8/24/16: Two Outcomes-Oriented Models in Portland, ME: Greater Portland Addition Collaborative (GPAC) and McCauley Residence
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Relevant Attachments:

- Article: Outcomes-Oriented Approach to Addressing Social Problems
- GPACMcAuleyfinal.pdf

Key Takeaways: *The Greater Portland Addiction Collaborative and McAuley Residence bring together community-based organizations to coordinate services that address the effects of increased use of opioids. Both models optimize the CBOs' collective assets by integrating services and service handoffs across providers.*

These two models developed in response to the following conditions: increased opioid use, majority of population uninsured, small state-funded CBOs with limited capacity to deliver needed services, high recidivism and high waste. By bringing together healthcare providers, law enforcement, recovery-oriented, detox and crisis teams, these models are coordinating their services into a seamless system that provides a continuum of care (compassionate detox with a transition to an appropriate next setting that will sustain access to medication assisted treatment) at lower costs.

Recognition that the CBOs were each trying to do it all, that they were not being effective and that doing so was not sustainable led to collective action. With agreement on a strategy and implementation plan (facilitated by Elaine Kuttner of Cambridge Concord Associates (cambridgeconcord.com)), GPAC emerged with these critical commitments:

- Optimize existing assets
- Develop a low-cost, sustainable model
- Open to everyone (payer agnostic)
- Systemic accountability
- Rigorous evaluation
- Community governance

The model expands access to detox and intensive outpatient services, integrates addiction services into primary care and offers safe housing financed with a no-interest loan from a CDFI. The Nonprofit Finance Fund helped structure the funding plan, business model and feasibility study for impact investing.

The McAuley Residence, a 26-year old program that helped vulnerable women (e.g.—victims of domestic violence, those with heroin or opioid addiction, formerly incarcerated), doubled its capacity by partnering with a housing provider. The supportive services available to residents include: parent coaching, cognitive behavioral therapy, health and mental health care, education and employment support, and financial planning. The model consists of three phases that move residents from a highly structured set of activities and supports (such as substance use disorder treatment, curfews, random drug screenings and individual parenting coaching, recovery-oriented groups and narrative therapy) to financial self-sufficiency, sobriety, educational

achievement (most complete their GEDs and continue to post-secondary), and, where applicable, reunification with children in foster care.

Both models bring together players from many sectors. Over time, these partners have developed trust in and for each other, transparency about resource allocation and performance management and seamless communication. The McAuley model now costs one-third of what it did before the collaboration. The steering committee of the collaborative (comprised of decision-makers for each collaborative member—CEO or other senior staff) meets quarterly; the coordination committee (comprised of those working on the ground) meets weekly.