

A map of the state of Maine, with its 16 counties outlined and labeled. The counties are: Aroostook, Piscataquis, Somerset, Franklin, Penobscot, Washington, Oxford, Androscoggin, Kennebec, Waldo, Hancock, Cumberland, Sagadahoc, Lincoln, Knox, and York. The word 'CANADA' is written to the east of the state. A compass rose is located in the bottom right corner of the map area.

Recommendations  
OF THE  
**MAINE OPIATE  
COLLABORATIVE**

May 2016

**LAW ENFORCEMENT**

**TREATMENT**

**PREVENTION & HARM REDUCTION**

To make things better, we need to:	We can do this by:	Who can make it happen?
<p><b>Destigmatize</b> substance use disorders within the law enforcement profession</p>	<ul style="list-style-type: none"> <li>• Including a <b>substance use disorder training block</b> in law enforcement training programs that covers the basic science and a humanizing component</li> <li>• Mandating a substance use disorder <b>training block as an in-service class</b> for all current law enforcement professionals</li> <li>• Convening <b>community roundtable discussions</b> with law enforcement, families, and individuals in recovery</li> <li>• Producing and sharing <b>personalized videos</b> from families and individuals in recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Maine Criminal Justice Academy Board of Trustees</li> <li>• Maine Dept. of Public Safety</li> <li>• Maine Sheriffs’ Association</li> <li>• Maine Chiefs of Police Association</li> <li>• Maine State Police</li> <li>• Maine Drug Enforcement Admin. (DEA)</li> <li>• US Drug Enforcement Agency</li> <li>• Community groups</li> </ul>
<p>Identify, Investigate, and prosecute the most dangerous <b>drug traffickers</b></p>	<ul style="list-style-type: none"> <li>• Improving <b>intelligence gathering and sharing</b> among law enforcement agencies to include local, county, state, and federal entities</li> <li>• <b>Identifying locations with high concentration</b> of fatal/non-fatal overdoses</li> <li>• Increasing collaboration and <b>information sharing between the public safety and public health</b> communities</li> <li>• Establishing protocols so federal and state drug enforcement agencies <b>collaborate and integrate resources</b></li> <li>• Treating every death/serious injury resulting from an overdose as a <b>crime scene</b> and including supports and resources to the victim’s family/friends</li> <li>• Changing statutory language so enhanced penalties would be available when the drug supplied was a <b>“substantial contributing factor”</b> to death/serious injury</li> </ul>	<ul style="list-style-type: none"> <li>• Local, county, state, and federal law enforcement agencies</li> <li>• Maine Information and Analysis Center (MIAC)</li> <li>• Maine DEA</li> <li>• US Drug Enforcement Agency</li> <li>• US Attorney for Maine</li> <li>• Maine Attorney General</li> </ul>

