

# MAINE STATE LEGISLATURE

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A map of the state of Maine, with its counties outlined and labeled. The counties are: Aroostook, Piscataquis, Somerset, Franklin, Oxford, Androscoggin, Cumberland, York, Kennebec, Sagadahoc, Lincoln, Knox, Waldo, Penobscot, Hancock, and Washington. The map is colored in shades of green and blue. A central white box contains the title and date. A compass rose is located in the bottom right corner.

# Recommendations OF THE **MAINE OPIATE COLLABORATIVE**

May 2016

CANADA

WASHINGTON

HANCOCK

PENOBSCOT

WALDO

KENNEBEC

KNOX

LINCOLN

SAGADAHOC

CUMBERLAND

ANDROSCOGGIN

OXFORD

FRANKLIN

SOMERSET

AROOSTOOK

PISCATAQUIS

YORK



**LAW ENFORCEMENT**

**TREATMENT**

**PREVENTION & HARM REDUCTION**



# MAINE OPIATE COLLABORATIVE

**Thomas E. Delahanty II**  
**United States Attorney**  
**District of Maine**

**Janet T. Mills**  
**Attorney General**  
**State of Maine**

**John E. Morris**  
**Commissioner**  
**Department of**  
**Public Safety**

May 6, 2016

The Maine Opiate Collaborative was formed after Governor Paul LePage held a Summit in August 2015 to address the heroin/opiate epidemic in Maine.

The announcement of a coalition to address the issues of supply, demand and addiction brought a resounding response from Maine citizens and experts who volunteered time and expertise. The Collaborative sought to bring together professionals and experts in the field of law enforcement, education/prevention/harm reduction, and treatment. Three Task Forces focused on the primary issues in these respective areas and these groups met regularly from approximately October 2015 to identify and address the areas within their subject expertise. As part of this process, the Collaborative also held more than 20 public forums across the state that were attended by more than 1200 concerned Maine citizens. Attendees told the panels about the impact of opiates on their lives and offered advice of what can be done.

Today, you will hear reports of the findings of the three Task Forces and their recommendations. This is only the first step. We must work to establish a working plan, and then execute that plan.

While the Maine Opiate Collaborative has drawn substantial attention to this public health crisis and the public safety concerns surrounding the opiate problem, it must be recognized that many other groups across the state have been meeting to address this dynamic and we applaud those efforts.

We recognize these recommendations are the Collaborative's suggestions. Some of the recommendations have already been achieved. Others are more readily achievable. Other recommendations are expensive and time-

## **MAINE OPIATE COLLABORATIVE**

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consuming and will require time, effort, and funding to achieve. No matter how difficult the task, we must work as allies to stop the supply Chain of drugs flowing into Maine, educate all Mainers about the dangers of opiate and prescription drug abuse, and provide appropriate substance abuse treatment.

Heroin/opiate abuse is not the only drug problem in the State of Maine, but it is the most critical at this time. This situation poses a serious threat to the health and well-being to our citizens and our communities.

Many opinions, ideas, and recommendations are offered in these reports. We recognize that there are many different approaches to enforcement, prevention, recovery, and treatment. We hope that through the effort of the members of the Collaborative, we have contributed to the process of addressing this crisis and we hope you will continue your interest and work towards solving this crisis.

Thank you for being here and thank you for your help.

Thomas E. Delahanty II  
United States Attorney

Janet T. Mills  
Attorney General

John E. Morris  
Commissioner



# **Maine Opiate Collaborative**

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Roy McKinney, Director  
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Johnathan Nathans, Asst. Attorney General  
Major Brian Scott  
Lea Anne Sutton, Assistant Attorney General  
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# MAINE OPIATE COLLABORATIVE

Community Forums



**Maine Opioid Collaborative**  
*Community Forum Summary*  
*May 6, 2016*

**Overview:**

To support the work of the Maine Opiate Collaborative and inform the Task Force recommendations, Maine Medical Association organized and facilitated 22 community forums in 20 Maine communities. With financial support from Maine Health Access Foundation and Maine Community Foundation, events were held in every public health district and in 12 of 16 Maine counties. Each forum drew between 40 and 150 people and, taken together, brought the voices of over 1500 people to the Opiate Collaborative Task Force members. Recommendations varied by community and included many innovative ideas for responding to what is universally seen as a devastating public health and safety crisis. Common themes also emerged and those are summarized below.

**Prevention & Harm Reduction Recommendations:**

- Get at the root causes: trauma, pain, poverty, hopelessness, insecurity
- Invest in kids early: early childhood education, home visiting
- Reduce bias and stigma: educate communities, families, providers, law enforcement
- Youth/student education and supports: create safe spaces to talk; after-school groups; engage peers, adult mentors, and people in recovery; normalize the conversation around trauma; teach life/coping skills; school forums
- Community/parent education and supports: education about addiction and how we can support people with substance use disorder, support groups, community forums, engage businesses, engage recovery community
- Screening and early intervention for trauma: schools, primary care
- Change the culture and the treatment for chronic pain
- Reduce access: drug take-backs, education on safe storage, reduce over-prescribing, mandate use of Prescription Monitoring Program (PMP)
- Approach marijuana policy with caution
- Reduce harm: needle exchanges, expand access to Narcan
- Support for people in recovery: employment, housing, transportation to appointments/meetings, build hope and sense of community, promote success stories

**Treatment Recommendations:**

- Reduce financial barriers: more health insurance options, community fundraisers
- Reduce logistical barriers: community transportation programs
- Expand treatment infrastructure: more providers of Medication Assisted Therapy (MAT); more providers of counseling; increase local options for treatment, including detox, residential rehab, intensive out-patient, social detox; more beds for women; resource hubs (storefront and online)
- Improve/expand treatment systems: real-time referrals; warm hand-offs between all aspects of treatment and recovery; coordination system among providers and social service agencies for wrap-around care
- More capacity to treat co-occurring (mental health and substance use) disorders
- Engage the recovery community: mentoring/peer-to-peer



**Law Enforcement Recommendations:**

- Diversion/LEAD model
- Operation HOPE model with local treatment options
- Mental health/substance use disorder professionals embedded in police departments (Portland LEAAP model)
- Drug courts
- Share drug arrest data (Diversion Alert model)
- More funds for law enforcement to follow drug cases and root out dealers
- Treatment options in jail: counseling plus medication
- Community engagement: reporting
- Comprehensive pre-release programs: support, housing, employment, skill-building

**The one thing that every group agreed on:**

- No single approach or group will solve this— our communities must come together and we must all get involved!

## **Maine Opiate Collaborative: Prevention and Harm Reduction Task Force** **– Final Recommendations for Comprehensive Plan of Action to Address** **Opiate Use Disorders in Maine**

**Summary:** The Prevention & Harm Reduction Task Force of the Maine Opiate Collaborative has met bi-weekly since the creation of the Collaborative to research, discuss, and propose a series of recommendations for how to move Maine forward in addressing the opiate crisis. Task force members have volunteered many hours of time, in and outside of meetings, to bring their experience and expertise, in crafting these evidence-based prevention, harm reduction, and recovery approaches to this dire public health issue.

**Statement of Purpose:** The Prevention/Harm Reduction Task Force recognizes the importance of collaboration among all groups of people in the community in order to facilitate effective prevention, harm reduction, and recovery services. Substance use disorders are community problems that require community responses. While much emphasis is often placed on educating people about the dangers of substances, research shows that it is more helpful to address underlying causes. A wide variety of risk factors for individuals, families, and communities (related to access and demand of substances) contributes to trauma and substance use; likewise a variety of protective factors contributes to healing and resiliency. This task force consists of prevention specialists, members of the recovery community, physicians, and other healthcare professionals. These recommendations are evidence-based programs and systems that address risk and protective factors at the state, community, and grassroots levels, and they are outlined in the following 2 goals and associated objectives:

### **Goal 1: Promote good public health and safety, and reduce the harmful effects of opiate use.**

**Objective 1:** Increase understanding of harms and decrease stigma surrounding opiate and heroin use disorder.

**Objective 2:** Decrease youth use of opiates and associated risk factors.

**Objective 3:** Reduce unnecessary access to legal opiates.

**Objective 4:** Decrease the number of drug-affected babies born in Maine each year.

**Objective 5:** Decrease opiate overdose and death in Maine.

**Objective 6:** Increase opportunities and decrease barriers to recovery for people with substance use disorders.

### **Goal 2: Strengthen and enhance Maine’s public health infrastructure to prevent and reduce opiate use disorders and overdose deaths.**

**Objective 1:** Enhance the state’s capacity to implement a comprehensive approach to prevent and reduce opiate use disorders.

**Objective 2:** Increase district and local level capacity to prevent and reduce opiate misuse and overdose in Maine.



The following pages will provide narrative and more detail on how the task force recommends implementing the plan to meet the objectives and achieve the 2 goals.

**Goal 1: Promote good public health and safety, and reduce the harmful effects of opiate use**

**Objective 1: Increase understanding of harms and decrease stigma surrounding opiate and heroin use disorder**

**Strategy: Educate the general public about the opiate/heroin problem in Maine.**

**Conduct a comprehensive statewide public education campaign consisting of traditional and social media (website, PSA, social media messaging) to:**

- De-stigmatize substance use disorders;
- Increase understanding of risks and harms specific to opiate and heroin use;
- Increase understanding of substance use disorders and their prevalence; and
- Increase knowledge of harm reduction, treatment and recovery resources.
- Create awareness of importance of primary prevention in addressing Maine's substance use problems.

Hire a marketing/advertising firm to create the comprehensive statewide public education campaign. Recruit volunteers from the Opiate Collaborative, or other professionals from Maine's prevention, treatment, and recovery community, to advise on content of campaign. Engage Maine youth in developing messages and social media content. This could be done through a contest supported through corporate sponsors.

The Task Force recommends utilizing the Addiction Technology Transfer Center's (ATTC's) nationally recognized anti-stigma toolkit for guidance in this process. This guide was created to provide the addiction treatment and recovering community with practical information and tools to enhance their capacity to engage in effective stigma reduction efforts.

