

# Maine Recovery Council Prevention Ad Hoc Committee Funding Recommendations



**OCTOBER  
2024**

Prepared by



New England (HHS Region 1)

**PTTC**

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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# EXECUTIVE SUMMARY

## Overview of the prevention workgroup:

**Goal:** To provide the Maine Recovery Council with recommendations for prevention funding priorities.

**Establishment of the workgroup:** The purpose of the Maine Recovery Council (MRC) is to direct the disbursement of funds within the Maine Recovery Fund for specific uses throughout the state to address the opioid crisis in Maine. The current MRC has a desire to fund efforts within prevention, harm reduction, treatment, and recovery. While the MRC was able to create funding priorities within harm reduction, treatment, and recovery, there was consensus that MRC members did not have enough information to prioritize prevention strategies to fund. In March 2024, the MRC authorized the creation of an Ad Hoc Prevention Workgroup to conduct an assessment of current prevention efforts and gaps; identify evidence-based or evidence-informed strategies that would best address the gaps in prevention efforts; and provide the MRC with recommendations for priority prevention strategies for funding. The MRC requested that MRC member Liz Blackwell-Moore chair the workgroup, and formally requested support from the New England Prevention Technology Transfer Center (New England PTTC), a federally funded prevention training and technical assistance resource.

**Liz Blackwell-Moore**, Cumberland County Public Health, Chair

Jamie Comstock, Bangor Public Health

Lee Anne Dodge, SoPo Unite

Melissa Hackett, Maine Children's Alliance

Matteo Hardy, Healthy Communities of the Capital Area Youth Advisory Council

April Hughes, Healthy Communities of the Capital Area

Amran Osman, Generational Noor

Madolyn Roy, SoPo Unite Youth Group

Brendan Schaffler, Oxford County Wellness Collaborative

Andrea Sockabasin, Wabanaki Public Health and Wellness

New England PTTC support from Sarah Harlow

# EXECUTIVE SUMMARY

## How the Prevention Workgroup Understands Prevention:

The most effective primary prevention efforts address why and how opioid use disorders (OUD) and substance use disorders (SUD) happen and promote community conditions that are best for keeping OUD from arising in the future.

## KEY RISK FACTORS FOR OPIOID USE DISORDER INCLUDE:

History of Mental Illness

Family History of Addiction and Genetics

Early use of any substance (commercial tobacco, alcohol, cannabis & other drugs)

Adverse Childhood and Community Experiences

Preventing opioid and substance use disorders requires a whole community approach in which strategies focus on individuals, families, organizations, communities, and policies.

**To address the root causes of opioid use disorder, the most effective efforts are:**



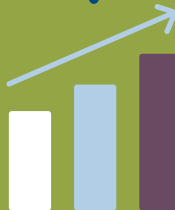
**Prevent and reduce youth and young adult substance use**



**Reduce adverse childhood and community experiences and increase resilience**



**Improve behavioral health supports for young people**



**Consider differences of communities (geographic and demographic communities) and implement culturally relevant strategies.**



# EXECUTIVE SUMMARY

## Prevention Workgroup Process:

From June to October of 2024 the prevention workgroup and the PTTC met virtually and in-person 5 times. In between meetings, workgroup members filled out a survey, provided examples of potential strategies, and did research. Below is an abbreviated outline of the meeting objectives and how the workgroup came to the recommendations.

**June 14, 2024**

**Kick-off Meeting 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.

**June 28, 2024**

**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.

**July 22, 2024**

**August 20, 2024**

**Identify and Prioritize Strategies Meeting Objectives (Meeting 3 & 4):** 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.

**September 11, 2024**

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



## Assessment

### Assets in Prevention Efforts in Maine:

**Maine CDC:** \$4.8M Maine CDC SUP funding for FY24-25

Maine CDC efforts and pilots: SIRP, SBIRT, Source of Strength, SPF Rx, Gateway to Opportunity, etc.

**MPN:** Funds 9 lead agencies and sub-award organizations to do SUP, Tobacco prevention and Healthy Eating, Active Living across Maine.

**Maine DOE:** Funding 96 schools to implement BARR (Building Assets, Reducing Risks, Community Schools pilots, SEL4ME)

**DFC:** Community coalition work in 5-10 year cycles funded federally in 13 communities in Maine. About \$1.6M annually from DFC within those 13 communities.

### Gaps in Prevention Efforts in Maine:

There were over 30 prevention gaps identified during the assessment process which included input from Maine CDC, Public Consulting Group (PCG), New England PTTC, and the Prevention Workgroup members.

An overarching takeaway from the assessment process is the lack of long-term, sustainable funding for substance use prevention in Maine. The reasons for this chronic underfunding are a mix of public perception of prevention, systemic disincentives, and structural gaps. It is generally acknowledged that prevention suffers from a lack of understanding and focus among the public and policymakers. There can be an expectation that it is operating quietly in the background without the need for additional resources. Additionally, the work of primary prevention is complicated and it takes time to see and measure results. While prevention is known to deliver a strong return on investment (averaging \$7.50 savings for every \$1.00 invested), multi-year investments are not prioritized within budgets that must be balanced yearly or biannually.

Current funding for primary prevention is not only far less than what's needed but also in a period of flux as some extended federal investments are coming to a close. The majority of Maine CDC's funding for substance use prevention is from federal agencies. That funding will be significantly less in the coming years with the loss of federal ARPA and some SAMHSA grant funding. Maine CDC funding for substance use prevention in FY 2024-25 is \$4.8M, which is \$2.4M less than FY 2023-24. Additionally, the Fund For Healthy Maine, which contributed about \$780,000 to substance use prevention and \$3M to public health infrastructure in FY 2024-25, is in jeopardy because of an impending FHM revenue shortfall.

**There is no funding beyond FHM for substance use prevention in the general fund.**

# EXECUTIVE SUMMARY

**Assessment:**

**Gaps in Prevention Efforts in Maine:**

The Prevention Workgroup members did an initial survey to determine which gaps, beyond long-term sustainable funding, were most important to address.

The initial prioritized gaps included:






# EXECUTIVE SUMMARY

## Prevention Workgroup Priority Strategy Recommendations:

Through discussion, the workgroup slowly came to consensus on the strategies that are most important, feasible and best fit with the opioid settlement. While many other gaps are important, and many other strategies may be needed, the workgroup believes these are the strategies that should get funded at this time.

## Primary Recommendations:

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

## 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.

# OVERVIEW OF THE PREVENTION WORKGROUP

## Overview of the Prevention Workgroup:

In March 2024, the Maine Recovery Council authorized the creation of an Ad Hoc Prevention Workgroup to conduct an assessment of current prevention efforts and provide the MRC with recommendations for prevention funding priorities. The MRC requested MRC member Liz Blackwell-Moore chair the workgroup and formally requested support from the New England Prevention Technology Transfer Center (PTTC), a federally funded prevention training and technical assistance resource.

In collaboration with the New England PTTC, Liz Blackwell-Moore recruited prevention experts that could represent different geographic areas of the state, different demographic groups, and who have various roles in prevention.

Below is a list of the workgroup members, their role in prevention, organizational affiliation, geographic location, role in pre and a biography of their work related to prevention.



# OVERVIEW OF THE PREVENTION WORKGROUP

## LIZ BLACKWELL- MOORE: CUMBERLAND COUNTY PUBLIC HEALTH

Liz has been in the fields of behavioral health and public health since 2000, first in direct service as a case manager and for the last 18 years working with communities, coalitions, and organizations to bring public health research into practice and implement restorative, healing-centered approaches to addressing public health problems. Liz has her master's degree from Boston University's School of Public Health, served on the Governor's Opioid Task force in 2015 and was awarded the Maine and National Prevention Specialist of the year in 2020. She is currently the Director of Cumberland County Public Health Department and serves on the Maine Recovery Council.

