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## Behavioral Health Plan for Maine

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Supporting Mainers experiencing difficulties managing mental health, substance use, and co-occurring disorders is a core part of the Department of Health and Human Services' (DHHS) mission. DHHS is committed to ensuring timely access to a complete continuum of behavioral health services around the state: from prevention, early intervention, harm reduction, all levels of treatment, and crisis care, to recovery assistance that supports living a life of meaning for those experiencing challenges with mental health or substance use.

Advancing systemic, evidence-based improvements in services is especially important in light of challenges confronting Maine residents. In recent years, Maine has been hit hard by the opiate epidemic that has unduly burdened rural and historically underserved communities. The stressors over the past year related to the COVID-19 pandemic have increased the need for mental health and substance use services, exacerbated workforce challenges, and shone a light on the need to incorporate behavioral health support as a key factor in disaster response.

The Behavioral Health Plan for Maine outlines recently-implemented system improvements, measures of success to date, and new initiatives for investing the unprecedented funding for mental health and substance use. It reflects robust stakeholder engagement, an extensive review of system metrics, an assessment of rates and funding mechanisms, and an analysis of policy and practice. Its development is led by the Office of Behavioral Health (OBH) in collaboration with the DHHS Offices of Child and Family Services (OCFS), MaineCare Services (OMS), and Center for Disease Control and Prevention (Maine CDC), as well as the Departments of Public Safety (DPS), Corrections (DOC), and Labor (DOL). It also incorporates initiatives that are part of the [Maine Opioid Response: 2021 Strategic Action Plan](#). Federal funds for behavioral health services allocated to the State of Maine from the Coronavirus Response and Relief Supplemental Appropriations (CRRSA), American Rescue Plan Act (ARP), and other grant programs total over \$34 million. Governor Mills' Part 2 Budget includes \$86 million in behavioral health initiatives. Together, this represents \$120 million if the budget is enacted, not counting forthcoming unearmarked Federal funding coming to Maine from the American Rescue Plan that will be dedicated to the Maine Jobs and Recovery Plan. As such, Maine is poised to implement unprecedented behavioral health system reforms, building upon two years of improvements.

### Behavioral Health System Improvements Before and During the Pandemic

Prior to the pandemic, DHHS implemented a number of improvements aimed at fulfilling Governor Mills' mandate to better serve Maine people living with mental health, substance use (SUD), and co-occurring disorders. Initiatives over the past two years include:

- Reaching a historic **agreement** for a streamlined and focused path to end the *Bates v AMHI* Consent Decree
- **Launching** the Overdose Prevention Through Intensive Outreach, Naloxone, and Safety (**OPTIONS**) program, providing co-response with law enforcement and EMS for substance-related calls, following up after a non-fatal overdose, offering to leave behind naloxone to those who have a loved one with an Opioid Use Disorder (OUD), and connection to harm reduction, treatment, and recovery supports. Starting in January 2021, OBH launched the OPTIONS public health campaign aimed at raising awareness of Maine’s Good Samaritan Law to encourage bystanders to call 911 when an overdose is suspected, the importance of having naloxone on hand and how to access it, and how to connect to harm reduction, treatment, and recovery resources. Since launching in January, the campaign has had over 14 million impressions.
- Increasing peers in Emergency Departments from 2 hospitals in Southern Maine to 7 around the State
- Adjusting Crisis Provider contracts to allow more activities and increasing the cost settled portion of contracts
- Piloting a Crisis Aftercare model for children who present to Emergency Departments to provide them with support at home
- Supporting establishment of a new specialized court docket for individuals with mental health concerns in Penobscot County
- Reducing the client income contribution for the Bridging Rental Assistance Program (BRAP) from 51% to 40% as of July 2020, making housing more affordable for those with Serious Mental Illness
- Applying and receiving approval for a Federal Medicaid waiver to allow reimbursement for adults in SUD residential treatment programs with more than 16 beds; and to implement pilot programs to provide coverage, skills and parenting training, and housing and social health supports to parents with SUD who are working on family reunification
- Adjusting the structure of Opioid Health Homes to better encourage physical health integration and enable programs to meet members where they are in terms of their need and desire for therapy as well as Medication Assisted Treatment (MAT).
- Expanding Community Based Re-entry Services to additional sites for individuals diagnosed with an OUD who were incarcerated and released, leading to increased engagement in employment and secondary education
- Increasing funding for MAT in jails and prisons from one jail to nine and expanding MAT within the Department of Corrections (DOC) to include all DOC facilities ; development of a model policy in collaboration with county jails and DOC based on best practices for the implementation of MAT in the criminal justice system.
- Purchasing and distributing 55,788 doses of naloxone through public health and harm reduction organizations
- Increasing and establishing new Medicaid (MaineCare) and state-funded rates including:
  - Medication Management increase

