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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 1586 An Act to Strengthen Statewide Mental Health Peer Support, Crisis Intervention Mobile Response and Crisis Stabilization Unit Services. And Allow E911 to Dispatch to the Crisis System Sponsored by Representative Warren

May 3, 2021

Good morning Senator Claxton, Representative Meyers, and esteemed members of the Joint Standing Committee on Health and Human Services. I am Malory Shaughnessy, a resident of Westbrook, and the Executive Director of the Alliance for Addiction and Mental Health Services.

On behalf of the Alliance, I am here in support of LD 1586. This legislation would both enhance and expand the services available through our behavioral health crisis response system.

LD 1586 would basically do 4 things: (1) increase funding for crisis services to include peer support, crisis lines, crisis intervention mobile response and crisis stabilization units; (2) provide funding for ancillary services for mobile response services, including necessary travel and telephone conferences with clients; (3) ensure that the public knows about these services by funding a public education campaign to highlight the availability of these services; and (4) it would create a framework whereby the E-9-1-1 system can dispatch using the crisis system in response to a mental health emergency, as well as adding additional training for law enforcement.

I want to take these parts of the legislation one by one, starting with the 4th one. I believe this section will need to be adjusted to align with the new federally designated 9-8-8 crisis response three-digit number coming online in 2022. There is a whole process being developed for this new easy to remember number which would include having "mental health professionals with crisis services expertise" responding. The additional training for law enforcement would be very beneficial, and we would hope to see this happening.

The 1st part of increasing funding to enhance peer support, crisis lines, crisis intervention mobile response and crisis stabilization units is desperately needed. As a member of the Working Group on Mental Health in 2019, and a member of the crisis services subgroup, I can tell you that the discussion with the task force quickly went to the gaps in our system of care for those struggling with mental health crises. It also went to the unfortunate situation wherein law enforcement is too often the only response available in the wee hours of the night when too many crises occur.

At our meetings we heard that our law enforcement community does not know what to do when they get a call due to someone in a mental health crisis in the middle of the night. We heard out that ride-alongs of crisis workers with police have largely been lost due to budget cuts, that the Crisis Stabilization Units are too few and far between, and that mobile response is largely nonexistent across the state of Maine.

We heard that when they call the crisis line, many people say they are often told to just go to the Emergency Department or meet the crisis team there. We heard that there are often not any openings in the crisis stabilization units when they are needed.

We do desperately need to invest more in these crisis services.

The 2nd part of this legislation that provides funding for ancillary services for mobile response services, including necessary travel and telephone conferences with clients <u>may need some amending to truly</u> <u>meet the need that exists</u>. Currently, the department does already offer some ancillary payment support for travel and phone time, as the fee for service model it moved to in 2018 really does not work for crisis services. However, the rules on this ancillary funding does not cover all of the associated costs for providing crisis services. Many providers find that they still have deficits in their budget in many areas, while having to send money back to the state at the end of the year. <u>Moving these services back to a cost settled payment model would work to end these deficits and make the system much more robust</u>.

The bill calls for moving only <u>crisis mobile response services</u> back to this system by October 1, 2021. <u>The</u> <u>Alliance would urge that this line be amended to move ALL CRISIS services back to a cost settled</u> <u>approach.</u> The system has been deconstructing ever since it moved to a Fee For Service approach. It is akin to saying that you will only pay the fire department on a per fire basis. It would not work. And it does not work for maintaining a robust crisis response system.

And finally, the 3rd part to this legislation is the public education campaign. We agree that this is a needed service to alert people to the services available. However, we do believe that the department has been doing a good job of this -- especially during the covid pandemic. The will also need to do more outreach and education for the new 9-8-8 crisis call line so think this part of the legislation might want to align with that effort.

We thank Representative Warren for her continued work and persistence on seeking to enhance and expand mental health crisis services. We thank you all for your attention to this issue, and I would be happy to bring additional information to the work session if needed.

With 35 members, the **Alliance** is the state association for Maine's community based mental health and substance use treatment providers. 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. All Mainers should have full access to the continuum of recovery-oriented systems of care for mental illness and substance use disorder – from prevention through treatment and into peer recovery support.

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