Role in Prevention

**Public Health Systems**



Public Health District

**Cumberland**



## JAMIE COMSTOCK: BANGOR PUBLIC HEALTH

Jamie Comstock has been the Health Promotion Program Manager at the City of Bangor's Department of Public Health and Community Services since 2007. As such she manages regional efforts to reduce substance use, tobacco use, and improve healthy eating and active living. She is a Certified Prevention Specialist and holds a Master's Degree in Urban and Regional Planning. She has served as the prevention stakeholder representative on Maine's Substance Use Disorder Services Commission since 2018.

Role in Prevention

**Prevention Provider,  
SUD Commission  
Member**



Public Health District

**Penquis -  
Penobscot and  
Piscataquis**



# OVERVIEW OF THE PREVENTION WORKGROUP

## LEE ANNE DODGE: SOPO UNITE

Lee Anne Dodge has been in the field of substance use prevention for over twenty-five years. She is a certified prevention specialist and began her prevention career at the University of New Hampshire. In 2001 she moved to Maine to work first at AdCare, then within the Maine Office of Substance Abuse, supporting community coalitions to address underage drinking. She then worked at the University of Southern Maine as the Assistant Director of Student Life and focused on substance use prevention/intervention and wellness. For over a decade she has been a Prime For Life instructor, a program for those under twenty one who have been arrested for Operating Under the Influence. For the past seven years Lee Anne has been the Program Director of SoPo Unite, a Drug Free Communities Coalition in South Portland, Maine.

Role in Prevention

**Public Health Systems**



District

**Cumberland**



## MELISSA HACKETT: MAINE CHILDREN'S ALLIANCE

Melissa Hackett is a policy associate with the Maine Children's Alliance, and in that role, serves as the coalition coordinator for the Maine Child Welfare Action Network. Both groups seek to support policy and systems advocacy efforts to improve outcomes for children, youth, and families in Maine. In particular, Melissa is interested in promoting upstream efforts to improve child health and safety by strengthening families and the community conditions that children and families need to thrive. Melissa is a co-author and core team member of Maine's Child Safety and Family Well-Being Plan, which outlines primary and secondary child maltreatment prevention strategies and activities. Outside of work, Melissa is pursuing a Master's in Public Health through the University of New England, with an expected completion date of May 2024.

Role in Prevention

**Child Welfare**



District

**Maine and Midcoast**



# OVERVIEW OF THE PREVENTION WORKGROUP

## APRIL HUGHES: HEALTHY COMMUNITIES OF THE CAPITAL AREA

April Hughes (she/her) is the Associate Program Manager at Healthy Communities of the Capital Area (HCCA), which serves all of Kennebec County, with some central public health district and statewide grants. Her primary oversight is in tobacco and substance use prevention, with a particular focus on youth and health disparity populations. She co-facilitates the LGBTQ+ SupportME Network, Central District Maine Prevention Network Coalition, Kennebec County Youth Advisory Board, and the Maine Public Health Association's (MPHA) alcohol, tobacco, or drugs (ATOD) workgroup. April is a Certified Prevention Specialist with her Master's in Public Health and is completing her Doctor of Public Health (DrPH) degree from Walden University

Role in Prevention

**Prevention provider, LGBTQ+ communities, youth**



District

**Central - Somerset and Kennebec**



## MATTEO HARDY: HCCA YOUTH ADVISORY COUNCIL

Matteo is 15 years old and a Sophomore at Cony High School in Augusta. Matteo is a part of the Kennebec County Youth Advisory Board and recently a youth ambassador for the Flavors Hook Kids campaign. Matteo is passionate about advocacy, loves singing, and is a member of his school's chorus. He also plays three sports including soccer, tennis, and swimming

Role in Prevention

**Young Person in Augusta**



District

**Central - Somerset and Kennebec**



# OVERVIEW OF THE PREVENTION WORKGROUP

## AMRAN OSMAN: GENERATIONAL NOOR

Amran Osman is an alumnus of Lewiston High school and University of Southern Maine. During her time there, served on the University's senate and later became the director of racial equality and inclusion on the president's cabinet. In 2021 she started at gateway community service as the community resource coordinator. She began working on Generational Noor at this time after experiencing the loss of her brother due to substance use disorder. Generational Noor is a nonprofit organization that was formed to confront and destigmatize substance use disorder and mental health, particularly within the immigrant community here in Maine. It focuses on finding the best way to make accessible, retain, engage and support BIPOC individuals seeking to end their substance dependency. This is the first organization of its kind that tackles substance use disorder and mental health in these communities. Amran's efforts have landed her on a cover of Journey magazine, a publication created by people in recovery. She believes destigmatizing recovery in Maine's growing immigrant community is a key step toward making existing resources and flyers with information more accessible, multilingual, and culturally appropriate for future generations.

Role in Prevention

**Prevention Provider,  
immigrant  
communities**



District

**Western-  
Androscoggin**



## MADOLYN ROY: SOPO UNITE

Madolyn Roy is a junior at South Portland High School. She is a member of SoPo Unite- All Ages All In, Student Voice, and SEA: Students for Environmental Action. As part of SoPo Unite, she participates in the following sub-committees: the Transportation Board (focused on improving transportation for youth during out of school time (summer, breaks, etc.) which is facilitated by staff from Cumberland County Public Health and the Problem Gambling Book group- a group of twelve students are assisting Sarah Johnson of AdCare Educational Institute of Maine and the PTTC: Prevention Technology Transfer Center. The book is for youth and is a graphic novel. She has presented prevention information at our "Welcome to South Portland High School" for incoming 9th graders

Role in Prevention

**Young Person in  
South Portland**



District

**Cumberland**



# OVERVIEW OF THE PREVENTION WORKGROUP

## BRENDAN SCHAUFFLER: OXFORD COUNTY WELLNESS COLLABORATIVE

For the past 10 years Brendan has worked in public health in rural Western Maine, where he's cultivated a broad network of relationships with community partners across diverse sectors. Working with those partners in groups both large and small has allowed him to practice being a careful listener and communicator, and to create spaces where meaningful conversations can be held around deep-held concerns regarding community health. Much of his work over the past five years has focused on Substance Use Disorder, Adverse Childhood Experiences and resilience, and youth mental health.

Role in Prevention

**Prevention Provider,  
ACEs Specialty**



District

**Western-Oxford**



## ANDREA SOCKABASIN: WABANAKI PUBLIC HEALTH WABANAKI

Andrea Sockabasin is Penobscot and Passamaquoddy and is the Senior Director for the Center for Wabanaki Public Health at Wabanaki Public Health and Wellness. Andrea has extensive expertise in population health and many years working with indigenous communities focused on improving health status through behavior change and cultural initiatives. Andrea supports environmental health and traditional food efforts as well as providing programmatic leadership oversight and administrative guidance for Wabanaki Public Health.

Role in Prevention

**Prevention Provider,  
Wabanaki  
Communities**



District

**Wabanaki**



# WHAT IS PREVENTION

## What is prevention:

Prevention and early intervention strategies can reduce the impact of substance use in Maine's communities. Prevention science focuses on the development of evidence-based strategies that reduce risk factors and enhance protective factors to improve the health and wellbeing of individuals, families, and communities.

