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MEMORANDUM

TO: The Committee to Study Court-Ordered Treatment for Substance Use
FROM: Department of Health and Human Services
DATE: October 3, 2022
RE: Responding to Questions from the Committee

DHHS is committed to continuing to advance and strengthen our behavioral health continuum of care to support individuals who may be experiencing substance use disorders. Our strategic efforts are outlined within the Maine Opioid Response Strategic Action plan [Maine Opioid Response Strategic Action Plan](#). This plan is designed to confront the epidemic of substance use disorder (SUD) and opioid use disorder (OUD) with evidence-based strategies that are targeted and tailored for maximum impact in Maine.

Please find below an overview of substance use disorder treatment resources available in Maine across each level of care inclusive of community resources, the availability of resources across the state, and the number of SUD treatment providers. Newly funded initiatives and services to expand capacity and services for individuals across the state have been highlighted.

Four Pillars of the Maine Opioid Response Strategic Plan			
PREVENTION	HARM REDUCTION	TREATMENT	RECOVERY

I. PROMOTION, PREVENTION AND EARLY INTERVENTION RESOURCES

Sources of Strength- The Sources of Strength is a peer (student) led school culture change program that brings together trained Adult Advisors and Peer Leaders to create campaigns for the school community that focus on positive, uplifting, and hopeful messaging. A Sources of Strength School develops improved peer culture and a more positive attitude among students related to mental health and help-seeking behavior. CDC provides oversight to this program and is funded through Federal SOR grant funds and by the Garrett Lee Smith Youth Suicide Prevention Grant.

Student Intervention Reintegration Program- SIRP a 12-hour educational program for youth ages 13-18 who have experimented with alcohol and/or other drugs. The program is offered state-wide, and students are referred by school staff or caregivers. There are three components of the program— student, parent, and community engagement—that work together to achieve attitude and behavior changes, resulting in lower risk choices by participants. CDC provides oversight of this program and is funded through Federal SOR grant funds. <https://sirpmaine.com/>

Community-based Primary Prevention – Currently Maine CDC funds 19 community-based organizations/coalitions throughout the state to implement a variety of programs and interventions at the local level with the goal of preventing substance use and/or misuse. These interventions range from working with schools on restorative policies, or directly with students on social emotional learning or other youth engagement activities; drug take back days and other safe storage/disposal initiatives and education; supporting business owners and their employees by offering Responsible Beverage Seller trainings to liquor licenses or assistance in creating/enhancing workplace substance use prevention policies and programs.

Maine Youth and Young Adult Screening, Brief Intervention and Referral to Treatment (MY-SBIRT) - SBIRT is a clinically effective public health approach for identifying individuals who engage in risky substance use behaviors and intervening to prevent more severe use consequences. Maine CDC, in collaboration with several other state departments, is currently assessing the implementation of SBIRT throughout the state in schools and primary care practices. Upon completion of the assessment, Maine CDC will be developing an SBIRT implementation plan with the goal of universal screening in School Based Health Centers, college and university health centers, and primary care practices.

Community Overdose Prevention Coalitions – Supported by a federal Prevent Prescription Drug/Opioid-related Overdose Deaths grant, Maine CDC will be funding five coalitions (one each in Oxford, Androscoggin, Penobscot, Washington, and Somerset counties) to enhance overdose prevention and response initiatives in a high need area of the county. The goal is to mobilize all sectors of a community to provide a local response to decrease stigma, substance misuse and overdose in their area.

Prescription Drug Misuse Prevention - Supported by a federal Strategic Prevention Framework for Prescription Drugs grant, Maine CDC is offering 20 community-level mini-grants annually to support prevention initiatives such as drug take back days, dissemination of Deterra drug disposal pouches and lock boxes, and the creation of educational materials and messaging focused on the New Mainer community.

