

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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Substance Abuse and Mental Health Services
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October 18, 2019

One Hundred Sixteenth Congress
Congress of the United States
House of Representatives
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6115
Majority (202) 225-2927
Minority (202) 225-3641

RE: Congressional Response Letter due 10.18.19 from the State of Maine

Dear Chairman Pallone and Members of the Subcommittee:

Please find Maine's response below to your letter of inquiry dated September 18, 2019.

- 1) Since 2016, how much federal funding for opioid use disorder prevention, treatment, and recovery has Maine received?**

Please refer to Attachment A

- a. What challenges, if any, exist in deploying federal funds to local communities in an expedited manner?**

Maine has consistently worked to efficiently and effectively target and distribute federal funding for substance use-related work as quickly as possible. However, there are internal and external factors that can delay the process of getting funding to its destinations.

Some of these factors include: the rural nature of many significantly impacted communities and the associated barriers to accessing services, such as reliable transportation, a lack of local Medication Assisted Treatment (MAT) or other service providers, stigma among tight-knit communities, local public safety compassion fatigue, and access to consistent childcare in order to attend treatment as scheduled. These barriers have led to an underutilization of grant-funded treatment slots.

Additional challenges include lack of real-time data and ability to share data across agencies, ability to coordinate response efforts, siloed programming, complex financial

processes that can cause delays in contract encumbrance and timely reimbursement to providers, have historically delayed expedited disbursement of federal funds.

In January 2019, Maine experienced a change in administration and many activities are underway to address several of the barriers outlined above. This includes Governor Mills' Executive Order 1, which called for the expeditious implementation of Medicaid Expansion in January 2019. Through July, one in ten expansion enrollees experienced an opioid use disorder, proving it an effective part of opioid response. Executive Order Number 2 established innovative strategies for immediately combatting the opioid crisis in Maine and mandates that efforts must focus on overdose and death prevention, treatment and recovery, prevention, and improving access to support services. Efforts focused on these strategies are championed at the Executive level through the experienced leadership of Maine's first Opioid Response Director. In a major step forward, the Opioid Response Director has convened the Prevention and Recovery Cabinet to help coordinate Maine's efforts as they relate to substance use. Many other actions have stemmed from the Executive Order Number 2 including but not limited to; the establishment of intra-departmental coordinating councils, implementation of real-time data tools, and increased investment in harm reduction and anti-stigma campaigns.

b. To date, how much of this federal funding has your state used or allocated? Please provide a list of each funding recipient, the purpose for allocating money to them (e.g. prevention, treatment, etc.), and the amount that has been allocated to them.

Please refer to Attachment A

c. If your state has not used the entirety of federally allocated funding, please explain why.

Maine is working diligently to ensure that we spend all awarded funding in ways valuable to the communities we serve. The process to track all federal funding awards and spend is being restructured in a coordinated effort by grants and contract teams across multiple State of Maine Departments including; Department of Health and Human Services, Department of Public Safety, Department of Corrections, and Department of Education.

At final reconciliation, there have been very limited unspent federal funds, and reasons for underspending include, but are not limited to, unanticipated levels of Medicaid reimbursement, individuals not being able to access services in the contracted provider's area, implementation delays in contract activities, or billing not being corrected quickly across State fiscal cycles. State program and fiscal teams maintain regular checkpoints to identify trouble areas and red flags, as well as to create corrective and redirection plans for unspent funds.

2. Please describe how your state determines which local government entities (i.e. counties, cities, and towns) receive federal grant funding to address the opioid crisis. Specifically, please identify localities impacted most by the opioid epidemic in your state, and include the total amount allocated to each locality, as well as the factors your state considers in distributing these funds.

Historically, and as stated in 1)a., lack of access to real-time data has presented a challenge when trying to determine how to distribute funding in the most effective and productive way. Historically, Maine waited for the release of the medical examiner overdose death reports and also uses data sources such as Syndromic Surveillance to help identify communities most negatively impacted by the opioid epidemic. However, with the implementation of the High Intensity Drug Trafficking Areas' (HIDTA) Overdose Detection Mapping Application Program (ODMAP) and efforts to connect EMS data to Maine' Syndromic Surveillance, the State is starting to receive the benefit of real-time data. This enables the State to better track non-fatal overdoses and grasp how substance use is affecting all counties in the State, so that it may utilize this information to better determine which communities most need assistance and resources. In 2017, Maine was recognized as the first State in the nation by SAMHSA to use geo-mapping and hot-spotting analysis to strategically steer resources.

