COMPREHENSIVE BEHAVIORAL HEALTH PLAN FOR MAINE

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Introduction

Many Maine residents contend with behavioral health challenges, including mental health needs, substance use disorders, and co-occurring disorders. During the COVID-19 pandemic, needs have been heightened with more than half of Maine adults reporting being "bothered by the problem of feeling nervous, anxious, or on edge" at least several days in the past week.[1] The Maine Department of Health and Human Services issued a strategic plan for adult behavioral health in May of 2021 articulating a wide array of strategies to deliver a complete continuum of behavioral health services around the state encompassing prevention, early intervention, harm reduction, all levels of treatment, crisis care, and recovery assistance. Further, in 2018, assessment work began to develop a strategic plan for children's behavioral health, and with stakeholder input, contributed to the development of 13 strategies which the Department has reported on in subsequent annual reports from 2020-2022. In the past year alone, notable behavioral health accomplishments include:

1. Expanding MaineCare to ensure greater coverage for needed services
2. Historic financial supports to providers, and investments in reimbursement rates as part of MaineCare rate system reform
3. Opening the state's first comprehensive crisis center
4. Expanding the Health and Justice Teams and the implementation of 988 Suicide and Crisis Hotline and improvements in our mobile crisis services
5. Becoming the first state in the nation to incorporate Family First Qualified Residential Treatment Program (QRTP) standards into Medicaid policy for Children's Residential Care Facilities (CRCF), bolstering the quality of and reimbursement for CRCF services.

In 2021, the 130th Maine Legislature released Legislative Document No. 1262 (LD 1262): Resolve, Directing the Department of Health and Human Services To Develop a Comprehensive Statewide Strategic Plan To Serve Maine People with Behavioral Health Needs throughout Their Lifespans. This plan, in response to LD 1262, builds upon the prior strategic plan and describes additional activities that DHHS has undertaken to continue to meet the significant and changing behavioral health needs of Maine residents. This plan includes (I) an organizational framework; (II) an executive summary; (III) a description of external participation and plan development; (IV) current activity detail; and (V) a monitoring, accountability, and financial summary.

[1] https://www.jtgfoundation.org/2021/06/09/maine-data-glimpse-mental-health-of-maine-adults-during-the-pandemic/ Accessed December 13, 2022

Organizational Framework

Four Categories → **10 System Goals** → **Current Activities** → **Future Activities**

LD1262 outlines 34 elements (including sub-elements) for the plan to address. DHHS has grouped these elements into four broad categories:

Consumer Choice

Refers to activities to preserve individual choice of care setting, whenever possible

Population Focus

Refers to specific activities unique to populations that may require additional or tailored services and supports

Service Delivery

Refers to services in particular behavioral health service domains

Infrastructure

Refers to systems connectivity that supports the delivery of optimal behavioral health services

Glossary

The Department of Health and Human Services (DHHS) is comprised of various offices and divisions that oversee and administer critical programs and services for the state of Maine. A number of these offices and divisions will be referenced frequently throughout this plan:

- Office of Aging and Disability Services (OADS)
- Office of Behavioral Health (OBH)
- Maine Center for Disease Control and Prevention (Maine CDC)
- Dorothea Dix Psychiatric Center (DDPC)
- Office of MaineCare Services (MaineCare)
- Riverview Psychiatric Center (RPC)

These office acronyms are used throughout the report.

Additionally, the plan frequently uses the following health terms:

- Substance use disorder (SUD)
- Opioid use disorder (OUD)
- Serious mental illness (SMI)/Serious and persistent mental illness (SPMI)
- Intellectual and developmental disabilities (IDD)

These terms will be defined on first reference within a report section and noted with acronyms thereafter as relevant.

Executive Summary

Each category includes sections (unless otherwise indicated), system goals, current activities, and future activities. Current activities are described in more detail in the subsequent section of the plan. Future activities are briefly outlined in this plan and will be further developed moving forward. Throughout, LD elements are noted with an asterisk (*).

1. Consumer Choice*

Section: N/A

System Goal: Ensure that individual needs and preferences are honored, person-centered planning is used, and that services and supports are accessible in a variety of settings[2]

Current Activities	Future Activities
1.a Update the rights of recipients of mental health services 1.b Advance crisis system redesign and reform 1.c Implement DHHS's comprehensive plan to enhance Home and Community Based Services 1.d Coordinate and expand access to Community Health Workers (CHW) statewide 1.e Update policy language related to referral and service termination requirements to ensure that individuals have access to services of their choice	• Utilize data and performance metrics from the 1-year pilot of the Cumberland County Crisis Receiving Center to evaluate opportunities for future expansion statewide • Develop a sustainable financial model for mobile crisis response within the MaineCare program • Update the Mental Health Rehabilitation Technician (MHRT) Crisis Service professional credential to be competency-based and expand the crisis service workforce • Utilize information from the statewide community listening project that is in process through July of 2024 that will solicit feedback from consumers and community members to inform improvements to the crisis system • Launch a behavioral health service locator tool, Treatment Connection®, and the OpenBeds® digital referral platform and crisis management software through vendor Bamboo Health to improve the way individuals, providers and DHHS identify, access, and track substance use and mental health services

[2] Adapted from the Administration for Community Living: https://acl.gov/programs/consumer-control

2. Population Focus

Section: 2.1 Child and adolescent behavioral health

System Goal: Advance programs, policies, and payments that facilitate early screenings, detection, and intervention* and access to supportive services that meet children and adolescents where they are

Current Activities	Future Activities
2.1.a Implement an array of programs that support early screening, detection, and interventions for children* and families at risk of adverse childhood experiences* 2.1.b Commission a comprehensive assessment of Youth Screening, Brief Intervention, and Referral to Treatment (SBIRT) and formulate a 3-5 year statewide implementation plan 2.1.c Expand School Based Health Centers across the state and utilize telehealth to improve access to school-based mental health services* 2.1.d Implement the Systems of Care (SOC) Grant to support improved quality and access to services for youth 2.1.e Support youth experiencing homelessness through strengthening the Youth Homeless Continuum of Care 2.1.f Evaluate a pilot program to provide Crisis Aftercare support to children and family members 2.1.g Enhance reimbursement and quality standards for Children's Residential treatment* 2.1.h Implement programs that support successful transition from child to adult services* 2.1.i Enhance and build capacity for Youth Substance Use Disorder (SUD) services 2.1.j Enhance evidence-based practices for youth SUD in Children's Residential Care Facilities 2.1.k Implement the Pediatric mental health access grant to create tele-consult opportunities for pediatric primary care providers 2.1.l Youth engagement and empowerment work with Maine Youth Action Network (MYAN) to support youth suicide prevention and improve youth mental health	• Pilot Youth SBIRT in 3-4 School-Based Health Centers across the state • Require SBIRT implementation for MaineCare's Primary Care Plus Practices • Implement school-based Tele-Behavioral Health Pilots in partnership with local schools and community mental health agencies • Enhance resources and supports for children in state custody* and their families, with a focus on substance use services • Sustain focus on the expansion of childcare workforce training for substance use disorders • Continue implementation and expansion of the Early Childhood Consultation Partnership (ECCP) to provide evidence-based early childhood mental health consultation • Continue implementation and expansion of Universal, evidence-based Parenting Education models including Positive Parenting Program (Triple P) and Research Units in Behavioral Intervention (RUBI) • Expand programs and capacity to support the behavioral health needs of adolescents and transition age youth including youth intensive outpatient services • Ensure services are available for gender diverse youth and co-occurring behavioral health needs • Implement Help Me Grow and increased developmental screening • Implement a Children's Psychiatric Residential Treatment Facility in Maine • Create a new section of MaineCare policy focused on School-health related services, increasing services that may be delivered in schools and clarifying requirements of school delivered services. • Enhance crisis hotline protocols to ensure community and home-based crisis support for all children and families • Continue implementation of the youth and family navigator program to support youth suicide prevention efforts.

Section 2.2: Justice-involved individuals*

System Goal: Improve outcomes and reduce recidivism for individuals with behavioral health needs who are justice-involved

Current Activities	Future Activities
2.2.a Operate OBH's Intensive Case Management (ICM) program that provides case management services to individuals transitioning from correctional settings back to the community 2.2.b Provide ongoing support and consultation to Mental Health Dockets to ensure appropriate resolution of legal matters and access to behavioral health services for defendants 2.2.c Implement the Close Supervision Community Program to support pre-trial defendants with mental health conditions 2.2.d Operate the Intensive Mental Health Unit (IMHU) that serves individuals with acute mental health conditions sentenced to the Department of Corrections 2.2.e Expand the Medications for Opioid Use Disorder (MOUD) in County Jails 2.2.f Implement Regional Care Teams, Multisystem Therapy (MST) and Functional Family Therapy (FFT) Programs to prevent and reduce youth incarceration 2.2.g Provide ongoing Children's Behavioral Health Services (CBHS) Behavioral Health Support in Department of Corrections (DOC) Offices across the state, including Long Creek Youth Development Center 2.2.h Participate on relevant advisory bodies and teams related to juvenile justice	• Strategic planning to evaluate opportunities to expand and/or strengthen the Intensive Case Management (ICM) program to adequately support the increasing mental health, substance, co-occurring, and social support needs of individuals transitioning from correctional/jail settings back to the community and ensure access to MaineCare and other social supports • Implement and evaluate the Extended-Release Buprenorphine (XRB) Pilot at Somerset County Jail • Evaluate strategies, opportunities, and evidence-based approaches to prevent justice involvement among youth as well as options for alternative community placements • Support the DOC in opening the Intensive Mental Health Unit (IMHU) specifically for women

Section 2.3: Lifespan supports*

System Goal: Promote continuity of behavioral health care and access across the lifespan for all individuals, including adults with intellectual and developmental disabilities (IDD) who have mental health needs

Current Activities	Future Activities
2.3.a Utilize the Maine Home and Community based services (HCBS) Improvement plan to implement a lifespan project to provide more integrated and seamless supports for children and adults with IDD across their lifespan 2.3.b Improve the transition process for individuals with IDD from youth to adulthood through an ongoing collaboration between OCFS and OADS	• Extend partnership with University of New Hampshire to pilot the Systemic, Therapeutic, Assessment, Resources and Treatment (START) model that includes IDD provider agencies so their staff can access training on mental health and IDD practices • Develop a Complex Behavioral Care Team (CBCT) pilot with Maine Behavioral Healthcare's Glickman Lauder Center of Excellence in Autism and Developmental Disorders • Increase access to the Becket multimodal team • Work with MaineCare to implement a new Intensive Outpatient Program (IOP) service under Section 65 that is targeted to individuals with IDD and behavioral health needs • Undertake an analysis of the use among individuals with IDD of psychotropic medication, emergency departments, and hospitalizations for psychiatric reasons • Hire four transition liaisons (two OCFS and two OADS) to support transition aged youth to adulthood. • Work to develop consistency among targeted case management (TCM) and behavioral health home (BHH) providers in serving transition-aged youth.

3. Service Delivery

Section 3.1: Crisis services*

System Goal: Advance a robust crisis continuum of care that provides appropriate, timely and effective crisis response, diverts from hospital and criminal justice systems when appropriate, reduces fragmentation of behavioral health services, and supports smooth care transitions

Current Activities	Future Activities
3.1.a Launch of the 988 Suicide and Crisis Lifeline (hotlines and warmlines)* 3.1.b Implementation of the first comprehensive Crisis Receiving Center in Cumberland County 3.1.c Implementation of a five year strategic plan to strengthen Suicide Prevention Programs* across the state 3.1.d Continued monitoring and evaluation of Maine's regionalized Mobile Crisis* system that was implemented in 2018 3.1.e Crisis Services for Adults with Intellectual and Developmental Disabilities (IDD) 3.1.f Implementation of the Mobile Crisis Services Planning Grant 3.1.g Develop crisis data integration and visualization of key crisis system indicators for system-wide monitoring, evaluation and planning 3.1.h Develop protocols and procedures for seamless integration of 911 and Maine's Crisis System 3.1.i Evaluate a pilot program to provide crisis aftercare support to children and family members	• Utilize the data and performance metrics from the one-year pilot of the Cumberland County Crisis Receiving Center to evaluate opportunities for future expansion statewide • Develop a reimbursement and sustainable financial model for mobile crisis response within the Medicaid program • Develop a Peer Crisis Co-Responder Curriculum to support the enhancement of peer response as part of the mobile crisis system • Expand and streamline mobile crisis service model to align with national best practice, including standardizing triage and dispatch systems and composition of mobile response teams • Update the Mental Health Rehabilitation Technician (MHRT) Crisis Service professional credential to be competency based and to expand the workforce for the crisis service field • Utilize information from the statewide community listening project that is in process through July of 2024 that will solicit feedback from consumers and community members to inform improvements to the crisis system, the development of consumer informed metrics and evaluation, and enhance opportunities to engage family members/natural supports in crisis response • Transition to a crisis management software for streamlined point-in-time data collection and a shared crisis record across care continuum to allow for seamless transitions, reduced re-traumatization for individuals accessing services, and continuous quality improvement

	• 988 & 911 coordination and integration including developing training and implementing a new protocol for 911 Public Safety Answering Point (PSAP) and Maine Crisis Line staff; continuing cross-agency collaboration for system-wide quality improvement; and designing a public messaging and marketing campaign for Maine Crisis System, encompassing education on 988, the Maine Crisis Line and mobile crisis response • Continue robust integration of crisis data across multiple agencies and stakeholders for the purpose of developing data-informed decision support tools able to identify areas of high need and determine equitable and effective distribution of resources • Determine the role of Certified Community Behavioral Health Clinics (CCBHCs) to support the crisis care continuum and services

Section 3.2: Community-based services

System Goal: Enhance access to community-based care in a timely, flexible manner

Current Activities	Future Activities
3.2.a Provide robust community-based behavioral health services through Assertive Community Treatment (ACT)* and Community Integration and Support (CI)* with a focus on improving capacity and timely access to care 3.2.b Provide intensive outpatient programs (IOP)* and treatment for mental health and substance use disorders (SUD) 3.2.c Provide medication management* services to individuals with serious mental illness 3.2.d Support Certified Community Behavioral Health Clinics (CCBHCs) in Maine 3.2.e Complete a comprehensive rate study of MaineCare services resulting in unprecedented increases in behavioral health reimbursement rates, including Applied Behavioral Analysis* 3.2.f Implement increased rates for Occupational Therapy* and Speech Therapy* and Sections 17, 28, 65 3.2.g Examine modifications to in-home support* models for children 3.2.h Expand coverage of telehealth* for behavioral health services (tele-behavioral health) 3.2.i Implement supported employment* programs and services to person living with disabilities such as mental health conditions that impact their ability to get or maintain a job	• Advance a phased implementation of CCBHCs over the next several years. By July 2024, Maine DHHS aims to have a certification process, reimbursement structure, and programmatic infrastructure to support the CCBHC model in an integrated behavioral health system designed to meet community needs. This work will be advanced with significant stakeholder engagement and input • Implement new data protocols and processes in KEPRO to ensure accurate referral, waitlist and refusal information for ACT, CI, and Behavioral Health Home (BHH) so that services are captured in compliance with OBH's "no reject, no eject" policy • Focused efforts and planning with stakeholders to bolster capacity and access for medication management* services • Expand the Opioid Health Home model to provide team-based care for people with all types of substance use disorders • Develop a foundational introductory training about the values and benefits of work that aligns with Employment First Maine principles to be available to behavioral health providers, peers, family members, educators and other stakeholders. This is a joint project of DHHS, Department of Labor/Bureau of Rehabilitation Services (DOL/BRS) and Department of Education (DOE) • Expand the availability of the evidence-based model of supported employment services, Individual Placement and Support, through the inclusion into the CCBHC model as an allowable part of the service array

Section 3.3: Care coordination/case management*

System Goal: Advance programs to support care coordination/case management*, especially during times of transition

