

# 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 electronic originals  
(may include minor formatting differences from printed original)



# MAINE

# Opioid Response

---

2023-2025 STRATEGIC ACTION PLAN



GOVERNOR'S OFFICE OF  
**Policy Innovation and the Future**

[maine.gov/future](https://maine.gov/future)

## FROM THE GOVERNOR

The opioid crisis continues to reach into every corner of our state – rural and urban – robbing us of friends, family and loved ones, diminishing our sense of community, our workforce, and our future.

Over the past four years, we have taken significant actions to respond, focusing our strategies on stopping deadly drugs from getting onto our streets; on saving lives by distributing the overdose reversal drug, naloxone, statewide; on expanding treatment and recovery programs, especially in rural areas; and on preventing substance use disorder before our children begin to use drugs.

We expanded Medicaid to provide substance use disorder treatment to tens of thousands of Maine people. We have enacted a new law to encourage people to call for help when someone is overdosing, saving lives. We have trained hundreds of recovery coaches and we have opened more than a dozen recovery centers in rural and urban communities across Maine. We have expanded access to treatment, funding more than 140 new residential treatment beds, and expanding Medication Assisted Treatment to more than 2,200 incarcerated individuals, setting them on a path to life-long recovery when they re-enter society.

These steps, and others we have taken, are significant, but more must be done to meet the present crisis, which has led to a record number of overdoses, and deaths from overdoses, in Maine.

These tragic deaths are driven by the ever-increasing prevalence of fentanyl, the highly lethal and addictive synthetic opioid, that is often present in other drugs consumed by unknowing users. In Maine, as in the rest of the nation, fentanyl is not only the leading cause of overdoses, it is responsible for nearly 80 percent of all drug deaths.

In 2022, law enforcement officers in Maine seized more than 36 pounds of fentanyl statewide, nearly 60 percent more than the prior year. That's enough to kill every man, woman, and child in Maine. The abundance of fentanyl, and other dangerous drugs like xylazine, is stealing away the lives and livelihoods of people across our state.

Since I took office, my Administration has worked hard to stop drugs from entering our communities, to prevent drug use, especially by our young adults, and to support the recovery of those suffering from substance use disorder.

There is no simple solution to ending the opioid epidemic, but this new strategic plan outlines the latest steps we are taking to save lives, to prevent substance use disorder, and to ensure that our people can achieve their full potential. I welcome your partnership and I thank you for all your efforts to support these goals.



Governor Janet T. Mills



# INTRODUCTION

Maine has been hit hard by the opioid epidemic. Between 2010 and 2022, almost 4,600 people died from an opioid-related overdose in our state. These are our neighbors, our colleagues, our friends, and our family members. We owe it to each of them, and to the tens of thousands of Mainers currently living with the chronic illness of addiction, to do more to break this deadly cycle.

It is my honor to introduce this update to Maine's Opioid Response Strategic Action Plan. This plan iteration continues to focus on prevention, treatment, harm reduction, and recovery, while adding focus areas on public safety and infrastructure, language to acknowledge the importance of working with veterans, New Mainers, and faith-based SUD treatment programs to confront this ongoing crisis, and more.

Since the first Opioid Response Strategic Action Plan was released in 2019, the increasing prevalence of fentanyl and contaminants such as xylazine have caused overdose deaths to rise and have endangered children, families, and adults suffering from substance use disorder in our communities.

Too many Maine youth are experiencing traumatic events, and too many are experimenting with substances that increase their risk of addiction in an attempt to cope with those events. For people with an opioid use disorder, finding treatment that is local, immediate, culturally appropriate, and affordable is critical.

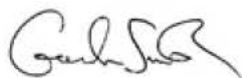
We have made considerable progress since 2019, expanding both in-patient and out-patient treatment, enhancing harm reduction services, and expanding recovery centers, recovery residences, and recovery coaches, greatly increasing Maine's treatment capacity.

Despite these significant accomplishments, many people with substance use disorder continue to face stigma, along with challenges in securing employment, safe housing, and reliable transportation. At the same time, the pandemic has made recovery from substance use disorder much more difficult, and, with the growing prevalence of fentanyl, the number of overdoses and deaths has escalated.

Our work is more critical than ever.

To address the ongoing crisis, we began the process of revising and updating this plan during 2022. Many partners, both external and internal, were engaged to comment on the existing plan and to make recommendations for the update. This plan is the result of this process, and I want to thank everyone who made suggestions, comments, and recommendations.

I wish to thank Governor Mills for her commitment to this work and for leading the state's effort to improve the lives of all Mainers, and thank you for all that you do as individuals or organizations to support individuals in recovery. Together, we can continue to improve the lives of Maine people.



Gordon Smith, J.D.  
Director of Opioid Response



# Maine Opioid Response: 2023-2025 Strategic Action Plan

## Mission & Approach

Our mission is to decrease the negative health and economic impacts of opioid and other substance use disorders on individuals, families, and communities in Maine, employing a comprehensive, multi-sector approach. In so doing, we strive to reduce isolation and generate hope that recovery is not just possible, but probable.

We focus on infrastructure, prevention, public safety, harm reduction, treatment, and recovery. Within each of these focus areas, we apply five cross-cutting approaches that we consider foundational to our success. We evaluate our work and our progress through this same lens.

1. Reducing the stigma associated with substance use disorder across all populations and settings
2. Centering equity and prioritizing strategies for populations disproportionately impacted by substance use disorders by engaging and investing in community-driven solutions.
3. Maintaining a trauma-informed mindset and building resilience in individuals across the lifespan
4. Utilizing the highest quality data available and providing timely communications with partners and the public

## Notes & Acknowledgments

- All data points are current as of July 1, 2023
- A list of acronyms, key websites and related strategic plans are provided at the end of this document
- While this plan reflects the intentions of the State of Maine under the leadership of Governor Janet T. Mills, the actions and strategies included would be impossible to undertake without the committed engagement of hundreds of partner organizations across the state. We are extremely grateful for their collaborative efforts on behalf of all those impacted by substance use disorder in Maine.



Gov Mills at opening of Hills Recovery Center in Norway 2023

# EXECUTIVE SUMMARY

---

## Focus Area: Infrastructure

**PRIORITY A:** Build a statewide infrastructure to support evidence-based and community-focused actions in response to Maine's opioid crisis

**STRATEGY #1:** Provide strong state-level leadership and coordination among prevention, public safety, harm reduction, treatment, and recovery strategies

**STRATEGY #2:** Develop and train a prevention and treatment workforce sufficient to meet the needs of all Maine communities

**STRATEGY #3:** Support community-based and faith-based organizations and networks, prioritizing populations that are disproportionately impacted by substance use disorder and opioid use disorder

**STRATEGY #4:** Maintain a data collection and analysis infrastructure and engage in ongoing evaluation of interventions and program performance

**STRATEGY #5:** Maintain an inventory of prevention, public safety, harm reduction, treatment, and recovery initiatives and infrastructure, regardless of funding source

**STRATEGY #6:** Invest in local and statewide efforts to improve public understanding and reduce stigma and discrimination regarding substance use disorder and opioid use disorder



Explore up-to-date reports on Maine's substance use and substance use disorder data.



