

Maine Opioid Response Strategic Action Plan

Introduction

Maine has been hit hard by the opioid epidemic. Between 2010 and 2018, 2289 individuals died from an opioid-related overdose. Even now, we are losing more than six Mainers every week, on average, to a drug overdose. These are our neighbors, our colleagues, our friends, and our family members. We owe it to each of them, and to the tens of thousands of Mainers currently living with the chronic illness of addiction, to do more to break this deadly cycle. Too many Maine youth are experiencing traumatic events, and too many are experimenting with nicotine, alcohol, and marijuana that increase their risk of addiction. For people with an opioid use disorder, finding treatment that is affordable, immediate, and local can be extremely difficult. Equally troubling, many people in recovery continue to face stigma in their communities and a shortage of housing, transportation, and employment opportunities that could return hope and connectivity.

5 Focus Areas ▶ 9 Priorities ▶ 20 Strategies ▶ 1 Goal

This plan is designed to confront the epidemic of substance use disorder (SUD) and opioid use disorder (OUD) with evidence-based strategies that are targeted and tailored for maximum impact in Maine. The Maine Director of Opioid Response will oversee this plan, work collaboratively with state and local partners, and report regularly on progress.

LEADERSHIP

A: Take decisive, evidence-based and community-focused actions in response to Maine's opioid crisis

PREVENTION

B: Prevent the early use of addictive substances by children and youth
C: Reduce the number of prescribed and illicitly obtained opioids

OVERDOSE RESCUE

D: Make naloxone available to anyone who needs it
E: Maximize data to reduce harm

TREATMENT

F: Ensure the availability of treatment that is local, immediate, and affordable
G: Promote the understanding and use of harm reduction strategies

RECOVERY

H: Support individuals in recovery
I: Build and support recovery-ready communities

OUR GOAL

Reduce the negative health and economic impacts of substance use disorder and opioid use disorder on individuals, families, and communities in Maine

Focus Areas, Priorities, Strategies & Activities

LEADERSHIP

Priority A: Take decisive, evidence-based and community-focused actions in response to Maine's opioid crisis

Strategy #1: Provide strong state-level leadership for prevention, overdose rescue, treatment, and recovery

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|---|---|
| <ul style="list-style-type: none"> a. Make SUD/ODU response a top priority of the Mills administration with use of Executive Order and the establishment of a Director of Opioid Response, Prevention & Recovery Cabinet, and an Opioid Coordinating Council at the Maine Department of Health and Human Services (DHHS) b. Develop a SUD/ODU Strategic Action Plan c. Ensure dedicated staff to support implementation of Strategic Action Plan d. Host an Annual Statewide Opioid Response Summit e. Build collaborative relationships with local, state, and national stakeholders and philanthropic organizations f. Create the Governor's Office of Policy, Innovation & Future (GOPIF) web page for SUD/ODU | <ul style="list-style-type: none"> g. Regularly review and enhance the Opioid Response Strategic Action Plan h. Enhance the GOPIF webpage for SUD/ODU i. Secure and publicly promote leadership commitments from key stakeholders j. Expand the 2020 Opioid Response Summit to include an additional half-day of workshops and an evening reception k. Support additional recovery events in local communities |

Strategy #2: Increase public understanding and reduce the stigma of SUD/ODU

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|---|--|
| <ul style="list-style-type: none"> a. Develop and implement an evidence-based public messaging campaign b. Conduct outreach and education opportunities for health care providers c. Host and participate in forums, presentations, and recovery events in local communities and key sectors | <ul style="list-style-type: none"> d. Educate emergency department providers and support staff e. Educate law enforcement, including Maine Criminal Justice Academy curriculum and continuing education f. Conduct outreach and education opportunities for Emergency Medical Services (EMS) and other first responders g. Work with employers to promote treatment and recovery-friendly worksites h. Educate additional health care providers i. Engage municipal governments and business associations to improve understanding and take supportive actions |