Current Activities	Future Activities
3.3.a Provide community-based Case Management programs including Health Homes and Intensive Case Management (ICM) services for justice-involved individuals 3.3.b Provide the Mental Health Intensive Outpatient Program (MHIOP) that offers comprehensive step-down services 3.3.c Provide discharge planning* and coordination to step down services and programs from inpatient settings 3.3.d Provide transition assistance to complex cases through the Complex Case Unit (CCU)	• See prior section regarding expansion of ICM services for justice-involved individuals • Focused work with community providers and inpatient settings to enhance communication, discharge planning and documentation to improve success transitions for individuals back to the community • Implement Hi-Fidelity Wraparound services for children

Section 3.4: Substance Use Disorder (SUD) related services

System Goal: Expand substance use disorder prevention, treatment and recovery services and access. Please also reference the Opioid Response Strategic Plan

Current Activities	Future Activities
3.4.a Utilize the 1115 waiver to increase access to residential SUD treatment 3.4.b Expand access to Medications for Opioid Use Disorder (MOUD), including Medication Assisted Treatment* 3.4.c Enhance reimbursement for SUD treatment services 3.4.d Plan for the new Treatment Connection® service locator tool 3.4.e Advance policies supporting beneficiaries' discharge* and transition from residential and inpatient facilities to community-based services and supports 3.4.f Implement the updated Opioid Health Homes (OHH) model to increase access to the model, including performance monitoring 3.4.g Implement the Prescription Monitoring Program (PMP) 3.4.h Implement the MaineMOM Program 3.4.i Expand residential and medically supervised withdrawal services 3.4.j Support the Overdose Prevention Through Intensive Outreach, Naloxone and Safety (OPTIONS) Program including the OPTIONS media campaign 3.4.k Expand Statewide Naloxone Distribution 3.4.l Implement Contingency Management Pilot Programs 3.4.m Build Capacity for SUD Treatment through practice improvement, workforce development and training opportunities in partnership with the Co-Occurring Collaborative Serving Maine (CCSME) 3.4.n Expand recovery services across the state	• Expand the SUD Medically Supervised Withdrawal and Residential treatment bed and service delivery capacity through the Request for Applicants (RFA) for Capital and Catalyst funds that was launched in 2022 • Publicly launch the new service locater tool Treatment Connection ® which will provide an online, statewide directory for behavioral health services • Evaluate Contingency Management Pilot programs for future expansion across the state • Focus and plan the expansion of SUD treatment options related to substances such as alcohol, amphetamines, nicotine and tobacco with a focus on family engagement and support • Invigorate the OPTIONS Media Campaign to continue public messaging to decrease stigma related to SUD, SUD treatment, and explore opportunities to expand SUD primary prevention messaging • Expand the OPTIONS liaison program to include additional team-based response services • Expand OHH model to all SUDs • Expand co-occurring capability statewide through enhanced and targeted workforce development, practice improvement and training opportunities for direct care staff, clinicians and providers • Expand Recovery Community Centers • Implement 1115 pilot programs focused on child welfare-involved parents identified with SUD risk factors • Expand access to naloxone and overdose education through new innovative, evidence-based projects • Expand substance-exposed infant work to include a stronger focus on prevention as well as to include fetal alcohol spectrum disorder • Fully implement the Maine Prevention Network to include substance use prevention services statewide • Expand footprint of syringe service programs (SSPs), including bringing additional SSPs online

	• Support the Gateway to Opportunity Program to look for pathways to employment as a substance use prevention strategy • Notify stakeholders and the public when overdose spikes are detected • Support communities in navigating cannabis use with a focus on prevention

Section 3.5: Peer support* and family support* services

System Goal: Offer peer and family supports at all levels of care

Current Activities	Future Activities
3.5.a Expand and enhance access to peer support programs and services statewide including peer workforce development, pathways to employment, and peer centers and services 3.5.b Provide access to family support programs* 3.5.c Provide access to family and youth peer support 3.5.d Include peer services in various team-based models covered by MaineCare (e.g. BHH, OHH, MaineMOM, Community Care Team – Housing Outreach and Member Engagement (HOME) services)	• Continue support of the expansion of the Intentional Peer Warm Line that provides a 24/7 support line staffed by individuals with lived experience Certified in Intentional Peer Support • Continue support of the Mental Health Peer Centers across the state with the publication of an upcoming RFP and ongoing evaluation of opportunities for expansion • Develop a Peer Crisis Co-Responder curriculum to advance incorporating peer response as part of the mobile crisis system • Implement the Peer Navigator Harm Reduction Pilot that will establish seven peer positions across the state. Staff will receive training in both Recovery Coaching and Intentional Peer Support • Expand training and capacity for Certified Intentional Peer Support • Include Youth and Family Peer Support specialists in the Hi-Fidelity Wraparound Model • Train Youth and Family Peer Support specialists in nationally recognized curricula • Revise the *Maine Can Work* peer curriculum to be inclusive for individuals with primary substance use disorders • Expand technical assistance to peer programs and behavioral health agencies to support individuals served on the pathway to employment

4. Infrastructure

Section 4.1: Supported short and long-term housing* and transportation services

System Goal: Facilitate access to supportive housing, both for short-term rehabilitation/recovery, and longer-term placements, as well as enhancing transportation services and access

Current Activities	Future Activities
4.1.a Provide comprehensive outreach, engagement and referral services to homeless individuals with serious mental illness (SMI) or substance use disorders (SUD) through the PATH program 4.1.b Provide supported housing programs including Bridging Rental Assistance Program (BRAP), Shelter Plus Care and Wrap 4.1.c Implement the MaineCare HOME Program to provide outreach and housing stabilization services to individuals with a history of chronic homelessness	• Engage stakeholders and consumers in actions and activities to strengthen access to transportation services, especially in rural and underserved areas • Evaluate opportunities to develop housing opportunities tailored to individuals with behavioral health needs • Evaluate current housing vouchers to strengthen alignment with housing costs

Section 4.2: Workforce development*

System Goal: Position Maine as a destination for health care workers through initiatives that help healthcare and human service employers recruit talent, grow their skills, and retain them

Current Activities	Future Activities
4.2.a Support the behavioral health workforce across the continuum, providing training, recruitment and retention services 4.2.b Support workforce development for substance use related service, mental health, and recovery providers 4.2.c Maintain a statewide workforce development infrastructure through a contract with Maine Behavioral Health Workforce Development collaborative 4.2.d Implement the training infrastructure for Certified Intentional Peer Support Specialist (CIPSS)	• Align and update the DSP and BHP curriculum and trainings to allow for more portability utilizing LMS • Explore interstate compacts with other states to support cross-state recruiting and credentialing opportunities • Implement improvements in infrastructure for mental health certifications - MHRT I (Mental Health Rehabilitation Technician I), MHRT/CSP (Mental Health Rehabilitation Technician/ Crisis Services Provider), and MHRT/C (Mental Health Rehabilitation Technician/ Community) • Develop accelerated pathways to employment in the behavioral health field • Increase capacity and access to CIPSS peer support trainings • Enhance ability to collect data about behavioral health workforce capacity and needs through improvements to mental health certification system databases • Continue work connecting youth to long-term employment and housing opportunities to maximize independence

External Participation and Plan Development

To support the plan development, DHHS collaborated with a wide array of internal and external stakeholders. For external audiences, DHHS held two webinars: one was held on October 28, 2022 (434 registrants) and one was held on November 4th, 2022 (432 registrants). The legislature urged the Department to ensure that specific stakeholders were engaged in the planning of the report, namely: the legislature; other agencies of the executive branch; indigenous and tribal populations of the state; the Permanent Commission on the Status of Racial, Indigenous, and Maine Tribal Populations; consumer groups; service providers; public safety organizations; law enforcement organizations; hospitals; and the LGBTQ community. DHHS asked webinar registrants to self-identify which if any of these groups to which the individual belonged. Registration data indicates a robust participation across stakeholder groups:

- Legislature (5)
- Other agencies of the executive branch (124)
- Indigenous and tribal populations of the State (2)
- Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations (1)
- Consumer groups (15)
- Service providers (408)
- Public safety organizations (6)
- Law enforcement organizations (9)
- Hospitals (53)
- LGBTQ community (3)
- Other (241)

DHHS also opened a survey available to the public to offer feedback on the categories, sections, system goals, and current activities, and received over 40 responses.

During the public sessions, DHHS leadership provided an overview of the LD and its underlying elements, the organizational framework described in the previous sections, and current activities. Participants were then broken out into smaller sessions to review this content in greater detail, with the following guiding questions:

- Does the system goal capture your vision for what we want to achieve in our behavioral health system of care in this Section? What would strengthen the system goal to achieve that vision?
- What are specific actions and activities currently underway that should be continued or strengthened to the achieve the goal for this section?
- What specific action areas and items are missing that you would identify are needed to advance the system goals?
- Other comments/considerations/ideas to successfully advance our Behavioral Health Strategic Plan?

DHHS incorporated feedback from these discussions to refine the plan's discussion of current activities and guide future activities. Additional information on key themes is included in the appendix.

Current Activity Detail

This section elaborates on current activities and provides an overview of implementation activities, key partners, and reimbursement and regulatory strategies. This section also lists out the future activities included in the executive summary; the detail associated with these activities will be developed over time and is not included in this publication. LD elements are noted with an asterisk on first reference within a category, section, or activity detail.

Consumer Choice

Refers to activities to preserve individual choice of care setting, whenever possible

Population Focus

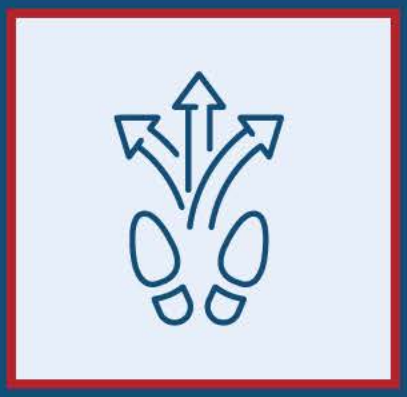
Refers to specific activities unique to populations that may require additional or tailored services and supports

Service Delivery

Refers to services in particular behavioral health service domains

Infrastructure

Refers to systems connectivity that supports the delivery of optimal behavioral health services



Consumer Choice

1. Consumer Choice*

Section: *N/A*

System Goal*:* Ensure that individual needs and preferences are honored, person-centered planning is used, and that services and supports are accessible in a variety of settings.

Current Activities	Future Activities
1.a Update the rights of recipients of mental health services 1.b Advance crisis system redesign and reform 1.c Implement DHHS's comprehensive plan to enhance Home and Community Based Services 1.d Coordinate and expand access to Community Health Workers (CHW) statewide 1.e Update policy language related to referral and service termination requirements to ensure that individuals have access to services of their choice	• Utilize the data and performance metrics from the 1-year pilot of the Cumberland County Crisis Receiving Center to evaluate opportunities for future expansion statewide • Develop a sustainable financial model for mobile crisis response within the MaineCare program • Update the Mental Health Rehabilitation Technician (MHRT) Crisis Service professional credential to be competency based and expand the crisis service workforce • Utilize information from the statewide community listening project that is in process through July of 2024 that will solicit feedback from consumers and community members to inform improvements to the crisis system • Launch a behavioral health service locator tool, Treatment Connection®, and the OpenBeds® digital referral platform and crisis management software through vendor Bamboo Health to improve the way individuals, providers and DHHS identify, access, and track substance use and mental health services

1.a Update rights of recipients of mental health services

DHHS is developing a workplan and process, consistent with Legislative Document No. 1080, to update the rights of recipients of mental health services pursuant to the Maine Revised Statutes, Title 34-B, sections 3003 and 15002. The revisions will advance best practices for the delivery of clinically appropriate assessment and treatment models for persons with mental illness and prioritize consumer choice in the selection of providers.

1.b Advance crisis system redesign and reform

DHHS is revamping its behavioral health crisis response system, described in more detail in a later report section. In the redesign of this system, DHHS is embedding the concept of choice, enabling individuals to receive crisis response services in a variety of settings and to receive supportive services from many provider types, from traditional healthcare providers, to peers, to community health workers. As an example, Maine launched a crisis receiving center that offers

Mainers the option to receive services and supports, including peer services, in a community setting rather than in hospital or other inpatient setting.

1.c Implement DHHS's comprehensive plan to enhance Home and Community Based Services

Through the American Rescue Plan Act, section 9817, DHHS developed a comprehensive plan to enhance home and community services. This effort will expand the number and types of healthcare workforce members available to serve Mainers, including individuals with behavioral health needs. In so doing, consumers will have a greater choice of provider types and a greater role in directing their care decisions. Specific initiatives that will enhance choice include direct funds to family caregivers and expansion of self-directed services and supports.

1.d Coordinate and expand access to Community Health Workers (CHWs) statewide

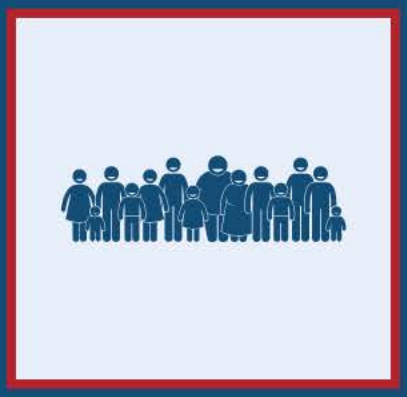
DHHS is increasing access by expanding options and choice of providers such as CHWs and peer support staff who reflect the communities they serve. Specific efforts include a Psychosocial Support CHW program, run through OBH. Through this program, OBH partners with community-based organizations that employ CHWs and other peer support staff. This peer-led and peer-outreach model facilitates the cultural and linguistic competency needed to successfully reach historically underserved populations in Maine: Black, Indigenous, and People of Color (BIPOC) communities; Latinx populations; Immigrants, Refugees and Asylees; and other non-native English speakers. CHWs offer emotional first aid, behavioral health and wellness resource connection, facilitate ongoing health education and emotional support groups, and provide general psychosocial support to target populations.

Additionally, StrengthenME, the State of Maine behavioral health response to the COVID-19 pandemic, offers free and confidential stress management and resiliency resources to anyone in Maine experiencing pandemic-related stress. Among other components, StrengthenME includes a team of CHWs tasked with outreach to and support for communities experiencing disproportionate COVID-19 impacts.

1.e Update policy language related to referral and service termination requirements to ensure individuals have access to services of their choice

DHHS has updated services policy language related to oversight of mental health services for adults with Serious and Persistent Mental Illness and those receiving Community Integration Services, Assertive Community Treatment, Medication Management, and Behavioral Health Home services. These referral requirements ensure that individuals have access to necessary services of their choice and that providers are required to:

- Accept all referrals through the Department through a defined referral process within seven calendar days. Only in cases where the providers have received written approval of declination from OBH may a referral be declined.
- Offer to place the individual on hold for a service list if the provider cannot initiate services.
- Obtain written approval from the OBH or designee before service termination.



