



INITIATIVES

Pathways (MAT) Program: Greater Portland Health Overview



Overview of Greater Portland Health Pathways (MAT) Program

Greater Portland Health is one of 271 health centers across the country, and one of four in Maine, to be awarded funds by the Health Resources and Services Administration (HRSA) to improve and expand the delivery of substance abuse services in health centers. The focus of the two-year effort will be to provide Medication Assisted Treatment (MAT) for opioid use disorders in underserved populations. With a core mission of increasing access to quality health care for the underserved, including the uninsured, Greater Portland Health is well positioned to expand access to critical substance use treatment services.

This award will increase the number of patients screened for substance use disorders and connected to treatment, increase the number of patients with access to MAT for opioid use and other substance use disorder treatment, and provide training and educational resources to help health professionals make informed prescribing decisions. The target population includes current Greater Portland Health patients as well as members of our community struggling with substance abuse. The program will offer both brief interventions and MAT, and will offer access to higher levels of care through referral.

Greater Portland Health screens all patients during their first visits and at annual visits to help recognize any unmet need or opportunities for further screening and counseling. Primary Care Provider will provide referral to the Greater Pathways (MAT) program which offers an effective and compassionate approach for patients struggling with issues of alcohol dependency, opiate addiction or use of any other substances.

Greater Pathways is open to all patients of Greater Portland Health. In addition to the primary care team, Greater Pathways teams of experts are available to help people recover and stay in recovery from substance use disorder.

The first step is to ask the primary care provider for a referral to Greater Pathways. The patient will then meet with a licensed clinical counselor to help determine the best pathway (treatment) for the patient. Once the patient determines that s/he would like to explore further, or be referred into treatment, the clinical social worker and the Greater Pathways team will help create a unique plan that best meets the patient's need.

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University of New England - Maine Substance Use Prevention Services Grant Overview

The University of New England (UNE) Center for Excellence in Health Innovation received a \$2.3 million contract from the Maine CDC to provide statewide substance use prevention services to Maine youth and young adults as part of Maine Prevention Services, a group of services overseen by the Maine CDC providing primary prevention of substance use and misuse, tobacco use and obesity with a focus on youth empowerment and engagement. The primary focus of the substance use prevention efforts are to reduce heroin use, alcohol use and binge drinking, marijuana use and prescription drug misuse.

UNE subcontracts with nineteen local community agencies that work with the District Coordinating Councils for Public Health to ensure complimentary and appropriate substance use and misuse prevention services occur throughout the State. In addition to focusing on youth and young adults, prevention services also focus on populations with an undue burden of substance use and exposure such as MaineCare members, rural Mainers, veterans, pregnant women, Maine's Tribal members and people who are lesbian, gay, bisexual or transgender. Those individuals providing prevention services under the grant will be certified prevention specialists or carry provisional prevention specialist credentials and will employ evidence-based prevention strategies.

The team managing the grant is assembled and includes Karen O'Rourke, MPH, as the Project Leader who led the efforts to hire staff and contract with sub-recipients and now provides supervision to the Program Manager offering assistance in planning and oversight of the program. Doreen Fournier, MSW, is the Program Manager responsible for overall implementation of the program and is the lead liaison between the other Maine Prevention Services vendors and is the primary contact for the Maine CDC. Becky Ireland, CPS, is the Program Coordinator providing training and technical assistance to the central and southern district sub-recipients. Eastern Maine Healthcare Systems is sub-contracted by UNE to provide training and technical assistance to the northern and eastern district sub-recipients.

Funding for the grant is provided by the Maine Department of Health and Human Services Center for Disease Control and Prevention with grants from the U.S. Substance Abuse and Mental Health Services Administration Partnerships for Success and SAMHSA Block Grants.

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University of New England's Collaborative SBIRT Training for Maine's Future Health Profession



“Drug overdose deaths in Maine soared by 31 percent in 2015, reaching a new high of 272 fatalities that was fueled by a near doubling of heroin deaths. Fifty-seven people died of heroin overdoses in 2014, when 208 deaths were caused by drug overdoses.”