Strategy #3: Maximize the collection of actionable data and evaluate the impact of interventions

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|---|--|
| <ul style="list-style-type: none"> a. Support the Statewide Epidemiology Outcomes Workgroup (SEOW) and its online dashboard b. Create a data system and online dashboard to inform policy and increase public transparency c. Evaluate prevention programs | <ul style="list-style-type: none"> d. Develop and implement a surveillance and evaluation plan e. Communicate evaluation results to policymakers and the public f. Enhance the data dashboard to integrate data sources and systematize regular updates g. Support efforts to align state and federal guidelines on SUD data-sharing |

PREVENTION

Priority B: Prevent the early use of addictive substances by children and youth

Strategy #4: Support healthy early childhood development

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|---|---|
| <ul style="list-style-type: none"> a. Pursue funding for integrated models of care for pregnant and parenting women, such as the Maternal Opioid Misuse (MOM) initiative b. Maintain a Maternal SUD and Substance-Exposed Infant (SEI) Task Force and annual SEI conference c. Dedicate staff and funding to decrease the number of substance-exposed and substance-affected infants d. Support access to LARC (long-acting reversible contraceptives) e. Promote evidence-based approaches to treating substance-affected infants, including use of Eat, Sleep, Console and Snuggle ME guidelines f. Ensure that all substance-exposed infants have a Plan of Safe Care g. Support state efforts to thoroughly review infant and child mortality data h. Promote early childhood education and social and emotional learning skills for children and youth | <ul style="list-style-type: none"> i. Develop a statewide strategic workplan for addressing the prevention and treatment of Substance Exposed Infants in Maine. j. Expand the availability of Home Visiting and Public Health Nurses k. Promote educational information and skill-building for parents and families, including evidence-based programs to develop effective parenting skills l. Provide education and training opportunities for child care providers m. Expedite the implementation of social & emotional learning in all schools |

Strategy #5: Reduce adverse childhood experiences (ACEs) and promote life skills and resiliency for all youth

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|--|--|
| <ul style="list-style-type: none"> a. Promote awareness and education on the prevention of ACEs b. Amend MaineCare policies to provide education and support for parents | <ul style="list-style-type: none"> c. Explore the evidence base and potential target audiences for trainings on childhood brain development, ACEs, and SUD prevention d. Provide ACEs education and training for high-risk communities and/or families e. Explore the creation of ACEs Response Teams to support children exposed to violence |

Strategy #6: Identify and support youth at risk for developing a substance use disorder

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|--|---|
| <ul style="list-style-type: none"> a. Provide trauma-informed, evidence-based education and trainings to high-risk youth b. Include information on SUD treatment for adolescents in online content c. Strengthen school and community-based approaches to SUD/ODU prevention d. Provide support for Teen Centers e. Support restorative justice practices | <ul style="list-style-type: none"> f. Conduct research on co-occurring conditions g. Increase the number of children's behavioral health counselors, especially in rural areas h. Increase the number of mental health/behavioral health (MH/BH) counselors and/or social workers in schools i. Increase restorative justice practices in schools j. Promote the use of SBIRT (Screening, Brief Intervention & Referral for Treatment) for early use of addictive substances in primary care & other youth settings k. Expand mental health first aid training in schools l. Develop and distribute Maine-specific and trauma-informed programs and curricula at no cost to all public schools |

Strategy #7: Expand community partnerships to educate and engage youth, families, and communities

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|---|--|
| <ul style="list-style-type: none"> a. Promote community-based efforts to educate and engage parents and youth on risks of early use of addictive substances b. Promote opportunities to engage youth in healthy activities c. Support community youth organizations d. Contract with community coalitions to provide evidence-based programming | <ul style="list-style-type: none"> e. Promote healthy outdoor after-school activities, such as the Icelandic Model f. Conduct education for parents and providers on the impact of early use of addictive substances and how to reduce early use among children and youth g. Develop and implement a networked campaign of messaging and materials to reduce early use of addictive substances and vaping devices |