Population Focus

2. Population Focus

Section: 2.1 Child and adolescent behavioral health

System Goal: Advance programs, policies, and payments that facilitate early screenings, detection, and intervention* and access to supportive services that meet children and adolescents where they are

Current Activities	Future Activities
2.1.a Implement an array of programs that support early screening, detection, and interventions for children* and families at risk of adverse childhood experiences* 2.1.b Commission a comprehensive assessment of Youth Screening, Brief Intervention, and Referral to Treatment (SBIRT) and formulate a 3-5 year statewide implementation plan 2.1.c Expand School Based Health Centers across the state and utilize telehealth to improve access to school-based mental health services* 2.1.d Implement the Systems of Care (SOC) Grant to support improved quality and access to services for youth 2.1.e Support youth experiencing homelessness through strengthening the Youth Homeless Continuum of Care 2.1.f Evaluate a pilot program to provide Crisis Aftercare support to children and family members 2.1.g Enhance reimbursement and quality standards for Children's Residential treatment* 2.1.h Implement programs that support successful transition from child to adult services* 2.1.i Enhance and build capacity for Youth Substance Use Disorder (SUD) services 2.1.j Enhance evidence-based practices for youth SUD in Children's Residential Care Facilities 2.1.k Implement the Pediatric mental health access grant to create tele-consult opportunities for pediatric primary care providers	• Pilot Youth SBIRT in 3-4 School-Based Health Centers across the state • Require SBIRT implementation for MaineCare's Primary Care Plus Practices • Implement school-based Tele-Behavioral Health Pilots in partnership with local schools and community mental health agencies • Enhance resources and supports for children in state custody* and their families, with a focus on substance use services • Sustain focus on the expansion of childcare workforce training for substance use disorders • Continue implementation and expansion of the Early Childhood Consultation Partnership (ECCP) to provide evidence-based early childhood mental health consultation • Continue implementation and expansion of Universal, evidence-based Parenting Education models including Positive Parenting Program (Triple P) and Research Units in Behavioral Intervention (RUBI) • Expand programs and capacity to support the behavioral health needs of adolescents and transition age youth including youth intensive outpatient services • Ensure services are available for gender diverse youth and co-occurring behavioral health needs • Implement Help Me Grow and increased developmental screening • Implement a Children's Psychiatric Residential Treatment Facility in Maine • Create a new section of MaineCare policy focused on School-health related services, increasing services that may be delivered in schools and clarifying requirements of school delivered services.

2.1.l Youth engagement and empowerment work with Maine Youth Action Network (MYAN) to support youth suicide prevention and improve youth mental health	• Enhance crisis hotline protocols to ensure community and home-based crisis support for all children and families • Continue implementation of the youth and family navigator program to support youth suicide prevention efforts.

2.1.a Implement an array of programs that support early screening, detection, and interventions for children and families at risk of adverse childhood experiences**

Across a range of programs, DHHS and partners employ screenings to identify, prevent, and treat emerging behavioral health issues. In some cases, screenings may simply identify initial needs, but in other cases, programs encompass the supportive services that follow after the screening.

Early Childhood Consultation Partnership

OCFS runs an Early Childhood Consultation Partnership (ECCP), based on an evidenced based model developed in Connecticut. The ECCP model is the only evidence-based Infant and Early Childhood Consultation model in the nation. ECCP seeks to address the social and emotional needs of children from birth to age eight by providing support, education, and consultation for the adults who care for them. There are two components to this program: child-specific services and core classroom services. The program was piloted with eight implementation sites in public schools, grades K-2, in early 2022 and in licensed afterschool programs in Spring 2022. Once the services are fully implemented, they will be provided to licensed childcare providers, caregivers of children involved in child welfare services, public schools, and afterschool programs.

Help Me Grow (HMG) Maine

DHHS implemented the Help Me Grow model, a national model that is currently used by over 30 other states, that coordinates early care and education services and specializes in developmental screening. Help Me Grow Maine is a free service available to children up to eight years of age and their families, which connects families to information and services about child development and community resources. In partnership with 2-1-1 Maine, any parent, caregiver, or provider can call for support. The Help Me Grow team will listen, link families to services, and supply ongoing support when needed.

Hi-Fidelity (Hi-Fi) Wraparound

DHHS is implementing Hi-Fi Wraparound for children with behavioral health and intensive needs. Hi-Fi Wraparound seeks to support children and youth with emotional and/or behavioral challenges and needs, and their family/caregivers, by providing them with behavioral healthcare complementary services and supports appropriate to their needs and for the appropriate length of time.

First4ME

The First4ME program is a two generation, community-based approach for a coordinated birth to kindergarten-entry program that supports school readiness for at-risk families. The program was included in Legislative Document No. 1712 in July 2021. Through a competitive bid process, up to five pilot project communities will be awarded funding for a three-year period, commencing in early 2023.

2.1.b Commission a comprehensive assessment of Youth SBIRT to and formulate a 3–5-year statewide implementation plan

DHHS has commissioned a comprehensive assessment of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model and its current implementation in Maine, with a particular focus on federally qualified health centers, school-based health centers, and primary and secondary schools. SBIRT is an evidence-based model that is meant to foster early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. A key focus of this assessment relates to ensuring that SBIRT is delivered to youth (defined as 12-22 years old) in order to prevent high-risk behaviors. DHHS will use this assessment to formulate a three-to-five-year implementation plan to guide expansion of SBIRT statewide. Additionally, Maine's Primary Care Plus (PCPlus) program will be adding on requirements related to use of SBIRT that will begin in the summer of 2023.

*2.1.c Expand School Based Health Centers across the state and utilize telehealth to improve access to school-based mental health services**

Expansion of School-Based Health Services

The COVID-19 pandemic has exacerbated existing disparities in access to mental health care and the demand for services for children and youth are at an all-time high in Maine. Maine's existing 21 school-based health centers assist families in overcoming barriers to accessing healthcare, addressing transportation, time, language, and financial barriers. Community mental health agencies across the state also have school-based clinicians and counselors in schools.

DHHS is expanding school-based health services across the state, articulated in two Requests for Application that closed in August 2022. School-based health centers provide a range of services from primary care, vision services, oral health services, and reproductive health services, along with behavioral and mental health supports. Specific behavioral and mental health services include screening, assessment, and early intervention; group and individual counseling; and referrals to specialized medical or behavioral health providers.

School Tele-Behavioral Health Pilot(s)

DHHS began a pilot with three Community Mental Health Agencies in August 2022 to bring clinical services to rural schools, with a goal of minimizing the number of absences and increasing school attendance. Utilizing a successful program developed by Heywood Health in western Massachusetts, the program offers tele-behavioral health counseling services in the school setting, coupled with the on-site services of Community Health Workers located in schools, who both coordinate access to behavioral health counseling services and help students

address unmet health-related social service needs while they remain in school in rural parts of Maine.

2.1.d Implement the Systems of Care (SOC) Grant to support improved quality and access to services for youth

The State of Maine received federal funding to expand the Behavioral Health SOC from the Substance Use and Mental Health Services Administration (SAMHSA). OCFS has actively been working on an array of statewide strategies which lay the foundation for a comprehensive SOC. This SOC grant project has supported the evolution of Maine's strategic roadmap by further developing the state's infrastructure to support implementation of programs to improve quality and access to services, especially for youth with Severe Emotional Disturbance in rural, historically underserved counties.

2.1.e Support youth experiencing homelessness through strengthening the Youth Homeless Continuum of Care

The Youth Homelessness Continuum of Care in Maine supports youth experiencing homelessness through a coordination of quality services, qualified staff, and relevant resources. The program guides youth experiencing homelessness and youth at risk of homelessness to relevant programs designed to assess their strengths and needs; helps them to reunite with family whenever possible; and assists them in obtaining safe, sustainable, and affordable housing that meets their safety, permanency, and wellbeing needs, enabling a successful transition to adulthood and economic stability. The services are provided statewide in three regions and OCFS contracts with one provider per region for these services.

2.1.f Evaluate a pilot program to provide Crisis Aftercare support to children and family members

In 2020, OCFS rolled out a pilot program providing crisis after-care support to children and family members. The pilot program provides support to children in behavioral health crisis in transitioning back home from emergency departments, psychiatric hospitals, crisis stabilization, and residential treatment. The goal of the pilot program is to decrease the number and length of children's stays in these types of out-of-home settings. The service focused on providing clinical support in the home, coupled with a Mobile Crisis-level responder, to assist with de-escalation, coping techniques, and to help the family overcome barriers to accessing necessary services within their community. The pilot has provided short term support to families in need in every district across Maine and has been extended into Spring/Summer of 2023.

*2.1.g Enhance reimbursement and quality standards for Children's Residential treatment**

MaineCare and OCFS worked with 11 providers of Children's Residential Care Facility (CRCF) services in Maine, to update the MaineCare Section 97, Appendix D policy and associated reimbursement rates, the first such update in over ten years. Children's Licensing and Investigation Services also implemented updated Children's Licensing Rules (10-148-Chapter 35 Children's Residential Care Facility Licensing) to align with the new MaineCare Policy. The

updated policy and rule incorporates the Quality Residential Treatment Program (QRTP) standards outlined in the Family First Prevention Services Act (FFPSA). The incorporation of the QRTP standards significantly raises the expectations and quality of CRCF services.

*2.1.h Implement programs that support successful transition from child to adult services**

Early Intervention for Psychosis Coordinated Specialty Care (CSC)

Coordinated Specialty Care (CSC) is an evidence-based model using a team-based approach to intensive early intervention for transition-age youth14 through 26 experiencing First Episode Psychosis (FEP) /Early Serious Mental Illness (ESMI) symptoms such as schizophrenia. The model includes assertive outreach, care coordination, cognitive behavior therapy, medication management, supported education/employment, peer support, and family education and support and is delivered within the first three years from psychosis onset; and typically lasts two to three years before transition to usual care. Maine currently has one CSC Program funded through DHHS by OBH and OCFS: the Portland Identification and Early Referral (PIER) Program of Maine Health**.**

Youth transitioning between OCFS and OADS

Youth, families and stakeholders have identified challenges in the process by which a youth transitions to adulthood and have highlighted transition improvements as one of 13 priority strategies for Children's Behavioral Health Services within OCFS; this is also a goal of the Children's Cabinet. OCFS and OADS are also collaborating to map out a clear and streamlined process for youth transitioning from OCFS to OADS services. Other state agency partners involved in this project include OBH and the Maine Department of Labor (DOL) and the Maine Department of Education (DOE). Stakeholders are and will continue to be engaged in the design of the process.

Once the updated process is finalized, it will be made available publicly and will outline the roles and responsibilities of all entities involved in the transition. A Transition Resource Guide will accompany the release of the updated process and is being developed collaboratively by DHHS, DOE, and DOL.

Legislative Document No. 924

OCFS, MaineCare, and OADS are also active participants in LD 924: *To Establish a Task Force to Study the Coordination of Services and Expansion of Educations Programs for Young Adults with Intellectual or Developmental Disabilities to Identify Barriers to Full Societal Integration.*

2.1.i Enhance and build capacity for Youth Substance Use Disorder (SUD) services

Youth Substance Use Disorder Specialist

OCFS developed a Youth SUD Specialist position in early January 2021. The goals for the position were to document the existing system of care and additional SUD assessment and

service needs. The specialist focused on identifying and implementing evidence-based practices,* such as Adolescent Community Reinforcement Approach (A-CRA).

Treat ME

Since 2021, OCFS efforts have focused on meeting urgent needs and building capacity to create a recovery-oriented system of care for youth, including building a network of providers that were trained and available to provide medication for opioid use disorder in adolescents. This includes offering trainings through webinars and Project ECHO (Extension for Community Healthcare Outcomes) and partnering with the Maine chapter of the American Academy of Pediatrics in a learning collaborative launched in fall 2022. This learning collaborative, *Treat Me*, will offer ongoing education to providers across Maine to increase the network of access to treatment for youth seeking help for their substance use.

2.1.j Enhance evidence-based practices for youth SUD in Children's Residential Care Facilities

OCFS has worked to bring evidence-based practice training for providers serving or potentially serving youth in with substance use. OCFS has contracted with Chestnut Health to provide training on the Adolescent Community Reinforcement Approach (A-CRA), which is a developmentally appropriate treatment for youth and young adults with substance use disorders. A-CRA seeks to increase the family, social, and educational/vocational reinforces to support recovery. Training has been offered to providers at no cost and includes stipends for clinician time attending the training.

2.1.k Implement the Pediatric mental health access grant to create tele-consult opportunities for pediatric primary care providers

The Maine Pediatric and Behavioral Health Partnership, funded through the Maine CDC, is a partnership directly with the Northern Light Acadia Hospital and MaineHealth medical systems working to support pediatric care providers in enhancing children's behavioral health throughout Maine, especially in rural and medically underserved areas. OCFS supports these efforts through participation in the project advisory committee and board meetings, providing consultation, updates, support, and information related to children's behavioral health. OCFS activities include participating in trainings to share resources to providers and participating in ECHO trainings.

2.1.l Youth Engagement and empowerment work with Maine Youth Action Network (MYAN) to support youth suicide prevention and improve youth mental health

MCDC's youth engagement and empowerment work with MYAN utilizes a strengths-based, collaborative approach to youth engagement by encouraging and supporting youth leadership skills, resiliency, positive relationships, and personal agency of youth across the state. Programming includes an Annual Youth Leadership Conference, participatory action research projects, supporting Sources of Strength, and trainings on youth substance use and commercial tobacco prevention, bullying and harassment prevention, and mental health promotion.

Section 2.2: Justice-involved individuals*

***System Goal*:** Improve outcomes and reduce recidivism for individuals with behavioral health needs who are justice involved

Current Activities	Future Activities
2.2.a Operate OBH's Intensive Case Management (ICM) program that provides case management services to individuals transitioning from correctional settings back to the community 2.2.b Provide ongoing support and consultation to Mental Health Dockets to ensure appropriate resolution of legal matters and access to behavioral health services for defendants 2.2.c Implement the Close Supervision Community Program to support pre-trial defendants with mental health conditions 2.2.d Operate the Intensive Mental Health Unit (IMHU) that serves individuals with acute mental health conditions sentenced to the Department of Corrections 2.2.e Expand the Medications for Opioid Use Disorder (MOUD) in County Jails 2.2.f Implement Regional Care Teams, Multisystem Therapy (MST) and Functional Family Therapy (FFT) Programs to prevent and reduce youth incarceration 2.2.g Provide ongoing Children's Behavioral Health Services (CBHS) Behavioral Health Support in Department of Corrections (DOC) Offices across the state, including Long Creek Youth Development Center 2.2.h Participate on relevant advisory bodies and teams related to juvenile justice	• Strategic planning to evaluate opportunities to expand and/or strengthen the Intensive Case Management (ICM) program to adequately support the increasing mental health, substance, co-occurring, and social support needs of individuals transitioning from correctional/jail settings back to the community and ensure access to MaineCare and other social supports • Implement and evaluate the Extended-Release Buprenorphine (XRB) Pilot at Somerset County Jail • Evaluate strategies, opportunities, and evidence-based approaches to prevent justice involvement among youth as well as options for alternative community placements • Support the DOC in opening the Intensive Mental Health Unit (IMHU) specifically for women

2.2.a Operate OBH's Intensive Case Management (ICM) program that provides case management services to individuals transitioning from correctional settings back to the community

The Justice and Health Initiative aims to efficiently resolve complex client issues either before formal involvement in the criminal justice system or after entry into the system and to support improved quality of life in the community for DHHS OBH clients. Using the Sequential Intercept Model, the ICM program identifies and develops opportunities to divert individuals with behavioral health disorders from the criminal justice system into community-based

services. Currently, there are 25 ICM positions that are community-based and jail-based working to assist clients who are transitioning from the correction system to the community. The mission of the program is to serve clients with severe and persistent mental illness, co-occurring disorders and SUD who are involved with the criminal justice system and state hospitals. The goal is to divert individuals from future involvement with the justice system or lessen the intensity and increase the duration between episodes.

2.2.b Provide ongoing support and consultation to Mental Health Dockets to ensure appropriate resolution of legal matters and access to behavioral health services for defendants

State Forensic Service psychologists, the OBH Director of Clinical Services, and other DHHS staff, provide consultative services to several counties with mental health dockets. These conferences and hearings have been designed for defendants with criminal cases and mental health concerns. Most cases involve questions of the defendant's competence to stand trial, although questions around community placement and dispositional alternatives that align with treatment needs are also frequently discussed. The addition of DHHS staff to these judicial conferences facilitates quicker resolution of legal matters that require input regarding mental health factors. Mental health dockets are currently held in Cumberland, Kennebec, York, Penobscot, and Androscoggin counties.

2.2.c Implement the Close Supervision Community Program to support pre-trial defendants with mental health conditions

OBH has partnered with Motivational Services Inc. to operate a specialized close supervision community program in Augusta, Maine. This program is designed to provide necessary observation, treatment, and supervision in an environment less restrictive than an inpatient setting.

