Maine Recovery Council Ad Hoc Prevention Workgroup

Prevention Workgroup

Goal of the workgroup:
To provide the Maine Recovery Council with recommendations for prevention funding priorities

Workgroup Members

- **Amran Osman**, Prevention Provider, Immigrant community Specialty
- **Andrea Sockabasin,** Prevention Provider, Wabanaki Communities
- **April Hughes**, Prevention Providers, LGBTQ+ Community Specialty
- **Brendan Shauffler,** Prevention Provider, ACEs Specialty
- **Jamie Comstock**, Prevention Provider, SUD Commission Member
- **Lee Anne Dodge**, Prevention Provider, Youth and 18-25 year-old focus
- **Liz Blackwell-Moore,** Prevention and Public Health Systems, MRC member
- **Madolyn Roy**, Young Advocate in Prevention Coalition
- **Matteo Hardy**, Young Advocate in Prevention Coalition
- **Melissa Hackett**, Child Wellbeing Policy and Systems Advocate
    - **Sarah Harlow** from New England PTTC

What is Prevention?

The action of stopping something from happening or arising

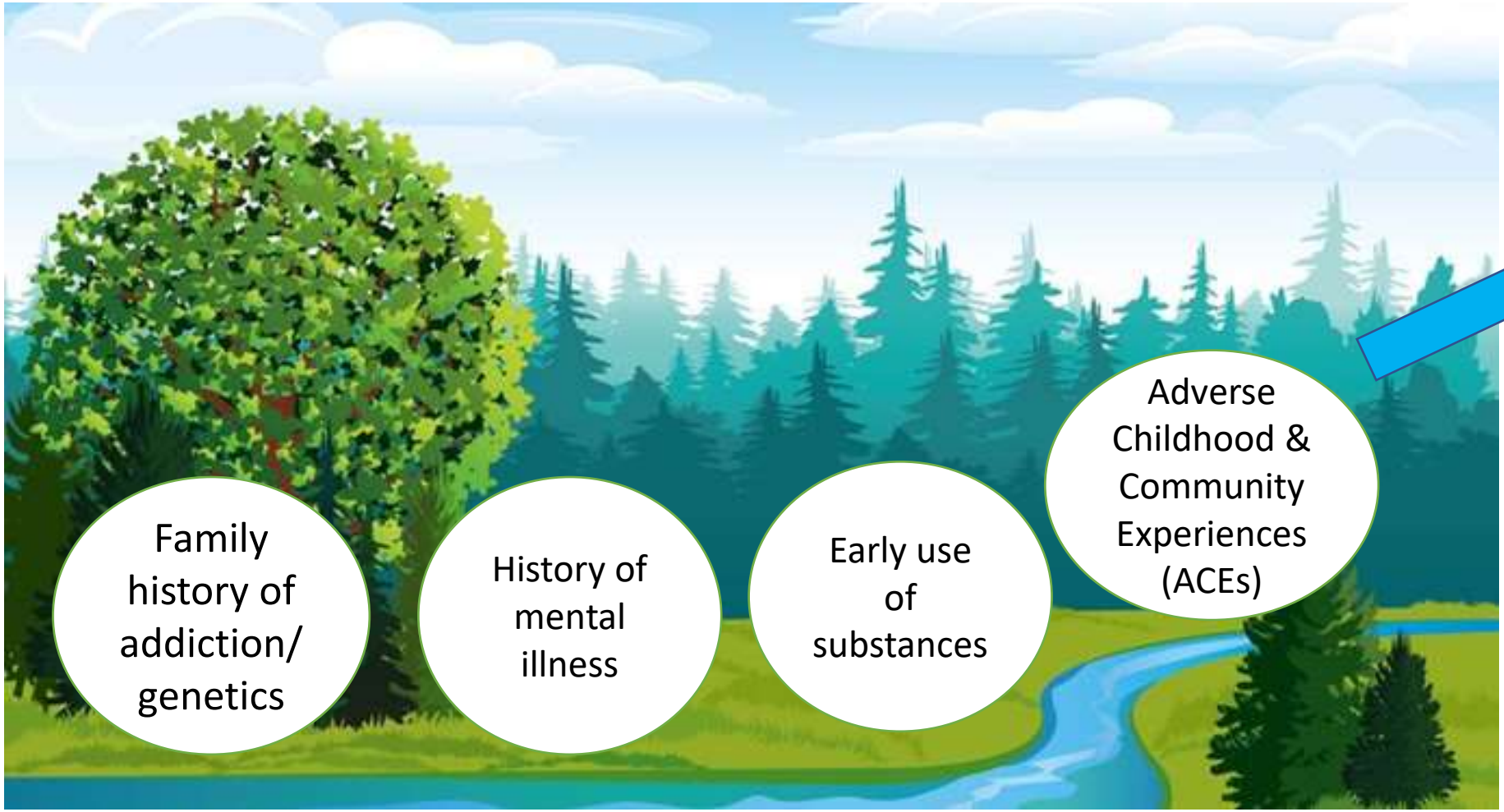
Our prevention vision is more than just stopping something from happening:

We want all young people to have opportunities for thriving

What is Prevention?

In prevention, we have to understand *why* and *how* opioid and substance use disorders happen and promote community conditions that are best for keeping SUD from arising in the future.

Key Risk Factors for Opioid Use Disorder



Access to opioids

Risk factors for Opioid Use Disorder detailed in SAMHSA's Heroin Brief, 2015

Risk Factors for Developing an Opioid Use Disorder

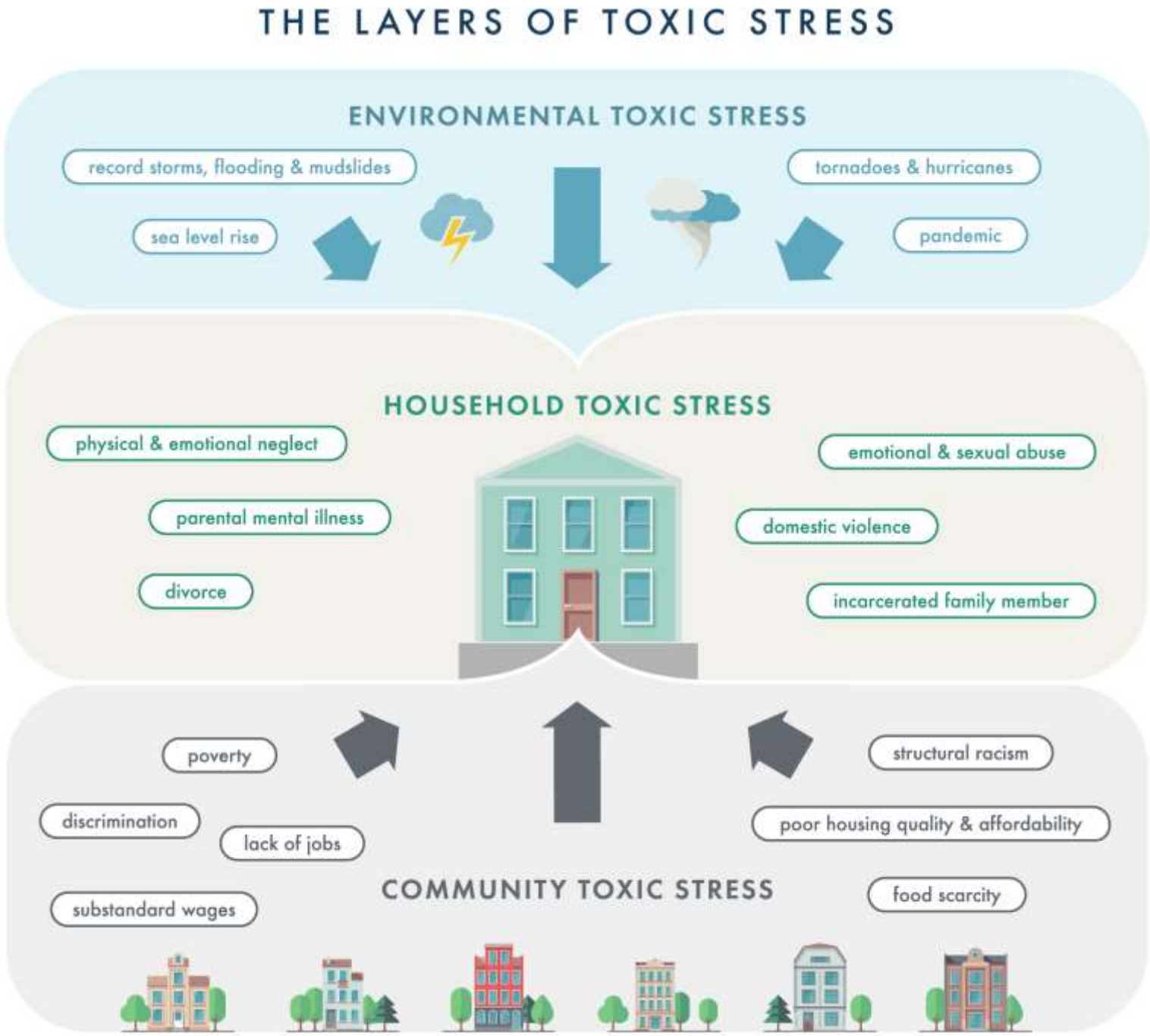
When prescribed an opioid by a doctor, a person with a prior substance use disorder is 28x more likely to develop an opioid use disorder.

