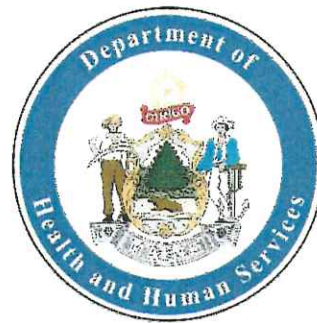


The Office of Substance Abuse and Mental Health

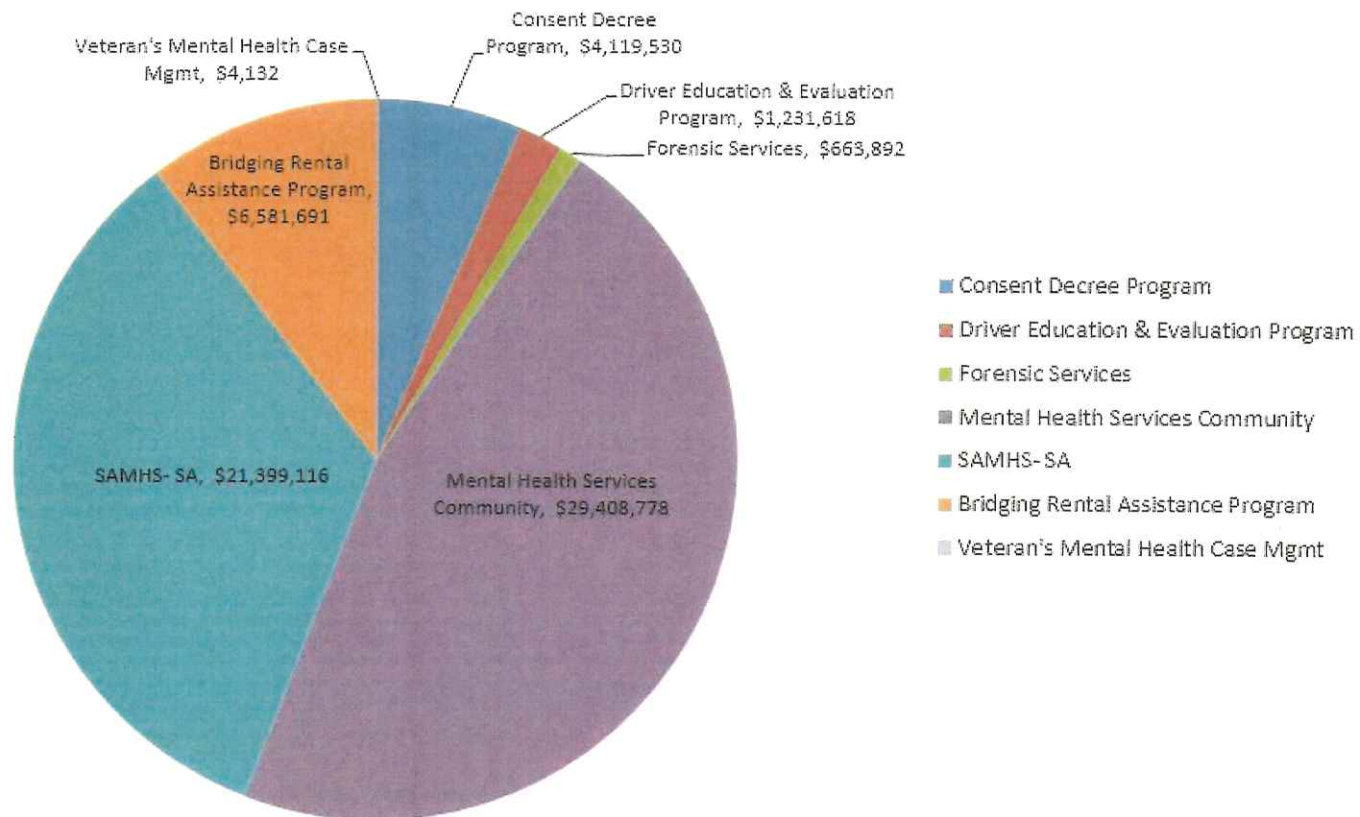
Sheldon Wheeler, Director

February 2019



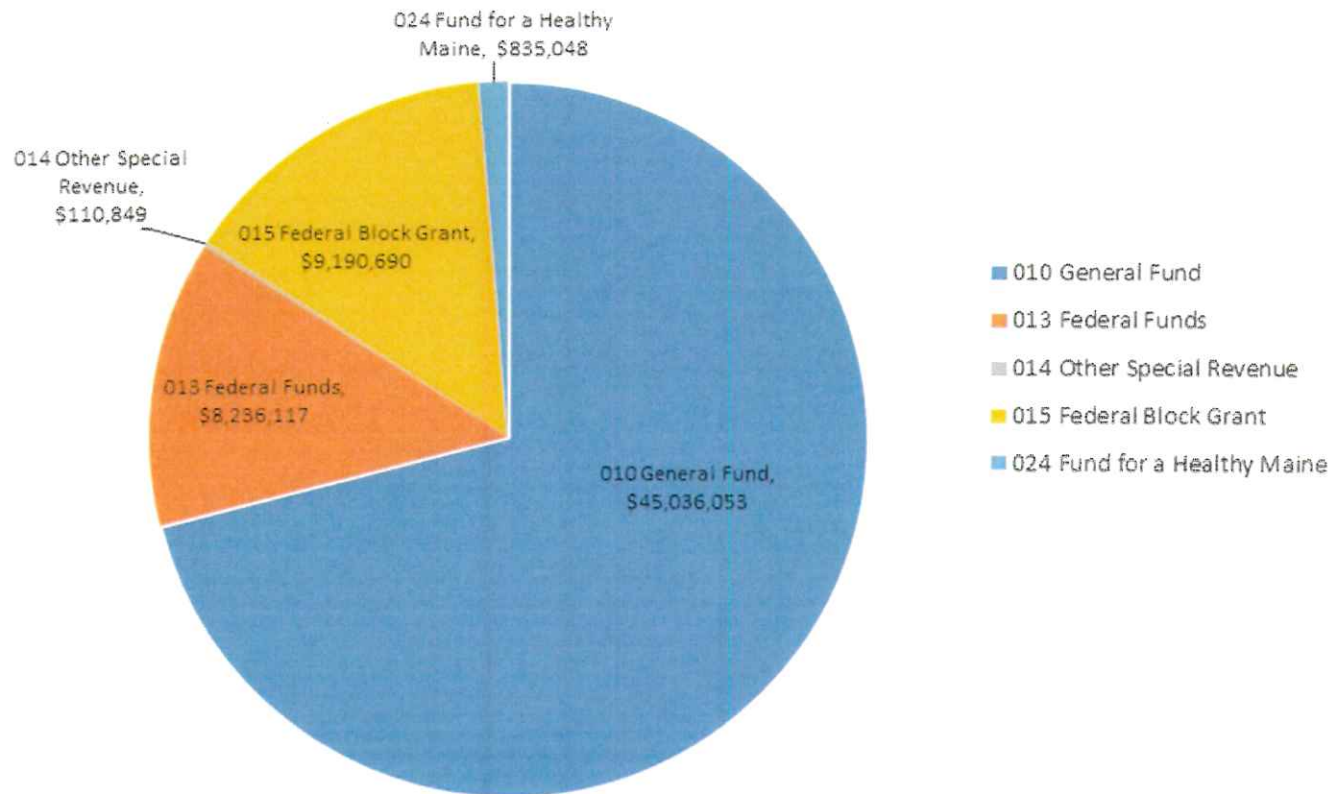
SAMHS: Expenditures

SAMHS: Expenditures by Appropriation (SFY 2018)
\$63,408,757 Total



SAMHS: Expenditures

SAMHS: Expenditures by Fund (SFY 2018)
\$63,408,757 Total



Improve Behavioral Health Outcomes: Whole Person Approach

Prevention

- Reduce Stigma
- Increase Public Awareness
- Promote Early Intervention

Community

- Improve Public Health & Safety
- Leverage Medicaid
- Promote Synergistic Strategies

Intervention

- Deploy Rapid Induction in ER's
- Jail Re-entry Program
- Forensic ICM Program

Treatment

- Increase Access to integrated care
 - Medication Assisted Treatment
 - Hub & Spoke
 - Residential Treatment