Prevention and health communication research demonstrate that the most effective prevention efforts are those that (1) include multiple components, (2) are designed so that the components are integrated or share common goals, and (3) are sustained over substantial periods of time. With this in mind, this guide seeks not simply to help people engage in stigma prevention efforts, but to engage in stigma prevention efforts that are effective.



This guide is designed to help people who are concerned about addiction-related stigma to channel their concerns into positive action. It will help you to get organized. It is meant to empower people by providing them with tips, recommendations, tools, and resources to engage in stigma prevention efforts. The task force believes it will be a valuable tool to aid in developing messaging.

## **Objective 2: Decrease youth use of opiates and associated risk factors.**

### **Strategy: Increase the capacity of adults who care or work with youth, to educate and support youth to prevent opioid use.**

Parents are vital in the effort to prevent substance use disorders among youth. Family values along with strong communication between parent and child are among many protective factors that play a huge role in keeping youth from experimenting with, and developing addictions to, substances. Parents should be supported in their efforts.

One way Maine can help support parents is to increase the skills and capacity of other adults in our youths' lives to bolster prevention efforts. If parents, educators, school staff, and other adult caregivers all use evidence-based and science-based tools, Maine will have a strong prevention network that guides kids away from substances and towards paths of wellness and success. The Task Force recommends the following strategies to build skills and knowledge amongst educators and other adults caring for youth:

- Maine CDC, Maine Office of Substance Abuse and Mental Health Services, and Department of Education partner to establish a workgroup that will create a Substance Use Prevention Toolkit for Schools using existing evidence-based resources and concepts from state and federal partners. Recruit local prevention professionals, educators, other relevant school staff, and behavioral health professionals (including those in recovery) to inform the work. Elements of the toolkit would include:
  - How to partner with local prevention coalitions and/or professionals to support prevention efforts in the school.
  - Guidance on selecting evidence-based prevention curricula and programming appropriate for the school population.
  - State and Federal materials related to opiate, tobacco, alcohol, marijuana, and other drug prevention to be disseminated to students, school staff and parents
  - Supplemental materials that educate students on specific drugs and their effects on the brain.
- Other training areas, for school staff, related to substance use disorders among youth:
  - Adverse Childhood Experiences (ACEs), how they ~~effect~~-affect mental health and substance use disorders, and effective interventions when ACEs are identified.
  - Resiliency and strength-based models for substance use disorder prevention.

**Strategy: Promote prevention and early intervention of child abuse and neglect**

Fund communities and neighborhoods to implement Community Partnership for Protecting Children, to lower the rates of child abuse and neglect calls to DHHS.

**Objective 3: Reduce unnecessary access to legal opiates.**

**Strategy: Enhance and strengthen Maine's Prescription Monitoring Program to reduce unsafe prescribing practices among providers.**

Legislation was passed this session to facilitate increased utilization of the Prescription Monitoring Program by Maine medical professionals and pharmacists. The Prevention and Harm Reduction Task Force is pleased to see this legislation pass. This is an important step in preventing Mainers from developing addictions to opiates due to overprescribing. The Task Force believes there are still two important matters related to the PMP that will need to be addressed :

- Work with and solicit input from the medical provider community to make the Prescription Monitoring Program more user-friendly.
- Implement a plan to ensure the Prescription Monitoring Program is adequately staffed to provide timely technical assistance, training needs, ongoing administration, and ongoing system enhancements. A well functioning, and efficient PMP program and department will help ensure high utilization.

**Strategy: Expand and support efforts promoting safe storage and disposal of opiates.**

Programs for the safe disposal of unused prescription drugs, including prescription opiates, are located throughout much of Maine. Twice a year there are prescription drug take back days, and there are also permanent medicine drop-off boxes located in many police departments, town offices, and other locations in Maine communities. While utilization of these programs continues to grow, many Mainers may still be unaware of these services or where they are located. Increased awareness of these programs would lead to more disposal of unused, expired, and unwanted prescription medicines and result in less diversion and misuse of these medicines.

The Task Force recommends funding the creation of a website and database of all of the take back and medicine drop-off boxes located throughout Maine. This would include a one-time funding project to support gathering the data, creating the website, and ongoing funding for the maintenance of the website, including updating the database of medicine disposal services.

In addition, the Task Force identifies that the costs associated with staffing take backs, along with the destruction of the collected medicines themselves, can add up and be quite substantial. To date, the U.S. DEA has helped by providing resources for the destruction of

the collected medicines. That said, it is not a given that the U.S. DEA will always be in a position to continue this support. Indeed, they had discontinued the National Take Back program once before resuming again this past year. The Task Force believes Maine needs a more reliable and sustainable means of covering the costs of collecting and disposing unused and expired medicines.

The Task Force recommends legislation to establish a statewide product stewardship program for unused prescription medicines. Alameda County, California is one of the pioneers in establishing a product stewardship ordinance for unused prescription medicines. The ordinance requires any pharmaceutical company that wants to sell their products within Alameda County to create and/or fund a product stewardship plan to deal with the disposal of unused quantities of their products. The Task Force believes pharmaceutical companies have a duty to contribute resources for the disposal of the huge quantities of their products that go unused because of overprescribing and heavy marketing. Requiring pharmaceutical companies that want to sell their products in Maine to participate in and fund a statewide product stewardship plan would be the means to that end. Funding from a statewide product stewardship program could in part, or in whole, support the aforementioned website and database for take backs and drop-off boxes.

More information on Alameda County's program can be found at:  
<http://www.acgov.org/aceh/safedisposal/index.htm>

#### **Objective 4: Decrease the number of drug-affected babies born in Maine each year.**

**Strategy: Improve care coordination: counseling, pre-natal and early intervention after discharge for mothers with opiate use disorders.**

- Establish a pilot project to fully implement and evaluate the Snuggle Me Project at a minimum of two Maine hospitals. Further work with medical community on implementing appropriate screening and care guidelines for women with substance use during pregnancy and drug affected babies. Consider a formal learning collaborative to provide education and quality improvement support to providers.
- Continue work to improve care coordination and support for families with infants exposed to substances. Pilot the work in at least 2 communities with hospitals with Level 2 NICUs with an aim to spread work statewide after pilot. Explore outpatient treatment model for substance-exposed infants that has been started in Bangor to see if it can be spread to other locations.

#### **Objective 5: Decrease opiate overdose and death in Maine.**

**Strategy: Increase access to Naloxone for people using opiates, their families, and friends.**



- Provide information and educational opportunities to at risk populations and the general public on the harms of opiate use, safer drug use, the efficacy of Naloxone and accessing Naloxone kits. This would be accomplished through a collaborative effort that draws on the strengths of medical providers, harm reduction providers and peer advocates. Currently there are several ongoing projects lead by the Maine Medical Association and several opioid overdose prevention and reversal programs (including those funded by the Attorney General). These are connected through, and coordinated in part by, the Maine Harm Reduction Alliance, a program of the Health Equity Alliance, a network of people, programs and organizations dedicated to advancing the health and wellbeing of people who use drugs through education, advocacy and action.

These programs educate prescribers and physicians how to effectively interact with people who use drugs and encourage them to prescribe Naloxone to those at risk. Further, these programs work directly with people with a history of drug use, conducting outreach through syringe exchange programs, treatment and recovery programs, county jails, homeless shelters and other venues where people with a history of drug use may congregate. Additionally, peer networks have proven effective in facilitating the adoption of safer drug use practices, as several pilot programs are working with peer advocates to increase safer drug use practices among people actively using drugs.

- Provide education to providers on the efficacy and importance of Naloxone including the logistics, proper guidelines and changes in laws.
- Institute collaborative practice agreements for pharmacies and medical providers to dispense naloxone directly to consumer at their professional discretion.

**Objective 6: Increase opportunities and decrease barriers to recovery for people with substance use disorders.**

**Strategy: Build statewide and community capacity to provide recovery supports and services and foster resiliency.**

- Establish and fund a network of neighborhood based community recovery centers in each public health district using the standards from the Association of Recovery Community Organization. As a parallel strategy, establish or support existing community based recovery coalitions to advocate for the needs of people in recovery. Ideally, the recovery coalitions are housed, or advise, or are working in partnership with the community recovery centers. Recovery centers should also form close partnerships with groups like Young People in Recovery and the Maine Alliance for Addiction Recovery.
- Establish collegiate recovery communities (CRCs) at all Maine colleges. Currently, CRCs are in their infancy at the University of Southern Maine (USM) and the University of Maine-Orono (UMO), and both have received funding to grow their programs. USM has received funding and technical assistance from SAMHSA's

Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS-TACS) initiative, and UMO has received it from Transforming Youth Recovery (TYR). The Task Force recommends creating a task force within appropriate State departments and offices to gather learnings from these two projects as well as from BRSS-TACS and TYR in order to draft recommendations on how to implement CRCs in other campuses of the UMaine system along with the Community College system. In addition, these recommendations can be shared with private Maine colleges and universities.

- Decrease community barriers around housing, education, and employment for people in recovery. These supports are essential in sustaining an individual's long-term recovery. Too frequently, though, discriminatory practices make it challenging for people to re-establish their lives and successfully re-integrate into the community. Thus, the task force recommends providing career development and housing, employment, and education opportunities for people in recovery. This could be achieved by establishing tax credits or other incentives for landlords, employers, and schools. Furthermore, behavioral health career fairs geared for people in recovery could occur at colleges/universities.

**Strategy: Recovery coaches are integrated into local systems (drug courts, jails, treatment centers, hospitals, recovery centers, etc.) in all public health districts.**

- As individuals are being trained as recovery coaches across the state, the Task Force recommends looking at how to integrate these coaches into systems where people would benefit from their help. It is strongly suggested that organizations/facilities include recovery coaching into their contracts to ensure that recovery coaches are effectively and frequently used to help people in their transition out of the organizations/facilities. For example, if someone is admitted to the Emergency Room for an overdose or other outcome of an opiate addiction, it would be beneficial to have recovery coaches embedded within that hospital system to provide linkages to supports in the community. The Task Force recommends public health districts work with the recovery community to identify specific systems where recovery coaches can be embedded and work with the Maine Alliance for Addiction Recovery (MAAR) to train recovery coaches and use them as part of their programs. In addition, the task force recommends that the state of Maine ensure MAAR has adequate funding, as it is the only entity in Maine that trains recovery coaches.

