



Progress Report
and
2018 Legislative Opportunities

related to the

Maine Opiate Collaborative Recommendations

April 2018

MAINE OPIATE COLLABORATIVE PROGRESS REPORT



Law Enforcement • April 2018

2016 RECOMMENDATIONS	STRATEGIES	APRIL 2018 PROGRESS	2018 LEGISLATIVE OPPORTUNITIES
A. Destigmatize substance use disorders within the law enforcement profession	<ol style="list-style-type: none"> 1. Workforce training for students 2. Work force training for current professionals 3. Community-based actions 	<ul style="list-style-type: none"> ○ The Maine Criminal Justice Academy has mandated a two-hour instructional block for all sworn officers that includes stigma ○ Community-based stigma reduction projects are underway in several regions of the state. 	<ul style="list-style-type: none"> ○ LD 1871 (Legislative Task Force Recommendation (LTF) #4): Update all statutory terminology related to substance use disorder
B. Identify, investigate, and prosecute the most dangerous drug traffickers	<ol style="list-style-type: none"> 1. Collaboration and information sharing among agencies 2. Collaboration and information sharing with public health communities 	<ul style="list-style-type: none"> ○ Trend-sharing and alerts are happening more frequently among agencies ○ The Maine Information and Analysis Center (MIAC) has been more engaged with Maine's Drug Monitoring Initiative (DMI) 	
C. Establish a Pre-Charge Diversion Program in every prosecutorial district in Maine	<ol style="list-style-type: none"> 1. Treatment & recovery resource development 2. Collaboration and systems for referrals 3. Data collection 		<ul style="list-style-type: none"> ○ LD 1268: Require screening and assessments to determine candidates for pre-charge diversion ○ LTF #14: Develop and fund pre-charge diversion programs
D. Make Problem-Solving Courts (PSCs) available for every appropriate applicant	<ol style="list-style-type: none"> 1. Funding to expand capacity 2. Funding a PSC pilot for special population(s) 3. Data collection 	<ul style="list-style-type: none"> ○ The drug court in Bangor has been re-instituted ○ Veterans Affairs (VA) is pursuing a PSC-related initiative 	<ul style="list-style-type: none"> ○ LD 1885 (LTF #15): Establish a new drug court, including case management and ancillary services for participants
E. Provide custodial treatment for county jail inmates with substance use disorder	<ol style="list-style-type: none"> 1. Programs to identify and treat substance use disorders and/or mental health disorders 2. Natural supports for recovery and release 	<ul style="list-style-type: none"> ○ Penobscot County Jail has implemented a pilot Vivitrol program ○ The Maine Corrections Collaborative has formed and convened a statewide summit to learn, plan, and identify resources to support implementation. ○ Two Bridges Regional Jail in Wiscasset has applied for a SAMHSA Offender Reentry grant for Medication Assisted Treatment (MAT) that would involve four counties and two healthcare partners. ○ The VA is now actively seeking veterans among county jail inmates to ensure they are receiving all VA services to which they may be entitled. 	<ul style="list-style-type: none"> ○ LTF #16: Fund intake assessments and services for mental health and substance use disorders, including Medication Assisted Treatment ○ LTF #17: Fund assessments and services for people already serving their sentences in jails and prisons ○ LTF #18: Fund programs that prepare inmates for release into the community, including treatment and recovery supports ○ LTF #19: Establish a board of advisors focused on the treatment and rehabilitation needs of facility populations
F. Provide case management services to inmates who are transitioning back into the community	<ol style="list-style-type: none"> 1. Linking inmates and people on probation with Recovery Coaches 		<ul style="list-style-type: none"> ○ LTF #18: Fund programs that prepare inmates for release into the community, including treatment and recovery supports ○ LD 1429 (LTF #20): Allow proceeds resulting from the disposition of seized property to be used for case management and other social services

