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October 11, 2019

Jeanne Lambrew, Commissioner  
Maine Department of Health and Human Services  
11 State House Station  
109 Capitol Street  
Augusta, Maine 04333-0011

Dear Commissioner Lambrew:

The Pew Charitable Trusts (Pew) is an independent, nonpartisan research and policy organization dedicated to serving the public. Pew's substance use prevention and treatment initiative works with states to expand access to evidence-based treatment, such as medication-assisted treatment (MAT), for opioid use disorder (OUD).

Pew provides technical assistance to states that request Pew's expertise and support through an invitation. Our partnership with states is intended to assist in their efforts to achieve a treatment system that provides high quality care.

In response to the Maine Department of Health and Human Services' (DHHS) invitation for technical assistance, Pew relied on publicly available data and data shared by the DHHS to create a series of maps that depict the behavioral health provider community across the state, including providers of MAT, the capacity of licensed behavioral health agencies, and recovery residences. Pew also conducted a review of approaches that other states have used to map the capacity of behavioral health treatment providers and connect patients with appropriate care. Although the invitation to provide technical assistance also requested that we assess treatment needs across the state and at smaller geographic levels, data were unavailable to conduct this analysis. This memo outlines findings from Pew's review of available data and provides a summary of approaches Maine could consider to help match patients with needed behavioral health care.

### BEHAVIORAL HEALTH NEEDS IN MAINE

According to the Centers for Disease Control and Prevention, Maine's drug overdose death rate was 34.4 per 100,000 people in 2017, eighth highest among states.<sup>1</sup> Data collected from the Maine Office of the Chief Medical Examiner found drug overdose deaths totaled 354 in 2018, a slight decline from 417 the previous year.<sup>2</sup> A central driver of overdose death is the prevalence of substance use disorder (SUD). The most recent estimates available indicate 8.08 percent of Maine residents 12 and older had a SUD on average from 2016 to 2017, slightly higher than the national average of 7.35 percent.<sup>3</sup>

In addition to substance use, mental health is an important driver of behavioral health service needs. The suicide rate in Maine was 18.9 per 100,000 people in 2017, tied for 16<sup>th</sup> highest nationally.<sup>4</sup> Overall, the suicide rate in the state increased by more than 27 percent from 1999 to 2016.<sup>5</sup> Among individuals 18 and

older, 19.01 percent of people in Maine had a mental illness on average from 2016 to 2017, compared to the national average of 18.57 percent.<sup>6</sup>

Increasingly, patients have both substance use and mental health treatment needs. Nationally, 3.7 percent of the U.S. population 18 and older had both a substance use disorder and mental illness in 2018, up from 3.3 percent in 2015.<sup>7</sup> In recognition of this, some states and the District of Columbia are examining approaches to co-locate substance use and mental health services.

## BEHAVIORAL HEALTH TREATMENT CAPACITY

Maine's capacity to address its population's behavioral health needs spans a wide range of treatment providers and other organizations, such as recovery residencies, not all of which are licensed by a state agency. Mapping can help identify gaps and incongruencies in treatment availability, but on-the-ground expertise is the best source for interpreting this information.

### *Licensed Behavioral Health Service Providers*

Licensed behavioral health agencies provide a range of both substance use and mental health services in the state. As of June 2019, there were 1,791 active, open and pending licenses for provider agencies to deliver nearly 50 different types of substance use and mental health services. While behavioral health service capacity (i.e. treatment slots), as reported by provider agencies, tends to follow the general geographic distribution of the population of Maine, for some services, capacity was not as closely aligned with population. This was observed for:

- Dual Diagnosis (Non-Residential);
- Outreach Services; and
- Supportive Counseling

Additionally, there are certain services for which there are very few providers:

- Geriatric Psychiatric Services;
- Medically Managed Intensive Inpatient Detoxification;
- Medically Monitored Inpatient Detoxification;
- Residential - Alcohol & Drug Detoxification - Social Setting;
- Residential Alcohol & Drug Extended Care;
- Residential Alcohol & Drug Halfway House;
- Residential - Alcohol & Drug Shelter and Extended Shelter;
- Residential - Supportive Housing; and
- Residential - Transitional Mental Health

There are limitations to the data on behavioral health service capacity. Because capacity information is self-reported by licensed agencies, the available data are not real time and may not accurately reflect a site's treatment capacity. In one instance, an agency reported the same capacity number for multiple service types across numerous sites, suggesting a possible misunderstanding of the capacity reporting guidelines. Pew's review found many cases where licensed agencies report offering a service but have not submitted accompanying capacity information. One example is Outpatient Therapy, for which a large share of site capacity information is not available. For some services types with few licensed agencies—

Psychiatric Nursing Services and Trauma Recovery Services—no site capacity information is available. These data gaps could result in misleading interpretations of treatment capacity.