**Strategy: Increase access to treatment for substance use disorders.**

- Support expanded access to healthcare coverage, the federal health exchange and Medicaid for people with mental health and substance use disorders.
- Support a Good Samaritan Law to provide immunity to friends or loved ones calling for help for someone experiencing an overdose or addiction can get help without fear of legal recrimination.



- Support statutory changes that would create an exception where information gathered from someone by law enforcement for the purposes of accessing treatment cannot later be used against them in court.
- Recommendation to hospitals and medical organizations to increase the utilization of Screening, Brief Intervention, and Referral to Treatment to catch problematic behavior related to substance use early before it develops into an addiction. This will reduce the need for intensive and costly treatment services.

## **Goal 2: Strengthen and enhance Maine’s public health infrastructure to prevent and reduce opiate use disorders and overdose deaths.**

**Objective 1: Enhance the state’s capacity to implement a comprehensive approach to prevent and reduce opiate use disorders.**

**Strategy: Create a high level position (e.g. Commissioner of Substance Use Reduction) to coordinate a comprehensive approach across state and local government to the drug problem in Maine.**

Information gathered through the process of the Task Force had underlined that Maine’s addiction crisis cuts across all aspects of life and impacts many systems in local and state government. The Task Force sees the need to increase data gathering and sharing, cross-communication, and collaborations in a formal way. This will allow for consistent approaches across departments and agencies and have all working towards the same goals. The Task Force therefore recommends the creation of a high level State position charged with driving and overseeing the implementation of inter-department and agency collaborations and systems.

The federal government has created intergovernmental task forces such as the Interagency Coordinating Committee on the Prevention of Underage Drinking. This committee brings together various federal government departments and agencies to guide policy and program development with respect to underage drinking. The Task Force recommends the creation of a state-level Interagency Coordinating Committee on the Prevention of Substance Use Disorders. Departments recommended to be part of the Committee include, but not limited to: Department of Corrections, Department of Education, Maine Office of Substance Abuse and Mental Health Services, Maine Centers for Disease Control, Department of Labor, Maine Highway Safety, the Maine Substance Abuse Services Commission, and others. The Committee will institute cross system linkages for intergovernmental collaboration to ensure an effective strategy that spans the continuum of services, includes the intersection with criminal justice, and increases the ability of the State to meet Mainers with addiction when and where they are ready to get help.

**Strategy: Enhance the role of the Maine Substance Abuse Services Commission in addressing substance use disorders in Maine.**



The Maine Substance Abuse Services Commission was established by statute to provide guidance to the Maine Office of Substance Abuse and Mental Health Services as well as the Legislature and Governor's Office in matters involving substance use disorders. As it is a body that exists in statute, it is a natural caretaker of the work and recommendations crafted by the Maine Opiate Collaborative. The Task Force recommends creating a charge for the Maine Substance Abuse Services Commission to continue to move forward the work of the Opiate Collaborative through appropriate means, including, as necessary, convening work groups, task forces, and subcommittees related to law enforcement, treatment, prevention, and recovery. Further, the Task Force recommends that the Legislature solicit and receive from the Commission, at minimum, a yearly report card on the progress made towards the goals set out in the Maine Opiate Collaborative recommendations.

**Strategy: Build and enhance the capacity of Maine 2-1-1 to serve as the information and resource hub for individuals, families, and affected others seeking services for opiate and other drug addiction.**

- Assess the current staff capacity of Maine 2-1-1 and identify additional staffing needs for current call volumes and for additional call volumes if Maine 2-1-1 becomes an advertised "hotline" in PSAs.
- Work with Maine 2-1-1 to identify training and professional development needs for Maine 2-1-1 staff to adequately field the breadth of calls for services related to substance use disorders.
- Review the process for adding and updating substance use disorder prevention, intervention, treatment, and recovery services in the 2-1-1 directory and identify enhancements to ensure information is timely and accurate.

**Objective 2: Increase district and local level capacity to prevent and reduce opiate misuse and overdose in Maine.**

**Strategy: Provide support to the Public Health Districts to collaborate with all sectors to implement substance use disorder prevention efforts.**

- Fund at least one School Behavioral Health Coordinator in each Public Health District, housed by District Coordinating Councils, and working closely with schools in the districts on education, prevention, and early intervention services and programs for substance use disorders.
- Fund in each Public Health District, a Substance Use Disorder Coordinator to work with the District Coordinating Councils, recovery coalitions, and local entities involved in substance use prevention, intervention, treatment and recovery. The Substance Use Disorder Coordinator can help link community members to services.
- Require Public Health District Coordinating Councils to use a multi-sector (healthcare, law enforcement, schools, treatment, recovery, mental health, social services, youth, parents, faith community, and businesses) collaborative approach to addressing all public health issues, including substance use disorders.

**Strategy: Support local communities, coalitions, and other groups to use a multi-sector collaborative approach to prevent opiate misuse and other substance use disorders.**

- Promote the integration of the community coalition model of substance use disorder prevention into the overall statewide strategy to reduce substance use disorders. Community coalitions would have to be currently working with or have a plan to work with all appropriate sectors in their community (hospitals/healthcare, treatment, local Public Health District, schools, law enforcement, business, recovery, mental health, youth, parents, faith, civic organizations).
- Create linkages at the Public Health District level between the State-funded and coordinated prevention efforts with peer recovery centers and the recovery community. Staff, volunteers, and stakeholders from peer recovery centers and/or recovery coalitions should be invited to participate in the District Coordinating Council planning and implementation efforts around substance use disorder prevention.

**Maine Opioid Collaborative  
Treatment Team – Statement of Purpose**

Prepared by:  
Meredith Norris, DO; David Moltz, MD; Eric Haram, LADC Co-Chair

The state of Maine is experiencing a crisis of opioid use, reflected in an unprecedented 272 overdose related fatalities during 2015. Although the need for treatment is clear, resources are inconsistent in their therapeutic strategy, and in many communities, simply unavailable. The goal of this task force was to create recommendations for standards of care based on existing evidence, working collaboratively with other organizations and listening to the needs and innovations throughout Maine communities. This task force was comprised of recovery professionals representing all regions of Maine. The scope included physicians in primary care, addiction medicine, psychiatry and quality improvement, as well as leadership of inpatient, residential, outpatient and detox treatment facilities.

Current barriers to realizing improved public health with Maine's opioid epidemic are as follows: There is strong stigma against people who use drugs, and also against medication-assisted treatment (MAT); medical providers are reluctant to get involved, because of this stigma and also because of a perceived lack of training and expertise; too many affected individuals have inadequate insurance to afford treatment; and there has not been a comprehensive plan to expand treatment services, including MAT in the state funded system, leading to extreme geographical disparities. These disparities contribute directly to the frequency of fatal overdoses. Contrasting this, the Bath/Brunswick area, where a full array of treatment services-integrated with MAT, is available without a wait list, there were no reported overdose deaths in 2015. However, other areas of the state where these services are not readily accessible have experienced a rampant increase in the frequency of fatalities from overdose. We also identified specific populations (pregnant women, adolescents, those involved in the legal system) with special needs that are inadequately addressed.

To address these issues we confidently make the following recommendations for increasing MAT in primary care; rationalizing prescribing for opioids; immediately expanding addiction treatment services-prioritizing the integration of MAT across the state; enhancing availability of insurance, and addressing the needs of special populations.



# **Maine Opioid Collaborative**

## **Treatment Team - Final Team Recommendations**

Co-Chairs, Eric Haram, LADC- Director OPBH, Mid Coast Hospital

and Pat Kimball, LADC- Executive Director, Wellspring

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\*Expanding Access to Evidence Based Treatment for Opioid Dependence in Maine's Publically Funded SUD Treatment System

\*Expanding Access to Evidence Based Treatment for Opioid Dependence, Specialty Populations:

(Community Corrections, Institutions, Drug Courts, Adolescents, Women and Children)

\*Expanding Medication Assisted Treatment (MAT) in Maine's Primary Care System

\*Safe Prescribing Practices

(Prescribing Standards for Chronic Non-Cancer Pain)

Prepared By: Eric Haram, Co-Chair; David Moltz, MD; Dan Perry, Assistant US Attorney

4/30/16

**Expanding Access to Evidence Based Treatment  
for Opioid Dependence in  
Maine's Publically Funded SUD Treatment System:  
Methodology, Measurement and Monitoring**

**Sub Committee Lead: Eric Haram,LADC**

**Director- OPBH, Addiction Resource Center at Mid Coast Hospital  
Treatment Task Force Co-Chair**

<b>Goal #1: Increase access and availability of evidenced based Medication Assisted Treatment (MAT) for Opioid Disorders, uniformly across the publicly funded SUD treatment system in Maine for priority pt. populations 1,2 and 3.</b> <b>Reducing 2015 mortality rates by 50% per year.</b>			
<b>Objective 1: Quantify existing demand and capacity for MAT of opioid dependence by region or district.</b>			
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
Through the use of existing treatment provider wait time measures, express MAT wait times by region for SFY's 11-15, then quarterly thereafter.	<p>Current wait times for accessing MAT for opioid disorders varies greatly by region; the full extent of disparity is unknown, <i>1<sup>st</sup> Q., SFY 2016 average wait for methadone maintenance in central Maine was 70 days;</i></p> <p>Federal Statute CFR 45 Federal Block Grant</p>		WITS and TDS data run as expressed in the tactics below
<b>Tactics:</b>	<b>Existing Resources</b>	<b>Status</b>	<b>Partners</b>
<ol style="list-style-type: none"> <li>Median wait time for the following SUD Treatment services: outpatient, intensive outpatient, short-term residential, and detoxification services.</li> <li>Median wait time for medication-assisted treatment induction (BUP and methadone maint., separately)</li> </ol>	TDS, WITS provider data, Contracting report cards, Incentive and disincentive payment pursuant to contracts		DHHS, SAMHS, Appropriations Committee