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

2016 RECOMMENDATIONS	STRATEGIES	APRIL 2018 PROGRESS	2018 LEGISLATIVE OPPORTUNITIES
A. Quantify demand and capacity (supply) for Medication Assisted Treatment (MAT) by region or district	1. Calculating current wait times for treatment services 2. Updating demand and capacity data regularly 3. Evaluating system performance	 <ul style="list-style-type: none"> o <i>The Maine Medical Association and its local partners are mapping prescribers of buprenorphine (suboxone) to share with the public</i> o <i>The Co-Occurring Collaborative Service Maine is engaged in a project to build a stronger recovery-oriented system for treatment</i> 	<ul style="list-style-type: none"> o LD 812: Pilot comprehensive treatment infrastructure and systems in Washington County
B. Fill gaps in publicly-funded treatment options, prioritizing integrated MAT services, across all regions/districts	1. Increasing purchased MAT by level of care to meet demand 2. Increasing the number of half-way houses and extended care residential programs with MAT contracts 3. Increasing the number of methadone maintenance programs 4. Transportation for patients 5. Competency-based training on Medication Assisted Recovery to recovery support workers	 <ul style="list-style-type: none"> o <i>Voters passed a ballot measure to expand the availability of MaineCare coverage to approximately 70,000 people currently without health insurance</i> o <i>A report on Opioid Health Homes was delivered by the Department of Health and Human Services and discussed by the Health and Human Services Committee of the Maine Legislature</i> 	<ul style="list-style-type: none"> o Implement MaineCare expansion o LD 605 (now merged with LD 1430) (Legislative Task Force (LTF) #7): Fund evidence-based treatment in primary care settings for people without health insurance; allow minimum security offenders in custody or people in community release to access treatment slots for the uninsured o LD 1430 (LTF #6): Report on the effectiveness of the Opioid Health Home model; fund a continuum of evidence-based services; establish a Hub and Spoke delivery system o LD 1711: (LTF #11) Pilot to provide treatment, housing, and recovery supports for people with opioid use disorder who are homeless

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

2016 RECOMMENDATIONS	STRATEGIES	APRIL 2018 PROGRESS	2018 LEGISLATIVE OPPORTUNITIES
C. Develop practice protocols for screening for SUDs by physicians in obstetric and pediatric services	<ol style="list-style-type: none"> 1. No-cost education for clinicians and office staff 2. Training and educating staff working with pregnant women, new parents, and newborns affected by substance use disorder 		<ul style="list-style-type: none"> ○ LTF #1: Report on the dissemination of “Snuggle ME” curriculum ○ LTF #2: Request that medical provider organizations communicate the importance of counseling patients about the availability of Long-Acting Reversible Contraception ○ LD 1063: Protect substance-exposed infants, including prevention, risk assessment, and treatment of prenatal substance exposure
D. Quantify demand and capacity (supply) for SUD treatment for women and infants born drug-exposed	<ol style="list-style-type: none"> 1. Collect data about screening for substance use disorder in women seeking obstetric care 2. Collect data on drug exposed/affected infants 		<ul style="list-style-type: none"> ○ LTF #1: Report on the dissemination of “Snuggle ME” curriculum
E. Expand access to all levels of care for women who are pregnant or the primary caregiver of a child under the age of six	<ol style="list-style-type: none"> 1. Residential programs for women and their children 2. Expanding MAT for pregnant women and/or mothers who have children under the age of six 3. Developing best practice care and treatment of pregnant women who are in prison 4. Outpatient clinics to support families and infants born substance exposed or with neonatal abstinence syndrome 		<ul style="list-style-type: none"> ○ Implement Medicaid expansion ○ LD 1430 (LTF #6): Fund a continuum of evidence-based services; establish a Hub and Spoke delivery system
F. Reduce the stigma, shame, and cultural barriers around substance use disorder for women who are pregnant and/or who are the primary caregiver for a child under the age of six	<ol style="list-style-type: none"> 1. Social marketing and public/provider education campaign 2. Social marketing campaign about the impacts of using tobacco, alcohol, and other drugs, including marijuana and other medications used for nonmedical reasons 		
G. Improve access to the full continuum of substance abuse treatment for adolescents in all counties in Maine	<ol style="list-style-type: none"> 1. Regional programs for adolescents and their families, including outpatient and residential services 2. Residential program for girls up to age 18 3. Residential program that serves 18 to 24-year-olds 		

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Goal #2: Expand access to evidence-based programs that serve specialty populations and reduce recidivism rates (cont.)