To make things better, we need to:	We can do this by:	Who can make it happen?
<p>Establish a <b>Pre-Charge Diversion Program</b> in every prosecutorial/public health district in Maine</p>	<ul style="list-style-type: none"> <li>• Developing a <b>treatment/recovery resource in each prosecutorial/public health district</b> to which all law enforcement agencies could refer</li> <li>• Ensuring <b>collaboration between law enforcement and treatment/recovery resources</b> to refer appropriate individuals to services before the charging process</li> <li>• Developing a <b>system to track recidivism</b> rates in order to assess the effectiveness of the diversion programs and the treatment options provided</li> </ul>	<ul style="list-style-type: none"> <li>• Maine Legislature</li> <li>• Maine Office of Substance Abuse &amp; Mental Health Services (SAMHS)</li> <li>• Maine Dept. of Public Safety</li> <li>• US Attorney for Maine</li> <li>• Maine Attorney General</li> <li>• Local, county, state, and federal law enforcement agencies</li> <li>• University of So. Maine, Muskie School</li> </ul>
<p>Make <b>Problem Solving Courts (PSCs)</b> available for every appropriate defendant</p>	<ul style="list-style-type: none"> <li>• Seeking state and federal funding to <b>expand PSC capacity</b>, including monies for facilities, case managers, judges, prosecutors, and treatment providers</li> <li>• Seeking grant funding for a <b>pilot PSC</b> that addresses different populations than presently served</li> <li>• Developing a <b>system to track recidivism</b> rates in order to assess the effectiveness of the PSCs and guide improvements in the treatment options provided</li> </ul>	<ul style="list-style-type: none"> <li>• U.S. Congress, federal funding agencies</li> <li>• Maine Legislature</li> <li>• Maine Dept. of Public Safety</li> <li>• US Attorney for Maine</li> <li>• Maine Attorney General</li> <li>• Local, county, state, and federal law enforcement agencies</li> <li>• University of So. Maine, Muskie School</li> </ul>
<p>Provide custodial <b>treatment for county jail inmates</b> with substance use disorders</p>	<ul style="list-style-type: none"> <li>• Developing programs at county jail facilities (first priority: female offenders) that identify and treat substance use disorders and/or mental health disorders to <b>prepare offenders for release</b> into community-based treatment or participation in a drug court</li> <li>• Establishing natural supports in county jail facilities, including <b>“success committees”</b> that establish release plans involving family, business, faith-based, and law enforcement supports</li> </ul>	<ul style="list-style-type: none"> <li>• Maine Legislature</li> <li>• Maine Office of SAMHS</li> <li>• Maine Dept. of Corrections</li> <li>• US Attorney for Maine</li> <li>• Maine Attorney General</li> <li>• County government</li> <li>• Sheriffs’ offices and regional jails</li> <li>• Community-based treatment providers</li> </ul>
<p>Provide <b>case management services</b> to inmates who are transitioning back into the community</p>	<ul style="list-style-type: none"> <li>• Linking inmates and people on probation with <b>Recovery Coaches</b> (similar to an AA sponsor) to encourage positive change, help them work on life goals, and adjust to freedom while avoiding relapse</li> </ul>	<ul style="list-style-type: none"> <li>• Maine Legislature</li> <li>• Maine Office of SAMHS</li> <li>• Maine Dept. of Corrections</li> <li>• US Attorney for Maine</li> <li>• Maine Attorney General</li> <li>• County government</li> <li>• Sheriffs’ offices and regional jails</li> <li>• Community treatment providers</li> </ul>

**GOAL #1: Expand access and availability of evidence-based Medication Assisted Treatment (MAT)**

To make things better, we need to:	We can do this by:	Who can make it happen?
Quantify <b>demand and capacity</b> (supply) for Medication Assisted Treatment (MAT) by region or district	<ul style="list-style-type: none"> <li>Calculating the current <b>wait times</b> for substance use disorder (SUD) treatment services (detox, outpatient, residential, etc.) and MAT</li> <li>Updating <b>demand and capacity data</b> regularly in order to evaluate system performance</li> </ul>	<ul style="list-style-type: none"> <li>Maine Department of Health and Human Services (DHHS)</li> <li>Maine Office of Substance Abuse &amp; Mental Health Services (SAMHS)</li> <li>Maine Substance Abuse Services Commission</li> </ul>
Fill gaps in <b>publicly-funded treatment options</b> , prioritizing integrated MAT services, across all regions/districts	<ul style="list-style-type: none"> <li>Increasing <b>purchased MAT by level of care (detox, outpatient, residential, etc.)</b> as needed to meet demand</li> <li>Increasing the number of <b>half-way houses and extended care residential programs</b> with MAT contracts as needed</li> <li>Increasing the number of <b>methadone maintenance programs</b> as needed</li> <li>Ensuring the availability of <b>transportation</b> for patients who do not have a methadone maintenance program in their own district</li> <li>Providing competency-based training to <b>recovery support workers</b> on Medication Assisted Recovery</li> </ul>	<ul style="list-style-type: none"> <li>Maine Legislature</li> <li>Maine DHHS</li> <li>Maine Office of SAMHS</li> <li>Maine Substance Abuse Services Commission</li> <li>Maine Medical Association</li> <li>Maine Alliance for Addiction &amp; Mental Health Services (AAMHS)</li> <li>Hospitals, health systems, health care providers</li> <li>Private foundations</li> </ul>