<b>Objective 2: Using the above wait time (demand) and percent purchased (capacity) data, develop, purchase and mobilize treatment prioritizing integrated MAT services in a plan-full manner across all regions/districts.</b>			
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
Through the use of existing contracting data, express the percent of MAT purchased in the publicly funded SUD treatment system in Maine. SFY's 11-15, then quarterly thereafter.	To mitigate public health and safety consequences, It is essential that the full variety of evidence based treatment for Opioid Disorders be available on a regional basis.		Data report to express this strategy as detailed in the tactics below
<b>Tactics:</b>	<b>Existing Resources</b>	<b>Status</b>	<b>Partners</b>
<ol style="list-style-type: none"> <li>1. Percent of purchased MAT by contracted level of care (#MAT Contracts/Total # SA OP contracts; /IOP contracts; /Short-term residential tx contracts; /Detox contracts. (%Contract MAT in system by district and state)</li> <li>2. # of half-way houses and extended care residential programs, and the # of those also with MAT contracts.</li> <li>3. # of methadone maintenance programs</li> <li>4. Total dollar amount spent on transportation to methadone maintenance for patients who do not have a program in their own district. Break down by district and statewide.</li> </ol>	Reconcilable contracting data through SAMHS, Purchased Services, Audit, and Appropriations		DHHS, SAMHS, Appropriations

**Objective 3: Purchasing of MAT treatment services, guided by data collected in objectives 1 and 2 above will be reviewed by the Substance Abuse Services Commission as well as quarterly thereafter**

<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
<p><b>Review above data to guide the process of deploying expanded MAT resources, by region in Maine's publicly funded SUD treatment system.</b></p> <p><b>Review purchased system performance data as noted in Tactics below to guide purchasing and or technical assistance deployment to improves system performance to perform within the below stated thresholds.</b></p>	<p>The disparity of access to evidenced based MAT services in Maine's publicly funded SUD treatment system correlates with the current mortality rates for opioid dependent people in Maine.</p> <p><i>(The longer the wait time, the higher the risk for crime, safety and death). Bath/Brunswick's average wait time to MAT is 2-5 days, 2015. No Overdose deaths reported by Bath PD or Mid Coast Hospital ED in 2015</i></p>		<p>Data as noted in Goal 1, objectives 1-3. commitment from DHHS, SAMHS and the Sub. Abuse Services Commission</p>
<b>Tactics:</b>	<b>Existing Resources</b>	<b>Status</b>	<b>Partners</b>
<p>A. All block grant priority 1, 2 and 3 patient populations will access the medically necessary level of care (<i>As per ASAM PPC 2R</i>) within the contracted performance wait time measure thresholds, as stated in (SFY 2015 SAMHS) Incentivized Contract Riders as measured, per pt./ per agency within the WITS and former TDS systems.</p> <p>a. Median wait times outside of these thresholds (3-5 days from first call for help) would signify a need for increased district-</p>	<p>CFR 45 Federal Block Grant Priority Pt. Populations</p> <p>Data from current contracting, audit and compliance systems within SAMHS exists and is readily extractable.</p> <p>Substance Abuse Services Commission(SSC) is currently convening.</p>		<p>DHHS, SAMHS, CSAT,SSC, HHS and AFA Committees</p>

<p>specific capacity within the level of care or integrated service needs.</p> <p>b. For residential treatment services, SFY 2015 occupancy rates, wait times, and # of indigent on the waitlist will evidence the level of capacity and demand for these patient populations.</p> <p>B. All priority 1, 2 and 3 patients must access appropriately integrated and medically necessary medication assisted treatment or methadone maintenance services as evidenced per pt./ per agency within the WITS and former TDS systems.</p> <p>a. Median wait times outside of these thresholds would signify a need for increased district-specific capacity within the level of care. Time frames should not exceed <u>7</u> days from referral to MAT or Methadone Maintenance assessment.</p>			
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**Objective 4: It is recommended that all service line allocations, awards, contracts, amendments or sole source recipients of SUD treatment dollars pursuant to SP 599 LD 1537 be deployed following all above stated guidelines in Goal 1, Objectives 1-4 above.**

<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
<p>Immediately expand MAT services based upon the above expressed capacity, demand and system performance data (objectives 1-3).</p> <p>Immediately expand Recovery Support services in least MAT accessible regions/districts as per previously stated measures.</p> <p>Provide competency based training to Recovery Support workers on Medication Assisted Recovery, as per <a href="http://www.marsproject.org/what-we-offer/">http://www.marsproject.org/what-we-offer/</a></p>	<p>All data itemized to express current capacity and demand, as well as current publically funded SUD Treatment system performance are readily available, making analysis and deployment an expeditious possibility. The allocation of new SUD Treatment dollars pursuant to SP 599 and LD 1537 provide an adequate pool of financial resources to rapidly move forward expanding appropriate MAT services for Maine's population suffering from opioid dependence.</p>	<p>July 1, 2016</p>	<p>Currently all resources exist for this objective, strategy and its corresponding tactics.</p>
<b>Tactics:</b>	<b>Existing Resources</b>	<b>Status</b>	<b>Partners</b>
<p>A. SUD Treatment fund recipients, pursuant to LD 1537 will evidence currently integrated, sustainable MAT services, or credible plans to integrate them as a result of the allocation.</p> <p>B. SUD Treatment Funds deployed pursuant to SP 599 LD 1537 are prioritized to support or enhance Medication Assisted Treatment capacity, currently integrated, with sustained performance as per existing performance measures.</p>	<p>Line items from SP 599 LD 1537</p> <p>Contracting performance data</p> <p>Existing RFP process</p>		<p>DHHS, SAMHS, Drug Courts, Judiciary, Primary Care, Methadone Maint. Programs, existing MAT providers with BUP. MPCA, MMA, MHA, MASAP</p>

**Specialty Populations:**

**Corrections, Drug Courts, Adolescents, and Women and Children**

Sub Committee Leads:

Pat Kimball, Co-Chair; Patty Hamilton; Bob Fowler; Day One

**Maine Opiate Collaborative  
Treatment Taskforce Draft Recommendations for Action:**

<b>Goal #1: To increase expand and improve access to evidence based programs that serve the special populations of woman and children.</b>			
<b>Objective 1: To develop practice protocols for guiding screening for substance use disorders for practicing physician in obstetric and Pediatric services.</b>			
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
<ul style="list-style-type: none"> <li>Promote access for obstetric and pediatric clinicians and office staff for no-cost flexible models for conducting education on substance use disorder and evidence base practice.</li> <li>Promote training to assist all staff working with pregnant women and newborns exposed/affected by substance abuse in understanding substance use disorders and best practices.</li> <li>Promote training and education on breast feeding for professions and mothers on MAT and recovery</li> </ul>			
<b>Tactics:</b>	<b>Existing Resources</b>	<b>Status</b>	<b>Partners</b>
	As a promising practice we recommend the Snuggle ME (PDF-webinar) <a href="https://www.mainequalitycounts.org/page/2-934/snuggle-me-webinar-series">https://www.mainequalitycounts.org/page/2-934/snuggle-me-webinar-series</a> .		Maine Quality Counts, SAMHS, Public Health Nurses, AdCare
<b>Objective 1: To Develop a method to quantify demand and capacity for substance abuse treatment and specifically with the</b>			



*special populations of women and infants born drug exposed.*

<i>Strategy:</i>	<i>Rationale</i>	<i>Start Date</i>	<i>Needed Resources</i>
<ul style="list-style-type: none"> <li>• Work together to develop a data tool that will assist the state in keeping accurate data about screening for SUD in women seeking obstetric care. The data include: <ul style="list-style-type: none"> <li>○ How many people screened positive</li> <li>○ How many people were referred to treatment</li> <li>○ Of those referred how many were admitted to treatment</li> </ul> </li> <li>• Develop a data system to accurately collect data on drug exposed/affected infants which separates infants born drug exposed whose mothers are engaged in MAT programs from those mothers who are using illicit drugs.</li> </ul>			
<i>Tactics:</i>	<i>Existing Resources</i>	<i>Status</i>	<i>Partners</i>
			Maine Quality Counts, SAMHS, Public Health Nursing
<b>Objective 1: To expand access to all level of care for the priority population of women who are pregnant and/or the primary caregiver of a child under the age of six.</b>			
<i>Strategy:</i>	<i>Rationale</i>	<i>Start Date</i>	<i>Needed Resources</i>
<ul style="list-style-type: none"> <li>• Expand residential programs to include more regionalized programs for women and children to be in</li> </ul>			

<p>treatment together.</p> <ul style="list-style-type: none"> <li>• Expand MAT particularly for the number one priority patient which is pregnant women and/or mothers who have children under the age of 6.</li> <li>• Develop best practice care and treatment (including the use of MAT when medically indicated) of women who are in prison or jail who are pregnant.</li> <li>• Expand outpatient clinics to support families and infants born substance exposed or with neonatal abstinence syndrome (NAS) who need medication treatment to safely wean babies off medications and to improve parent infant bonding.</li> </ul>			
<i><b>Tactics:</b></i>	<i><b>Existing Resources</b></i>	<i><b>Status</b></i>	<i><b>Partners</b></i>
	<p>A Maine Promising Practice would be the Mid Coast Hospital Program (See attached: Substance Abuse Treatment in Maine for Opioid Dependence and Mid Coast Hospital Impact on NAS ALOS and Medicaid Expenditures-2015)</p> <p>A Maine Promising Practice is the PCHC and EMMC collaborative <u>model</u></p> <p><u>Collaborative Home Alternative Medication Program</u> (CHAMP) as a promising practice.</p>		<p>Maine Public Nursing, Maine Hospitals, SAMHS/DHHS, Pediatrics, Obstetric Physicians. Maine Quality Counts.</p>
<p><b>Objective 1: To develop a social marketing/public and provider education around substance use disorders (SUD)/opiate use disorder around the number one priority population of women who are pregnant and who are the primary caregiver for a child under the age of 6.</b></p>			

