



# **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 of 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 21, 2023

#### **~ Officers ~**

**Dave McCluskey, President**  
Community Care  
**Greg Bowers, 1<sup>st</sup> Vice-President**  
Day One  
**Bob Descoteaux, 2<sup>nd</sup> Vice-President**  
MaineGeneral Behavioral Health  
**Kara Hay, Secretary**  
Penquis CAP Inc.  
**Ellen Bemis, Treasurer**  
roostook Mental Health Center  
**Eric Meyer, Past President**  
Spurwink

#### **~ Board Members ~**

Adcare Educational Institute  
ARC at Mid Coast Hospital  
Alternative Services, NE, Inc.  
Androskoggin Home & Healthcare  
Assistance Plus  
Catholic Charities, Maine  
Co-occurring Collaborative  
Serving Maine  
Christopher Aaron Center  
Common Ties  
Community Caring Collaborative  
Community Health & Counseling  
COR Health  
Crisis & Counseling Centers  
Crossroads Maine  
Genoa Healthcare &  
Telepsychiatry  
Kennebec Behavioral Health  
Maine Behavioral Health  
Organization  
Maine Behavioral Healthcare  
Milestone Recovery  
NFI North, Inc.  
Northern Light/Acadia  
Portland Recovery Community  
Center  
Pathways of Maine  
Rumford Group Homes  
Brighter Heights Maine  
Sunrise Opportunities  
Sweetser  
County Mental Health Services  
Wellspring, Inc.  
Wings for Children & Families  
Woodfords Family Services

Good afternoon Senators Rotundo and Baldacci, Representatives Sachs and Meyer, and members of both the Appropriations and Financial Affairs and Health and Human Services 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 strongly in support of today's sections of the budget – the DHHS Children's Services. Especially those pertaining to the Homeless Youth Program, Foster Care and Therapeutic Foster Care, and the critically needed investments in upgrading MaineCare Rates for the provision of behavioral health services to our youth.

Many of you have seen me before you for several years now, sharing our concerns that the system of care for children with behavioral health challenges is fraying and falling apart. We have pointed out the hundreds and hundreds of children awaiting services, the dozens of them sent out of state for their care (far from home and family). We have highlighted the children stuck in our hospital emergency rooms, and in youth corrections because there was nowhere else for them to go.

We have continually sought rate increases and rule changes (without great success most times) to better allow for evidence-based programs that can work with youth at the shallow end of the pool, in home and community treatment. However, in the 130<sup>th</sup> Legislature, working with legislators and the administration, we were all able to create a new MaineCare Rate Reform process that begins to address the stagnation of rates that led to this decrease in access that we have seen for over a decade.

There is proposed a \$237 million investment in federal and state funds to continue MaineCare and related payment improvements as well as make investments in the children's behavioral health system and opioid response. The proposed biennial budget has \$213 million in funds to continue these payment improvements, including related Office of Behavioral Health (OBH) and Office of Child and Family Services (OCFS) state-funded programs. It also includes \$17 million to address the urgent need to expand the range of services for children's behavioral health and \$7 million to target toward direct response to the opioid crisis.

We applaud the work the administration put into this budget proposal. It is a huge step forward. The Governor several times stated that this investment is “historic” and it is. **But please understand that it is not transformational.**

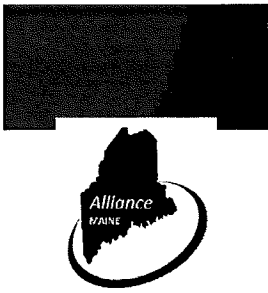
It is finally allowing history to better catch up to the current costs of providing these services in a system that had stagnant rates for 10 – 15 years. And as we all know; the pandemic has added to this burden and has intensified the demand and the wait times. These rate increases and new investments are **CRITICAL** to stabilizing our system of care for youth struggling with mental health and substance use challenges, and their families.

