Alliance for Addiction and Mental Health Services, Maine

The unified voice for Maine's community behavioral health providers

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Testimony in Support of LD 2223
Resolve. To direct the DHHS to amend rules and establish study group related to funding and reimbursement for Mental Health crisis resolution services

Sponsored by Senator Stewart
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Good afternoon Senator Baldacci, Representative Meyer, and esteemed members of the Joint Standing Committee on 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 much-needed services, providing care 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 and the tens of thousands of youth and families that they serve, I am here today to speak in support of LD 2223 **Resolve. To direct the DHHS to amend rules and establish study group related to funding and reimbursement for Mental Health crisis resolution services.**

This legislation has to do with our Crisis Resolution Services across Maine. **As I am sure you have noticed already, this committee has several bills before it this year that address crisis services in one way or another. From this fact alone, I think you can deduce that there is a crisis in the demand for crisis services.**

In the past few years, drug overdoses and suicides having overtaken traffic accidents as the two leading causes of death among young Americans ages 25-44. The COVID-19 pandemic has further underscored the dramatic need for behavioral health services, including crisis services.

I think this bill stemmed out of these concerns that have been shared with Senator Stewart from providers, especially ones in his rural Senate District.

Coming from many different angles, these various bills are seeking more investment in crisis services, more diversity of service access, more peer staffing, more locations to go to in a crisis beyond the emergency room, more ways for our law enforcement to address issues and concerns that arise in their day to day community policing, and an expansion of this service to meet the growing needs in our communities.

Currently, the department is in a process of redoing the mobile crisis response system, by changing the rules, the staffing requirements, and the reimbursement rates. They have reached out to share these new ideas with providers, and have sought comments. However, as is the way this process goes, this is usually a case of them sharing their drafts and asking for comments, rather than a fully bi-directional conversation with the providers of these services as to what would work to truly build out and sustain these services to meet our community needs.

Also, in this current process, the department is focusing on the mobile crisis response system and not a full and robust discussion about how this aspect of crisis response fits into the whole of the crisis response system, which includes the Crisis Stabilization Units, as well as the new Crisis Receiving Centers...and should include how they interact with the newly developing Certified Community Behavioral Health Clinic (CCBHC) model of service. We are one of the only states that is developing this CCBHC model of care that excludes crisis response from the menu of services to be offered within it.

Section 1 of this bill is a directive to develop a reimbursement model for the crisis resolution services described in Section 65 of the MaineCare Manual that is designed as an annual cost reimbursement model, not a per encounter basis model. The reimbursement model must be designed to fully cover the staffing and operational costs of any service provider to operate on a 24-hours-per-day, 7-days-per-week basis. This change to the reimbursement model would enable the creation of a "fire house" model of crisis response, which refers to mobile crisis services providers who are "on-call" and able to be dispatched at all times to anyone in crisis regardless of insurance status – similar to other emergency services like fire departments.

This bill would, in Section 2, provide for a working group to review and discuss this larger landscape of crisis response and how it all fits together, and make plans that will integrate the different parts, expand access to crisis services across Maine, and find a way to fund mobile crisis response to become what could truly be called a "fire house" model of care. This may ultimately include working with commercial payers, employers and others to ensure adequate coverage and funding for crisis services beyond MaineCare. **Given this, the report back in January 2025 might need to be an interim report, with a final one coming in January 2026.**

Currently, MaineCare can reimburse for crisis services delivered to MaineCare covered individuals only. Many private insurers do not cover crisis services. Taken together, these factors force states and localities to subsidize crisis services for insured and uninsured individuals alike using federal, state and local funds if they want to truly create a "fire house" model.

There are many examples of new best practices within the field of crisis response, and many valuable studies that have come out in the past few years in response to the growing need for crisis response across the country. One of these I would urge you to review is from the National Council on Mental Wellbeing, our national affiliate, the Roadmap To The Ideal Crisis System[1].

Please vote Ought to Pass on the amended version of this legislation as we must better organize and fund our crisis system of care. Thank you.

[1] https://www.thenationalcouncil.org/resources/roadmap-to-the-ideal-crisis-system/