The program is a 10 bed, Level 4 close supervision private non-medical institution (PNMI), designed to house pre-trial defendants with mental illness ordered by the Court into the custody of the Commissioner of DHHS or in some instances on bail, as either Incompetent to Stand Trial (IST), on up-to-60-day commitment for observation and treatment orders, or who are waiting in jail but for an approved discharge/treatment plan.

The Close Supervision Program is an option for those defendants ordered into the custody of the DHHS Commissioner for Title 15 §101-D evaluation and treatment who do not meet hospital level of care, do not pose a risk to public safety, and meet the PNMI level of care criteria. Once admitted into the Close Supervision Program, the defendant/client will receive close supervision including, as necessary, 15-minute checks, mental health treatment, medication management, milieu management, competence restoration, and group and individual therapeutic activities by Motivational Services staff (with consultation from OBH Clinical Director) as well as case management services by OBH staff.

2.2.d Operate the Intensive Mental Health Unit (IMHU) that serves individuals with acute mental health conditions sentenced to the Department of Corrections

The Intensive Mental Health Unit (IMHU) is a multidisciplinary treatment unit housed at the Maine State Prison serving individuals with acute symptoms of mental illness sentenced to the Department of Corrections and individuals with acute symptoms of mental illness deemed too dangerous to be housed at County jails. The IMHU also serves as a placement for carefully screened pre-trial defendants facing court-ordered Title 15 mental health evaluations who the Court and clinicians have determined to be too dangerous to be housed, evaluated, and treated at either of the State psychiatric facilities.

For those pre-trial defendants, movement between the State psychiatric facilities and the IMHU is bi-directional such that once greater behavioral stability is achieved at the IMHU, defendants are transferred to one of the State psychiatric facilities for continued evaluation and treatment. Additionally, an OBH Intensive Case Manager is assigned to the IMHU to ensure that clients access needed community services upon their discharge.

2.2.e Expand the Medications for Opioid Use Disorder (MOUD) in County Jails

DHHS encourages Maine Department of Corrections and county jails to identify and offer treatment to individuals diagnosed with an Opioid Use Disorder (OUD) who are incarcerated in order to support successful re-entry into the community, minimize the risk of non-fatal and fatal overdose, improve recovery, and reduce recidivism services. This includes an expectation that individuals will be offered clinically appropriate medications for the treatment of OUD such as buprenorphine (Subutex), buprenorphine/naloxone (Suboxone); oral and injectable naltrexone (Vivitrol); collaboration with an Opioid Treatment Program (OTP) to continue methadone treatment for those currently being treated with methadone; group and/or individual behavioral therapy; peer recovery services; and discharge with naloxone to prevent accidental overdose. DHHS encourages correctional settings to develop a re-entry plan with incarcerated individuals prior to release that includes an appointment with an identified OUD treatment provider in the community to ensure continuity of care.

2.2.f Implement Regional Care Teams, Multisystem Therapy (MST) and Functional Family Therapy (FFT) Programs to prevent and reduce youth incarceration

Regional Care Teams

In July of 2020, the Department of Corrections (DOC) launched three Regional Care Teams (RCTs) across the state of Maine. The goal of the Regional Care Teams is to facilitate shared accountability for the health, safety and wellbeing of youth involved with DOC so that all youth can thrive in their communities as they develop into adulthood. Regional Care Teams work to strengthen cross-system provider and community involvement to inform local resource development and increase supports, resources, and opportunities for youth through a local community-based continuum of care.

Each DOC Regional Administrator convenes a monthly meeting of DOC representatives, OCFS staff, providers, community stakeholders, and youth and families to support youth in community. Participants share information and resources and develop strategies to assist in supporting specific youth, as well as help to identify and inform regional and statewide systemic changes that will improve youth, program, and population outcomes.

Multisystemic Therapy (MST) and Functional Family Therapy (FFT)

Both MST and FFT are evidence-based treatment models to prevent youth incarcerations. The MST model documents reduced criminal activity and other undesirable behavior and FFT is proven to help at-risk youth and families overcome behavior problems, conduct disorder, substance abuse and delinquency. Based on the results of a rate study, a 20% increase was implemented in 2020, making Maine's reimbursement rate for MST and FFT one of the highest in the nation.

2.2.g Provide ongoing Children's Behavioral Health Service (CBHS) Behavioral Health Support in DOC offices across the state, including Long Creek Youth Development Center

Six of ten Behavioral Health Program Coordinators (BHPC) are also DOC Liaisons. They are responsible for ensuring that youth with behavioral health needs, who are involved with corrections receive needed behavioral health treatment, in the least restrictive environment. The Liaisons work closely with DOC staff, educating them about the CBHS service array, assist in keeping youth out of detention and helping to find the most appropriate treatment resource needed. They are also accountable to Title 15, Section 3318-B following the protocol set forth by DOC and OCFS Executive Management to offer access to needed and appropriate behavioral health resources outside of a correctional institution.

A specific point of contact, a BHPC/DOC Liaison is assigned to Long Creek, which includes an onsite presence, as needed, to ensure that Long Creek Staff have access to behavioral health resources. Additional responsibilities include creating a weekly report of any youth currently in Long Creek that are in need of residential treatment and the current status of the process. The report is then shared with a CBHS Manager and sent to the OCFS and DOC leadership.

2.2.h Participate on relevant advisory bodies and teams related to juvenile justice

DHHS staff join a number of related advisory groups and teams to support optimal behavioral health care for juvenile justice involved individuals. BHPC DOC Liaisons attend and actively participate in the three DOC regional care teams across the state; these teams share information and devise approaches to support individual youth and suggest and inform regional and statewide systemic changes to improve youth, program, and population outcomes. Additionally, one of the BHPC DOC Liaisons participates in a Restorative Juvenile Justice Statewide Collaborative. Finally, one of the BHPC DOC Liaisons attends a monthly Maine Juvenile Justice Advisory Group (JJAG), along with OCFS leadership. The JJAG is the state advisory group established under the federal Juvenile Justice and Delinquency Prevention Act of 1974. OCFS and DOC Executive leadership also meet quarterly to ensure active collaboration.

*Section 2.3: Lifespan supports**

***System Goal*:** Promote continuity of behavioral health care and access across the lifespan for all individuals, including adults with intellectual and developmental disabilities (IDD) who have mental health needs

Current Activities	Future Activities
2.3.a Utilize the Maine Home and Community based services (HCBS) Improvement plan to implement a lifespan project to provide more integrated and seamless supports for children and adults with IDD across their lifespan 2.3.b Improve the transition process for individuals with IDD from youth to adulthood through an ongoing collaboration between OCFS and OADS	• Extend partnership with University of New Hampshire to pilot the Systemic, Therapeutic, Assessment, Resources and Treatment (START) model that includes IDD provider agencies so their staff can access training on mental health and IDD practices • Develop a Complex Behavioral Care Team (CBCT) pilot with Maine Behavioral Healthcare's Glickman Lauder Center of Excellence in Autism and Developmental Disorders • Increase access to the Becket multimodal team • Work with MaineCare to implement a new Intensive Outpatient Program (IOP) service under Section 65 that is targeted to individuals with IDD and behavioral health needs • Undertake an analysis of the use among individuals with IDD of psychotropic medication, emergency departments, and hospitalizations for psychiatric reasons • Hire four transition liaisons (two OCFS and two OADS) to support transition aged youth to adulthood. • Work to develop consistency among targeted case management (TCM) and behavioral health home (BHH) providers in serving transition-aged youth.

2.3.a Utilize the Maine Home and Community based services (HCBS) Improvement plan to implement a lifespan project to provide more integrated and seamless supports for children and adults with IDD across their lifespan

The Maine Home and Community Based Services (HCBS) Improvement Plan, funded through the American Rescue Plan Act, includes a Lifespan project to plan more integrated and seamless supports through life phases for children and adults with intellectual and developmental disabilities. Of particular interest are the transitions that occur when youth approach adulthood, how a person's need change when natural supports change and how needs change later in life as many individuals develop greater medical and long-term support needs.

2.3.b Improve the transition process for individuals with IDD from youth to adulthood through an ongoing collaboration between OCFS and OADS

OCFS and OADS have been working collaboratively to evaluate the strengths, needs, barriers, and opportunities for transition aged youth with IDD and/or autism spectrum disorders navigating to adulthood. This ongoing collaboration has generated new procedures for youth with the goal of improving access to services and care coordination. OCFS and OADS have also

create state-level resources to help individuals successfully transition. The transition team consists of a project manager at OADS and four transition liaisons (two at OADS and two at OCFS).

Service Delivery

3. Service Delivery

Section 3.1: Crisis Services

***System Goal**:* Advance a robust crisis continuum of care that provides appropriate, timely and effective crisis response, diverts from hospital and criminal justice systems when appropriate, reduces fragmentation of behavioral health services, and supports smooth care transitions

Current Activities	Future Activities
3.1.a Launch of the 988 Suicide and Crisis Lifeline (hotlines and warmlines)* 3.1.b Implementation of the first comprehensive Crisis Receiving Center in Cumberland County 3.1.c Implementation of a five year strategic plan to strengthen Suicide Prevention Programs* across the state 3.1.d Continued monitoring and evaluation of Maine's regionalized Mobile Crisis* system that was implemented in 2018 3.1.e Crisis Services for Adults with Intellectual and Developmental Disabilities 3.1.f Implementation of the Mobile Crisis Services Planning Grant 3.1.g Develop crisis data integration and visualization of key crisis system indicators for system-wide monitoring, evaluation and planning 3.1.h Develop protocols and procedures for seamless integration of 911 and Maine's Crisis System 3.1.i Evaluate a pilot program to provide crisis aftercare support to children and family members	• Utilize the data and performance metrics from the one-year pilot of the Cumberland County Crisis Receiving Center to evaluate opportunities for future expansion statewide • Develop a reimbursement and sustainable financial model for mobile crisis response within the Medicaid program • Develop a Peer Crisis Co-Responder Curriculum to support the enhancement of peer response as part of the mobile crisis system • Expand and streamline mobile crisis service model to align with national best practice, including standardizing triage and dispatch systems and composition of mobile response teams. • Update the Mental Health Rehabilitation Technician (MHRT) Crisis Service professional credential to be competency-based and to expand the workforce for the crisis service field • Utilize information from the statewide community listening project that is in process through July of 2024 that will solicit feedback from consumers and community members to inform improvements to the crisis system, the development of consumer informed metrics and evaluation, and enhance opportunities to engage family members/natural supports in crisis response • Transition to a crisis management software for streamlined point-in-time data collection and a shared crisis record across care continuum to allow for seamless transitions, reduced re-traumatization for individuals accessing services, and continuous quality improvement • 988 & 911 coordination and integration including developing training and implementing a new protocol for 911 Public Safety Answering Point (PSAP) and Maine Crisis Line staff; continuing

	cross-agency collaboration for system-wide quality improvement; and designing a public messaging and marketing campaign for Maine Crisis System, encompassing education on 988, the Maine Crisis Line and mobile crisis response • Continue robust integration of crisis data across multiple agencies and stakeholders for the purpose of developing data-informed decision support tools able to identify areas of high need and determine equitable and effective distribution of resources • Determine the role of Certified Community Behavioral Health Clinics (CCBHCs) to support the crisis care continuum and services

*3.1.a Launch of the 988 Suicide and Crisis Lifeline (hotlines and warmlines)**

In July 2022, DHHS announced the launch of the 988 Suicide and Crisis Lifeline: a new three-digit dialing code available nationwide for anyone experiencing a suicidal or mental health crisis. This launch was planned for over a year by a coalition including representatives from DHHS and partners from crisis services, 911, EMS, and law enforcement. The new line is administered by DHHS and managed by The Opportunity Alliance of South Portland.

3.1.b Implementation of the first comprehensive Crisis Receiving Center in Cumberland County

In February 2022, Maine opened the first comprehensive Crisis Receiving Center, where people in Maine experiencing a behavioral health crisis can receive expert, compassionate care in a welcoming, home-like environment and be supported by individuals with lived experience of mental health and substance use challenges. The Department of Health and Human Services contracted with Spurwink to develop and implement the Crisis Receiving Center. Services can currently be accessed twenty-four (24) hours a day, seven days a week with overnight services provided to those with medical clearance. The Crisis Receiving Center provides an important alternative to hospital emergency departments and the corrections system.

3.1.c Implementation of a five-year strategic plan to strengthen Suicide Prevention Programs across the state*

Maine is undertaking a number of steps to reduce and prevent suicides, including the development of a five-year strategic plan that was released in February 2021. Maine's Suicide Prevention Program (MSSP) is situated within the Department of Health and Human Services Center for Disease Control and Prevention (CDC). Key objectives of the strategic plan and the ongoing MSSP include:

- Offering statewide leadership and oversight of such efforts
- Improving integration and alignment of suicide prevention efforts between and among public and private organizations

- Increasing access to such services in health care and behavioral health settings
- Training and educating the public and other professionals about suicide prevention, intervention, and postvention approaches

Additional activities include the development of a suicide prevention training curriculum and calendar in partnership with the National Alliance on Mental Illness (NAMI), a free Suicide Safer Care training portal in collaboration with Sweetser, and a variety of flyers, one-pagers and other materials on suicide prevention.

3.1.d Continued monitoring and evaluation of Maine's regionalized Mobile Crisis system that was implemented in 2018*

DHHS is undertaking a multi-year strategy to formulate a care and reimbursement model for mobile crisis responses and a sustainable financial model within the Medicaid program, engaging stakeholders throughout. Mobile crisis services entail the rapid response of a multi-disciplinary team, with at least one behavioral health professional who can conduct assessments and others with specific training in behavioral health crises. This team will not only have responsibility for responding to crises, but also for maintaining ongoing relationships with community partners including law enforcement, behavioral health, medical services, and community-based organizations to ensure common understanding and cross-training.

3.1.e Crisis Services for Adults with Intellectual and Developmental Disabilities

OADS has commissioned a needs assessment of its behavioral health services for adults with Intellectual and Developmental Disabilities, including crisis services, in partnership with the University of New Hampshire (UNH) National Center for Systemic, Therapeutic, Assessment, Resources and Treatment (START) Services. UNH has conducted focus groups with a range of stakeholders and analyzed utilization data about access to crisis and other behavioral health services.

3.1.f Implementation of the Mobile Crisis Services Planning Grant

Maine was one of 20 states awarded a Center for Medicare and Medicaid Services (CMS) Technical Assistance grant to develop a plan to align current mobile mental health crisis services with Qualifying Behavioral Health Crisis Services as outlined in Title XIX of the Social Security Act, Section 1947. This authorized a state option to provide qualifying community-based mobile crisis intervention services. Components of the grant include: a dedicated position to research and collaborate with state offices to develop a reformed service delivery model; engagement in a value-based rate study process; development of a shared electronic health record to allow for longitudinal data access and smooth transitions for individuals in crisis as they move through the crisis care continuum; and the development of training and technical assistance materials.

3.1.g Develop crisis data integration and visualization of key crisis system indicators for system-wide monitoring, evaluation and planning

OBH is leading Maine DHHS' partnership with Massachusetts Institute of Technology's (MIT) Lincoln Laboratory to continue building on the current crisis data system, with a focus on

informing mobile crisis response and planning and making data-driven policy decisions around mobile crisis services and crisis resource allocation. The objectives of this work are to build an integrated crisis data system and decision support tools to inform planning around mobile crisis response services in Maine and to demonstrate the utility of the crisis data system and tools by conducting planning and evaluation studies to inform new mobile crisis services. The project is focusing on integrating disparate datasets across the different dimensions of the mobile crisis response system (9-1-1, hospital emergency room, community-based crisis provider data, etc.). These data will be used to develop decision support tools to identify mobile crisis capacity needs (interactive data visualizations and vulnerability/capacity mapping). The team will also conduct proof-of-concept planning and evaluation studies to inform the rollout of new mobile crisis services and policies.