Additionally, there is a limited amount of community/primary prevention organizations in Maine and the funding is allocated in a prescribed structure to all nine public health districts across the State. Structure for this implementation is described below. Referrals are often received from schools, Juvenile Justice Community Corrections Officers, law enforcement and health care providers. AdCare Educational Institute provides technical assistance and administration of prevention training for health care and prevention providers, as well as social service agencies and others interested in substance use prevention with funds allocated from multiple SAMHSA and Federal CDC awarded grants.

3. Please describe how your state determines which non-governmental organizations (i.e. non-profits, treatment centers, or other entities) receive federal grant funding to address the opioid crisis. Specifically, please identify the non-governmental organizations that have received funds in your state, and include the total amount allocated to each entity, as well as the factors your state considers in distributing these funds.

The State has many different levers available to determine which NGOs to partner with. These levers include the competitive procurement process, provider capacity analyses, Waiver of Competitive Bid mechanisms leveraged in emergency circumstances, and organizational exceptionalism evaluations.

As part of an existing business process, when SAMHS applies for federal funding for the uninsured and most vulnerable individuals, we confirm and submit the following language in every justification to the Substance Use Treatment and Recovery service funder: ME SAMHS agrees to subcontract/subgrant to Providers upon a strategic a/o competitive process as federal and state regulations require. ME SAMHS submits that there are existing community Provider support and resources to enable contracts to be in place within 3 months of award receipt, per Funding Opportunity Announcement (FOA) grantee requirements.

Maine administers primary prevention services through the University of New England (UNE), which secured the role of vendor for substance use prevention through a competitive bid process. The award was just over \$3.1 million, and UNE administers these funds to community prevention providers who then provide prevention services within all nine public health districts across the State. Community providers complete the Strategic Prevention Framework to do assessments of their community to determine needs and select strategies based on the Center for Substance Abuse Prevention (CSAP) 6 core strategies (Education, Environmental, Information Dissemination, Problem Identification and Referral, Alternatives, and Community Based Processes). Finally, Maine's competitive procurement process is guided by Maine's Administrative Procurement Code, Title 5: Chapter 155, and Request for Proposals are reviewed by a team of subject matter experts and are scored on the following criteria: organization qualifications and experience, specification of work to be performed and proposed cost. Maine's justification to sole source or not competitively procure services is typically made on the basis of whether the contracted organization – or the services it provides – is unique, such as a State association that is statutorily obligated to perform a particular service. However, there are circumstances such as a state of emergency or cost to the State when competitive procurement might prove to be more costly to the taxpayer than sole source.

4. Do federally appropriated funds to address the opioid crisis provide your state with the flexibility to focus on the hardest hit regions or localities? Please describe how, if at all, this flexibility has helped Maine in using funds to target vulnerable populations or at-risk areas, If no, please explain what additional flexibility; should be considered in helping your state address the hardest hit regions or localities.

Maine has found that recent federal funding opportunities have been exceptionally flexible when it comes to utilization of funds and giving Maine the flexibility to best determine what our communities need. Community prevention providers can make decisions about strategies they will implement based on their community-level data and utilizing the Strategic Prevention Framework process outcomes.

There is an opportunity to improve the flexibility of funds for support services like transportation. Consumers covered by Medicaid have access to Non-Emergency Transportation which is a great help in accessing their medical appointments, but for the vulnerable un/under-insured populations, transportation remains a barrier. For a large and rural State like Maine, it would very helpful to have more funding opportunities that would address the transportation barrier for non-covered individuals.

There are some limitations with using federal primary prevention dollars for Screening Brief Intervention and Referral to Treatment, which could be beneficial for early identification of treatment needs to prevent long-term substance use disorder in our State's youth and young adults. Another limitation is that because funding goes to Statewide prevention providers, funding going to each community is not substantial enough to be able to implement some of the more robust and costly evidenced based programs.