Strategy #8: Develop and pilot a primary prevention project tailored specifically for Maine's rural communities

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|---|--|
| <ul style="list-style-type: none"> a. Support opioid response planning activities in rural communities | <ul style="list-style-type: none"> b. Provide interdepartmental support and participation in efforts among partners to design an evidence-informed rural prevention model |

Priority C: Reduce the number of prescribed and illicitly obtained opioids

Strategy #9: Improve the safety of opioid prescribing

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|---|---|
| <ul style="list-style-type: none"> a. Support clinician adherence to evidence-based guidelines for opioid prescribing b. Offer the Controlled Substances Stewardship program to practices & providers to assist with tapering opioids c. Enhance the prescription monitoring program (PMP) d. Design and implement a social media/marketing campaign to promote importance of limiting availability of prescribed opioids e. Support drug take-back days | <ul style="list-style-type: none"> f. Use PMP data to identify and engage high prescribing outliers g. Evaluate expansion of the Controlled Substances Stewardship Program h. Add additional academic detailing programs |

Strategy #10: Reduce illicit opioid supply

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|--|----------------------------|
| <ul style="list-style-type: none"> a. Strengthen law enforcement efforts to intercept and decrease illicit drug supply b. Aggressively prosecute drug traffickers c. Purchase Field Drug Test Equipment | |

OVERDOSE RESCUE

Priority D: Make naloxone available to anyone who needs it

Strategy #11: *Ensure broad distribution of naloxone and its availability to high risk individuals*

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|---|---|
| <ul style="list-style-type: none"> a. Purchase and distribute 35,000 doses of naloxone to law enforcement and other first responders, Recovery Community Centers, correctional facilities, and overdose prevention programs b. Pilot naloxone distribution in county jails c. Support a naloxone education module for pharmacists d. Reimburse MaineCare providers for co-prescribing naloxone with Medications for Addiction Treatment (MAT) | <ul style="list-style-type: none"> e. Educate health care providers about the opportunities and importance of prescribing naloxone, including co-prescribing naloxone with opioids f. Evaluate naloxone purchase and distribution program |

Strategy #12: *Increase public awareness of overdose prevention and use of naloxone*

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|--|--|
| <ul style="list-style-type: none"> a. Provide education on overdose prevention and treatment resources at naloxone distribution sites b. Implement a public education campaign on identifying overdose and the use of naloxone | <ul style="list-style-type: none"> c. Evaluate the public education campaign d. Broaden public education efforts |

Priority E: Maximize data to reduce harm

Strategy #13: *Improve overdose tracking*

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|---|--|
| <ul style="list-style-type: none"> a. Promote the use of ODMAP (an overdose mapping tool) b. Enhance the online dashboard with overdose data c. Share overdose spike data with clinicians and community partners; promote appropriate response | <ul style="list-style-type: none"> d. Integrate overdose mapping data (ODMAP) into the data dashboard |

TREATMENT

Priority F: Ensure the availability of treatment that is local, immediate, and affordable

Strategy #14: Improve patient access to Medications for Addiction Treatment (MAT), with special efforts to reach populations most at risk

| CURRENT AND SCHEDULED ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|---|---|
| <ul style="list-style-type: none"> a. Survey and map Maine MAT prescribers and counselors b. Pursue federal funding and waivers to assess and strengthen Maine's system for treatment and recovery c. Evaluate Maine's 2-1-1 information-sharing system d. Strengthen treatment for pregnant and parenting women e. Support emergency departments in adding MAT f. Support county jails in adding MAT g. Develop a MaineCare payment model and plan for improving SUD treatment and recovery resources for newly released individuals h. Pilot an enhanced MAT program in Washington County | <ul style="list-style-type: none"> i. Work with the Department of Corrections and county jails to identify sustainable funding to provide MAT universally j. Assess need and fill gaps in treatment capacity for adolescents k. Create a treatment and recovery services locator tool, including a database and systems for outreach and real-time updates l. Support the Wabanaki nations in creating a Maine-based treatment and recovery center, potentially available to all m. Provide education and create payment models to support the provision of integrated MAT in pregnancy n. Pilot and evaluate mobile MAT services |

