

## Maine SOR Initiatives

### Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

This brief was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in collaboration with the Opioid Response Network (ORN) as part of a series of state reports intended to showcase initiatives across the continuum of care that states have implemented with SOR funds. The ORN is a SAMHSA-funded technical assistance and training center that works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to support efforts to address the opioid and stimulant crisis.



### Single State Agency (SSA): Maine Department of Health and Human Services, Office of Behavioral Health (OBH)

Maine's OBH has received \$34,096,996 in SOR funding from FY18 through FY23. For FY23–FY24, it received \$6,547,645.

The state's goals for SOR are to increase MOUD access for people with opioid use disorder (OUD), reduce unmet treatment need for high-risk populations, and reduce opioid overdose-related deaths through:

1. **Prevention:** Prevent the early use of addictive substances by children and youth.
2. **Harm Reduction:** Make naloxone available to anyone who needs it and promote the understanding and use of harm reduction strategies.
3. **Treatment:** Ensure that local, immediate, and affordable treatment is available.
4. **Recovery:** Support individuals in recovery.



Maine will meet these goals through implementation and enhancement of a care system that connects high-risk populations with OUD to MOUD providers. Service coordination is established upon reentry from jail or



before discharge from emergency departments. SOR funds are also used to treat individuals with StUD by using contingency management and the community reinforcement approach. Further, funds will be used for the Jail-to-Community Reentry pilot to address re-entry needs (e.g., peer support recovery coaching, network navigation, relationship building) to reduce recidivism based on evidence-based practices.

## Preventing Opioid and Stimulant Misuse Before It Starts

Maine has used SOR to support Maine Prevention Network Community Partners, a collaborative effort involving various organizations, agencies, and community members dedicated to preventing substance misuse, promoting mental health, and addressing related issues.

### Maine Prevention Network Community Partners

The Maine Center for Disease Control and Prevention's (MeCDC) Tobacco and Substance Use Prevention and Control Program allocates SOR funding through its network of community-level prevention providers. This allocation has enabled partners to operate across the substance use continuum and broaden the scope of primary and secondary prevention activities.

As new partnerships form, providers seek innovative methods to enhance prevention, including initiatives for safe storage and disposal, as well as efforts in harm reduction, such as naloxone training, community sharps programs, and fentanyl test strip distribution. Partners engage with diverse entities, encompassing public safety, local treatment providers, community outreach organizations, public health organizations, healthcare providers, local recovery groups, schools and colleges, community organizations like YMCAs, and private businesses. Throughout the state, community partners engage in activities, such as:

- Promote community sharps disposal initiatives in southern Maine municipalities
- Install NaloxBox sites in community settings
- Implement a maternal naloxone project at a local hospital
- Support development of naloxone policies in schools and private businesses
- Conduct mobile outreach efforts, such as naloxone distribution and promoting safe storage

## Overdose Reversal Efforts: Saving Lives

Maine reduces overdoses through overdose reversal agent distribution, education, and training.

### Naloxone Distribution

Since 2019, four of Maine's largest recognized harm reduction organizations—two municipal public health agencies, one hospital, and one community-based harm reduction organization—have collaborated to establish a structured, tiered naloxone distribution system for local dispensation networks. This network of Tier 1 (T1) organizations collectively forms the Maine Naloxone Distribution Initiative (MNDI). The MNDI was created to facilitate comprehensive naloxone distribution and training initiatives across Maine, with funding sourced from various federal and state channels.

From July 2019 to November 2023, MNDI has distributed 429,954 doses of naloxone across Maine, leading to more than 7,500 community-reported overdose reversals within the same timeframe.

T1 organizations onboard requesting Tier 2 (T2) agencies and businesses. T2 partners function as either “Have It on Hand” or “Community Redistributor” entities. Presently, there are 499 onboarded T2 organizations statewide. This network includes community-facing harm reduction organizations, clinical providers, municipal public health entities, federally qualified health centers, educational institutions, public safety entities (e.g., law enforcement, fire department, emergency medical services), libraries, commercial entities, and individuals from rural and urban communities. MNDI strives to provide high-risk Maine communities with easy access to lifesaving naloxone and linkage to harm reduction services, including state-funded syringe service programs.

