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Testimony of Rep. Charlotte Warren presenting

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~~

Before the Joint Standing Committee on Health and Human Services

Good morning, Senator Claxton, Representative Meyer and esteemed members of the Health and Human Services Committee. I am Charlotte Warren, and I represent Hallowell, Manchester and West Gardiner. I also serve as the House chair of the Criminal Justice and Public Safety Committee. I have served as a member of the Criminal Justice Committee for seven years. I am also a Social Worker.

Thank you for the opportunity to present to you 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. You will notice in the title of my testimony; I have struck through "and To Allow E-9-1-1 To Dispatch Using the Crisis System". The reason for that change is simple, we are working on that policy change through another bill in EUT, the committee with E-9-1-1 oversight. With leave of the chairs, I respectfully request that I might work with one of your analysts to properly amend the bill to remove the E-9-1-1 language.

During the 129th session, this committee unanimously endorsed Senator Breen's Resolve to establish the Working Group on Mental Health. I co-chaired that group alongside Senator Breen and I have attached the final report to my testimony.

The Working Group on Mental Health was tasked with reviewing the State's mental health system and proposing a mental health plan for the State (link to final report included below testimony). As part of its review, the working group examined:

1. Information on total state and federal dollars spent on children's and adult behavioral health care as coded by Medicaid and where those dollars are currently spent;

2. Access to mental health care in the State, including issues associated with waiting lists, geographic barriers to access and lack of adequate reimbursement to community-based programs that prevents those programs from reaching optimum capacity;

3. The quality of outcomes;

4. The costs required to provide mental health services in emergency rooms, inpatient settings, homeless shelters, jails and prisons as compared with the costs required to provide mental health services such as medication management, daily living support, peer support and other therapies provided in community-based settings;

5. An assessment of assets and deficits; and

6. The projected effect of MaineCare expansion on the provision of mental health services.

Members of the Working Group were appointed by the Senate President and the Speaker of the House; the Commissioner of Health and Human Services and the Commissioner of Corrections, or their designees, were ex officio members. The Department of Health and Human Services provided staffing with support from the Office of the Senate President.

In addition to formal appointees, several interested parties attended and participated in the Working Group, including but not limited to Law Enforcement members, Community Housing of Maine, Maine Association of Psychiatric Physicians, Shalom House, Volunteers of America, Maine Hospital Association, the Maine Judicial Branch, members of the Maine Prosecutors Association, and members of the Defense Bar.

The bill before you today is a product of the working group. Further, the proposal does not involve creating something new. Our state already has what other states are trying to build; Maine already has a best practice crisis responses system, but it is vastly underfunded. This legislation appropriates funding to strengthen existing community-based crisis services and provide care to patients who do not need hospital-level care, and who certainly don't belong in jail.

Over 80 percent of residents of our county jail system receive medications to treat mental illness.

Over 80 percent.

Cumberland County Sheriff Kevin Joyce has stated repeatedly that he is running the state’s largest mental health facility.

Our County Jail system costs us $100 million dollars a year.

We're relying incarceration to house mental health patients. That's not fair to patients, it's not fair to our jails and it's not fair to our taxpayers.

Jail is an expensive and ineffective response. I can assure you that there is nothing therapeutic about a 6 foot by 8 foot jail cell. Jails are loud, steel-on-steel door slamming environments created to punish.

Locking someone up who is experiencing mental illness is not only cruel, it's traumatic and damaging; it costs us more and ensures that resources will be spent for a longer amount of time.

But, in Maine, we simply don't have the capacity in our mental health system to care for all those who require help. That's because within our current system, law enforcement officers are the first responders. And, when police respond, there are only two options: county jail or the local hospital. These options are the most expensive and the least effective.

As this committee is well aware, a high volume of individuals with mental health concerns have also been arriving at emergency departments (EDs) in need of care, swamping our healthcare system. Mental health concerns are the number one reason for unnecessary visits to emergency departments nationwide. Unneeded hospitalization of mentally ill patients is detrimental to individuals, hospitals, and taxpayers alike.

Adequately funding our community-based crisis response services, including the already existing hotlines, mobile crisis units and crisis stabilization units placed throughout Maine could fill a critical gap in our mental health system and allow our law enforcement officers to focus on their job - protecting public safety.

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit (link below), the three-core structural or programmatic elements of a crisis system are:

1. Regional Crisis Call Center,
2. Crisis Mobile Team Response and
3. Crisis Receiving and Stabilization Facilities.

Again, the good news is we already have these three components in Maine. With adequate funding, the crisis system could provide a warm hand-off from law enforcement to crisis trained professionals. The bad news is they are vastly underfunded. And when our already-stretched-thin law enforcement community reaches out for support regarding a call for service that requires a mental health response, there's not enough capacity in the crisis system to respond.

SAMHSA's National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit also discusses indicators of insufficient capacity. "Signs of insufficient resources will include, but are not limited to, psychiatric boarding in emergency departments, incarceration for misdemeanor offenses when connection to urgent care is the preferred intervention and misalignment of service intensity to the actual need of the individual served. Misalignment and the absence of a continuum of care often results in a defaulting to placement in more restrictive environments or minimal connection to outpatient care."

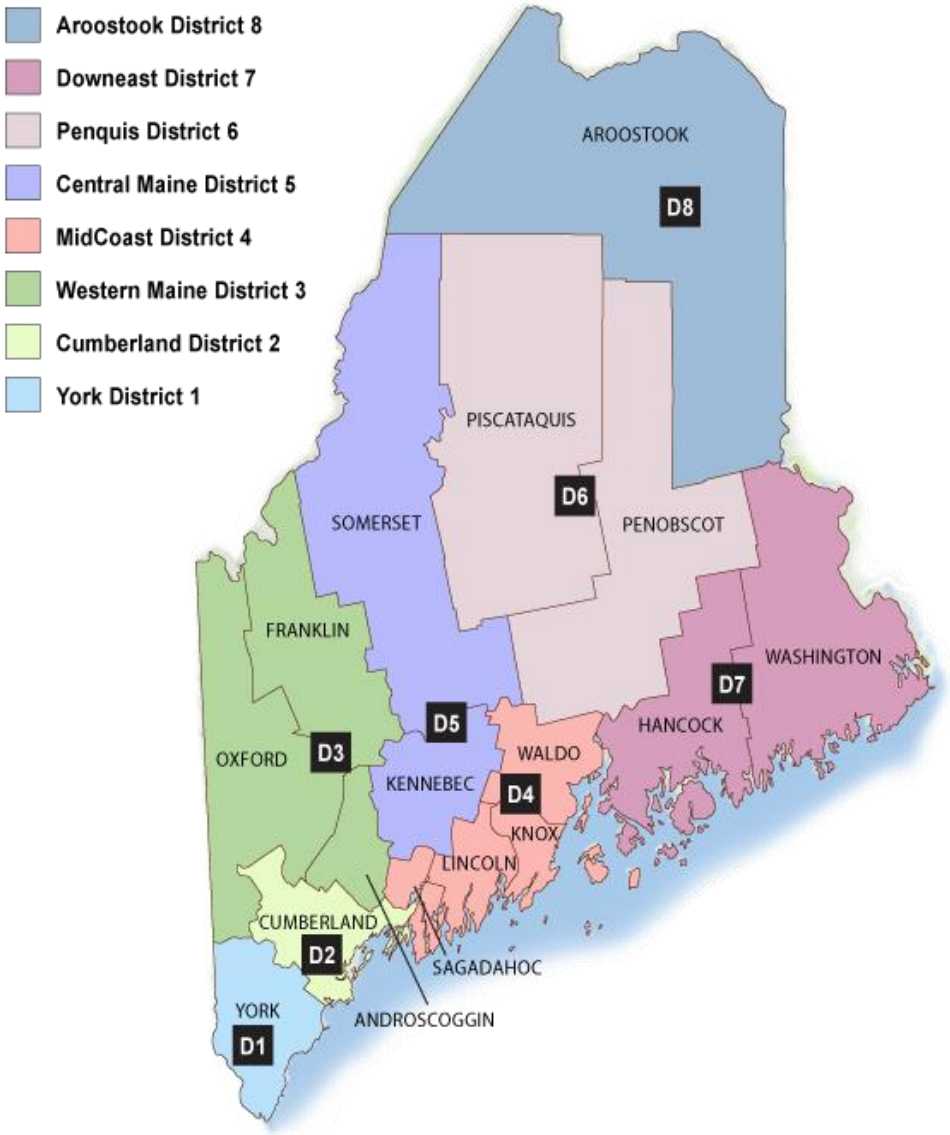
This proposal aims to adequately fund Maine's crisis services. It will be a wise investment, both fiscally and morally. Let's help take the burden off our police, our jails and our taxpayers and get Mainers the care they deserve.