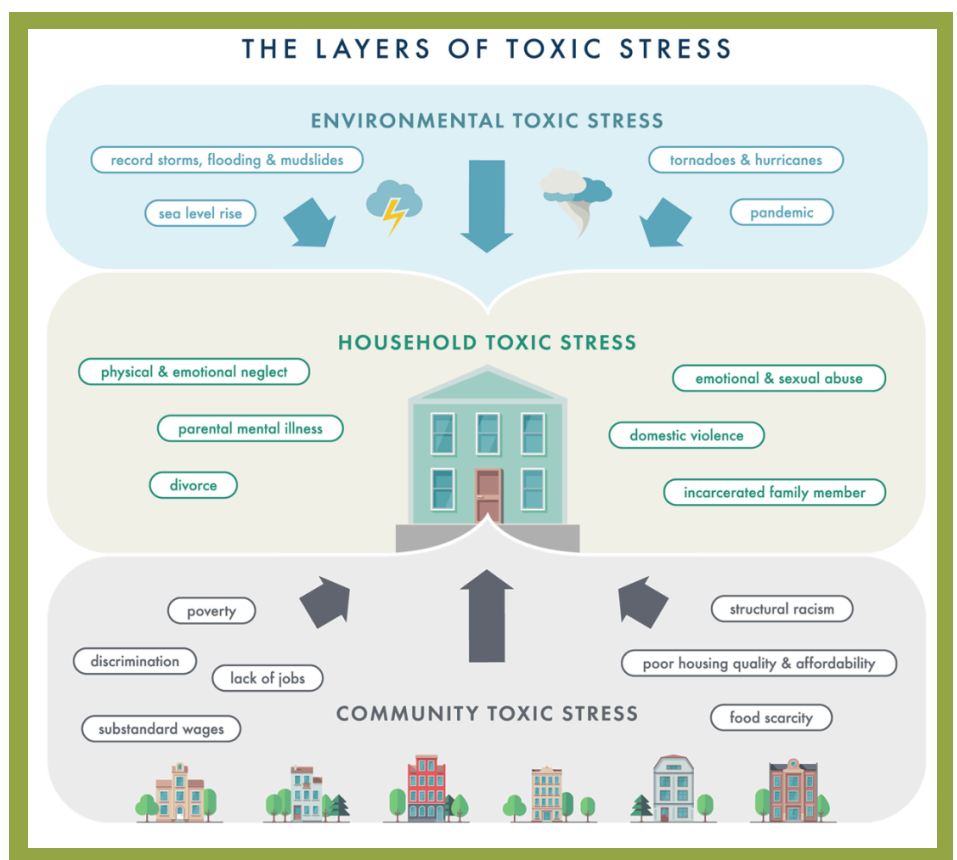
Prevention is often defined as the action of stopping something from happening, but the science of prevention goes beyond that. It's not just about stopping something; it's about promoting healthier communities and creating conditions where negative outcomes are less likely to happen. Prevention is about implementing strategies that address why and how opioid and substance use disorders (SUD) happen and promoting community conditions that are best for supporting people to thrive and keeping SUD from arising in the future.

The main risk factors for opioid use disorder include:

- Family history of addiction/genetics
- History of mental illness
- Early use of any substance (including commercial tobacco, alcohol, cannabis and other drugs)
- Adverse childhood and community experiences that causes toxic stress

Research shows that people with a prior substance use disorder are 28 times more likely to develop an opioid use disorder when prescribed an opioid. Furthermore, studies have shown that adverse childhood experiences are directly related to increased risk and severity of opioid use disorder.

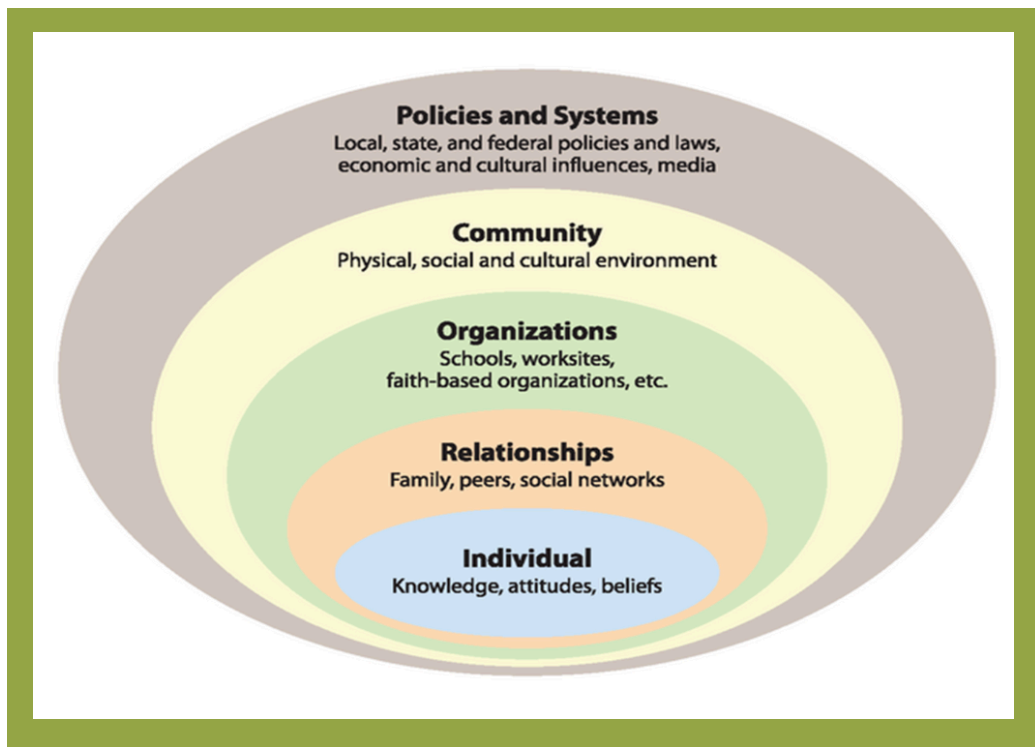
It's not just individual adverse experiences that put people at risk. Community-wide toxic stress also puts individuals at risk.



When someone faces abuse or other adverse conditions at home but lives in a supportive community, they have more protective factors and greater opportunities to be resilient. However, when both household and community conditions are poor, it is much harder for individuals to be resilient when faced with challenges.

# WHAT IS PREVENTION

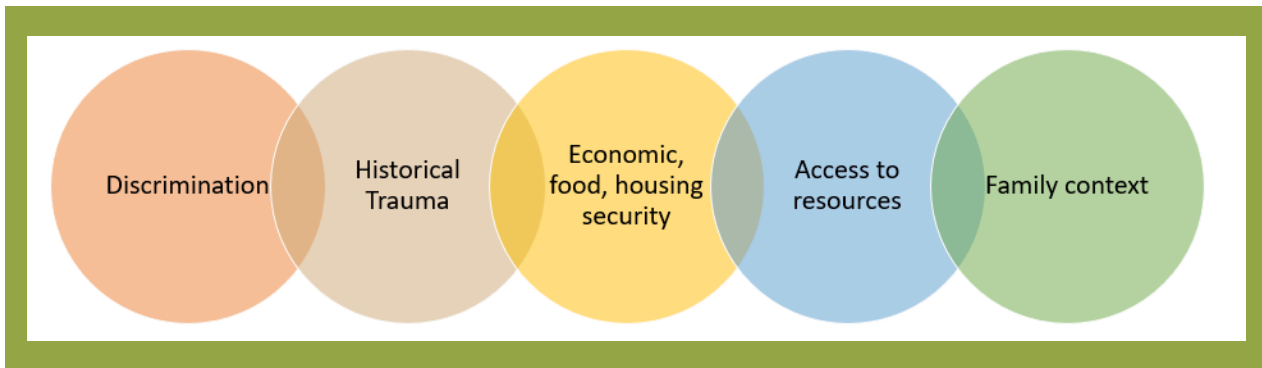
For prevention efforts to address these risk factors, whole-community approaches are necessary. Prevention can't just focus on individuals because they are influenced by their relationships, organizations, communities, and the policies that shape these systems. Therefore, we need to work on the whole system.