Other areas of flexibility that Maine continually seeks to address are: funding flexibility for addiction disorders vs. substance-specific disorders, effective co-occurring programming, as well as underwriting the uncovered healthcare costs of the underinsured vs. the uninsured, e.g. co-pays, deductibles.

There are several circumstances and populations Maine considers when making assessments for how to best distribute resources for at-risk and vulnerable populations: the homeless, persons who inject drugs, pregnant/parenting women, veterans, as well as measures such as overdose death rates, substance exposed infants, and Morphine Milligram Equivalent (MME) dispensations from the Prescription Drug Monitoring Program. As noted in 1.) A., the lack of access to real-time data has presented a challenge in best determining how to most effectively and positively distribute funding in a quickly reactive or proactive way to best impact to the vulnerable populations in those regions.

5. In what ways, specifically, have federal funds extended to Maine helped change your state's treatment system and/or led to a reduction in opioid overdoses?

The State would like to specifically highlight the ability to utilize recently awarded federal funding for the purchase of Naloxone, and the administrative oversight of a Statewide Naloxone distribution network, which will have a large impact on reversing potentially fatal overdoses. Evaluation and research efforts are underway through partnerships with the University of Maine System to determine what is working, and what isn't, so that course corrections can occur quickly. Maine is also focused on implementing rapid induction programs in Emergency Departments. A great deal of effort and staff are now devoted to focusing on the opioid epidemic, and substance use in

general, from micro-level efforts (family impact and supports) to macro-level initiatives (widespread systems change).

The original 2016 budget for Maine's MAT program, the evidence-based practice with the greatest effectiveness, was \$250,000 per year, and is now \$4.4M going into FY20 thanks to the support of our federal funders.

Federal funds have also supported activities, technology enhancements, and policy development that helped shape Maine's Chapter 488, or "PMP law," which is partially credited with effecting the greatest reduction of per capita opioid prescribing in 2017.¹

Maine is also utilizing federal funding to implement MAT in correction facilities and addressing treatment barriers for the re-entry population. Work is underway to bridge programming between the Departments of Public Safety and Health and Human Services for both pre- and post- diversion.

6. What performance measures is Maine using to monitor the impact of federal funds for opioid use disorder and other substance use disorder treatment?

Some of the treatment measures that Maine is tracking include:

- Reduction in fatalities
- Increase in MAT providers in rural areas
- Increase in community-level implementation of State-supported new initiatives
- Reductions in Substance Exposed Infants
- Increase in providers trained in new Evidence Based Practices (EBPs)
- Numbers/demographics served in EBPs such as MAT, relapse prevention
- Specific outcomes of the numbers /demographics served in EBPs such as MAT, relapse prevention
- Improved prescribing behaviors
- Number of data sets/systems linked to improved quality/timeliness of opioid data
- Youth and young adults past 30 days of use of prescription drugs, marijuana, and alcohol
- Youth perception of harm, perception of getting caught, adverse childhood experiences, protective factors, and risk factors
- Number of people reached with prevention activities
- Number of prevention interventions

¹ <https://bangordailynews.com/2018/06/19/health/maine-leads-nation-in-decline-of-prescription-opioid-sales-report-finds/>

7. According to the Substance Abuse and Mental Health Services Administration, State Targeted Response to the Opioid Crisis (STR) Grants provide funding to states to: (1) conduct needs assessments and strategic plans; (2) identify gaps and resources to build on existing substance use disorder prevention and treatment activities; (3) implement and expand access to clinically appropriate, evidence-based practices for treatment particularly for the use of medication-assisted treatment (MAT) and recovery support services; and (4) advance coordination with other federal efforts for substance misuse prevention.

a. Has your state conducted a needs assessment and strategic plan? If yes, please describe that plan.

Yes. In 2017, Maine completed a joint Prevention-Treatment Strategic Plan and Needs Assessment as required by SAMHSA's Opioid State Targeted Response funding. Other substance use funders also require needs assessments and strategic plans at the grantee and/or subrecipient level, as well.