*Providers of Medication for Opioid Use Disorder*

Methadone, buprenorphine and naltrexone are the three medications approved by the FDA to treat OUD. MAT, which pairs FDA-approved medication with any needed behavioral therapy, such as counseling, is the most effective way to treat OUD. Like other chronic diseases, the right medication to treat OUD may vary from patient to patient, so making all three medications available to patients is a critical tool in strategies to address OUD.

Maine has a significant number of potential MAT providers, but these services do not reach all corners of the state. This includes 914 non-military practitioners who, as of September 2019, had obtained the required Drug Enforcement Agency (DEA) waiver to prescribe buprenorphine for OUD.<sup>8</sup>

Based on an analysis of Maine Prescription Monitoring Program (PMP) data, there were 730 prescriber DEA registration numbers associated with at least one prescription for a formulation of buprenorphine FDA-approved to treat OUD between September 2018 and August 2019 (some formulations of buprenorphine are only FDA-approved for treatment of pain). One hundred of the 730 DEA numbers with at least one buprenorphine prescription had just one patient over the one-year period, and 317 DEA numbers had prescriptions for 10 or fewer patients. The median number of patients treated was 14. This excludes prescriptions filled at Maine pharmacies but written by prescribers located in other states.

It is not possible to determine how many individual prescribers the 730 total represents, because prescribers can have multiple DEA numbers and not all DEA numbers associated with a prescription can be linked to an individual prescriber’s profile in the PMP. This may be because prescribers have not updated their PMP profiles to include all of their DEA numbers. In addition, this total may include providers that prescribed formulations of buprenorphine FDA-approved for OUD off-label for treatment of pain.

Over the same one-year period, 15,568 patients in Maine filled at least one prescription for a formulation of buprenorphine approved to treat OUD. Although patients’ insurance coverage can change throughout the year, MaineCare was the insurer reported for 6,947 patients. The buprenorphine treatment rate ranged from 842 patients per 100,000 residents in York County to 2,203 per 100,000 residents in Knox County.

<b>Maine Providers DEA-Waivered to Prescribe or Dispense Buprenorphine September 2019</b>				
Physician – up to 30 patients	Physician – up to 100 patients	Physician – up to 275 patients	NP/PA – up to 30 patients	NP/PA – up to 100 patients
408	173	48	234	51

*Pew analysis of Drug Enforcement Administration (DEA) Active Controlled Substances Act (CSA) Registrants database.*

Unlike other medications for OUD, methadone can only be offered by an opioid treatment program (OTP). OTPs offer a highly structured environment, where patients typically come daily to receive their medication and engage in frequent counseling sessions. Maine currently has ten OTPs. Relative to other states, Maine has a large number of OTPs per capita—eighth highest among states as of December 2018.<sup>9</sup>

Maine's share of opioid treatment programs nationally (0.59%) is roughly proportional to its share of U.S. opioid overdose deaths in 2017 (0.76%).<sup>10</sup>

However, Maine's OTPs are not distributed across all portions of the state. While three of the ten OTPs are in Bangor, and three more are in Cumberland County, large portions of the state do not have an OTP; there is no OTP in Aroostook, Franklin, Hancock, Lincoln, Oxford, Piscataquis, Sagadahoc, Somerset, Waldo or York counties. In areas outside the largest population centers, a drive time analysis suggests patients may not be able to reach an OTP within 30 to 60 minutes driving during normal traffic. In addition, only seven of the OTPs accept Medicaid payment and four of the ten OTPs do not offer buprenorphine or injectable naltrexone to treat OUD.<sup>11</sup>

### *Residential Treatment Facilities*

Data from the SAMHSA Behavioral Health Treatment Services Locator indicates that only three of 17 residential facilities that treat patients with OUD in Maine offered multiple forms of medication for OUD as of September 2019.<sup>12</sup> Seven of these facilities offered at least one medication for OUD. Most residential facilities treating OUD in the state report accepting reimbursement from Medicaid (13), as well as receiving federal or other government funding (14).

### *Community Health Centers*

A review of the community health center profiles listed on the Maine Primary Care Association's website reveals that there are approximately 80 health center locations (including satellite sites) that offer at least some kind of behavioral health service.<sup>13</sup> However, the nomenclature used to describe the specific behavioral health services delivered varies across centers and the profiles for these sites do not typically indicate which offer MAT. While there are few additional data on the capacity of these entities, their presence in many rural and other underserved portions of the state could make them an important component of efforts to improve the Maine's behavioral health system.

