

## IV: Narrative Plan

### K. Technical Assistance Needs

Page 46 of the Application Guidance

Narrative Question:

Please describe the data and technical assistance needs identified by the State during the process of developing this plan that will be needed or helpful to implement the proposed plan. The technical assistance needs identified may include the needs of State, providers, other systems, persons receiving services, persons in recovery, or their families. The State should indicate what efforts have been or are being undertaken to address or find resources to address these needs, and what data or technical assistance needs will remain unaddressed without additional action steps or resources.

Footnotes:

Maine would request the following technical assistance:

- What approaches are most effective in working toward integration with primary care?
- Request facilitation of a process to develop a Data Strategic Plan that includes Health Information Technology/Electronic Health Record.
- With the separation of the various block grants, there exists a “mine and yours” mentality that flies in the face of integration. What can SAMHSA offer to help states conform to what is considered best practice? Can the data requirements be comparable? The reporting requirements? There is a fear (resistance) to blending the resources and treating the person as a whole when faced with accountability of how and what the funds were used for.

Maine has been working with other New England states to share information and some resources. With our new project officer, there has been great contact and follow-up to questions we have had since the ACA passed and with the new SAPTBG application. It would be beneficial to have more contact with the NE ATTC for workforce development and blending products and pool resources from states to apply for grants and enhance the use of EBP. Develop Cross-state Learning Collaboratives through teleconference as we have done through the COSIG grant.

Maine has a coordinating body responsible for the development of a statewide HIT strategy and the Department’s Health and Human Services Commissioner is a member (SSA/SMHA are under this Commissioner). From the Governor’s Office two entities were appointed with responsibility for expanding and coordinating Health Information Technology. The first is the Office of the State Coordinator for HIT (appointed through the “recovery act”) which operates within the Governor’s Office of Health Policy and Finance. The second is the Governor appointed “Health Information Technology Steering committee” made up of the following members: Director, Governor’s Office of Health Policy & Finance; Commissioner of the Department of Health and Human Services; Commissioner of the Department of Professional and Financial Regulation; Superintendent of Insurance; Director of the Dirigo Health Agency; Director of health information exchange organization; and individuals representing or with expertise in hospital systems, health care providers, home health providers, FQHC’s, health care quality, behavioral health provider, insurance industry, business, health care data information, University/college system, racial and ethnic minority communities, and a health law or health policy expert.

Maine is in the process of developing policies, standards, and technical protocols governing the HIT infrastructure. The SSA is engaged in conversations with the provider association and community to ensure they are developing the capacity to be able to fully participate in future reimbursement and data reporting systems.

The provider association, with the support of the SSA is engaged in a technical assistance project with NIATx (Network for Improving Addiction Treatment). This project with tailored to help providers ready themselves for the changes related to the healthcare reform.

## IV: Narrative Plan

### L. Involvement of Individuals and Families

Page 46 of the Application Guidance

#### Narrative Question:

---

The State must support and help strengthen existing consumer and family networks, recovery organizations and community peer advocacy organizations in expanding self advocacy, self-help programs, support networks, and recovery-oriented services. There are many activities that State SMHAs and SSAs can undertake to engage these individuals and families. In the space below, States should describe their efforts to actively engage individuals and families in developing, implementing and monitoring the State mental health and substance abuse treatment system. In completing this response, State should consider the following questions:

- How are individuals in recovery and family members utilized in the development and implementation of recovery oriented services (including therapeutic mentors, recovery coaches and or peer specialists)?
- Does the State conduct ongoing training and technical assistance for child, adult and family mentors; ensure that curricula are culturally competent and sensitive to the needs of individuals in recovery and their families; and help develop the skills necessary to match goals with services and to advocate for individual and family needs?
- Does the State sponsor meetings that specifically identify individual and family members? issues and needs regarding the behavioral health service system and develop a process for addressing these concerns?
- How are individuals and family members presented with opportunities to proactively engage and participate in treatment planning, shared decision making, and the behavioral health service delivery system?
- How does the State support and help strengthen and expand recovery organizations, family peer advocacy, self-help programs, support networks, and recovery-oriented services?

#### Footnotes:

The efforts engage individuals and families in developing, implementing and monitoring that state substance abuse treatment system have been sporadic. There are very few individual and families that have been comfortable enough with disclosure to heighten their visibility by working with the State Office of Substance Abuse. Additionally, once an individual and/or family are engaged there are often other barriers that impact their ongoing involvement.

The Maine Alliance for Addiction and Recovery and their array of recovery communities across the state routinely involve recovering members in the discussions of increasing the development and access to recovery oriented services.