<i>Strategy:</i>	<i>Attachment</i>	<i>Start Date</i>	<i>Needed Resources</i>
<ul style="list-style-type: none"> <li>• Develop a statewide social marketing campaign to reduce the stigma, shame and cultural barriers associated with addiction and MAT services; “normalize” treatment for SUD/opiate use disorder (this statement is from the MAT primary Care subgroup and it is recommended that this be part of our overall statement)</li> <li>• Develop a statewide social marketing campaign about the use of tobacco, alcohol and other drugs, including marijuana and other medications used for nonmedical reasons. (see the American College of Obstetricians and Gynecologists recommendations that are attached.)</li> </ul>	The American College of Obstetricians and Gynecologists recommendations.		
<i>Tactics:</i>	<i>Existing Resources</i>	<i>Status</i>	<i>Partners</i>
			Maine Quality Counts, SAMHS, Healthy Maine Partnerships, Public Health Nursing
<b>Goal 2: To increase access and capacity availability of evidence base practice for adolescent and young adults</b>			
<b>Objective 1: Improve Access to the full continuum of substance abuse treatment for adolescents in all counties in Maine.</b>			
<i>Strategy:</i>	<i>Rationale</i>	<i>Start Date</i>	<i>Needed Resources</i>
<ul style="list-style-type: none"> <li>• Adolescent and their families should be able to access all ASAM</li> </ul>	Maine should follow the Guidelines and principles that were developed by the		



<p>Levels of Care including outpatient, intensive outpatient and residential services. Programs should be located regionally to ensure families are able to be an integrated part of treatment and recovery.</p> <ul style="list-style-type: none"> <li>• Adolescent treatment should follow the criteria of ASAM Level of Care including length of stay.</li> <li>• Increase the capacity to treat girls up to the age of 18 who meet the ASAM Level of care of residential care by opening another residential program.</li> <li>• Expand services by opening a residential program that serves the 18 to 24 year old population.</li> <li>• Expand programs that specialize in evidence base practice for adolescence particularly in regards to Intensive Outpatient Programing.</li> <li>• Expand Family Treatment in all levels of care.</li> <li>•</li> </ul>	<p>National Institute on Drug Abuse (NIDA) for Adolescent Substance Use Disorder Treatment</p>		
<i>Tactics:</i>	<i>Existing Resources</i>	<i>Status</i>	<i>Partners</i>
			DHHS-OCFS, SAMHS,
<i>Objective 2: To develop a plan to ensure the basic needs of adolescents are met (shelter, food and healthcare) which will lead to decrease substance use and increase safety and recovery.</i>			
<i>Strategy:</i>	<i>Attachment</i>	<i>Start</i>	<i>Needed Resources</i>

<ul style="list-style-type: none"> <li>Expand the capacity to increase access for Maine Homeless Youth to have access to safety shelter and healthcare.</li> <li>Navigators should be located at youth homeless shelters to assist in helping youth engage in treatment and/or reunification with their families.</li> </ul>		<i>Date</i>	
<i>Tactics:</i>	<i>Existing Resources</i>	<i>Status</i>	<i>Partners</i>
			SAMHS, DHHS-OCFS
<b>Objective 3: To develop and implement a program to decrease recidivism in our youth being released from the Development Center.</b>			
<i>Strategy:</i>	<i>Rationale</i>	<i>Start Date</i>	<i>Needed Resources</i>
<ul style="list-style-type: none"> <li>Implement a program of Navigators within the Development Centers to work with families to ensure compliance to aftercare for 30 days pre and post release.</li> </ul>	Current studies by SAMHSA state to reduce the human and fiscal cost and consequences of repeated arrests and incarceration for people with behavioral health issues, improved access to behavioral health and other support services must be made available to individuals involved in the criminal and juvenile justice systems. With its justice and law enforcement partners.		
<i>Tactics:</i>	<i>Existing Resources</i>	<i>Status</i>	<i>Partners</i>
			Depart. Of Correction, SAMHS, DHHS-OCFS, Probation and Parole

<b>Objective 4: To Develop and implement a program to increase the rate of high school graduation for youth with a substance use disorder and to increase recovery for adolescents.</b>			
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
<ul style="list-style-type: none"> <li>Opening a Recovery High School based on an evidence based model that will ensure our youth in recovery have a safe learning environment that promotes learning and recovery.</li> <li>Include in High School Alternative Programs a program for adolescents who are identified as at risk for substance use disorders.</li> <li>All Maine Schools should have a strategic plan based on evidence based programs that support prevention, treatment and recovery.</li> <li>Implement a peer mentoring programing in all Middle and Secondary Schools.</li> </ul>	<p>“Recovery schools are a unique intervention that can help students sustain their abstinence, which in many cases can save their lives,” says Kevin Jennings, Assistant Deputy Secretary for Safe and Drug-Free Schools at the U.S. Department of Education. “Throwing kids in recovery back into their old high schools is setting them up to fail, so we need to look for alternatives for them. We do a lot of primary prevention in this country, but the further you go down the spectrum of prevention, treatment and recovery, the less help there is.”</p>		
<b>Tactics:</b>	<b>Existing Resources</b>	<b>Status</b>	<b>Partners</b>
	A promising practice would be the State of Massachusetts and there use of sober high schools.		Department of Education, SAMHS
<b>Goal 3: To increase the availability to access substance use disorder treatment for those involved with the criminal justice system and to reduce recidivism rates.</b>			
<b>Objective 1: To develop and implement a plan that will decrease recidivism in our criminal justice system.</b>			
<b>Strategy:</b>	<b>Rationale</b>	<b>Start</b>	<b>Needed Resources</b>



<ul style="list-style-type: none"> <li>Explore the expansion of Drug Treatment Courts.</li> <li>Expand Drug Treatment Courts to include special populations such as veterans, adolescents, co-occurring and family programs. We realize that these courts currently exist in some areas of Maine but we recommend doing a study to expand to other regions.</li> </ul>	<p>The National Association of Drug Court Professions (NADCP) states that Drug Courts <u>are the most effective justice intervention</u> for treating drug-addicted people. Drug Courts <b>reduce drug use</b>. Drug Courts <b>reduce crime</b>. Drug Courts <b>save money</b>. Drug Courts <b>restore lives</b>. Drug Courts <b>save children and reunite families</b>.</p>	<i>Date</i>	
<i>Tactics:</i>	<i>Existing Resources</i>	<i>Status</i>	<i>Partners</i>
	Maine has 4 adult treatment courts, two family treatment courts, a co-occurring court and veteran's court.		Department of Justice, Department of Corrections, SAMHS
<b>Objective 2: To develop and implement a plan that will decrease the barriers of expanding drug treatment courts in Maine.</b>			
<i>Strategy:</i>	<i>Rationale</i>	<i>Start Date</i>	<i>Needed Resources</i>
<ul style="list-style-type: none"> <li>Develop an education plan to ensure that judges, district attorney offices, and lawyers have the knowledge of best practice for treatment of substance use disorders including the use of Medication Assisted Treatment.</li> </ul>			Funds need to be available to assist those clients entering treatment courts that are uninsured have access to care (care to include treatment and cost of medications) despite no income or financial support or lack of insurance.
<i>Tactics:</i>	<i>Existing Resources</i>	<i>Status</i>	<i>Partners</i>
			Department of Justice, Office of the Attorney General, SAMHS, and Department of

			Correction.
<b>Objective 3: Treatment for substance use disorders available to individuals in treatment specialty courts are evidence based and/or promising practice programs which are defined by SAMHS.</b>			
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
<ul style="list-style-type: none"> <li>Substance abuse treatment available to individuals in all treatment courts will include access to all levels of care including medication assisted treatment.</li> </ul>	<ul style="list-style-type: none"> <li>Drug Treatment Courts programs should follow federal law and allow for FDA approved medications as prescribed according to best practices and as medically indicated.</li> </ul>		Funds to help the uninsured pay for MAT
<b>Tactics:</b>	<b>Existing Resources</b>	<b>Status</b>	<b>Partners</b>
			SAMHS, Department of Justice
<b>Objective 4: To ensure that all law enforcement, problem solving courts team members and members of the judicial branch are provided education in the areas of substance use disorders, co-occurring disorders and evidence base treatment practices.</b>			
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
<ul style="list-style-type: none"> <li>Staff or volunteers who interact with clients engaging in law enforcement opiate intervention programs will receive appropriate supervision and training in the following areas:               <ul style="list-style-type: none"> <li>Availability of area social services resources (treatment, housing, basic services, etc.)</li> <li>Treatment levels of care</li> <li>Professional boundaries</li> </ul> </li> </ul>			

<ul style="list-style-type: none"> <li>○ Health insurance/ MaineCare</li> <li>○ Accessing comprehensive assessment resources</li> <li>○ Crisis intervention</li> <li>○ Legal issues as appropriate</li> <li>• Training for police officers in addictions-related issues</li> <li>• Establishment of “assessment centers” throughout state (or by televideo) where law enforcement agencies could direct clients for level of care assessments.</li> </ul>			
<b><i>Tactics:</i></b>	<b><i>Existing Resources</i></b>	<b><i>Status</i></b>	<b><i>Partners</i></b>
			Police Academy, NAMI, Department of Justice, SAMHS, AdCare
<b><i>Goal</i></b>			
<b><i>Objective 1: To increase</i></b>			
<b><i>Strategy:</i></b>	<b><i>Rationale</i></b>	<b><i>Start Date</i></b>	<b><i>Needed Resources</i></b>
<ul style="list-style-type: none"> <li>• Integrate training on Substance Use Disorders into standard CIT curriculum for police officers</li> <li>• Clarifying role for District Attorney’s offices as pertains to decisions regarding prosecution in instances of individuals presenting to police agencies in which illicit opiate possession or sale is involved?</li> </ul>			