## Focus Area: Prevention

**PRIORITY B:** Reduce the percentage of Mainers who develop a substance use disorder

**STRATEGY #7:** Support healthy early childhood development

**STRATEGY #8:** Reduce adverse childhood experiences (ACEs)

**STRATEGY #9:** Expand behavioral health support, life skills, and resilience-building capacity and programming for all youth in all schools

**STRATEGY #10:** Support policies and initiatives designed to prevent the early use of addictive substances by children, youth, and young adults

**STRATEGY #11:** Expand local partnerships that educate and engage youth, families, and communities in primary prevention initiatives to include every community in Maine

**STRATEGY #12:** Invest in secondary prevention efforts that identify and support youth and young adults at higher risk of developing a substance use disorder



Original site of Portland Recovery Community Center

**Focus Area: Public Safety**

**PRIORITY C:** Reduce the number of prescribed, illegally trafficked, and unsafely stored opioids

**STRATEGY #13:** Improve the safety of opioid prescribing

**STRATEGY #14:** Strengthen state and local efforts to intercept and reduce the illegally trafficked drug supply

**STRATEGY #15:** Strengthen state laws that help disrupt the trafficking and distribution of illicit narcotics in our communities

**STRATEGY #16:** Support and enhance federal efforts to intercept and reduce the illegally trafficked drug supply

**STRATEGY #17:** Protect children from accidental ingestion of dangerous substances



Erik Lamoreau at ARCH in Houlton

**Focus Area: Harm Reduction**

**PRIORITY D:** Build harm reduction skills and improve public understanding that everyone has a role to play in preventing overdoses and saving lives

**STRATEGY #18:** Increase public awareness, understanding, and utilization of harm reduction strategies and resources, including overdose prevention strategies

**STRATEGY #19:** Promote a comprehensive system of care and referrals among health care and harm reduction services

**PRIORITY E:** Reduce the number of fatal and non-fatal overdoses

**STRATEGY #20:** Ensure the availability of harm reduction resources and referrals to treatment and recovery supports for individuals at high-risk of overdose

**STRATEGY #21:** Ensure widespread distribution, saturation of availability, and ease of access to naloxone and other FDA-approved reversal medications by the general public in all communities

**STRATEGY #22:** Provide harm reduction resources and supports for people experiencing homelessness who have a substance use disorder

## Focus Area: Treatment

**PRIORITY F:** Expand the availability of treatment that is local, immediate, affordable, and most appropriate for the patient

**STRATEGY #23:** Dedicate staff and funding to support the screening, treatment, and recovery of pregnant people with substance use disorder and support substance-exposed infants

**STRATEGY #24:** Expand the availability of medications for opioid use disorder (MOUD), with special efforts to reach historically marginalized and at-risk populations

**STRATEGY #25:** Increase MOUD provider capacity for providing low barrier, rapid access to treatment

**STRATEGY #26:** Implement the most promising practices in response to increased use of stimulants and polysubstances

**PRIORITY G:** Increase the proportion of persons with SUD/OD who seek or are in treatment

**STRATEGY #27:** Provide information to the public about the availability of navigation support and treatment options, including telehealth and faith-based programs

**STRATEGY #28:** Reduce structural and systemic barriers to treatment

## Focus Area: Recovery

**PRIORITY H:** Improve and expand supports for individuals seeking or in recovery

**STRATEGY #29:** Support all forms of recovery for youth and adults with SUD/OD

**STRATEGY #30:** Support treatment and recovery for individuals involved with the criminal justice and juvenile justice systems

**STRATEGY #31:** Increase the availability of recovery coaching services

**PRIORITY I:** Build and support recovery-ready communities

**STRATEGY #32:** Expand safe and secure housing and transportation options for people in recovery

**STRATEGY #33:** Support the development of recovery-friendly worksites

**STRATEGY #34:** Promote stories of connection, hope, and recovery in Maine communities



Grand opening of Bella's House, residential treatment facility for men and women in Springfield, Maine

## FOCUS AREA: INFRASTRUCTURE

---

In order to accomplish the goals and objectives of this Strategic Action Plan, appropriated and allocated funds and private efforts alone will not be sufficient. There must be dedicated staff and appropriate processes to ensure that the funds get to the people and organizations they are intended to help. Opioid-response efforts of each office must be coordinated and collaborative. An adequate workforce needs to be grown and nurtured. And community-based organizations must be resourced to be in a position to do the work on the ground. There also needs to be strong leadership focused on these efforts. This section of the Plan is intended to ensure these organizations and processes are developed and sustained. Examples include Governor Mills' Annual Opioid Response Summits, monthly opioid response webinars and the statewide outreach by the Director of Opioid Response.

### **PRIORITY A: Build a statewide infrastructure to support evidence-based and community-focused actions in response to Maine's opioid crisis**

#### **PROGRESS UPDATE**

---

- Hosted four annual opioid response summits and over 25 monthly webinars, reaching over 5,000 participants
- Established DHHS Opioid Coordinating Council, Opioid Response Clinical Advisory Committee and Opioid Data Sharing Committee, all of which meet on a monthly, bi-monthly, or quarterly basis
- Developed and updated Governor's Opioid Response Strategic Action Plan
- Developed and kept up to date four publicly accessible websites including [mainedrugdata.org](http://mainedrugdata.org); [getmainenaloxone.org](http://getmainenaloxone.org); [knowyouroptions.me](http://knowyouroptions.me); and [maine.gov/future/opioids](http://maine.gov/future/opioids)
- Implemented legislation authorizing establishment of the Overdose Fatality Review Panel
- Implemented and funded an SUD Learning Community
- Supported the growth and sustainability of 17 Recovery Community Centers
- Supported the development of short documentary films as vehicles for storytelling
- Sponsored or participated in over 20 community events to share the documentary films, promote discussion, and reduce stigma
- Worked with Maine Office of the Attorney General to hold opioid manufacturers, distributors, and retail pharmacies accountable
- Developed and implemented public messaging campaigns
- Promoted use of ODMAP and spike alerts



Governor Mills greets Bruce Nodden of Maine Prisoner Re-entry Network during visit to Coastal Recovery Community Center in Rockland, 2022

## PRIORITY A: STRATEGIES & ACTIVITIES

**STRATEGY 1:** Provide strong state-level leadership and coordination among prevention, public safety, harm reduction, treatment, and recovery strategies

- a. Continue to make substance use disorder and opioid use disorder (SUD/ODU) response a top priority of the Mills administration, with leadership from the Director of Opioid Response, the Prevention and Recovery Cabinet, the Opioid Coordinating Council, Clinical Advisory Committee, the Maine Recovery Council, the Substance Use Disorder Services Commission, and the Opioid Data Sharing Committee
- b. Improve internal systems that allow SUD resources to flow efficiently and effectively to benefit individuals with SUD, including the coordination of spending plans pursuant to the use of opioid litigation settlement funds
- c. Support, enhance, and align all efforts to ensure high quality treatment for individuals with SUD among departments, offices, and programs
- d. Continue to assess, learn, and sustain innovations that improve quality, access, and effectiveness of programs and services, including telemedicine enhancements
- e. Continue to assess the strategies and outcomes of the Opioid Response Plan in addressing disparities and centering diversity, equity, and belonging

**STRATEGY #2:** Develop and train a prevention and treatment workforce sufficient to meet the needs of all Maine communities

- a. Ensure dedicated staff to support the implementation of the Strategic Action Plan
- b. Support efforts to further develop and sustain Maine's prevention workforce, including prevention certification
- c. Provide training for all health care providers working with individuals living with SUD and substance exposed infants, in hospitals and other medical and behavioral health settings, that supports stigma-free care and the importance of healthy brain development
- d. Assess the workforce needed to support recovery services for pregnant people and diverse populations statewide
- e. Support the development and growth of new and emerging workforce models for addressing SUD/ OUD, including Community Health Workers, Recovery Coaches, and Community Paramedics
- f. Maintain a Substance Use Disorders Learning Community
- g. Continue to assess the health care workforce, focusing on SUD prevention and treatment, including a review of licensing categories
- h. Support the workforce engaging directly with people with SUD in preventing burnout, including time for self-care and peer supports

---

**“Since coming to Maine, I have been overwhelmed with the number of Mainers in long-term recovery who give back every day by supporting others in their recovery journey.”**

—RONALD SPRINGEL, M.D., EXECUTIVE DIRECTOR, MAINE ASSOCIATION OF RECOVERY RESIDENCES

**STRATEGY #3: Support community-based and faith-based organizations and networks, prioritizing communities that are disproportionately impacted by substance use disorder and opioid use disorder**

- a. Develop a customized community-led opioid response plan with and for communities of color
- b. Evaluate and invest in promising local community engagement efforts
- c. Invigorate public, private, and philanthropic funding of community actions to implement prevention, public safety, harm reduction, treatment, and recovery initiatives