2016 RECOMMENDATIONS	STRATEGIES	APRIL 2018 PROGRESS	2018 LEGISLATIVE OPPORTUNITIES
H. Ensure the basic needs of adolescents are met in order to increase safety and recovery	<ol style="list-style-type: none"> 1. Access to safe shelter and health care for young people who are homeless 2. Navigators located at youth homeless shelters 		<ul style="list-style-type: none"> o LD 1711: (LTF #11) Pilot to provide treatment, housing, and recovery supports for people with opioid use disorder who are homeless
I. Develop a program to increase the rate of high school graduation and recovery for youth with a substance use disorder	<ol style="list-style-type: none"> 1. Program for at-risk students in High School Alternative Programs 2. Requiring all Maine schools to have prevention, treatment and recovery programs 3. Peer mentoring programing in all middle and secondary schools 4. Opening a Recovery High School 		
J. Increase the number of Licensed Alcohol and Drug Abuse Counselors	<ol style="list-style-type: none"> 1. Testing centers, web-based, and employer in-service Continuing Education Units (CEUs) 	 <ul style="list-style-type: none"> o The rules for Continuing Professional Education are currently being revised 	
K. Increase access to substance use disorder treatment through local police departments	<ol style="list-style-type: none"> 1. Evaluate law enforcement opiate intervention programs in Maine and nationally 2. Expand existing treatment programs to ensure immediate assessment and care 3. Ensuring existing programs are evidence-based and following best practice 	 <ul style="list-style-type: none"> o The Legislature rejected a bill (LD 504) to evaluate the Project HOPE model o More communities have added Project HOPE programs, but have limited options for referring to evidence-based treatment that is local, immediate, and affordable 	<ul style="list-style-type: none"> o LD 605 (now merged with LD 1430) (LTF #7): Fund evidence-based treatment in primary care settings for people without health insurance; allow minimum security offenders in custody or people in community release to access treatment slots for the uninsured
L. Develop a plan to decrease recidivism in our criminal justice system, including youth being released from the Development Center	<ol style="list-style-type: none"> 1. Drug Treatment Courts for special populations such as veterans, youth, and people with co-occurring disorders 2. Treatment for uninsured clients entering Drug Treatment Courts 3. Navigators at Development Centers to work with families of incarcerated youth 4. Educating judges, district attorney offices, lawyers, law enforcement, prison staff and volunteers 5. Assessment centers (including tele-video) for law enforcement agencies 		<ul style="list-style-type: none"> o LD 605 (now merged with LD 1430) (LTF #7): Fund evidence-based treatment in primary care settings for people without health insurance; allow minimum security offenders in custody or people in community release to access treatment slots for the uninsured o LD 1885 (LTF #15): Establish a new drug court, including case management and ancillary services for participants

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Goal #3: Expand access and availability of evidence-based Medication Assisted Treatment (MAT) in primary care practices