3.1.h Develop protocols and procedures for seamless integration of 911 and Maine's Crisis System

OBH is participating in a cross-agency working group led by the Emergency Services Communication Bureau to determine, document, and implement appropriate procedures and training for communicating and integrating each component of delivering crisis response services when behavioral health calls are received by 9-1-1 Public Safety Answering Point (PSAP) or dispatch centers. In February 2023 the working group will present proposals for protocol and legislation for integration of Maine's 9-1-1 and the Maine Crisis Line/988 (Maine's behavioral health crisis hotline). Elements of the proposed protocol include: the initial processing of the call (receipt, acknowledgement and transfer of behavioral health crisis calls and assessment of safety and coordination); how, when and to whom to transfer calls (identifying appropriate agencies and call transfer protocol); and working with special groups of callers (persons with disabilities, language, and other cultural differences).

3.1.i Evaluate a pilot program to provide Crisis Aftercare support to children and family members

Since 2020, OCFS has been operating a pilot program of Crisis After Care services for youth and their family to assist in the transition home from the emergency department, psychiatric hospitalization, crisis stabilization, and residential treatment. The goal of the pilot is to decrease the number and length of youth stays in these out-of-home settings. This pilot was initially launched in Aroostook County in 2020 and was expanded to a statewide pilot beginning on July 1, 2021. The pilot service involves contracted mobile crisis stabilization providers delivering aftercare services with a special focus on emergency departments and efforts to support children and families in a manner where children can remain safely in their home. With its success in keeping youth stabilized in their homes and alleviating the need for inpatient or residential care, the pilot was extended through the end of State Fiscal Year 2023 to align with implementation of strategies identified in the CMS Crisis Planning Grant, including the rate study currently in process, with the goal of including aftercare in the redesigned model of care.

Section 3.2: Community-based services

***System Goal*:** Enhance access to community-based care in a timely, flexible manner

Current Activities	Future Activities
3.2.a Provide robust community-based behavioral health services through Assertive Community Treatment (ACT)* and Community Integration and Support (CI)* with a focus on improving capacity and timely access to care 3.2.b Provide intensive outpatient programs (IOP)* and treatment for mental health and substance use disorders (SUD) 3.2.c Provide medication management* services to individuals with serious mental illness 3.2.d Support Certified Community Behavioral Health Clinics (CCBHCs) in Maine 3.2.e Complete a comprehensive rate study of MaineCare services resulting in unprecedented increases in behavioral health reimbursement rates, including Applied Behavioral Analysis* 3.2.f Implement increased rates for Occupational Therapy* and Speech Therapy* and Sections 17, 28, 65 3.2.g Examine modifications to in-home support* models for children 3.2.h Expand coverage of telehealth* for behavioral health services (tele-behavioral health) 3.2.i Implement supported employment* programs and services to person living with disabilities such as mental health conditions that impact their ability to get or maintain a job	• Advance a phased implementation of CCBHCs over the next several years. By July 2024, Maine DHHS aims to have a certification process, reimbursement structure, and programmatic infrastructure to support the CCBHC model in an integrated behavioral health system designed to meet community needs. This work will be advanced with significant stakeholder engagement and input • Implement new data protocols and processes in KEPRO to ensure accurate referral, waitlist and refusal information for ACT, CI, and Behavioral Health Home (BHH) so that services are captured in compliance with OBH's "no reject, no eject" policy • Focused efforts and planning with stakeholders to bolster capacity and access for medication management* services • Expand the Opioid Health Home model to provide team-based care for people with all types of substance use disorders • Develop a foundational introductory training about the values and benefits of work that aligns with Employment First Maine principles to be available to behavioral health providers, peers, family members, educators and other stakeholders. This is a joint project of DHHS, Department of Labor/Bureau of Rehabilitation Services (DOL/BRS) and Department of Education (DOE) • Expand the availability of the evidence-based model of supported employment services, Individual Placement and Support, through the inclusion into the CCBHC model as an allowable part of the service array

3.2.a Provide robust community-based behavioral health services through Assertive Community Treatment (ACT) and Community Integration and Support (CI)* with a focus on improving capacity and timely access to care*

ACT

ACT is the most intensive community-based mental health service offered in Maine. The service is available to eligible individuals 24/7 and consists of a multi-disciplinary team including case managers, Registered Nurses (RNs), clinicians, employment specialists, psychiatry, substance

use counselors, and certified peer support specialists. The service is provided to clients primarily in the community and participants are seen multiple times a week.

CI

CI services involve biopsychological assessment of the member, evaluation of community services and natural supports needed by the member who satisfies the eligibility requirements of Section 17.02, and rapport building through assertive engagement and linking to necessary natural supports and community services while providing ongoing assessment of the efficacy of those services.

CI services involve active participation by the member or guardian and active participation by the member's family or significant other unless their participation is not feasible or is contrary to the wishes of the member or guardian. These services are provided as indicated on the Individual Support Plan (ISP). These services may not be provided in a group. A Community Support Provider furnishing Community Integration Services must employ a certified Mental Health Rehabilitation Technician/Community (MHRT/C).

3.2.b Provide intensive outpatient programs (IOP) and treatment for mental health and substance use disorders (SUD)*

IOP

IOP services are certified by OBH, under the Regulations for Licensing/Certifying Substance Abuse Programs, 14-118 CMR chapter 5, section 11, in the State of Maine. IOPs provide intensive and structured alcohol and drug assessment, diagnosis, including co-occurring mental health and substance use disorder diagnoses, and treatment services in a non-residential setting. Services may include individual, group, or family counseling as part of a comprehensive treatment plan, connecting clients with community resources as needed. Services are supervised by a physician or psychologist to assure appropriate supervision and medical review and approval of services provided. Clients participate at least three hours a day, three days a week.

Mental Health

Outpatient Services are professional assessment, counseling and medically necessary therapeutic services provided to individuals to improve functioning, address symptoms, relieve excess stress and promote positive orientation and growth that facilitate increased integrated and independent levels of functioning. Services are delivered through planned interaction involving the use of physiological, psychological, and sociological concepts, techniques and processes of evaluation and intervention.

Services include a Comprehensive Assessment, diagnosis, including co-occurring mental health and substance use disorder diagnoses, individual, family and group therapy, and may include Affected Others and similar professional therapeutic services as part of an integrated Individualized Treatment Plan.

SUD

Many of the programs and initiatives described in this report are available on an outpatient basis. Additionally, and more globally, DHHS has opened new licensed SUD treatment facilities since 2018, including two new Opioid Treatment Programs (methadone clinics) in Saco and Presque Isle in 2021, the first new methadone clinics to open in Maine in well over a decade. Finally, DHHS increased MaineCare reimbursement rates for residential SUD treatment by 77 percent in 2021.

3.2.c Provide medication management services to individuals with serious mental illness*

DHHS offers medication management supports to individuals with serious mental illnesses. Medication management consists of psychiatric evaluation, psychoeducation, prescriptions, administration and/or monitoring of medications and is covered by MaineCare. DHHS also offers Medication-Assisted Treatment, a form of medication management for substance use disorders, which is described more fully in a subsequent section.

3.2.d Support Certified Community Behavioral Health Clinics (CCBHCs) in Maine

DHHS is in process of implementing the Certified Community Behavioral Health Clinic (CCBHC) model. The CCBHC model incorporates initiatives that address prevention, early intervention, expansion of treatment options and access, harm reduction, crisis care, community-based recovery and criminal justice interventions and behavioral health infrastructure. The CCBHC model represents a collaboration of multiple offices within Maine DHHS (OMS, OCFS, OBH and OADS) with multiple external departments (Department of Education, Department of Corrections, Department of Public Safety, and Bureau of Veterans Services).

The National Council for Mental Wellbeing and the State are working together on implementation and regularly engage stakeholders and consider research to support the creation of a policy roadmap to include next steps and activities for the state such as: reimbursing cost of service based on regional needs; emphasizing outcomes monitoring; delivering comprehensive coordinated care using evidence-based practices; 24/7 access; providing culturally and linguistically appropriate services; and mandating to serve all regardless of ability to pay, insurance status, or town of residence.

*3.2.e Complete a comprehensive rate study of MaineCare services resulting in unprecedented increases in behavioral health reimbursement rates, including Applied Behavioral Analysis**

Effective for January 1, 2023, MaineCare payment rates for a range of behavioral health services that help Mainers access care in their communities increased by a median of 6.6 to 72.3 percent by service. The new MaineCare reimbursement rates support mental health and SUD services and "targeted case management," which helps MaineCare members access and coordinate mental health, medical and social services in their communities. The new rates are the result of a series of rate studies conducted by the Department with public input in 2022, as part of MaineCare's nationally recognized, new rate system reform process. MaineCare's rate reform system, created in partnership with the Legislature and stakeholders (PL21, Ch. 639), provides a transparent and timely system for reviewing and updating MaineCare's rates on a regular basis.

In addition to the January 1, 2023 rate updates, MaineCare is also transitioning Assertive Community Treatment (ACT) for adults and Home and Community Treatment (HCT) Services to alternative payment models. This shift provides increased administrative and billing flexibility to providers so they can better meet the needs of individuals, while simultaneously promoting accountability for quality of care by tying a portion of payments to performance starting later in 2023. Applied behavioral analysis services* are also encompassed in the previously mentioned rate study.

3.2.f Implementation of increased rates for Occupational Therapy and Speech Therapy* and Sections 17, 28, 65*

In July 2022, DHHS announced a $54 million investment in MaineCare rate changes encompassing nine service areas, inclusive of occupational therapy and speech therapy. Additionally, private non-medical institutions (PNMIs) in Maine incorporate OT services into service delivery.

3.2.g Examine modifications to in-home support models for children*

DHHS, in addition to including in-home support services in the rate study, is also examining modifications to in-home support models for children with behavioral health needs. This effort involves consideration of new quality expectations and provider requirements.

3.2.h Expand coverage of telehealth for behavioral health services (tele-behavioral health)*

MaineCare Services presently supports tele-behavioral health through coverage of psychiatric consults and other behavioral health services. There is also legislative work to enable greater access to tele-behavioral health services by expanding availability of audio-only telehealth and streamlining consent requirements.

3.2.i Implement supported employment programs and services to person living with disabilities such as mental health conditions that impact their ability to get or maintain a job*

OBH funds specific employment services as well as collaborates with the Department of Labor Vocational Rehabilitation to provide resources to address vocational needs. Community support services also address employment as part of the person-centered planning process to help connect individuals with resources.

<u>Behavioral Health Community Employment Specialist Services</u>

Through a contract, eight Employment Specialists are embedded in host behavioral health agencies across the state. Services help individuals improve employment related skills and obtain or maintain community-based, integrated employment. This service is based on the evidence-based practice Individualized Placement and Support model of supported employment.

<u>Benefits Counseling Services</u>

OADS, OBH, Office of Family Independence (OFI) and the Department of Labor/Bureau of Rehabilitation Services (DOL/BRS) are collaborating to enhance limited funding from the Social Security Administration (SSA) to provide Social Security disability beneficiaries who are working or considering work access to Community Work Incentive Coordinators (CWICs) to understand the effect of employment on Supplement Security Income/Social Security Disability Insurance (SSI/SSDI) and other benefit programs (ex. MaineCare, Medicare, housing). A *Work and Benefits Navigator Training* is also available to support service providers to address the fear of loss of benefits as a barrier to employment.

Mental Health Long Term Supported Employment Services (LTSE)

LTSE provides persons with psychiatric disabilities with the ongoing job coaching support needed to keep a job.

Mental Health Psychosocial Clubhouses

Although this is not a specific employment service, performance measures and the service model itself emphasizes engagement in employment for individuals receiving services. OBH supports the belief that every member can recover from the effects of mental illness and lead personally satisfying lives through structured environment, work, and meaningful relationships. Clubhouses help support adults with mental illness and co-occurring disorder to overcome barriers to employment, community engagement and wellness by offering services such as job development, job placement, job and financial coaching, job support, and transitional employment. Maine has six accredited Clubhouses and these services must maintain accreditation with Clubhouse International. Clubhouse services are provided both as a MaineCare service and as a grant funded service for uninsured individuals.

Employment First Maine Act

Enacted in 2013, the Employment First Act Maine ensures that DHHS, DOL, and DOE provide opportunities for persons with disabilities to acquire integrated community-based employment or offer customized employment and services and supports.

Additional efforts to expand and strengthen Supported Employment include:

- Expanded the Behavioral Health Community Employment Services program to add additional employment specialist in Machias for a total of 8 statewide, as well as an IPS (Individual Placement and Support) Liaison and Trainer position to contract.
- Providing *Maine Can Work* Facilitator training twice a year to train peer specialists to support peers to explore and engage in employment.
- Increasing the rate for Mental Health Long Term Supported Employment (LTSE – job coaching service) to help retain and expand providers.
- Launched newly revised employment services training infrastructure, Maine Working Together, collaboratively with OADS, OCFS, DOL/BRS, and DOE to increase training for employment services providers. Increasing the availability of trainings for

Association of Community Rehabilitation Educators (ACRE) supported employment certification as well as other trainings

LD 1262 also noted two other elements *technology assisted interventions* and development intervention**. DHHS does not presently reimburse for these services through MaineCare.

Section 3.3: *Care coordination/case management**

***System Goal*:** Advance programs to support care coordination, especially during times of transition

Current Activities	Future Activities
3.3.a Provide community-based Case Management programs including Health Homes and Intensive Case Management (ICM) services for justice-involved individuals 3.3.b Provide the Mental Health Intensive Outpatient Program (MHIOP) that offers comprehensive step-down services 3.3.c Provide discharge planning* and coordination to step down services and programs from inpatient settings 3.3.d Provide transition assistance to complex cases through the Complex Case Unit (CCU)	• See prior section regarding expansion of ICM services for justice-involved individuals • Focused work with community providers and inpatient settings to enhance communication, discharge planning and documentation to improve success transitions for individuals back to the community • Implement Hi-Fidelity Wraparound services for children

3.3.a Provide community-based Case Management programs including Health Homes and provide Intensive Case Management (ICM) services for justice-involved individuals

Health Homes are a Medicaid care coordination benefit option that Maine has implemented for several years. DHHS currently supports Health Homes focused on behavioral health: a behavioral health home described below and an opioid health home, described in the substance use disorder treatment section. Both provide team-based care coordination and health promotion supports to individuals with behavioral health needs.

Behavioral Health Homes (BHH)

BHHs are a partnership between a licensed community mental health provider and one or more primary care practices to manage the physical and behavioral health needs of eligible adults and children. BHHs build on the existing care coordination and behavioral health expertise of community mental health providers. The BHH provides a "home" to facilitate access to behavioral health care, medical care, and community-based social services.

Intensive Case Management (ICM)

The ICM team uses the evidence-based model Targeted Case Management (TCM) to help individuals navigate successful transitions into the community from incarceration. They play a

critical role in diverting people from hospitalization by identifying appropriate levels of care in the community. The ICM work includes conferences with judges, prosecutors, defense attorneys, probation and parole officers, guardians, and consumers. ICM case managers conduct intake, coordinate comprehensive assessments of the individual's strengths and needs, produce an individualized support plan to address those needs, coordinate, advocate for and develop services identified in the plan, monitor the individual's progress, and evaluate the appropriateness and effectiveness of services.

3.3.b Provide the Mental Health Intensive Outpatient Program (MHIOP) that offers comprehensive step-down services to avoid hospitalization

A newly established program within MaineCare, MHIOP will provide comprehensive, high-intensity services to avoid hospitalization and provide step-down care from inpatient care. MHIOP services will also include specialty programs for adolescents and older adults, as well as individuals with eating disorders, borderline personality disorder, and intellectual and development disabilities or delays.