- Home and Community Treatment Behavioral Health Professional increase
- Multisystemic Therapy and Functional Family Therapy increases and move to more flexible weekly case rate
- New coverage and reimbursement of Functional Assessments required for eligibility of certain behavioral health services
- New coverage and reimbursement for evidence-based parenting programs for children with disruptive behavior disorders
- New coverage and reimbursement for Trauma-Focused Cognitive Behavioral Therapy
- Methadone Medication Assisted Treatment (MAT) rate increase
- Implementing a Medication Management Workforce Recruitment and Retention program, investing \$1.7 million across SFY20 and SFY21, resulting in providers successfully hiring psychiatrists and nurse practitioners and increasing availability
- Reducing administrative burden for providers, allowing more time for patient care, by:
  - Eliminating a 2-year lifetime limit on MAT services
  - Tripling the length authorization for Daily Living Support services
  - Eliminating prior authorization requirements for individuals with OUD seeking intensive outpatient (IOP) treatment
  - Adding a modifier to Medication Management for Suboxone so SUD-licensed agencies can deliver OUD medication management
  - Streamlining and clarifying the Community Integration eligibility process
  - Eliminating the duplicative Adult Needs and Strengths Assessment requirement
- Creation of **Maine Drug Data Hub** in partnership with the University of Maine to provide ready access to actionable information on substance use and treatment for stakeholders and the public
- Renaming and reorganizing OBH operations to maximize effectiveness

These and other DHHS policies have resulted in positive results across the system:

- Among people enrolled in the **Medicaid expansion**, implemented in 2019, more than 40,000 have received mental health treatment and more than 15,000 have received SUD treatment; over 77,000 Maine people were enrolled in the expansion as of May 2021
- Licensed 18 new behavioral health agencies and added 1,125 new service sites in the past 2 years
- Kept the rehospitalization rate within 30 days of discharge from psychiatric inpatient care to less than half the national average (average of 8% in Maine compared to 17% nationally)
- Kept readmissions to Crisis Residential Units within 30 days of release to less than 10% on average
- Admitted over 60% of clients referred to ACT and CI within seven days
- Answered calls to the Maine Crisis Line on average within 6 seconds and managed an increase in overall call volume; a low portion of calls were severe enough to be referred to mobile crisis teams or emergency dispatch

- Managed timely and effective response from mobile crisis teams:
  - Mobile crisis teams responded to 61% of referrals in less than one hour, and to 78% of referrals within two hours
  - Only 2.5% of mobile crisis encounters resulted in involuntary psychiatric admission
- Lowered recidivism (i.e., re-arrest, new convictions) and implemented more cost-effective intervention for participants in Adult Drug Treatment Courts, with program evaluation, case management and treatment services funded by OBH; served 295 individuals in 2019, an increase of 11.3% over the previous year
- Approximately half of those enrolled in Community Based Re-entry Services gained employment
- Over 600 incarcerated individuals have received MAT through OBH-supported contracts
- Lowered prescribed opiates by 43% between 2015 and 2020, and increased Buprenorphine (MAT) treatment by 43% between 2018 and 2020
- Supporting 22 emergency departments in standing up low barrier MAT through which over 500 patients received their first dose of medication
- Increased Syringe Service Provider sites from 7 to 12, with 3 additional applications pending.
- Enhanced prevention efforts, including the Department of Education making available to every school in the state a pre-K through grade 12 social and emotional learning (SEL) curriculum known as SEL4ME; in its first three months of use, SEL4ME registered 3665 users and on-line modules have been accessed over 12,000 times.
- 1,136 opioid overdose reversals during the period January – November 2020.
- Recruited and trained 534 recovery coaches (more than double the original objective), of whom 133 are actively coaching individuals in recovery.
- Increased the number of recovery residences from 101 to 120 in two years, including certified residences growing from 23 to 51, with 42% of all residences currently welcoming individuals using MAT in their recovery.
- Increased rapid access to BRAP housing vouchers with no waitlist with robust successful housing rates:
  - 77% of BRAP participants are currently housed
  - 69% of participants were housed within one month of receiving BRAP
- Increased satisfaction rate in perception of care on the 2020 OBH Consumer and Client Satisfaction Survey, with most over 90%