II. CLINICAL OUTPATIENT RESOURCES

Outpatient treatment- Outpatient Treatment offers a variety of non-residential services and programs to meet the client's treatment needs. Services may involve case management, treatment planning, individual and group counseling, family therapy, patient education, crisis intervention, recovery services, MAT, medication management, and discharge planning. Services may be provided in person, by telephone, or by telehealth in any appropriate setting in the community. These services are provided by Licensed SUD agencies across the state inclusive of FQHC's or by licensed clinicians who practice independently across the state. Services are primarily billed through MaineCare and the Office of Behavioral Health (OBH) provides funding through contracts to support services for uninsured and underinsured.

Intensive outpatient (IOP) programs- Provide treatment for substance use disorders (SUDs) which offer services to clients seeking primary treatment; step-down care from inpatient, residential, and withdrawal management settings; or step-up treatment from individual or group

outpatient treatment. IOP treatment includes a prearranged schedule of core services, e.g., individual counseling, group therapy, family psychoeducation, and case management. IOP services are provided 3-5 days a week, at least 3 hours per day.

III. HARM REDUCTION RESOURCES

Syringe Service Providers (SSP)- CDC oversees the Syringe service programs (SSPs); which are statewide community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment, access to and disposal of sterile syringes and injection equipment, vaccination, testing, and linkage to care and treatment for infection diseases.

Narcan/Naloxone Tier Distribution- To comply with Governor Mills' executive order dated February 6, 2019; An Order to Implement Immediate Responses to Maine's Opioid Epidemic; Section III. OVERDOSE AND DEATH PREVENTION; Section C. directing the Office of Behavioral Health (OBH) to purchase doses of intranasal naloxone and intramuscular naloxone for distribution. In July of 2019, the Maine Naloxone Distribution Initiative began ordering and distributing state-purchased naloxone to community organizations, clinical sites, and end-users throughout the State of Maine to distribute free of charge. These organizations, known as Tier Two Distributors, order their naloxone kits from one of four Tier One Distributors who disseminate naloxone to Maine's sixteen counties. These Tier One organizations are Bangor Public Health, MaineGeneral, Portland Public Health, and Maine Access Points. Tier Two organizations can either keep their naloxone on hand in case of emergencies at their facility, as is the case with schools, some community organizations, and businesses, or *if they are engaged with high-risk individuals* as part of their community work, they can work as redistributors, dispensing their naloxone kits to end-users to facilitate the reversal of private overdoses in the community

Narcan/Naloxone Distribution Department of Corrections- DOC provides naloxone to releasing prisoners from state correctional facilities.

Fentanyl Test Strips- Fentanyl test strips are a harm reduction strategy aimed toward reducing fatal overdoses from drug supplies that contain fentanyl. Fentanyl test strips are not 100% accurate in detecting fentanyl due to the binding properties of the chemical compound but are a proven effective strategy. When used and interpreted correctly, and in combination with other harm reduction strategies, fentanyl test strips reduce the occurrence of fatal overdose due to fentanyl contamination. Fentanyl test strips are distributed at the community level through the Options program or SSP's.

Options Program- The OPTIONS co-responder initiative embeds licensed behavioral health clinicians within local emergency medical services (EMS) and law enforcement agencies in every county across Maine. Liaisons work alongside their first responder counterparts to:

1. Provide short-term counseling interventions when appropriate.
2. Conduct proactive outreach with at-risk communities.
3. De-escalate behavioral health crises when possible.

4. Engage in post-overdose follow up and help with referrals.

Each OPTIONS liaison serves the entire county in which they are located. Currently there are 16 Options Liaisons working in every county in Maine. As part of the OPTIONS liaison initiative, OBH and the Maine CDC are working to better integrate the varying levels of support services in each county. These services may include Syringe Service Programs (SSPs), Tier 1 and Tier 2 naloxone distributors, Recovery Centers, MAT treatment providers, food and housing supports among others. The Options Program is overseen by OBH and funded with federal grant dollars.

IV. RESIDENTIONAL, PARTIAL HOSPITALIZATION AND INPATIENT RESOURCES

SUD Residential Programs- Services are provided in a residential facility setting. Residential rehabilitation programs are designed to treat persons who have significant social and psychological impairment. These are currently 20 licensed residential programs operating across the state.