Prevention can start with strategies like providing information, enhancing skills, and supporting youth development, but these are just the beginning. The more complicated, yet more impactful strategies involve reducing barriers and enhancing access to vital community conditions like housing, transportation, and food; changing consequences to behaviors so they support healing and recovery; creating healthier communities that young people live in, and developing policies that are best for supporting health. For example, reducing adverse childhood experiences and fostering resilience are major protective factors. Prevention efforts that create trauma-informed communities, support economic stability for families, and improve mental health services for young people, create environments that foster health and wellbeing for all and reduce substance use, substance misuse and substance use disorders.

# WHAT IS PREVENTION

It's also important to acknowledge that not everyone is at equal risk. Factors like discrimination, historical trauma, access to resources, and housing security all matter. Prevention strategies must be culturally and linguistically relevant to address these differences.



While there is a wide range of prevention strategies that can impact opioid and substance use disorders, there are strategies that don't work and can cause harm. Strategies that don't work include:

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)

These strategies don't work well with young people because their brains are still developing, and they perceive risks and rewards differently. Young people often downplay risks, think rewards are higher than they are, and may even see risky behaviors as fun. They also tend to be skeptical, which is healthy, but it means we need different prevention approaches with young people than for adults.

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

Huffman KL et al. J Pain, 2015

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

[CADCA 7 strategies](#) for Community Change to prevent substance use

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

## Prevention Workgroup Process:

From June to October of 2024 the prevention workgroup and the PTTC met virtually and in-person 5 times. In between meetings, workgroup members filled out a survey, provided examples of potential strategies, and did research. Liz met with the New England PTTC between each of the committee meetings for admin meetings to structure and organize the meeting agendas, prepare research, coordinate adding additional parties and experts, and organize information gathered in previous meetings. Below is an abbreviated outline of the meeting objectives and how the workgroup came to the recommendations, followed by a detailed summary of each meeting.

**June 14, 2024**

**Kick-off Meeting 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.

**June 28, 2024**

**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.

**July 22, 2024**

**Identify and Prioritize Strategies Meeting Objectives (Meeting 3 & 4):**

**August 20, 2024**

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.

**September 11, 2024**

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



## JUNE 14 2024 AD HOC SUBCOMMITTEE MEETING 1.5 HOURS | VIRTUAL

### GOAL

To 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.

### AGENDA

- Introductions: Each member will be given a few minutes to share their experience in prevention and what they hope to bring to the workgroup
- Community Agreements: Instead of using Robert's Rules of Order, proposed that members take a few moments to agree upon a set of Meeting agreements for their participation in the workgroup.
- Maine Recovery Council Overview: provide a brief overview of the work of the Maine Recovery Council and the MOU of the Opioid Settlement Agreement
- Process for the work of the Prevention Workgroup
- "What is Prevention" Discussion

### OUTCOME

Decided on community agreements, received an overview of how our time would be spent in this Ad Hoc committee as well as intended outcomes; a set of prevention specific recommendations for the MRC to fund over the next two years.

## JUNE 28 AD HOC SUBCOMITTEE MEETING 3 HOURS IN PERSON

### GOAL

To collect information on assets and gaps in current prevention efforts across the state

### AGENDA

- Public Consulting Group (PCG) presented an inventory of prevention efforts
- Megan Scott, Substance Use Prevention Program Manager at Maine CDC provides additional information on gaps they have identified in prevention funding
- Liz will provides additional information from Maine DOE on currently funded prevention projects and gaps
- Each member will then have the opportunity to share with the group their thoughts on gaps in strategies and funding.

### OUTCOME

- PCG and CDC shared a robust picture of Prevention Gaps and currently funded partners, projects, and strategies, as well as provided their recommendations for funding needs.
- Based on this information and their expertise, group members shared what they knew to be currently funded, and created a list of 32 essential Gaps in prevention funding that need to be addressed.

## JULY 22 AD HOC SUBCOMMITTEE MEETING 1.5 HOURS VIRTUAL

### GOAL

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.

### AGENDA

- 1: Prioritized Gaps
- 2: Turning Gaps into Desired Outcomes
- 3: Strategy Identification

### OUTCOME

Combined some gap categories, identified other funding sources that took some items off the list, recognized the capacity for some gaps was beyond the scope of this work and removed those from the list.

With those that remained, the group created positive opposites which became outcome statements. These outcome statements would then be used to identify strategies.

## AUGUST 20 AD HOC SUBCOMMITTEE MEETING 3 HOURS IN PERSON

### GOAL

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.

### AGENDA

Group discussion to assess strategies for importance, feasibility, and funding fit

### OUTCOME

Group determines Four Gaps and Outcome Statements, with associated potential strategies, to recommend to the Council.

## SEPTEMBER 11 AD HOC SUBCOMMITTEE MEETING 1.5 HOURS VIRTUAL

### GOAL

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

### AGENDA

- Introductions
- Community Agreements
- Review additional information compiled by PTTC on gaps, current efforts, suggested strategies, and literature review
- Discuss and accept the gaps and refined strategies
- Prioritize the strategies to be recommended to the Council
- Plan for delivering recommendations to the Council

### OUTCOME

Concluded the discussion around which strategies to prioritize by combining like strategies and removing strategies that didn't fit with the funding. Discussed presenting the material and which committee members would be present. Designated what should be included in the final recommendation document.



## Current Assets

### Sources for the Assets include:

PCG's state-wide needs assessment and evaluation report from 2022  
Maine CDC SUPs program Manager  
Maine DOE document  
DFC website

### Funding:

- The Maine CDC Maine Prevention Network budget in 2023-24 was about \$7.2M but there is only \$4.8M in ongoing funds for the future years.
- Drug Free Communities (federal SAMHSA grants direct to communities) funding in 2023-24 was \$1.625M spread among 13 communities
- Maine DOE is funding 96 schools to implement BARR (Building Assets, Reducing Risks)

### Programming:

DFCs: There are 13 Drug Free Community Coalitions in Maine under various timelines of a 5-10 year grant cycle.

**Maine Prevention Network:** MPN is funded through the Maine CDC. It funds 9 Lead organizations. 8 are geographic and 1 covers Wabanaki Nations. Some lead organizations partner with other local public health entities to cover a whole public health district. MPN is braided funding to support efforts within SUPs but also Tobacco prevention and Healthy Eating, Active Living.

# ASSESSMENT - ASSETS

## **MPN programming varies but here are some highlights:**

- Information dissemination
- Media campaigns
- Safe storage
- Drug take back
- Policy development
- Educational programming
- Multiagency collaboration and coordination
- Community engagement and partnership

## **Maine CDC SUPs efforts done outside of MPN:**

- Maine SBIRT
- SIRP
- Sources of Strength (at state level but done in local communities)
- Compliance Checks (statewide)
- Statewide communications
- SPF Rx
- Gateway to Opportunity- MYAN (statewide but done locally)

## **Pilots:**

- Peer Navigator program: near-peer connection work. Working with MYAN to pilot.
- Elementary level Mental Health: doing more work at the elementary level
- Strengthening Families: Parenting skills and engagement pilot
- Triple P: Levels 2 and 3 pilot with CAPs and
- SBIRT: pilot in 3 school-based health centers. Expanding to 2 more school-based health centers. Goal is universal screening

## **Maine DOE:**

- Funding and support 96 schools to be trained and implement the BARR model
- Some funding and support for Community Schools (we would like to know more)
- K-12 Mental Health Modules through SEL4ME
- SEL implementation specialist to provide TA to schools through summer of 2024.