## **COVID-19 Pandemic's Behavioral Health Impact and Response**

When the coronavirus pandemic hit the state, the impacts to Maine's behavioral health system were significant, both in terms of the uptick in need and in the adjustments necessary to continue to deliver services. OBH swiftly launched **StrengthenME**, a comprehensive program providing support and connection to community resources for those experiencing pandemic-induced stressors. To date, StrengthenME has provided over 41,000 support sessions to

Mainers across the state and in particular to those disproportionately impacted by COVID-19. While representing only 2% of Maine’s population, people who identify as Black have received 16.4% of the StrengthenME sessions ; Latinx individuals comprise less than 1% of Maine’s population, but receive 7.2% of StrengthenME sessions; and 22.6% of sessions were in a language other than English. The StrengthenME program includes, among others, resources for the general public; Maine Frontline Warmline and other supports targeted to health care providers, first responders, school staff, and other professionals on the front lines of Maine’s COVID-19 response; the NAMI Teen Text Line; and a 40% capacity expansion of the Intentional Warmline (24/7 phone-based peer support). It also supports outreach, emotional first aid, cultural brokering, and resource connection by Community Health Workers (CHWs) from several partner Ethnically Based Community Organizations. Its extensive public health campaign is fully launching during May: Mental Health Awareness month.

Early in the pandemic, DHHS launched the HealthCare Happens Here campaign with a mental health and SUD focus to ensure Mainers knew that they could still safely and effectively access treatment via telehealth. Maine has seen a dramatic increase in telehealth over the past year, at peak a 90-fold increase, with some services even seeing utilization increase above pre-pandemic levels. For a rural state like Maine, where for many there are challenges in accessing transportation and great distances to travel, the benefits of this shift to telehealth represent an important system improvement that will hopefully outlast COVID-19.

Further adjustments were made to MaineCare’s telehealth policy to allow even greater flexibility in continuing to offer behavioral health services. Guidance and numerous rule changes were issued to accommodate public health safety measures, such as waiving physical signature requirements and allowing take-home dosing of methadone for those assessed safe to do so. The Department’s comprehensive policy adjustments to facilitate continued access was **recognized by the National Safety Council**, which designated Maine as one of only 15 states to receive the highest rating for addressing mental health concerns in their report, *State of Response: State Actions to Address the Pandemic*.

## **New Behavioral Health System Improvements and Investments**

Governor Mills’ \$86 million Behavioral Health Budget Initiatives and over \$33.8 million in Federal relief funds offer an unprecedented opportunity for DHHS to invest in mental health and substance use services and behavioral health infrastructure. Specifically, this includes:

- Governor’s Part 2 Supplemental Budget Initiatives on Behavioral Health: \$86 million total (\$26 million General Fund)
  - \$79 million MaineCare (\$21 million General Fund)
  - \$7.3 million Infrastructure & DHHS Contracted Services (\$4.9 million General Fund)
- Coronavirus Response Relief Supplemental Appropriation (CRRSA): \$9.8 million
  - \$3.2 million Mental Health Block Grant (MHBG)
  - \$6.5 million Substance Abuse Treatment and Prevention Block Grant (SABG)
- American Rescue Plan Act (ARP): \$11.2 million
  - \$5.6 million Mental Health Block Grant (MHBG)

- \$5.6 million Substance Abuse Treatment and Prevention Block Grant (SABG)
- Other Federal Funding: \$12.75 million
  - \$4.7 million SAMHSA/FEMA Crisis Counseling Program Grant (CCP) – StrengthenME
  - \$4.85 million SAMHSA Emergency COVID Grant (ECOVID)
  - \$3.2 million SAMHSA First Responder Comprehensive Addiction and Recovery Act Grant (FR CARA)

This does not count other support for mental health and SUD that has yet to be allocated by the Federal government. For example, Sections 2706 and 2707 of the American Rescue Plan provide \$80 million nationwide for community-based organizations for behavioral health. Additionally, the Governor’s Maine Jobs & Recovery Plan includes \$15 million for health care workforce development. This will include training, career ladder development, and recruitment of behavioral health professionals. The Department also anticipates a \$32 million Federal CDC health disparities grant which includes several behavioral health infrastructure activities. DHHS is applying for a \$3 million Federal grant to support the development of community health workers and expects to prioritize those working in SUD.

DHHS will capitalize on this historic investment in behavioral health to accelerate the work of ensuring timely access to a complete continuum of services for Mainers, regardless of their geographic location or level of need. Planned initiatives will round out and support the array of available services, from prevention, to early intervention, harm reduction, treatment, and crisis care, and recovery supports; address the intersection with the criminal justice system; bolster behavioral health infrastructure; and address racial and ethnic disparities.