Huffman KL et al. J Pain, 2015

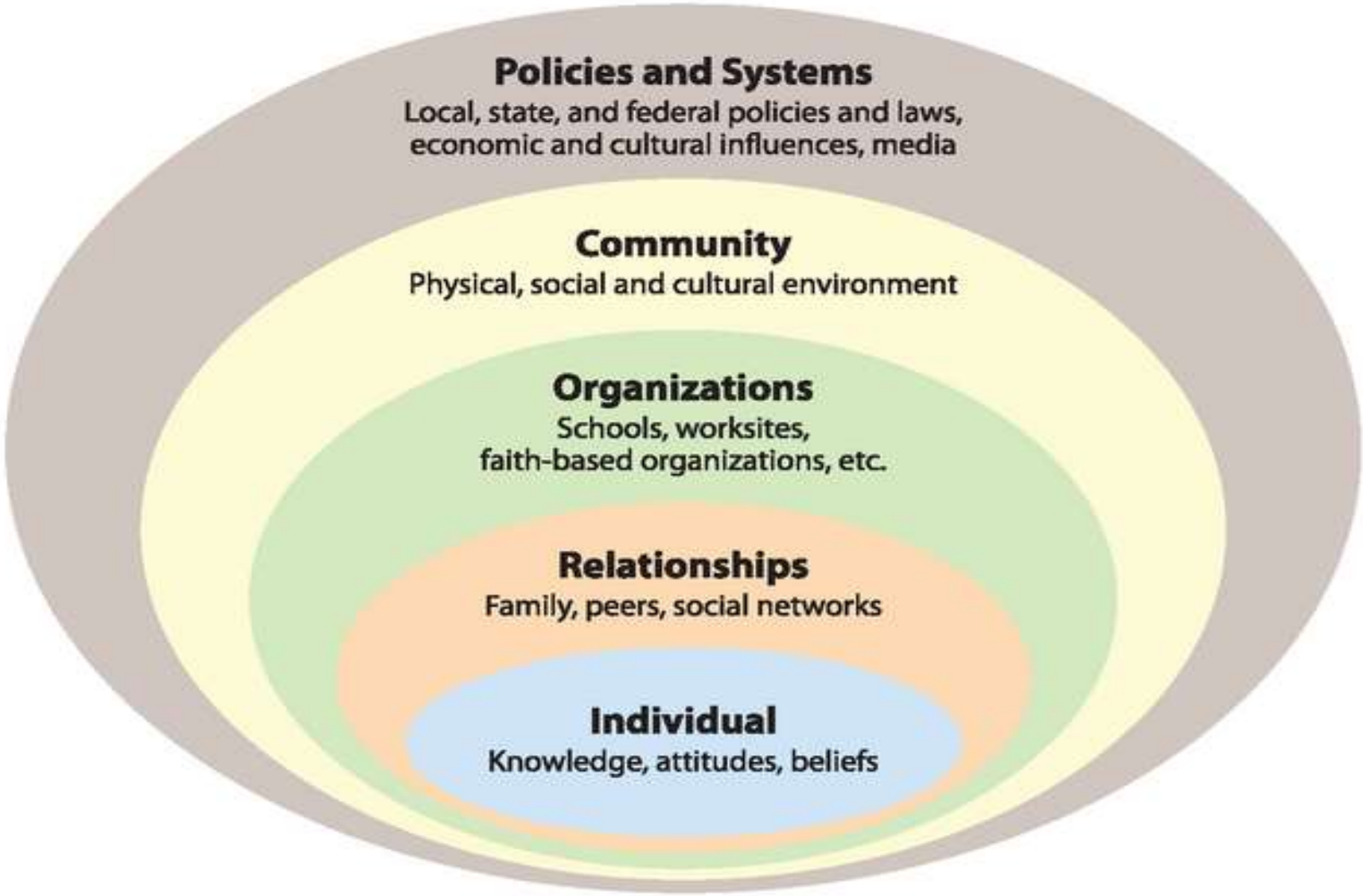
Higher levels of Adverse Childhood Experiences is directly related to increased risk of Opioid Use Disorder and OUD severity.