Recovery

- Promote Peer Centers & Recovery Coaches
- Enhance Employment Supports
- Reduce Barriers

Improve Behavioral Health Outcomes: Whole Person Approach - Prevention Services

- SAMHS Prevention Services:
 - Prescription Drug Monitoring Program
 - Social media marketing campaign development including targeted radio ads providing information on treatment resources and reducing stigma
 - Coordination with the Prevention team at Maine's CDC including community outreach and education

Improve Behavioral Health Outcomes: Whole Person Approach - Intervention Services

- SAMHS Intervention Services:
 - Emergency Room Rapid Induction to include Recovery Coaches and Narcan distribution
 - Jail Re-entry Program supporting MAT
 - Crisis Intervention Services
 - Driver Education and Evaluation Program
 - Corrections based Intensive Case Management

Improve Behavioral Health Outcomes: Whole Person Approach - Treatment Services

- Treatment Services Funded by SAMHHS include:
 - Medication Management
 - Medication Assisted Treatment
 - Opioid Health Home and Behavioral Health Home
 - Residential Treatment Services
 - Outpatient and Intensive Outpatient Counseling
 - State Forensic Evaluations
 - Case Management Services

Improve Behavioral Health Outcomes: Whole Person Approach - Recovery Services

- SAMHHS funds programs to aid and support consumers through recovery:
 - Development of Mental Health and Substance Use Disorder Peer Recovery Centers
 - Promotion of Recovery Coach and Peer Support Models (CCAR and CIPSS)
 - Employment Supports
 - Housing Vouchers supporting consumer *choice, independence, and control*

Improve Behavioral Health Outcomes: Whole Person Approach – Community Services

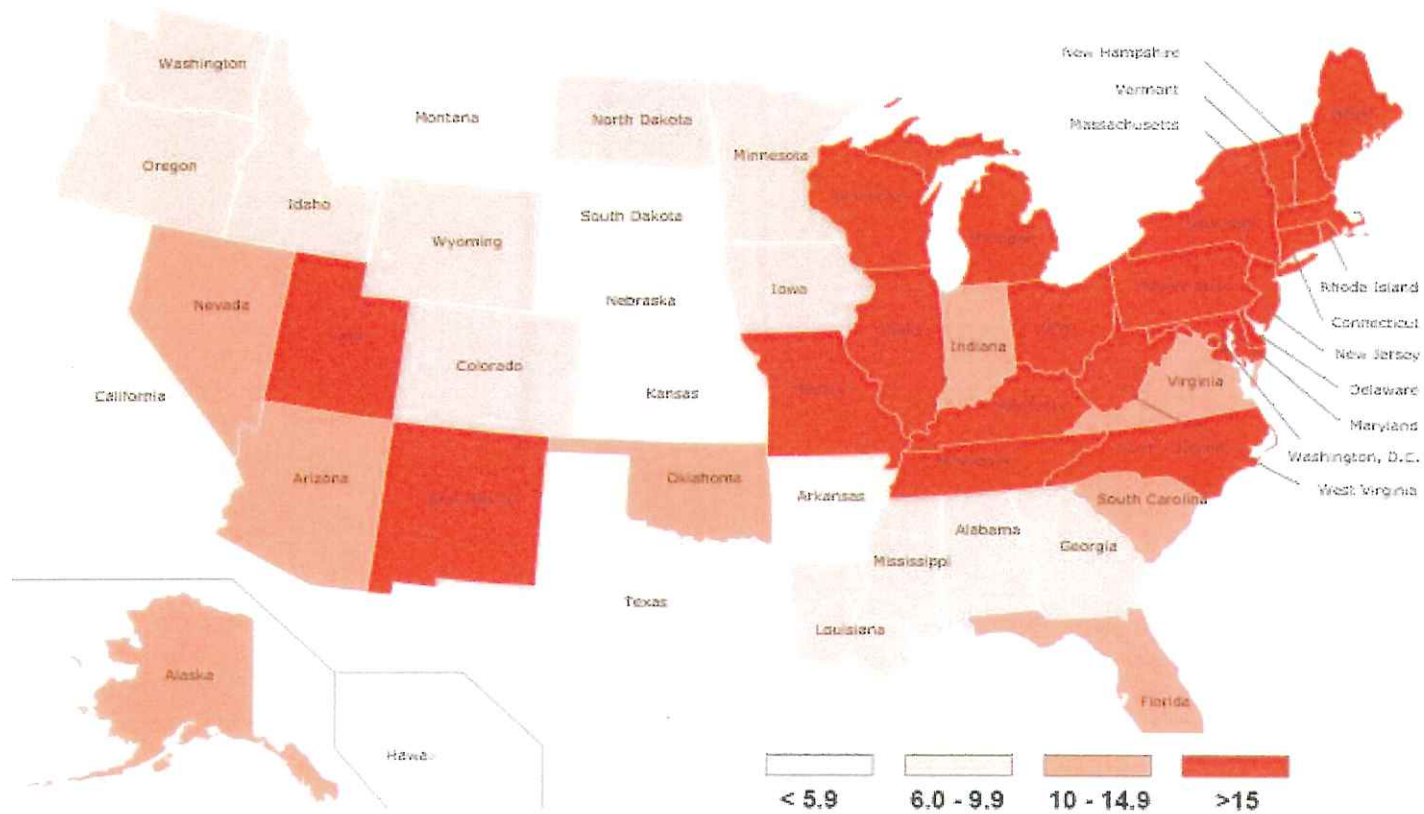
- Waitlists for Community Integration services have dropped from over 450 in 2014 to actual zero at times in 2018
- Timely access to Community Integration services built into rule and contracts through inclusion of a 7 day expectation from date of referral to the first face to face encounter.
- Adult Needs and Strengths Assessment (ANSA) tool built into rule to better define acuity and connect consumers with appropriate resources