Through the subcontract with the Maine Alliance of Addiction and Recovery ongoing communication and scheduled trainings for the recovering community occur. This is inclusive of adults and family members currently. Additional work is necessary to address the under 18 population.

Routinely scheduled meetings and event discuss and strategize how to meet the needs of individuals and families, but rarely does it involve individuals or families directly. This is an area in which OSA and the SUD field needs to improve upon. OSA conducts an Annual Client Satisfaction Survey, but this yields satisfaction only among the client/individual population.

This varies agency by agency as well as by the willingness of the individual being served. All providers are oriented to the research and are encouraged to access the family in the treatment episode and beyond

OSA has on staff a position that acts as a liaison with the Maine Alliance for Addiction and Recovery to support activities and communication with the recovering community. Representative tasks are outlined below:

- Provide contract monitoring and oversight;
- Assist treatment providers with training, implementation, quality assurance, and treatment program integrity issues;
- Conducts site visits to monitor program implementation and performance;
- Provide technical assistance and support to treatment providers regarding licensing, contracting requirements and re-imburement,
- Assist the Treatment Manager in the development and implementation of comprehensive continuum of substance abuse treatment services for adolescents and adults statewide;
- Provide consultation and support to treatment providers and programs;
- Coordinate relevant training and ongoing staff development programs to support treatment providers working with the adolescent and adult population;
- Liaison to the Maine Alliance for Addiction Recovery (recovery support services)
- Medication Assisted Recovery development.
- Represent OSA at meetings, trainings, review teams, and public events as directed.

In addition, OSA funds the Maine Alliance for Addiction and Recovery to help strengthen and expand recovery opportunities throughout the state. The goals of this organization are listed below:

- MAAR speaks for and represents Maine citizens and organizations that support the mission of the organization.
- MAAR will continue to develop and facilitate the maintenance and growth of the statewide Maine Recovery Communities Coalition
- MAAR will provide education and technical assistance to develop recovery support services throughout the State.
- MAAR maintains an active and representative Advisory Committee including members from all regions of the state. This Committee meets monthly at the MASAP headquarters in Augusta.
- MAAR coordinates and implements Recovery Month activities annually during the month of September and other recovery events throughout the year.

- The MAAR Coordinator and Peer Recovery Support Specialist will assist in the development, in collaboration with the Office of Substance Abuse, MASAP and its members, the MAAR Advisory Committee and statewide MAAR membership, of a statewide infrastructure to implement a Maine Recovery Oriented System of Care
- The MAAR Coordinator will have administrative oversight for the development, implementation and ongoing supervision of the Portland Recovery Center.
- The MAAR Peer Recovery Support Specialist will function as the statewide Coordinator and co-Trainer for the peer recovery support models developed by MAAR, including Recovering Women's Leadership Training and Recovery Coaches.
- The MAAR Peer Recovery Support Specialist will facilitate All Recovery support meetings in Augusta and develop, with the MAAR Coordinator, additional All Recovery support meetings throughout Maine.
- The MAAR Recovery Support Specialist will serve as co-trainer and staff support person for the Maine Recovery Coach Academy
- MASAP maintains a 1 FTE MAAR Coordinator and 0.5 FTE MAAR Peer Recovery Support Specialist for purposes of developing, managing and promoting the organization.

## IV: Narrative Plan

### M. Use of Technology

Page 47 of the Application Guidance

#### Narrative Question:

---

Interactive Communication Technologies (ICTs) are being more frequently used to deliver various health care services. ICTs are also being used by individuals to report health information and outcomes. ICT include but are not limited to: text messaging, etherapy, remote monitoring of location, outreach, recovery tools, emotional support, prompts, case manager support and guidance, telemedicine. In the space below, please describe:

- a. What strategies has the State deployed to support recovery in ways that leverage Interactive Communication Technology?
- b. What specific applications of ICTs does the State plan to promote over the next two years?
- c. What incentives is the State planning to put in place to encourage their use?
- d. What support systems does the State plan to provide to encourage their use?
- e. Are there barriers to implementing these strategies? Are there barriers to wide-scale adoption of these technologies and how does the State plan to address them?
- f. How does the State plan to work with organizations such as FQHCs, hospitals, community-based organizations and other local service providers to identify ways ICTs can support the integration of mental health services and addiction treatment with primary care and emergency medicine?
- g. Will the State use ICTs for collecting data for program evaluation at both the client and provider levels?
- h. What measures and data collection will the State promote for promoting and judging use and effectiveness of such ICTs?

#### Footnotes:

Nothing to report at this time.