3.3.c Provide discharge planning and coordination to step down services and programs from inpatient settings*

State Psychiatric Center discharge planning

DHHS facilitates smooth transitions to the community for individuals after inpatient behavioral health stays. In both Dorothea Dix Psychiatric Center (DDPC) and Riverview Psychiatric Center (RPC), intensive case managers (ICMs) play a critical role in facilitating the discharge process. The ICMs are responsible for ensuring that patients' basic living needs are being met, advocating for and/or assisting patients in gaining access to and maintaining medical, psychiatric, self-help, rehabilitation, social, educational, psychological, and other necessary support services at the time of discharge. These goals are accomplished by establishing a therapeutic alliance with each individual to understand their recovery goals and challenges that the individual faces during the course of treatment and during their transition process back to their community of choice. The ICM is also responsible for providing immediate and ongoing comprehensive case management services, follow-up, and responsive interventions as the patient transitions back to their local community.

Private Non-Medical Institution (PNMI) supports

OBH provides oversight to 24 provider agencies that offer community residences for persons with mental illness, also known as PNMI Appendix E Assisted Living Facilities. In addition, OBH Staff is in constant contact with state and local hospitals, jails, and community providers to assist in timely service access, including oversight of referral, eligibility, placement, and discharge.

Once a client's need has been identified, a referral and eligibility determination is made, the OBH team works with the client and providers to secure a placement. Once connected, the client has up to 30 days to transition into the residence. Following placement in the home, the PNMI team consults the provider agency to assure the placement is a success and joins the treatment team

meetings and/or discharge planning meetings when appropriate. MaineCare policy requires provider agencies to seek Department approval for all termination and discharges. Providers must assist the individual with obtaining clinically necessary services from another provider for the termination and/or discharge to be approved.

3.3.d Provide transition assistance to complex cases through the Complex Case Unit (CCU)

The CCU is a specialized team-based resource that provides adult Maine residents simple and timely solutions to complex healthcare, financial, and placement issues through integrated provider and community involvement. The CCU accepts cases based on referrals and prioritizes individuals at risk to themselves or others, individuals whose care needs are not aligned with their current setting/placement, and other complex cases sent by the Governor's and/or DHHS Commissioner's Office.

The CCU provides a structured path forward for vulnerable individuals. When an individual is identified who is in a suboptimal setting for their condition (such as an Emergency Department, Crisis Bed or Group home), their case is referred to the CCU for assessment. The CCU assists the individual regardless of insurance status and outreaches to the individual or provider to assess their needs and/or preferences related to the situation, the CCU then joins to provide assistance or lead the transition team, working with partners to create a plan of care and to identify and secure appropriate services, supports and placements.

Section 3.4: Substance use disorder (SUD) related services

System Goal: Expand substance use disorder prevention, treatment and recovery services and access. Please also reference the Opioid Response Strategic Plan

Current Activities	Future Activities
3.4.a Utilize the 1115 waiver to increase access to residential SUD treatment 3.4.b Expand access to Medications for Opioid Use Disorder (MOUD), including Medication Assisted Treatment* 3.4.c Enhance reimbursement for SUD treatment services 3.4.d Plan for the new Treatment Connection® service locator tool 3.4.e Advance policies supporting beneficiaries' discharge* and transition from residential and inpatient facilities to community-based services and supports 3.4.f Implement the updated Opioid Health Homes (OHH) model to increase access to the model, including performance monitoring 3.4.g Implement the Prescription Monitoring Program (PMP) 3.4.h Implement the MaineMOM Program	• Expand the SUD Medically Supervised Withdrawal and Residential treatment bed and service delivery capacity through the Request for Applicants (RFA) for Capital and Catalyst funds that was launched in 2022 • Publicly launch the new service locater tool Treatment Connection ® which will provide an online, statewide directory for behavioral health services • Evaluate Contingency Management Pilot programs for future expansion across the state • Focus and plan the expansion of SUD treatment options related to substances such as alcohol, amphetamines, nicotine and tobacco with a focus on family engagement and support • Invigorate the OPTIONS Media Campaign to continue public messaging to decrease stigma related to SUD, SUD treatment, and explore opportunities to expand SUD primary prevention messaging

3.4.i Expand residential and medically supervised withdrawal services 3.4.j Support the Overdose Prevention Through Intensive Outreach, Naloxone and Safety (OPTIONS) Program including the OPTIONS media campaign 3.4.k Expand Statewide Naloxone Distribution 3.4.l Implement Contingency Management Pilot Programs 3.4.m Build Capacity for SUD Treatment through practice improvement, workforce development and training opportunities in partnership with the Co-Occurring Collaborative Serving Maine (CCSME) 3.4.n Expand recovery services across the state	• Expand the OPTIONS liaison program to include additional team-based response services • Expand OHH model to all SUDs • Expand co-occurring capability statewide through enhanced and targeted workforce development, practice improvement and training opportunities for direct care staff, clinicians and providers • Expand Recovery Community Centers • Implement 1115 pilot programs focused on child welfare-involved parents identified with SUD risk factors • Expand access to naloxone and overdose education through new innovative, evidence-based projects • Expand substance-exposed infant work to include a stronger focus on prevention as well as to include fetal alcohol spectrum disorder • Fully implement the Maine Prevention Network to include substance use prevention services statewide • Expand footprint of syringe service programs (SSPs), including bringing additional SSPs online • Support the Gateway to Opportunity Program to look for pathways to employment as a substance use prevention strategy • Notify stakeholders and the public when overdose spikes are detected • Support communities in navigating cannabis use with a focus on prevention

3.4.a Utilize the 1115 waiver to increase access to residential SUD treatment

In December of 2020, Maine received approval for a five-year substance use disorder (SUD) 1115 demonstration waiver that allows MaineCare to draw down federal funding for sites with more than 16 beds (previously not permitted under the Centers for Medicaid & Medicare (CMS) "Institution of Mental Disease" exclusion). In alignment with new MaineCare regulations permitting utilization and coverage of larger residential treatment facilities, DHHS issued a Request for Applications (RFA) to increase the supply of residential treatment for SUD.

In July 2022, MaineCare also received federal approval to expand services for MaineCare-enrolled parents with SUD who are at-risk of or are involved with Child Protective Services (CPS). The pilots are intended to address current gaps in coverage for services fundamental to parents' successful recovery and relationships with their children, such as home-based skill development, parenting support services, and maintenance of MaineCare coverage during the CPS assessment process. With this waiver, Maine is the first state in the nation approved to offer

continued Medicaid coverage for members who might otherwise lose access during the CPS process due to changes in household size.

*3.4.b Expand access to Medications for Opioid Use Disorder (MOUD), including Medication Assisted Treatment**

MOUD

DHHS is supporting health providers in offering MOUD, resulting in 1,495 providers certified to prescribe buprenorphine in 2022, which is an increase of 582 since 2018. DHHS also expanded MOUD to more than 350 residents of county jails and 1,001 residents of Department of Corrections facilities in 2021. Maine has increased the number of emergency departments providing low-barrier and rapid access to medication for MOUD. Previously, there were no emergency departments providing these services, and now 26 of Maine's 33 acute care hospitals provide these services.

MOUD at Residential Treatment Facilities

Effective November 2021, the MaineCare Benefits provider manual has been updated to align with language from the American Society of Addiction Medicine regarding the use of MOUD. It now includes language that specifically requires the facilitation of MOUD off-site, if that is not a service offered within the facility.

MOUD in Emergency Departments (EDs)

DHHS continues to support an effort to encourage hospital emergency departments (EDs) to initiate and offer MOUD to individuals with OUD who present to the ED after an overdose or otherwise seeking care. Despite the extremely high risk of recurrent overdose and death following a drug overdose, hospital EDs have not historically offered these patients treatment with MOUD; however, since the start of DHHS leadership and DHHS-funded technical assistance to hospital EDs in 2019, over 80% of Maine hospital EDs now offer MOUD to patients requesting this treatment.

3.4.c Enhance Reimbursement for SUD treatment services

The state promulgated rules effective November 1, 2021, that increased reimbursement rates for SUD residential treatment services, removed potentially stigmatizing language from policy, removed arbitrary annual admission limits, and increased total covered days for certain SUD treatment models. On January 1, 2023 MaineCare implemented a wide range of rate increases for SUD services, including rates for Section 65 services. These rate increases resulted from various rate studies conducted in 2022.

3.4.d Plan for the new Treatment Connection® service locator tool

OMS is working towards implementation of a new service locator tool, *Treatment Connection* ® built on the OpenBeds® platform. This tool will provide an online, statewide directory for behavioral health services and ultimately include real-time information on available services and

connection/referral options to all levels of treatment and recovery assistance for people in Maine experiencing challenges with mental health or substance use.

3.4.e Advance policies supporting beneficiaries' discharge and transition from residential and inpatient facilities to community-based services and supports*

In November 2021, OMS updated its MaineCare benefits provider manual, to reinforce that residential treatment providers must coordinate with the member's treatment team, including but not limited to the member's case management, behavioral health home, or Opioid Health Home providers to coordinate care and facilitate access to any identified services and supports, considering their physical and mental health needs.

3.4.f Implement the updated Opioid Health Homes (OHH) model to increase access to the model, including performance monitoring

In addition to behavioral health homes, DHHS is also implementing OHHs. Maine was the fourth state in the nation to implement OHHs and has extended access to uninsured individuals via direct contracts between DHHS and OHHs. OHH providers deliver integrated, office-based Medications for Opioid Use Disorder (MOUD), opioid dependency and comprehensive care management for eligible MaineCare members and uninsured individuals with opioid use disorder. The OHH model uses team-based care to support both the individual in treatment, as well as the providers delivering care.

3.4.g Implement the Prescription Monitoring Program (PMP)

The PMP is a secure database that is used across the State of Maine to improve public health by providing controlled substance drug use information prior to prescribing or dispensing those drugs. The PMP is a key part of the State of Maine's Opioid Abuse strategy aimed at decreasing the amount and frequency of opioid and controlled substances prescribing.

3.4.h *Implement the Maine-MOM program*

MaineMOM aims to improve care for pregnant and postpartum people with opioid use disorder and their infants by integrating maternal health and substance use disorder treatment services. MaineMOM, through a team-based approach to care, provides pregnant and parenting individuals with a treatment plan for counseling, recovery, support and treatment, and medications. It delivers coordinated care and a plan for supportive prenatal, delivery and post-partum care, including family planning.

3.4.i Expand residential and medically supervised withdrawal services

In 2022, DHHS announced a two new federally funded initiatives to further expand treatment of substance use disorder (SUD) in rural Maine. The first initiative provides up to $4.3M in capital funds for providers to utilize to support physical infrastructure and capital investments to establish new residential SUD treatment and medically supervised withdrawal ("detoxification") in Maine. The second initiative provides up to $1.9M of catalyst funds for providers to utilize for start-up costs, staff training and development to support expanded residential SUD treatment beds.

3.4.j Support the Overdose Prevention Through Intensive Outreach, Naloxone and Safety (OPTIONS) Program including the OPTIONS Media Campaign

In October of 2020, Governor Mills announced the launch of OPTIONS (Overdose Prevention Through Intensive Outreach, Naloxone and Safety), the largest state-wide coordination between OBH and the Department of Public Safety (DPS) and is modeled after the Behavioral Health Unit within the Portland Police Department. OPTIONS is a two-pronged initiative that includes a robust public awareness campaign, and a network of community-based Substance Use Disorder clinicians. Each county in the state is provided a clinician that is embedded within a law enforcement agency and the Liaisons provide:

- Co-response to the scene of an SUD-related emergency
- Contact within 48-72 hours post an overdose event
- Proactive outreach and engagement in the communities they serve to build trust and establish relationships
- Naloxone distribution and trainings
- Referrals to treatment, recovery, and harm reduction supports

3.4.k Expand statewide naloxone distribution

OBH is expanding naloxone distribution and capacity across the State of Maine in an effort to achieve community saturation. Saturating communities with the opioid overdose reversal agent naloxone is the number one most effective public health intervention to prevent overdose death. OBH has worked with the University of Maine to develop a community naloxone saturation algorithm. To achieve community saturation, OBH has increased naloxone purchases by 36% over the past year (FY22 – FY23). OBH is also increasing funding to Tier 1 providers to expand staffing to support distribution and overdose prevention efforts.

3.4.l Implement Contingency Management (CM) Pilot Programs

CM is an evidence-based approach to address stimulant use disorders by reinforcing desired behaviors, such as engagement in treatment and abstinence from drug use, through incentives. OBH has implemented two pilot projects utilizing CM to address the increased prevalence of stimulant use among individuals who use drugs. One project is focused on patients receiving MOUD in a certified Opioid Treatment Program (OTP) and the other project is focused on individuals receiving services in an outpatient, office-based setting.

3.4.m Build Capacity for SUD Treatment through practice improvement, workforce development and training opportunities in partnership with the Co-Occurring Collaborative Serving Maine (CCSME)

In an effort to further expand availability of Substance Use Disorder (SUD) treatment, DHHS has contracted with an experienced educational provider, the Co-Occurring Collaborative Serving Maine (CCSME) to develop a statewide SUD Learning Community. The SUD Learning Community offers providers and practice teams a wide range of educational supports, learning opportunities, and technical assistance, with the goal of increasing the number of providers

offering Medications for Opioid Use Disorder (MOUD) and the number of individuals with OUD being treated with evidence-based medications.

3.4.n Expand recovery services across the state

OBH, as aligned with the Opioid Response Strategic Plan, has implemented several key programmatic and funding efforts to expand and strengthen recovery services and programs across the state.

Recovery Coach Training

Recovery Coach training is provided by community agencies with funding support from OBH. The Recovery Coach Academy is free to participants. OBH also funds Recovery-Based Peer Training to provide additional skills and knowledge to the peer community such as Wellness Recovery and Planning (WRAP) and facilitation skills.

Recovery Coaches in Emergency Departments

Governor Mills Executive Order #2 called for Recovery Coaches in emergency departments to be implemented statewide. OBH currently provides this service in eight emergency departments across six counties in the state. Referrals to Recovery Coaches are responded to within 72 hours. Of those individuals who receive coaching services, only 3% returned to the emergency department in the following six months, with an SUD related issue. The Request for Proposals (RFP) for the continuation of this program was published in early 2023.

Recovery Coach Training, Coordination and Recovery CORE Service

OBH provides funding to support Healthy Acadia's Maine Alliance for Recovery Coaching and Portland Recovery Community Center to deliver the Recovery Coach training and Recovery Coach Coordination services in 10 counties across the state, and to more than 1,000 individuals across Maine since 2017. Together, they have delivered more than 35,000 hours of trainings to help support the expansion of recovery support services in emergency departments, at Recovery Community Centers, as members of Opioid Health Home multidisciplinary teams, and as part of some Medication Assisted Treatment Programs. Further, Healthy Acadia's Maine Alliance for Recovery Coaching operates the Recover CORE which provides paid internships and workforce development and training.

Recovery Community Centers & Recovery Center Coordination/HUB Service

OBH provides funding to support Recovery Community Centers across the state. Services are currently provided by five agencies at nine locations and include peer led mutual support groups, Recovery Coaching, referrals to clinical services and basic needs, and pro-social activities. Currently the Portland Recovery Community Center serves as HUB to other Recovery Community Centers across the state Service includes providing Recovery Coach training, Technical Assistance and training to Recovery Community Centers to build and maintain operational capacity and community coalitions seeking to offer Community Center services.

Recovery Residences – Maine Association of Recovery Residence (MARR)

There are now 58 MARR Certified residences across the State, accounting for more than 565 beds available to provide supportive sober housing opportunities.

In late 2021, MARR was awarded a Pew Charitable Trust grant to develop a bi-directional overdose assessment tool to help house managers assess an incoming resident for their risk of overdose, as well as assess their policies and practices to ensure they are appropriate to help reduce the likelihood of overdoses on site. MARR recently launched a new data platform to inform needs and bring recovery capital to scale.

OBH provides funding to Maine State Housing to facilitate a Recovery Residence Subsidy program that provides funding to Recovery Residence to help offset operating costs.

