

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)

A map of the state of Maine, showing its various counties. The map is color-coded in shades of green and yellow. The counties labeled are: AROOSTOOK, PISCATAQUIS, SOMERSET, FRANKLIN, PENOBSCOT, WASHINGTON, OXFORD, KENNEBEC, WALDO, HANCOCK, ANDROSCOGGIN, SAGadahoc, LINCOLN, KNOX, CUMBERLAND, and YORK. A compass rose is located in the lower right quadrant of the map. The text 'CANADA' is visible on the right side of the map.

Recommendations
OF THE
**MAINE OPIATE
COLLABORATIVE**

May 2016

LAW ENFORCEMENT

TREATMENT

PREVENTION & HARM REDUCTION

To make things better, we need to:	We can do this by:	Who can make it happen?
<p>Destigmatize substance use disorders within the law enforcement profession</p>	<ul style="list-style-type: none"> • Including a substance use disorder training block in law enforcement training programs that covers the basic science and a humanizing component • Mandating a substance use disorder training block as an in-service class for all current law enforcement professionals • Convening community roundtable discussions with law enforcement, families, and individuals in recovery • Producing and sharing personalized videos from families and individuals in recovery 	<ul style="list-style-type: none"> • Maine Criminal Justice Academy Board of Trustees • Maine Dept. of Public Safety • Maine Sheriffs' Association • Maine Chiefs of Police Association • Maine State Police • Maine Drug Enforcement Admin. (DEA) • US Drug Enforcement Agency • Community groups
<p>Identify, Investigate, and prosecute the most dangerous drug traffickers</p>	<ul style="list-style-type: none"> • Improving intelligence gathering and sharing among law enforcement agencies to include local, county, state, and federal entities • Identifying locations with high concentration of fatal/non-fatal overdoses • Increasing collaboration and information sharing between the public safety and public health communities • Establishing protocols so federal and state drug enforcement agencies collaborate and integrate resources • Treating every death/serious injury resulting from an overdose as a crime scene and including supports and resources to the victim's family/friends • Changing statutory language so enhanced penalties would be available when the drug supplied was a "substantial contributing factor" to death/serious injury 	<ul style="list-style-type: none"> • Local, county, state, and federal law enforcement agencies • Maine Information and Analysis Center (MIAC) • Maine DEA • US Drug Enforcement Agency • US Attorney for Maine • Maine Attorney General

To make things better, we need to:	We can do this by:	Who can make it happen?
<p>Establish a Pre-Charge Diversion Program in every prosecutorial/public health district in Maine</p>	<ul style="list-style-type: none"> • Developing a treatment/recovery resource in each prosecutorial/public health district to which all law enforcement agencies could refer • Ensuring collaboration between law enforcement and treatment/recovery resources to refer appropriate individuals to services before the charging process • Developing a system to track recidivism rates in order to assess the effectiveness of the diversion programs and the treatment options provided 	<ul style="list-style-type: none"> • Maine Legislature • Maine Office of Substance Abuse & Mental Health Services (SAMHS) • Maine Dept. of Public Safety • US Attorney for Maine • Maine Attorney General • Local, county, state, and federal law enforcement agencies • University of So. Maine, Muskie School
<p>Make Problem Solving Courts (PSCs) available for every appropriate defendant</p>	<ul style="list-style-type: none"> • Seeking state and federal funding to expand PSC capacity, including monies for facilities, case managers, judges, prosecutors, and treatment providers • Seeking grant funding for a pilot PSC that addresses different populations than presently served • Developing a system to track recidivism rates in order to assess the effectiveness of the PSCs and guide improvements in the treatment options provided 	<ul style="list-style-type: none"> • U.S. Congress, federal funding agencies • Maine Legislature • Maine Dept. of Public Safety • US Attorney for Maine • Maine Attorney General • Local, county, state, and federal law enforcement agencies • University of So. Maine, Muskie School
<p>Provide custodial treatment for county jail inmates with substance use disorders</p>	<ul style="list-style-type: none"> • Developing programs at county jail facilities (first priority: female offenders) that identify and treat substance use disorders and/or mental health disorders to prepare offenders for release into community-based treatment or participation in a drug court • Establishing natural supports in county jail facilities, including “success committees” that establish release plans involving family, business, faith-based, and law enforcement supports 	<ul style="list-style-type: none"> • Maine Legislature • Maine Office of SAMHS • Maine Dept. of Corrections • US Attorney for Maine • Maine Attorney General • County government • Sheriffs’ offices and regional jails • Community-based treatment providers
<p>Provide case management services to inmates who are transitioning back into the community</p>	<ul style="list-style-type: none"> • Linking inmates and people on probation with Recovery Coaches (similar to an AA sponsor) to encourage positive change, help them work on life goals, and adjust to freedom while avoiding relapse 	<ul style="list-style-type: none"> • Maine Legislature • Maine Office of SAMHS • Maine Dept. of Corrections • US Attorney for Maine • Maine Attorney General • County government • Sheriffs’ offices and regional jails • Community treatment providers