Strategy #15: Increase MAT provider capacity, particularly capacity for providing low barrier, rapid access to treatment

| CURRENT AND SCHEDULED ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|--|--|
| <ul style="list-style-type: none"> a. Build upon existing and alternative MaineCare payment and benefits models, including the Opioid Health Homes (OHH) program b. Pursue a Department of Health & Human Services (DHHS) rulemaking change to allow the use of telehealth for MAT c. Build a statewide system for providing education and technical assistance support for MAT providers | <ul style="list-style-type: none"> d. Secure leadership commitments from health systems and provider groups to increase their number and capacity of MAT (X-waivered) clinicians e. Allocate resources to ensure adequate reimbursement to treatment providers across the range of services f. Assess and update reimbursement system to maximize counseling capacity g. Pilot the use of digital technology, including telehealth, to deliver MAT and support patient monitoring h. Assess transportation needs to ensure access to MAT appointments i. Support additional capacity for "bridging" from MAT induction to maintenance treatment and recovery j. Assess the capacity of Federally Qualified Health Centers (FQHCs) to offer MAT rapid induction and bridging capacity, especially in rural areas k. Develop a robust program for MAT education and technical assistance for clinicians l. Provide education and training on the Contingency Management & Community Reinforcement approach for stimulant use disorder |

Priority G: Promote the understanding and use of harm reduction strategies

Strategy #16: Educate providers, patients, and the public on harm reduction approaches and strategies

| CURRENT AND SCHEDULED ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|---|--|
| <ul style="list-style-type: none"> a. Allocate funding to support existing and new syringe exchanges b. Promote bidirectional referrals between syringe exchange programs, primary care, MAT, and other health services, including the diagnosis and treatment of hepatitis C and HIV | <ul style="list-style-type: none"> c. Contract with organizations with content expertise to provide education and training on harm reduction strategies |

RECOVERY

Priority H: Support individuals in recovery

Strategy #17: Support recovery for youth and adults with SUD/ODD

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|---|--|
| <ul style="list-style-type: none"> a. Provide recovery supports for youth with SUD/ODD b. Provide recovery and employment support for adults with SUD/ODD | <ul style="list-style-type: none"> c. Provide more supports, including case management and recovery support specialists, to assist individuals coming out of incarceration in maintaining their recovery d. Evaluate the need and sustainability of a "Recovery High School" |

Strategy #18: Support alternatives to incarceration

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|--|--|
| <ul style="list-style-type: none"> a. Promote pre-arrest diversion programs and treatment alternatives to incarceration b. Evaluate Maine's Drug Court programs c. Expand the Diversion Academy model d. Expand the law enforcement Embedded SUD Liaison/Navigator model | <ul style="list-style-type: none"> e. Support additional pre-arrest programs, such as law enforcement assisted diversion (LEAD) f. Pilot and evaluate an enhanced Drug Court program that includes additional case management services |

Strategy #19: Increase recovery coaching services

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|--|--|
| <ul style="list-style-type: none"> a. Support peer recovery coach trainings b. Expand peer recovery coaches to emergency departments initiating MAT c. Expand peer recovery coach capacity through community recovery centers | <ul style="list-style-type: none"> d. Host an education and coordination conference for recovery coaches, including recovery coaches who are incarcerated e. Evaluate cost and establish payment codes for recovery coaching f. Create a comprehensive list of all certified (CCAR) recovery coaches in the state, regardless of their source of training |

