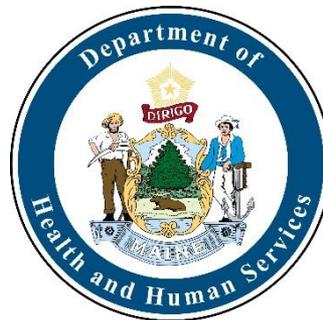


# SAMHS Behavioral Health Priorities & Preliminary Plans

November 1, 2019



# 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%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2010–2011 to 2013–2014

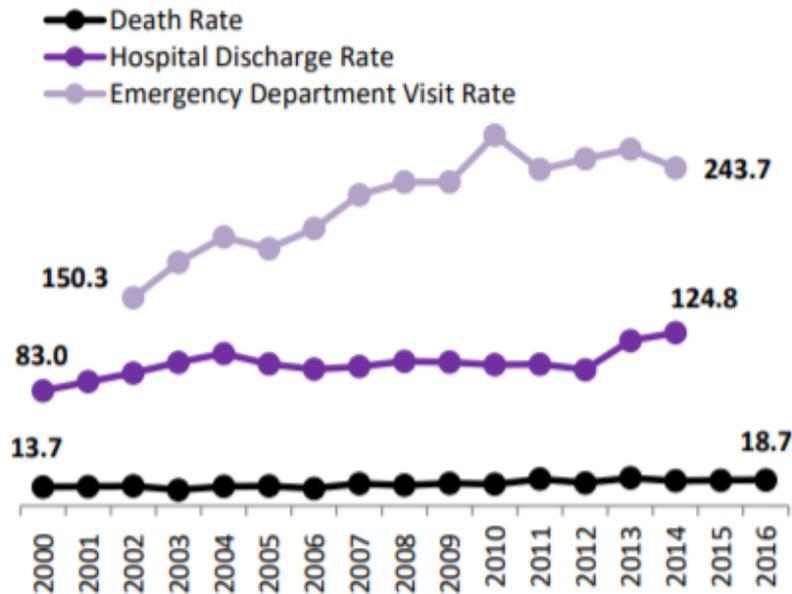
# Demand in Maine: Substance Use Disorders

- ~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

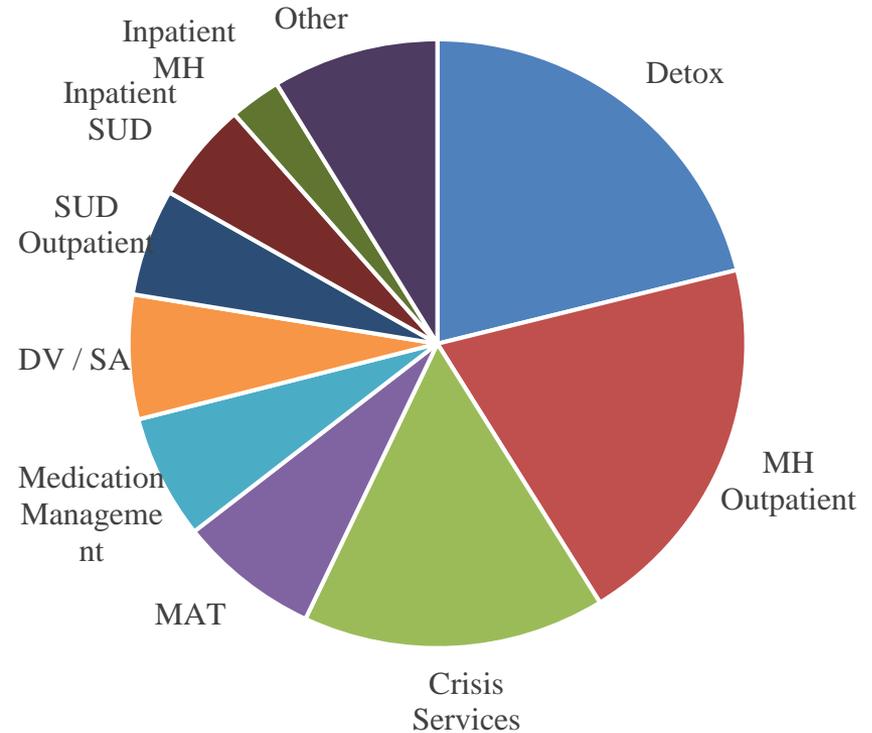
**Figure 1. Age-Adjusted Suicide Deaths, Self-Inflicted Injury Related Hospital Discharges and Emergency Department Visits among Maine residents (ages 10+)**

Rates per 100,000 population<sup>2,3</sup>



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

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



# 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

### Referral Type Key

- Self Referral
- Provider Controlled
- Specialized Referral

### \*Community Based Services:

#### Section 17:

- Daily Living Support Services—1,075 clients
- Community Integration—5,166 clients
- Community Rehabilitation Services—188 clients
- Section 13- Targeted Case management—1097 clients

