



# 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 328

## **"An Act to Ensure Access to Federally Approved Opioid Overdose-reversing Medication"**

Sponsored by Senator Stewart

May 10, 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, 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, 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.

The Alliance is in strong support of LD 328, and the amended language presented today by Senator Stewart. We thank him for his advocacy and sponsorship of this legislation. LD 328 would update the rules governing a key evidence-based service for those facing the challenges of Severe and Persistent Mental Illness (SPMI). This is Assertive Community Treatment, or the ACT model of care, which emphasizes a wrap approach, with a multidisciplinary team providing intensive, individualized services to clients with SPMI living in our communities.

The ACT model is among the most widely and intensively studied intervention approaches in community mental health<sup>1</sup>. We know it works when done well and properly supported. We have seen it work well in Maine, when it was first developed here. However, due to changes to the rules made in 2010 combined with the stagnant rates, we have seen access to this service decrease steadily over the past decade to nearly half of what we once had. In this time period, the need has only increased and we have seen the impacts in rising demand on our crisis services, and in our emergency rooms.

This bill is really quite simple

- 1 There should be no fiscal note. The rate increase and the change to a weekly rate (which is more appropriate for this type of team-based wrap around service) was addressed in the recent rate reform process.
- 2 This bill will simply align the rules governing this service to more closely adhere to the research-based criteria and recommendations.

Please listen to the researchers that have studied this service since the 1980s, and the providers that have been serving this population for decades. Please give this legislation a unanimous Ought to Pass vote. Thank you.

<sup>1</sup> Mueser, K T, Bond, G R, Drake, R E, & Resnick, S G (1998) Models of community care for severe mental illness. A review of research on case management. *Schizophrenia Bulletin*, 24, 37-74