

**Additional information for LD 1968 provided by the sponsor, Representative Talbot Ross**

**LR 2352/LD 1968, An Emergency Act To Expand Access to Mental Health and Crisis Care**

Maine is suffering from a mental health emergency. Too many defendants with serious and persistent mental illness and substance use disorder are stranded in Maine's prisons and county jails, which have become the default placement this population. We need more pathways to alleviate this crisis, which includes permanent supportive housing options for this population. It has been demonstrated that once housed with adequate support, this population all but stops touching our criminal justice system and hospitals. Other areas of need include (1) a supply of community based intensive case managers commensurate with need; (2) access to inpatient and residential psychiatric beds for psychiatric emergencies and crises; (3) funding for low barrier access wraparound support for populations experiencing long term homelessness with frequent interactions with jails and hospitals to assist with access and retention with housing.

LR 2352/LD 1968 will:

1. **Immediately remove barriers to permanent supportive housing for this population** (the optimal outcome), and to examine and **remove barriers to admission to crisis care, licensed psychiatric facilities, detoxification, and recovery residences**, which are a part of the cycle of proper care for this population.
2. **Create clear pathways to the development of permanent supportive housing for this population commensurate with need within a rapid timeframe.**
3. **Increase the supply of community-based Intensive Case Managers who can flexibly wrap services around this population and stay with them through to stable housing and permanent success there and increase access to ACT Team services.**
4. **Require the Department of Health and Human Services report on service locator project data regarding inpatient and community beds by geographic region, establish a telehealth behavioral health service for jails, and establish secure residential facilities.**
5. **Allow necessary updates to 15 MRSA 101.**
  - Insert “community ACT team” reference in 101(D)(4)
  - When a court orders commitment, ensure there is a clear and reasonable timeframe for the appropriate placement. Placement shall take place within 30 days.

**Overview/Broad General Goals of this Legislation:**

**Immediately remove barriers to permanent supportive housing for this population** (the optimal outcome), and to examine and **remove barriers to admission to crisis care, licensed psychiatric facilities, detoxification, and recovery residences**, which are a part of the cycle of proper care for this population.

- Barriers to admission to crisis care, licensed psychiatric communities, detoxification, and recovery residences come from lack of beds, lack of being able to determine availability of beds, lack of available paid beds, lack of MaineCare funded beds, transportation issues, medication barriers, having a history of homelessness prior to entry. This bill works to solve these issues.
- Transportation – This bill creates Community Case Manager positions, described below, to solve transportation issues.
- Financial means to access treatment – This bill aims to solve the barriers created by lack of financial access to treatment for members of this population.

- Crisis Care – This bill works to increase the supply of crisis facilities by setting up facilities so they can directly bill for services related to appropriate placements. This includes crisis facilities, detoxification facilities, and psychiatric facilities.

**1. Create clear pathways to the development of permanent supportive housing for this population commensurate with need within a rapid timeframe. In response to the mental health emergency, offer landlord and developer incentives to:**

- Provide no less than 50 and up to 200 units of permanent supportive housing to homeless Mainers suffering from serious and persistent mental illness who frequently interact with the criminal justice system, and there will be no less than 50 units developed within the next four years. Geographic spread across the state would be encouraged.
- Provide specialized treatment centers and access to care for nonviolent jailed individuals suffering from serious and persistent mental illness when diversion is recommended by prosecutor and approved by judge.
- Have MaineHousing use the tools at their disposal including the Low Income Housing Tax Credit program to create more permanent supportive housing (PSH) for this population.
- Ensure adequate and ongoing housing-focused supports will accompany the housing helping to engineer success for each tenant.
- Provide project based rental subsidies to the units dedicated to PSH for this population allowing deeply targeted affordability.
- Use Housing Trust Fund (HTF) and State HOME funds or whatever subsidy source is available for PSH to target this population and ensure adequate ongoing support services will accompany this housing.
- Ensure that each member of this population is adequately supported with permanent and ongoing case management for success in the housing.
- Have MaineHousing, working with the recovery and treatment community, design a strategy and model for effectively producing permanent supportive housing for this population. Action can be accepting proposals from organizations developing the necessary permanent supportive housing for the population.
- Considerations need to be made for appropriate billing structure under case management and billable services/needs of population, including ability to transport and bill, collateral contacts to coordinate, and team meetings.

**2. Increase the supply of community-based Intensive Case Managers who can flexibly wrap services around this population and stay with them through to stable housing and permanent success and increase ACT Team capacity by ensuring reimbursement allows for the hiring and retention of a supply qualified staff commensurate with need.**

- Fund 35 additional Community Intensive Case Managers (ICMs). Their job will be to provide outreach and continuity support from homelessness or incarceration through to permanent success in housing.
  - Provide funding for training and staffing of 35 additional ICMs who oversee mental health progress of homeless and/or jailed individuals suffering from mental health impairment. A significant number of these positions should be placed in major service center communities.

- Community ICMs shall:
  - Interface with community, including jails, hospitals, and law enforcement to place persons in housing and treatment
  - Be assigned to homeless Maine citizens suffering from serious and persistent mental illness and substance use disorder to assist with placement in housing and treatment
  - Provide continuity between all systems touched by this population including family.
  - Be community based (not jail-based) and work with people while incarcerated or jailed to have an exit plan to housing, and work with people when released from jail and out in the community, to provide continuity in finding, securing, and maintaining success in housing.
  - Provide transportation to members of this population to appropriate placements including crisis facilities, detoxification facilities, psychiatric facilities.

**3. Require the Department of Health and Human Services report on service locator project data regarding inpatient and community beds by geographic region, establish a telehealth behavioral health service for jails.**

**Section 1** - The Department shall provide an update to the Joint Standing Committees on Health and Human Services and Criminal Justice and Public Safety on the status of its efforts to develop a substance use and mental health treatment service locator tool no later than January 2, 2023.

**Section 2** – The department shall create a report on the number of licensed acute psychiatric inpatient beds and community residential treatment beds for individuals with mental illness, with substance use disorder, with intellectual and developmental disabilities, and for children with behavioral health diagnoses in each geographic region of Maine. The report must also include data on occupied beds, total staffed beds, beds not available and barriers that limit bed availability, and the number of beds closed. The report shall establish a 5-year baseline of data and reporting of current data every 6 months. Reports shall be provided to the Health and Human Services Committee

**Section 3** – DHHS in collaboration with DOC and the Jails shall conduct an analysis of telehealth behavioral health services currently provided to individuals in the York County jail and then establish a statewide system of telehealth behavioral health services for individuals in jails for each county location in Maine.

**Section 4** – DHHS shall ensure there is adequate availability of appropriate residential treatment in the least restrictive setting possible in the state in geographically diverse areas of the state, for adults and children with high levels of behavioral health needs who are at increased risk of involvement with the criminal justice system or whose behaviors require high levels of staffing. The department shall provide an update to the Joint Standing Committees on Health and Human Services and Criminal Justice and Public Safety on the status of its efforts no later than January 2, 2023.

- 4. Allow necessary updates to 15 MRSA 101(D)(4) & (5).**
- Insert “community ACT team” reference in 101(D)(4)

- When a court orders commitment, ensure there is a clear and reasonable timeframe for the appropriate placement. Placement shall take place within 30 days.

**Updates to 15 MRSA 101(D)(4) & (5).**

4. Will be supplemented with the following language:

The court may commit the defendant to the custody of the Commissioner of DHHS for placement in an appropriate institution for the care and treatment for people with mental illness, *including an Assertive Community Treatment (ACT) team*.