

MAINE

USE OF STR/SOR GRANT FUNDS TO ADDRESS THE OPIOID CRISIS

Background on opioid-specific grants to States

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. These grants aim to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) in the States. States received a total of \$500 million for each of FY 2017 and FY 2018 through STR. Additionally, in FY 2018, States received an additional \$1 billion in new funding through the SOR grants. In FY 2019, States received \$1.5 billion through SOR. Eligible applicants for both STR and SOR are the State alcohol and drug agencies.

Allocations for Maine

Maine received \$2 million through STR for each of FY 2017 and 2018, and \$4.3 million through SOR in FY 2018. In FY 2019, Maine received a total of \$6.7 million through SOR.

Overview of Maine's efforts to address the opioid crisis

Under the 2017 STR funding, the State of Maine served over 700 uninsured adults and youth with opioid use by providing evidence-based medication-assisted treatment (MAT) through existing or new MAT models. The focus has been on treatment and capacity building in rural areas. The goal of the Maine Opioid STR project was to improve outcomes for uninsured adults in Maine who receive MAT for opioid use disorder (OUD). Prevention interventions included opioid misuse community education sessions and implementation of Prime for Life curriculum in community settings.

Under the SOR funding, the State of Maine expects to serve at least 500 uninsured adults and youth with OUD per year from FY 2019-FY 2020 by providing MAT. The goal of the project is to increase access to MAT for persons with OUD, reduce unmet treatment need for high-risk populations, and reduce opioid overdose related deaths through the provision of prevention, treatment, and recovery activities. This will be done through the continued prioritization of the implementation and/or enhancement of a system of care that connects high-risk populations with OUD to MAT services through connection to a MAT provider. Service coordination will be established upon reentry from jail or before discharge from ED.

Maine is prioritizing services in rural areas, with a focus on pregnant and parenting women, those who use drugs intravenously, high-risk populations transitioning from correctional facilities to the community, and tribal members living in rural counties.

Primary prevention: stopping opioid misuse before it starts

Local community coalitions implemented the **Prime for Life Universal Curriculum (PFL)** populations located in 4 public health districts of highest need. The Maine Center for Disease Control and Prevention (CDC) also had a media campaign to assist with promotion and registration for the curriculum.

ME CDC is utilizing SOR funds to implement a 3-faceted prevention approach across the State. The first facet entails piloting the social-emotional learning curriculum **Second Step** in grades Pre-K through 8. The State worked with the Department of Education to select sites and plans to expand the curriculum by the end of the SOR grant funding period. Secondly, **Sources of Strength (SOS)** will be piloted in 9 high schools across the State. SOS is complementary to Second Step as a social emotional learning program proven to reduce youth suicide. Prevention science shows that youth suicide and substance use have shared risk factors and implementation of SOS is expected to help reduce substance use among high school youth. Thirdly, the **Student Intervention Reintegration Program (SIRP)**, which also uses the PFL curriculum, but includes a 12-hour program for youth who have violated a school substance use policy or gotten in trouble with the law for a substance use related crime. Juvenile Community Corrections Officers, School Resource Officers and community law enforcement officers make referrals to the SIRP program through an online referral system. Classes are facilitated by certified Prime for Life Instructors and scheduled for strategic areas across the State to accommodate the number of classes needed for referrals. More than 20 classes have been scheduled between September and December. All three pilots will undergo formal evaluation and necessary adjustments will be made in future implementations.

Increasing access to treatment

Under STR, Maine's Substance Abuse and Mental Health Services (SAMHS) was able to increase treatment and recovery service funding for individuals that are uninsured. Additionally, the State was able to expand service options in rural areas outside of Maine's three metropolitan areas (Portland, Lewiston-Auburn and Bangor). Currently under SOR, ME SAMHS is in the process of implementing Rapid Access Treatment programs, giving overdose survivors access to MAT while in the emergency room.

The State continues to prioritize pregnant and parenting women, as well as those who use drugs intravenously. In the SOR project (and beginning with community MAT providers in STR), the State has worked to target additional high-risk populations, such as those transitioning from a correctional facility to the community. There is a planned expansion underway in SOR for persons in recovery.

Overdose reversal efforts: saving lives

Overdose prevention efforts focus on high-risk populations. Naloxone kit distribution is underway, and is expected to expand with SOR funding. Additionally, SOR funds will support corresponding naloxone training needs.

Supporting recovery

There are two recovery support service pilot projects funded by STR/SOR:

Recovery Coach Coordinator Positions: Two recovery coaches provide Connecticut Community for Addiction Recovery (CCAR) Recovery Coach Academy and ancillary trainings, provide supportive supervision ("coachervision"), and collect recoveree-level outcome data. This effort has led to an increase in trained recovery coaches, increased service delivery, recorded improvement in several domains of recovery capital, and declines in recent use.

Medication-Assisted Recovery Project: Collaboration between local organizations to provide low-barrier service coordination for homeless individuals with OUD who do not have insurance coverage. This project includes medication management, counseling, peer services, and intensive case management. The Medication-Assisted Recovery Project has increased the number of individuals in stable housing, increased service access and retention, and reduced substance use.

Collaborating with local entities

With STR funding, the State has worked with County Jail Administrators in order to set up MAT programming outside the walls for those involved in the criminal justice system. With SOR funding, MAT services are now being offered inside correctional facilities, ensuring that persons in recovery who are transitioning to a new setting have all the supports in place to facilitate their continued health and success.

Positive outcomes

- The Prime for Life curriculum was taught in over 70 classes in year 2 of the STR grant
- 30 schools will receive the Second Step Curriculum during year 1 of SOR
- MAT services were expanded to serve an additional 1,200 patients
- 700 uninsured persons were provided treatment services
- 260 recovery coaches trained including full-time SUD coaches in Emergency Departments

For more information, contact Robert Morrison, Executive Director, at rmorrison@nasadad.org, or Shalini Wickramatilake-Templeman, Federal Affairs Manager, at swickramatilake@nasadad.org.