***Prevention***

- Provide funding and technical assistance to 20 local prevention community partners who use SAMSHA’s Strategic Prevention Framework model to implement evidence-based strategies and interventions within their service areas (\$850,000 from SABG CRRSA funds)
- Continue the work of StrengthenME program, including the public education campaign, deploying Community Health Workers trained in emotional first aid, providing wellness and resilience supports to Mainers affected by stressors of COVID-19, reducing the likelihood of developing a behavioral health disorder (\$4.7 million SAMHSA/FEMA grants)

***Early Intervention***

- Develop and launch a public awareness campaign for the Behavioral Health Service Locator Tool to be launched in 2022 and continue the OPTIONS campaign to prevent opiate overdoses (\$2 million Budget Initiative)
- Expand access to Coordinated Specialty Care (CSC) early intervention for psychotic disorders from one program to statewide by implementing a MaineCare bundled reimbursement rate and providing training and technical assistance to providers to adopt this model of comprehensive team-based care that dramatically improves outcomes (\$7 million Budget Initiative and \$610,000 CRRSA & ARP MHBG)

### ***Expand Treatment Options and Access***

- Add Mental Health Intensive Outpatient (MHIOP) program within MaineCare, providing comprehensive, high-intensity services to avoid hospitalization and provide step-down care from inpatient care; also includes specialty programs for adolescents, older adults, Eating Disorders, Borderline Personality Disorder, and Intellectual Disability/Developmental Delay (\$19.8 million Budget initiative)
- Implement increased MaineCare reimbursement rate for SUD Intensive Outpatient (\$3.6 million Budget Initiative)
- Invest in Children’s Residential Programs through a rate increase, enabling these programs to meet high-quality Qualified Residential Treatment Program status as required by the Families First Prevention Act (\$19 million Budget Initiative)
- Increase rates for residential SUD treatment: detox, 28-day programs, halfway houses, and extended care services (\$2.6 million Budget Initiative)
- Fund anticipated expansion in number of residential SUD treatment beds resulting from approval of Federal waiver to enable Federal match to adults served in facilities with more than 16 beds (\$1.9 million Budget Initiative)
- Pilot MaineCare coverage programs for evidence-based interventions for parents with SUD (\$1.6 million Budget Initiative)
- Implement a new MaineCare model for pregnant and postpartum members with Opioid Use Disorder (OUD) and their infants to improve care, improve outcomes, and reduce costs (\$4.7 million Budget Initiative)
- Make use of Federal waiver to keep parents on MaineCare if they are working toward reunification with their children (\$7.3 million Budget Initiative)
- Implement regular cost-of-living adjustment (COLA) for services that do not already receive regular increases, including the following behavioral health services (\$9.8 million Budget Initiative):
  - Targeted Case Management
  - Section 17 Community Support Services (e.g., ACT, Community Integration)
  - Section 28 Rehabilitative and Community Support Services for Children
  - Section 65 Behavioral Health Services (e.g., Crisis, Med Management, Therapy, IOP)
  - Behavioral Health Homes
  - Opioid Health Homes
- Establish infrastructure and conduct work to enable implementation of Certified Community Behavioral Health Clinic (CCBHC) model that reimburses cost of service based on regional needs, emphasizes outcomes monitoring, comprehensive coordinated care using evidence based practices, 24/7 access, culturally and linguistically appropriate services, and must serve all regardless of ability to pay, insurance status, or town of residence (\$781,000 Budget Initiative)

### ***Harm Reduction***

- Make a significant investment in expanding access to naloxone and naloxone distribution in communities (\$1 million SABG CRRSA funds)
- Continue the statewide **Overdose Prevention Through Intensive Outreach Naloxone and Safety (OPTIONS) Program** that provides law enforcement/emergency responder co-response with a substance use professional, assertive outreach post non-fatal overdose, naloxone leave behinds, and connection to harm reduction, treatment, and recovery resources (\$4 million SABG CRRSA & SAMHSA FR-CARA)
- Continue and expand support for Syringe Services Programs, including to provide transportation, health screenings, and vaccination (\$850,000 CRRSA SABG and Prevention and Treatment Fund)