Deol, E et al, Journal of Opioid Management, 2023

Layers of Toxic Stress



Addressing the Roots: *It takes a Whole Community Approach*



Examples of Addressing the Roots:
Prevent and Reduce Youth Substance Use

Change/Develop Policies

Make Environmental Changes
(for healthier communities)

Reduce Barriers/Enhance
Access to vital conditions
(transportation, housing, healthcare, food)

Change consequences
(To consequences that support positive youth development)

Enhance Skills

Provide support for PYD programs

Provide Information

SAMHSA's Seven Strategies for Community Change

Examples of Addressing the Roots:
Reduce ACEs and Increase Resilience

Resilience is found to be a major protective factor against developing OUD

Deol, E et al, Journal of Opioid Management, 2023

Create environments that promote social connectedness

Improve community advocacy and agency

Improve access to integrated social services

Create more healing centered/trauma-informed communities and organizations

Support parents' wellbeing & economic stability

Center for Community Resilience

Examples of Addressing the Roots:
Improve Behavioral Health Supports for young people

Improve access to behavioral health treatment and supports

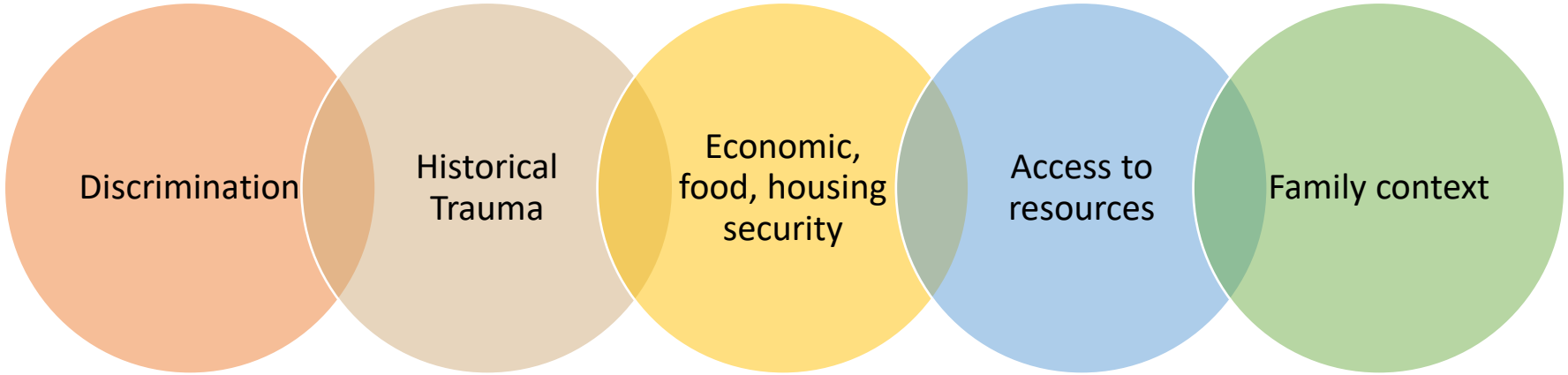
Reduce suspensions and expulsions by using restorative practices and referrals to needed resources and/or treatments