Inpatient Detoxification Services- A medical intervention process aimed at helping a substance user through the experience of acute withdrawal. Additionally, inpatient detox is necessary in that it offers a safe and secure environment in which clients work closely alongside case managers and develop a plan for immediately transitioning to the next appropriate level of clinical care. Inpatient Detox Services are typically offered in hospitals across the state.

Non-Hospital Based Detoxification Services- For those experiencing acute physical problems related to substance use. Withdrawal management services monitored by medical professionals (e.g., physicians, nurses) in a residential setting. These services are offered by community-based providers. There are currently 2 non-hospital-based detoxification programs, Wellspring and Milestone. These services are typically reimbursed through MaineCare and OBH provides funding for uninsured and underinsured. Referrals are typically made through community providers.

Partial Hospitalization Program (PHP)- This program is a comprehensive option for substance use treatment. It generally consists of days full of a variety of treatments, therapies, and activities. However, unlike inpatient programs, you can go home or to a recovery residence at night. A partial hospitalization program (PHP) bridges the gap between residential treatment and intensive outpatient treatment (IOP). A recent rate study was conducted for PHP programs in Maine to support the expansion of PHP programs across the state.

V. MAT & MOUD RESOURCES

Office Based MOUD Resources- Provide FDA approved medication utilized for the treatment of Opioid Use Disorders and Alcohol Use Disorder who meets the general eligibility requirements. Medications include Buprenorphine, Buprenorphine/Naloxone, Vivitrol, Sublocade, and Oral Naltrexone. Provides medications prescribed by a qualifying physician in an outpatient medical or behavioral health center and includes counseling and behavioral therapies.

These services are offered through primary care providers, emergency departments and licensed SUD providers. This service is offered statewide. This service is reimbursed through MaineCare and OBH provides funding for uninsured and underinsured individuals.

Certified Opioid Treatment Programs (Methadone)- Provide MAT-Methadone to individuals who meet the general eligibility requirements. The Provider shall provide services that include medication (Methadone), counseling services, drug screening, required laboratory testing, and medical services. These are the only providers who can provide Methadone to treat an opioid use disorder. We currently have 12 OTP programs across the state in York County, 3 in Cumberland County, Androscoggin County, Kennebec County, 3 Penobscot County, Aroostook County, Knox County and Washington County

Department of Corrections MAT Services- Registered Professional Nurses to dispense medication approved for Opioid Use Disorder, Buprenorphine or Naltrexone, to individuals who suffer from OUD. MAT is to cover the cost of FDA approved medication utilized for the treatment of individuals with OUD. Vendors will help provide transitional care to incarcerated individuals release back into the community which includes comprehensive reentry planning with access to evidence-based MAT providers upon release. These services will include group therapy, peer recovery coach services, nurse case manager services, patient navigator services and any additional case management services deemed necessary.

Jail MAT Services- OBH currently works with and provide funding to 8 county jails across the state to provide Medication Assisted Treatment Services (MAT) to uninsured individuals diagnosed with an Opioid Use Disorder (OUD) who were incarcerated and released through the community-based MAT program. The Provider shall concurrently provide MAT utilizing Buprenorphine, Buprenorphine/Naloxone, Methadone, Sublocade, and evidence-based counseling services. This Agreement covers the cost of the following: medications, drug screen testing, behavioral therapies, as well as community medical provider related cost.

Opioid Health Home- The OHH model uses a team-based approach to support both the individual in treatment as well as the providers delivering care. The team includes Clinical team lead, MOUD prescriber, nurse care manager, clinician licensed to deliver OUD counseling, peer recovery coach, and patient navigator. The OHH model is covered by MaineCare and DHHS also provides funding for uninsured individuals – there are 110 OHH locations statewide serving 3,200 individuals a month.

VI. RECOVERY RESOURCES

Recovery Coaches- Recovery coaches serve as personal guides and mentors for people on their journey of recovery, suggesting strategies and resources to aid in managing the transformative nature of recovery, and empower the recoveree to sustain a productive and fulfilling life.

Recovery Coaches are available at each Recovery Community Center as well as through Opioid Health Home services.