If these investments in the increased rates were to be cut from the budget, having been implemented in January of this year through the supplemental FY 23 budget, and allowing providers to start hiring and expanding services – it would collapse the entire system. **Please support these investments as proposed.**

In setting this new baseline from which to build, the department has come a long way to fixing many of the issues; that have broken our system of care for our most at-risk children. However, there will be other bills coming before the legislature, and especially the Health and Human Services Committee, this session that will add to this investment in our system of care, and work on many other parts that need attention. **Please also look closely at these initiatives as they come before you.**

Our community-based system of behavioral health care for our children has been at risk for years, it has been hit with cuts and withered with lack of attention -- this investment stops the bleeding and stabilizes the patient, but there is still much work to be done before it is healed.

Thank you for your time and attention to these issues.



**Alliance for Addiction and Mental Health Services, Maine**  
*The unified voice for Maine's community behavioral health providers*  
Malory Otteson Shaughnessy, Executive Director

**POLICY PRIORITIES FOR 2023**

**Dave McCluskey, President**  
Community Care  
**Greg Bowers, 1<sup>st</sup> Vice-President**  
Day One  
**Bob Descoteaux, 2<sup>nd</sup> Vice-President**  
MaineGeneral Behavioral Health  
**Kara Hay, Secretary**  
Penquis CAP Inc.  
**Ellen Bemis, Treasurer**  
Brookstock Mental Health Center  
**Eric Meyer, Past President**  
Spurwink

**~ Board Members ~**

Adcare Educational Institute  
ARC at Mid Coast Hospital  
Alternative Services, NE, Inc.  
Androscoggin Home & Healthcare  
Assistance Plus  
Catholic Charities, Maine  
Co-occurring Collaborative Services  
Maine  
Christopher Aaron Center  
Common Ties  
Community Caring Collaborative  
Community Health & Counseling  
COR Health  
Crisis & Counseling Centers  
Crossroads Maine  
Enova Healthcare & Telepsychiatry  
Kennebec Behavioral Health  
Maine Behavioral Health  
Organization  
Maine Behavioral Healthcare  
Milestone Recovery  
NFI North, Inc.  
Northern Light/Acadia  
Portland Recovery Community  
Center  
Pathways of Maine  
Rumford Group Homes  
Brighter Heights Maine  
Sunrise Opportunities  
Sweetser  
TriCounty Mental Health Service  
Wellspring, Inc.  
Wings for Children & Families  
Woodfords Family Services

1. **Invest in Behavioral Health Workforce.** Maine has seen a critical workforce shortage for behavioral health services for many years. Without adequate resources for equitable pay, many agencies see turnover rates of 40-50% for direct care staff. The Pandemic has only exacerbated this crisis. This adversely impacts those in need of these services by creating instability in the care provided and in the quality of that care.
  - a. Investment in direct service and clinical staff wages and benefits.
  - b. Streamline and reduce barriers to licensure for much needed direct care and clinical staff.
  - c. Provide incentives to enter the behavioral health field of work.
2. **Enhance and Expand Mental Health (MH) Services.** Many agencies have closed or reduced service offerings in recent years due to increasing administrative burdens, rules that hinder evidence-based care, and stagnant or unsustainable reimbursement rates. We have been left with inadequate access to care and with some services that cannot adhere to the fidelity standards of the models of care to truly meet the needs of those struggling with mental illnesses.
  - a. Restructure Home and Community Treatment for children to better meet best practices, and invest more in specialized services such as Multi-Systemic Treatment, and other evidence-based practices.
  - b. Restructure aspects of Medication Management services for persons with Severe Mental Illness to provide timely access, and to accommodate the various levels of support needed to sustain independence in our communities.
  - c. Restructure billing practices for adult residential MH care to assure continued access to these needed supportive living settings.
  - d. Invest in and restructure mental health services to bring home youth being treated out of state and far from their family and community.
  - e. Reduce administrative burdens with a national licensure "deemed status" similar to hospitals.
3. **Enhance and Expand Substance Use Disorder (SUD) Treatment Services.** The need for SUD treatment continues to grow in Maine and COVID-19 has only exacerbated the problems, as access to housing, work, and basic community supports have disappeared. With generational substance use now being seen in families across Maine, there is also an increase in the number of those ever-younger presenting with an increased complexity of co-occurring substance use and mental illness.
  - a. Invest in and expand access to residential SUD treatment options.
  - b. Invest in more case management for those in treatment for SUD to enhance and sustain their recovery.
  - c. Invest in recovery ready community supports, such as housing and community centers.