Maine Attorney General <http://www.pressherald.com/2016/03/07/drug-overdose-deaths-hit-new-highs-in-maine/>

SBIRT

SBIRT is an evidence based approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.

OUR GRANT

Collaborative SBIRT Training for Maine's Future Health Profession Leaders is a three-year grant totaling \$870,000 from the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA). The first of its kind to be awarded in Maine, this grant utilizes an interprofessional approach to the development and implementation of training programs to teach UNE students across 8 health professions the skills necessary to provide evidence-based screening and brief intervention as well as referral to treatment for patients who are at risk for a substance use disorder (SUD). Additionally, the training will develop the leadership skills needed in order to champion the implementation of SBIRT throughout our healthcare system with the ultimate goal of helping clients avoid substance use disorders.



Program	Faculty Champion	Program	Faculty Champion
College of Dental Medicine	Timothy Martinez, D.M.D.	Dental Hygiene	Eileen Dunfey, RDH, MS.
College of Osteopathic Medicine	Jenifer Van Deusen, M.Ed.	College of Pharmacy	Devon Anne Sherwood, BSPHarm, PharmD, BCPP
Nursing	Debra Kramlich, MSN, RN, CCRN, CNE	Occupational Therapy	Jan Froehlich, M.S., OTR/L Regi H. Robnett, Ph.D., OTR/L
Physician Assistant	Jonathan Skillings, B.S., M.H.S.A., P.A.-C.	Social Work	Kelli Fox, LCSW

FACULTY POINT OF CONTACT FOR YOUR PROGRAM

Substance abuse issues play a key role in the health of individuals and communities, and we believe that intervention can occur in even the briefest encounter with a sensitive, caring, and professional health care provider.

GRANT ACTIVITIES

- Training for Faculty
- Curricular integration across 8 health professions
- Additional Training for Student Leaders
- Training for Clinical Faculty and Field Instructors/Preceptors
- Clinical integration during rotations
- Web-based resources
- Sustainability

FMI: Contact the SBIRT team at 207/221-4114 | sbirt@une.edu Clay Graybeal, Ph.D., Project Director, Kris Hall, MFA, Project Manager, Sarah Porter, MPH, Project Assistant





Bangor’s Community Health Leadership Board (CHLB)



The Community Health leadership board (CHLB) began meeting in 2014 to address the broad issue of Public health services in Bangor and the region. The board consisting of hospital, social service and public health leaders soon decided they wanted to try to work together on a real and meaningful project to see how their collective efforts could achieve greater change. They chose an issue clearly affecting all, substance abuse. The group set about receiving a set

of 17 recommendations from a community stakeholder group and assigning tasks. We soon discovered significant gaps and needs in our community from prevention and treatment to recovery. Two years later we have addressed significant infrastructure gaps and have begun to address other aspects of the problem. Much work remains but we are committed to the work and as a unique collaboration between organizations we are continually learning how to make changes using a ‘collective impact’ model and building trust along the way.

Building a Healthier Community through Partnership

The CHLB is a collective catalyst for improved health; finding strength together to bring hopefulness, resiliency and innovation to the Bangor region. The CHLB is initially focused on addressing our community’s opiate and substance use disorder issues.

CHLB Members * Chair **Vice Chair

Dale Hamilton, CEO	Community Health & Counseling Services
Dan Coffey, President & CEO	Acadia Hospital
Debbie Carey Johnson, President & CEO	Eastern Maine Medical Center
Dyan Walsh, Dir. Comm. & Caregiver Services	Eastern Area Agency on Aging
Kara Hay, CEO	Penquis
Ken Schmidt, President & CEO	Penobscot Community Health Care
**Mary Prybylo, President & CEO	St. Joseph Healthcare
Doug Michael, Chief Comm. Health & Grants Officer	Eastern Maine Healthcare Systems
Jamie Comstock, Health Promotion Manager	City of Bangor Public Health Department
*Patty Hamilton, Director	City of Bangor Public Health Department
Cathy Conlow, City Manager	City of Bangor



