

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 programsb. Pilot naloxone distribution in county jailsc. Support a naloxone education module for pharmacistsd. 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 opioidsf. 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 sitesb. Implement a public education campaign on identifying overdose and the use of naloxone	<ul style="list-style-type: none">c. Evaluate the public education campaignd. 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 datac. 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/ODU

CURRENT ACTIVITIES	PRIORITY FUTURE ACTIVITIES
<ul style="list-style-type: none"> a. Provide recovery supports for youth with SUD/ODU b. Provide recovery and employment support for adults with SUD/ODU 	<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/ODU 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/ODU 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