**STRATEGY #4: Maintain a data collection and analysis infrastructure and engage in ongoing evaluation of interventions and program performance**

- a. Maintain an Opioid Data Sharing Committee, replacing the SEOW Opioid Sub-Committee
- b. Continue to support the SEOW in its prevention work, including the engagement and education of multi-sector partnerships
- c. Maintain a strategic data plan, including clearly defined roles and purposes for the data currently available, and implement adaptations to address data gaps in racial and geographic disparities
- d. Review relevant economic studies and report on the cost of SUD/ OUD to Maine families and businesses
- e. Maintain an online data hub to increase public transparency
- f. Continue to share key data to inform policy and program design
- g. Share overdose spike data with clinicians and community partners, promoting appropriate response, in collaboration with the Opioid Surveillance Workgroup

- h. Enhance the flow of public safety data by sharing the monthly Drug Monitoring Initiative (DMI) report with the Opioid Data Sharing Committee and post on [mainedrugddata.org](http://mainedrugddata.org) website subject to approval of public safety officials.
- i. Build a “master patient index” that allows individuals with SUD to be followed and supported along their continuum of care
- j. Compile stories that add context and texture to communications of data and outcomes
- k. Provide training and implement updates to collect, analyze, and disseminate data from the Birth Certificate Worksheet
- l. Begin exploring options for longitudinal research and evaluation initiatives

**STRATEGY #5: Maintain an inventory of prevention, public safety, harm reduction, treatment, and recovery initiatives and infrastructure, regardless of funding source**

- a. Develop an inventory of services and structures related to prevention, public safety, harm reduction, treatment, and recovery
- b. Support the ongoing maintenance of inventory data
- c. Invest in the further development of geographic and demographic maps and infographics to inform the public and support population-based planning and assessments

---

**“Governor Mills’ strategic action plan for opioid response is one of the most comprehensive in the nation. Since day one, she has made this a priority in her administration.”**

—MICHAEL BOTTICELLI, FORMER DIRECTOR,  
WHITE HOUSE OFFICE OF NATIONAL DRUG CONTROL POLICY



Expert Panel on Recovery Friendly Workplaces at Portland Community Chamber's Eggs and Issues

**STRATEGY #6:** Invest in local and statewide efforts to improve public understanding and reduce stigma and discrimination regarding substance use disorder and opioid use disorder

- a. Continue to host an annual Opioid Response Summit, enhanced with monthly educational webinars, that educates the public and showcases communities
- b. Host and participate in forums, presentations, and recovery events in local communities and key sectors
- c. Assist in the development and implementation of evidence-based public messaging campaigns
- d. Support stigma and discrimination reduction efforts, including continuing education courses for health care providers, first responders, and front-line support staff, emphasizing that mental illness and SUDs are chronic medical conditions
- e. Engage municipal governments, business associations, community service organizations, faith-based organizations, veterans' organizations, and organizations supporting Black, Indigenous, people of color, immigrants and individuals seeking asylum in taking supportive actions to reduce stigma and discrimination regarding SUD/ODU
- f. Create more opportunities for individuals, families, and others affected by SUD/ODU to tell their personal stories of addiction and recovery
- g. Evaluate out-of-state evidence-based stigma and discrimination reduction programs for possible replication in Maine

## FOCUS AREA: PREVENTION

---

Substance use disorder is a chronic medical condition that often begins in childhood. Adverse childhood events, trauma, poverty, housing insecurity, and stress all play a role in this insidious epidemic. The State of Maine must take all necessary steps to support families and children and to invest in primary and secondary prevention efforts that support youth and young adults. This includes investing in communities and environments where young people feel they matter, where their needs are met, and where they don't have easy access to addictive substances. Efforts to address the causative factors that lead to addiction and substance use disorder are central to this Strategic Action Plan. This is why Governor Mills announced in January 2023 that by the end of 2026, every school and every Maine community would be home to a robust primary prevention program.

### **PRIORITY B: Reduce the percentage of Mainers who develop a substance use disorder**

#### **PROGRESS UPDATE**

---

- Supported activities of the Children's Cabinet to benefit and improve early childhood development
- Worked with the Department of Education to promote and distribute appropriate social and emotional learning curriculum (SEL4ME) for grades K-12, resulting in over 15,000 users and 120,000 logins of SEL4ME, spread across 77 schools, and 20 schools utilizing the BARR model as of the end of 2022
- Supported the Department of Education and MeCDC, OCFS and OBH in promoting and disseminating social and emotional learning curriculum and similar programming, including Sources of Strength, Second Step, Prime for Life and Lion's Quest
- Worked with OCFS to support parents and families and reduce ACEs
- Worked with appropriate DHHS offices and DOE to support restorative practices and increase referrals to Student Intervention Reintegration Program (SIRP) and Screening, Brief Intervention, and Referral to Treatment (SBIRT) in school-based health centers
- Offered additional training and education for providers interested in treating SUD in adolescents, in partnership with the Maine Chapter of the American Academy of Pediatrics and the Office of Child & Family Services
- Worked with MeCDC Maine Prevention Network community partners to engage schools and community organizations in efforts to address social norms and protective policies that increase protective factors



Healthy Androscoggin team tables at community event in Auburn, 2023

## PRIORITY B: STRATEGIES & ACTIVITIES

### STRATEGY #7: Support healthy early childhood development

- a. Support the activities of the Children’s Cabinet, which enhance collaboration among departments and support early childhood development and the prevention of early use of addictive substances
- b. Support the implementation of early childhood education and social and emotional learning skills for children and youth, in collaboration with OCFS
- c. Expand the number of schools utilizing SEL4ME or BARR
- d. Ensure access to Pre-K for every child in Maine
- e. Promote educational information and skill-building for parents and families, including evidence-based programs to develop effective parenting skills
- f. Provide education and training opportunities for child care providers
- g. Support the evaluation of social and emotional learning and other youth programs for efficacy
- h. Support the development of a statewide Fetal Alcohol Spectrum Disorder (FASD) prevention and response plan

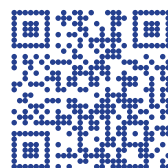
### STRATEGY #8: Reduce adverse childhood experiences

- a. Promote awareness and education on childhood brain development, substance use disorder, and the prevention of adverse childhood experiences (ACEs), especially for high-risk communities and families
- b. Support parents with SUD/ODU in maintaining custody or achieving reunification
- c. Provide parent education, coaching and case management

- d. Increase the opportunities for diversion and deflection from the criminal justice system in order to avoid trauma from the incarceration of a parent
- e. Develop a comprehensive, cross-departmental plan to address ACEs and trauma informed interventions

### STRATEGY #9: Expand behavioral health support, life skills, and resilience-building capacity and programming for all youth in all schools

- a. Establish a primary prevention program in every school in Maine
- b. Create more resources and capacity to address students’ mental health and emotional needs, including placement of Behavioral Health Counselors and/or social workers in all schools without a School Based Health Center (SBHC)
- c. Support expanded partnerships with SBHCs and encourage the establishment of additional SBHCs, particularly in regions experiencing disparities in access to primary care, early use of addictive substances, mental health issues and other measures of health status
- d. Support the Children’s Cabinet and its interdepartmental partners in promoting and disseminating social and emotional learning (SEL) curriculum, training in motivational interviewing, and other evidence-based programs in schools
- e. Support efforts to engage youth in school-based leadership opportunities, peer support programs, and employment opportunities



Be prepared—obtain naloxone medication to rapidly counteract an opioid overdose.