2016 RECOMMENDATIONS	STRATEGIES	APRIL 2018 PROGRESS	2018 LEGISLATIVE OPPORTUNITIES
<p>M. Increase the number of primary care practices throughout Maine providing MAT</p>	<ol style="list-style-type: none"> 1. Social marketing and public/provider education 2. Commitments from Maine clinician practice owners 3. Setting minimum levels of MAT service capacity in each community 4. Primary care residency programs providing MAT education 5. Community-based provision of MAT services built on a “hub & spoke” model 6. No-cost, regionally-based education to clinicians 7. MAT for patients in other acute-care settings with referrals to primary care 8. Prescribing of naloxone rescue kits 9. Funding to support expanded MAT 	<ul style="list-style-type: none"> o The Maine Medical Association and its local partners are mapping prescribers of buprenorphine (suboxone) to share with the public and identify areas of high need and potential expansion o Maine foundations are investing in the development of a roadmap for expanding access to MAT in primary care o Community partnerships are working with local prescribers and counselors to expand opportunities to provide MAT o Prescribers and counselors are engaging in peer education and support teams 	<ul style="list-style-type: none"> o LD 1430 (LTF #6): Fund a continuum of evidence-based services; establish a Hub and Spoke delivery system o LD 1892: Allow pharmacists to dispense naloxone without a prescription to individuals of any age o Rule-making: Expand the availability of Naloxone over-the-counter to people 21 years of age and older
<p>N. Implement policy changes needed to expand access to MAT in primary care practices</p>	<ol style="list-style-type: none"> 1. Statewide comprehensive plan 2. Expanding the number and types of MAT providers under federal law 3. Amending current regulations to support high quality and safe prescribing practices 4. Increasing the number of people with health insurance coverage 5. Requiring health insurance policies cover substance/opioid use disorder treatment 6. Amending Maine Rule Chapter 21 to remove references to the term “pseudo-addiction” 7. Requiring new health care facilities to address community needs related to the opioid crisis 8. Requirements to re-licensure that require providers to understand the current opioid crisis 9. Allowing the prescribing of generic suboxone tablets under MaineCare 	<ul style="list-style-type: none"> o Congress has expanded the types of MAT providers under federal law to include Nurse Practitioners (NPs) and Physicians’ Assistants (PAs) o Joint Rule 21, which is now effective, revises licensing boards and their education requirements o The Essential Health Benefits of the Affordable Care Act require insurance policies to cover substance use disorders o The Maine Legislature has incorporated the coverage of preventive health services currently required under the federal Affordable Care Act into state law o The term “pseudo addiction” has been removed from Chapter 21 o MaineCare now covers generic suboxone o Chapter 1 of the Board of Licensure in Medicine Rules now requires 3 hours of Continuing Medical Education on opioid prescribing for all medical doctors 	<ul style="list-style-type: none"> o LD 105 (as amended): Create an opioid “cabinet” from among the many commissioners working in the area of substance use disorders o LD 453: Insurance coverage of alternative therapies o Implement MaineCare expansion
<p>O. Conduct studies to assess needs and ensure quality related to expanding access to MAT in primary care practices</p>	<ol style="list-style-type: none"> 1. Assessment of MAT services in primary care practices 2. Studying best practices for providing high quality MAT services in primary care 3. Mapping existing x-waiver holders 	<ul style="list-style-type: none"> o The Maine Medical Association and its local partners are mapping prescribers of buprenorphine (suboxone) to share with the public and surveying all MAT prescribers regarding barriers to MAT expansion and potential solutions o Maine foundations are investing in the development of a roadmap for expanding access to MAT in primary care 	<ul style="list-style-type: none"> o LD 1430 (LTF #6): Fund a continuum of evidence-based services; establish a Hub and Spoke delivery system

