

About This Measure

- Rate is defined as the number of mental health service recipients per 1,000 Maine population
- The adult MaineCare mental health population includes:
 - Adults age 21 and older
 - Adults identified based on the assignment of a mental health diagnosis and the use of a selected MaineCare mental health service
- Data came from MaineCare Paid Claims data, including five years of service claims between SFY 2006 and SFY 2010. No claims adjustments were applied (*excludes pharmacy claims*)
- MaineCare funds a broad range of adult mental health related services, such as:
 - Outpatient Clinical Treatment
 - Medication Assessment and Treatment
 - Community Integration
 - Assertive Community Treatment
 - Crisis Intervention and Support
 - Residential Treatment
 - Psychiatric Inpatient Hospital Treatment

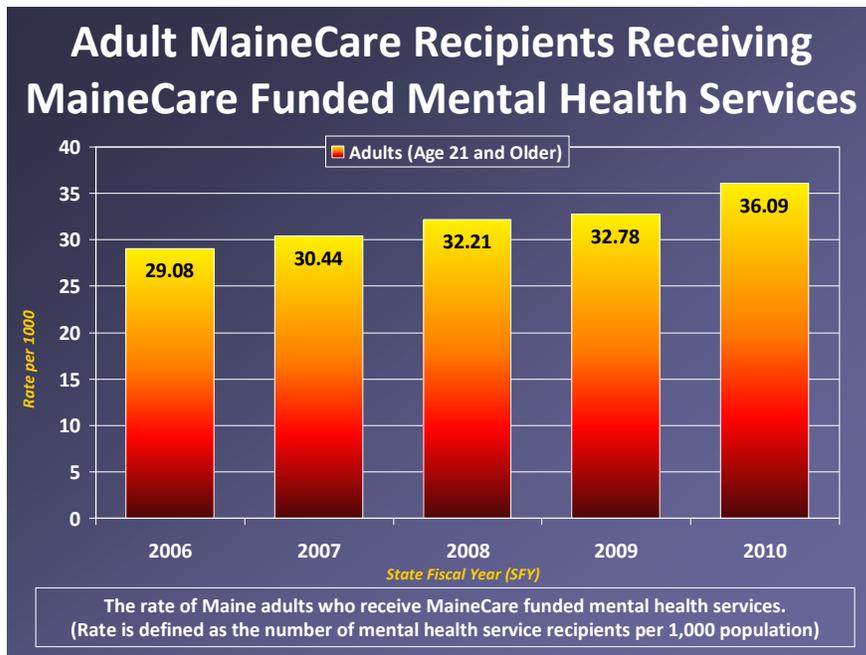
What May Influence This Measure?

- MaineCare eligibility requirements
- Availability of mental health services and supports
- Geographic distribution of services
- Increase in MaineCare enrollment

Adult Recipients of MaineCare Mental Health Services: Multi-Year Trends

The June QI Data Snapshot is the second of a three-part series focused on adult MaineCare recipients receiving mental health services. This month's snapshot focuses on state and county level MaineCare mental health service trends for adults between 2006 and 2010.

The rate of people using services is often used as a measure at the state and national level to assess access and availability of public mental health services. This data is used by the Maine Department of Health and Human Services Office of Adult Mental Health Services (OAMHS) to inform service planning, policy and budgeting decisions.



- The rate of adult MaineCare members receiving mental health services increased from 29.08 in 2006 to 36.09 in 2010, reflecting a 24.1% increase over the last five years
- Between 2006 and 2010, adult MaineCare members receiving mental health services increased at an average annual rate of 6.0%
- Between 2009 and 2010, the rate of adult MaineCare members receiving mental health services increased by 11.4%, reflecting more than a two-fold (2.67) increase compared to earlier years that averaged 4.3%

Rate of Maine Adults Receiving MaineCare Funded Mental Health Services by County

Adults Receiving MaineCare Funded Mental Health Services by County						
County	2006	2007	2008	2009	2010	% Rate ↑/↓ (2006 vs. 2010)
Kennebec	38.33	40.58	42.75	45.58	49.27	28.5%
Somerset	37.63	41.59	42.98	43.11	48.11	27.9%
Androscoggin	31.17	33.36	37.36	39.92	43.43	39.3%
Franklin	28.10	31.95	34.01	37.62	41.52	47.8%
Penobscot	41.76	40.95	41.56	39.20	41.04	- 1.7%
Oxford	26.81	28.84	31.49	34.50	39.84	48.6%
Aroostook	32.37	33.20	34.59	36.77	38.73	19.6%
Statewide Average for Adults	29.08	30.44	32.21	32.78	36.09	24.1%
Knox	29.40	31.44	34.68	29.62	34.76	18.2%
Piscataquis	32.05	31.96	34.83	30.82	31.61	- 1.4%
Sagadahoc	23.82	23.26	25.40	27.06	31.41	31.9%
Cumberland	22.98	25.37	27.35	27.52	31.06	35.2%
Washington	23.34	24.61	29.43	31.96	30.80	32.0%
York	21.83	23.32	24.25	24.68	28.67	31.3%
Hancock	22.41	21.30	23.11	24.10	26.38	17.7%
Waldo	23.05	24.67	27.78	23.59	26.26	13.9%
Lincoln	19.77	19.93	21.95	21.79	23.36	18.2%

The rate of Maine adults who receive MaineCare funded mental health services.
(Rate is defined as the number of mental health service recipients per 1,000 population)

Adult Mental Health Population

- In 2010, the rate of adults using mental health services ranged from a low of 23.36 in Lincoln county to a high of 49.27 in Kennebec county
- Kennebec, Somerset, Androscoggin and Franklin counties had the highest rates of people using mental health services in 2010 while Hancock, Waldo and Lincoln counties had the lowest rates
- Franklin and Oxford counties showed the largest increase in people using mental health services between 2006 and 2010, which was almost twice the rate of the state as a whole
- Of the 16 counties in Maine, seven counties had higher rates of people using mental health services than the statewide average reported in 2010
- Adult mental health rates were below the rates reported for the overall mental health population

Questions to Consider . . .

1. What factors might account for the two-fold increase in people using mental health services between 2009 and 2010 compared to earlier years?
2. What might explain the variation in the rate of people using mental health services by geographic area?
3. To what extent does the location and availability of mental health services influence regional mental health service trends?

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 Visit OCQIS Website
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Paul R. LePage, Governor

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Mary C. Mayhew, Commissioner