CHLB Working Groups

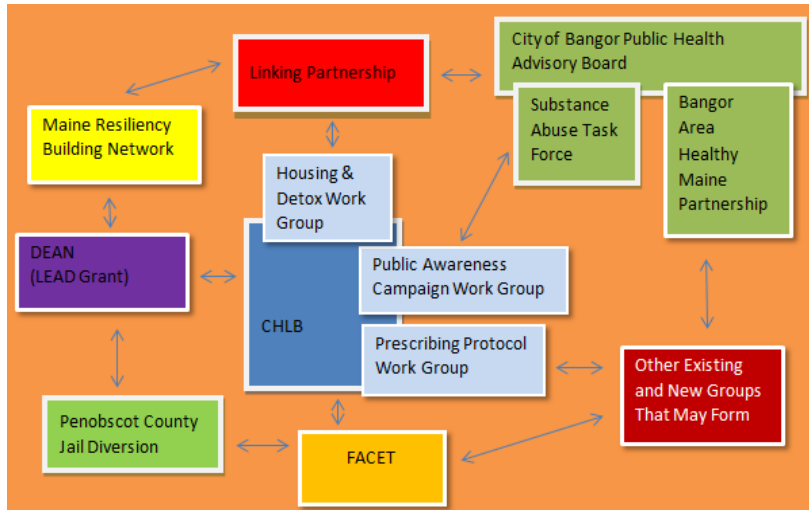
In Progress:

1. Launch a Public Awareness Campaign: January 2016 launch of campaign to reduce the stigma faced by individuals dealing with substance use disorder whether in treatment or recovery, specifically opiate use disorder. #HealthyRegion blog with Bangor Daily News. May 2016 launch of Circle of Caring social media campaign www.bangorchlb.org and #caringcircle.
2. Develop Shared Prescribing Protocols: February 2016 implementation of a jointly developed set of prescribing protocols and system for tracking adherence. Covers narcotic prescriptions (opioids, benzodiazepines and stimulants) that all community prescribers can use from primary care practices to dentists, emergency rooms, specialists and oral surgeons. Joint opioid protocols developed. This group will also oversee the implementation of a regional model for expanded access to medically assisted treatment in primary care. First in the Bangor area and then into rural areas that require additional links to services.
3. Develop Models, Assess Sustainability and Launch Social Detox and Early Recovery Transitional Housing (ERTH) Resources: Models are developed for Non-Medical (Social) Detox and ERTH. Successfully lobbied for Social Detox Funding. Now preparing bid to launch social detox center. Partners in place for administration and service provision. Identifying locations for ERTH. Collaboratively looking at properties for locations.

Completed:

1. Develop Model for Provision of Opiate Use Disorder Treatment in Rural Areas: Elements of model identified. Pilot implementation in Bangor area and then into more rural areas.
2. Medically Assisted Treatment (MAT) Clinic Practices Review: MAT clinics reviewed practices and found consistent use of accreditation protocols. Opportunity for enhanced counseling if reimbursement rates increase.
3. Asset Mapping of Substance Use Disorder Services/Providers: MAAR online map available and CHLB data provided as needed.

CHLB Networked in the Community



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CHLB Working Groups

City of Bangor Plays a Role in All These Groups: Helping form connections, sharing work plans and helping to find synergies between initiatives of each group

Other Boxes Are Existing Groups

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Maine Behavioral Healthcare Hub and Spoke for MAT

Maine Behavioral Healthcare MaineHealth

evidence-based approach was clear and that evidence-based approach is integrated medication-assisted treatment.

As Maine's largest health care provider system, MaineHealth has an imperative to respond to the public health crisis of opioid addiction with a unified, system-wide approach. The need for a comprehensive,



Maine Behavioral Healthcare is working collaboratively with MaineHealth primary care practices to establish a Hub and Spoke Treatment Model across the MaineHealth footprint. We have a focused goal that every MaineHealth local health system will actively provide Medication Assisted Treatment (MAT) in one or more adult primary care practices for patients with opioid use disorder with the help and support of behavioral health. We want to treat our clients/patients holistically in the most appropriate treatment setting recognizing that the level of service needed will vary based upon the individual's acuity and circumstances. The Hub and Spoke Treatment Model allows for this variation in treatment need and provides a wider continuum of care.

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Kennebec County Sheriff's Department: Criminogenic Addiction Recovery Academy (CARA)

Program Description and Crisis and Counseling Role/Responsibilities

The Criminogenic Addiction Recovery Academy (CARA) is a year-long program offered to eligible inmates at the Kennebec County Correctional Facility (KCCF) in Augusta, Maine. Phase 1, the in-facility portion of the program, occurs at KCCF over the course of 5.5 weeks. This gender-specific program has a capacity of 12 and utilizes a therapeutic community model, while providing an intensive intervention targeting criminal thinking, substance abuse and related attitudes and behaviors. Partnering providers include Crisis and Counseling Centers(C&C), Maine Pretrial Services (MPS), Augusta Adult Education, and others.

Crisis and Counseling (C&C) provides clinical oversight for the program and specially trained clinicians to facilitate specific programming focusing on: (1) criminal thinking [Pathways curriculum] and (2) substance abuse [Horizons curriculum]. This programming facilitation and clinical consultation is provided by independently licensed clinical practitioners. Inmates are administered (by C&C) a series of screening instruments to determine program eligibility and, after program admission, are segregated from general population, housed in their own block, and receive direct supervision from specifically trained CARA officers in the implementation of the therapeutic model/milieu.

CARA offers more than forty (40) hours per week of core programming with the following components: substance abuse psycho-education; work-readiness; criminal thinking; decision-making; parenting class; community re-entry planning and community service. Additional activities such as a current events/book-club discussion group and an Alcoholics Anonymous meeting supplement the core programming. C&C consults and collaborates regularly with KCCF administration and the other providers of CARA programming, and is represented on the CARA 'Team'—a small group of key stakeholders which meets on a weekly basis to evaluate and oversee the progress of in-facility and community-based CARA participants.

After CARA participants return to the community for Phase 2 of the program, C&C clinicians facilitate a five-week Intensive Outpatient Program (IOP) which continues to address substance abuse and criminogenic risk issues. Maine Pretrial Services provides community supervision and case management services as participants progress through a phase system of progressively less restrictive oversight and monitoring. Some participants may also receive additional supervision under DOC Probation officers' supervision. C&C recommends and refers participants to less-intensive levels of care after completion of the IOP phase of the program. C&C involvement, clinical oversight and collaboration continues in the community-based Phases 3 and 4, as CARA participants move towards gradually less intensive treatment and supervision, and ultimate program completion.

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Maine Alliance for Addiction Recovery: Peer Support Recovery

What is a Peer Support Recovery Coach?

A Recovery Coach is a person who helps remove personal and environmental obstacles to recovery, links the newly recovering person to the recovery community, and serves as a personal guide and mentor in the management of personal and family recovery.

Roles of a Recovery Coach

- **Motivator and Cheerleader:** Believes in capacity for change, Motivates, Encourages and Celebrates.
- **Ally and Confidante:** Loyal, Cares for the Recoveree, Actively Listens, Trustworthy, Stable and Consistent.
- **Truth-Teller:** Provides honest and helpful information, Offers suggestions, Helps to identify patterns of behavior, Does not “sugar coat” things.
- **Role Model and Mentor:** Offers their own life as an example, “Walks the Talk”.
- **Problem Solver:** Identifies potential problem areas, Assist recoveree to problem solve, does not tell the recoveree the right way however helps them with options, Non- judgmental.
- **Resource Broker:** Provides linkages to the recovery community, treatment and other supports, Knows systems of care and how to navigate the system, has established contacts and recovery partnerships in the community.
- **Advocate:** Advocates for the recovery community and recoveree, Assists recoveree to protect their rights, and acts as a representative for the recoveree when requested.
- **Community Organizer:** Helps establish support network for recoveree and serves as a connector.

The goals of a Recovery Coach are to promote recovery, remove barriers, connect people with recovery support services and encourage hope, optimism and healthy living.

In addition to being available through the Maine Alliance for Addiction Recovery the utilization of Recovery coaches are being used in various settings throughout our state.



- Project Save ME- Oxford County
- Knox County Recovery Coach Program
- Capital Recovery Program- Kennebec County
- Maine State Prison and Maine Correctional Center
- Operation Hope
- Maine General Medical Center Emergency Department
- Portland Recovery Community Center

Starting in March Recovery coaches will be part of the Westbrook Police Dept. Community Approach to Stopping Heroin (CASH) program.