Section 3.5: Peer support* and family support* services

System Goal*:* Offer peer and family supports at all levels of care

Current Activities	Future Activities
3.5.a Expand and enhance access to peer support programs and services statewide including peer workforce development, pathways to employment, and peer centers and services 3.5.b Provide access to family support programs* 3.5.c Provide access to family and youth peer support 3.5.d Include peer services in various team-based models covered by MaineCare (e.g. BHH, OHH, MaineMOM, Community Care Team – Housing Outreach and Member Engagement (HOME) services)	• Continue support of the expansion of the Intentional Peer Warm Line that provides a 24/7 support line staffed by individuals with lived experience Certified in Intentional Peer Support • Continue support of the Mental Health Peer Centers across the state with the publication of an upcoming RFP and ongoing evaluation of opportunities for expansion • Develop a Peer Crisis Co-Responder curriculum to advance incorporating peer response as part of the mobile crisis system • Implement the Peer Navigator Harm Reduction Pilot that will establish seven peer positions across the state. Staff will receive training in both Recovery Coaching and Intentional Peer Support • Expand training and capacity for Certified Intentional Peer Support • Include Youth and Family Peer Support specialists in the Hi-Fidelity Wraparound Model • Train Youth and Family Peer Support specialists in nationally recognized curricula • Revise the *Maine Can Work* peer curriculum to be inclusive for individuals with primary substance use disorders • Expand technical assistance to peer programs and behavioral health agencies to support individuals served on the pathway to employment

3.5.a Expand and enhance access to peer support programs and services statewide including peer workforce development, pathways to employment, and peer centers and services

According to the Substance Abuse and Mental Health Services Administration (the federal agency with primary responsibility for SUD programs nationally), peers are "people who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse."[3] DHHS has sought to incorporate peer services in many service models to expand choice of provider types for consumers and to enable potential peer workers to enter or stay engaged in the workforce, detailed below.

Peer Workforce

OBH maintains the training infrastructure for the Certified Intentional Peer Support Specialist (CIPSS) and The Muskie School of Public Service provides administrative support for the certification process. OBH has recently added staff to help support and further enhance this program. CIPSSs provide peer support on the Maine Warm Line and in emergency departments, as well as to Behavioral Health Homes, at RPC and DDPC, and to all Assertive Community Treatment (ACT) teams and Peer Centers. CIPSS training is free to participants.

Additionally, DHHS has invested in a number of CIPSS training opportunities from entry level to full certification, additional continuing education opportunities for skill building and maintaining certification, increased trainer compensation and increased compensation for co-reflection facilitators. DHHS has also implemented evaluation tools to support the measurement of skill building, competencies, and peer workforce needs to better assess workforce readiness and future investments.

DHHS has developed and implemented a Peer Crisis Mobile Response Curriculum to support adding Peer co-responders to Maine's Mobile Crisis Response System

Pathway to Employment

DHHS is working on a peer pathway to employment and has a guidebook called "Maine Can Work" that is peer-led. This guide is broken up into modules to help address concerns and barriers related to employment. Additionally, DHHS supports a full-time staff member to provide technical assistance to peer programs implementing "Maine Can Work." This curriculum and approach are intended to encompass the needs of individuals with mental health and substance use disorder needs.

Mental Health Peer Supports in Emergency Departments

OBH provides funding to support mental health peer supports in emergency departments. Sweetser currently provides these services in four emergency departments across the state.

Mental Health Peer Centers

[3] https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers

OBH provides funding to support Mental Health Peer Centers across the state. There are currently seven providers operating ten Peer Center in eight counties. Services consist of one-on-one Intentional Peer Support, peer facilitated mutual support groups, community integration, and prosocial activities. The Request for Proposals (RFP) to continue these programs will be published in early 2023.

Intentional Peer Support Warm Line

OBH provides funding to support the Intentional Peer Support Warm Line that is operated by Sweester. Services includes a 24/7 support line that is staff by individuals with lived experience and Certified in Intentional Peer Support. OBH is committed to maintaining the expanded capacity of this service that was implemented at the beginning of the COVID-19 Pandemic.

*3.5.b Provide access to family support programs**

Positive Parenting Program (Triple P)

Triple P is an evidence-based model designed to prevent, as well as treat, behavioral and emotional problems in children and teenagers. It has shown to result in fewer out of home placements and fewer hospitalizations/ER visits related to child maltreatment. OCFS continues to organize and fund no cost training in Triple P Standard, Triple P Standard Teen, Triple P Pathways and Triple P Group. This includes reimbursement for time in training and accreditation as well as one year of materials for all four interventions.

Research Units in Behavioral Intervention (RUBI)

RUBI is a parent training program developed to decrease challenging behaviors in children with autism spectrum disorder (ASD). After extensive stakeholder engagement including parents and providers, research and consultation with experts, RUBI was selected as the model that will best meet the needs of parents/caregivers parenting youth with ASD in managing challenging behaviors. OCFS will be supporting this model in an ongoing manner.

3.5.c Provide access to Family and Youth Peer Support

With the support and recommendation of Maine's Quality Improvement Council, Maine invests a significant portion of the Children's Mental Health Block Grant in Youth and Family Peer Support, giving the entire state of Maine access to this benefit. Recognizing the positive results of peer support, OCFS will be advocating to include peer support in the Crisis and Hi-Fidelity Wraparound (HFW) initiatives, when the Medicaid policies are revised for these services. Additionally, as part of the High-Fidelity Wraparound initiative, the Center of Excellence will include training and monitoring of both youth and family peer support, to ensure that all HFW teams will have peers who are fully trained and certified to deliver the service for years to come.

3.5.d Include peer services in various team-based models covered by MaineCare (e.g. BHH, OHH, MaineMOM, Community Care Team – Housing Outreach and Member Engagement (HOME) services)

MaineCare includes peer supports as key team members in various whole-person team-based care models. Peer services are critical to the success of these multi-disciplinary teams, as they seek to improve outcomes for members SUD(s) and mental health conditions. Peer services are optional in additional models for service providers to build teams with the training and experience best able to serve their populations, this includes the new HOME service for individuals with chronic conditions and experiencing long-term homelessness.

Infrastructure

4. Infrastructure

Section 4.1: Supported short and long-term housing* and transportation services

***System Goal*:** Facilitate access to supportive housing, both for short-term rehabilitation/recovery, and longer-term placements, as well as enhancing transportation services and access

Current Activities	Future Activities
4.1.a Provide comprehensive outreach, engagement and referral services to homeless individuals with serious mental illness (SMI) or substance use disorders (SUD) through the PATH program 4.1.b Provide supported housing programs including Bridging Rental Assistance Program (BRAP), Shelter Plus Care and Wrap 4.1.c Implement the MaineCare HOME Program to provide outreach and housing stabilization services to individuals with a history of chronic homelessness	• Engage stakeholders and consumers in actions and activities to strengthen access to transportation services, especially in rural and underserved areas • Evaluate opportunities to develop housing opportunities tailored to individuals with behavioral health needs • Evaluate current housing vouchers to strengthen alignment with housing costs

4.1.a Provide comprehensive outreach, engagement and referral services to homeless individuals with serious mental illness *(SMI) or substance use disorders (SUD) through the PATH program*

The PATH program is a federal, state, and local partnership designed to provide outreach, engagement, and referral to services to eligible persons who are homeless and have SMI and/or co-occurring SUD. PATH seeks to establish relationships with people who are the most challenging to engage and are not supported by mainstream mental health services. PATH outreach workers provide case management services to assist the uninsured with applications for MaineCare, Social Security Disability Insurance, housing vouchers, etc. Once a funding source is established, they facilitate a warm handoff to local services providers. In some cases, PATH workers will continue to provide case management services and supports around activities of daily living if other resources are not available.

4.1.b Provide supported housing programs including Bridging Rental Assistance Program (BRAP), Shelter Plus Care and Wrap

Bridging Rental Assistance Program (BRAP)

BRAP assists clients with serious mental illnesses (SMI), including those who also have substance use disorders, with obtaining transitional housing. BRAP provides rental assistance, assists clients in finding independent housing in communities throughout Maine, and encourages supportive services after housing stability has been established. BRAP is intended to serve as a bridge or move-on strategy between homelessness and more permanent housing options. BRAP

is administered by four Local Administrative Agencies (LAA), with each serving local communities in their area, as well as a Central Administrative Agency (CAA) that oversees the program on behalf of the Department.

Shelter Plus Care (SPC)

SPC is a federal program funded by the U.S. Department of Housing and Urban Development (HUD) designed to provide rental subsidies and supportive services to homeless individuals with disabilities, primarily those with chronic mental illness, SUD, and HIV/AIDS. DHHS and its network of Local Administrative Agencies throughout the state, have committed to providing the direct support services and rental assistance components of the program. Recipients may also elect to receive services from a host of local providers. Following a "Housing First" model, initial SPC recipients are encouraged, but not required to accept the provision of services to go hand in hand with the voucher.

Wrap

Wrap is a discretionary grant fund that may be available to meet urgent needs of adult individuals with Severe and Persistent Mental Illness (SPMI) that cannot be met through the regular systems of care. The Wrap program provides funds to individuals who meet the Eligibility for Care requirements as stated in 10-144 C.M.R. ch. 101, ch. 2, § 17.02.

4.1.c Implement the MaineCare HOME Program to provider outreach and housing stabilization services to individuals with a history of chronic homelessness

HOME Services are MaineCare covered services for eligible members with chronic conditions who are experiencing long-term homelessness. HOME Services are designed to provide eligibility continuity for whole-person, supportive housing services before and after housing is obtained to improve housing sustainability, care coordination, healthcare outcomes, health equity, while reducing fragmented, avoidable high-cost emergency and acute care utilization.

*Section 4.2: Workforce development **

System Goal: Position Maine as a destination for health care workers through initiatives that help healthcare and human service employers recruit talent, grow their skills, and retain them

Current Activities	Future Activities
4.2.a Support the Behavioral Health Workforce across the continuum from training, recruitment and retention 4.2.b Support workforce development for substance use, mental health and recovery providers 4.2.c Maintain a statewide workforce development infrastructure through a	• Explore interstate compacts with other states to support cross-state recruiting and credentialing opportunities • Implement improvements in infrastructure for mental health certifications - MHRT I (Mental Health Rehabilitation Technician I), MHRT/CSP (Mental Health Rehabilitation Technician/ Crisis Services Provider), and MHRT/C (Mental Health Rehabilitation Technician/ Community)

contract with Maine Behavioral Health Workforce Development collaborative 4.2.d Implement the training infrastructure for Certified Intentional Peer Support Specialist (CIPSS)	• Develop accelerated pathways to employment in the behavioral health field • Increase capacity and access to CIPSS peer support trainings • Enhance ability to collect data about behavioral health workforce capacity and needs through improvements to mental health certification system databases • Continue work connecting youth to long-term employment and housing opportunities to maximize independence

4.2.a Support the Behavioral Health Workforce across the continuum from training, recruitment, and retention

Through the Maine Jobs and Recovery Plan, various state agencies are taking on a comprehensive set of initiatives to cultivate, recruit, and retain a thriving healthcare workforce. While all the efforts are intended to support the healthcare workforce, inclusive of behavioral health staff, a number of the initiatives include specific behavioral health components:

Initiative	Behavioral Health Components
Healthcare Workforce Retention & Career Ladder (DOL/DHHS): Invests in training and stackable credential attainment for incumbent frontline healthcare workers & establishes a tuition remission program ($8.5M)	The tuition program is offered at no cost to healthcare workers across several provider types. Front line Behavioral Health workers may access free training for certifications including but not limited to: Behavioral Health Professional (BHP) Certified Clinical Supervisor Certified Counseling Aide Certified Intentional Peer Support Certified Residential Medication Aide Mental Health Rehabilitation Technician-1 (MHRT-1) and Mental Health Rehabilitation Technician-Community (MHRT-C) Recovery Coach
Healthcare Apprenticeship (DOL): Invests in health care recruitment efforts to address workforce shortages in public-private partnership with providers ($2.7 M)	An apprenticeship was created at Riverview Psychiatric Center to bring student nurses on in their final year of nursing school as Mental Health Workers. This allows the students to gain competency in the behavioral health field with the goal of retaining them as nurses at RPC once they pass their licensing exam. An apprenticeship was created at Cornerstone Behavioral Health to create a pathway for case managers.

Curriculum Development (DHHS) Support curriculum design services that will look across MaineCare provider types to make a crosswalk of all short-term certifications ($300,000)	This effort is examining the following types of pathways pertinent to behavioral health careers: Children's Behavioral Health: Behavioral Health Professional to Occupational Therapist or Clinician Behavioral Health Professional to Ed Tech II or Ed Tech III Adult Behavioral Health: Recovery Coach to Social Worker or Clinician (allow crossover) Mental Health Rehabilitation Technician (MHRT) to MHRT-C to Clinician and/or Licensed Clinical Social Worker Crisis responder to Licensed Clinical Social Worker
Preceptorship (DHHS): Incentivize the expansion of clinical training at rural providers ($1.6 M)	This funding supports expansion of clinical education and training programs through incentives for preceptors and clinical sites Funding is targeted to "designated teaching sites" for clinicals at rural providers and underserved areas. It incentivizes facilities and practices to take on students. This effort is inclusive of Behavioral Health related occupations such as Social Workers: Licensed Clinical Social Worker and Master of Social Work (LCSW and MSW); Psychiatric Registered Nurse (RN), Clinician, and others

4.2.b Support workforce development for substance use related, mental health, and recovery providers

OBH runs the Maine Behavioral Health Workforce Development Collaborative. This collaborative is intended to support workforce development for substance use disorder and mental health services, intervention, treatment, and recovery providers. Through this initiative, Adcare, along with the Muskie Center for Learning and CCSME (Co-occurring Collaborative Serving Maine) provide training, technical assistance, and event logistics that enables behavioral health providers in Maine access to trainings to support continuing education needs and, in some instances, certification. Specific behavioral health initiatives include:

<u>SUD Workforce</u>

Trainings are available to support the workforce to maintain credentials such as certification and licensure for ADCA (Alcohol and Drug Counseling Aide), CADC (Certified Alcohol and Drug Counselor), LADC (Licensed Alcohol and Drug Counselor), and CCS (Certified Clinical

Supervisor). Scholarships are also offered for providers to attend the trainings such as the New England School of Addiction Studies.

Mental Health Workforce

Many staff and clinicians in the mental health workforce can take advantage of trainings provided through the Maine Behavioral Health Workforce Development Collaborative. Additionally, the Muskie Center for Learning administers four mental health certification programs for OBH (Mental Health Rehabilitation Technician-1 [MHRT 1], Mental Health Rehabilitation Technician-Community [MHRT/C], Mental Health Rehabilitation Technician Crisis Services Professional [MHRT/CSP], and Certified Intentional Peer Support Specialist [CIPSS]).

Work has continued to increase access to trainings for certifications and streamline certification pathways while maintaining a qualified, well-trained workforce. Initiatives are underway to update trainings for the MHRT 1 and identify opportunities for portability and stackability with other direct care workforce certifications such as Direct Support Professionals and Behavioral Health Professionals.

Pathways to obtain the MHRT/C have been expanded with increased options through academic programs as well as the development of standardized non-academic trainings. Over approximately the past two years, 75 non-academic courses have been taught with 500 learners attending.

The MHRT/CSP is the credential required to provide services such as mobile crisis. OBH will be updating this curriculum and credentialing process to increase accessibility and ensure the training is competency-based, addressing CMS requirements for reimbursement, and identifying options for stackable credentialing.

Employment Workforce Development System (EWDS)

OBH collaborates with OADS, OCFS, Department of Labor Bureau of Rehabilitation Services, and the Department of Education Office of Special Services to fund Maine's Employment Workforce Development System (EWDS). The EWDS provides training and certification for Employment Specialists, Job Coaches and Career Planning staff. It will also be providing training to the care managers, peers, and other direct care workers about the importance of employment and supporting individuals to obtain and maintain employment.

