorney General, “Opioid Litigation Settlements and the Maine Recovery Fund.” <https://www.maine.gov/ag/docs/Committee%20Report-2.1.2024.pdf>.

⁴ Treatment Advocacy Center, “Maine Psychiatric Beds Report.” 2023. <https://www.tac.org/wp-content/uploads/2023/10/Mainebedsinformation.pdf>.

⁵ United States Census Bureau, “2023 American Community Survey – Total Population.” [https://data.census.gov/table/ACSDT1Y2023.B01003?q=population&t=Population+Total&g=010XX00US\\$0400000](https://data.census.gov/table/ACSDT1Y2023.B01003?q=population&t=Population+Total&g=010XX00US$0400000).

⁶ Silver, Shanti, “Estimating Psychiatric Bed Need in the United States,” p. 2-4. Treatment Advocacy Center Office of Research and Public Affairs. January 2024. https://www.tac.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf.