

# Addressing Opioid and Stimulant Misuse and Disorders: The Impact of State Targeted Response and State Opioid Response Grants

## Background on State Targeted Response and State Opioid Response Grants

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. The STR program was designed 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 support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)–approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of \$1 billion through STR. From FY 2018 to FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

## Single State Agency (SSA): Maine Department of Health and Human Services (DHHS)

In FY 2017 and FY 2018, the Maine Department of Health and Human Services (DHHS) received a total of \$4 million in STR funding. From FY 2018 through FY 2020, the state received a total of \$27.2 million in SOR funding.

## Overview of Maine’s efforts to address opioid and stimulant misuse and disorders

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

The goal of the SOR funding 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 emergency departments. Under the SOR funding, the State of Maine expects to serve at least 500 uninsured adults and youth with OUD per year by providing MAT.

Under SOR-II, funding will continue to serve individuals with OUD from FY 2020 through 2022 by increasing access to MAT. Funds will also be used to treat individuals with stimulant use disorder by utilizing the evidence-based practices of contingency management and the community reinforcement approach. Further, funds will be used for the Jail-to-Community Peer Reentry Supports pilot to address reentry needs (e.g., peer support recovery coaching, network navigation, and relationship building), to reduce recidivism based on proven behavioral-health-first models, and to develop a working restorative justice model through integration of restorative practices.

### Innovative service delivery models

- Recovery coach coordinator positions within emergency departments
- Medication-Assisted Recovery Project
- Expansion of MAT services in county jails and prisons
- Jail-to-Community Peer Reentry Supports pilot
- Substance use recovery coach training
- Recovery residence supports
- Criminogenic case management
- Peer recovery coaches and peer supports
- Harm reduction

### Building workforce capacity

Embedded within Maine Medical Center, employment specialists supported individuals to obtain employment, maintain employment, and improve employment-related skills. This was accomplished by using the evidence-based individual placement and support model of supported employment to integrate employment services with behavioral health services.

## Collaborating with public and private entities

With STR funding, the state has worked with county jail administrators 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.

The state has partnered with the University of Maine to form the Maine Naloxone Distribution Initiative (MNDI). The MNDI works collaboratively with four partnering organizations to train and distribute naloxone statewide and collect meaningful and useful data that will help to inform the decision-making process in the future.

## Preventing opioid and stimulant misuse before it starts

## Education and public awareness

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

The Maine CDC is utilizing SOR funds to implement a three-faceted prevention approach across the state. The first facet entails piloting the social-emotional learning curriculum Second Step in PreK through grade 8. The State worked with the U.S. Department of Education to select sites and plans to expand the curriculum by the end of the SOR grant funding period. Second, Sources of Strength (SOS) will be piloted in nine 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. Third, the Student Intervention Reintegration Program (SIRP), which also uses the PFL curriculum, 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 PFL Instructors and scheduled for strategic areas across the state to accommodate the number of classes needed for referrals. All three pilots will undergo formal evaluation, and necessary adjustments will be made in future implementations.

## Overdose reversal efforts: saving lives

Overdose prevention efforts focus on high-risk populations. Naloxone kit distribution is underway, with a total of 6,227 kits confirmed as distributed. While SOR funding has not been used to purchase medication at this time, it has been used to partially fund harm reduction staffing services. Additionally, SOR funds will support corresponding naloxone training needs. SOR-II funds have aided the distribution of 3,113 intranasal naloxone kits from October 2020 through March 2021. These funds are also being put to work by expanding access to harm reduction trainings by funding staff services.

## Increasing access to treatment

Maine's DHHS Office of Behavioral Health (OBH) was able to increase treatment and recovery service funding for individuals who 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, Maine OBH 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 STR and SOR project, 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.

## Supporting long-term recovery

The state has funded two recovery support service pilot projects:

Recovery Coach Coordinator Positions: Two organizations have entered into agreements with OBH to provide Connecticut Community for Addiction Recovery (CCAR) Recovery Coach Academy and ancillary

trainings; provide supportive supervision (“coachervision”); create networks of referral for volunteer recovery coaching; and collect recoveree-level outcome data. This effort has led to an increase in trained recovery coaches, increased service delivery, and demonstrated improvement in several domains of recovery capital among recoverees, including declines in recent use.

Medication-Assisted Recovery Project: This project is a collaboration between local organizations to provide low-barrierservice coordination for homeless individuals with OUD who struggle to meet requirements of standard treatment. It includes medication management, counseling, peer services, and intensive casemanagement. The Medication-Assisted Recovery Project assisted clients in achieving stable housing, service access and retention, and reduced substance use.

## Serving special populations

Due to Maine’s large rural area, the SOR funds focus on expanding access to these underserved populations as well as the high-risk populations transitioning from correctional facilities to the community.

## Demonstrating outcomes for a healthier future

- The PFL curriculum was taught in over 70 classes in year 2 of the STR grant.
- 65 schools received the Second Step curriculum over the 2 years of SOR.
- Of those who were referred to SIRP from the juvenile justice system (22 youth), there has been a zero percent 3- and 6-month recidivism rate.
- MAT services were expanded to serve an additional 1,200 patients.
- 700 uninsured persons were provided treatment services.
- 260 recovery coaches were trained, including full-time substance use disorder coaches in emergency departments.
- MAT services are now provided in eight county jails and four Department of Corrections/prison locations and include support for community services.

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