



In 2006, Maine's mental health system received a grade of B. Three years later, the grade remains the same. Even so, during the past three years, Maine has responded to budget shortfalls by cutting Medicaid and services for people with serious mental illnesses.

The state is still subject to a consent decree from a 1990 class action lawsuit, which provides some protection to consumers. Despite the state's motto, "Dirigo," meaning "I lead," Governor John Baldacci and the Department of Health and Human Services (DHHS) have shown little leadership in the face of the mental health care crisis.

Maine deserves praise in some areas. The state has one of the lowest rates of uninsured persons in the nation, and the state's Dirigo health plan provides full parity for mental illness and substance use disorders for some uninsured residents. Evidence-based practices are in use, and multiple efforts are underway to integrate mental health and substance abuse treatment with primary care. The Maine Health Access Foundation, the state's largest private healthcare foundation, has distributed 17 grants totaling \$3 million to providers and collaborative groups to improve integrated care.

In 2008, the state was in year three of a five-year grant to promote wellness through the use of "medical homes," which serve as "one-stop shops" for consumers with complex mental health, substance abuse, and other medical needs.

Through a federal grant, Maine has worked to integrate mental health and substance abuse treatment by instituting a "no wrong door" policy and integrated billing, and offering co-occurring disorder competency training to providers. However, the state has a long way to go toward developing licensing standards for these providers.

Maine has long provided peer support services in a variety of treatment settings, and the state is proud of its Intentional Peer Support training and certification. Although consumer advocates express concern that Maine's training and certification requirements are poorly implemented and present a financial burden for peer programs, they are still important to ensuring quality services.

Fifty percent of persons incarcerated in Maine have mental illnesses; the state's mental health care system has made collaboration with the criminal justice system a priority. Police Crisis Intervention Teams (CIT) exist statewide, and the state's first co-occurring mental health and substance abuse court was established in 2005.

The Department of Corrections has created an award-winning young offender reentry program. Although some jails have made significant efforts to put mental health services in place, most people still do not get adequate care while incarcerated.

Innovations

- Co-occurring disorder initiatives
- Integration of mental health, substance abuse, and primary care
- Young offender reentry program
- Medical homes

Urgent Needs

- Leadership by governor and Department of Health and Human Services
- Services for aging population
- Cultural competence plan
- Increase mental health workforce in rural areas

Consumer and Family Comments

- *"The dedication of mental health workers in Maine is wonderful and incredible, given all the hassles and funding cutbacks they suffer from State of Maine legislature and at the federal level. If it wasn't for their dedication . . . my family member (who has schizophrenia) would be truly a lost soul."*
- *"The focus is on keeping the patients coming and going in 15-minute billable increments."*
- *"It took me six weeks to find someone who accepts Medicaid."*
- *"ACT has been my saving grace navigating me through the system. [In] voc rehab . . . I felt like I was respected, listened to, and supported to meet my work goals. I was asked, not told."*

Despite its positive elements, Maine's system of care is built on a shaky foundation. Cuts in the Medicaid program have decreased the federal government's matching dollars. In 2007, the program shifted to a managed care system. The state also added a \$25 enrollment fee in 2008 for childless adults, putting Medicaid out of reach for some. Consumers and family advocates report that the cuts have led to providers closing their doors. It remains unclear how the new Medicaid managed care program has affected consumers—and whether it has resulted in any net savings. Anecdotal reports suggest that chaos has plagued the transition, with delays in provider registration and confusion about which private contractors provide case management. The new program also lacks transparency. Thus far, DHHS has failed to report on outcomes from the experiment.

As part of its broader financial challenge, the state will increasingly need to provide specialized services for older adults living with mental illnesses.

Maine stands at a crossroads. It can seek to build on existing strengths, or it can fall into decline. Stronger leadership and political will are needed from the governor and legislature.