### *Crisis Care*

- Bring Maine into alignment with **SAMHSA National Guidelines for Behavioral Health Crisis Care** by creating a “no wrong door” approach with *someone to talk to, someone to respond, and somewhere to go*:
  - Further expand capacity for 24/7 Peer Support through the Intentional Warm Line (\$200K increase, StrengthenME grants)
  - Increase capacity of the Statewide Maine Crisis Line to meet increased demand as we divert callers away from 911 and connect Mainers to follow up services in real time via the Service Locator Tool (\$141,000 increase MHBG)
  - Leading a 988 Planning Coalition, developing an implementation plan for conversion from 10-digit crisis lines to the three-digit mental health crisis number, “988,” diverting callers in mental health crisis away from 911 and emergency departments; and scaling up crisis system to meet demand
  - Apply for a Centers for Medicare & Medicaid Services Planning Grant for Mobile Crisis to reform rate methodology and draw enhanced Federal match
  - Expand successful Crisis Aftercare pilot from one county to Statewide, providing in-home supports for children presenting to emergency departments and their families (\$1.34 million CRRSA MHBG)
  - Implement 24/7 regional crisis stabilization units to provide assessment and triage, short-term (less than 24 hours) observation and stabilization in a home-like environment with a robust peer staffing component (\$3 million CRRSA MHBG & ECOVID)
  - Support Cumberland County Crisis Center’s ongoing operations as a “hub” providing access to medication management and other specialized services to regional centers via telehealth (\$3 million initial investment; \$500,000 Budget Initiative)
  - Address workforce challenges by developing plans to build upon infrastructure for Mental Health and Rehabilitation Technician Crisis Service Provider (MHRT/CSP) Certification and Peer Certification to get more professional support personnel credentialed and in the field



### ***Community-Based Recovery Supports and Criminal Justice Interventions***

- Establish OBH’s Justice and Health Team by adding new positions on OBH’s Intensive Case Management (ICM) team to provide additional support for existing jail-based and reentry services, including pre-booking diversion, crisis co-response, and mental health courts and dockets (\$2.1 million Budget Initiative)
- Expand access to advocacy and support services for clients provided by Disability Rights Maine (\$506,000 Budget Initiative)
- Expand Recovery Residences program to include those for specialized populations (e.g., reentry from incarceration, LGBTQI, Tribal) and underserved areas (adds \$220,000 from SABG CRRSA funds)
- Increase the number of Substance Use Recovery Centers around the state (\$350,000 Prevention and Treatment fund)
- Establish a Permanent Supportive Housing Health Home program to provide chronically homeless individuals with supports to achieve and maintain housing (\$2 million Budget Initiative)
- Support treatment and case management services for Adult Treatment Courts; these cost-effective programs dramatically reduce recidivism (\$3.2 million SABG CRRSA funds)
- Implement a new Close Supervision residential model for those involved in the judicial system who do not require an inpatient level of care for forensic evaluation or competency restoration and those releasing from the hospital on a Not Criminally Responsible status, freeing up inpatient beds for those who truly need them (\$1.4 million within budget)

### ***Behavioral Health Infrastructure***

- Further develop DHHS Behavioral Health Infrastructure by establishing positions for:
  - Deputy Director of Operations for the OBH (\$360K Budget Initiative)
  - Critical Incident Review and assisting with adults on involuntary status in Emergency Departments more than 24 hours (\$412,000 Budget Initiative)
  - Maine CDC Substance Use Prevention Team to include a diversity, equity and inclusion expert who will assist in developing a prevention plan in partnership with health disparate communities (\$100,000 SABG CRSSA)
  - Comprehensive Health Planning to implement the programs and policies outlined in this Behavioral Health Plan, such as coordinating Requests for Proposals (RFPs), executing contracts, and managing grants (\$631,000 Budget Initiative)
- Conduct a statewide assessment of the intervention Screening, Brief Intervention and Referral to Treatment (SBIRT) in health care (primary care and pediatric care), schools, childcare, etc.
- Consider using new the Maine Jobs & Recovery Plan’s Health Care Workforce Development funds to increase the accessibility, availability, and affordability of Mental Health Rehabilitation Technician (MHRT) certifications and Peer Support certifications;

recruitment and incentive policies for prescribers and skilled nursing, licensed professionals; bolstering the pipeline from high schools and community colleges into behavioral health field

- Expand support for Community Health Workers as part of behavioral health system to engage Black, Indigenous, and Populations of Color (BIPOC) communities in emotional first aid, serve as cultural brokers in provision of mental health and SUD services, and connect with resources (\$1.4 million StrengthenME and additional grants TBD)
- Conduct community needs assessments, prioritizing efforts conducted by the community directly, that examine capacity of health care, behavioral health, and social services across the state best equipped to serve populations disproportionately impacted by COVID-19 (part of \$32 million CDC Health Disparity grant)
- Develop a Community Based Organization infrastructure fund to make long-term investments in organizations that are advancing health equity in target communities, including behavioral health (part of \$32 million CDC Health Disparity grant)
- Create a master person index to better align data across systems (part of \$32 million CDC Health Disparity grant)