# ASSESSMENT - GAPS

## Gaps and Needs:

Sources for the Identified Gaps: PCG's state-wide needs assessment and evaluation report from 2022, Maine CDC SUPs program Manager, Maine DOE document, Workgroup Members.

## Funding:

- **Lack of long term sustainable funds**
  - Funding will be significant less for SUP in the coming year with loss of ARPA, CRRSAA, and OPT funds. The majority of Maine CDC's funding for substance use prevention is from federal agencies. That funding will be significantly less in the coming years with the loss of federal ARPA and some SAMHSA grant funding.
  - Maine CDC total funding for substance use prevention in FY 2024-25 is \$4.8M, which is \$2.4M less than FY2023-24. Of this total, about \$780,000 is state funding from the Fund for a Healthy Maine (Maine's share of the 1998 tobacco settlement). There is no funding for substance use prevention in the state's General Fund budget. Fund for a Healthy Maine (FHM): as noted above, FHM is contributing \$780,000 to substance use prevention and an additional \$3M to public health infrastructure in FY 2024-25.
  - The FHM also supports primary prevention for nicotine addiction – a related substance use disorder – yet these funds are not fully integrated, so it's possible that more efficiencies could be gained. It is also concerning that the FHM is facing a significant structural deficit, starting in FY25. The looming shortfall in the FHM could result in severe cuts to program budgets, including programs that support primary prevention.
  - Maine DOE does not currently have funding to continuing supporting BARR in schools long term.
- **Highly prescriptive funding requirements**
  - Most of the Maine CDC SUPs funding comes from the federal government which means the funds have various time constraints and are often substance specific.
  - All staff at Maine CDC are federally funded and are all managing grants which makes it difficult for them to do big picture systems work at the state level.
  - Lack of flexible funding to implement community-led strategies to improve community conditions that impact many outcomes not just a single substance or substance use.
- **Lack of funding for incentives** like: stipends for advisors and/or focus group participants; food for youth and community events
- **Need sources of funding that allow for multiple substance & collaborative efforts** that address underlying causes of problematic substance use
- **Alcohol Prevention:** Gap in funding for alcohol prevention



# ASSESSMENT - GAPS

## Gaps and Needs:

Sources for the Identified Gaps: PCG's state-wide needs assessment and evaluation report from 2022, Maine CDC SUPs program Manager, Maine DOE document, Workgroup Members.

## Human Infrastructure Capacity:

- Lack of visibility of substance use prevention specialists as experts
- High turnover of substance use prevention workforce
- Big knowledge gap between providers and the community
- Lack of capacity within MPN organizations to build intentional collaborations between topics (SUP, tobacco, suicide, violence, mental health, etc)
- Prevention Providers need more support on more effective strategies and engaging diverse populations
- Community partners need increased support to do policy work
- Need more collaborations across the SUD continuum
- Need more social workers who are people of color so parents and students can connect better. Need more affinity groups or skill building groups- doesn't HAVE to be a behavioral health worker. Need to be flexible.
- Need more Workforce development- need Good pay and pathways to growth and/or leadership



## Community:

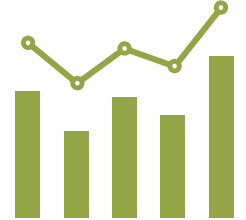
- Lack of Knowledge of the impact of community conditions impact on SUD
- Need more emphasis on upstream community conditions work
- Need more Community led strategies that improve community conditions. Prevention providers need to have capacity to create intentional collaborations with anyone who impacts the lives of youth.
- Lack of resources that match the needs of different young people (tiered systems of support are missing- tier 2 groups that are not clinical, affinity groups, group support, in-home supports, short and long term in-patient)
- Need improved engagement of diverse stakeholders in prevention
- Need greater focus on community specific prevention efforts
- Lack of Social connection. Young people to young people, caregiver to caregiver. 3rd spaces type of thing. Males and resources for males- esp for mental health and SUD, Men of color esp. Men are told to not talk about what they are going through, so resources for that.



# ASSESSMENT - GAPS

## Data:

- Lack of Streamlined data collection and reporting
- Robust data at local level is missing (MIYHS data opt out- and now in French and Spanish) and verbal focus groups
- Need more mapping of outcomes with prevention efforts to show impact, data literacy improvements
- Lack of reports on return on investment for prevention work.
- Need more data about use in communities where stigma is high. Example: Lack data on overdose deaths among people from immigrant communities



## Cultural Competence:

- Prevention Providers need more support on more effective strategies and engaging diverse populations
- Need culturally relevant programming because evidenced based programs aren't always culturally relevant.
- Need more Translation of resources
- Lack of cultural brokerage
- Need more social workers who are people of color so parents and students can connect better. Need more affinity groups or skill building groups- doesn't HAVE to be a behavioral health worker. Need to be flexible.
- Need more community partnerships with intention. Asking BIPOC communities what can be done to help, they give that information, then no follow through. There needs to be tangible change. There is a need for these partnerships to be in relationship, not transactional.



## Family systems:

- Need more 2 generational approaches to prevention
- Not enough acknowledgment of the impact of economic conditions at the family level - they are experiencing economic hardship. Even people not living in poverty are feeling the economic pressure (ALICE Asset limited, income constrained, employed).
- Lack of support (economic, psychological, emotional, etc) for Grandparents and other family members caring for children. 55% of families removed from parents are due to substance use disorder.
- Need for supported conversations - young people's experiences are not reflected enough, nor BIPOC. Desire for more support between parents and children. Young people saying there is so much focus on crisis and not on wellness.
- Major need for Skill building for parents - authoritarian vs. permissive vs. Authoritative



# ASSESSMENT - GAPS

## Stigma:

- Still lots of stigma regarding SUD that keeps people from responding in ways that are helpful and actually address the problem successfully (across the continuum)



## Schools:

- Need to educate more schools on the importance and research that by having black student union and/or GSTAs at the school, it reduces risk for SUD and other behavioral health issues for ALL students, not just the ones in the groups. Those advisors often do not have stipends and so the groups are hard to sustain.
- Need to ensure prevention resources are within the school.
- Need more “Community Schools” or some kind of infrastructure to support tiered responses to behavioral health needs within the school
- Need more teacher and coach professional development on SUP and behavioral health in general. Need to have more options for how to respond to signs of distress.



## Youth and young adult engagement:

- Children whose parents are affected by addiction need more support and resources.
- Need more SUP efforts geared towards 18-25 year old population. Need to work with college/campus mental health and substance use. Freshman year in college, transitional times, can be a time of creating new habits. ¼ freshman drop out in their first year.
- Need to increase youth engagement in prevention
- Need culturally responsive early interventions for youth & families impacted by OUD and SUD. This could include “near-peer” mentoring, tier 2 groups and affinity groups with and/or instead of behavioral health counseling.



# CONSIDERATIONS:

### Unique things about prevention:

Prevention takes time. Results are not reached in 2-year cycles.

Relationships take time and prevention work is all about relationships.

It takes time to spend the money. In order to do community-led or community-informed work that's most effective, organizations that do prevention need longer periods of time to spend it.



### Unique things about the Maine Recovery Council Funding:

The funding for prevention for this year is proposed at about \$4M. This will go down each year as the amount of money the MRC has, gets less each year over 18 years.



# STRATEGY RECOMENDATIONS

The workgroup and the PTTC researched potential strategies and strategies that are already being implemented and could be expanded or done with greater effectiveness with additional funding, to address the most important gaps. Over two different meetings, the workgroup discussed potential strategies, the literature on the effectiveness of those strategies, and then discussed the feasibility and fit with the funding source. Below are the guiding questions for those conversations.