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Scarborough Police Department: Operation Hope

The men and women of the Scarborough Police Department see firsthand the impact of Substance Use Disorder. Those caught in the grip of heroin and opiate use feel hopeless and powerless to escape its grasp. Substance Use Disorder causes pain and suffering, ruins lives, tears families apart and, all too often, results in death.

Aside from impacting those directly affected by Substance Use Disorder, heroin and opiate use serves as a major source of crime in our community. A significant number of the thefts, burglaries, robberies, and other crimes we see are committed by people struggling with Substance Use Disorder.

We believe we can reduce the impact of heroin and opiate use on our community by encouraging those who suffer from Substance Use Disorder to seek help and experience recovery.

Inspired by a similar, successful effort undertaken by the Gloucester, Massachusetts Police Department, on October 1, 2015, the Scarborough Police Department launched Operation HOPE (the Heroin-Opiate Prevention Effort).

Our Partners:

Scarborough Police Department www.scarboroughmaine.org

Portland Recovery Community Center www.portlandrecovery.org

Police Assisted Addiction Recovery Initiative www.paariusa.org

Project GRACE www.projectgracemaine.org



The Greater Portland Addiction Collaborative

The Greater Portland Addiction Collaborative (GPAC), spearheaded by Mercy Hospital, is focused on meeting the unmet needs of the uninsured and underinsured, specially targeting high-utilizers with substance-use disorder who are at risk, or have a previous history of, criminal justice involvement and/or overdose. GPAC brings together local hospitals, the City of Portland, Portland Police Department, community detox center, treatment providers, crisis providers, housing and employment providers, and peer recovery center. The members aim to create an integrated and comprehensive treatment model, focusing on 4 key goals: the effective use of existing resources, lowering cost while increasing the availability of high quality treatment, filling the gaps by expanding the continuum, and ensuring accountability for services delivered.

The GPAC model introduces systemic accountability and develops capacity across the continuum by coordinating care at discharge, building capacity for treatment in intensive outpatient and integrated addiction services in primary care centers, and developing structured sober living environments with recovery oriented supports including intentional peer support, process groups, concrete supports, and employment services to ensure safe and productive discharge. Designed to be replicated across in the State of Maine, we believe that the GPAC model is a critical solution to address the opioid crisis in the U.S.

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Maine Quality Counts & Maine Medical Association: Caring for ME



The current opioid and heroin epidemic in Maine presents an enormous public health challenge and requires creative, collaborative, and innovative approaches. With hundreds of Mainers dying from drug overdose every year and thousands of Mainers actively suffering from addiction, this issue calls for immediate and collective action. Maine is a strong and resilient state and can successfully address this epidemic by bringing together our clinicians and communities, building on our unique strengths, and committing our shared leadership and compassion to protect the health and well-being of people in our state.

Recognizing the need for creative and bold solutions, Maine Quality Counts (QC) has launched “Caring for ME,” a collaborative effort that aims to bring together a wide set of partners to promote shared messages, educational resources, and practical tools for health care providers. The goals of Caring for ME are to support prevention efforts; maintain a compassionate and trauma-informed approach to chronic pain management; improve the safety of opioid prescribing; appropriately diagnose addiction when it exists; and improve access to effective treatments for patients with substance use disorder.

Caring for ME currently includes several concurrent projects, including:

- Development of web-based, ad hoc learning modules,
- Production of two educational webinar series,
- Facilitating a number of assessment activities to engage Maine health systems and provider organizations in efforts to take a more active role to address the opioid epidemic and align efforts already underway, and
- Hosting a learning collaborative to support 6 practices in building or expanding their Medication Assisted Treatment (MAT) programs.

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Eastport Health Care: Community Circles

Community Circles were established in March 2011 as a way to engage the community.

Christina Baldwin's 'Calling the Circle' helped frame the structure of Community Circles. The FQHC model of 'going into the community to know the community, to feel the pulse of the people' demonstrated clearly the need to reach out and to be more receptive to meeting the community on their turf. This honors them! Community Circles are a natural way to really come to appreciate the community, its norms, its pulse.