Improve Behavioral Health Outcomes: Whole Person Approach – Community Services

- Promotion of First Episodic Psychosis(FEP) model utilizing a 10% set aside from the Mental Health Block Grant. The FEP model is largely based on the work of Dr. William McFarlane, MD of Maine Medical Center.
- Underscoring the Forensic ICM initiative on psychiatric hospital diversion to community resources for those persons found Incompetent to Stand Trial, who do not need hospital level of care.
- Partnerships with MaineCare:
 1. Early stage of development of an IMD Waiver for both Mental Health and Substance Use Disorder services.
 2. Working to develop a Mental Health Intensive Outpatient Program.
 3. Propose rule and regulatory changes to reduce barriers and increase access to care.

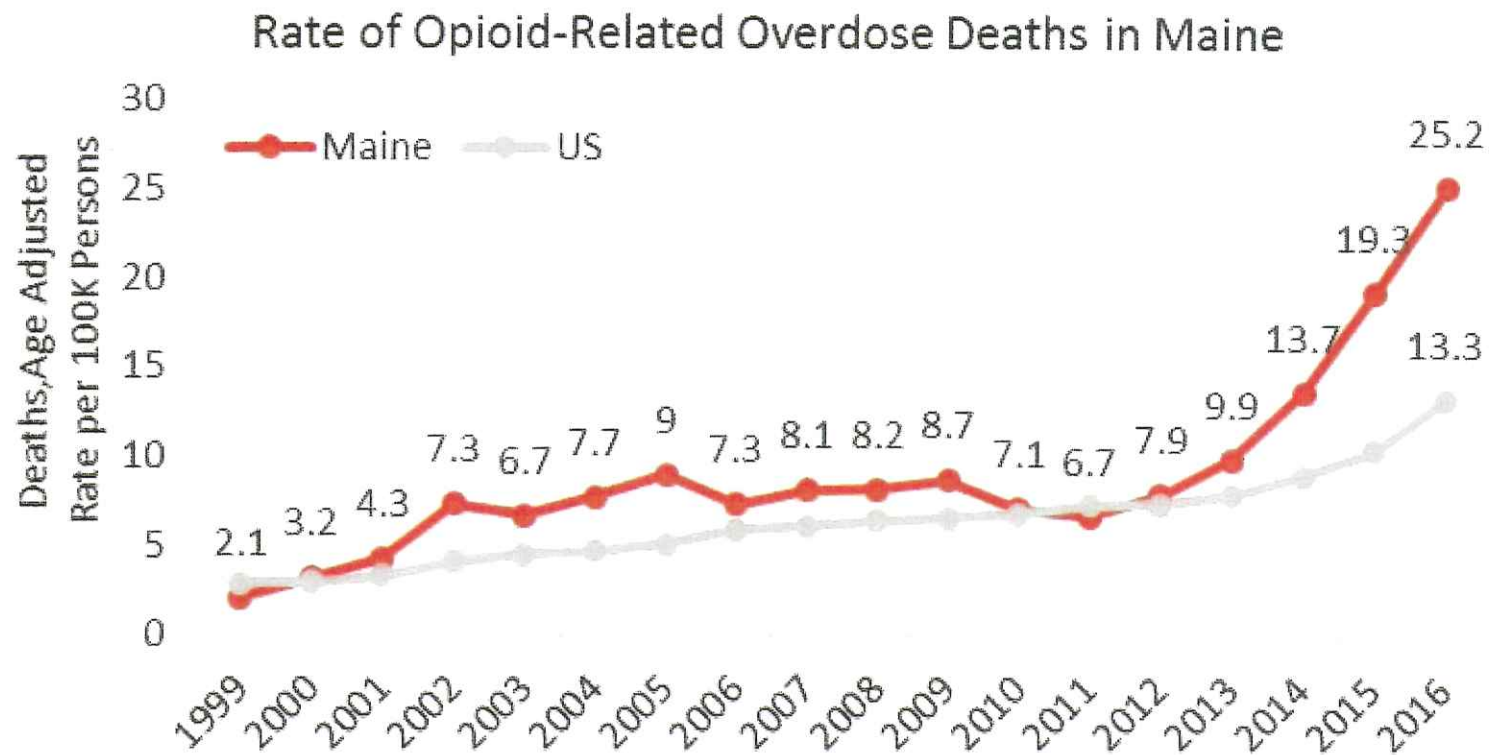
Opioid Epidemic

Death Rates per 100,000 people



Source: NIDA Feb 2018

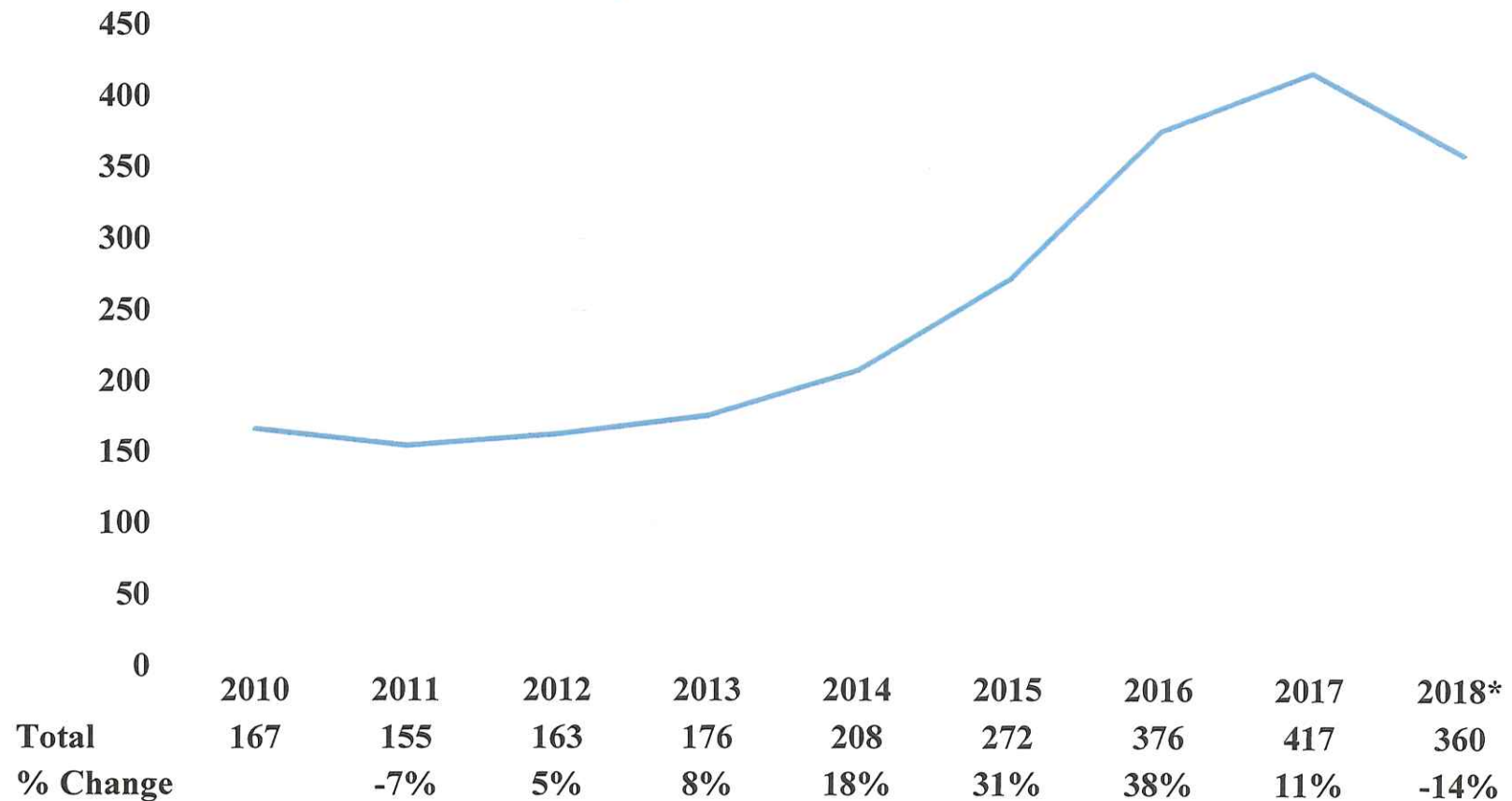
Opioid Epidemic



Source: CDC WONDER

Opioid Epidemic

Total Drug Related Overdose Deaths



*Projected figure based on the first 6 months of 2018.

Opioid Epidemic

In 2018, there were **904** notifications regarding infants born exposed to substances.

In 2016 - 2018, approximately **eight percent** of the live births in Maine had substance exposed notifications.