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

2016 RECOMMENDATIONS	STRATEGIES	APRIL 2018 PROGRESS	2018 LEGISLATIVE OPPORTUNITIES
<p>P. Reduce over-prescribing of opioids for chronic non-cancer pain</p>	<ol style="list-style-type: none"> 1. Prescribing limits 2. Educating and supporting health care providers and practices about safer prescribing 3. Increasing participation in the Maine Chronic Pain Collaborative 4. Community and regional standards 	 <ul style="list-style-type: none"> o <i>Maine Public Law Chapter 488 was passed in 2016 and amended in 2017 (LD 1031) to set opiate prescribing limits for acute and chronic pain, mandate the use of Maine's Prescription Monitoring Program (PMP), and require education for opioid prescribers</i> o <i>The Maine Medical Association and Quality Counts are training prescribers on the requirements of Chapter 488 and subsequent amendments enacted in 2017</i> 	
<p>Q. Reduce the prescribing of opioid and benzodiazepine combinations</p>	<ol style="list-style-type: none"> 1. Education module for health care providers and practices 2. Recruiting partner organizations to support outreach and education 3. Continuing educational efforts through Caring for ME and MICIS 	 <ul style="list-style-type: none"> o <i>In 2017, Maine Medical Association and Maine Independent Clinical Information Service (MICIS) provided an education module to 2000 prescribers</i> o <i>In 2017, Quality Counts and Caring for ME provided online education modules to over 2000 prescribers.</i> o <i>Both MICIS and Caring for ME education efforts are continuing in 2018</i> 	
<p>R. Monitor for abuse and diversion of opioids</p>	<ol style="list-style-type: none"> 1. Team-based monitoring among prescribers and pharmacists, including screening, pill counts, use of Prescription Monitoring Program, and Diversion Alert 	 <ul style="list-style-type: none"> o <i>Joint Rule 21, which revises licensing boards, education requirements, and mandated/voluntary protocols, is currently awaiting final approval by the office of the Attorney General</i> 	<ul style="list-style-type: none"> o LD 1429: (LTF #20): Report to the legislature on the use of the PMP and trends in prescription practices
<p>S. Improve the management of chronic pain</p>	<ol style="list-style-type: none"> 1. Educating health care providers and the public on the most effective treatments for chronic pain 	 <ul style="list-style-type: none"> o <i>Maine Medical Association and Quality Counts are educating providers on alternative treatments to chronic pain</i> 	<ul style="list-style-type: none"> o LD 453: Insurance coverage of alternative therapies





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2016 RECOMMENDATIONS	STRATEGIES	APRIL 2018 PROGRESS	2018 LEGISLATIVE OPPORTUNITIES
<p>A. Increase public understanding and reduce the stigma surrounding opiate and heroin use disorder</p>	<p>1. Funding a statewide public education campaign</p>	 <p>○ <i>The Attorney General's office has produced and run a series of public service announcements (PSAs)</i></p>	<p>○ LD 1871 (Legislative Task Force (LTF) #4): Update all statutory terminology related to substance use disorder</p>
<p>B. Decrease the risk factors for opiate use/addiction and decrease the use of opiates among youth</p>	<p>1. Training parents and adult mentors to reduce child abuse and guide children to wellness 2. Substance use prevention toolkit for schools 3. Training school staff in screening and early intervention for adverse childhood experiences (ACEs) 4. Increasing the number of Community Partnerships for Protecting Children</p>	 <p>○ <i>The Maine Resilience Building Network (MRBN) has provided training in adverse childhood experience to more than 14,000 individuals since 2013</i></p>	<p>○ LTF #1: Expand Positive Parenting Program ○ LTF #3: Establish a work group to evaluate drug prevention programs for school-age children and how to incorporate those programs into educational curriculum</p>
<p>C. Reduce unsafe prescribing practices (over-prescribing)</p>	<p>1. Increasing the use of Maine's Prescription Monitoring Program (PMP) 2. Increasing the functionality of the PMP</p>	 <p>○ <i>The use of the PMP is now required by law</i> ○ <i>The Maine Medical Association and Quality Counts are training prescribers about the use of the PMP, Maine's opiate prescribing limits, and other requirements of Chapter 488</i> ○ <i>Complaints about the functionality of the PMP have been reduced</i></p>	
<p>D. Increase safe storage and disposal of prescription drugs</p>	<p>1. Database and website of all drug take-back/drop-off locations 2. Product stewardship program 3. Educating the public</p>	 <p>○ <i>Pharmacies are voluntarily posting notices of disposal options</i></p>	<p>○ LTF #5: Report from the Maine Drug Enforcement Agency about the successes of drug take-back programs and alternatives ○ LTF #5: Ask the Maine Board of Pharmacy to require pharmacies to post disposal information</p>
<p>E. Decrease the number of drug-affected babies born in Maine each year</p>	<p>1. Piloting "Snuggle ME" in two communities 2. Piloting a model of improved coordination of care 3. Replicating best practice outpatient treatment models 4. Training medical providers in screening and care</p>		<p>○ LTF #1: Report on the dissemination of "Snuggle ME" curriculum ○ LTF #2: Request that medical provider organizations communicate the importance of counseling patients about the availability of Long-Acting Reversible Contraception</p>
<p>F. Increase access to naloxone for people using opiates and their families/friends</p>	<p>1. Educating at-risk populations and the general public 2. Educating health care providers</p>	 <p>○ <i>The Attorney General is distributing naloxone to law enforcement agencies which may need it</i> ○ <i>The Maine Medical Association is educating prescribers through MICIS (Maine Independent Clinical Information Service) modules</i></p>	<p>○ Rule-making relating to the sale of over-the-counter naloxone</p>