GOAL #1: Expand access and availability of evidence-based Medication Assisted Treatment (MAT)

To make things better, we need to:	We can do this by:	Who can make it happen?
Quantify demand and capacity (supply) for Medication Assisted Treatment (MAT) by region or district	<ul style="list-style-type: none"> Calculating the current wait times for substance use disorder (SUD) treatment services (detox, outpatient, residential, etc.) and MAT Updating demand and capacity data regularly in order to evaluate system performance 	<ul style="list-style-type: none"> Maine Department of Health and Human Services (DHHS) Maine Office of Substance Abuse & Mental Health Services (SAMHS) Maine Substance Abuse Services Commission
Fill gaps in publicly-funded treatment options , prioritizing integrated MAT services, across all regions/districts	<ul style="list-style-type: none"> Increasing purchased MAT by level of care (detox, outpatient, residential, etc.) as needed to meet demand Increasing the number of half-way houses and extended care residential programs with MAT contracts as needed Increasing the number of methadone maintenance programs as needed Ensuring the availability of transportation for patients who do not have a methadone maintenance program in their own district Providing competency-based training to recovery support workers on Medication Assisted Recovery 	<ul style="list-style-type: none"> Maine Legislature Maine DHHS Maine Office of SAMHS Maine Substance Abuse Services Commission Maine Medical Association Maine Alliance for Addiction & Mental Health Services (AAMHS) Hospitals, health systems, health care providers Private foundations

GOAL #2: Expand access to evidence-based programs that serve specialty populations and reduce recidivism rates

To make things better, we need to:	We can do this by:	Who can make it happen?
Develop practice protocols for screening for SUDs by physicians in obstetric and pediatric services	<ul style="list-style-type: none"> Making no-cost education available for clinicians and office staff on substance use disorder and evidence-based practice Training and educating all staff working with pregnant women and newborns affected by substance abuse, including breast feeding for mothers on MAT and in recovery (e.g. Snuggle ME) 	<ul style="list-style-type: none"> Maine Quality Counts Maine Medical Association Maine Hospital Association Other professional associations Maine Office of SAMHS Maine CDC
Quantify demand and capacity (supply) for SUD treatment for women and infants born drug-exposed	<p>Developing a tool to collect and analyze data about screening for substance use disorder in women seeking obstetric care</p> <p>Developing a data tool to accurately collect and analyze data on drug exposed/affected infants</p>	<ul style="list-style-type: none"> Maine Quality Counts Maine Office of SAMHS Maine CDC