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

To make things better, we need to:	We can do this by:	Who can make it happen?
Develop <b>practice protocols</b> for screening for SUDs by physicians in obstetric and pediatric services	<ul style="list-style-type: none"> <li>Making no-cost <b>education available for clinicians</b> and office staff on substance use disorder and evidence-based practice</li> <li>Training and educating all <b>staff working with pregnant women and newborns</b> affected by substance abuse, including breast feeding for mothers on MAT and in recovery (e.g. Snuggle ME)</li> </ul>	<ul style="list-style-type: none"> <li>Maine Quality Counts</li> <li>Maine Medical Association</li> <li>Maine Hospital Association</li> <li>Other professional associations</li> <li>Maine Office of SAMHS</li> <li>Maine CDC</li> </ul>
Quantify <b>demand and capacity</b> (supply) for SUD treatment for women and infants born drug-exposed	<p>Developing a tool to collect and analyze <b>data about screening</b> for substance use disorder in women seeking obstetric care</p> <p>Developing a data tool to accurately collect and analyze <b>data on drug exposed/affected infants</b></p>	<ul style="list-style-type: none"> <li>Maine Quality Counts</li> <li>Maine Office of SAMHS</li> <li>Maine CDC</li> </ul>

To make things better, we need to:	We can do this by:	Who can make it happen?
Expand <b>access to all levels of care for women who are pregnant</b> or the primary caregiver of a child under the age of six	<ul style="list-style-type: none"> <li>Expanding <b>residential programs</b> to include more regionalized programs for women and children to be in treatment together</li> <li>Expanding <b>MAT for pregnant women and/or mothers</b> who have children under the age of six</li> <li>Developing best practice care and treatment of <b>pregnant women who are in prison</b></li> <li>Expanding outpatient clinics to support <b>families and infants born substance exposed</b> or with neonatal abstinence syndrome</li> </ul>	<ul style="list-style-type: none"> <li>Maine CDC</li> <li>Maine Office of SAMHS</li> <li>Maine DHHS</li> <li>Hospitals, health systems, health care providers</li> <li>Maine Quality Counts</li> <li>Maine Medical Association</li> <li>Other professional associations</li> </ul>
Reduce the <b>stigma, shame, and cultural barriers</b> around substance use disorder for women who are pregnant and/or who are the primary caregiver for a child under the age of six	<ul style="list-style-type: none"> <li>Developing a <b>social marketing and public/provider education campaign</b> to normalize treatment for SUD/opiate disorder</li> <li>Developing a statewide social marketing campaign about the use of tobacco, alcohol and other drugs, including marijuana and other medications used for nonmedical reasons</li> </ul>	<ul style="list-style-type: none"> <li>Maine DHHS</li> <li>Maine Office of SAMHS</li> <li>Maine CDC</li> <li>Maine Legislature</li> <li>US Attorney</li> <li>Maine Attorney General</li> </ul>
Improve access to the full continuum of <b>substance abuse treatment for adolescents</b> in all counties in Maine	<ul style="list-style-type: none"> <li>Expanding <b>regional programs for adolescents and their families</b>, including outpatient and residential services</li> <li>Opening another <b>residential program for girls</b> up to age 18</li> <li>Opening a <b>residential program that serves 18 to 24-year-olds</b></li> </ul>	<ul style="list-style-type: none"> <li>Maine DHHS</li> <li>Maine Office of SAMHS</li> <li>Maine Legislature</li> <li>Private foundations</li> </ul>
Ensure the basic needs of adolescents are met ( <b>shelter, food and healthcare</b> ) in order to increase safety and recovery	<ul style="list-style-type: none"> <li>Increasing access to safe shelter and health care for <b>young people who are homeless</b></li> <li>Locating <b>navigators at youth homeless shelters</b> to assist in helping youth engage in treatment and/or reunification with their families</li> </ul>	<ul style="list-style-type: none"> <li>Maine DHHS</li> <li>Maine Office of SAMHS</li> <li>Maine Legislature</li> <li>Private foundations</li> </ul>
Develop a program to increase the rate of <b>high school graduation and recovery</b> for youth with a substance use disorder	<ul style="list-style-type: none"> <li>Opening a <b>Recovery High School</b></li> <li>Including a program for students identified as at-risk for substance use disorder in <b>High School Alternative Programs</b></li> <li><b>Requiring all Maine schools to have a plan</b> for evidence based prevention, treatment and recovery programs</li> <li>Implement a <b>peer mentoring programing</b> in all middle and secondary Schools</li> </ul>	<ul style="list-style-type: none"> <li>Maine Legislature</li> <li>Maine Department of Education</li> <li>Maine Office of SAMHS</li> <li>Maine Principal's Association</li> <li>Local school districts</li> <li>Young People in Recovery</li> </ul>