## IV: Narrative Plan

### N. Support of State Partners

Page 48 of the Application Guidance

#### Narrative Question:

---

The success of a State's MHBG and SABG will rely heavily on the strategic partnership that SMHAs and SSAs have or will develop with other health, social services, education and other State and local governmental entities. States should identify these partners in the space below and describe the roles they will play in assisting the State to implement the priorities identified in the plan. In addition, the State should provide a letter of support indicating agreement with the description of their role and collaboration with the SSA and/or SMHA, including the State education authority(ies); the State Medicaid agency; the State entity(ies) responsible for health insurance and health information exchanges (if applicable); the State adult and juvenile correctional authority(ies); the State public health authority, (including the maternal and child health agency); and the State child welfare agency. SAMHSA will provide technical assistance and support for SMHAs and SSAs in their efforts to obtain this collaboration. These letters should provide specific activities that the partner will undertake to assist the SMHA or SSA with implanting its plan. This could include, but is not limited to:

- The State Medicaid Agency agreeing to consult with the SMHA or the SSA in the development and/or oversight of health homes for individuals with chronic health conditions or consultation on the benefits available to the expanded Medicaid population.
- The State Department of Justice that will work with the State and local judicial system to develop policies and programs that address the needs of individuals with mental and substance use disorders that come into contact with the criminal and juvenile justice systems; promote strategies for appropriate diversion and alternatives to incarceration; provide screening and treatment; and implement transition services for those individuals reentering the community.
- The State Education Agency examining current regulations, policies, programs, and key data-points in local school districts to ensure that children are safe; supported in their social-emotional development; exposed to initiatives that target risk and protective actors for mental and substance use disorders; and, for those youth with or at-risk of emotional behavioral and substance use disorders, to ensure that they have the services and supports needed to succeed in school and improve their graduation rates and reduce out-of-district placements.
- The State Child Welfare/Human Services Department, in response to State Child and Family Services Reviews, working with local child welfare agencies to address the trauma, and mental and substance use disorders in these families that often put their children at-risk for maltreatment and subsequent out-of-home placement and involvement with the foster care system.

Footnotes:

OSA required, in contract, that all treatment providers become co-occurring capable by June, 2011. We continue to provide outreach, technical assistance and training to treatment providers on integrated care. Over time, the models being developed in current pilot projects on integrated primary and behavioral health will be implemented as a matter of course in more practices across the state. Maine is currently looking to develop Health homes and provisions for Special Populations in lieu of high risk pools.

Maine SSA staff work in tandem with other Departmental Offices (Office of Adult Mental Health, Office of Elder Services, Office of Cognitive and Physical Disabilities, and the Office of Child and Family Services) on a committee called the Complex Case Group. This group brings forth cases that have multiple levels of service needs, but any one need will not meet criteria for eligibility for a service within an office. It is the culmination of all the needs that delineates the complex case. The SSA serves on the Adult Services Consortium (ASC) and information of cases resolved/unresolved by the Complex Case Group are reported to this committee. It is the role of the ASC to help with policy change to support access to services for these complex clients in our behavioral health system, thus reducing overall costs and providing integrated care.

OSA has been at the table as capacity allows being an integral part of the planning process with health care reform in our state. The depth and intricate nature of the law leaves us having to prioritize our involvement at each and every level.

OSA's Director, Guy Cousins, is involved with the initiative "Money Follows the Person". OSA is part of the Managed Care Design committee (Medicaid 1915i) that is working on a request for proposal for this service infrastructure in Maine. Through the design process, the discussion of Health Homes is being considered as an effective concept that is all inclusive. Discussion has not occurred where these have been split in two categories such as serious mental illness, children with serious emotional disturbance, individuals with SA disorders, or individuals with Co-occurring disorders.

OSA worked with the Maine Health Access Foundation on the Integration Initiative Policy Committee and the development of a policy work plan which will enhance support for integrated behavioral health and primary care in Maine.

OSA has been working collaboratively with the Maine National Guard and the Veteran's Administration to ensure services are provided in a culturally sensitive and appropriate way. Maine SSA staff is invited to the table and actively participates in development of appropriate resources to our military service member and their families. A member of the Maine National Guard is an active member of the Prevention Team at OSA, regularly attending staff meetings and providing coordination of prevention services in Maine.

OSA has a close working relationship with the Department of Corrections, including community based, county jail system and the institutions. Access to primary care has been problematic for these individuals as they reenter the community for two reasons; lack of capacity of primary healthcare physicians and being uninsured. Efforts are underway, as part of case planning to secure these pieces prior to release.

OSA prevention and treatment staff collaborate to coordinate SA education to other Department staff, including all regional offices of the Office of Child and Family Services.