Divert first time substance use offenses to evidenced-based education

Provide supports to parents and caregivers of young people who are using substances

Equitable Approaches: *Consider differences and implement culturally relevant strategies*

People may be at greater or lesser risk for SUD and OUD depending on their individual, family, and community conditions



What Doesn't Work for Prevention

Scary Images & Scare Tactics	Mock Car Crashes
One-Time Assemblies & Events	Drug Fact Sheets
Personal Testimony from People in Recovery*	Role Play
Reinforcing Exaggerated Social Norms	Moralistic Appeals
Myth Busting	Grouping At-Risk Youth Together*

*Not Effective for Universal Prevention (can be supportive for early intervention and/or treatment)

Prevention Tools: What works, what doesn't
https://www.dshs.wa.gov/sites/default/files/publications/documents/22-1662.pdf

Why those strategies are ineffective *(and potentially damaging)*

Scare Tactics

Denial

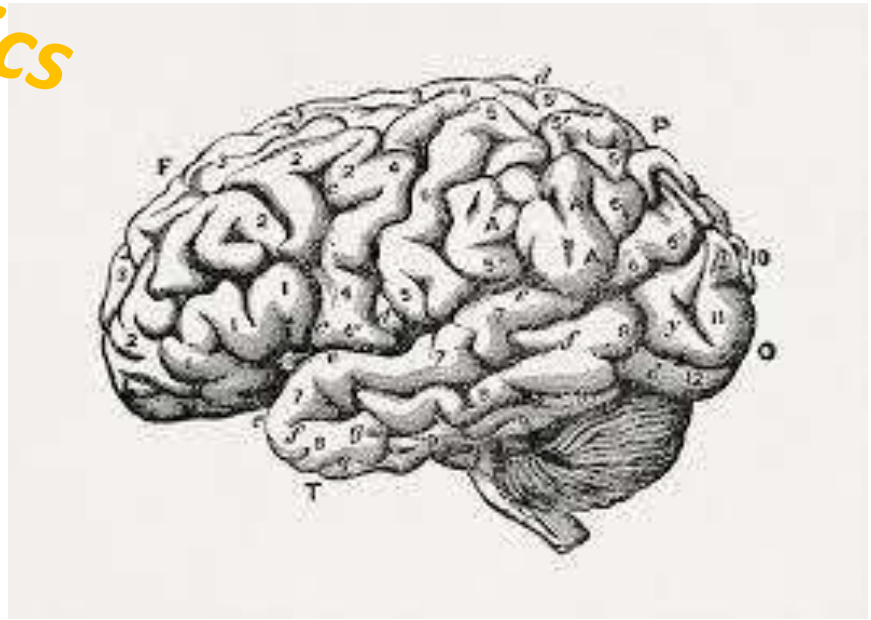
Numbing

Avoidance

Skepticism

Fun!

Inflate perception that all young people are using



Brain Development

Prevention Workgroup- Process

Kick-off Objectives: To get to know workgroup members; build a shared understanding of the goal and purpose of the workgroup; create community agreements and a process for achieving the goal; and establish a shared understanding of effective prevention.

Assessment Meeting Objectives: To collect information from Maine CDC, PCG (the evaluator for Maine CDC prevention projects), Maine DOE, the New England PTTC, and workgroup members on assets and gaps in current prevention efforts across the state.

Identify & Prioritize Strategies Meetings Objectives: To determine which gaps in prevention efforts are most important to address; identify potential evidenced-based and evidenced-informed strategies that are needed and require more funding to address the gaps in prevention efforts; and prioritize prevention strategies by importance, feasibility, and fit with funding.

Final Meeting Objectives: To achieve consensus on three final recommendations for the MRC to use as priority prevention strategies to fund.

Workgroup Community Agreements

Here are some options for Community Agreements. Do you have edits or additions?

- Be curious, open, and respectful
- Honor complexity and the fact that as individuals we do not know it all
- Take care of ourselves and each other
- Listen for understanding, not disagreement
- Take space/make space
- Bring a spirit of creativity and collaboration
- Take the wisdom, leave the knowledge
- Help each other be mindful of jargon

Assessment

Assessment Process: Information collected for Maine CDC, Maine DOE, Public Consulting group, New England PTTC, and Workgroup members during a public meeting

Maine CDC SUP funding:
FY23-24 **$7.2M** FY24-25 **$4.8M**

Overarching takeaway:
There is a lack of long-term sustainable funding for substance use prevention in Maine.