**STRATEGY #10: Support policies and initiatives designed to prevent the early use of addictive substances by children, youth, and young adults**

- a. Support local, county, state, and federal evidence-based policies that reduce youth access to tobacco, alcohol, and cannabis
- b. Support the MPN partners in their efforts to educate parents and communities on the risks and impacts of early use of addictive substances and improve supporting local policies, systems, and community environments
- c. Support the development and implementation of a public education campaign of messaging and materials to reduce the early use of addictive substances
- d. Require retail license holders to place appropriate warning messages at point of sale and support all routine compliance and enforcement efforts

**STRATEGY #11: Expand local partnerships that educate and engage youth, families, and communities in primary prevention initiatives to include every community in Maine**

- a. Establish a primary prevention program in every community in Maine
- b. Host educational events for municipal, school, county, state, and federal policymakers on best practice prevention policies and programs
- c. Support community youth organizations and partners in engaging youth in healthy activities, including before school and after school programs that complement in-school curriculum
- d. Engage communities in efforts to improve social norms and practices that increase protective factors, including youth mattering initiatives that educate adults about the importance of playing a positive role in the lives of children
- e. Establish peer-led programs in all Maine communities that support youth impacted by SUD in their families

- f. Support initiatives that connect young people to summer employment opportunities and leadership skill building throughout the year
- g. Provide interdepartmental support and participation in efforts among partners to understand and build upon evidence-informed rural community prevention models

**STRATEGY #12: Invest in secondary prevention efforts that identify and support youth and young adults at higher risk of developing a substance use disorder**

- a. Provide trauma-informed, evidence-based education and trainings to high-risk youth in schools, primary care, and other priority settings
- b. Support current and expanded restorative justice practices in schools and encourage all schools to have restorative substance use policies
- c. Promote the use of SBIRT in primary care, school-based health centers, and other youth settings
- d. Recruit and train additional instructors and increase referrals to the Student Intervention Reintegration Program (SIRP)
- e. Expand SIRP through virtual offerings and outreach to primary care physicians and Department of Corrections as new referral resources
- f. Identify and pilot new partnerships and evidence-based strategies for effectively reaching the young adult population, including through secondary education and workplaces
- g. Support the federally funded Pediatric and Behavioral Health Partnership tele-consult line for providers to access child psychiatrists for behavioral health issues, including polysubstance issues
- h. Support efforts to increase the number of children's behavioral health counselors in Maine, especially in rural areas

## FOCUS AREA: PUBLIC SAFETY

---

The drugs being smuggled into Maine have never been more lethal. Nearly 80% of overdose deaths in 2022 involved fentanyl, which is 50 times more potent than heroin. All reasonable efforts must be made to seize these drugs and to arrest and prosecute individuals who are illegally trafficking these deadly substances. This Strategic Action Plan is designed to support and strengthen these efforts, with the ultimate objective of reducing the amount of deadly drugs being made available to Mainers. This section of the Plan also seeks to ensure that no child in Maine is poisoned by opioids or other drugs that are not stored safely in homes.

### Priority C: Reduce the number of prescribed, illegally trafficked, and unsafely stored opioids

#### PROGRESS UPDATE

---

- Increases in illicit drugs seized, including fentanyl
- Increases in field-testing equipment utilized by various law enforcement agencies
- Increases in space and equipment for Health & Environmental Testing Lab (HETL)
- Established first drug-checking program resulting in updating of state law regarding transporting drug residue for testing/checking
- Increased referrals made from Prescription Monitoring Program to licensing boards and for educational opportunities
- Established an SUD Learning Community with over 25 educational offerings presented



Prevention and Recovery Cabinet meets at State House, 2019

## PRIORITY C: STRATEGIES & ACTIVITIES

### Strategy #13: Improve the safety of opioid prescribing

- a. Support clinician adherence to evidence-based guidelines for opioid prescribing through the SUD Learning Community and other academic detailing trainings
- b. Continue to offer the Controlled Substances Stewardship Program to practices & providers to assist with tapering opioids
- c. Continue to improve the ability of the Prescription Monitoring Program (PMP) to identify and engage high prescribing providers with information and educational opportunities, and where appropriate, referral to relevant licensing boards
- d. Support drug take-back days and the availability of secure disposal sites that can be accessed 24/7

### Strategy #14: Strengthen state and local efforts to intercept and reduce the illegally trafficked drug supply

- a. Increase the disruption of criminal enterprises that seek to distribute illicit narcotics within our communities
- b. Continue to aggressively prosecute drug traffickers

- c. Continue to assist law enforcement in coordinating, cooperating, and collaboratively aligning data, programs, technology, and resources
- d. Explore alternative funding sources, systems, and technology, including statutory changes, so that drug testing is not a barrier to successful prosecution of drug traffickers
- e. Implement alternative options to reduce barriers to drug testing, subject to available resources
- f. Maximize the use of seized assets to support enforcement efforts

### Strategy #15: Strengthen state laws that help disrupt the trafficking and distribution of illicit narcotics in our communities

- a. Review Title 17-A in Maine law for the purposes of considering amendments which would recognize the role human trafficking plays in drug distribution in our communities, with the intention of increasing penalties for individuals who manipulate persons with substance use disorders to aid in their establishment and operation of drug distribution systems



Penobscot County Sheriff Troy Morton and Lisa Letourneau, Sr. Advisor, Delivery System Change, DHHS



Law enforcement officers meet on opioid response, Dec. 2021

**Strategy #16: Support and enhance federal efforts to intercept and reduce the illegally trafficked drug supply**

- a. Collaborate with all federal efforts and continue to convene on a regular basis local, county, state and federal organizations to share data and strategies, including but not limited to the Office of the U.S. Attorney for the District of Maine, the Federal Bureau of Investigations, HIDTA (both Public Safety and Public Health), the DEA, the MDEA, the Office of the Attorney General, the Department of Public Safety, the Maine Sheriffs Association and the Maine Chiefs of Police Association



Know your **OPTIONS**  
to stay safe, get well,  
and stay well.

**Strategy #17: Protect children from accidental ingestion of dangerous substances**

- a. Implement a public awareness campaign aimed at protecting children from accidental ingestion of hazardous substances, including cannabis, nicotine, and fentanyl, in collaboration with the Northern New England Poison Control Center and other relevant organizations
- b. Provide education and training on SUD to child protective workers and supply them with naloxone both to carry and to offer families with whom they are working
- c. Locate a substance use disorder specialist in each OCFS regional office
- d. Train recovery coaches who have lived experience with Maine's Office of Child and Family Services to recognize unsafe storage and assist in preventing accidental ingestion of dangerous substances by children

## FOCUS AREA: HARM REDUCTION

---

Harm-reduction efforts are intended to help persons who use drugs stay safe and alive, as well as discourage them from engaging in activities that may transmit infectious diseases. There are many evidence-based harm-reduction strategies included in this Strategic Action Plan, including syringe service programs and overdose prevention activities such as naloxone distribution networks. This section of the Plan also focuses on public education regarding harm reduction.

### PRIORITY D:

**Build harm reduction skills and improve public understanding that everyone has a role to play in preventing overdoses and saving lives**

#### PROGRESS UPDATE

---

- Initiated public messaging campaigns on harm-reductions themes including, Don't Use Alone, Call 911, Know the Good Samaritan Law, One Pill Can Kill, and education about the dangers of fentanyl
- Expanded certified syringe service provider sites from 7 to 15 with 22 sites certified, resulting in over 6,000 clients utilizing a certified syringe service program in 2022
- Completed the pilot phase of the Housing for Opioid Users Service Engagement (HOUSE) project, which included both an urban and rural site (one example of Housing First approach)
- Supported legislation decriminalizing the possession of syringes and drug paraphernalia resulting in the ability to distribute fentanyl test strips which are made available at syringe service locations and in most recovery community centers



Maine's 17 Recovery Community Centers provide a wide variety of harm reduction activities