To make things better, we need to:	We can do this by:	Who can make it happen?
Expand access to all levels of care for women who are pregnant or the primary caregiver of a child under the age of six	<ul style="list-style-type: none"> • Expanding residential programs to include more regionalized programs for women and children to be in treatment together • Expanding MAT for pregnant women and/or mothers who have children under the age of six • Developing best practice care and treatment of pregnant women who are in prison • Expanding outpatient clinics to support families and infants born substance exposed or with neonatal abstinence syndrome 	<ul style="list-style-type: none"> • Maine CDC • Maine Office of SAMHS • Maine DHHS • Hospitals, health systems, health care providers • Maine Quality Counts • Maine Medical Association • Other professional associations
Reduce the stigma, shame, and cultural barriers around substance use disorder for women who are pregnant and/or who are the primary caregiver for a child under the age of six	<ul style="list-style-type: none"> • Developing a social marketing and public/provider education campaign to normalize treatment for SUD/opiate disorder • Developing a statewide social marketing campaign about the use of tobacco, alcohol and other drugs, including marijuana and other medications used for nonmedical reasons 	<ul style="list-style-type: none"> • Maine DHHS • Maine Office of SAMHS • Maine CDC • Maine Legislature • US Attorney • Maine Attorney General
Improve access to the full continuum of substance abuse treatment for adolescents in all counties in Maine	<ul style="list-style-type: none"> • Expanding regional programs for adolescents and their families, including outpatient and residential services • Opening another residential program for girls up to age 18 • Opening a residential program that serves 18 to 24-year-olds 	<ul style="list-style-type: none"> • Maine DHHS • Maine Office of SAMHS • Maine Legislature • Private foundations
Ensure the basic needs of adolescents are met (shelter, food and healthcare) in order to increase safety and recovery	<ul style="list-style-type: none"> • Increasing access to safe shelter and health care for young people who are homeless • Locating navigators at youth homeless shelters to assist in helping youth engage in treatment and/or reunification with their families 	<ul style="list-style-type: none"> • Maine DHHS • Maine Office of SAMHS • Maine Legislature • Private foundations
Develop a program to increase the rate of high school graduation and recovery for youth with a substance use disorder	<ul style="list-style-type: none"> • Opening a Recovery High School • Including a program for students identified as at-risk for substance use disorder in High School Alternative Programs • Requiring all Maine schools to have a plan for evidence based prevention, treatment and recovery programs • Implement a peer mentoring programing in all middle and secondary Schools 	<ul style="list-style-type: none"> • Maine Legislature • Maine Department of Education • Maine Office of SAMHS • Maine Principal's Association • Local school districts • Young People in Recovery

To make things better, we need to:	We can do this by:	Who can make it happen?
Increase the number of Licensed Alcohol and Drug Abuse Counselors	<ul style="list-style-type: none"> Reducing barriers to testing and continuing education by increasing the number of testing centers and allowing more web-based and employer in-service Continuing Education Units (CEUs) 	<ul style="list-style-type: none"> Maine Office of Professional & Financial Regulation Maine Board of Alcohol & Drug Counselors
Increase access to substance use disorder treatment through local police departments	<ul style="list-style-type: none"> Evaluating law enforcement opiate intervention programs in Maine and nationally for effectiveness and possible replication Expanding existing treatment programs to ensure immediate access to assessment and levels of care Funding research to ensure that existing programs are evidence-based and following best practice 	<ul style="list-style-type: none"> Maine Sheriff's Association Local Police Departments Maine Office of SAMHS Maine Attorney General
Develop a plan to decrease recidivism in our criminal justice system, including youth being released from the Development Center	<ul style="list-style-type: none"> Expanding Drug Treatment Courts (DTCs) to include special populations such as veterans, youth, and co-occurring Funding treatment for uninsured clients entering DTCs Adding navigators at Development Centers to work with families of incarcerated youth Educating judges, district attorney offices, lawyers, law enforcement, prison staff and volunteers on best practice treatment of substance use disorders and available services Establishing "assessment centers" (including tele-video) where law enforcement agencies could direct clients for level of care assessments 	<ul style="list-style-type: none"> U.S. Department of Justice Maine Judicial Department Office of the Attorney General Maine Department of Corrections Maine Office of SAMHS Maine Sheriff's Association Maine Chiefs of Police Association County District Attorneys Probation and parole systems Maine Alliance for Addiction Recovery

GOAL #3: Expand access to high quality MAT services in primary care practices throughout Maine

To make things better, we need to:	We can do this by:	Who can make it happen?
Increase the number of primary care practices throughout Maine providing MAT <i>(continued on next page)</i>	<ul style="list-style-type: none"> Promoting culture change and awareness through social marketing and public/provider education Securing commitment from Maine clinician practice owners to support the delivery of MAT services in their community 	<ul style="list-style-type: none"> Maine Legislature Maine DHHS Schools, colleges, universities Adcare Co-Occurring Collaborative Serving Maine