To make things better, we need to:	We can do this by:	Who can make it happen?
Increase the number of <b>Licensed Alcohol and Drug Abuse Counselors</b>	<ul style="list-style-type: none"> <li>Reducing <b>barriers to testing and continuing education</b> by increasing the number of testing centers and allowing more web-based and employer in-service Continuing Education Units (CEUs)</li> </ul>	<ul style="list-style-type: none"> <li>Maine Office of Professional &amp; Financial Regulation</li> <li>Maine Board of Alcohol &amp; Drug Counselors</li> </ul>
Increase access to substance use disorder treatment through <b>local police departments</b>	<ul style="list-style-type: none"> <li>Evaluating <b>law enforcement opiate intervention programs</b> in Maine and nationally for effectiveness and possible replication</li> <li>Expanding existing treatment programs to ensure <b>immediate access to assessment and levels of care</b></li> <li>Funding <b>research</b> to ensure that existing programs are evidence-based and following best practice</li> </ul>	<ul style="list-style-type: none"> <li>Maine Sheriff’s Association</li> <li>Local Police Departments</li> <li>Maine Office of SAMHS</li> <li>Maine Attorney General</li> </ul>
Develop a plan to decrease <b>recidivism</b> in our criminal justice system, including youth being released from the Development Center	<ul style="list-style-type: none"> <li>Expanding <b>Drug Treatment Courts (DTCs)</b> to include special populations such as veterans, youth, and co-occurring</li> <li>Funding <b>treatment for uninsured</b> clients entering DTCs</li> <li>Adding <b>navigators at Development Centers</b> to work with families of incarcerated youth</li> <li><b>Educating judges, district attorney offices, lawyers, law enforcement, prison staff and volunteers</b> on best practice treatment of substance use disorders and available services</li> <li>Establishing <b>“assessment centers”</b> (including tele-video) where law enforcement agencies could direct clients for level of care assessments</li> </ul>	<ul style="list-style-type: none"> <li>U.S. Department of Justice</li> <li>Maine Judicial Department</li> <li>Office of the Attorney General</li> <li>Maine Department of Corrections</li> <li>Maine Office of SAMHS</li> <li>Maine Sheriff’s Association</li> <li>Maine Chiefs of Police Association</li> <li>County District Attorneys</li> <li>Probation and parole systems</li> <li>Maine Alliance for Addiction Recovery</li> </ul>

**GOAL #3: Expand access to high quality MAT services in primary care practices throughout Maine**

To make things better, we need to:	We can do this by:	Who can make it happen?
Increase the <b>number of primary care practices</b> throughout Maine providing MAT <i>(continued on next page)</i>	<ul style="list-style-type: none"> <li>Promoting <b>culture change and awareness</b> through social marketing and public/provider education</li> <li>Securing <b>commitment from Maine clinician practice owners</b> to support the delivery of MAT services in their community</li> </ul>	<ul style="list-style-type: none"> <li>Maine Legislature</li> <li>Maine DHHS</li> <li>Schools, colleges, universities</li> <li>Adcare</li> <li>Co-Occurring Collaborative Serving Maine</li> </ul>