<ul style="list-style-type: none"> <li>• Could direct clients for level of care assessments.</li> </ul>			
<i>Tactics:</i>	<i>Existing Resources</i>	<i>Status</i>	<i>Partners</i>
<b>Goal 4: To ensure that evidence based law enforcement intervention programs are available in the state to decrease overdose deaths, decrease criminalization and increase access to care.</b>			
<b>Objective 1: To increase intervention programs in Maine that ensure immediate access to substance use disorder treatment in local communities through local police departments.</b>			
<i>Strategy:</i>	<i>Rationale</i>	<i>Start Date</i>	<i>Needed Resources</i>
<ul style="list-style-type: none"> <li>• Evaluate law enforcement opiate intervention programs in Maine and nationally. A study should be conducted to assess effectiveness and replication potential of these programs</li> </ul>	Maine is currently developing programs that will assist citizens in seeking treatment for substance abuse disorders by contacting the local police departments.		<p>Funds to conduct research to ensure that programs are following best practice/evidence based program.</p> <p>Expanding treatment programs to ensure immediate access to assessment and levels of care.</p>
<i>Tactics:</i>	<i>Existing Resources</i>	<i>Status</i>	<i>Partners</i>
	Scarborough Maine, Project Hope		Sheriff Association, Police Departments Statewide, SAMHS/DHHS, Maine Attorney Generals Office.
<b>Goal 5: Increase number of Licensed Alcohol and Drug Abuse Counselors (LADC's) in Maine, by reducing barriers to testing and continuing education. (OPFR systems and rule changes)</b>			
<b>Objective 1:</b>			
<i>Strategy:</i>	<i>Rationale</i>	<i>Start Date</i>	<i>Needed Resources</i>
<ul style="list-style-type: none"> <li>• Modernize and remove barriers to</li> </ul>			

both continuing education and testing access for Licensed Alcohol and Drug Abuse Counselors. (LADC's)			
<i><b>Tactics:</b></i>	<i><b>Existing Resources</b></i>	<i><b>Status</b></i>	<i><b>Partners</b></i>
<p>Increase web-based CEU's for LADC's from 10 per year to unlimited.</p> <p>Increase number of allowable CEU's for LADC's from employer in-service from 12 per year to unlimited.</p> <p>Increase number of testing centers for LADC testing from 2, to one per DHHS District.</p> <p>Increase number of LADC testing administrations annually from 2 to 8.</p>			

# **Expanding Medication Assisted Treatment in Primary Care**

**Sub-Committee Lead: Lisa Letourneau, MD**



**Maine Opiate Collaborative  
Treatment Taskforce Recommendations for Action:  
Medication Assisted Therapy (MAT) in Primary Care Practice**

<b>Goal #1: Provide expanded access to safe, effective, and high-quality MAT services in primary care practices throughout Maine</b>			
<b>Objective 1: Provide expanded access to MAT services in primary care practices throughout Maine</b>			
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
<b>I. Promote culture change and public attitudes to reframe the opioid/ heroin epidemic and promote awareness and conversations through social marketing and public and provider education</b>	Current negative attitudes, stigma, and bias in both public and clinical settings present significant barriers to offering and accessing MAT services in primary care settings	ASAP	<ul style="list-style-type: none"> <li>• Funding to support costs of developing and launching social marketing campaign</li> <li>• Partnership with organization experienced in reframing social issues and conducting social marketing campaigns</li> </ul>
<b>Tactics:</b>	<b>Existing Resources</b>	<b>Status</b>	<b>Potential Partners</b>
A. Develop a statewide social marketing campaign to reframe epidemic & reduce the stigma, shame, and cultural barriers associated with addiction and MAT services; “normalize” treatment for Substance Use Disorder (SUD)/Opiate Use Disorder (OUD).			<ul style="list-style-type: none"> <li>• Maine CDC</li> <li>• Municipalities</li> <li>• Schools, colleges, universities</li> <li>• Employers</li> <li>• Retailers</li> </ul>

B. Engage Maine professional associations, clinicians, and provider groups in a statewide awareness and education campaign to raise awareness of the opioid crisis and the urgent need for clinicians to take an active role to reduce opiate use.	e.g. New Jersey's "Do No Harm" campaign for health care providers		<ul style="list-style-type: none"> <li>• Professional associations (e.g. MMA, MOA, MDA)</li> <li>• Licensing boards for prescribing providers</li> <li>• Maine Quality Counts</li> <li>• Provider organizations</li> <li>• Hospitals &amp; health systems</li> <li>• MPCA &amp; FQHCs</li> <li>• MHA</li> </ul>
C. Secure commitment from Maine clinician practice owners – i.e. health systems/Accountable Care Organizations (ACOs), hospitals, Federally Qualified Health Centers (FQHCs) - to address the opioid crisis and support the delivery of MAT services in their primary care community.			<ul style="list-style-type: none"> <li>• Provider organizations</li> <li>• Hospitals &amp; health systems</li> <li>• FQHCs</li> </ul>
D. Set expectations for a minimum level of MAT service capacity in each community, including the development of support & monitoring systems.			<ul style="list-style-type: none"> <li>• Provider organizations</li> <li>• Hospitals &amp; health systems</li> <li>• FQHCs</li> </ul>
E. Strongly encourage primary care residency programs to provide MAT training to clinicians in training.			<ul style="list-style-type: none"> <li>• CMMC, EMMC, MMC, Maine-Dartmouth primary care residency programs</li> </ul>

<p>F. Develop statewide system for offering regionally-based education and training to clinicians and practice teams to build their confidence and competence to initiate and deliver MAT services:</p> <ul style="list-style-type: none"> <li>• Identify and support clinician champions to advocate for participation in MAT (regionally &amp; statewide)</li> <li>• Offer clinicians access to a range of supportive, data-driven collaborative learning models</li> <li>• Offer a range of in-person and distance based training and education options Provide peer support to clinicians and practice teams for addressing OUD and implementing MAT in primary care</li> </ul>	<ul style="list-style-type: none"> <li>• (e.g. Project ECHO Buprenorphine, web-based learning modules)</li> </ul>		<ul style="list-style-type: none"> <li>• Professional associations (e.g. MMA, MOA, MDA)</li> <li>• Licensing boards for prescribing providers</li> <li>• Maine Quality Counts</li> </ul>
<i>Strategy:</i>	<i>Rationale</i>	<i>Start Date</i>	<i>Needed Resources</i>
<p><b>II.Promote clinical recommendations and standards to expand access to MAT in primary care practices</b></p>	<p>Clinical practice in primary care settings currently varies widely in terms of approach to both screening for addiction and offering MAT services</p>	<p>ASAP</p>	<ul style="list-style-type: none"> <li>• Funding to support costs of developing and launching education and training services</li> <li>• Commitments from partnering provider organizations</li> </ul>
<i>Tactics:</i>	<i>Existing Resources</i>	<i>Status</i>	<i>Potential Partners</i>
<p>A. Set expectation that primary care clinicians and practices consistently implement universal screening for SUD/OUD using standardized tools – e.g. Screening and Brief Intervention and Referral for Treatment (SBIRT).</p>			<ul style="list-style-type: none"> <li>• Co-Occurring Collaborative Serving Maine</li> <li>• Provider groups</li> <li>• Hospitals &amp; health systems</li> </ul>



			<ul style="list-style-type: none"> <li>• FQHCs</li> <li>• Maine Medicaid</li> </ul>
B. Develop, promote, and support a community-based approach to providing MAT services in primary care practices that is built on a “hub & spoke” model in which “hubs” provides addiction specialty services, expertise, and support to primary care “spokes”, with formal written agreements between hub and spoke providers for provision and coordination of treatment services.	Vermont Access program		<ul style="list-style-type: none"> <li>• ME DHHS, ME CDC</li> <li>• Provider groups</li> <li>• Hospitals &amp; health systems</li> <li>• FQHCs</li> </ul>
C. Promote access for eligible primary care clinicians to no-cost and flexible models for completing the 8-hour training required by the Drug Addiction Treatment Act of 2000 (DATA-2000) to qualify for the DEA “X-waiver” required to prescribe buprenorphine.	ASAM and AAAP		<ul style="list-style-type: none"> <li>• TBD</li> <li>• CCSME</li> </ul>
D. Develop a model for providing accessible, “on-demand” telephonic expert consultation services from clinicians with expertise in addiction treatment to primary care clinicians and practices that are providing MAT services			<ul style="list-style-type: none"> <li>• Addiction treatment centers</li> <li>• CSAT Mentor Program</li> </ul>

E. Explore potential models for community-based centers to provide support services to primary care MAT providers – i.e. offer centralized services for conducting pill counts and urine drug screens that identify the need to offer those services as a barrier to offering MAT services.			<ul style="list-style-type: none"> <li>Addiction treatment centers</li> <li>Local Pharmacies</li> <li>CDC</li> </ul>
F. Identify potential opportunities for initiating MAT for patients in other acute-care settings (e.g. Emergency Dept. visits, hospitalizations) that can then be referred back to primary care settings	NEJM Recent Study on ED Inductions April 28, 2015 <a href="http://www.pcsmat.org/wp-content/uploads/2015/02/Buprenorphine-Induction-Online-Module.pdf">http://www.pcsmat.org/wp-content/uploads/2015/02/Buprenorphine-Induction-Online-Module.pdf</a>		<ul style="list-style-type: none"> <li>MHA</li> <li>Maine ACEP</li> </ul>
G. Increase prescribing of naloxone rescue kits; encourage providers to consider prescribing naloxone rescue kits when prescribing any opioid or opioid agonist medications.	DHHS CMO Maine Medicaid CDC		<ul style="list-style-type: none"> <li>MMA, MOA</li> </ul>
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
<b>III. Implement policy changes needed to expand access to MAT in primary care practices</b>	Creating a high-quality and sustainable system for providing MAT services in primary care requires supportive policy approaches		<ul style="list-style-type: none"> <li>TBD</li> </ul>
<b>Tactics:</b>	<b>Existing Resources</b>	<b>Status</b>	<b>Partners</b>
A. Develop comprehensive statewide plan for offering regional services to provide assessment and referral to treatment services at the appropriate level of care.			<ul style="list-style-type: none"> <li>ME DHHS, ME CDC</li> </ul>

B. Support federal “Recovery Enhancement for Addition Treatment”, or “TREAT Act” to expand the number and types of MAT providers, with amendment to eliminate requirement for physician oversight of Nurse Practitioners (NPs).			<ul style="list-style-type: none"> <li>• MMA, MOA</li> <li>• ME NP Association</li> </ul>
C. Reduce barriers to treatment by expanding access to health care insurance, including: <ul style="list-style-type: none"> <li>- access to plans available through the federal health exchange and</li> <li>-by expanding Medicaid coverage for uninsured Maine adults who are unable to access other health insurance coverage. -Advocate for changes in health insurance coverage policies to ensure adequate coverage of SUD/OD treatment coverage (including the Maine State Employees health insurance plan).</li> </ul>			<ul style="list-style-type: none"> <li>• Multiple stakeholders</li> </ul>
D. Amend Maine Rule Chapter 21 to remove references to the term “pseudo-addiction”.			<ul style="list-style-type: none"> <li>• ME Board of Osteopathic Licensure</li> <li>• ME Board of Licensure in Medicine</li> <li>• ME Board of Dental Examiners</li> <li>• ME Board of Nursing</li> <li>• ME Board of Podiatric Medicine</li> </ul>



