



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

Malory Otteson Shaughnessy, Executive Director

Testimony in Support
The Governor's Supplemental Budget - LD 2214

February 27, 2024

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Good afternoon Senator Rotundo, Senator Baldacci, Representative Sachs, Representative Meyer, and esteemed members of both the Joint Standing Committee on Appropriations and Financial Affairs, and Health and Human Services. 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 providers of these important services, providing services annually to over 80,000 Maine men, women, and children. 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 in regards to the Governor's Supplemental Budget, LD 2214.

The Alliance has both praise for several initiatives, and some concerns to share about this budget proposal. We also have some suggestions for funding that is truly needed to address the mental health crisis that is growing daily in this state, especially for our youth.

Members of the Alliance thank the Governor for her commitment to provide the funding towards the Cost of Living increases that were begun in this biennium, her expansion of Medication Assisted Treatment in our jails, and the investments in harm reduction, foster care and special purpose pre-school services.

These are all much needed expansions in access to behavioral health care for our communities.

We also whole heartedly applaud the Governor's initiatives to expand crisis services, and replicate the successful Portland Receiving Center in Lewiston. We do urge you to build on these two initiatives and provide further funding to expand crisis response and these receiving centers throughout Maine. We need to both relieve our law enforcement partners of the burden they carry every day, and to provide the appropriate response for those struggling with a mental health crisis – thus assuring for the health and safety of our communities.

Beyond crisis response, for your constituents who receive their mental health and substance use services through their MaineCare coverage, it is becoming increasingly impossible to access services as the demand for mental health services rises post Pandemic, and post the severe tragedy in Lewiston. Even though MaineCare behavioral health services received a substantial investment in the last budget, that investment did not go far enough to meet the rising tide.

Much like recent storm waters rose too fast to stop the flooding, workforce shortages and increasing demands in our communities are rising faster than the capacity to address them.

The Alliance would request that this committee consider moving some of the funding slated to be set aside for some “future crisis” into direct care now by including into the Supplemental Budget some of the unanimously passed legislative initiatives that are awaiting funding on the Appropriations table.

The reality that we must face is that we are in a “crisis” in access to mental health care now!

These bills below have already passed unanimously (or nearly so) through the Committee process and carry a total price tag of somewhere between \$10 – 15 Million (not all have a fiscal note attached yet). **We call on you to meet this moment and be bold in your actions regarding this budget.**

Please take these bills in our Maine Resilience Package and bring them into the budget for the best future for Maine. Each one either fills in a gap in care, invests in a best practice for behavioral health, or expands access to care through workforce development. Together they will patch holes in our safety net of care for Maine families, especially for our youth and for those in our rural areas.

Please read through the focus of each of these bills and see that **they represent a targeted attempt to meet very specific needs**, and are each a small patch. However, when taken together they will accomplish so much to stabilize our system of care and help us finally – **finally** – begin to reduce the too long wait lists, find placement for the many adults and children stuck in our hospital Emergency Departments, and hopefully prevent many Mainers from falling into crisis.

1. EXPAND ACCESS TO SERVICES THROUGH WORKFORCE INVESTMENTS (Approx. \$2M):

- **LD 632**, to amend the Social Work Education Loan Program to invest in getting more clinicians into the field (\$500K p/yr),
- **LD 997**, to reduce workforce barriers for mental health professionals in Maine (fiscal note is being revised),
- **LD 1506**, to convene a stakeholder group to study the training and recruitment of behavioral health professionals (\$450k),
- **LD 1718**, to encourage participation in Maine’s essential support workforce through access to higher education (\$500K p/yr).

2. FILL GAPS IN THE MENTAL HEALTH CARE CONTINUUM FOR SPECIAL POPULATIONS (Approx. \$6M):

- **LD 435**, to ensure medically necessary behavioral health care services for children in their homes and communities (minimal cost),
- **LD 539**, to direct the department to include counseling for substance use disorder in rehabilitative services for MaineCare members who have sustained an acquired brain injury, which in many cases is the outcome from surviving an overdose (\$500K p/yr),
- **LD 840**, to develop support services for individuals with emotional dysregulation disorders that often escalate into crisis. There is currently no direct intensive service to meet the needs of people with challenges such as Borderline Personality Disorder (\$1.8M p/yr),
- **LD 907**, to better meet the needs of those with severe and persistent mental illness (\$100K p/yr)
- **LD 1178**, to reduce barriers to recovery from addiction by expanding eligibility for Targeted Case Management services to all who are receiving treatment for substance use disorder (\$2M p/yr),
- **LD 1236**, to increase the provision of children’s mental health services in rural areas of Maine (\$500K p/yr).

3. SUPPORT BEST PRACTICE MODELS OF CARE (Approx. \$5M):

- **LD 472**, to provide funding for the development of the Certified Community Behavioral Health Clinic (CCBHC) model of care in Maine, a model that not only provides comprehensive mental health and substance use services, but also provides immediate access to care. **The Governor committed to building this new model, and Maine is applying for a federal Demonstration Grant, BUT there is no funding in the budget to either match the Demonstration grant or continue development without the Demonstration grant** (\$2M one-time),
- **LD 540**, to establish more peer respite centers for adults with mental health challenges. (\$1M p/yr),
- **LD 1305**, to design and implement a community-based model of care that addresses the acute mental health needs of adolescents with co-occurring mental health and substance use disorders (\$1.5M one-time funds),
- **LD 2002**, to provide incentives to schools to contract for social work and family therapy services (\$1.3M p/yr),
- **LD 2083**, to ensure timely access and Medication Management across Maine. For many, medical management of mental health medications is the foundation for their successful integration into their communities and workplaces (minimal cost).

Thank you for your consideration of these requests to invest in the health and safety of your constituents, and our communities.