Healthy Acadia provides Recovery Coaching services across 10 northern Maine Counties and served 449 Recoverees between July 1, 2021, and June 30, 2022. OBH has used SUD General Funds, Federal SOR grant funds, and Prevention and Treatment funds to support this work.

Healthy Acadia also provides Recovery Coaching and Workforce Development through the Recovery CORE program. Each year, Healthy Acadia recruits, trains, and supports 25-30 Recovery Coaches, and places these RCs at various service locations in Northern Maine. The host agency contributes funds for each member, with Healthy Acadia providing the remaining funds. At the end of their term of service, roughly half of the Recovery CORE members are hired directly by their host agency or go on to earn a professional licensure or certification in the Behavioral Health field including CADC, MHRT-C, or enrolling in a post-secondary program for social services. OBH has used SUG General funds and Prevention and Treatment Funds to support this work.

Maine Behavioral Health provides Recovery Coaching services in 8 Maine Health Emergency Departments across the State, and served 170 individuals between July 1, 2021, and June 30, 2022. OBH has used SUD General Funds and federal SOR grant funds to support this work.

Milestone's detox facility in Portland employs two Peer Navigators, trained as Recovery Coaches to provide peer support at their facility and to help facilitate patient's transition to the next step in their recovery. OBH has used SUD General funds to support these positions.

The Maine Prisoner Reentry Network provides Peer Recovery Support services to justice involved individuals in Kennebec County. These peers, trained in Recovery Coaching, support individuals referred by the District Attorney's Office, Specialty Alternative Courts, local law enforcement, and Maine Pretrial Services. OBH has used SUD General Funds and federal SOR grant funds to support this work.

Recovery Coach Training

The Office of Behavioral Health provides funding for two providers, Healthy Acadia, and the Portland Recovery Community Center, to deliver Recovery Coach training using the Connecticut Community for Addiction Recovery model. Since OBH began funding these trainings in 2018, these providers have trained more than 1,000 Recovery Coaches. CCAR trainings include:

- Recovery Coaching Basics (6 hours)
- Recovery Coach Academy (30 hours)
- RCA Train the Trainer (12 hours)
- Ethical Considerations (16 hours)
- Coacher vision (12-hour group supervision model)
- RC in the Emergency Department (16 hours)

OBH has used SUD General Funds, Federal SABG, and Federal SOR grant funds to support this work.

Recovery Community Centers- Recovery Community Center’s provide peer recovery support services, educate the community about addiction and recovery, and promote the positive benefits of recovery to reduce stigma. They serve as community centers for people in recovery— providing a safe, stigma-free place for people to gather and create a community that includes everything from support groups for people in recovery and their families, to advocacy activities and recreational and social events.

OBH Supports the following Recovery Community Centers:

Provider	Center Name and Town	County
Amistad (2)	(1) Bath Recovery Community Center (2) Boothbay Harbor Peer and Wellness Center	(1) Sagadahoc (2) Lincoln
AMHC (4)	(1) Aroostook Recovery Center of Hope, Houlton (2) Down East Recovery Support Center, Calais (3) Down East Recovery Support Center, Machias (4) Roads to Recovery Community Center, Caribou	(1) Aroostook (2) Washington (3) Washington (4) Aroostook
Bangor Area Recovery Network	The BARN, Brewer	Penobscot
Coastal Recovery Community Center	Coastal Recovery Community Center, Rockland	Knox
Crooked River Counseling	Lake’s Region Recovery Center, Bridgeton	Cumberland
Healthy Acadia	INSPIRE Center, Ellsworth	
Larry Labonte Recovery Center	Larry Labonte Recovery Center, Rumford	Oxford
Maine Prisoner Reentry Network	Augusta Reentry and Recovery Center, Augusta	Kennebec
*Portland Recovery Community Center	Portland	Cumberland
Pir2Peer Recovery Community Center	Pir2Peer, Millinocket	Penobscot
Recovery. Employment. Support. Training. Center	R.E.S.T. Center, Lewiston	Androscoggin
Save a Life, Inc	Save a Life, Inc, Lincoln	Penobscot

Recovery Community Centers across the state employ more than 35 Recovery Coaches and more 100 volunteer Recovery Coaches. For the past 2 years, Recovery Community Centers have reported an average of more than 750 unique individuals served monthly, with more than 111 unique daily visitors. OBH has used SUD General funds, federal SABG and federal SOR grant funds to support these efforts.