Collaborative data collection efforts involving T1 and T2 organizations and the University of Maine track naloxone distribution at the county level each month, enabling comparison with overdose rates. The data informs naloxone forecasting and facilitates real-time adjustments in priorities. Continual access to the data is crucial for monitoring trends and guiding interventions.

### Overdose Prevention Training

Through MNDI, each T1 provider conducts overdose prevention trainings for onboarding T2 organizations, as well as for community agencies and businesses. A T2 community redistributor is trained as an overdose education and naloxone distribution trainer, further extending MNDI’s reach. The community agencies served through MNDI include community colleges, high schools, mental health organizations, an intimate partner violence program, parenting support groups, social service providers, community advocacy programs, places of worship, community centers, recovery residences and support programs, a re-entry program, local fire departments, concert venues, and other private businesses. Overdose prevention trainings prioritize individuals most likely to encounter an overdose. A fundamental principle of the Maine Opioid Response Strategic Action Plan is to invest in local and statewide initiatives to enhance public understanding and reduce stigma and discrimination related to substance use disorder (SUD) and OUD. Through public overdose prevention trainings, MNDI helps dismantle stigma surrounding SUD and individuals who use drugs.

## Implementing Harm Reduction Strategies

Maine has also used SOR to support allowable harm reduction strategies.

### Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) Program

The OPTIONS program was developed to address overdose-related fatalities. Maine has contracted with providers, most of whom also serve as crisis intervention providers, to hire SUD treatment and/or co-occurring mental health clinicians (referred to as OPTIONS liaisons) to deliver a wide range of services in their communities. Each OPTIONS liaison is assigned to a separate county and embedded within a law enforcement agency to enhance collaboration on substance use–related emergencies. OPTIONS incorporates harm reduction, recovery support, and overdose prevention, offering a comprehensive approach to addressing the substance misuse crisis. OPTIONS employs community-based liaisons in all 16 counties, ensuring accessibility and providing a familiar point of contact for individuals seeking help. This localized approach enables tailored support and fosters trust within communities.

The OPTIONS program has a significant impact on the opioid epidemic in Maine by connecting people to resources, reducing harm, improving public safety, and ultimately working to decrease overdose rates and enhance overall health outcomes. The program has increased access to resources and education by:

- **Connecting People to Services:** OPTIONS helps individuals and families navigate the complex array of recovery and support services through liaisons and public health campaigns.

- **Spreading Awareness of the Good Samaritan Law:** The program educates about legal protections for seeking help during overdoses, encouraging immediate action in emergencies.
- **Promoting Naloxone Distribution:** OPTIONS raises awareness and accessibility of naloxone, a lifesaving medication that reverses opioid overdoses. Through 2023, more than 8,000 naloxone kits have been distributed.
- **Educating on Safer Practices:** The program provides information on safer drug use practices to reduce overdose risk for individuals who choose to continue using.

The program has promoted harm reduction and public safety through:

- **Liaison Outreach:** Mental health clinicians work directly with high-risk communities, providing interventions and support to prevent overdoses and encourage recovery.
- **Post-Overdose Response:** OPTIONS liaisons engage with individuals after overdoses, connecting them to vital resources and support for successful recovery.
- **Collaboration With First Responders:** The program fosters stronger coordination between healthcare professionals, law enforcement, and emergency medical services to improve overdose response and safety.

The program has supported an overall reduction in opioid-related harms, such as:

- **Decreased Overdose Rates:** By combining harm reduction, outreach, and recovery support, OPTIONS aims to decrease both fatal and non-fatal overdoses in Maine.
- **Improved Health Outcomes:** Increased access to treatment and support can lead to better health for individuals with SUD, benefiting both individuals and communities.
- **Reduced Stigma:** Through public education and awareness campaigns, OPTIONS breaks down stigma surrounding substance misuse, encouraging people to seek help without fear of judgment.

## Increasing Access to Treatment

Maine has used SOR to enhance access to treatment for OUD by expanding coverage for the cost of MOUD services.