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2016 RECOMMENDATIONS	STRATEGIES	APRIL 2018 PROGRESS	2018 LEGISLATIVE OPPORTUNITIES
<p>G. Expand recovery supports and services statewide</p>	<ol style="list-style-type: none"> 1. Network of recovery centers, coaches, and coalitions in each public health district 2. Tax credits or other incentives for recovery supports, including housing, education, and employment 	 <ul style="list-style-type: none"> ○ Recovery Coach training is underway in several Maine counties ○ Washington County is integrating Recovery Coaches into its outpatient detox system 	<ul style="list-style-type: none"> ○ LD 812: Pilot comprehensive treatment infrastructure and systems in Washington County ○ LD 1682 (LTF #11): Develop standards and increase placements in recovery residences ○ LD 1711 (LTF #11): Pilot the provision of treatment, housing, and recovery supports for people with opioid use disorder who are homeless ○ LTF #10: Develop recovery housing and a certification process
<p>H. Reduce the barriers to treatment for substance use disorder</p>	<ol style="list-style-type: none"> 1. Expanding health insurance coverage 2. Good Samaritan Law to provide immunity 3. Legal exceptions for information gathered for treatment 4. Screenings and referrals to treatment at hospitals 	 <ul style="list-style-type: none"> ○ Voters passed a ballot measure to expand the availability of MaineCare coverage to approximately 70,000 people currently without health insurance 	<ul style="list-style-type: none"> ○ LD 605 (now merged with LD 1430) (LTF #7): Fund evidence-based treatment in primary care settings for people without health insurance ○ LTF #8: Increase access to health insurance coverage ○ Implement MaineCare expansion
<p>I. Enhance the focus and profile of substance use disorder among government entities</p>	<ol style="list-style-type: none"> 1. High-level position in state government 2. Yearly report card from the Maine Substance Abuse Services Commission 	 <ul style="list-style-type: none"> ○ The Maine Medical Association continues to monitor and inform its members and the public about progress toward Maine Opiate Collaborative recommendations 	<ul style="list-style-type: none"> ○ LD 105 (as amended): Create an opioid “cabinet” from among the many commissioners working in the area of substance use disorders
<p>J. Make it easier for individuals, families, and affected others to get timely, accurate information</p>	<ol style="list-style-type: none"> 1. Updating the Maine 2-1-1 directory to include information on prevention, treatment, and recovery services 2. Training Maine 2-1-1 staff to adequately field calls for services related to substance use disorder 	 <ul style="list-style-type: none"> ○ Maine 2-1-1 is updating its directory as new information becomes available ○ Maine 2-1-1 continues to train staff to respond effectively to calls about programs and services ○ The Maine Medical Association and its local partners are mapping prescribers of buprenorphine (suboxone) to share with the public 	<ul style="list-style-type: none"> ○ LD 812 (as amended): Pilot an enhanced county-wide communications system in Washington County ○ LTF #12: Evaluate options for developing a database of available treatment services ○ LTF #13: Report on ongoing improvements to 2-1-1 in relation to substance use disorders
<p>K. Create more capacity in Maine's nine Public Health Districts to prevent and reduce opiate misuse and overdose</p>	<ol style="list-style-type: none"> 1. Funding for one School Behavioral Health Coordinator and one Substance Use Disorder Coordinator in each public health district 2. Requiring District Councils to include the recovery community in a multi-sector approach 	