Working Group on Mental Health, Maine State Legislature, 129th First Regular Session FINAL REPORT, January 2020: https://legislature.maine.gov/doc/3874

Substance Abuse and Mental Health Services Administration's (SAMHSA) National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit: https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

Maine DHHS Districts

Behavioral Health Services by District



Maine DHHS Districts

Behavioral Health Services by District

District	Population	Total Sq. Miles	Crisis Services Provided	Community-Based Organization
York, District 1	204,316	1,270	Crisis Mobile Response - 8 full time crisis workers Adult Crisis Stabilization Unit (Saco) – 6 beds Children/Adolescents Crisis Stabilization Unit (Saco) – 9 beds	Sweetser
Cumberland, District 2	292,307	1,217	Crisis Mobile Response - 12 full time crisis workers Adult Crisis Stabilization Unit (South Portland) – 8 beds Crisis Mobile Adult Crisis Stabilization Unit (Brunswick) – 7 beds	The Opportunity Alliance Sweetser
Western Maine, District 3	195,134	4,416	Crisis Mobile Response - 15 full time crisis workers Adult Crisis Stabilization Unit (Lewiston) – 7 beds Adult Crisis Stabilization Unit (Rumford) – 4 beds	Sweetser Oxford County Mental Health Services Western Maine Behavioral Health
Mid Coast, District 4	148,951	2,214	Crisis Mobile Response - 5 full time crisis workers Adult Crisis Stabilization Unit (Rockport) – 7 beds Children/Adolescents Crisis Stabilization Unit (Rockport) – 8 beds	Sweetser

Maine DHHS Districts

Behavioral Health Services by District

District	Population	Total Sq. Miles	Crisis Services Provided	Community-Based Organization
Central Maine, District 5	172,273	5,045	Crisis Mobile Response - 16 full time crisis workers Adult Crisis Stabilization Unit (Augusta) – 4 beds Adult Crisis Stabilization Unit (Skowhegan) – 4 beds Children/Adolescents Stabilization Unit (Winslow) – 5 beds	**Crisis & Counseling Centers**
Penquis, District 6	168,610	7,935	Crisis Mobile Response - 9 full time crisis workers Adult Crisis Stabilization Unit (Brewer) – 8 beds Children/Adolescents Crisis Stabilization Unit (Bangor) – 6 beds	**Community Health & Counseling Services**
Downeast, District 7	86,092	5,603	Crisis Mobile Response - 11 full time crisis workers Children/Adolescents Crisis Stabilization Unit (Calais) – 5 beds	**Aroostook Mental Health Center**
Aroostook, District 8	67,809	6,828	Crisis Mobile Response - 11 full time crisis workers Adult Crisis Stabilization Unit (Presque Isle) – 5 beds Children/Adolescents Crisis Stabilization Unit (Fort Fairfield) – 6 beds	**Aroostook Mental Health Center**