To make things better, we need to:	We can do this by:	Who can make it happen?
<p><i>(continued from previous page)</i></p> <p>Increase the <b>number of primary care practices</b> throughout Maine providing MAT</p>	<ul style="list-style-type: none"> <li>• Setting expectations for <b>minimum levels of MAT service</b> capacity in each community, including support &amp; monitoring systems</li> <li>• Strongly encouraging <b>primary care residency programs</b> to provide MAT education to clinicians in training</li> <li>• Developing and supporting a community-based approach to providing MAT services that is built on a <b>“hub &amp; spoke” model</b></li> <li>• Providing no-cost, regionally-based <b>education to eligible clinicians</b></li> <li>• Initiating MAT for patients in <b>other acute-care settings</b> that are then referred back to primary care</li> <li>• Increasing <b>prescribing of naloxone rescue kits</b></li> <li>• Identifying <b>additional funding</b> to support expanded MAT</li> </ul>	<ul style="list-style-type: none"> <li>• Licensing boards for prescribing providers</li> <li>• Maine Primary Care Association</li> <li>• Maine Medical Association</li> <li>• Maine Academy of Family Physicians</li> <li>• Local pharmacies</li> <li>• Maine Pharmacy Association</li> <li>• Other professional associations</li> <li>• Maine Hospital Association</li> <li>• Maine Quality Counts</li> <li>• Addiction treatment centers</li> <li>• PhRMA (pharmaceutical industry)</li> </ul>
<p>Implement <b>policy changes</b> needed to expand access to MAT in primary care practices</p>	<ul style="list-style-type: none"> <li>• Developing a <b>statewide comprehensive plan</b></li> <li>• Supporting federal “Recovery Enhancement for Addition Treatment”, or <b>“TREAT Act”</b> to expand the number and types of MAT providers</li> <li>• Amending current regulations to support high quality and safe <b>prescribing practices</b></li> <li>• Increasing the number of people with <b>health insurance coverage</b></li> <li>• Requiring <b>health insurance policies</b> to adequate cover substance/opioid use disorder treatment</li> <li>• Amending <b>Maine Rule Chapter 21</b> to remove references to the term “pseudo-addiction”</li> <li>• Requiring <b>new health care facilities</b> to include a plan for addressing community needs related to the opioid crisis</li> <li>• Adding requirements to <b>re-licensure</b> that require providers to understand the current opioid crisis</li> <li>• Allowing the prescribing of <b>generic suboxone</b> tablets under MaineCare</li> </ul>	<ul style="list-style-type: none"> <li>• US Congress</li> <li>• Maine Congressional Delegation</li> <li>• Maine Legislature</li> <li>• Maine Office of Professional &amp; Financial Regulation</li> <li>• Maine DHHS</li> <li>• Maine CDC</li> <li>• Maine Office of SAMHS</li> <li>• Maine Department of Corrections</li> <li>• Maine Boards of Licensure</li> <li>• Maine Medical Association</li> <li>• Maine Quality Counts</li> <li>• Maine Association of Health Plans</li> <li>• Other professional associations</li> </ul>

To make things better, we need to:	We can do this by:	Who can make it happen?
<p>Conduct studies to <b>assess needs and ensure quality</b> related to expanding access to MAT in primary care practices</p>	<ul style="list-style-type: none"> <li>• Conducting a comprehensive assessment of the <b>current status</b> of the provision of MAT services in primary care practices</li> <li>• Conducting a study of <b>best practices</b> for providing best practice and high quality MAT services in primary care</li> </ul>	<ul style="list-style-type: none"> <li>• Maine Office of SAMHS</li> <li>• USM Muskie</li> <li>• Maine Quality Counts</li> <li>• Maine Primary Care Association</li> <li>• Co-Occurring Collaborative Serving Maine</li> <li>• Private foundations</li> </ul>