E. Consider amending Maine's Certificate of Need process to require that requests for developing new health care facilities include a plan for addressing community needs related to the opioid crisis and an agreement to provide and/or expand MAT services in primary care.			<ul style="list-style-type: none"> <li>• ME DHHS</li> </ul>
F. Add requirements to the Maine Boards re-licensure process that require providers to complete questions reflecting their knowledge of the current opioid crisis and the value of providing MAT services			<ul style="list-style-type: none"> <li>• ME Board of Osteopathic Licensure</li> <li>• ME Board of Licensure in Medicine</li> <li>• ME Board of Dental Examiners</li> <li>• ME Board of Podiatric Medicine</li> <li>• Legislature</li> </ul>
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
<b>IV. Conduct studies to assess needs related to expanding access to MAT in primary care practices</b>	Study of current and potential models would be beneficial to developing new models in Maine		<ul style="list-style-type: none"> <li>• Funding to support studies</li> </ul>
<b>Tactics:</b>	<b>Existing Resources</b>	<b>Status</b>	<b>Potential Partners</b>
A. Conduct a comprehensive assessment of the current status of the provision of MAT services in primary care practices in Maine.			<ul style="list-style-type: none"> <li>• SAMHS</li> <li>• USM Muskie</li> <li>• Maine Quality Counts</li> <li>• CCSME</li> </ul>
B. Conduct a study of best practices for providing MAT services in primary care nationally and in Maine	<ul style="list-style-type: none"> <li>• <u>Vermont hub &amp; spoke model</u> for providing MAT services</li> </ul>		<ul style="list-style-type: none"> <li>• SAMHS</li> <li>• USM Muskie</li> <li>• Maine Quality Counts</li> </ul>
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
<b>V. Identify additional funding to support to expanded access to MAT services in primary care practices</b>	Additional funding is needed to expand access to MAT services in primary care settings		<ul style="list-style-type: none"> <li>• Grant writing support</li> </ul>

<i><b>Tactics:</b></i>	<i><b>Existing Resources</b></i>	<i><b>Status</b></i>	<i><b>Partners</b></i>
A. Actively seek out and accept all available sources of federal funding to expand and support MAT services in primary care settings –	e.g. SAMHSA Targeted Capacity Expansion (TCE) program, HRSA, AHRQ grants for expanding MAT in primary care.		<ul style="list-style-type: none"> <li>• SAMHS</li> <li>• USM Muskie</li> <li>• Maine Quality Counts</li> <li>• CCSME</li> </ul>
B. Identify state, private foundation, and/or other funding sources to support the development of regionally-based education and training to clinicians and practice teams to deliver MAT services.			<ul style="list-style-type: none"> <li>• Grant writing services</li> </ul>
C. Change State of Maine regulations to reimburse municipalities at 100% of costs incurred for providing MAT to low income individuals who cannot otherwise get access to needed medication.			<ul style="list-style-type: none"> <li>• TBD</li> </ul>
D. Provide primary care practices with access to and education on all available medication assistance programs that can cover costs of MAT for individuals without prescription coverage.	<a href="http://www.goodrx.com">www.goodrx.com</a>  Manufacturer Pt. Assistance Programs		<ul style="list-style-type: none"> <li>• TBD</li> </ul>
E. Encourage FQHCs that are contacted to provide 340B pharmacy services to provide MAT services.			<ul style="list-style-type: none"> <li>• MPCA</li> </ul>
<b>Objective 2: Ensure that a Maine system for providing expanded MAT services in primary care settings is delivering high-</b>			

<b>quality and safe care</b>			
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
<b>I. Promote policy changes to ensure that expanded MAT services in primary care setting are delivering high quality and safe care</b>	Efforts to expand access to MAT services must ensure that the services being delivered are high-quality		•
<b>Tactics:</b>	<b>Existing Resources</b>	<b>Status</b>	<b>Partners</b>
A. Support an amendment to the federal TREAT Act to clarify/ add appropriate oversight of MAT prescribers.			• MMA, MOA
B. Advocate for changes at the federal level to permit reporting of methadone prescribed in methadone treatment centers in Maine's Prescription Monitoring Program (PMP).			<ul style="list-style-type: none"> <li>• MMA, MOA</li> <li>• Maine Attorney General's Office</li> <li>• SAMHS</li> </ul>
C. Amend current regulations to support high quality and safe prescribing practices – eg. <ul style="list-style-type: none"> <li>• Require systematic review of provider prescribing patterns for opioids</li> <li>• Develop system for notifying providers when high-risk prescribing is noted</li> </ul>			<ul style="list-style-type: none"> <li>• Maine Board of Licensure in Osteopathic Medicine</li> <li>• Maine Board of Licensure in Medicine</li> <li>• DEA</li> <li>• SAMHS</li> </ul>
D. Change MaineCare prescribing rules to allow use of generic suboxone tablets as a preferred form of treatment (in addition to the branded film form of suboxone) to reduce the potential for diversion particularly in jails and prisons, and to allow for the use of bubble packs for more accurate pill counts.			• MaineCare



E. <i>Strategy:</i>	<i>Rationale</i>	<i>Start Date</i>	• <i>Needed Resources</i>
• <b>II. Support studies to ensure that expanded MAT services in primary care setting are delivering high quality and safe care</b>	Best practices for delivering high quality & safe MAT services should be identified		• Funding to support study
F. <i>Tactics:</i>	<i>Existing Resources</i>	<i>Status</i>	• <i>Partners</i>
Conduct study of best practices nationally and in Maine for providing high quality and safe MAT services in primary care.			• SAMHS • USM Muskie Maine Quality Counts
<i>Strategy:</i>	<i>Rationale</i>	<i>Start Date</i>	• <i>Needed Resources</i>
<b>III. Pursue funding to ensure that expanded MAT services in primary care setting are delivering high quality and safe care</b>	Funding is needed to support ongoing education for providers delivering MAT services		• Funding to support MAT education to providers Grant writing services
A. <i>Tactics:</i>	<i>Existing Resources</i>	<i>Status</i>	• <i>Partners</i>
Identify funding to support ongoing education and training to primary care clinicians and practices to ensure that primary care MAT prescribers are delivering high quality and safe MAT services.			• SAMHS • USM Muskie Maine Quality Counts

# **Prescribing Standards for Chronic, Non-Cancer Pain**

**Sub-Committee Lead: Noah Nesen, MD**

**Maine Opiate Collaborative  
Treatment Taskforce Draft Recommendations for Action:**

<b>Goal #1:</b> Reduce harm from prescription opioids by creating standards for practices			
<b>Objective 1:</b> Reduce over-prescribing of opioids for chronic non-cancer pain			
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
Provide education and peer support for providers and practices by using and expanding upon existing resources	Over-prescribing of opioid pain medications in the treatment of chronic non-cancer pain has contributed to steep increases in rates of opioid overdose and addiction, . High doses of prescription opioids dramatically increase the risk of accidental overdose, may worsen pain, may not help chronic pain, and contribute to the overall number of pills introduced into our communities. Maine is estimated to have over 16,000 people on doses of over 100 MED daily.	June 1, 2016	See attached document. Peer support for providers and practitioners making this transition is helpful in this process.
<b>Tactics:</b>	<b>Existing Resources</b>	<b>Status</b>	<b>Partners</b>
Encourage more and new practices to participate in the Maine Chronic Pain Collaborative, encourage the formation of community and regional standards, support practices in adhering to newly emerging, evidence based standards.	Maine Chronic Pain Collaborative, MMA education efforts, MICIS, CDC guidelines, Johns Hopkins guidelines, AHRQ evidence summary, likely new law creating ceiling doses and monitoring requirements, Choosing Wisely	All currently active and ongoing	MQC, MICIS, MMA, willing peer supports, PainNet, Pain ECHO, Pain e-consults  See attached document
<b>Objective 2:</b> Reduce combinations of opioids and benzodiazepines			
<b>Strategy:</b>	<b>Rationale</b>	<b>Start Date</b>	<b>Needed Resources</b>
Provide education and peer support for providers and practices by using and expanding upon existing resources	The combination of opioids and benzodiazepines carry a dramatic increase in the risk of overdose	June 1, 2016	See attached document. Peer support for providers and practitioners making this



			transition is helpful in this process. Specific education on indications for and safe use of benzodiazepines
<b><i>Tactics:</i></b>	<b><i>Existing Resources</i></b>	<b><i>Status</i></b>	<b><i>Partners</i></b>
Request MICIS to develop module on benzodiazepine prescribing, encourage uptake of Choosing Wisely resources, Recruit critical partner organizations	MICIS, Bangor Area Controlled Substance Work Group standards on benzodiazepine prescribing and informed consent, Choosing Wisely	BACSWG resources currently available. MICIS ma have to develop module.	MQC, PCHC, MICIS, MMA, MAPP?, willing peer support, AARP, Area Agencies on Aging
<b>Objective 3: Monitor for abuse and diversion of opioids</b>			
<b><i>Strategy:</i></b>	<b><i>Rationale</i></b>	<b><i>Start Date</i></b>	<b><i>Needed Resources</i></b>
Provide education and peer support for providers and practices by using and expanding upon existing resources	Practices tend not to screen for Opioid Use Disorder or other Substance Use Disorders when initiating or maintaining chronic opioid prescriptions  Diversion is a source of pills which are abused.	June 1, 2016	See attached document. Peer support for providers and practitioners making this transition is helpful in this process.
<b><i>Tactics:</i></b>	<b><i>Existing Resources</i></b>	<b><i>Status</i></b>	<b><i>Partners</i></b>
Implement team based approaches to critical monitoring techniques, including routine use of SUD screening tools, pill counts, drug screens, review of PMP and use of Diversion Alert, share best practices and scripting, partner with pharmacists	PMP, Diversion Alert, Maine Chronic Pain Collaborative  Validated tools, peer supports	Currently available	PMP, MQC, Diversion Alert, MDEA, MPA, MAPP