Additional details on Maine's STR Strategic Plan and Needs Assessment are referenced in 7.A and 7.B below.

b. Has your state identified gaps and resources to build on existing substance use disorder prevention and treatment activities? If yes, please describe those findings.

Yes, in the Needs Assessment, the State identified gaps and resources to build on existing SUD prevention and treatment activities. For example, in the Needs Assessment, Maine's PMP identified benzodiazepine (co)prescribing as an area of concern; under Maine's Overdose Data to Action funding, the State was awarded support to implement a Statewide Controlled Substance Stewardship Activity, which will closely focus on co-prescribing of opioids and benzodiazepines. The MeCDC Prevention team has built upon existing prevention interventions to include work with corrections, schools, and health care providers based on data analysis and has recently begun work with developing prevention programming for the 18-25 year-old population based on data showing that population with the higher rates of use and overdose.

Additionally, Maine noted a need for additional trauma-informed resources within the existing training relationship of the SA Prevention workforce development team, child protection staff and law enforcement allies. In Maine's pending Bureau of Justice Assistance application (?) policy (?), the State has proposed to utilize the existing relationships identified above to develop a specific protocol/policy for law enforcement, Emergency Medical Services (EMS) personnel, and child welfare staff to utilize when responding to families impacted by overdose. This protocol/policy will enhance the support for families that will ultimately work toward a goal of getting people into treatment, reducing the likelihood of generational substance use, and increase the education about addiction and substance use across professions.

The State looks forward to the potential positive outcome for Maine under that funding opportunity.

c. Has your state implemented and expanded access to clinically appropriate, evidence-based practices for treatment—particularly for the use of MAT and recovery support services? If yes, please describe how you have done so.

Yes, the State has been able to expand access to clinically appropriate and evidence-based services; under the State Targeted Response grant, Maine cautiously proposed the original ability to only serve up to 270 individuals per year in MAT services, but at the close of the last reporting period was proudly able to report that over 700 individuals were served to SAMHSA and NASADAD. Other services surpassed similar expectations.

Following Camden, New Jersey's hot-spotting model, the State has been able to accomplish this expansion through the targeting of treatment and recovery resources to areas reflecting the highest needs, e.g. Substance Exposed Infants and overdose deaths.

d. Has your state advanced coordination with other federal efforts for substance use disorder prevention? If yes, please describe how.

Yes, the State has advanced coordination with other federal efforts for SUD prevention. The State Prevention Team regularly partners with law enforcement and corrections, Child Protection Services, data surveillance, Medicaid, Department of Education, Drug Free Community grantees, and all their implied funders.

Since the beginning of 2019, under the leadership of the Mills' Administration, the State offices have met on an almost weekly basis, drafted and executed strategic plans, and implemented new programming – many being joint ventures between first responders and public health as seen in Naloxone distribution - and enhanced existing programming, such as MAT to effect a more outcomes-focused approach.

8. What additional resources would be most helpful to provide to communities struggling with opioid and other substance use disorders, including prevention and/or treatment options?

As highlighted in answer 4, the State would benefit from resources that effect a greater ability in addressing current transportation infrastructure needs from a macro-level. Additionally, more ability to provide support to impacted family members, increased ability to utilize funds for mental health treatment, and a larger focus on the social determinants of health such as housing, food, poverty reduction, and child care while in

treatment, would allow the State to more holistically approach this significant problem that our State is facing.

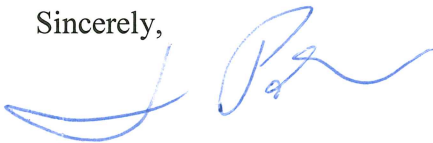
Continued support for services such as workforce development, implementation of the SUD 1115 waiver, funding flexibility for addiction disorders vs. substance-specific disorders, and effective co-occurring programming would all realize an impact at the community level as well.

Overall, stable and secure funding opportunities for both prevention and treatment, with aligned reporting requirements for the State and providers, would create less pain points, promote continuity of programming, and ensure efficacy of administration and outcomes.