## **Feasibility Questions:**

1. What is the current readiness of people, organizations, communities, and culture, to implement these strategies at an organizational, community, state level? Does this strategy already have funding?
2. What would it take to get ready and to implement? What would it take in time, money, and person power to build readiness and implement the strategy?

## **Funding Fit Questions:**

1. What is the impact and staying power of the strategy?
2. What potential funding might support continuation after opioid settlement funding is gone?
3. Do these strategies address the opioid crisis and those who have been most impacted?

Through discussion, the workgroup slowly came to consensus on the strategies that are most important, feasible and best fit with the opioid settlement. While many other gaps are important, and many other strategies may be needed, the workgroup believes these are the strategies that should get funded at this time.

## **CROSS CUTTING RECOMMENDATIONS**

**Time:** While MRC may only provide funding for 1 or 2 years, we highly recommend the MRC provide more time (4-5 years) to actually spend 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 applicants that plan for collaboration between prevention providers, community based organizations, and/or those who have lived experience.

**Flexible Funding:** Allow for incentives, like stipends and food, for community partners to participate in funded projects.

**Strategy 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 Gap 1: Need more emphasis on and capacity for upstream community conditions work that is culturally relevant, led by the community, and supported by prevention providers.

Desired Outcome 1: All people live in thriving, interconnected communities with community conditions that promote health and the capacity to make improvements.

### **Example Strategies: This is not an exhaustive list**

**Here are examples of the infrastructure that can support the implementation of the strategies.**

- **Community Collaboratives:** This approach and community infrastructure model support the local community capacity to convene, collaborate, and innovate with a variety of community partners to improve community conditions across the lifespan. There is a current initiative through the state's Child Safety and Family Well-Being Plan to convene existing collaboratives to share information across collaboratives (community of practice), consider sustainability in funding support, and consider opportunities to expand in communities that don't have this infrastructure. Some local and state philanthropy are funding a collaborative and/or this network of collaboratives. This initiative was somewhat inspired by this in Nebraska - <https://bringupnebraska.org/> .
- **Build capacity locally:** The current state prevention funding model is county based and that is too large. Would like to see some regional emphasis ie: 21st Century grant, DFC coalitions, local community collaboratives. Local examples include:
  - [Community Caring Collaborative](#)
  - [Helping Hands with Heart](#)
  - [Oxford County Wellness Collaborative](#)
  - [Southern Midcoast Communities for Prevention](#)
  - [SoPo Unite: All ages, all in](#)

### **Here are some example approaches to make changes to Community Conditions**

- **ACE|R Framework:** Adverse Community Experiences and Resilience Framework. The Framework is a way of understanding how community trauma undermines individual and community resilience and provides a path with tools for engaging communities to identify the major drivers of violence, SUD, DV, etc, and then take action to address those drivers and increase community resilience.
  - [Prevention Institute ACE|R](#)
  - [Ohio Collective Impact Project](#) using the framework to address and prevent Opioid Use Disorder
  - [CDC's preventing ACEs reduces Overdoses Case studies](#)
  - [Partners For Thriving Youth](#) was a project at TOA based on the Framework and funded by PFS SAMHSA funding. That project is the basis for much of the work happening within the SUPs program at Cumberland County Public Health and funded by MPN.

**Strategy 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.**

**Example Strategies Continued: This is not an exhaustive list**

**Building Community Resilience (BRC):** The BRC process provides a systematic approach to help communities develop a customized solution to the root causes of inequity and adversity. They have tools, including the Pair of ACEs and the Resilience tree to illustrate the role of trauma in illness and what a resilient community that promotes health looks like. There are several BCR Network sites throughout the US using the tools to improve health outcomes, including substance use disorder.

- **Culturally relevant approaches:** Prevention First in Illinois has a good guide on how to become more culturally responsive. The New England PTTC also has a self-assessment for coalitions/organizations doing prevention work to help them identify which areas of the SPF they are being culturally responsive and where they feel they could improve.
  - The Oregon Opioid Settlement Prevention, Treatment, and Recovery Board provided approximately \$3.8 million to community-based organizations and regional health equity coalitions to increase the number of primary prevention initiatives in communities experiencing disproportionate effects of substance use and overdose. The funds will go to organizations that are rooted in existing linguistic and cultural systems, building on their community engagement efforts and infrastructure (NASHP)
- **Establish Youth Advisory Boards (YABs)** (also referred to as Youth Advisory Councils or Groups) within public health districts and/or other appropriate settings to meaningfully engage young people in primary prevention and community condition change. “YABs can offer stakeholders an important way to solicit youth insights or feedback on program design, implementation, and evaluation; help define outcomes that are relevant to young peoples’ needs; compliment or deepen existing youth engagement strategies; or provide young people the opportunity to directly support program processes, outputs, and outcomes in ways that contribute to sustainability and scale, while also building the skills of young people themselves.”

**Strategy 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.**

**Example Strategies Continued: This is not an exhaustive list**

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

- **Ensure transportation** is available for youth to access healthy community opportunities and employment
- **Support the creation of “third spaces” (not home or school):**
  - Accessible outdoor areas
  - Town Movie nights
  - Silent book clubs
  - Teen centers
  - More opportunities for local youth connections that are not necessarily tied to teen clubs- provide spaces for youth to engage in similar interests- e.g., arts-based prevention initiatives (Photovoice, StoryWalks, ArtWalks, poetry slams, open mic nights, etc.)
  - Incorporate SEL that is culturally responsive into afterschool and community based programs. This also touches on the concept of 3rd space, can be early learner through young adult, and can be peer lead.

<https://breatheforchange.com/resource-library/>

**Increase supports and resources for youth and families:**

- [Community Schools](#)
  - [Family Resource Centers](#)
  - Providing youth lead support groups or mentoring supports this goal and the youth in prevention goal
- <https://sites.google.com/elwood.k12.ny.us/mskarch/natural-helpers> OR  
<https://www.bestbuddies.org/maine/programs/>
- **Support the implementation of school and community-based groups** to support young people’s health and well-being- e.g., Gay, Straight, Trans Alliances (GSTAs), Black Student Unions (BSUs) and other affinity groups, local youth meet-ups (could be based on interests). Pay advisors of these groups to ensure their sustainability.

**Strategy 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.**

**Literature Review:**

**Community-driven responses** are essential to ensure the adoption, reach and sustainability of evidence-based practices (EBPs) to prevent new cases of opioid use disorder (OUD) and reduce fatal and non-fatal overdoses. (NIH NLM 2021)

**Highlights current federal activities** that support prevention by expanding research of new and improved prevention efforts, investing in community resources to help prevent harms related to substance use, increasing access to high-quality pain management to reduce preventable suffering, and promoting responsible prescription of medications to protect patient safety. (HHS 2022)

**Youth can be powerful ambassadors and partners** in identifying challenges and developing approaches that resonate within their communities, and youth-led prevention work offers communication and peer networks from individuals that youth find credible: other youth. Youth who are leading prevention work can participate in planning, decision-making, implementation, evaluation, and recognition processes, which both provides better-informed prevention programming, as well as leadership skills for participants. (NASHP 2024)

- [https://www.youthpower.org/sites/default/files/YouthPower/files/resources/YOUTH%20ADVISORY%20COUNCIL\\_8%20STEPS%20final.pdf](https://www.youthpower.org/sites/default/files/YouthPower/files/resources/YOUTH%20ADVISORY%20COUNCIL_8%20STEPS%20final.pdf)
- BMC Public Health Journal (2023): [Evaluating the effect of a 12-month youth advisory group on adolescent's leadership skills and perceptions related to chronic disease prevention research: a mixed-methods study](#)
- Kennebec County currently has an established YAB that has been valuable in tailoring prevention activities to fit the needs of young people and the community
- <https://bmcpublikealth.biomedcentral.com/articles/10.1186/s12889-022-14714-4>

**Strategy 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.**

**Literature Review (Continued):**

targeted interventions for adolescents with substance use problems, including for non-opioid drugs (i.e., cannabis, alcohol), is critical to prevent the onset of OUD and turn the tide of the opioid overdose epidemic. In line with this call to action to move toward earlier intervention as a public health strategy, we propose several concrete recommendations. These include use of universal screening and prevention strategies for teens, an enhanced focus on addressing mental health (i.e., depression, trauma-related anxiety) and ecological (i.e., low caregiver monitoring, affiliating with substance using peers) precursors of substance use initiation in adolescents, a significant restructuring of resource allocation to more effectively and equitably address youth substance use and mental health problems, and continuous efforts dedicated to the de-stigmatization of the disease of substance use disorders. (NIH NLM 2023)

Place Matters: Research on the need for community based supports and environments that are protective for young people transitioning to adulthood.