Core to the function of Community Circles is attentive listening. Using a peer facilitated model, Community Circles provide a venue for sharing, brainstorming, educating, problem solving, and most importantly building relationships. Following the tenets articulated by Jack Geiger MD, EHC began Community Circles as a way to come to know the service area communities better. Our goal was to improve responsiveness to meet assessed needs.

Community Circles convene every 6-8 weeks and are facilitated by EHC Senior Leadership Staff. Topics may be selected by the health center (Patient Centered Medical Home) or the community (improving a system of care focusing on patients with severe persistent mental illness, Gay-Straight-Transgender Alliances, Car-Giver – Palliative Care)

Circle: Described: a venue for a group to engage directly (open meeting) with face to face interaction deemed essential for establishing heartfelt relationships; a process summarized as attentive responsive solution focused listening. The model promotes the Peer voice as a leading contributor.

The terms of the Circle are described: A circle presents a sacred space for confidential sharing and attentive listening; one person speaks, all others listen [speaking with as opposed to talking at: don Miguel Ruiz 'The Four Agreements']; thoughtful / feeling response is encouraged. All sharings are honored as presented.

The Circle Cycle: Calling the Circle begins with a full minute of P-a-u-s-e followed with an opening reading that is relevant to the topic; a topic or focus is presented by the facilitator or another Circle participant and is no more than 10 minutes. The Circle is opened for sharing; discussion may continue on the focused topic, or it may progress on another path per the group. The Circle progresses for the length of time it needs (usually, they run for 1.5 – 2 hours). There is a natural shift in the Circle's energy which announces the time to begin closing the circle. Each member present is invited to share final thoughts or impressions. The facilitator highlights the points gleaned and any action points that have emerged and a Closing Reading may be offered. The planning of the next Circle is discussed and established by the participants [date, time, location]. The Circle's discussion and action is summarized and distributed within the week and gratitude feedback is provided to each participant within 24 hours



Resources: the following resources frame the inception and manifestations of Community Circles: Christina Baldwin's 'Calling the Circle'; Don Miguel Ruiz: 'The Four Agreements'; Carl Honore: In Praise of Slowness; Tina Rosenberg's: Join the Club; Mark Pagel's: Wired for Culture; Jack Geiger MD & Count Gibson MD: FQHC Model—directly interacting with the community you serve

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Young People in Recovery (YPR) is a national grassroots advocacy organization focused on creating recovery-ready communities throughout the nation for young people in, or seeking, recovery. YPR establishes city and state chapters and provides them with the resources they need to carry out the organization's vision and mission.

Each chapter coordinates with YPR national for ongoing chapter development and to advance YPR's public policy agenda. In order to ensure our chapters are ready for this incredible work, each chapter completes a 90-day on-boarding program and receives yearly post-training at the National Leadership Conference. They also conduct monthly training sessions and seminars in their communities that improve access to necessary support services.

Since every community is different, chapters identify and support key policy measures that are already in place in their community, in addition to identifying needs and providing support to solutions. Chapter members also often speak publicly about their own recovery in an attempt to break the stigma. This not only educates their communities on what recovery is and why it's important, but also creates a beacon of hope for individuals still struggling with a substance use disorder. Our chapters and their members represent YPR on a local, state, and national stage while pushing three of YPR's core beliefs – advocacy, education, and collaboration.

Mission:

Our national leadership team creates and cultivates local community-led chapters through grassroots organizing and training. Chapters support young people in, or seeking, recovery by empowering them to obtain stable employment, secure suitable housing, and continue and complete their educations. Chapters also advocate on the local and state levels for better accessibility of these services and other effective recovery resources.

Vision:

YPR envisions a world where all young people in or seeking recovery will be provided with the tools and support that allows them to successfully take charge of their futures.