In closing, I would like to thank you for the opportunity to highlight the incredible work being done in the State of Maine and invite you to visit to see it for yourself firsthand.

Please reach out to me directly if I can be of further assistance or answer any additional questions.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Jessica M. Pollard', with a stylized flourish extending to the right.

Jessica M. Pollard, PhD
Director, Maine Office of Substance Abuse and Mental Health Services

Grant	NOA	Allocated/Encumbered	Recipient	Purpose
MPS	\$ 8,240,940.00	\$ 7,593,331.91	See Attached Spreadsheet	Prevention of prescription drugs, marijuana and alcohol misuse
MSOR	11,154,294	6,704,587	See Attached Spreadsheet	Prevention, Treatment and Recovery Activities related to Opioid Use Disorder
OD2A	4,625,213	298,610	See Attached Spreadsheet	Prevention of drug overdose
OPCE	3,644,354	3,228,810	See Attached Spreadsheet	Prevention of opioid overdose
OPPS	91,900	63,740	See Attached Spreadsheet	Prevention of opioid overdose (HIV, Hepatitis)
PDOP	2,976,102	1,893,406	See Attached Spreadsheet	Prevention of prescription drug use
SAPTBG	28,466,897	36,681,355	See Attached Spreadsheet	Prevention, Treatment and Recovery Activities related to Substance Use Disorder
STR/MOSTR	4,078,058	4,191,402	See Attached Spreadsheet	Prevention, Treatment and Recovery Activities related to Opioid Use Disorder
SPF-RX	1,486,464	1,378,924	See Attached Spreadsheet	Prevention of prescription drug and opiate use
	<u>\$ 64,764,222.00</u>	<u>\$ 62,034,165.08</u>		

***Please note that abovelisted federal funding is reflective of the Single State Authority (SSA), which primarily focuses resources on uninsured treatment services and SSA Primary Prevention activities. Additional opioid funds as administered by other state departments are not reflected in this accounting.*

Legal Name	MPS	MSOR	OD2A	OPCE	OPPS	PDOP	SAPTBG	SPFRX	SPFRX2	MOSTR	STR	Grand Total
2 1 1 MAINE INC							80,000.00					80,000.00
ABILIS SOLUTIONS CORP				91,350.00								91,350.00
ACADIA HEALTHCARE INC							971,850.76			-	440,399.39	1,412,250.15
Adam Graphic Corporation							610.00					610.00
ADCARE EDUC INST OF MAINE INC	152,897.00	165,000.00		88,616.00			949,808.65	41,250.00	334,923.00		150,000.00	1,882,494.65
ALISON JONES WEBB												-
ALLIANCE FOR ADDICTION & MENTAL HLTH SERV	18.31						1,061,386.82					1,061,405.13
ANDROSCOGGIN CTY OF							5,000.00					5,000.00
APPRISS INC						618,526.70						618,526.70
AROOSTOOK CTY ACTION PROG INC	193,676.09						128,295.06					321,971.15
AROOSTOOK MENTAL HLTH SERV INC		251,161.00					1,435,396.53					1,686,557.53
BANGOR AREA RECOVERY NETWORK INC		187,500.00										187,500.00
BANGOR CITY OF	177,877.75	27,500.00		2,500.00			119,614.91					327,492.66
CAPQUALITY CARE INC							231,635.00					231,635.00
CARIBOU CITY OF							2,177.08					2,177.08
CARY MEDICAL CENTER							5,000.00					5,000.00
CATHOLIC CHARITIES MAINE		101,000.00					1,888,300.50				401,000.00	2,390,300.50
CENTRAL MAINE COMMUNITY HLTH							18,688.68					18,688.68
CENTRAL MAINE COUNSELING SERV											-	-
CENTRAL ME FAMILY COUNSELING		326,146.00					384,315.06					710,461.06
Coastal Business Center							1,433.00					1,433.00
Colonial Management Group, LP							155,880.00					155,880.00
COMMITTEE FOR CHILDREN		149,815.10										149,815.10
COMMITTEE FOR CHILDREN		3,000.00										3,000.00
COMMUNITY CARE							47,706.57					47,706.57
COMMUNITY CONCEPTS INC							92,164.29					92,164.29
CONNECTICUT PEER REVIEW ORGANIZATION INC		-	18,729.25	493,834.50								512,563.75
CORRECT CARE SOLUTIONS LLC		457,446.00										457,446.00
CRISIS & COUNSELING CTR INC							525,038.94					525,038.94
CROOKED RIVER COUNSELING PA		283,646.00								11,739.64	476,131.36	771,517.00
CROSSROADS FOR WOMEN INC							1,636,578.58					1,636,578.58
DAY ONE							3,605,475.03					3,605,475.03
DIRIGO SAFETY LLC	20,000.00											20,000.00
DISCOVERY HOUSE BR INC		1,258,731.74					757,279.01				339,922.00	2,355,932.75
DISCOVERY HOUSE WC INC							424,400.00				139,924.00	564,324.00
Education Development Center	21,570.00								21,570.00			43,140.00
ENSO LLC		637,465.48					212,500.00				214,966.04	1,064,931.52
EVERGREEN BEHAVIORAL SERVICE											37,812.60	37,812.60
FEL.com, Inc.				619,416.68			587,372.74					1,206,789.42
GT PORTLAND COUNCIL OF GOVT				34,500.00								34,500.00
GuideSoft Inc.		3,041.74	48,689.76	426,941.65								478,673.15
HANCOCK CTY OF							5,000.00					5,000.00
HEALTHY ACADIA	180,168.77	744,556.75					125,000.00				111,892.00	1,161,617.52
Healthy Communities of the Capital Area							20,997.00					20,997.00
HEALTHY COMMUNITY COALITION							20,000.00					20,000.00
HONEYWELL INTERNATIONAL INC							484.50					484.50
HORNBY ZELLER ASSOC INC	566,712.08							88,454.50	85,868.50			1,132,064.08
INDIAN TOWNSHIP							15,000.00					15,000.00
INFORMATION SYSTEMS & NETWORKS CORP							328,567.93					328,567.93