To make things better, we need to:	We can do this by:	Who can make it happen?
<p><i>(continued from previous page)</i></p> <p>Increase the number of primary care practices throughout Maine providing MAT</p>	<ul style="list-style-type: none"> • Setting expectations for minimum levels of MAT service capacity in each community, including support & monitoring systems • Strongly encouraging primary care residency programs to provide MAT education to clinicians in training • Developing and supporting a community-based approach to providing MAT services that is built on a “hub & spoke” model • Providing no-cost, regionally-based education to eligible clinicians • Initiating MAT for patients in other acute-care settings that are then referred back to primary care • Increasing prescribing of naloxone rescue kits • Identifying additional funding to support expanded MAT 	<ul style="list-style-type: none"> • Licensing boards for prescribing providers • Maine Primary Care Association • Maine Medical Association • Maine Academy of Family Physicians • Local pharmacies • Maine Pharmacy Association • Other professional associations • Maine Hospital Association • Maine Quality Counts • Addiction treatment centers • PhRMA (pharmaceutical industry)
<p>Implement policy changes needed to expand access to MAT in primary care practices</p>	<ul style="list-style-type: none"> • Developing a statewide comprehensive plan • Supporting federal “Recovery Enhancement for Addition Treatment”, or “TREAT Act” to expand the number and types of MAT providers • Amending current regulations to support high quality and safe prescribing practices • Increasing the number of people with health insurance coverage • Requiring health insurance policies to adequate cover substance/opioid use disorder treatment • Amending Maine Rule Chapter 21 to remove references to the term “pseudo-addiction” • Requiring new health care facilities to include a plan for addressing community needs related to the opioid crisis • Adding requirements to re-licensure that require providers to understand the current opioid crisis • Allowing the prescribing of generic suboxone tablets under MaineCare 	<ul style="list-style-type: none"> • US Congress • Maine Congressional Delegation • Maine Legislature • Maine Office of Professional & Financial Regulation • Maine DHHS • Maine CDC • Maine Office of SAMHS • Maine Department of Corrections • Maine Boards of Licensure • Maine Medical Association • Maine Quality Counts • Maine Association of Health Plans • Other professional associations

To make things better, we need to:	We can do this by:	Who can make it happen?
<p>Conduct studies to assess needs and ensure quality related to expanding access to MAT in primary care practices</p>	<ul style="list-style-type: none"> • Conducting a comprehensive assessment of the current status of the provision of MAT services in primary care practices • Conducting a study of best practices for providing best practice and high quality MAT services in primary care 	<ul style="list-style-type: none"> • Maine Office of SAMHS • USM Muskie • Maine Quality Counts • Maine Primary Care Association • Co-Occurring Collaborative Serving Maine • Private foundations

GOAL #4: Reduce harm by creating safe prescribing standards for chronic, non-cancer pain

To make things better, we need to:	We can do this by:	Who can make it happen?
<p>Reduce over-prescribing of opioids for chronic non-cancer pain</p>	<ul style="list-style-type: none"> • Pass legislation establishing new prescribing limits • Educating and supporting health care providers and practices about safer prescribing • Increasing participating in the Maine Chronic Pain Collaborative • Developing community and regional standards 	<ul style="list-style-type: none"> • Maine Legislature • Maine licensing boards • Maine Caring for ME initiative • Private foundations
<p>Reduce the prescribing of opioid and benzodiazepine combinations</p>	<ul style="list-style-type: none"> • Developing an education module for health care providers and practices • Recruiting partner organizations to support outreach and education 	<ul style="list-style-type: none"> • Maine Independent Clinical Information Service (MICIS) • Maine Medical Association • Professional associations
<p>Monitor for abuse and diversion of opioids</p>	<ul style="list-style-type: none"> • Employing best practice, team-based monitoring techniques among prescribers and pharmacists, including screening for substance use disorder, pill counts, drug screens, use of Prescription Monitoring Program and Diversion Alert 	<ul style="list-style-type: none"> • Prescription Monitoring Program • Professional associations • Health care providers/practices
<p>Improve the management of chronic pain</p>	<ul style="list-style-type: none"> • Educating health care providers and the public on the most effective treatments for chronic pain 	<ul style="list-style-type: none"> • Maine Chronic Pain Collaborative • MICIS • Universities, colleges • Professional associations

GOALS: Promote good public health & safety, reduce the harmful effects of opiate use, strengthen & enhance Maine’s public health infrastructure