4.2.c Maintain a statewide workforce development infrastructure through a contract with Maine Behavioral Health Workforce Development collaborative

The Office of Behavioral Health maintains an infrastructure through a contract for the Maine Behavioral Health Workforce Development Collaborative (MBHWDC) to provide Workforce Development Services for substance use and mental health services, intervention, treatment, and recovery providers to maintain a well-trained and credentialed professional and paraprofessional workforce. The Collaborative works with the Department and the provider and academic communities to build capacity, assess needs, plan, implement, evaluate, and sustain

training programs. Administration for mental health certifications such as the Mental Health Rehabilitation Technician/ Community (MHRT/C) is also through this contract.

4.2.d Implement the training infrastructure for Certified Intentional Peer Support Specialist (CIPSS)

OBH maintains the training infrastructure for the Certified Intentional Peer Support Specialist (CIPSS) with administrative support for the certification process provided through the Maine Behavioral Health Workforce Development Collaborative (MBHWDC). The Certified Intentional Peer Support Training Program is an eight-day training that is a requirement for Peer Support Specialists working on the state-wide Intentional Warmline, in emergency departments, behavioral health homes in State psychiatric hospitals, peer centers and on ACT teams.

Monitoring, Accountability, and Financial Summary*

Monitoring, Accountability, and Financial Summary*

This section provides an overview of monitoring and accountability and financial resources within selected DHHS offices involved in behavioral health activities.

OBH

Monitoring and Accountability

OBH has a dedicated program manager for each area of service delivery, across mental health, substance use disorders, supported housing, recovery, and workforce services. Program managers promote and monitor quality service delivery by:

Establishing outcomes-focused performance metrics in provider contract templates

In SFY23 OBH program managers partnered with the OBH Research, Data, and Evaluation team, and in many cases with service area providers, to strengthen performance measures in contract templates by focusing on evidence-based, client-level outcomes. Providers must demonstrate that they are not only complying with MaineCare policy, grant and contractual requirements, and best practice standards; now they must also show evidence of improved health outcomes for the Maine people they serve.

Monitoring and evaluating provider performance

OBH program managers are in constant conversation with providers, supporting them to deliver the highest level of service to Maine people and monitoring their compliance and performance against contract deliverables. Among many monitoring and evaluation activities, they:

- Conduct provider site visits to ensure contract compliance, adherence to MaineCare policy for quality of care, and utilization of best practice, evidence-based programs
- Review provider budgets, invoices, and the data clinical providers must submit to Kepro, the state's Administrative Services Organization (ASO)
- Monitor and enforce MaineCare rules, review critical incident reports with providers, and oversee the referral and placement process for residential care
- Analyze, together with the OBH Research, Data, and Evaluation team, a robust variety of data to assess the performance of providers in delivering the best health outcomes return on the Office's investment

Holding providers accountable to contract terms and performance metrics

OBH seeks to support providers in adjusting their activities as soon as an issue arises, through technical assistance or contract amendments. In cases where the provider remains outside compliance or below performance expectations, program managers work with OBH senior leadership and the DHHS Division of Contract Management to wind down the program or contract and cease funding.

Funding

The Office of Behavioral Health receives (OBH) almost $63M in federal grants from the Substance Abuse and Mental Health Services Administration (SAMSHA), Housing and Urban Development (HUD), and US Department of Justice to support mental health, substance use

disorder, and housing services across the state of Maine. Each grant is managed by an individual project manager; they work with program staff to assign funds to aligned program initiatives then monitor how providers are spending within the requirements of the award to achieve federal, programmatic, and client outcome goals. Grant project managers work collaboratively with federal agencies and submit regular finance and compliance reports throughout the year.

Maine CDC

Monitoring and Accountability

Maine CDC employs performance-based contracting for all of it services. The CDC conducts annual site visits of all contractors to review their performance against contract expectations, discuss challenges and technical assistance needs, and document performance. The CDC also contracts for rigorous evaluation services to ensure that programs are meeting expected outcomes.

Maine CDC recognizes that it is important to understand whether programs are impacting population-level health. Toward that end, the Maine CDC administers and utilizes data from the Behavioral Risk Factor Surveillance System and the Maine Integrated Youth Health Survey tools to assess for longer-term, population level changes in behavior, including substance use disorder rates and mental health.

Funding

Maine CDC receives funding from a variety of sources. The CDC's prevention work is funded through categorial federal funding via the United States Center for Disease Control, Health Resources and Services Administration, and Substance Abuse and Mental Health Services Administration (SAMHSA). Additionally, the CDC receives funding from the SAMHSA Block Grant. The CDC also received $750,000 from the Fund for Healthy Maine specifically for substance use prevention. Much of the CDC's overdose monitoring and surveillance work is funded via the Overdose Data to Action (OD2A) grant. The Opioid Prevention and Treatment Fund also provides Maine CDC funding for work with syringe service programs and select pilot projects for substance use prevention.

OADS

Monitoring and Accountability

Most of the services and supports overseen by OADS are delivered through home and community based MaineCare waiver programs. OADS oversees federally required assurances in six key areas: program administration, level-of-care, provider qualifications, service planning, health and welfare and financial accountability. In collaboration with MaineCare, OADS develops and monitors measures in each of these six areas and reports them to the Center for Medicaid and Medicare Services (CMS).

In the area of health and welfare, OADS collects and monitors reportable events that providers are required to submit, which includes injuries, medication errors and emergency department visits.

OADS also collaborates closely with the DHHS Division of Licensing and Certification, sharing complaints and incidents. Licensing reviews such events from a licensing compliance perspective, and OADS quality assurance staff review issues with providers and put plans of correction in place when indicated.

MaineCare's Program Integrity Unit conducts provider audits related to fraud, waste and abuse of funds. The DHHS audit division conducts financial audits of providers.

Funding

Most of the services and supports overseen by OADS are funded through MaineCare. OADS also receives General Fund dollars to provide a small amount of flexible support to families and to provide training to the provider network. OADS also has several improvement projects that are currently funded by one-time federal funding through Section 9817 of the American Rescue Plan Act.

MaineCare

Monitoring and Accountability

MaineCare monitors performance and progress towards intended program outcomes in various ways:

Overall quality monitoring and evaluation: MaineCare reports on annual performance on a set of federally defined performance measures, known as the Medicaid core sets. These quality measures cover adults, children, and MaineCare's three Health Home programs. For children, OMS also administers consumer experience surveys as part of federal reporting.

Performance-based payments

MaineCare incents high-value services through Alternative Payment Models (APM). An APM is a health care payment method that uses financial incentives to raise the quality of care, improve health outcomes, and lower costs for patients, purchasers, payers, and providers. In concert with other strategies, APMs are key tools to advance policies that improve the quality and value of health care. OMS currently has performance-based payment provisions for Behavioral Health Homes and Opioid Health Homes and is building out these provisions for Assertive Community Treatment (ACT), Home and Community Treatment, mobile crisis, and Certified Community Behavioral Health Clinics (CCBHC) services. Additionally, there are behavioral health measures within MaineCare's primary care Alternative Payment Model (APM) and our Accountable Community, as part of integrated care efforts.

Provider supports

OMS supports providers in improving their performance through technical assistance, education, facilitating peer learning, data analytic platforms, and sharing data, as appropriate.

Program Integrity Unit (PIU)

The PIU withing MaineCare performs oversight and monitoring of provider service delivery. Through a variety of mechanisms, including post-payment reviews of providers, data analytics, and investigations into specific complaints, the PIU helps ensure providers are delivering services in accordance with the requirements in MaineCare rules and guard against fraud, waste or abuse.

Funding

The Federal Centers for Medicare and Medicaid Services (CMS) reimburses states for a percentage of the total Medicaid expenditures for assistance payments for social services based on the state's calculated Federal Medical Assistance Percentage (FMAP). Payments for these services to MaineCare Members are paid through the Department's Medicaid Enterprise System (MES). Children's Health Insurance Program (CHIP) and Medicaid Expansion spending are reimbursed at a higher match rate based on the state's approved enhanced FMAP.

Additionally, CMS provides funding to states for general Medicaid administration to support the Medicaid program.-These administrative costs are reimbursed at 50% Federal Financial Participation (FFP). Certain administrative costs may be matched at enhanced FFP rates as described below:

- Compensation and training of State-employed skilled professional medical personnel (e.g., doctors/nurses) at 75% FFP (applies to salary/wages only).
- Medical and utilization review activities performed by an external quality review organization (EQRO) or quality improvement organization (QIO) at 75% FFP.
- Technology improvements that support the Department's MES and its supporting systems may qualify (if approved by CMS) for enhanced FFP (90% or 75%).

OCFS

Monitoring and Accountability

Children's Behavioral Health Services

Children's Behavioral Health Services (CBHS) within OCFS employs multiple strategies to ensure program oversight and accountability. CBHS has a robust data dashboard and overall data collection which is used for the monitoring of services delivered, as well as assessment of individuals waiting for services. The data is reviewed on a regular basis and is used to drive resource development and expansion activities statewide. CBHS also employs Residential Specialists who screen reportable events for CBHS providers and monitor Enterprise Information System (EIS) reports for data quality. This includes monitoring patterns and trends, following up on specific reportable events and providing Reportable Event training/support to providers. Residential Specialists also provide support and technical assistance to Children's Residential Care Facility (CRCF) providers through the implementation of the updated MCBM Section 97 Appendix D changes. They also conduct record reviews and provide support to providers where needed.

System of Care Grant

CBHS also manages a System of Care (SOC) SAMHSA Grant. Monitoring and oversight activities under this grant include Trauma Informed Agency Assessments (TIAA), and quality assurance reviews of community-based service providers at sites enrolled in the grant. Each SOC quality review entails a review of records, review of evidence-based practices (EBP) practice, demonstration of family and youth involvement, and a review of each SOC principle. At the end of each review, the SOC team provides recommendations to the provider to support them in incorporating the SOC principles into practice.

The full SOC Steering Committee and the youth committee continue to meet regularly, on average monthly. The SOC staff facilitate and provide training/orientation overviews to new members, reach out to other states and stakeholders to bring in experts for the committee to gain knowledge of SOC principles and implementation.

Mental Health Block Grant (MHBG)

The MHBG is co-managed by OCFS and OBH. The Offices monitor funding and associated contracts on a quarterly basis and provide a yearly summary to SAMHSA. In addition to the federal reporting, OCFS and OBH also provide National Association of State Mental Health Program Directors (NASMHPD) a comprehensive summary of individuals served, and funds spent on behavioral health services in the preceding year, by way of URS tables.

Funding

The primary sources of funding for Children's Behavioral Health Services are: MaineCare, State General Funds, SAMHSA Grants (Community Mental Health Block Grant (MHBG), ARPA Supplemental, CRRSA, and the SOC grant).

Riverview Psychiatric Center and Dorothea Dix Psychiatric Center

Monitoring and Accountability

Regarding discharge planning from inpatient settings, the Director of Social Services from both RPC and DDPC audits and reviews all readmissions, excluding legal hold admissions (RPC) and progressive treatment plan patients (DDPC), to each hospital occurring within 30 days of the last discharge. Each case is evaluated to determine the circumstances of the readmission to identify indicated need for additional resources or a change in treatment and discharge planning or the need for alternative resources. Data from these audits and reviews is collected and analyzed to look for trends and potential remedial actions.

Funding

The source of funding for both RPC and DDPC are State General Funds, Disproportionate Share Hospital (Medicare for uncompensated care), Medicare, Medicaid for individuals under 21 and over 65, and private insurance.

Appendix: Stakeholder Feedback Summary

Appendix: Stakeholder Feedback Summary

To support the development of this plan DHHS collaborated with a wide array of internal and external stakeholders. For external audiences, DHHS held two webinars: one was held on October 28, 2022 (434 registrants) and one was held on November 4th, 2022 (432 registrants). DHHS also opened a survey available to the public to offer feedback on the categories, sections, system goals, and action areas and received over 40 responses. Below is a summary of key feedback received during these sessions and from the survey broken out by categories of the plan:

1. **Consumer Choice**

    - Increase consumer awareness of available programs and services
    - Limit barriers to the accessibility of services, which impact consumer choice (such as long wait lists, transportation, geography and insurance barriers)
    - Ensure adequate workforce to improve consumer choice

2. **Population Focus**

    2.1 Child and adolescent behavioral health

    - Expand access to screening, assessment and services for children and adolescents with behavioral health needs
    - Ensure continuity of care through transition periods
    - Ensure children and adolescents receive services in a timely manner
    - Ensure adequate resources for children and adolescents in need of placement
    - Ensure inclusion of the entire age spectrum of children and adolescents, from early childhood through early adulthood
    - Ensure inclusion of children and adolescents from marginalized populations, including those with IDD, LGBTQ and gender diverse and BIPOC individuals.
    - Enhance behavioral health resources in schools
    - Provide adequate supports to families of children and adolescents with behavioral health needs

    2.2 Justice-involved individuals

    - Focus on the prevention of incarceration, particularly in those with behavioral health needs
    - Ensure access to appropriate behavioral health services within the carceral system
    - Enhance pre-release and re-entry services
    - Provide care that is trauma-informed and viewed through a lens of health equity

2.3 Lifespan supports

- Ensure inclusion of the entire lifespan from prenatal care and early childhood through an aging population
- Improve transition services, specifically from adolescent to adult services
- Focus on whole-person care for everyone

3. Service Delivery

3.1 Crisis Services

- Ensure inclusion of the full continuum of crisis care services
- Ensure continuity of care for crisis services
- Address workforce shortages affecting crisis services
- Ensure adequate placement options for those needing crisis services
- Improve reimbursement for crisis services

3.2 Community-based services

- Include prevention activities in community-based services
- Ensure there is an adequate workforce that is appropriately compensated to provide community-based services
- Avoid silos of care in community-based services
- Expand access to community-based services for individuals with behavioral health needs

3.3.Care coordination/case management

- Reduce barriers to accessing care coordination services
- Reduce the administrative burdens that are associated with providing care coordination services
- Increase awareness of care coordination services for Maine residents
- Ensure continuity of care for care coordination services
- Improve the reimbursement model associated with care coordination services

3.4 Substance use disorder related services

- Substance Use Disorder services should be inclusive including opioids, alcohol, cannabis, amphetamines, nicotine and tobacco
- Provide broadly available Substance Use Disorder services, in urban and rural areas
- Reduce transportation barriers to accessing SUD services
- Address long-waiting lists, which hinder access to SUD services
- Expand housing resources for individuals with SUD and provide support services within housing

- Increase the availability of services to support the SUD population, including:
    - Expand and destigmatize Naloxone
    - Expand fentanyl testing
    - Expand access to safe injection sites
    - Expand access to syringe exchange programs
    - Expand access to withdrawal services
    - Provide access to SUD treatment on demand
- Expand reimbursable services to support individuals with SUD (recovery coaching, prevention and harm reduction)
- Inclusion of special populations in need of SUD services (youth, elderly, palliative care)
- Increase the workforce to support SUD populations
- Ensure MAT availability in the carceral system

3.5 Peer support and family support services

- Provide peer support across the lifespan
- Provide peer support across all levels of care
- Ensure family support services are meeting families where they are already receiving support
- Ensure family support services provide support for families with differing needs and for all types of family structures

4. Infrastructure

4.1 Supported short and long-term housing and transportation services

- Ensure adequate housing resources, including transitional housing, shelter beds, residential treatment facilities.
- Ensure that vouchers available for housing programs meet the market cost of housing
- Ensure inclusive housing for individuals and families with differing needs.

4.2 Workforce development

- Address workforce shortages across the continuum of care
- Enhance reimbursement rates for services within the behavioral health continuum of care
- Provide adequate compensation to individuals within the behavioral health workforce
- Provide adequate training for those within the behavioral health workforce, including supporting the workforce providing specialty services
- Create innovative pathways for workforce development
- Develop strategies for improved workforce retention