Recovery Community Center Coordination and Technical Assistance

OBH provides funds for training and technical assistance to ensure that Recovery Community Center staff and volunteers have access to best practices, emerging trends, and the development of the organizational infrastructure necessary to providing Peer Recovery Services. Portland Recovery Community Center has delivered these HUB coordinating services since 2017. In this role, PRCC also supports local community coalitions to develop the capacity to open their own Recovery Community Centers, assists with data collection, marketing and community engagement, and volunteer recruitment and training. OBH has used SUD General funds, federal SABG and federal SOR grant funds to support this work.

Recovery Residences- Recovery Residences offer peer-to-peer recovery support aimed at promoting abstinence-based, long-term recovery. These residences follow the social model of recovery which emphasizes experiential knowledge gained through one's recovery experience.

OBH provides funding for the Maine Association of Recovery Residences (MARR), the State affiliate of the National Association of Recovery Residences, to provide certification, training, and technical assistance of Recovery Residences. There are currently 67 MARR certified Residences offering 689 recovery beds in 11 Maine counties. OBH has used SUD general funds, Federal SABG, and Federal SOR grant funds to support this work.

In partnership with Maine Housing, OBH provides funds to offer an operational subsidy to 17 MARR Certified Recovery Residences. This funding helps offset the costs for more than 130 Recovery beds.

VII. OTHER RESOURCES

Driver Education and Evaluation Program (DEEP)- DEEP is a legislatively mandated (5 MRSA c.521, Sub-c. V) operating-under-the-influence (OUI) countermeasure program. The goal of the programs is to reduce the incidences of injury, disability and fatality that result from alcohol and other drug related motor vehicle crashes, and to reduce the risk of re-offense for OUI. DEEP provides effective, efficient, and meaningful interventions such as education, treatment, and counseling services.

Drug Court Program - Maine's Treatment and Recovery Courts (TRCs) offer treatment services to participants whose criminogenic risks and treatment needs are high, producing a likelihood of recidivism under standard supervision. Treatment and Recovery Courts employ a non-adversarial courtroom atmosphere in which a dedicated multi-disciplinary team works toward a common goal of breaking the cycle of recidivism caused by underlying substance use disorder or mental health issues. Participants remain in the community while being supervised by a case manager and, if on probation, a probation officer. TRCs are located statewide with 7 operating with the District Court System.

Knowyouoptions.me - The Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) initiative is a coordinated effort of the Maine Office of Behavioral Health (OBH) and other state agencies to improve the health of Mainers using substances through harm reduction strategies, helping them on the road to recovery, and dramatically reducing the number

of fatal and non-fatal drug overdoses. Specifically, the knowyouroptions.me website has searchable SUD resource list <https://knowyouroptions.me/resources/> that can be filter by county or service, and provides information to be connected directly a local OPTIONS liaison <https://knowyouroptions.me/about-options/>

VIII. NEW SUD INITIATIVES AND RESOURCES

MaineMOM Program –

This program focuses on improving care for pregnant and postpartum Mainers with SUD, along with their infants. As of the end of July, MaineMOM had served 84 parents and families and trained 125 clinicians and staff statewide to provide evidence-based and recovery-focused health care through a Statewide learning community. MaineMOM delivers services based on a “no wrong door” system of screening, welcoming, and engaging people in care through partnerships with 19 health care sites across Maine. MaineMOM also includes MaineMOM.org, a website with information on available services. MaineMOM is supported by a federal award through the Centers for Medicare and Medicaid Innovation and is a MaineCare covered service.