## PRIORITY D: STRATEGIES & ACTIVITIES

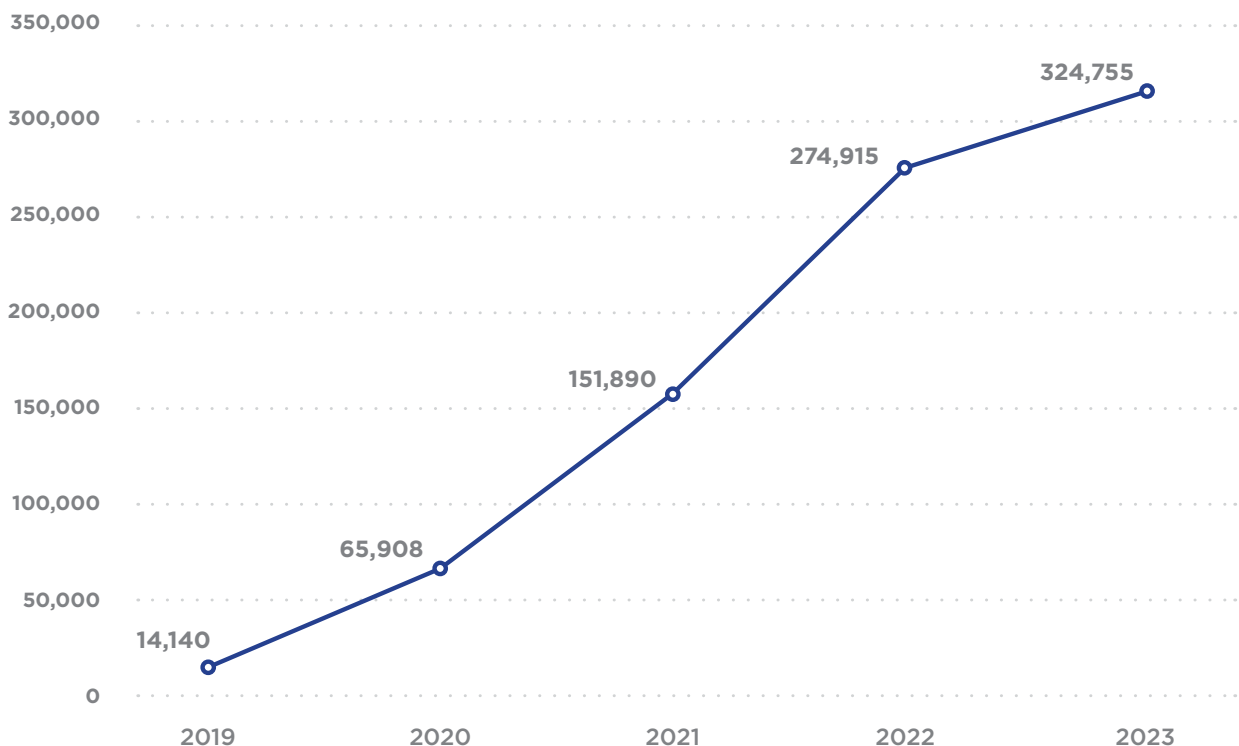
**Strategy #18: Increase public awareness, understanding, and utilization of harm reduction strategies and resources, including overdose prevention strategies**

- a. Continue the public message campaign that is part of the OPTIONS program and evaluate the effectiveness of the campaign
- b. Educate and promote Maine’s “Good Samaritan” law through all available means
- c. Contract with organizations with content expertise to provide education and training on harm reduction strategies
- d. Expand the convening of community conversations to listen and share information and educational materials on harm reduction strategies
- e. Collaborate with Maine’s faith-based communities to provide harm reduction information to their members

**Strategy #19: Promote a comprehensive system of care and referrals among health care and harm reduction services**

- a. Promote bidirectional referrals between Syringe Service Programs, primary care, MOUD, behavioral health liaisons, and other health services, including the diagnosis and treatment of hepatitis and HIV
- b. Promote the Treatment Connection website to support interagency referrals
- c. Identify gaps and design a plan by region and population to make navigators or recovery coaches available after every referral to treatment from any setting
- d. Support all hospitals and health centers in implementing best practice system improvements, including Integrated Addiction Teams (IATs) where appropriate and as resources allow

Total Doses of Naloxone Distributed by MNDI



## Priority E: Reduce the number of fatal and non-fatal overdoses

### PROGRESS UPDATE

- Implemented the OPTIONS program and placed behavioral health liaisons in all 16 counties to work with local treatment providers, law enforcement, emergency responders and harm reduction organizations
- Purchased and distributed over 300,000 doses of naloxone through the Maine Naloxone Distribution Initiative (MNDI), a group of four non-profit partners who purchase with state funds and then re-distribute to over 200 tier-two distributors
- Enacted legislation to allow EMTs to distribute as well as administer naloxone and prepared a training module to assist in implementation of the law so that by the end of 2023, all EMS services will be participating in the naloxone "Leave-Behind" program
- Enacted legislation in 2023 requiring all public safety officers to carry naloxone



Overdose Awareness Event in Boothbay, 2021

## PRIORITY E: STRATEGIES & ACTIVITIES

**STRATEGY #20:** Ensure the availability of harm reduction resources and referrals to treatment and recovery supports for individuals at high-risk of overdose

- a. Provide education on overdose prevention and treatment resources at naloxone distribution sites and syringe service programs (SSPs) through the OPTIONS program
- b. Deploy behavioral health specialists in every Maine county as part of the OPTIONS initiative to educate and engage high risk individuals in harm reduction strategies, including the distribution and use of naloxone and to offer treatment/recovery services, including MOUD
- c. Hire more OPTIONS liaisons to respond as a team and cover more hours as part of the OPTIONS initiative
- d. Expand SSPs through the licensing of additional Certified Syringe Service Providers and the use of mobile distribution and outreach, in both urban and rural areas
- e. Expand the availability of drug testing and drug checking resources, including fentanyl and xylazine test strips
- f. Support harm reduction education for pregnant patients, OB staff, and providers and expand naloxone distribution to all post-partum patients
- g. Ensure all first responders receive harm reduction training and resources
- h. Evaluate the EMS “leave behind” program
- i. Review safe supply programs in Maine and across the nation for their potential effectiveness and appropriateness, particularly in rural communities

**STRATEGY #21:** Ensure widespread distribution, saturation of availability, and ease of access to naloxone and other FDA-approved reversal medications by the general public in all communities

- a. Continue to support the purchase and distribution of sufficient doses of naloxone to supply Tier 1 and Tier 2 distributors as designated by the Naloxone Steering Committee which oversees the MNDI
- b. Educate health care providers about the opportunities and importance of prescribing naloxone, including co-prescribing naloxone to any patient receiving long-term high dose opioids
- c. Collaborate with the State Board of Pharmacy and other health professional boards on stigma reduction, naloxone distribution, and co-prescribing initiatives
- d. Amend Maine’s community naloxone distribution law to expressly permit naloxboxes and vending machines at community libraries, municipal offices, public restrooms, and similar public venues

**STRATEGY #22:** Provide harm reduction resources and supports for people experiencing homelessness who have a substance use disorder

- a. Engage and educate people experiencing homelessness in harm reduction strategies and options for treatment and recovery through the OPTIONS initiative
- b. Evaluate the HOUSE pilot that has engaged individuals experiencing homelessness, including those with chronic housing insecurity, in harm reduction, SUD treatment and access to housing options

**OPTIONS**  

---

**SAVE LIVES**

## FOCUS AREA: TREATMENT

---

When preventive efforts are not successful, it is essential that all forms of treatment be immediately available including medication, medically supervised withdrawal (often called detox), in-patient residential treatment, out-patient treatment, and behavioral health counseling. Populations which are disproportionately impacted by substance use disorders need to be prioritized, as well as pregnant people with SUD. Treatment of all kinds, including abstinence-based treatment, needs to be supported in order to ensure availability that is local, immediate, affordable, and the most appropriate for the individual patient. To be treated effectively, SUD must be addressed as a chronic medical condition. Accordingly, eliminating stigma and discrimination shall be an essential foundation underlying all other actions in this Strategic Action Plan.