Reasons for chronic underfunding:

- **Public Perception of prevention-** lack of understanding of prevention, misperception that it is quietly working in the background without the need for additional resources
- **Systemic Disincentives-** prevention takes time and while prevention delivers a strong return on investment (on average, $7.50 to every $1 spent), multi-year investments are not prioritized in yearly or biannual budgets.
- **Structural Gaps-** Most Maine CDC substance use prevention funding is federal funding. Several federal grants are coming to a close. Fund for a Healthy Maine (FHM), contributes less than $1M annually to substances use prevention but is in jeopardy because of an impending FHM revenue shortfall. *There is no funding beyond FHM for substance use prevention in the Maine general fund.*

Assessment-Assets

Funding

- $4.8M Maine CDC SUP funding for FY24-25
- About $1.6M annually from DFC within 13 communities
- Maine DOE is funding 96 schools to implement BARR (Building Assets, Reducing Risks

Maine CDC Programming

- MPN: funds 9 lead agencies and subaward organizations to do SUP, Tobacco prevention and Healthy Eating, Active Living across Maine. Programming highlights include:
  - information dissemination
  - Media campaigns
  - Safe storage
  - Drug take back
  - Policy development
  - Educational programing
  - Multi agency collaboration and coordination
  - Community engagement and partnership
- Maine CDC efforts and pilots: SIRP, SBIRT, Source of Strength, SPF Rx, Gateway to Opportunity, etc.

Other Prevention Programming

- Maine DOE: BARR, Community Schools pilots, SEL4ME
- DFC: community coalition work in 5-10 year cycles funded federally in 13 communities in Maine

Assessment-Gaps

There were over 30 gaps identified during the assessment. The initial gaps prioritized by the Workgroup included:

- Need more emphasis on upstream community conditions work.
- Need more community-led strategies that improve community conditions. Prevention providers need to have capacity to create intentional collaborations with anyone who impacts the lives of youth.
- Need more Two-generation (2Gen) approaches to prevention. 2Gen approaches build family well-being by intentionally and simultaneously working with children and the adults in their lives together.
- Children whose parents are affected by addiction need more support and resources.
- Prevention Providers need support on more effective strategies and engaging diverse populations.
- Need more substance use prevention efforts geared towards the 18-25 year old population.

Strategy Recommendations

Cross Cutting Recommendations

Time: While the MRC may allocate funding for 1 or 2 years, we highly recommend the MRC allow recipients more time (like 4-5 years) to actually spend down the money.

Cultural Relevance: Place a strong emphasis in the RFP and provide incentives for applicants that provide culturally relevant approaches to historically marginalized groups within all the prioritized gaps.

Collaboration: Place a strong emphasis in the RFP and provide incentives for applications that support collaboration between prevention providers, community based organizations, and/or those who have lived experience.

Accessibility Funding: Allow for accessibility funding, like stipends, transportation, childcare and/or food, for community partners to participate in funded projects.

Strategy Recommendations

#1

Support or expand culturally relevant, community-led and youth-led efforts that improve the community conditions in communities highly impacted by opioid use disorder.

Addresses these Gaps:
Need more emphasis on and capacity for upstream community conditions work that is culturally relevant, led by the community, and supported by prevention providers

#1

Support or expand culturally relevant, community-led and youth-led efforts that improve the community conditions in communities highly impacted by opioid use disorder.

Examples:

Here are examples of the infrastructure that can support the implementation of the strategies:

- Community Collaboratives or Community Coalitions that build capacity to convene, collaborate, and innovate to improve community conditions across the lifespan

Here are some example approaches to make changes to Community Conditions:

- ACE|R Framework
- Building Community Resilience
- Youth Advisory Boards

Here are some potential activities that could be implemented to change the community conditions that put people at higher risk for substance use disorder:

- Transportation for youth to access healthy community opportunities
- Positive "Third Spaces" for young people
- Resources and supports for young people and their families
- Support for Gay, Straight, Trans Alliances (GSTAs), Black Student Unions (BSUs) and other affinity groups for young people.