### MOUD Services

SOR was used to cover the cost of MOUD services for uninsured and underinsured individuals diagnosed with OUD. Providers used the FDA-approved medications methadone, buprenorphine, and naltrexone. Funding also covered the cost of the American Society of Addiction Medicine assessment to determine the appropriate level of care, biopsychosocial assessment, treatment planning, and individual and group counseling services, which include evidence-based practices like cognitive behavioral therapy and motivational interviewing.

Immediate treatment services for all individuals, regardless of insurance status, is crucial to treatment retention. Between September 2020–2023, SOR provided MOUD services to 920 unique individuals. On average, individuals served under SOR-II received an average of 600 treatment days across multiple SOR grants. This demonstrates that SOR was used to maintain long-term involvement with treatment services.



## Supporting Long-Term Recovery

Maine has used SOR to assist individuals in recovery by expanding recovery housing and placing recovery coaches within emergency departments (EDs).

### Recovery Residence Management Program

The recovery residence management pilot program, coordinated by OBH and Maine State Housing Authority (MSHA), provided financial support for 17 recovery residences statewide. These residences were required to undergo annual certification by the Maine Association of Recovery Residences (MARR), undergo MSHA housing quality standards inspections, and allow individuals to receive MOUD. They offered counseling, mental health therapy, supportive groups, mentoring, and other peer supports, ensuring a holistic approach to recovery for individuals with SUD.

MSHA, in collaboration with MARR, raised public awareness about the necessity and effectiveness of supportive recovery housing for those with SUD. The pilot project engaged recovery residences, established an application process, reviewed operating expenses and revenues, distributed operating subsidies to qualified program participants, and collected data for program evaluation. Throughout the pilot program, the residences served priority populations, including indigenous men, women with children, and women escaping high-risk situations like sex trafficking and domestic violence.



Across the program's duration, residences maintained an average occupancy rate of approximately 75%. Participating residences established partnerships with providers statewide to enhance the continuum of care. This enabled them to serve a significant number of individuals actively involved in their communities through employment, volunteer work, and education. Consequently, the program witnessed many residents transitioning from supported housing to permanent housing.

### Recovery Coach Placement in EDs

SOR supported the placement of recovery coaches within EDs offering rapid MOUD to overdose survivors. These coaches were stationed in eight funded locations, corresponding to the counties identified in the MeCDC vulnerability assessment. The program linked overdose survivors with recovery services and community resources. Recovery coaches endeavored to engage individuals within 24 to 48 hours of their initial presentation at the ED, whether through direct visits, phone calls, or other means. Moreover, the program contributed to a reduction in repeated ED use. Among individuals engaged in recovery coaching, only 2% returned to the ED for the same primary presenting problem within six months of their initial visit. Coaches also facilitated connections to specialized services to support recovery efforts.

### Recovery Residence Database

Through SOR, MARR began integrating a web-based data collection software at all 74 recovery residences under its purview. Created by the Recovery Outcomes Institute, the Recovery Capital (REC-CAP) system is an evidence-based assessment and recovery planning instrument that uses comprehensive recovery assessment tools to determine where an individual is at in their recovery. The tools measure individuals' commitment to recovery; assess recovery strengths, barriers, and unmet service needs; and determine involvement with



recovery groups and other meaningful activities. The assessment results generate a visual report residents can use to develop a recovery goals framework that creates a concrete pathway to successful, long-term recovery.

Adoption of the REC-CAP resident management and data collection platform represents the first formal attempt to collect quantitative data specific to the recovery capital of residents living in a MARR-certified recovery residence. Maine is an early adopter of the REC-CAP data platform. The database collects information about recovery pathways, learns how individuals enter recovery residences, and creates an opportunity to strengthen relationships and close gaps in the continuum of care. Approximately 90% of MARR-certified houses are now using the REC-CAP resident and data management platform. Once the software is fully operational, OBH and MARR will be able to track residents' outcomes and refer individuals to the most appropriate recovery residence that meets their specific needs. Since recovery can be a circuitous process, the online reporting system will enable OBH and MARR to track individual outcomes over time as they transition through levels of care. MARR will use the data to recruit additional residences to the certified ranks. The collection of this in-depth information will allow OBH and MARR to make evidence-based policy decisions on program operations and resource allocations.