### **Priority F: Expand the availability of treatment that is local, immediate, affordable, and most appropriate for the patient**

#### **PROGRESS UPDATE**

---

- Provided funding (\$8.3million) in 2022-2023 for the development of an additional 140 beds for SUD residential care across the state
- Doubled the number of prescribers with X waivers for prescribing MOUD, resulting in a substantial increase in buprenorphine prescriptions and MaineCare claims for SUD treatment
- Increased the MaineCare reimbursement rate for Opioid Treatment Programs (methadone clinics) by over 100%, resulting in an increase in OTP clients to nearly 5,000 and the opening of three new OTP programs in Presque Isle, Saco, and Manchester
- Substantially increased rates for providers of residential SUD treatment, including an increase of 77% for medically supervised withdrawal services
- Supported the Department of Corrections' establishment and expansion of its MOUD program to all DOC facility residents, resulting in 44% of residents receiving medication for SUD and over 2,100 residents receiving treatment and a warm handoff to a community provider when released
- Created a pilot project at Somerset County Jail, offering a 30-day injectable form of buprenorphine to 130 residents of the jail, which will be evaluated for efficacy against residents in a different jail receiving a daily dose of the sublingual form of buprenorphine
- Piloted low barrier access to MOUD at federally qualified health centers, prioritizing rural areas
- Grew MaineCare Opioid Health Homes (OHH) from 19 service locations serving 781 individuals in 2019 to 113 locations serving nearly 5,000 individuals currently
- Offered an EHCO training for health care providers interested in SUD treatment for adolescents
- Supported the Maternal SUD and SEI Task Force and annual SEI conference
- Ensured all substance-exposed infants have a Plan of Safe Care (POSC), as required by federal law
- Supported 25 of Maine's 33 emergency department in making buprenorphine available 24/7 with a handoff to a community provider and provided recovery coaches to 8 of Maine's emergency departments

## PRIORITY F: STRATEGIES & ACTIVITIES

### **STRATEGY #23: Dedicate staff and funding to support the screening, treatment, and recovery of pregnant people with substance use disorder and support substance-exposed infants**

- a. Expand integrated models of care for individuals with SUD who are pregnant, including the MOM initiative as a MaineCare service, the Opioid Health Home, and the Rural Maternity and Obstetrics Management Strategies (RMOMS) program
- b. Identify ways to support more treatment beds for pregnant people and people with young children
- c. Extend postpartum medical and behavioral health services, including peer recovery, for up to 24 months to people with SUD and co-existing perinatal anxiety, depression, and other physical and mental health challenges
- d. Promote evidence-based approaches to supporting substance-affected infants during the newborn hospitalization, including use of Eat, Sleep, Console and Snuggle ME guidelines
- e. Continue to ensure that all substance-exposed infants have a Plan of Safe Care
- f. Enhance the Cradle ME referral system to include Public Health Nursing, Home Visiting, Maine MOM, and CDS
- g. Implement the federal Medicaid 1115 Waiver for SUD services
- h. Increase access to SUD treatment and other evidence-based services for parents at risk of losing their children to foster care, including connecting them to people with lived experience in the child protective system who are trained in peer-to-peer strategies via Families First Prevention Services
- i. Embed a clinical expert in SUD in every child welfare/DHHS district in Maine
- j. Support the development of systems to ensure substance-exposed infants get appropriate preventive services, developmental screening, and appropriate medical screenings
- k. Maintain a Maternal SUD and SEI Task Force
- l. Support the annual SEI conference and a Maine-Mom conference
- m. Develop a statewide strategic workplan for addressing the prevention and treatment of substance use disorder before and during pregnancy and improving the care of individuals who are pregnant and living with SUD and substance exposed infants in Maine

### **STRATEGY #24: Expand the availability of medications for opioid use disorder, with special efforts to reach historically marginalized and at-risk populations**

- a. Ensure all hospital emergency departments are providing low barrier access to MOUD, per Executive Order #2
- b. Continue to support all county jails and Department of Corrections in offering low barrier access to all forms of MOUD for all incarcerated residents with a diagnosis of SUD
- c. Invest in efforts to provide culturally appropriate, comprehensive addiction treatment and recovery services to Maine's tribal communities
- d. Work with Maine Veterans Coordinating Committee, the Veterans Administration, and the Department of Defense, Veterans and Emergency Management to support and enhance the availability and quality of addiction treatment and recovery services provided to veterans
- e. Invest in customized addiction treatment and recovery services for Black and Brown Mainers, including immigrant communities

- f. Invest in customized addiction treatment and recovery services for LGBTQIA+ populations
- g. Fill gaps in addiction treatment capacity for adolescents, including medically supervised withdrawal and residential care, where appropriate
- h. Increase the number of beds for medically supervised withdrawal (detox), including adequate workforce and reimbursement rates
- i. Increase the number of in-patient residential beds, including beds for uninsured and MaineCare coverage, prioritizing rural areas and populations with transportation shortages
- j. Develop and implement mobile MOUD services
- k. Strategically locate an additional 24/7 behavioral health crisis center, based on available resources

**Strategy #25: Increase MOUD provider capacity for providing low barrier, rapid access to treatment**

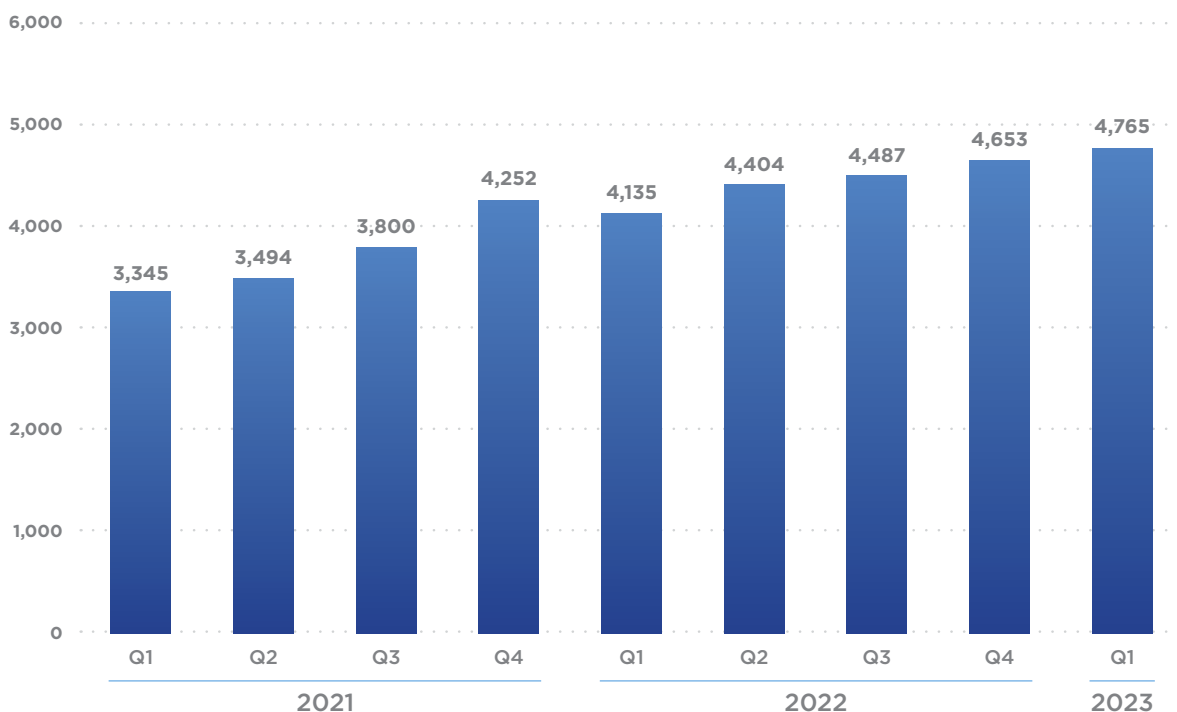
- a. Evaluate and expand as appropriate the Federally Qualified Health Centers (FQHCs) pilot of low barrier MOUD, including rapid induction and bridging capacity, with particular focus on rural areas

- b. Expand the Opioid Health Homes program
- c. Continue to provide education and technical assistance support for MOUD providers, through the SUD Learning Community and similar initiatives