Maine Treatment Connection- DHHS is rolling out a behavioral health service locator tool called Maine Treatment Connection. This tool facilitates rapid digital referrals and transfers, and fosters collaboration among medical and mental health providers, criminal justice organizations, homeless services, crisis lines, 2-1-1, social services, and substance use disorder (SUD) treatment programs—closing the loop on care. For Mainers seeking assistance, there is a public facing online portal that will be launching later this year. The platform will enable people to anonymously self-screen and seek mental health and addiction treatment for themselves or others from nearby providers. This secure platform will provide real-time treatment availability, thereby reducing time required to manually contact multiple providers in the hopes of finding necessary, available services. It will also provide valuable analytics back to DHHS regarding the BH care continuum. This effort is funded through multiple state and federal resources.

Maine CDC Youth Primary Prevention Project -

As part of the Maine CDC’s substance use prevention efforts, through the Opioid Prevention and Treatment Fund the Mills Administration has provided an additional \$1 million to be distributed to community partners across the State for targeted work with middle school aged youth. This initiative will kick off in January of 2023. Implementing partners will choose evidence-based substance use prevention programming based on the needs of their local communities. This investment in our communities and specifically, our middle school aged youth, has the goal of preventing substance use while teaching youth resiliency and fostering a feeling of mattering. Community partners would be required to choose an evidence-based program from an approved list. Two examples of evidence-based programs are Life Skills Training and Prime for Life. This project is funded under the Opioid Prevention and Treatment fund.

SUD Capital Request for Applications (RFA)

DHHS is advancing an initiative to provide up to \$4.5 million in funding to eligible behavioral health providers for capital projects that will increase residential treatment beds for substance use Disorder (SUD) capacity in Maine. This expansion grant is federally funded.

SUD Catalyst Request for Applications (RFA)

DHHS is advancing an initiative to provide up to \$1.9 million in funding expand treatment of substance use disorder (SUD) in rural Maine. The funding can be used by behavioral health providers to invest in start-up costs, such as staff training and development, that will allow them to increase the number of patients they serve in rural areas of the state. This new initiative complements State funding for renovation and capital costs increase the number of available beds for residential SUD treatment and medically supervised withdrawal in Maine. These expansion grants are federally funded and offered by the Maine Department of Health and Human Services' Office of Behavioral Health. This expansion grant is federally funded.

Rate Increases

In state fiscal years 2022 and 2023, the budget invests an historic \$230 million in behavioral health to support the workforce, capacity, and resilience of substance use and mental health providers as well as sustainable MaineCare rates into the future. MaineCare significantly increased reimbursement rates for residential SUD treatment, averaging a 37.5 percent increase to SUD IOP services. Additional rate determinations are underway.

Medicaid SUD 1115 Waiver on December 22, 2020, Maine received approval for a five-year SUD 1115 demonstration waiver that allows MaineCare to draw down federal funding for sites with more than 16 beds (previously not permitted under the "Institution of Mental Disease exclusion"). The waiver supports the expansion of residential facilities within the state. Recently the Office of MaineCare Services has received further federal approval of several pilots under the waiver to expand services for MaineCare-enrolled parents with SUD who are at-risk of or are involved with Child Protective Services (CPS). The pilots are intended to address current gaps in coverage for services fundamental to parents' successful recovery and relationships with their children, such as home-based skill development, parenting support services, and, as directed by the Legislature (PDF), maintenance of MaineCare coverage during the CPS assessment process. With this waiver, Maine is the first state in the nation approved to offer continued Medicaid coverage for members who might otherwise lose access during the CPS process due to changes in household size.

Assessment of SUD delivery system- In recent years, DHHS has completed numerous analyses to better understand the sociodemographic and geographic distribution of SUD prevalence in Maine, learn more about the provider and consumer experiences in delivery and accessing care, and assess service access and utilization. The Office of MaineCare Services is planning for a second stage of this work focusing on the determining barriers to receipt of SUD treatment and recovery services across the continuum and identifying opportunities for collaboration with state and local partners.

IX. LICENSED SUD TREATMENT PROVIDERS

SUD SERVICE	LICENSCE D PROVIDERS	BEDS
Medication Management Agencies (MAT)	66	
Outpatient Agencies and Sites	357	
Residential Facilities	19	332 beds
Intensive Outpatient Providers	121	
Withdrawal/Detox Providers	14	
Methadone Treatment Providers	119	