## Reaching & Serving Populations of Focus

Maine has identified subpopulations for targeted initiatives: people in criminal justice settings, youth, people experiencing homelessness, and young adults in higher education.

### Community-Based Re-Entry Services

Community-based re-entry programs target individuals with OUD recently released from incarceration. These programs offer MOUD, including buprenorphine, methadone, and evidence-based counseling, to support their transition to community-based MOUD programs. Additionally, services cover drug screen testing and other medical provider-related costs, ensuring seamless access to treatment during a challenging period. With SOR funding, OBH facilitated and sustained partnerships between county jail-based treatment and community-based treatment, crucial for bolstering MOUD continuity post-release. This initiative addresses the common gap in care upon release from county jails, promoting continuity of care for some of Maine's most vulnerable populations. OBH remains committed to supporting this endeavor through alternative funding channels.

### County Jail-Based Services

SOR provided MOUD services to incarcerated individuals, covering the costs of buprenorphine, methadone, and naltrexone; drug screen testing; mental health therapy; and other medical provider-related expenses. By covering medication and treatment costs while incarcerated and providing individualized release plans with referrals to community-based treatment, the program prioritizes a smooth transition back into the community, ensuring ongoing support and reducing the likelihood of relapse. This program transcends medical care; it offers a pathway to recovery, empowers individuals to regain control over their lives, and strengthens the community as a whole. By demonstrating the effectiveness of MOUD in jail settings, this program represents transformative change within the criminal justice system and serves as a potential model for replication statewide and beyond.

### Jail-to-Community Peer Re-Entry Pilot

The jail-to-community peer re-entry pilot, facilitated by the Maine Prisoner Re-Entry Network (MPRN), served individuals entering Maine's Co-Occurring Disorders Court (CODC) in Kennebec County. CODC specializes in individuals involved in the criminal justice system due to SUD and co-occurring mental disorders. This pilot



program was a collaborative effort among MPRN, Maine Pretrial Services (MPS), Kennebec County Correctional Facility (KCCF), the Kennebec County District Attorney’s (DA) Office, and other partners.

MPRN, in coordination with these entities, identified eligible individuals and provided peer support recovery coaching both inside and outside KCCF. The program aimed to facilitate relationship building, peer support, and network navigation for individuals recently involved with KCCF, the DA, and MPS within Kennebec County. Offering peer recovery support to individuals reintegrating from carceral settings enables them to establish supportive relationships with professionals who share similar lived experiences.

More than 75% of eligible program participants actively engaged with recovery support services. Engaging with these services helped individuals reconnect with their community and forge positive social relationships that support long-term recovery. The benefits of incorporating peer recovery support into treatment courts and jail settings were touted by judges, case managers, treatment providers, probation officers, jail administrators, district attorneys, and individuals served by the project. The successes of the pilot project led to other counties replicating the MPRN model.

With SOR funding, 142 individuals transitioning from county jails continued their MOUD without interruption. Additionally, the program targets reduced recidivism and improved treatment engagement, evidenced by one county's 80% success rate in attendance at initial post-release appointments.

### **Criminogenic Case Management Services**

MPS, in collaboration with Maine drug courts, also known as treatment and recovery courts, offers criminogenic SUD case management services as an alternative to incarceration. These services are available in seven counties, encompassing 12 treatment and recovery courts, including Veterans Treatment Court, Family Recovery Court, Adult Drug Treatment Court, and CODC. The treatment and recovery courts work closely to reduce criminal recidivism, enhance individual accountability, and support participants in acquiring the personal, familial, and societal skills needed to reintegrate into the community.

The program prioritizes rehabilitation, offering a comprehensive range of services, such as case management, therapy, and peer recovery support. By targeting the underlying causes of criminal behavior, it promotes sustainable change. The program fosters seamless collaboration among essential stakeholders, including law enforcement, the DA’s office, probation, treatment providers, community organizations, and natural supports. This integrated network ensures participants receive comprehensive support throughout their recovery. Participants report notable enhancements in well-being, including increased sobriety, employment, and positive family relationships. This empowerment enables them to contribute positively to society.