To make things better, we need to:	We can do this by:	Who can make it happen?
Increase public understanding and reduce the stigma surrounding opiate and heroin use disorder	<ul style="list-style-type: none"> Running a statewide public education campaign on the opiate/heroin problem, treatment and recovery options, and the importance of prevention 	<ul style="list-style-type: none"> Maine Legislature Private foundations/donations
Decrease the risk factors for opiate use/addiction and decrease the use of opiates among youth	<ul style="list-style-type: none"> Training parents and adult mentors to reduce child abuse and guide children to wellness Creating a Substance Use Prevention Toolkit for schools Training school staff in screening and early intervention for ACE’s Increasing the number of Community Partnerships for Protecting Children 	<ul style="list-style-type: none"> Maine CDC Maine Office of Substance Abuse & Mental Health Services (SAMHS) Maine Dept. of Education Maine Legislature County/local governments University of New England
Reduce unsafe prescribing practices (over-prescribing)	<ul style="list-style-type: none"> Increasing the use of Maine’s Prescription Monitoring Program (PMP) Increasing the functionality of the PMP 	<ul style="list-style-type: none"> Maine Legislature Maine Office of SAMHS Maine Medical Association, Quality Counts, Maine Hospital Association
Increase safe storage and disposal of prescription drugs	<ul style="list-style-type: none"> Creating a website and database of all drug take-back/drop-off locations in Maine Establishing a statewide product stewardship program funded by pharmaceutical companies Educating the public 	<ul style="list-style-type: none"> Maine Office of SAMHS US Drug Enforcement Agency Maine Legislature
Decrease the number of drug-affected babies born in Maine each year	<ul style="list-style-type: none"> Piloting “Snuggle ME” at two hospitals Piloting a model of improved coordination of care in two communities Replicating Bangor’s outpatient treatment model Training medical providers in screening and care 	<ul style="list-style-type: none"> Hospitals Health systems Health care providers
Increase access to naloxone for people using opiates, their families and friends	<ul style="list-style-type: none"> Educating at-risk populations and the general public Educating health care providers on benefits, prescribing guidelines, and how to effectively interact with people who use drugs 	<ul style="list-style-type: none"> Maine Office of SAMHS Maine Attorney General Maine Medical Association Maine Harm Reduction Alliance

<p>Expand recovery supports and services statewide</p>	<ul style="list-style-type: none"> • Funding a network of community recovery centers, recovery coaches, and recovery coalitions in each public health district • Establishing Collegiate Recovery Communities (CRCs) at all colleges/universities • Creating tax credits or other incentives for housing, education, and employment 	<ul style="list-style-type: none"> • Maine Governor • Maine Legislature • University of Maine system and private universities • Maine Alliance for Addiction Recovery (MAAR) • Young People in Recovery (YPR)
<p>Reduce the barriers to treatment for substance use disorder</p>	<ul style="list-style-type: none"> • Expanding affordable health insurance coverage for people with mental health and substance use disorders • Passing a Good Samaritan Law to provide immunity when calling for help in the case of an overdose • Providing a legal exception so information gathered for treatment cannot be used later in court • Increasing screening and referrals to treatment at hospitals and other medical organizations 	<ul style="list-style-type: none"> • Maine Governor • Maine Legislature • Hospitals • Health systems • Health care providers
<p>Enhance the focus and profile of substance use disorder among government entities</p>	<ul style="list-style-type: none"> • Creating a high-level position in state government (e.g. Commissioner of Substance Use Reduction) • Charging the Maine Substance Abuse Services Commission with producing a yearly report card to the Maine Legislature and stakeholders on progress made toward Maine Opiate Collaborative recommendations 	<ul style="list-style-type: none"> • Maine Governor • Maine Legislature
<p>Make it easier for individuals, families, and affected others to get timely, accurate information</p>	<ul style="list-style-type: none"> • Updating the Maine 2-1-1 directory to include information on substance use disorder, prevention, intervention, treatment, and recovery services • Training Maine 2-1-1 staff to adequately field the breadth of calls for services related to substance use disorders 	<ul style="list-style-type: none"> • Maine 2-1-1 • United Ways • Opportunity Alliance • Maine Emergency Management Association
<p>Create more capacity in Maine’s Public Health Districts to prevent and reduce opiate misuse and overdose</p>	<ul style="list-style-type: none"> • Funding at least one School Behavioral Health Coordinator in each Public Health District • Funding a Substance Use Disorder Coordinator in each Public Health District • Requiring Public Health District Coordinating Councils to use a multi-sector collaborative approach and to build linkages with peer recovery centers and the recovery community 	<ul style="list-style-type: none"> • Maine CDC • Maine Dept. of Education • Maine Office of SAMHS • Maine Legislature • County/local governments • Maine Dept. of Corrections