**Strategy #26: Implement the most promising practices in response to increased use of stimulants and polysubstances**

- a. Implement and evaluate a Contingency Management pilot
- b. Continue to provide education and training on the Contingency Management & Community Reinforcement approach for stimulant use disorder
- c. Assess and update reimbursement systems and insurance coverage for stimulant use disorder
- d. Share promising research on stimulant use disorder, including but not limited to vaccines
- e. Research thresholds for safe prescribing of stimulants

Quarterly Average Opioid Treatment Provider Census



## Priority G: Increase the proportion of persons with SUD/ODU who seek or are in treatment

### PROGRESS UPDATE

- Established the Treatment Connector, an on-line tool for both individuals and their families seeking SUD treatment
- Established the OPTIONS behavioral health liaisons program, resulting in over 2,000 referrals to treatment and recovery resources
- Expanded Treatment and Recovery Courts to all judicial regions in the state except for Aroostook County (Aroostook County preparing for establishing such a court in 2024)
- Increased the number of Opioid Treatment Programs by adding new programs in Presque Isle, Saco, and Manchester
- Connected with ten faith-based treatment programs to improve cross referral patterns and recognize all pathways to recovery



St. Francis Recovery Center in Auburn, enlarging its bed capacity in 2023

## PRIORITY G: STRATEGIES & ACTIVITIES

**STRATEGY #27: Provide information to the public about the availability of navigation support and treatment options, including telehealth and faith-based programs**

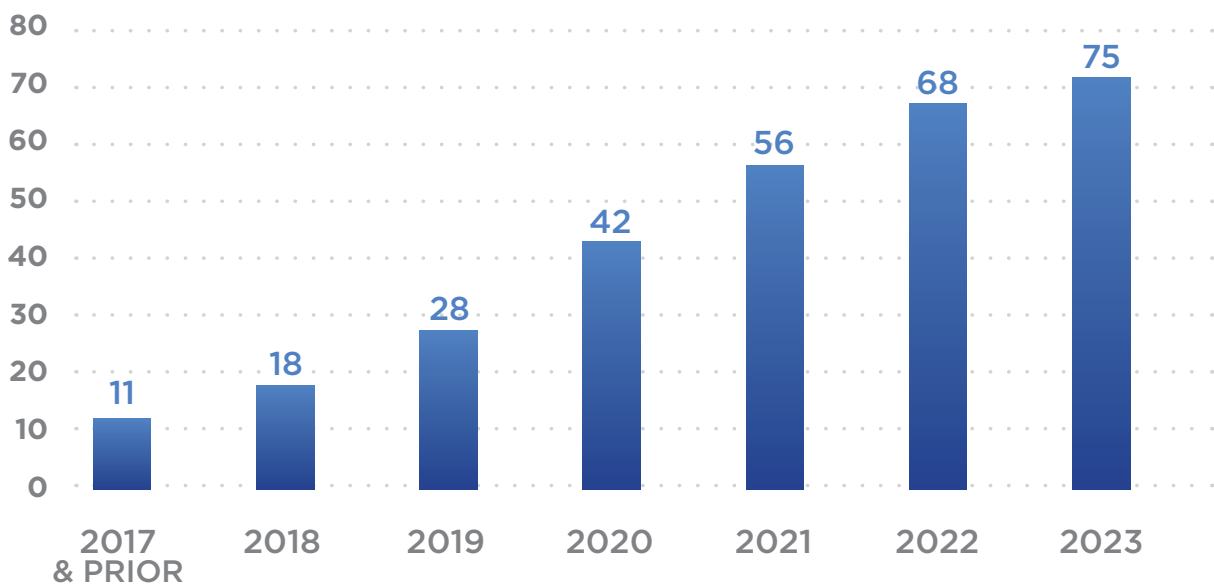
- a. Promote Treatment Connection, Maine’s treatment and recovery tool which will include counseling, group therapy, and peer-to-peer supports, among providers and the public when fully operable and available to the public
- b. Improve state and national databases (211 and 988, respectively) and promote the 211 Opioid Helpline
- c. Evaluate and implement as appropriate, initiatives that offer navigation services to patients and their families, similar to the Washington County Recovery Support Navigator.

**STRATEGY #28: Reduce structural and systemic barriers to treatment**

- a. Continue to collaborate with partners to provide transportation and child care for people seeking treatment, with a focus on rural areas

- b. Continue to improve access to public and private health insurance coverage
- c. Examine compliance with federal and state parity laws by commercial health insurance companies
- d. Ensure all services are offered in languages and formats necessary to meet the needs of priority populations
- e. Assess cultural competence across all systems and initiatives and implement improvements and trainings as needed, in collaboration with impacted communities
- f. Simplify and integrate the behavioral health, mental health, and substance use disorder systems of care into the general medical care system, with an emphasis on improving patient experience and outcomes

### MARR Certified Recovery Residences



## FOCUS AREA: RECOVERY

---

Persons in recovery, particularly in the early stages of recovery, need a lot of support and encouragement. This Strategic Action Plan emphasizes the many initiatives intended to accomplish this, including recovery community centers, recovery coaches, recovery residences, recovery friendly workplaces, recovery ready campuses, and recovery ready communities. The support of a peer can make all the difference for a person seeking or on the journey to recovery. This section of the Plan also emphasizes the important role that law enforcement and the criminal justice system can play in supporting treatment and recovery by diverting and deflecting individuals from prosecution and incarceration. Law enforcement agencies in Maine must continue to be strong partners in supporting individuals with the chronic disease of substance use disorder, reviving those who accidentally overdose, and serving as a bridge to treatment and recovery.

### Priority H: Improve and expand supports for individuals seeking or in recovery

#### PROGRESS UPDATE

---

- Expanded and continued to support recovery community centers with 18 now open and 3 more planned before the end of 2023
- Continued to recruit, train and utilize certified recovery coaches with over 1,500 total now in Maine, including over 250 coaches trained in 2022 alone



Opening of Larry LaBonte Recovery Center in Rumford, 2019

## PRIORITY H: STRATEGIES & ACTIVITIES

### **STRATEGY #29: Support all forms of recovery for youth and adults with SUD/ODU**

- a. Support the growth and sustainability of Recovery Community Centers and other support networks that build recovery capital among individuals in recovery, including youth in recovery
- b. Provide recovery supports, including peer support, for youth with SUD/ODU, including peer supports and youth recovery coaching, through youth-led and youth-serving organizations
- c. Expand the number of college campuses with a collegiate recovery program
- d. Collaborate with faith-based recovery programs, recognizing that this strategic plan supports all roads to recovery
- e. Coordinate with the Maine Acquired Brain Injury Advisory Council to educate about the intersection of acquired brain injury and substance use disorders and support individuals who have experienced a brain injury

### **STRATEGY #30: Support treatment and recovery for individuals involved with the criminal justice and juvenile justice systems**

- a. Promote and expand pre-arrest diversion programs, pre-trial diversion programs, and treatment alternatives to incarceration, including Treatment and Recovery, Family, Veterans and Co-Occurring Courts for individuals with SUD or co-occurring mental health disorders
- b. Support the training for judges, prosecutors, defense attorneys, and participants in Treatment and Recovery Courts, Family Courts, Veterans Courts and the Co-Occurring Courts (specialty courts)
- c. Support innovative pre-arrest and post-arrest diversion programs, such as LEAD and Project HOPE
- d. Assist in embedding Project HOPE activities into the recovery community centers across the state

- e. Evaluate the Waldo-Knox Drug Offense Diversion and Deflection Program and where appropriate replicate in other counties
- f. Support peer-to-peer mentoring programs for participants in all specialty courts
- g. Support and expand evidence-based re-entry programs, including case management and recovery support specialists, to assist individuals coming out of incarceration in maintaining their recovery

### **STRATEGY #31: Increase the availability of recovery coaching services**

- a. Continue to support the training of recovery coaches
- b. Continue to expand peer recovery coaches in emergency departments initiating MOUD
- c. Continue to expand peer recovery coach capacity through recovery community centers and improve the monitoring and supervision of recovery coaching
- d. Maintain and promote a comprehensive list of all CCAR certified recovery coaches in the state
- e. Provide dual training to recovery coaches and CHWs
- f. Establish payment codes for recovery coaching in various settings



