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March 25, 2021

Senator Ned Claxton, Chair
Representative Michele Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 512 – An Act To Provide Intensive Case Managers to Counties That Do Not Have County Jails or Regional Jails

Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

This letter is to provide information on LD 512, An Act To Provide Intensive Case Managers to Counties That Do Not Have County Jails or Regional Jails.

This bill directs the Department to create additional Intensive Case Manager (ICM) positions to be assigned in counties that do not have a county or regional jail and based in a county or regional jail or, in the absence of a county or regional jail, in the county sheriff's office. The bill outlines the proposed duties of these ICMs as overseeing persons who are detained by a law enforcement officer and who have intellectual disabilities, mental health conditions, or have misused substances; and connecting them to the services for which they qualify, working with the court system to ensure they receive due process, assisting them in applying for and receiving MaineCare benefits, and monitoring the incarcerated individual for at least sixty days after reentering the community.

The duties outlined in this bill are fewer, less comprehensive, and sometimes at odds with the current responsibilities of existing ICMs. While the ICMs collaborate with members of the Office of Aging and Disability Services (OADS) regarding individuals with intellectual disabilities, because ICMs are based out of the Office of Behavioral Health (OBH), the Single State Agency on mental health and substance use disorders, they are not and should not be responsible for overseeing individuals for which OADS has responsibility, funding, and expertise; but can and do continue to work with OADS to collaboratively best serve these individuals. Current ICM duties include coordinating community care referrals for incarcerated defendants, attending Mental Health Dockets, engaging with defense attorneys in discharge planning, providing warm handoffs to community providers, and monitoring community-based defendants found Incompetent to Stand Trial, to name a few. With respect to the proposed bill, following an individual for sixty days after reentering the community could result in a duplication of services. To avoid a duplication of services, ICMs monitor the individual until a connection to services is made, which often occurs sooner than sixty days.

There are currently sixteen ICMs stationed throughout the state. Those sixteen ICMs are supervised by two ICM supervisors who are based at OBH in Augusta. Currently, some counties, such as Washington and Hancock, and Waldo and Knox, share an ICM, and Two Bridges Jail covers both Lincoln and Sagadahoc counties. There is also an ICM based at the Intensive Mental Health Unit (IMHU) at the Maine State Prison and an ICM assigned to the Maine Correctional Center (MCC) in Windham twenty hours per week. The Department does not have exclusive control over where an ICM can be based, as this is determined by the capacity and willingness of the jail or sheriff's office.

LD 414 from the 129th Legislature, First Regular Session ended with an amendment passed striking all language and provided funding for four ICMs before dying upon the conclusion of the 129th Legislature. A Justice and Health Team has been included as a budget initiative in the Governor's biennial budget proposal and would add 10 additional ICM team positions to OBH. This would further expand our capacity to serve incarcerated individuals as well as community-based diversion away from the justice system across the state. Your support of this budget initiative is appreciated, and if it is included in the final package, it would achieve the desired goal of providing robust services to individuals with behavioral health disorders during incarceration and upon reentry into the community.

We wanted the Committee to be aware of the above information as you consider this bill going forward. If you have any questions, please feel free to contact me.

Sincerely,

Jessica Monahan Pollard, PhD, Director
Office of Behavioral Health