

OFFICE OF POLICY AND LEGAL ANALYSIS

Date: May 11, 2021
To: Joint Standing Committee on Health & Human Services
From: Anna Broome, Legislative Analyst

LD 968 Resolve, To Expand Mental Health Crisis Intervention Mobile Response Service

SUMMARY: This resolve requires the Department of Health and Human Services to expand mental health crisis intervention mobile response services to provide services 24 hours a day, 7 days a week to the entire State. The department is directed to do this using funding provided for a request for proposal for behavioral health crisis center services.

LD 1586 An Act To Strengthen Statewide Mental Health Peer Support, Crisis Intervention Mobile Response and Crisis Stabilization Unit Services and To Allow E-9-1-1 To Dispatch Using the Crisis System

SUMMARY: Part A of the bill requires increased resources to the statewide crisis lines and warmlines. Also requires DHHS to work with DoL to access grant funding to provide training and workforce development for peer support. Includes an appropriation in each year of \$45,469.

Part B requires CIPSS and recovery coaches, mental health law enforcement officers collocated in law enforcement agencies and mental health professionals at E911 dispatch centers. Also requires support for ancillary services including travel costs, travel time. When the contract is renewed in October, must include a cost-settlement reimbursement mechanism and peer support services. Part B includes appropriations for mobile outreach peer support specialists; certified intentional peer support specialists and recovery coaches; mental health law enforcement officer liaisons collocated in law enforcement agencies and E911 dispatch centers; community debriefing and critical incident response services; and ancillary services. Includes appropriations in each year of \$2,990,081.

Part C requires CIPSS and recovery coaches as part of mental health crisis stabilization unit services and other resources needed in public health districts. Requires DHHS to reimburse for peer support services as part of health

crisis stabilization units under the MaineCare program beginning October 1, 2021. Includes an appropriation of \$1,265,753 in each year

Part D requires a public education campaign to educate the public and work with law enforcement agencies to ensure knowledge of availability of services. Includes an appropriation of \$100,000 in each year.

Sponsor request amending the bill to remove E911 from the bill.

ISSUES FROM TESTIMONY:

- Sponsors and proponents: the crisis system in Maine is built to respond to behavioral health crises but is vastly underfunded. Map of 8 districts, 7 agencies and number of mobile crisis workers sent separately. Law enforcement often have to respond – end up in hospital or jail. Needs to work all the time to be a reliable alternative to law enforcement.
- The bill includes peers in all parts of the crisis system – it was included in the last RFP but dropped in the implementation. DHHS is again working on peer support MaineCare code issue.
- FEMA funding supplementing the warm line will end May 2022.
- Alliance: need to amend Sec. 2 – fee for service model doesn't work for crisis – need to revert back to a cost-settled model for all crisis services not just crisis mobile response services. Also request to remove Part D (public education).
- Opponents to LD 968 diverting the funding from the crisis center.
- DHHS: Over the past year, average of 17% of calls to the Maine Crisis Line are referred to mobile crisis; average response time of the MCL is 6 seconds, 83% of adults and 81% of children are seen by mobile crisis within 2 hours and 66% of adults and children are seen in less than an hour. Of those seen by mobile crisis since October 2019, on average 2.5% were involuntarily hospitalized and 18% voluntarily psychiatrically hospitalized. Missing component is Crisis Center (or receiving center) and unclear why the proposal in LD 968 defunds the RFP for a crisis center to fund mobile crisis. With a crisis center, Maine will have all three of the components of SAMHSA best practice (someone to talk to, someone to respond, somewhere to go). ARP included enhanced FMAP of 85%

for mobile crisis. Anticipate the roll out of the 988 behavioral health crisis number next year. Rate review is examining how crisis services are reimbursed. CSU terminology are 24/7 up to 24 hours with peer support; residential services are up to 7 days.

DRAFTING ISSUES:

- Request for removing E911 from LD 1586.
- Is crisis stabilization units in Part C used correctly?

ADDITIONAL INFORMATION REQUESTED BY COMMITTEE:

- Cumberland County crisis center budget proposal.
- Crisis funding over time.
- Information about the peer support being dropped from the implementation of the RFP.
- Better outcomes in other states? (Betsy)

FISCAL IMPACT:

OFPR preliminary fiscal impact statement for LD 968: potential current biennium cost increase to GF. The bill requires DHHS to utilize funds currently allocated to a specific RFP to expand mental health crisis intervention mobile response services for 2/4 services. DHHS notes that this service is already being provided statewide 24/7. The bill provides no new funding and if some changes are identified, any new unfunded costs could have an impact on other programs in DHHS.