Priority I: Build and support recovery-ready communities

Strategy #20: Increase community-based recovery supports

| CURRENT ACTIVITIES | PRIORITY FUTURE ACTIVITIES |
|--|---|
| <ul style="list-style-type: none"> a. Assess and strengthen Maine's recovery support system b. Pursue rulemaking for voluntary certification of recovery housing c. Fund additional recovery housing units d. Fund a system of community-based recovery centers e. Map existing SUD/ODD community coalitions f. Support Employment Specialists embedded in OHH sites | <ul style="list-style-type: none"> g. Increase funding for safe and affordable housing for individuals in recovery h. Fund and support additional SUD/ODD community coalitions i. Provide funding for additional community-based recovery centers j. Engage Maine's business community in connecting people in recovery to available jobs |

Office of Substance Abuse and Mental Health Services Z199

Initiative: Provides one-time funding for combatting the opioid crisis.

| | | |
|---------------------------------------|--------------------|--------------------|
| FUND FOR A HEALTHY MAINE | 2019-20 | 2020-21 |
| All Other | \$2,000,000 | \$3,500,000 |
| FUND FOR A HEALTHY MAINE TOTAL | \$2,000,000 | \$3,500,000 |

FY 2020

| Activity | Funding | Description |
|---|-------------|--|
| Opioid prevention | \$850,000 | Various contracts: SEIPC, increase school-based MH hours, increase suicide prevention trainings, 18 additional Sources of Strength sites |
| Syringe Exchange Services | \$900,000 | Physical Program Supplies and Services for Certified Hypodermic Apparatus Exchange Programs |
| Greater Portland Council of Gov't | \$50,000 | Hosting a workshop to increase awareness of opioid addiction and implement evidence-based prevention, harm reduction, enforcement, treatment, and recovery policies and practices in Cumberland County municipalities. |
| Aroostook Mental Health Center (LD1005) | \$97,349 | To develop a SUD information and referral telephone system that connects residents of Washington County, and community supports, to resources, intervention, and treatment. |
| TBD / Placeholder | \$152,651 | Proposals are under consideration |
| Total | \$2,000,000 | |

FY 2021

| Activity | Funding | Description |
|---|-------------|--|
| Children's Cabinet initiatives | \$710,000 | DOE to develop and disseminate a universally accessible and free social and emotional learning curriculum Certified Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for 180 Maine therapists *A third Children's Cabinet initiative will use a different funding source |
| Opioid prevention <i>2nd year continuation</i> | \$850,000 | Various contracts: SEIPC, increase school-based MH hours, increase suicide prevention trainings, 18 additional Sources of Strength sites |
| Syringe Exchange Services | \$1,000,000 | Continuation of the Syringe Service Program |
| TBD / Placeholders | \$941,000 | Proposals are under consideration |
| Total | \$3,500,000 | |

Janet T. Mills
Governor



Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

December 24, 2019

The Maine Center for Disease Control and Prevention (Maine CDC) is pleased to announce the availability of funds to support expansion of syringe service programs (SSPs) in Maine. Funding is available for both existing, certified SSPs and newly certified SSPs. During the two-year budget cycle that began July 1, 2019, approximately \$2 million will be made available for this initiative, which has been championed by Governor Janet Mills. Syringe service programs are a proven public health intervention in the prevention of HIV and viral hepatitis, as well as a vehicle to connect persons who inject drugs to critical resources.

Now through June 30, 2020

Funding totaling \$495,000 is being distributed to the seven existing, certified SSPs with the goals of expanding hours of operation, increasing referral networks to key service points of entry, and providing technical assistance to organizations seeking certification for new SSPs.

Funding totaling \$480,000 is available to organizations seeking to open newly certified SSPs. Organizations throughout Maine are welcome to submit an SSP certification application. Maine CDC especially encourages organizations located in areas identified as being vulnerable for bloodborne pathogen outbreaks or increased incidence of opioid overdoses to consider applying. Those areas include Washington County, Penobscot County, Kennebec County, Somerset County, and greater Portland in Cumberland County. Funding will be made available in two ways:

1. \$5,000 mini grants will be available to support costs associated with start-up for organizations seeking to open certified SSPs.
2. Remaining funding will be distributed to SSPs certified by February 15, 2020. This will allow time for contracts to be executed and funds to be expended by the end of the State Fiscal Year (6/30/2020). Organizations can continue to apply for certification after the February 15th deadline, and those groups will be considered for funding in the next round.