#### Section 65:

- Medication Management—12,524 clients
- Outpatient Therapy—76,587 available slots
- Intensive Outpatient Services (IOP)—9,356 available slots
- Opioid Treatment Program (Methadone)—5,460 available slots
- Mental Health Psychosocial Clubhouses—6,779 clients

### Employment Support Services :

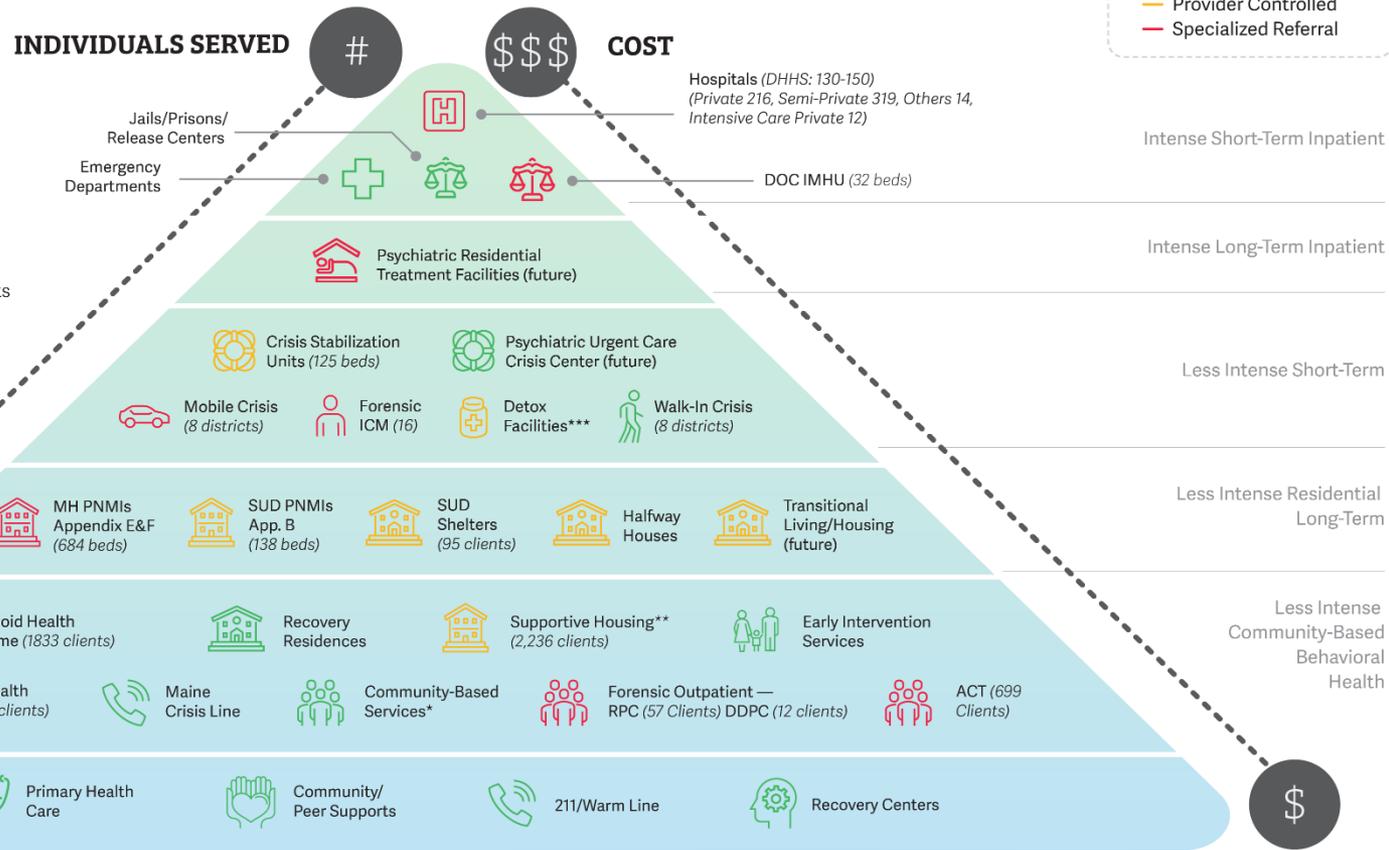
- Long Term Support Employment—66 clients
- Community Employment Services—248 clients
- Psychosocial Clubhouses—779 clients

### \*\*Supportive Housing census

includes BRAP, Shelter+Care, and Rental Subsidy

### \*\*\*Non-hospital Detox

2 facilities, 26 clients



# 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



## Strategies



## Outcomes

### 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*

**Access to timely and appropriate level of services**

**Care in least restrictive settings**

**Effective diversion and reduced recidivism rates in criminal justice system**

# 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