### **Student Intervention Reintegration Program (SIRP)**

SIRP is a 12-hour educational initiative modeled after the Prime for Life Program, targeting youth experimenting with alcohol and other drugs. Comprising three key components—student, parent, and community engagement—the program aims to foster attitude and behavior changes that lead to reduced risk-taking among participants. Open to all Maine residents aged 13 to 18, participation hinges on the involvement of youth referred by schools, school resource officers, juvenile community correction officers (JCCOs), law enforcement, community referrals, and other parties, such as parents, self, coaches, and relatives. MeCDC used SOR to amplify the program’s reach, engaging JCCOs as consistent referral sources and framing SIRP as a restorative approach to substance-related violations, rather than a punitive one.



With the addition of a full-time SIRP coordinator, the referral network has expanded to more than 200 sources, including a DA and personnel from high schools statewide. SIRP instructors have fostered meaningful connections within their referral networks, fostering positive engagement with enrolled youth. More than 200 youths have completed SIRP classes through 2023. Pre- and post-course surveys reveal that a majority of participants expressed intent to decrease substance misuse. Notably, participants reported a significant surge in motivation to reduce drug and alcohol consumption post-program, indicating a favorable impact on youth behavior regarding substance misuse.

### Sources of Strength (SOS)

Through SOR, MeCDC supported SOS programming in Maine high schools and middle schools. The nationally recognized school-based program, which focuses on suicide prevention, has demonstrated a positive impact on various issues, including substance misuse and violence. This model empowers students to leverage peer social networks in fostering healthy norms and culture, thereby preventing adverse outcomes by promoting well-being, help-seeking, resilience, healthy coping, and sense of belonging. The program's innovation lies in its relational connections model, wherein adult advisors mentor peer leader teams to shift peer social norms regarding help-seeking.

Through 2023, 21 trainings were conducted in 17 Maine schools, with 155 adult advisors and 473 peer leaders receiving SOS training. Results from pre- and post-course surveys indicate that most participants reported increased help-seeking behaviors. Peer leaders have expressed their belief that counselors or adults at schools could assist them and their peers. They also agreed that friends were more likely to seek help from an adult following participation in SOS. Likewise, adult advisors reported offering increased support to students showing signs of potential suicidality, along with discussing help-seeking behaviors with colleagues and providing solutions for students.

### Homeless Opioid Users Service Engagement (HOUSE) Program

The HOUSE program provides support to individuals in Portland and greater York County, Maine, who have OUD and are experiencing homelessness. Due to their OUD diagnoses and housing status, HOUSE program participants are among the most vulnerable and unstable populations in the state. Participants in the HOUSE program can access MOUD services and a care team consisting of mental health and peer support professionals dedicated to supporting their recovery journey. This team includes medical staff, a case manager, a housing liaison, a transition liaison, and a peer support specialist. Each participant receives support from their care team as they work towards securing stable housing, with the ultimate goal of finding permanent housing conducive to their recovery.

Program participants reported an increase in positive social interactions with peers and family members, which are crucial for supporting treatment engagement and long-term recovery. Rural program participants reported no overdoses, indicating the effectiveness of the program in preventing overdose incidents among this demographic.

Additionally, participants have access to supportive housing and assistance funds through the program. The housing fund, provided by MSHA, enables individuals to access resources for rent, security deposits, and application fees. The assistance fund is used for services that promote well-being, such as transportation assistance, purchasing cell phones or phone service, obtaining government identification, and acquiring camping supplies. HOUSE was designed as a low-barrier treatment program with wraparound services tailored to the needs of individuals at high risk for overdose and experiencing homelessness. The integration of treatment, mental health services, and access to a housing fund made it a unique service not otherwise available.





**About the Opioid Response Network (ORN):** ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA’s SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. **Visit the ORN website [here](#) or request training or TA [here](#).**

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