

LD 1711

Resolve, To Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project within the Department of Health and Human Services

H.O.U.S.E. is a pilot project that provides **low-barrier treatment for substance use disorders and stable housing to support recovery** and create stability for 50 opioid users who are among the most vulnerable and unstable in Maine (homeless, uninsured, underinsured, unemployed polysubstance users) and are among the highest utilizers of inpatient hospital services and criminal justice system.

OVERVIEW

- Drug overdoses are killing Mainers at an average of more than 1 person a day in 2017
- Rate of overdoses at Preble Street has doubled from 2016 to 2017 to 1 overdose every 8 days
- Homeless individuals with substance use disorder have difficulty accessing traditional care
 - 100% of people who overdosed at Preble Street sought treatment **but there was none available**
- Evidence-based research supports the use of Medication Assisted Treatment (MAT) to treat substance use disorder
 - A 50% reduction in overdose deaths occurred by providing greater access to MAT in Maryland¹
- Best practice for homeless, opioid users is low-barrier MAT
 - Low-barrier models using MAT have high treatment retention rates²
 - During prolonged hospitalization among patients that start MAT before discharge, 72% continue treatment as opposed to 12% who continue treatment without MAT in the hospital³
 - Outpatient daily-observed dosing minimizes diversion of medication
- Housing is an integral and critical component of treatment that leads to recovery

H.O.U.S.E. PILOT PROJECT

Homeless individuals will have access to a “medication first” system of low-barrier Medication Assisted Treatment (MAT) and rapid housing with a creative menu of options to best meet the individual’s need and ensure paths to recovery. Critical elements include:

Rapid access into the H.O.U.S.E. program—target population includes patients from community hospitals, the criminal justice system and the streets.

Low-barrier MAT that utilizes a shared medical appointment (SMA) model for delivering office based daily-observed therapy, group and individual mental health services.

Housing menu that offers a range of sober, independent, harm reduction and supported housing choices with fluidity to transition from one type to another based on what is needed for the person’s success.

The treatment team meets participants where they are to ensure success in early stages of the program as they work toward recovery, employment and self-sufficiency. Wraparound support utilizes enhanced risk evaluation and mitigation strategies (REMS), and intensive Case Management and Peer Recovery services.

Rigorous evaluation and continuous assessment of the pilot will inform future interventions and provide a model that can be used throughout the state.

¹ Schwartz RP, et al, AJP, 5/13

² Stancliff et al. Journal Addiction Disease 2012; 31 (3) 278-87

³ JAMA Internal Med, Aug 2014