**Strategy 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.**

**Current Efforts/Funding:**

- **MPN Coalitions:** While some MPN funded partners could use a little of their funding for Community Conditions work, there is not sufficient funding, capacity, or technical support for robust work in this area through current state funding. Need funding for capacity and the time to really dig into the SPF process at a local level. This could be at least a full time person at the local level to lead this work. Limited capacity to oversee and support this work at the state level.
- **Maine CDC youth work:**
  - Most MPN leads have Youth Boards in their MPN contracts already and have funding for it but could be expanded.
  - Maine CDC Youth Engagement Coordinator: Building a statewide youth advisory board.
  - MYAN has funding to support youth engagement and youth leadership in prevention efforts.
- **Culturally Relevant Prevention:** There is a focus on culturally relevant programming in MPN but not necessarily enough funding to be passed on to community based orgs and ethnic community based orgs to ensure culturally relevant work on community conditions.
- **Community Collaboratives:** Some collaboratives are funded by private philanthropy but many collaboratives do not have basic infrastructure funding, only funding to deliver a specific program. Currently John T Gorman Foundation and the Maine Child Welfare Action Network convene a network of community collaboratives in Maine.
- **Community Schools:** Maine DOE is funding a few community schools across the state but funding is very limited and sometimes only for start-up but ongoing funding is difficult to secure.
- **Drug Free Community Coalitions:** There are 13 DFCs in Maine under various timelines of a 5-10 year grant cycle. It covers a fairly small number of communities and is competitive federal funding.

**Strategy 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.****Feasibility:**

There are DFC coalitions and under MPN, each district has a SUP coalition, that could be the infrastructure for the Frameworks and models. Funding for the implementation of these models is the primary challenge. The connective tissue, creative part is what's missing. There has been some exposure in Maine to the BCR model through the Maine Resilience Building network. In Oxford County they have been doing this work. There are community coalitions or community collaboratives that could take on the work with additional financial resources, especially with some additional technical support.

**Fit with Funding:**

Especially if we support current collaboratives to do some of this work, that could have staying power within those existing organizations. It's a challenge to get financial support for collaborative funding but necessary for doing the work on addressing community conditions. Addressing the root causes of substance use disorder within communities that have been highly impacted by opioids, would have a big impact.

**Other Considerations**

- MPN coalitions and other community collaboratives would be good organizations to fund. Additionally, funding an organization, like a philanthropic organization, to provide TA and/or a learning community to support the work would make it more effective and sustainable.
  - Example of this is a MeHAF grant that provided funding for assessment and implementation with a learning community of other funded orgs.
  - John T. Gorman already supports a small number of projects. Could they expand their reach and TA?
  - Could a philanthropic organization take on the RFP and grant oversight process?
- Provide incentives and/or put in a strong emphasis on collaboration with community based organizations.
- Prioritize programming that is focused on youth leadership and partnerships over programming directed at young people. Ensure there is enough funding and capacity to use best practices in youth engagement and support young people to do this work effectively.
- Evaluation funding should be included so that we can understand how changes were made because of the programming."

**Strategy 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.**

**Possible Approved Uses:**

G: Prevent Misuse of Opioids

5. Fund community anti-drug coalitions that engage in drug prevention efforts

6. Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidenced-informed implementation including the strategic prevention framework developed by the US. Substance Abuse and Mental Health Services Administration.

7. Engage non-profits and faith-based communities as systems to support prevention

8. Fund evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

**Strategy 2: Increase two generation (2Gen) approaches to prevention with a focus on families who have been impacted by opioid use disorder and families that live in communities highly impacted.**

Gap 2: Need more two generational (2Gen) approaches to prevention, with a focus on children whose parents/guardians are affected by addiction and need more support and resources

Desired Outcome 2: All generations of a family that have been affected by addiction have the support and resources to care for themselves and to raise healthy, thriving youth.

**Example Strategies: This is not an exhaustive list**

- **Kinship care support and resources.** This population is underserved, often not connected to services and supports, but needs to be. Programming led by and designed by members of this group would be preferable. Also programming led by and designed by members of this group would be preferable.
  - Adoptive and Foster Families of Maine are already providing some services, like kinship navigation, but are limited by funding. <https://affm.net/support/the-kinship-program/>
- **The John T. Gorman Foundation** is supporting several 2-gen programs <https://www.jtgfoundation.org/our-work/featured-initiatives/>
- **Preventing Adverse Childhood Experiences:** There are many specific programs that may prevent ACEs. Here are some specific case studies on preventing ACEs and the connection to OUD and overdose. [CDC's preventing ACEs reduces Overdoses Case studies](#)
  - [ACERT](#) in New Hampshire
- **Strengthening Families program.** It's an evidence-based family skills training program for high-risk and general population families that is recognized both nationally and internationally. Parents and youth attend weekly SFP skills classes together, learning parenting skills and youth life and refusal skills. They have separate class training for parents and youth the first hour, followed by a joint family practice session the second hour.
- **High-fidelity Wraparound:** There is a reinvestment in High-Fidelity Wraparound at the state level. From 2023 budget initiatives announcement: High-Fidelity Wraparound provides a team-based, collaborative process to deliver intensive services coupled with provider training and other supports. This evidenced-based initiative would support youth with complex behavioral health needs and their families, as described in the Department's Children's Behavioral Health Plan in state fiscal year 2025. Notably, it includes peer support at both parent and youth levels, and access to flexible funds for families.

**Strategy 2: Increase two generation (2Gen) approaches to prevention with a focus on families who have been impacted by opioid use disorder and families that live in communities highly impacted.**

**Example Strategies (continued)**

- **Maine Prevention Councils:** The state lead for child abuse and neglect prevention. Their work includes parent/caregiver support groups, connection to concrete goods for families in need, and they are in the process of asset-mapping community spaces for families. They do have some ongoing funding from the State.
- **Community-based flexible funds** to meet the immediate needs of families to prevent crises; state services and programs should include flexible funds for participants. Also, see previous investment by MRC related to this - flex funds with whole family coaching

**Strategy 2: Increase two generation (2Gen) approaches to prevention with a focus on families who have been impacted by opioid use disorder and families that live in communities highly impacted.**

**Literature Review:**

- [Family-based interventions](#) provide instruction or training to parents and caregivers to enhance substance use preventive skills and practices for children and adolescents. Evidence showed family-based interventions lead to reductions in both initiation and use for cannabis, prescription drug misuse, alcohol, tobacco, and illicit substances. (The Community Guide 2023)

[Several federal agencies have compiled information](#) about evidence-based substance use disorder (SUD) prevention programs in rural communities that focus on youth and families. These programs are primarily implemented in schools, and may also take place in the home or in community settings. (RHI Hub 2021)

**Current Efforts/Funding:**

- Preventing ACEs: MRBN provides some level of technical guidance on preventing ACEs but has limited funding to do robust work at a local level.
- Parenting Classes: Maine Children's Trust funds local organizations across the state to provide Strengthening Families and other parenting classes to prevent child abuse and neglect. Maine CDC is piloting this in the Midcoast. Triple P at ACAP pilot. Behavioral Health agencies participating in Maine CCBHC demonstrating can offer Triple P or Incredible Years as one of several child-family EBPs (6 agencies across state)
- High-fidelity Wraparound: Currently funded through OCFS and seems like it's well supported.
- CAN Councils funded through OCFS and supported by Maine Children;s Trust
- Kinship Care: Lack of funding for support for informal kinship care. Adoptive and Foster Families of Maine provides support and flexible funding but has limited capacity to provide care to the large number of families needing help, especially families that are providing informal kinship care.