### *Recovery Residences*

There are also a large number of recovery residences, which are non-medical living environments for individuals in recovery from substance use disorders, typically for those transitioning out of residential treatment programs. While recovery residences are not treatment settings, they can be an important source of support for many individuals still engaged in outpatient treatment. Data on recovery residences are limited, because these entities are not licensed by the state, but information from an informal directory indicates that only about a quarter of the nearly 100 known residences offered or allowed residents to be on medication for substance use disorders as of June.<sup>14</sup> In addition, these entities are highly concentrated in large population centers, with over 50 percent located in Portland.

## MATCHING PATIENTS TO APPROPRIATE CARE

Maine has recently taken significant steps toward improving access to appropriate care for residents with behavioral health needs. The expansion of Medicaid will provide coverage to a population that has historically faced elevated rates of substance use disorder, as well as mental illness.<sup>15,16</sup> Other efforts to address the opioid epidemic in the state, as articulated in Governor Mills' February executive order, demonstrate a commitment to pursuing a range of promising solutions that span prevention, treatment and recovery.<sup>17</sup>

Based on Pew's initial analysis of available data, there are a number of existing models that Maine could draw on to develop an approach to match patients to appropriate care. Some states have adopted

technological solutions relying on vendor partnerships, while others have developed their own novel systems or funded consumer-facing tools for this purpose. Some of these approaches, such as OpenBeds, can be used for both substance use and mental health services, while others have been targeted to substance use treatment. In identifying a path forward, Maine would need to consider multiple factors, such as funding, time horizon, the need for customization, data ownership and which providers and services to include in such a system. Some approaches states have adopted follow.

### *Single Point of Entry*

New Jersey's (NJ) approach to create a single point of entry through a centralized system for matching patients with care stemmed from the movement from a contract-based system for payment of the provision of addiction treatment services to a Medicaid Fee for Service (FFS) system. NJ was one of the last states in the country to move from contract-based system to fee for service for persons utilizing Medicaid. Behavioral health services are not included in the adult Medicaid managed care contracts in NJ and the state sought to create a system of management in the new payment system. In addition, at the time, NJ was exploring the procurement of either an administrative services organization (ASO) or managed behavioral health organization (MBHO) in order to manage services for both Medicaid and block grant reimbursed services. During the exploration, NJ contracted with University Behavioral Health Care (UBHC) at Rutgers to create an interim managing entity (IME) to act as the single point of entry for patients utilizing Medicaid or whose care would be paid for with block grant dollars because they were uninsured. While the cost of the ASO and MBHO proved prohibitive, the IME continues to serve as the single point of entry.

To screen and authorize addiction services for all adults with Medicaid or block grant dollars as the payer, UBHC developed a tool based on the ASAM levels of care and worked with treatment providers across the state to better understand the services across the state. Through a call to a toll-free phone number, clinicians housed at UBHC assess patients over the phone and locate an available treatment provider to provide services that match the patient's level of care needs. The patient is connected to the provider through a warm hand-off. If a treatment slot at the appropriate level of care is not available, the IME calls the patient daily until there is an opening. Should a patient present at a provider agency seeking treatment, the provider conducts the same screening as the IME would and communicates with the IME. If the provider-conducted assessment indicates a level of care is needed outside of what is available, the providers works with both the IME and the patient to conduct a warm hand-off to an appropriate provider.

Concurrently with the move to FFS, NJ invested heavily in its behavioral health system beginning with an evaluation of rates paid by service type. NJ used the services of its Medicaid actuary, a comprehensive stakeholdering process, and at least two provider services. As a result of these efforts, rates increased up to 400 percent for services across the system; no rates were reduced. The investment in the rate analysis and corresponding rate increases helped to expand treatment access across the system. Use of the IME helped to ensure that patients were directed to the appropriate level of care and corresponding appropriateness of payment. While NJ's system focuses on substance use treatment, a system developed in-house can include the service categories important to the state.