July 1, 2020-June 30, 2021

For the next State Fiscal Year, Maine CDC anticipates \$1.075 million will be available for certified SSPs beginning on July 1, 2020. Maine CDC requests that organizations planning to apply for certification communicate their intent by July 1, 2020, even if they are unable to initiate the process by that date. This is necessary for funding distribution considerations.

Certification Process

1. Current certification guidance is available online at www.mainepublichealth.gov/hiv
2. Maine CDC can provide examples of documents required as part of the certification process or technical assistance in preparing the application.
3. Maine CDC staff will prioritize review of submitted applications to ensure an expeditious response.

If you have questions about SSPs in Maine, including the certification process, please contact Maine CDC at 1-800-821-5821.



Janet T. Mills
GOVERNOR

STATE OF MAINE
OFFICE OF THE GOVERNOR
1 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0001

January 03, 2020

Beth Connolly, Project Director
Substance Use Prevention and Treatment Initiative
The Pew Charitable Trusts
901 E Street, NW
Washington, DC 20004

Dear Ms. Connolly:

As a state, Maine is making strides in addressing the opioid crisis. through expansion of Medicaid, significant investments in behavioral health, and listening to stakeholders across the state to understand the needs of its residents. Although a Maine Attorney General's Office report indicates that drug overdose deaths decreased in 2018, there is more that we can and must do to holistically approach this critical health care issue.

To bolster the efforts of the state to tackle the opioid crisis, the undersigned officials of the State of Maine write to express our interest in receiving technical assistance from the Substance Use Prevention and Treatment Initiative of The Pew Charitable Trusts ("Pew"). Because of Pew's funding from Bloomberg Philanthropies, Maine understands that this technical assistance includes an evaluation and data partnership with the Johns Hopkins Bloomberg School of Public Health.

We request that Pew and its partners:

- Provide analyses and recommendations on residential care and recovery housing in Maine, including identifying evidence-based treatment provision and quality standards.
- Engage private payers to identify a set of goals to increase access to and coverage of substance use disorder treatment services.
- Provide recommendations to streamline and enhance workforce licensing and certification.
- Work collaboratively with the Urban Institute on the proposed capacity study and take on from there treatment system expansion as indicated.
- Analyze Maine's data availability and integration in order to better inform and evaluate the state's response to the opioid crisis.

To meet these goals in such time that their findings will be relevant to Maine's policy and budgeting processes, we understand that Pew will engage in the following activities: analyze data on the prevalence of substance use disorder and the effectiveness of publicly-funded programs; assess policies related to substance use disorders in Maine; consult with key stakeholders; develop policy recommendations in response to the State's specific needs; advise relevant agencies on processes that impact service delivery; and support the State's efforts to educate stakeholders and



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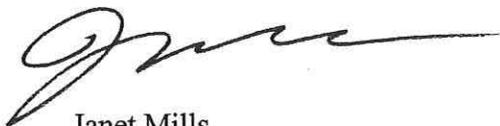
implement policy recommendations. As a public charity, we understand that Pew will provide this technical assistance at no cost to the State.

In order to facilitate Pew's technical assistance, we make the following commitments:

- The State will direct relevant agencies to participate with Pew on the agreed upon scope of work;
- The State will make available any findings or work product compiled by Pew during the course of its technical assistance, in compliance with State public records laws; and
- The State will consider Pew's recommendations for regulatory, administrative, and legislative action.

We welcome the involvement of Pew and its partner the Johns Hopkins Bloomberg School of Public Health, and through this letter we collectively invite you to work with us in Maine. We look forward to working with you.

Sincerely,



Janet Mills
Governor of the State of Maine



Troy Jackson
President of the Maine Senate



Sara Gideon
Speaker of the Maine House of Representatives



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