**Strategy 2: Increase two generation (2Gen) approaches to prevention with a focus on families who have been impacted by opioid use disorder and families that live in communities highly impacted.**

**Feasibility:**

The JTG Foundation is supporting some of the 2 Gen work. There seems to be funding for High Fidelity Wrap across the state. There are not a lot of resources for people who are providing informal Kinship Care and those providing formal kinship care. This could be a place for interventions. Flexible funding is needed for folks doing kinship care.

Healing at all the levels is needed for children being removed from households and for the families that take children who have lost their parents. They just launched a messaging campaign called “Be there for me” that supports parents and caregivers to reach out for help.

Generational approaches are a really strong way to break the cycles of SUD.

**Fit with Funding:**

Reaching parents/caregivers and young people who have been most impacted with direct 2 gen support could meet immediate needs and also help organizations get programs running while they seek ongoing funding support.

**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.
- Evaluation funding should be included so that we can understand how changes were made because of the programming. 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.
- Prioritize communities that have been highly impacted and/or don't have these kinds of efforts already.

**Strategy 2: Increase two generation (2Gen) approaches to prevention with a focus on families who have been impacted by opioid use disorder and families that live in communities highly impacted.**

**Possible Approved Uses:**

G: Prevent Misuse of Opioids

5. Fund community anti-drug coalitions that engage in drug prevention efforts

6: Support community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction-including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidenced-informed implementation including the strategic prevention framework developed by the US. Substance Abuse and Mental Health Services Administration.

7. Engage non-profits and faith-based communities as systems to support prevention

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

**Strategy 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.**

Gap 3: Need more substance use prevention efforts geared towards the 18-25 year old population

Desired Outcome 3: 18-25 year old population has the resources and supports for wellness in college, workplace, and in community settings.

**Potential Strategies:**

- **Convene a Short Term Action Team (STAT)** of interested MPN and DFC prevention staff members. Consider including other campus partners, including young people. The objective of the STAT would be to develop a strategic plan specific to the 18-25 year-old population.
- **Convene College Campus partners** and create a system to support achieving prevention goals within Higher Education. (Revive HEAPP High Education Alcohol Prevention Partnership and include other substances)
- **Train campuses in both BASICS** (Brief Alcohol Screening and Intervention for College Students) and Prime For Life:  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3499225/> <https://primeforlife.org/prime-for-life-research-eval/college-students>
- **Provide training for RAs** and other staff within higher ed on prevention and harm reduction
- **Strengthen the YEAP Youth Employee Assistance Program-** and create a training for high school students to prepare for the workforce- connect with JMG classes and Technology High Schools (we are working on this with Cumberland County Public Health Staff)
- **Strategies that consider transitional times in life** ([high school to work/college](#)/military AND out of military). We could work with our partners at National Guard on that pre/post military piece.
- **Team Awareness** is a workplace program that addresses behavioral risks associated with substance misuse among employees, their coworkers and, indirectly, their families - cited as an EBP for young adults in SAMHSA Substance Use Prevention for Young Adults (<https://store.samhsa.gov/sites/default/files/substance-misuse-prevention-peg19-pl-guide-1.pdf>)

### Strategy 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.

#### Literature Review:

[Rates of opioid misuse](#) and dependence are highest for young adults ages 18–25.

Prevention strategies that reduce prescription opioid misuse while decreasing stigma around dependence and treatment are critical components of addressing the epidemic. (NIH NLM 2022)

**The nature of the opioid crisis has shifted.** Emphasis must now shift to addressing a more dangerous landscape of increased use of potent synthetic opioids, polysubstance use, and growth in stimulant overdose deaths (with or without opioid involvement). A public health response must address these emergent trends. (APHA 2021)

#### Current Efforts/Funding:

- Completed a brief assessment of Prime for Life and there are limited campuses doing PFL or Basics.
- 18-25 year focus at Maine CDC: Limited funding at Maine CDC to focus on the 18-25 year old population. There was previously a more robust program that could be revived with funding.
- Thomas College is a certified JED Campus participating in [JED Foundation](#) 4-year process to assess and strengthen mental health, substance misuse and suicide prevention programs

#### Feasibility:

There are some colleges and higher ed programming for SUP.

Some geographies are more ready to do the work of reaching the 18-25 year old population.

Outside of the college setting, it's hard to reach the 18-25 year old group.

There used to be capacity and funding within the state prevention grants for prevention providers to work with higher ed and with employers with high 18-25 workers.

With allocated funding, Maine CDC could hire a full time person to focus on the 18-25 year old population. They could focus on higher education as well as workplaces with high levels of the population (restaurants, youth serving organizations, construction/building. Maine CDC could also provide funding to local districts that could work with local colleges/universities and workplaces to provide training, technical assistance, and build capacity for more prevention efforts.

**Strategy 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.**

**Fit with Funding:**

Funding Maine CDC and the local MPN districts could be funded to do this work. This could reasonably be considered seed funding that could be continued through Federal grants or other philanthropic organizations. The 18-25 year old population has the highest rates of high risk use of substances and reducing their use is an important strategy for reducing opioid misuse and overdose deaths.

**Other Considerations:**

- MPN Prevention staff may be in a position to do work with higher ed and employers if they had additional funding and supports
- Maine CDC would need additional capacity to be able to develop a strategic plan, convene higher education and support MPN prevention staff.

**Possible Approved Use:**

Many strategies within:

C. Connect people who need help to the help they need

G: Prevent Misuse of Opioids

H. Prevent Overdose deaths and other harms (Harm Reduction)

# STRATEGY RECOMMENDATIONS

The gap identified below is one that must be addressed from across continuum and therefore was determined not to belong in the Prevention Pillar. The Prevention Workgroup believes it's an important gap to address and therefore want to provide the MRC with information so that they may find other ways to pay for and address the gap.

**Gap** Across the SUD Continuum of Care: Need more capacity/resources to support collaborations across the SUD continuum of care.

**Desired Outcome:** There is capacity in every Public Health District for people to foster collaborations across the SUD continuum of care (prevention, harm reduction, treatment, recovery, health promotion)

## Potential Strategies:

- **Coordinated Continuum of Care for SUD:** A coordinated continuum of care of where there are robust connections between the work happening within prevention, harm reduction, treatment, recovery, and health promotion. It often involves people with the capacity to facilitate data collection, mapping of resources, supporting collaboration and coordination between the continuum, providing training and TA, and evaluating outcomes.
  - New Hampshire's Bureau of Drug and Alcohol Services funds local public health entities to coordinate and improve their continuum of care. [Carrol County's Continuum of Care](#) information and here is their [Continuum of Care Development Plan](#).
- **Provide a paid board opportunity** that could work cross-sector to bring a variety of party interests related to OUD in Maine to one room and then report back.
- **Offer a cross-continuum peer mentorship program** where people are assigned to someone from another profession to share/support/learn from one another.