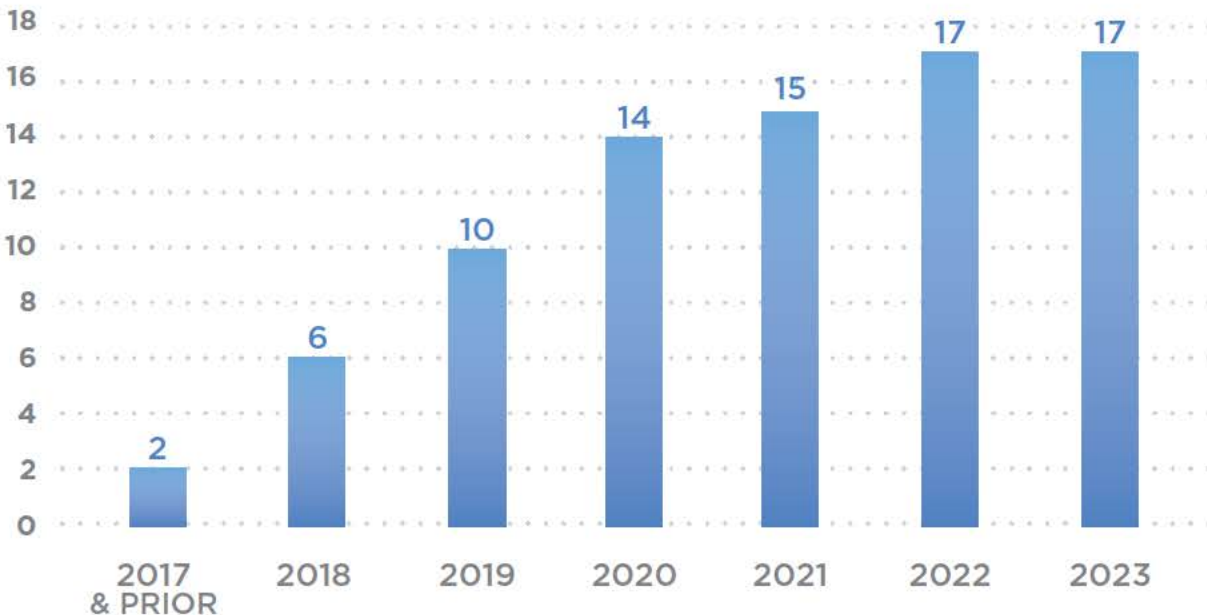
Governor Mills, Alane O'Connor, DNP and Liz Remillard at Opioid Response Summit 2021

## Priority I: Build and support recovery-ready communities

### PROGRESS UPDATE

- Featured a breakout session on Recovery Ready Communities at the Governor's 4th Annual Opioid Response Summit in 2022 and supported several Maine communities in forming task forces to become a Recovery Ready Community
- Supported the growth of recovery residences, resulting in more counties now having at least one recovery residence and 75 certified recovery residences now available across the state
- Supported 17 recovery residences financially through Maine State Housing Authority and created an ongoing subsidy program through a contract between OBH and the Maine Association of Recovery Residences
- Collaborated with the Maine Department of Labor to complete the Connecting with Opportunities federal grant, which assisted 800 individuals, and with OBH to launch a 2-year pilot of a Recovery Friendly Worksite initiative
- Collaborated in the establishment of the state's first Recovery Friendly Workplace program in Washington County
- Participated in over 30 community events across the state, focusing on recovery through storytelling and film

### Recovery Community Centers



## PRIORITY I: STRATEGIES & ACTIVITIES

### **STRATEGY #32:** Expand safe and secure housing and transportation options for people in recovery

- a. Evaluate the recovery residence subsidy program and assess the availability of resources for expansion, based on the results of the evaluation
- b. Encourage certification of recovery residences and acceptance of residents on medication (MOUD)
- c. Work with housing developers to support individuals with SUD in successfully maintaining permanent housing
- d. Pilot new and innovative transportation strategies to ensure access to recovery supports and services in all areas of the state
- e. Support development of Housing First projects and promote them during the 5th Annual Opioid Response Summit

### **STRATEGY #33:** Support the development of recovery-friendly worksites

- a. Educate employers and support efforts that promote recovery-friendly workplaces
- b. Evaluate and expand as appropriate the Washington County worksite pilot project and the statewide worksite initiative funded through the Prevention & Recovery Fund
- c. Evaluate the Youth Employment Assistance Program for possible replication statewide

### **STRATEGY #34:** Promote stories of connection, hope, and recovery in Maine communities

- a. Support events in local communities that celebrate recovery
- b. Support the use of film and storytelling to engage communities
- c. Uplift communities achieving Recovery Ready Community status

## RESOURCES

### PRIMARY LINKS

Maine Drug Data Hub:  
<https://mainedrugdata.org/>

Get Maine Naloxone:  
<https://getmainenalozone.org>

OPTIONS: <https://knowyouroptions.me>

Treatment Connection:  
<https://www.treatmentconnection.com/>

GOPIF Opioid Response:  
[www.maine.gov/future/opioids](http://www.maine.gov/future/opioids)

### LINKS TO OTHER PAGES AND PLANS

CCAR training: <https://addictionrecoverytraining.org/certification/>

GOPIF, Recovery Community Centers in Maine:  
<https://www.maine.gov/future/initiatives/opioids/recoverycenters>

Maine DHHS, "Comprehensive Behavioral Health Plan for Maine": <https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20LD1262%20FINAL%20Report.pdf>

Maine Prevention Network: <https://www.maine.gov/dhhs/mecdc/population-health/prevention/maine-prevention-network.shtml>

Maine SEOW dashboards: <https://www.maine.gov/seow/dashboards>

MeCDC, "Substance Use Prevention Strategic Plan for the State of Maine", 1-page summary: <https://preventionforme.org/#resources>

## ACRONYMS

---

ACEs: Adverse Childhood Experiences	MOUD: Medications for Opioid Use Disorder
BARR: Building Assets Reducing Risk	MPN: Maine Prevention Network
BH/MH: Behavioral Health/Mental Health	OBH: Office of Behavioral Health
CCAR: Connecticut Community for Addiction Recovery	OCFS: Office of Child and Family Services
CDC: Centers for Disease Control and Prevention	ODSC: Opioid Data Sharing Committee
CDS: Child Development Services	OHH: Opioid Health Home
CHW: Community Health Worker	OPTIONS: Overdose Prevention Through Intensive Outreach, Naloxone and Safety program
DHHS: Department of Health and Human Services	OTP: Opioid Treatment Programs
ECHO: Extension for Community Healthcare Outcomes	OD: Opioid and other Substance Use Disorders
FQHCs: Federally Qualified Health Centers	RCC: Recovery Community Center
GOPIF: Governor’s Office of Policy Innovation and the Future	RMOMS: Rural Maternity and Obstetrics Management Strategies
HOUSE: Housing for Opioid Users Service Engagement	SBIRT: Screening, Brief Intervention, and Referral to Treatment
IAT: Integrated Addiction Team	SIRP: Student Intervention Reintegration Program
LGBTQIA+: Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual	SEI: Substance Exposed Infants
LEAD: Law Enforcement Assisted Diversion	SEL: Social Emotional Learning
MeCDC: Maine Center for Disease Control and Prevention	SEOW: Statewide Epidemiological Outcomes Workgroup
MNDI: Maine Naloxone Distribution Initiative	SIRP: Student Intervention Reintegration Program
MOM: Maternal Opioid Misuse initiative	SSP: Syringe Service Programs
	SUD: Opioid and other Substance Use Disorders

---

“Focusing on children and families will result in fewer adolescents starting down the pathway that so quickly can lead to addiction.”

—GREG BOWERS, EXECUTIVE DIRECTOR, DAY ONE



Share your feedback on  
this Strategic Action Plan

**GOVERNOR'S OFFICE OF**  
Policy Innovation  
and the Future



[maine.gov/future](https://maine.gov/future)