According to the CDC data on Neonatal Abstinence Syndrome, in 1999 Maine had an incident rate of 1.1 per 1,000 births and in 2012 that rate had climbed to 30.4 per 1,000. An estimated 80% of hospital charges for NAS are covered by state Medicaid programs.



Source: Office of Child and Family Services (OCFS),
Maine Automated Child Welfare Information System (MACWIS).

Response to Opioid Epidemic

“Maine is among the top ten states with the highest rates of opioid-related overdose deaths.”

– *National Institute on Drug Abuse*

The Associated Press recently reported that Maine witnessed the most significant decline in Opioid prescriptions in the nation in 2017, a drop of 25% compared to the national average of 11%. Maine was one of the first states in the nation to bring Medication Assisted Treatment into Jails and among the first to design and implement a Medicaid reimbursable Hub and Spoke model of care based on VT and RI. The overdose death rates reflect a downward trend during the first six months of 2018—imputed over 12 months this would be the first decline since 2011.

The national opioid epidemic continues to take a horrific toll on the people of Maine. From 2010 to 2017, 1,934 persons lost their lives due to drug overdose. In 2017, Non-Pharmaceutical Fentanyl in particular was found in 59% of all overdose deaths.

Response to Opioid Epidemic: Rapid Induction Initiative

- Provide explicit linkages between Emergency Room settings and treatment in the community through a Rapid Induction model to include Recovery Coaches and Narcan administration.
- Focus on partnerships with FQHCs, Rural Health Centers, Critical Access Hospitals, and Outpatient clinics.
- The initiative requires successful engagement combined with a warm hand-off from the ER to community based treatment providers.

Response to Opioid Epidemic: Re-entry Initiative

Inmates in recovery from OUD are at an increased risk for fatal drug overdose upon release. If started on MAT before leaving correctional facility, a national study found:

- 75% less likely to die of any cause
- 85% less likely to die of drug poisoning in first month post-release.*

SAMHHS Re-entry Program:

- County Jails to begin medication administration for OUD pre-release to include initial discussions with DOC
- Warm hand-off to community MAT provision
- Braiding state general funds and federal grants to achieve this initiative

*Data from

https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-15-2017.pdf

Office of Substance Abuse and Mental
Health Services

Opioid Epidemic

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