Housing Secure and suitable housing is a pinnacle need for every individual

Education Reaching goals through continuing education empowers individuals

Employment Stable employment allows individuals to reach for their dreams

Empowerment Helping individuals find their voice gives them the tools for life

www.youngpeopleinrecovery.org

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Cumberland County, ME: Project Reentry Second Chance Act Reentry Program for Adults with Co-Occurring Substance Abuse and Mental Disorders



Scope of Project: The Cumberland County, Maine Sheriff Office's Project Reentry, a 2-year project funded by Second Chance Act Reentry, was initiated in October 2014. It creates linkages between the correctional and the community systems to develop a continuum of care beginning with programming in the jail and extending into the community. Project Reentry brings together multiple key stakeholders who are invested in making a difference to create a continuum of care and monitoring to help offenders safely transition back into the community. Members of this partnership include the Co-Occurring Collaborative Serving Maine, Family Crisis

Services, Catholic Charities of Maine (treatment), Maine Pretrial Services (case management), Probation and Parole, University of New England (evaluator), My Sister's Keeper (mentoring) and Goodwill Industries of Northern New England (vocational). An existing cross-disciplinary steering committee comprised of criminal justice and behavioral health personnel guides and monitors the implementation of Project Reentry. Program design involves case management on an individual level and begins with an initial phase of evaluation, motivational interviewing and planning that begins in-jail treatment. Individualized case plans, based upon risks and needs, include 300 hours for high risk offenders and 200 hours for medium risk offenders of cognitive based programming. Phase two begins upon release from Cumberland County Jail when participants continue their engagement with treatment, forensic case management, residential treatment if needed, medications as needed for mental health and/or substance abuse, housing, health treatment, mentoring services for the woman, vocational services, community supervision and community service. Participants once in the community engage in an intensive outpatient (5 weeks 9 hours a week) and then step down to groups and then on going individual. The treatment team meets weekly to the participants and has on going communication through the week as needed.

Target Population: 100 Males and females age 18 and older with co-occurring disorders, who are medium to high risk to recidivate, and who have faced, are facing or could face charges in Cumberland County and/or returning to Cumberland County Jail, a 627 bed facility are eligible for the program.

Kevin J. Joyce, Sheriff

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Westbrook Police Department: Community Approach to Stopping Heroin (C.A.S.H.)



The Westbrook Police Department founded the Community Approach to Stopping Heroin - CASH – coalition in July of 2015. This is a coalition of over 140 individuals and organizations that uses a Recovery Oriented System of Care (ROSC) model to inform and support all of its programs. Along with police departments from Westbrook, Gorham, Windham and Buxton and the Cumberland County Sheriff’s Department and Maine Department of Probation & Parole, the Westbrook Recovery Liaison Program (WRLP) was created to help people access and sustain recovery and reduce recidivism.

The program works within a ROSC model and focuses on helping people with opioid use disorders find treatment, a Recovery Coach, housing, jobs, reconnect with family, and/or other recovery supports. Residents from the towns of Westbrook, Windham, Gorham or Buxton can access this program by walking into one of the police departments or by contacting the Recovery Liaison or CASH Coordinator. The CASH Coordinator and the Recovery Liaison take this program into the Cumberland County Jail each week to provide treatment groups and to meet one on one with incarcerated individuals to connect them with resources before they are released from CCJ. This innovative initiative brings together the community and correctional community to address the needs of its citizens to save lives, prevent crime, reduce recidivism, and divert people from incarceration and into sustainable recovery.

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Co-Occurring Collaborative Serving Maine: Learning Collaboratives

The Co-Occurring Collaborative Serving Maine (CCSME) develops, designs and manages statewide training programs and grants. We encourage professional development and maximize collaboration among individuals and organizations that serve people affected by co-occurring conditions. CCSME has the expertise to provide leadership to newly convened collaborative learning communities in order to promote successful implementation and expansion of Evidence Based Practices and to build organizational capacity through quality improvement. CCSME has led learning collaboratives in support of the Maine Quality Counts initiative to implement Screening, Brief Intervention and Referral to Treatment (SBIRT) in Maine’s primary care Health Homes and to supporting its Maine Quality Counts’ efforts to implement and expand medication assisted treatment (MAT) in primary care. CCSME also is supporting the diffusion of SBIRT within a large primary care system and has participated in an initiative to expand and sustain use of Vivitrol in Maine’s Publicly Funded Addiction Treatment System. CCSME has the requisite knowledge and experience to support the development of successful learning collaboratives.

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