<u>Example Community Collaboratives</u>

- The Community Caring Collaborative
- Helping Hands with Heart
- Oxford County Wellness Collaborative
- Southern MidCoast Communities for Prevention
- SoPo Unite

#1

Support or expand culturally relevant, community-led and youth-led efforts that improve the community conditions in communities highly impacted by opioid use disorder.

Other Considerations:

- MPN coalitions and other community collaboratives would be good organizations to fund. Could a philanthropic organization take on the RFP and grant oversight?
- Funding an organization, like a philanthropic or nonprofit organization, to provide TA and/or a learning community to support the work, would make it more effective and sustainable.
- Provide incentives and/or put in a strong emphasis on collaboration with community based organizations.
- Prioritize programming that is focused on youth & community leadership and partnerships over programming directed *at* young people.
- Evaluation funding should be included so that we can understand how changes were made because of the programming

Strategy Recommendations

#2

Increase Two Generation (2Gen) approaches to prevention with a focus on families who have been impacted by opioid use disorder and/or families that live in communities highly impacted.

Ascend Aspen Institute

Addresses these Gaps:
Need more 2Gen approaches to prevention, with a focus on children whose parents/guardians are affected by addiction and need more support and resources.

#2

Increase Two Generation (2Gen) approaches to prevention with a focus on families who have been impacted by opioid use disorder and/or families that live in communities highly impacted.

Examples:

Kinship Care support and resources

- Adoptive and Foster Families of Maine are already providing some services to, like kinship navigation, but are limited by funding

The John T. Gorman Foundation is supporting several 2Gen programs

- Put in some programs?

Programming to preventing Adverse Childhood Experiences

- Maine Prevention Councils
- Strengthening Families
- ACERT

#2

Increase Two Generation (2Gen) approaches to prevention with a focus on families who have been impacted by opioid use disorder and/or families that live in communities highly impacted.

Other Considerations:

- If possible, find an entity that is already supporting this work and would be willing to provide Technical Assistance (TA) to entities that get funded to do this work.
- Culturally and linguistically relevant programming: Ensure that organizations could apply or have access to the funding for doing 2Gen work that is adapted to the cultural needs of a community.
- Evaluation funding and/or should be included so that we can understand if and how changes were made because of the programming.
- Prioritize communities that have been highly impacted and/or don't have these kinds of efforts already.

Strategy Recommendations

#3

Increase funding and evidenced-informed efforts at the State and local level to prevent and reduce high risk substance use among the 18-25 year old population.

Addresses this Gap:
Need more substance use prevention efforts geared towards the 18-25 year old population.

SAMHSA

#3

Increase funding and evidenced-informed efforts at the State and local level to prevent and reduce high risk substance use among the 18-25 year old population.

Examples:

- Develop a strategic plan at the State Level for 18-25 year old population
- Convene College Campus partners and create a system to support achieving prevention goals within Higher Education (Revive HEAPP and add other substances)
- Work with Adult Education programs to provide prevention and early intervention strategies to the 18-25 years old students.
- Train campuses in both BASICS (Brief Alcohol Screening and Intervention for College Students) and Prime For Life
- Provide training for RAs and other staff within higher ed on prevention and harm reduction
- Team Awareness, a workplace program that addresses behavioral risks associated with substance misuse among employees, their coworkers and, indirectly, their families

#3

Increase funding and evidenced-informed efforts at the State and local level to prevent and reduce high risk substance use among the 18-25 year old population.

Other Considerations:

Maine CDC would need additional staff capacity to be able to develop a strategic plan, convene higher education, and support MPN prevention staff to focus on 18-25 year old population.

MPN prevention staff could be in a position to do work with higher education and employers if they had additional funding and supports.

Strategy Recommendations

Additional Recommendation

Gap: Maine needs more capacity/resources to support collaborations across the SUD continuum of care at the local level.

The Prevention Workgroup believes this is an important gap to address but must be addressed from across continuum and therefore was determined not to belong in the Prevention Pillar alone. The workgroup provided some information so that the MRC could consider pooling funds from each pillar to address the gap.

Continuum of Care in New Hampshire