Demand in Maine: Mental Illness

• 5.3% of all Maine adults (~56,000) have Serious Mental Illness (SMI)
  – Higher than the national average of 4.2%

• 54.9% of Mainers, on average, are in some kind of treatment for any mental illness
  – Higher than the national average of 42.7%

• 63.5% of Mainers reporting improved functioning from treatment
  – Lower than the national average of 70.9%

• ~64,000 (6.4% of adults) reported heavy alcohol use

• ~30,000 (2.6% of age 12+) dependent on or abused illicit drugs w/in year prior

• 91.4% meeting criteria for alcohol abuse/dependence did not receive treatment

Demand in Maine

**Figure 1.** Age-Adjusted Suicide Deaths, Self-Inflicted Injury Related Hospital Discharges and Emergency Department Visits among Maine residents (ages 10+)

Rates per 100,000 population

- Black line: Death Rate
- Purple line: Hospital Discharge Rate
- Gray line: Emergency Department Visit Rate

Note: Hospital discharge and emergency department visit data not yet available for 2015.

**Calls to 211 in the Last 12 Months**

- Detox
- MH Outpatient
- SUD Outpatient
- DV / SA
- Medication Management
- MAT
- Inpatient SUD
- Inpatient MH
- Other
- Crisis Services

Maine Department of Health and Human Services
Treatment Locator:
Connecting Supply & Demand

• **Single point of entry:**
  – New Jersey: Partnered with Rutgers University Behavioral Health Care to create single-point-of-entry call line to assess patient needs using standard criteria & match patients to services

• **State-supported single referral platform:**
  – Several states using proprietary system (OpenBeds) to identify & track substance use disorder and/or mental health treatment capacity & refer patients directly for treatment - currently includes:
    • Indiana - [Indiana Addiction Treatment](#)
    • Delaware
    • Michigan
  – Others partnering with contractor to develop & manage referrals – e.g. Beacon Health Options
    • Massachusetts - [MA BH Partnership](#)
    • Georgia
  – Some linked to state 211 system

• **State-developed behavioral health treatment resource lists:**
  – Several states have developed data system to identify & track substance use disorder treatment capacity, make info available to patients/public & providers:
    • Kentucky: [FindHelpNow KY](#)
    • New Hampshire Bureau Drug & Alcohol Services: [NHTreatment Locator](#)
    • Connecticut Department of Mental Health & Addiction Services: [CT Addiction Services Bed Availability](#)
    • Washington: [WA Recovery Help Line Treatment Locator](#)
  – Some linked to state 211 system
Capacity (Supply) in Maine

Preliminary: Mirrors Model for Children’s Behavioral Health Strategy

*Community Based Services:

**Supportive Housing census includes BRAP, Shelter+Care, and Rental Subsidy

***Non-hospital Detox 2 facilities, 26 clients

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**ININDIVIDUALS SERVED**

- #
- $\$$
- COST

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**Referral Type Key**

- Self Referral
- Provider Controlled
- Specialized Referral

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**Maine Department of Health and Human Services**
Next Steps

• Stakeholder engagement
• Develop Treatment Locator
• More detailed, thorough assessment of supply & demand
  – Pew Project was limited
  – Estimate demand based on census & epidemiological data?
  – More detailed survey data?
• Identify gaps by service type & geography
• Fill in the gaps
Preliminary DHHS Plan

**SHORT TERM (2020-2021)**
- Evaluate Assertive Community Treatment service fidelity
- Evaluate integration of behavioral health homes and other services
- Expand DDPC, recovery residences, supportive housing, PNMI
- Secure Medicaid Substance Use Disorder waiver for young families
- Pilot and implement treatment locator
- Create real-time capacity tracking system
- Explore Crisis Center / medication management program
- Assess expansion of early intervention services
- Improve provider contract process
- Create forensic behavioral health team

**LONG TERM: Explore/Examine (2022-2026)**
- Address shortages in the behavioral care workforce
- Explore Medicaid Serious Mental Illness (SMI) waiver
- Improve MH/SUD crisis services

**Outcomes**
- Access to timely and appropriate level of services
- Care in least restrictive settings
- Effective diversion and reduced recidivism rates in criminal justice system

*Italics indicate ideas still under review*
SAMHS Multipronged Framework

• Support
  – Workforce development
  – Training & Technical Assistance
  – Address barriers to service delivery

• Expand
  – Increase existing service capacity ($2 million SUPPORT ACT grant)
  – Add components missing from service array

• Accountability
  – Clear inclusion/exclusion criteria
  – Improve data integrity, collect measures that matter
  – Consistently share actionable information with providers