



Alliance for Addiction and Mental Health Services, Maine *The unified voice for Maine's community behavioral health providers*

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Testimony Neither For Nor Against LD 258

An Act Making Unified Appropriations and Allocations from the General Fund and Other Funds for the Expenditures of State Government and Changing Certain Provisions of the Law Necessary to the Proper Operations of State Government for the Fiscal Years Ending June 30, 2023, June 30, 2024 and June 30, 2025

February 14, 2023

Good afternoon Senators Rotundo and Beebe-Center, Representatives Sachs and Salisbury, and members of both the Appropriations and Financial Affairs and Criminal Justice and Public Safety Committees. My name is Malory Shaughnessy. I am a resident of Westbrook and the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance is the statewide association representing the majority of Maine's community based mental health and substance use treatment providers. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to speak Neither For Nor Against today's section of the budget, but to share some thoughts and concerns about our priorities and how what we say we want for our state of Maine needs to match what we actually do in regards to our budget declarations.

The Governor's proposed budget allocates \$478 million to the Department of Corrections, **a \$45 million increase from the last biennial budget**. That includes nearly \$36 million to jail Maine children at Long Creek, **a 10% increase**.

We keep saying we cannot arrest and jail our way out of a problem, but each successive budget attempts and then fails to make this shift. **We need to fundamentally shift our thinking, but more than that we need to CHANGE OUR ACTIONS AND FUNDING PRIORITIES to reflect our new thinking.**

The Prison Policy Initiative pointed out in their report *Youth Confinement: The Whole Pie 2019*, that beyond releasing and resentencing youth, states should remove all youth from adult jails and prisons, close large juvenile facilities, and invest in non-residential community-based programs. Many juvenile justice-focused organizations have proposed policy changes at every stage of the process. A few excellent examples include recommendations from the Annie E. Casey Foundation, Campaign for Youth Justice (pages 38-44)¹, W. Haywood Burns Institute (pages 13-15)², and the Youth First Initiative³.

I would add that the Alliance applauds the Mills administration's increased investments in the DHHS budget for community based behavioral health services.

¹ https://static.prisonpolicy.org/scans/StateTrends_Report_FINAL.pdf

² <https://burnsinstitute.org/wp-content/uploads/2020/09/Stemming-the-Rising-Tide-compressed.pdf>

³ <https://www.nokidsinprison.org/>

By investing in these services, we create more opportunities for prevention, treatment and recovery to divert or prevent people from becoming justice-involved. I will speak more to that next week.

But, we must also decrease the investments in our jails and prisons rather than continuing to expand and fill them with children and adults who should not be there, and who would be better served with our public dollars being spent on community treatment and recovery. Our communities would also be safer and better served with increased community-based investment over correctional spending.

I would urge you to direct our Department of Corrections to work with the Department of Health and Human Services to fund a review of the first-of-its-kind Medicaid section 1115 demonstration amendment in California which will provide a set of critical pre-release services and improve access to critically needed care for both adults and youth returning home from jails and prisons. We should seek to implement that here in Maine. This investment could go a long way towards reducing the recidivism we too often see in our correctional system.

For example, Medi-Cal will be able to cover substance-use treatment before a Medicaid beneficiary is released from jail, prison, or youth correctional facility. Additionally, the state will be able to help connect the person to community-based Medicaid providers 90 days prior to their release to ensure they can continue their treatment after they return to the community.

"The Biden-Harris Administration is focused on expanding access to health care across the country and doing so with equity in mind," said HHS Secretary Xavier Becerra. "In partnership with HHS, the state of California is leading the way in providing coverage to justice-involved individuals. This is the first time in history Medicaid will be providing coverage to justice-involved individuals before they're released. It is a step forward in closing gaps in services this underserved community experiences, and I encourage other states to follow California's lead."

California's approval coincides with a new report⁴ produced by the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) examining the significant health coverage and continuity-of-care needs justice-involved individuals face returning to the community. These include disproportionately high rates of SUD, serious mental illness, and infectious and other chronic physical health conditions. The report discusses opportunities, like Medicaid section 1115 demonstrations, to improve health and health care transitions.

Thank you for your time and attention to these issues.

⁴ <https://aspe.hhs.gov/sites/default/files/documents/d48e8a9fdd499029542f0a30aa78bfd1/health-care-reentry-transitions.pdf>