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

To make things better, we need to:	We can do this by:	Who can make it happen?
<p>Reduce <b>over-prescribing</b> of opioids for chronic non-cancer pain</p>	<ul style="list-style-type: none"> <li>• Pass legislation establishing <b>new prescribing limits</b></li> <li>• <b>Educating and supporting health care providers</b> and practices about safer prescribing</li> <li>• Increasing participating in the <b>Maine Chronic Pain Collaborative</b></li> <li>• Developing <b>community and regional standards</b></li> </ul>	<ul style="list-style-type: none"> <li>• Maine Legislature</li> <li>• Maine licensing boards</li> <li>• Maine Caring for ME initiative</li> <li>• Private foundations</li> </ul>
<p>Reduce the prescribing of <b>opioid and benzodiazepine</b> combinations</p>	<ul style="list-style-type: none"> <li>• Developing an <b>education module for health care providers</b> and practices</li> <li>• Recruiting partner organizations to support <b>outreach and education</b></li> </ul>	<ul style="list-style-type: none"> <li>• Maine Independent Clinical Information Service (MICIS)</li> <li>• Maine Medical Association</li> <li>• Professional associations</li> </ul>
<p><b>Monitor</b> for abuse and diversion of opioids</p>	<ul style="list-style-type: none"> <li>• Employing best practice, team-based <b>monitoring techniques among prescribers and pharmacists</b>, including screening for substance use disorder, pill counts, drug screens, use of Prescription Monitoring Program and Diversion Alert</li> </ul>	<ul style="list-style-type: none"> <li>• Prescription Monitoring Program</li> <li>• Professional associations</li> <li>• Health care providers/practices</li> </ul>
<p>Improve the <b>management of chronic pain</b></p>	<ul style="list-style-type: none"> <li>• Educating health care providers and the public on the most effective <b>treatments for chronic pain</b></li> </ul>	<ul style="list-style-type: none"> <li>• Maine Chronic Pain Collaborative</li> <li>• MICIS</li> <li>• Universities, colleges</li> <li>• Professional associations</li> </ul>



**GOALS: Promote good public health & safety, reduce the harmful effects of opiate use, strengthen & enhance Maine’s public health infrastructure**

To make things better, we need to:	We can do this by:	Who can make it happen?
Increase public <b>understanding</b> and reduce the <b>stigma</b> surrounding opiate and heroin use disorder	<ul style="list-style-type: none"> <li>Running a <b>statewide public education campaign</b> on the opiate/heroin problem, treatment and recovery options, and the importance of prevention</li> </ul>	<ul style="list-style-type: none"> <li>Maine Legislature</li> <li>Private foundations/donations</li> </ul>
Decrease the <b>risk factors</b> for opiate use/addiction and decrease the <b>use of opiates</b> among youth	<ul style="list-style-type: none"> <li>Training <b>parents and adult mentors</b> to reduce child abuse and guide children to wellness</li> <li>Creating a Substance Use Prevention <b>Toolkit for schools</b></li> <li>Training school staff in <b>screening and early intervention for ACE’s</b></li> <li>Increasing the number of <b>Community Partnerships for Protecting Children</b></li> </ul>	<ul style="list-style-type: none"> <li>Maine CDC</li> <li>Maine Office of Substance Abuse &amp; Mental Health Services (SAMHS)</li> <li>Maine Dept. of Education</li> <li>Maine Legislature</li> <li>County/local governments</li> <li>University of New England</li> </ul>
Reduce <b>unsafe prescribing</b> practices (over-prescribing)	<ul style="list-style-type: none"> <li>Increasing the use of <b>Maine’s Prescription Monitoring Program (PMP)</b></li> <li>Increasing the functionality of the PMP</li> </ul>	<ul style="list-style-type: none"> <li>Maine Legislature</li> <li>Maine Office of SAMHS</li> <li>Maine Medical Association, Quality Counts, Maine Hospital Association</li> </ul>
Increase <b>safe storage and disposal</b> of prescription drugs	<ul style="list-style-type: none"> <li>Creating a website and database of all <b>drug take-back/drop-off locations</b> in Maine</li> <li>Establishing a statewide <b>product stewardship program</b> funded by pharmaceutical companies</li> <li><b>Educating the public</b></li> </ul>	<ul style="list-style-type: none"> <li>Maine Office of SAMHS</li> <li>US Drug Enforcement Agency</li> <li>Maine Legislature</li> </ul>
Decrease the number of <b>drug-affected babies</b> born in Maine each year	<ul style="list-style-type: none"> <li>Piloting <b>“Snuggle ME”</b> at two hospitals</li> <li>Piloting a model of improved <b>coordination of care</b> in two communities</li> <li>Replicating <b>Bangor’s outpatient treatment model</b></li> <li><b>Training medical providers</b> in screening and care</li> </ul>	<ul style="list-style-type: none"> <li>Hospitals</li> <li>Health systems</li> <li>Health care providers</li> </ul>
Increase access to <b>naloxone</b> for people using opiates, their families and friends	<ul style="list-style-type: none"> <li><b>Educating at-risk populations</b> and the general public</li> <li><b>Educating health care providers</b> on benefits, prescribing guidelines, and how to effectively interact with people who use drugs</li> </ul>	<ul style="list-style-type: none"> <li>Maine Office of SAMHS</li> <li>Maine Attorney General</li> <li>Maine Medical Association</li> <li>Maine Harm Reduction Alliance</li> </ul>