Legal Name	MPS	MSOR	OD2A	OPCE	OPPS	PDOP	SAPTBG	SPFRX	SPFRX2	MOSTR	STR	Grand Total
Katahdin Shared Services Inc							21,250.00					21,250.00
KENNEBEC BEHAVIORAL HEALTH							469,115.81					469,115.81
KENNEBEC CTY OF							14,500.00					14,500.00
KENNEBUNK TOWN OF							5,000.00					5,000.00
KEY 3 WEST, INC										55,522.50	455,488.00	511,010.50
MAINE ACCESS IMMIGRANT NETWORK		13,080.00										13,080.00
MAINE ACCESS POINTS		80,000.00										80,000.00
MAINE BEHAVIORAL HEALTHCARE							1,153,184.00				-	1,153,184.00
MAINE MEDICAL ASSOCIATION				50,000.00		250,000.00						300,000.00
MAINE PRETRIAL SERVICES INC							540,283.50					540,283.50
MAINEGENERAL COMMUNITY CARE							1,004,863.38					1,004,863.38
MAINEGENERAL MEDICAL CTR		27,500.00		2,500.00			620,634.90					650,634.90
MAINEHEALTH		542,400.00					596,400.00				302,400.00	1,441,200.00
MAYO REG HOSPITAL							150,903.59				8,195.65	159,099.24
MEDICAL CARE DEVELOPMENT							29,936.00					29,936.00
MERCY HOSPITAL							346,083.34					346,083.34
MERRIMACK RIVER MED SERV INC							492,415.00					492,415.00
MID COAST HOSP	115,638.00											115,638.00
MID COAST HOSPITAL	60,141.00	53,500.00					1,401,502.99				83,500.00	1,598,643.99
MILESTONE RECOVERY							2,279,775.00					2,279,775.00
NAMI MAINE INC		45,000.00										45,000.00
OAKLAND TOWN OF							14,540.00					14,540.00
OPEN DOOR RECOVERY CTR							162,096.07					162,096.07
ORONO TOWN OF							4,856.75					4,856.75
PAN ATLANTIC RESEARCH INC							253,657.26					253,657.26
PENOBSCOT BAY YMCA							20,000.00					20,000.00
PENOBSCOT COMMUNITY HEALTH CENTER							1,401,877.79					1,401,877.79
PENOBSCOT COMMUNITY HEALTH CTR							111,930.96					111,930.96
PENOBSCOT INDIAN NATION	207,322.34						116,848.46					324,170.80
POINTS NORTH INSTITUTE				40,000.00								40,000.00
PORTLAND CITY OF	183,822.27	27,500.00		2,500.00			349,809.96					563,632.23
PORTLAND COMMUNITY HEALTH CENTER		366,590.80									331,509.00	698,099.80
PORTLAND RECOVERY COMMUNITY CENTER		580,220.12					628,238.00					1,208,458.12
PREMIER MARKETING GROUP INC							450.00					450.00
PUBLIC CONSULTING GROUP INC	277,499.00	175,000.00			63,740.00	168,865.29			129,672.00			814,776.29
RECOVERY CONNECTIONS OF MAINE LLC		70,000.00										70,000.00
REDINGTON-FAIRVIEW GEN HOSP	175,779.00						118,869.77					294,648.77
RESULTS MARKETING & DESIGN LLC	140,008.00		23,466.66	504,315.24		464,984.76	414,263.44					1,547,038.10
RINCK ADVERTISING INC	653,000.00			600,000.00	-		898,776.00	1,721.31	270,464.69	-	100,000.00	2,523,962.00
RIVER VALLEY HEALTHY	175,779.00						96,669.40					272,448.40
SABLE Inc							218.00					218.00
SAGADAHOC CTY OF							10,000.00					10,000.00
SEBASTICOOK VALLEY HOSPITAL							5,000.00					5,000.00
SEQUEL CARE OF MAINE, LLC							62,200.00					62,200.00
SHEENA BUNNELL							15,000.00					15,000.00
SHI INTERNATIONAL CORP							1,979.00					1,979.00
SMART CHILD & FAMILY SERVICES		112,000.00									135,000.00	247,000.00
SOUTHERN MAINE HEALTH CARE							20,000.00					20,000.00
THE OPPORTUNITY ALLIANCE							562,750.00					562,750.00

