



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 619
An Act to Ensure Mental Health Coordination of Care for
MaineCare Members

March 16, 2023

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Good afternoon Senator Baldacci, Representative Meyer, and members of the Health and Human Services Committees. My name is Malory Shaughnessy and I am 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, providing services 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 support of LD 619, An Act to Ensure Mental Health Coordination of Care for MaineCare Members. This bill has several distinct parts and I would like to address them each.

First: Transportation to services. MaineCare does pay for non-emergency transportation (NET) already, but there are also limits placed on distance allowed for the travel to a MaineCare provider, which can limit access to the preferred or most appropriate provider. This would expand this service for MaineCare Members.

MaineCare Benefits Manual Chapter 2, Section 113.06-7 states that the NET is "generally limited to transporting the Member to MaineCare providers that are geographically proximate to the Member. These limits state that a MaineCare provider will be considered "a nearest appropriate provider if the distance between the Member's residence and the provider location is less than or equal to:

1. 30 Miles for non-pharmacy or waiver service providers in Urban areas.
2. 50 Miles for non-pharmacy medical or waiver service providers in Rural areas.
3. 15 Miles for pharmacies in Urban areas.
4. 30 Miles for pharmacies in Rural areas.

Second: Coordination of care. This is a critically needed service for MaineCare Members (both adults and youth) to assure that they are getting coordination of the services they need in a timely and efficient manner, with seamless support as they move from one setting to another, or between various services they are eligible to receive.

This would provide reimbursement for critical collateral contacts between the Members mental health professional, medical providers, psychiatric providers, residential providers, case managers, and if the Member is a child, with the parents or school personnel as long as the goal of the coordination or collateral contact is included in the goals of the individual treatment plan. Our reading of this language would also fix what is the constantly recurring problem of when someone has to be hospitalized and while

in-patient, the known case managers or mental health providers are excluded from coordinating care to assure success when the patient is discharged. Currently this is considered duplicative services even if it the best practice to assure stability for the Member's care.

We wholeheartedly agree that this is in the best interest of the MaineCare Member's treatment outcomes. We live in an increasingly complex world and coordinating services is difficult in the best of circumstances, but for someone in the middle of a mental health crisis, it is impossible. This expansion makes sense.

Third: Representative payee services. There can be many reasons why Social Security decides someone needs a representative payee. However, it's usually because they have information that indicated someone needs help in managing their money and meeting their current needs. Many people who face the challenges of severe and persistent mental illness or developmental disabilities need this assistance. When they receive this assistance from a fee for service agency, they can be charged 10% of their monthly benefit. Given the fact that Supplemental Security Income is only \$914 a month for 2023, that can make a dramatic impact. If they need this service due to their disability that makes them eligible for this income, it seems that this service should be one that is paid for by their MaineCare.

Fourth: Transportation to psychosocial clubhouse services. The Clubhouse model of psychosocial rehabilitation is a community mental health service model that helps people with a history of serious mental illness rejoin society and maintain their place in it; it builds on people's strengths and provides mutual support, along with professional staff support, for people to receive prevocational work training, educational opportunities, and social support. Some studies have shown that clubhouse participation helps people avoid psychiatric hospitalization, improves quality of life, and may improve social integration¹. If this is the case, and this is a MaineCare covered service that provides a therapeutic environment that assists in treatment and stability for those involved, it only makes sense that it would qualify for non-emergency transportation to a MaineCare service.

Fifth: Certified recovery coaches and certified intentional peer support specialist services. According to SAMHSA, "peer support workers 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. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process." This applies to both certified recovery coaches and certified intentional peer support specialists. As the titles state, these are people who have had extensive training and are certified for this work.

Maine has increasingly added peer supports to its services that have a wrap around support structure such as Behavioral Health Homes. Research shows us that "peer support specialists can uniquely contribute to the coordination of physical health and mental health services for individuals with serious mental illness."² It is time to add this as a reimbursable service in the MaineCare Benefits Manual.

I urge you to vote Ought to Pass on adding these important services and supports for MaineCare Members. Thank you for your time and attention to these issues. I would be happy to get you additional information for the work session.

¹ McKay, Colleen; Nugent, Katie L.; Johnsen, Matthew; Eaton, William W.; Lidz, Charles W. (31 August 2016). "A Systematic Review of Evidence for the Clubhouse Model of Psychosocial Rehabilitation". *Administration and Policy in Mental Health and Mental Health Services Research*. 45 (1): 28–47.

² M Storm, KL Fortuna, JM Brooks, SJ Bartels - Frontiers in psychiatry, 2020 - frontiersin.org. "Peer support in coordination of physical health and mental health services for people with lived experience of a serious mental illness."