<p>Expand <b>recovery supports and services</b> statewide</p>	<ul style="list-style-type: none"> <li>• Funding a <b>network of community recovery centers, recovery coaches, and recovery coalitions</b> in each public health district</li> <li>• Establishing <b>Collegiate Recovery Communities (CRCs)</b> at all colleges/universities</li> <li>• Creating <b>tax credits or other incentives</b> for housing, education, and employment</li> </ul>	<ul style="list-style-type: none"> <li>• Maine Governor</li> <li>• Maine Legislature</li> <li>• University of Maine system and private universities</li> <li>• Maine Alliance for Addiction Recovery (MAAR)</li> <li>• Young People in Recovery (YPR)</li> </ul>
<p>Reduce the <b>barriers to treatment</b> for substance use disorder</p>	<ul style="list-style-type: none"> <li>• Expanding affordable <b>health insurance coverage</b> for people with mental health and substance use disorders</li> <li>• Passing a <b>Good Samaritan Law</b> to provide immunity when calling for help in the case of an overdose</li> <li>• Providing a <b>legal exception</b> so information gathered for treatment cannot be used later in court</li> <li>• Increasing <b>screening and referrals to treatment at hospitals</b> and other medical organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Maine Governor</li> <li>• Maine Legislature</li> <li>• Hospitals</li> <li>• Health systems</li> <li>• Health care providers</li> </ul>
<p>Enhance the focus and profile of substance use disorder among <b>government entities</b></p>	<ul style="list-style-type: none"> <li>• Creating a <b>high-level position in state government</b> (e.g. Commissioner of Substance Use Reduction)</li> <li>• Charging the Maine Substance Abuse Services Commission with producing a <b>yearly report card</b> to the Maine Legislature and stakeholders on progress made toward Maine Opiate Collaborative recommendations</li> </ul>	<ul style="list-style-type: none"> <li>• Maine Governor</li> <li>• Maine Legislature</li> </ul>
<p>Make it easier for individuals, families, and affected others to get <b>timely, accurate information</b></p>	<ul style="list-style-type: none"> <li>• Updating the <b>Maine 2-1-1 directory</b> to include information on substance use disorder, prevention, intervention, treatment, and recovery services</li> <li>• <b>Training Maine 2-1-1 staff</b> to adequately field the breadth of calls for services related to substance use disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Maine 2-1-1</li> <li>• United Ways</li> <li>• Opportunity Alliance</li> <li>• Maine Emergency Management Association</li> </ul>
<p>Create more <b>capacity in Maine’s Public Health Districts</b> to prevent and reduce opiate misuse and overdose</p>	<ul style="list-style-type: none"> <li>• Funding at least one <b>School Behavioral Health Coordinator</b> in each Public Health District</li> <li>• Funding a <b>Substance Use Disorder Coordinator</b> in each Public Health District</li> <li>• Requiring Public Health <b>District Coordinating Councils</b> to use a multi-sector collaborative approach and to build linkages with peer recovery centers and the recovery community</li> </ul>	<ul style="list-style-type: none"> <li>• Maine CDC</li> <li>• Maine Dept. of Education</li> <li>• Maine Office of SAMHS</li> <li>• Maine Legislature</li> <li>• County/local governments</li> <li>• Maine Dept. of Corrections</li> </ul>