OSA collaborates with the Maine Center for Disease Control and Prevention, braiding contracting funds to Maine's public health infrastructure - Healthy Maine Partnership coalitions statewide, which work to address obesity, substance abuse, and chronic disease related to or affected by tobacco use. This partnership leverages strong local relationships statewide to integrate substance abuse prevention messages into a variety of activities.

OSA prevention has a strong partnership with the Department of Corrections and

Department of Public Safety, as well as law enforcement agencies statewide in regards to the work of the Enforcing Underage Drinking Laws grant from OJJDP. OSA is currently working on a statewide strategic plan with partners as a result of a three-year discretionary award. This planning process and resultant implementation steps will strengthen these relationships. This process is also identifying ways to increase our collaboration with the judicial system in Maine.

OSA collaborates with the Office of the Attorney General and the Maine CDC&P to carry out the requirements of the SYNAR Amendment. This long-standing partnership has ensured that Maine has been well under the non-compliance rate since the beginning of this work. Maine also is a recipient of an FDA contract to conduct additional inspections, and this work is well coordinated with the SYNAR work for seamless reporting.

OSA has been the administrator of the Department of Education's Safe and Drug-Free Schools and Communities Act funding since its inception. This has ensured a strong collaboration with the Department of Education. For the 2011 year, OSA and DOE are administering the Building State Capacities grant, which is an opportunity to bring together state partners to plan future support of substance abuse and violence prevention in the schools. OSA also has a strong working relationship with Coordinated School Health, integrating work on substance abuse prevention and policy in the schools in Maine.

The Maine Youth Suicide Prevention Program is a multi-department initiative coordinated by the Maine CDC. OSA serves as the clearinghouse for this project and works with advising bodies to coordinate services and initiatives.

## IV: Narrative Plan

### O. State Behavioral Health Advisory Council

Page 49 of the Application Guidance

#### Narrative Question:

---

Each State is required to establish and maintain a State advisory council for services for individuals with a mental disorder. SAMHSA strongly encourages States to expand and use the same council to advise and consult regarding issues and services for persons with or at risk of substance abuse and substance use disorders as well. In addition to the duties specified under the MHBG, a primary duty of this newly formed behavioral health advisory council would be to advise, consult with and make recommendations to SMHAs and SSAs regarding their activities. The council must participate in the development of the Mental Health Block Grant State plan and is encouraged to participate in monitoring, reviewing and evaluating the adequacy of services for individuals with substance abuse disorders as well as individuals with mental disorders within the State.

Please complete the following forms regarding the membership of your State's advisory council. The first form is a list of the Advisory Council for your State. The second form is a description of each member of the behavioral health advisory council.

#### Footnotes:

Nothing to submit at this time.

## IV: Narrative Plan

### Table 11 List of Advisory Council Members

Page 51 of the Application Guidance

Start Year:

End Year:

Name	Type of Membership	Agency or Organization Represented	Address, Phone, and Fax	Email (if available)
No Data Available				

Footnotes:

## IV: Narrative Plan

Table 12 Behavioral Health Advisory Council Composition by Type of Member

Page 52 of the Application Guidance

Start Year:

End Year:

Type of Membership	Number	Percentage
Total Membership	0	
Individuals in Recovery (from Mental Illness and Addictions)	0	
Family Members of Individuals in Recovery (from Mental Illness and Addictions)	0	
Vacancies (Individuals and Family Members)	<input type="text" value="0"/>	
Others (Not State employees or providers)	0	
Total Individuals in Recovery, Family Members & Others	0	0%
State Employees	0	
Providers	0	
Leading State Experts	0	
Federally Recognized Tribe Representatives	0	
Vacancies	<input type="text" value="0"/>	
Total State Employees & Providers	0	0%

Footnotes:

## IV: Narrative Plan

### P. Comment On The State Plan

Page 50 of the Application Guidance

#### Narrative Question:

SAMHSA statute requires that, as a condition of the funding agreement for the grant, States will provide opportunity for the public to comment on the State plan. States should make the plan public in such a manner as to facilitate comment from any person (including Federal or other public agencies) during the development of the plan (including any revisions) and after the submission of the plan to the Secretary. In the section below, States should describe their efforts and procedures to obtain public comment on the plan in this section.

#### Footnotes:

with time limitations of drafting this plan for the submission deadline, OSA will submit this plan and at the same time start a feedback process. OSA commits to the following:

By 10/31/11 OSA will post the drafted plan on the OSA website and solicit feedback via survey monkey - linked both off the OSA website and sent to a variety of listservs to ensure reach of providers statewide.

By 8/31/2012, OSA will solicit feedback about the prevention components of this and other prevention plans in order to complete the 5-year strategic prevention plan as part of the SPF State Prevention Enhancement grant.

By 9/30/12, OSA will update this plan based on feedback generated.