**Objective 4: Improve management of chronic pain**

<b><i>Strategy:</i></b>	<b><i>Rationale</i></b>	<b><i>Start Date</i></b>	<b><i>Needed Resources</i></b>
Provide education and peer support for providers and practices by using and expanding upon existing resources	NIH estimates that over 70% of people with chronic pain do not receive proper treatment. Opioids have become substitute for comprehensive, evidence based treatment.	June 1, 2016	See attached document. Peer support for providers and practitioners making this transition is helpful in this process
<b><i>Tactics:</i></b>	<b><i>Existing Resources</i></b>	<b><i>Status</i></b>	<b><i>Partners</i></b>
Provider and public education on treatment of chronic pain	Maine Chronic Pain Collaborative, MICIS modules on chronic pain, PainNet, Pain ECHO, Pain e-consults, Pain specialists, providers of alternative treatment modalities, The American Chronic Pain Association	Currently available, limited in some regions	MICIS, MMA, Maine Chronic Pain Collaborative

**Maine Opioid Collaborative**  
**Law Enforcement – Statement of Purpose**

Prepared by:  
Portland Police Chief Michael J. Sauschuck, Co-Chair  
Sagadahoc County Sheriff Joel Merry, Co-Chair

The current opiate epidemic in Maine has created a public health and public safety dynamic that has placed overwhelming demands on law enforcement, the state court system, and jails. To address this situation, law enforcement agencies must approach this dynamic from both the public health and public safety aspects. Law enforcement agencies recognize components of this crisis (e.g. low level users) are a public health issue and addressing those components through health services including diversion and drug court programs is essential. On the other hand, the persons supplying the heroin or possessing firearms during their drug crimes present serious public safety threats to communities throughout Maine and law enforcement must address that threat with informed and coordinated enforcement efforts. Reducing demand by treating the customer base while at the same time aggressively targeting the most dangerous drug traffickers will be the most efficient and expeditious manner to resolve this crisis.

The goal of this task force was to develop recommendations from a law enforcement perspective to recognize areas of need and to identify solutions to address this epidemic. The law enforcement group consisted of representatives from Maine's Sheriffs, Chiefs of Police, the Attorney General's office, Maine Drug Enforcement Agency, the Medical Examiner's office, Maine State Police, the Department of Public Safety, the National Guard, the Fusion Center, the District Attorneys, the United States Attorney's office, and the U.S. Drug Enforcement Administration.

The law enforcement task force quickly identified five areas of discussion and established subcommittees in order to develop recommendations covering each of the five subject areas:

1. Cultural/Attitudinal Education and Training
2. Investigation
3. Law Enforcement Community Initiatives
4. Problem Solving Courts
5. Custodial Treatment & Re-Entry with Treatment

Through the course of its work, the task force ultimately made the following recommendations: train all existing and new law enforcement personnel on the science of substance use disorders; identify, investigate, and prosecute the most dangerous drug traffickers; support and encourage effective law enforcement diversion programs; increase statewide access to effective problem solving courts; and, provide custodial treatment for county jail inmates with substance use disorders and to provide case management services for re-entry into the community.





# **LAW ENFORCEMENT TEAM RECOMMENDATIONS**

## **I. GOAL - Destigmatize Substance Use Disorders within the law enforcement profession.**

### **A. OBJECTIVE - Develop and implement a Substance Use Disorder training block for the Maine Criminal Justice Academy's January 2017 Basic Law Enforcement Training Program class that covers the basic science behind these disorders while incorporating a humanizing component.**

- 1. Strategy 1 -** Collaborate with members of the prevention team to develop or adapt an existing training program.
- 2. Strategy 2 -** Collaborate with members of the prevention, treatment, enforcement, and recovery communities to develop a panel style conversation with new cadets.

### **B. OBJECTIVE - Develop and implement a Substance Use Disorder training block to be approved and mandated as an in-service class for all law enforcement by the Maine Criminal Justice Academy Board of Trustees for 2017.**

- 1. Strategy 1 -** Collaborate with members of the prevention team to develop or adapt an existing training program.
- 2. Strategy 2 -** Collaborate with members of the prevention, treatment, enforcement, and recovery communities to develop a panel style conversation with certified law enforcement officers from across the state whenever possible. If the logistics surrounding this portion of the strategy are found to be too difficult then personalized videos from families and individuals in recovery should be incorporated.

## **II. GOAL - Identify, Investigate, and prosecute most dangerous drug traffickers**

### **A. Increase successful prosecutions of out of state suppliers (located out of state) and death resulting cases by 100% for 2017**

#### **1. Strategy 1 - Improve Intelligence Gathering and Sharing**

- a) Acquire a statewide intelligence sharing program for state and local law enforcement to utilize.
- b) Encourage Use of DICE (US DEA's Deconfliction and Coordination Endeavor software).
- c) Eliminate cultural and attitudinal barriers to law enforcement information sharing.
  - (1) Secure Memoranda of Understanding ( MOUs) from law enforcement agencies and the Maine Information and Analysis Center for access/sharing of records management systems. (Ex. Spillman Insight)
  - (2) Improved attendance and participation at regional intel/information sharing meetings.
  - (3) Outreach by NE HIDTA drug intelligence officer from within the MIAC to law enforcement agencies within Maine and New England.
  - (4) Increased collaboration and information sharing between the public safety and public health communities<sup>1</sup> to identify traffickers who present significant public health threats MIAC's public health analyst (HIDTA) needs to coordinate MOUs with the agencies specified below to include entering into data sharing agreements

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<sup>1</sup> Maine Emergency Medical Services (EMS)

B. Maine Health Data Organization (MHDO)  
C. Maine Office of the Chief Medical Examiner (OCME)  
D. Northern New England Poison Center (NNEPC)  
E. Drug Diversion Alert Program  
F. Office of Data, Research and Vital Statistics (ODRVS)  
G. Prescription Monitoring Program (PMP)  
H. Treatment Data System (TDS)



**2. Strategy 2 - Coordinate local, state, and federal drug enforcement investigatory resources**

- a) Establish investigatory and prosecutorial protocols so federal and state drug enforcement agencies conduct investigations targeting interstate drug suppliers collaboratively and integrate their respective resources.
- b) Convene a meeting in June 2016 of all state and federal drug enforcement organizations to discuss collaborative efforts targeting most serious drug traffickers.

**3. Strategy 3 - Emphasizing death/serious injury resulting investigations and prosecutions**

- a) Communicate to appropriate federal, state, and local law enforcement agencies which agency will have initial and primary responsibility over death resulting aspect of the investigation
- b) Consider change to Attorney General Protocol on Drug Death investigations regarding response to these investigations.
- c) Establish and emphasize mentality that every death/serious injury resulting from an overdose should be treated as crime scene.
- d) Establish and implement a training module addressing specific investigatory dynamics involved in a death resulting investigation which not only involves the crime scene but providing support to victims family with information to family/friends related to support groups and substance use disorder resources
- e) Consider changing statutory language so that proof of causation is not higher "in fact" standard but instead enhanced penalties would be available when drug supplied was "substantial contributing factor" to death/serious injury
- f) Drug enforcement agents will work with MIAC to identify locations with high concentration of overdoses (fatal/non-fatal)

### **III. GOAL - Support and Encourage Effective Pre-Charge Law Enforcement Programs**

#### **A. Objective - Every prosecutorial district/public health district should have an effective Pre- Charge Diversion Program**

- 1. Strategy** – Develop a treatment/recovery resource in each prosecutorial district that would be available to all law enforcement agencies in that jurisdiction to contact for treatment/recovery services.
  - a) Each public health district must have an infrastructure that promotes collaboration between law enforcement and treatment/recovery resources in each jurisdiction so that appropriate individuals can be referred by law enforcement before charging process to appropriate services in that jurisdiction.
  - b) Develop tracking system of recidivism rates to determine the effectiveness of the diversion programs to guide treatment options provided through diversion programs to determine best treatment for this population.

### **IV. GOAL - Make Problem Solving Courts available for every appropriate defendant.**

#### **A. Objective - Create capacity in PSCs to serve all persons who would benefit from PSC**

- 1. Strategy** – Increase capacity of Maine Problem Solving Courts (PSCs).
  - a) Seek state and federal funding to expand PSC capacity including monies for facilities, case managers, judges, prosecutors, and treatment providers.
  - b) Specifically consider seeking federal grant funding to create a pilot project PSC that addresses different population than presently served.

#### **B. Objective - Develop best evidence based treatment approaches for populations served in Maine PSCs**

- a) Develop tracking system of recidivism rates to determine the effectiveness of the PSCs and guide treatment options provided through PSCs to determine best treatment for population served in PSCs.

**V. GOAL - Provide custodial treatment for county jail inmates with substance use disorders.**

**A. Objective: Create custodial treatment programs in participating county jails using intensive and comprehensive therapy that allows offenders to overcome addiction and remain substance free upon re-entry into the community. The treatment program will also identify co-occurring mental health disorders that may also be address during incarceration.**

**1. Strategy:** Develop programs at a county jail facility (first priority will be program for female offenders) that will provide intensive substance abuse treatment and behavior modification to prepare offenders for release into community based treatment or into an intermediate sanction either as part of probation or participation in a drug court.

- a) A main ingredient of the treatment will be to establish natural supports for the offender during their incarceration. One proposed concept entails a "success committee" that will meet regularly with the offender, establishing a release plan that will include support from family, the business community, a faith based organization, and law enforcement.

**VI. GOAL - Provide case management services for re-entry.**

**A. Objective: In conjunction with the natural supports, develop and implement a recovery coaching model program to assist inmates as part of transition back into the community implementation by January 2017.**

**1. Strategy:** Recovery coaches know the challenges to overcome drug addiction and will serve as a support system (similar to an AA Sponsor) to encourage positive change, helping persons adjust to freedom while avoiding relapse. Also, recovery coaches will work on life goals not related to addiction such as relationships, work, education etc.