Legal Name	MPS	MSOR	OD2A	OPCE	OPPS	PDOP	SAPTBG	SPFRX	SPFRX2	MOSTR	STR	Grand Total
THIRD STAGE SYSTEMS, LLC							10,000.00					10,000.00
Thomas Arthur Vallee							1,180.00					1,180.00
TOWNSQUARE MEDIA AUGUSTA/WATERVILLE LLC							120,976.00					120,976.00
TRI-CTY MENTAL HLTH SERV							1,571,639.89					1,571,639.89
UNIV OF MAINE SYS			207,723.95	267,073.55								474,797.50
UNIV OF ME SYS	8,000.00											8,000.00
UNIV OF NEW ENGLAND	4,283,423.30	15,785.97		5,261.98			2,988,733.48	56,207.31	348,792.69	-	396,000.00	8,094,204.73
VEAZIE TOWN OF							5,000.00					5,000.00
WALDO COUNTY GENERAL HOSPITAL							20,000.00					20,000.00
WASHINGTON COUNTY: ONE COMMUNITY							6,712.00					6,712.00
WASHINGTON CTY OF							8,009.75					8,009.75
WELLSPRING INC							1,002,472.58					1,002,472.58
WESTBROOK CITY OF							5,000.00					5,000.00
WESTERN MAINE HEALTH CARE CORP							22,183.39					22,183.39
YORK CNTY SHELTER PROGRAMS INC							613,144.78					613,144.78
YORK HOSPITAL							67,468.44					67,468.44
Total	\$ 7,593,331.91	\$ 6,704,586.70	\$ 298,609.62	\$ 3,228,809.60	\$ 63,740.00	\$ 1,893,405.75	\$ 36,681,355.32	\$ 187,633.12	\$ 1,191,290.88	\$ 67,262.14	\$ 4,124,140.04	\$ 62,034,165.08