### *OpenBeds*

OpenBeds® is a proprietary cloud-based platform that gives providers real-time information on the availability of various behavioral health treatment slots at participating organizations. OpenBeds incorporates a clinical decision support tool for providers and non-clinicians based on the American Society of Addiction Medicine (ASAM) levels of care. Based on an assessment of patient's treatment

needs and other characteristics, such as insurance status, providers can view an online inventory of services and wait times at participating providers and then send a digital referral to those with available capacity for services that match the patient's care needs. The company indicates that it is now working with Indiana, Delaware, New Hampshire, Alaska, New Mexico, Michigan, and Nevada.<sup>18</sup>

- The Delaware Division of Substance Abuse and Mental Health (DSAMH) partnered with OpenBeds to create its Delaware Treatment and Referral Network (DTRN).<sup>19</sup> Launched in 2018, DTRN allows organizations statewide to participate as referring providers or as entities that both refer and receive referrals for substance use and/or mental health services.

During the initial phase of DTRN, the state focused on enrolling behavioral health providers and referring organizations with the largest block grant and Medicaid contracts. Although OpenBeds charges participating providers a subscription fee, Delaware is using federal grant funds to cover the fees. For program rollout the state partnered with HEALTHe Insights, a health care consulting firm that provides growth and adoption support to digital initiatives, to conduct provider outreach, trainings and deliver technical assistance. DTRN is currently managed by a member from the consulting firm and two full-time state staff. Participating organizations have included the state's largest health systems and behavioral health treatment providers, as well as the Department of Corrections. Over 20,000 treatment referrals have been made on the DTRN as of September 2019.

Delaware is considering how to better integrate DTRN into existing systems, as well evaluating long-term financing options. In the near-term, the state is pursuing integration of DTRN into the Delaware prescription monitoring program (PDMP), which would allow providers to generate referrals through the PDMP, even in cases where the provider organization is not a DTRN participant. Staff are also exploring the integration of OpenBeds with major electronic health records systems and the state's Health Information Exchange.

- The Indiana Family and Social Services Administration and Indiana 2-1-1, a non-profit organization that provides health care and other resource referrals to those in need, partnered with OpenBeds in 2018 to create a web-based platform that provides information on substance use treatment availability. Indiana utilized federal grant dollars to fund its system through early 2019.<sup>20</sup>

### *Public-Facing Resources*

- The Connecticut Department of Mental Health and Addiction Services maintains a consumer-facing webpage developed to help individuals obtain information on the availability of addiction services in the state.<sup>21</sup> The webpage includes information on the availability of detoxication, residential addiction treatment, and recovery home slots. Within each category, facilities are listed by the specific type care offered (e.g. long-term residential). It is updated daily and includes contact information for each participating provider. The site is funded and maintained by the state.

The Connecticut Behavioral Health Partnership also maintains a publicly accessible map of MAT providers participating in Medicaid, as well as providers offering other substance use treatments.<sup>22</sup> This resource allows patients and providers to map and identify contact information for providers, with filters for specific medication offered, level of care needed, and ages served. All providers appearing on this resource, including some based in Massachusetts and Rhode Island, have requested to be listed.

- The Kentucky Find Help Now is a website that provides information on the availability of treatment slots for substance use disorder across the state, including community mental health centers; private, non-profit, and faith-based treatment providers; and providers of MAT.<sup>23</sup> The treatment locator guides individuals to available treatment openings based on the type of treatment needed, taking into consideration the substance(s) being used, payment options including commercial and public insurance programs, gender identity, preference for in- or out-patient treatment, and needed co-occurring treatments such as mental health care, plus 30 more criteria. Participating providers are encouraged to update their information and availability daily. The website was created by the Kentucky Injury Prevention and Research Center as bona fide agent for the Kentucky Department for Public Health in partnership with the Kentucky Office of Drug Control Policy and was funded by a grant from the Centers for Disease Control and Prevention.
- The New Hampshire Alcohol & Drug Treatment Locator was created by the New Hampshire Center for Excellence.<sup>24</sup> It contains treatment centers and providers that offer services such as outpatient counseling, residential treatment, withdrawal management and recovery supports. Consumers can personalize the type of services available through a range of criteria, such as payment type, veteran status, homelessness, and gender. There is also a resource page which links to a range of information, such as the self-assessment tools, regional public health networks, NA/AA meetings and other education resources. The Center was established and funded through a public-private partnership of the New Hampshire Bureau of Drug and Alcohol Services and the New Hampshire Charitable Foundation and is supported by the New Hampshire Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment and the U.S. Substance Abuse and Mental Health Services Administration.

#### NEXT STEPS

Pew appreciates the opportunity to assist Maine in its effort to address the opioid crisis and improve its behavioral health treatment system. We look forward to discussing areas of future collaboration.

Sincerely,



Elizabeth Connolly

Director, Substance Use Prevention and Treatment Initiative

The Pew Charitable Trusts

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