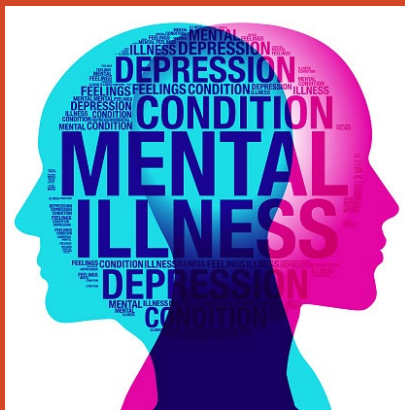


Mental Health Summit: Reimagining Community Services in Maine

November 30, 2021 – Augusta Civic Center



Alliance for Addiction and Mental Health Services
Behavioral Health Community Collaborative
Consumer Council System of Maine
Disability Rights Maine
MaineHealth
NAMI - Maine
Pathways
School of Social Work at USM

The Summit Highlighted Our Current Crisis

- There are only 87 mental health crisis workers for the entire state (compared to over 2,500 law enforcement officers) leading to saturated involvement of the criminal justice system instead of the health care system.
- As of November 20, 2021, over 2,300 people wait for openings for outpatient mental health treatment.
- MaineHealth reported that 32 out of 45 emergency department beds are filled with individuals waiting for discharge for residential mental health care.
- More than 70 children are in out-of-state treatment centers due to a lack of capacity in Maine-based organizations (leading to isolation from families).



The Summit Highlighted Our Current Crisis

- Over 260 residential treatment beds for children remain empty due to lack of staffing.
- Children experiencing a psychiatric crisis languish for days and sometimes weeks in beds in hospital emergency department hallways waiting for placement options.
- Local county jails have become the holding tanks for adults experiencing a mental health crisis leading to further decompensation for many.
- In the past year over 20 mental health residential programs (private non-medical institutions) in Maine have closed due to deficits in their finances and consequential lack of staffing.



The Summit Highlighted Our Current Crisis

➤ *12 or more Mainers die each week due to opioid overdoses.*



Maine lacks a functional behavioral health care system, and we do not have an adequate strategic plan for our behavioral health system of care. Maine lacks access to consistent, quality behavioral health treatment and social services.

Maine is not alone given the **American Academy of Pediatricians** have announced a 'state of emergency' for children's behavioral health services in America.

Media Coverage

Need for faster mental health care is focus of Augusta summit addressing ‘cracks in the system’

<https://www.centralmaine.com/2021/11/30/need-for-faster-mental-health-care-focus-of-augusta-summit-addressing-cracks-in-the-system/>

Calls increase to fix Maine’s mental health care system

<https://www.newscentermaine.com/article/news/health/mental-health/the-er-is-no-place-for-kids-in-crisis-calls-grow-to-fix-maines-mental-health-system-brain-anxiety-depression/97-f99cad42-00c0-4933-b9e1-3b0b10f946f8>

Critical mental health teams in Maine under financial strain

<https://www.newscentermaine.com/article/news/health/mental-health/critical-mental-health-teams-in-maine-under-financial-strain-economy-funding/97-f37a3bee-d1d7-46f4-a644-4a062c5f9984>

Solutions Discussed Included:

- Access federal funding to increase reimbursement rates allowing providers to immediately increase salaries to recruit new professionals.
- Cross-sector collaboration between health systems, law enforcement, and community-based services to increase diversion from incarceration or criminal justice involvement.
- Expanding residential and outpatient treatment opportunities.
- Expanding the supply of certified community behavioral health centers ensuring quick access to supports and treatment.



Solutions Discussed Included:

- Involving peers and consumers in the design of treatment and supportive services.
- Allowing the state to improve its strategic plan to improve accessibility to community-based behavioral health services.
- Working with institutions of higher education and DHHS to fund and expand career pathways into behavioral health services (certification training, focused curriculum on behavioral health, student loan forgiveness, etc.) to address the workforce challenges for community-based organizations.



Solutions Discussed Included:

- Mandate that no person be inappropriately incarcerated or held in jails simply due to the lack of a community-based residential care options.
- A need for public data and evaluation of our current system to hold us accountable.
- Recognize that housing impacts health and our state needs to significantly increase affordable and supportive housing for households experiencing disabilities.



Mental Health Bills on the Special Appropriations Table (as of 1/27/22)

- **LD 415 Resolve, Directing the Department of Health and Human Services To Increase MaineCare Reimbursement Rates for Targeted Case Management Services To Reflect Inflation (Rep. Stearns) \$6.6M (General Fund)/\$14.0M (Federal Match)**

This amendment, which is the unanimous report of the committee, amends the resolve to add the provision from L.D. 360, "Resolve, To Reduce Barriers to Recovery from Addiction by Expanding Eligibility for Targeted Case Management Services," that expands eligibility for targeted case management services for adults with substance use disorder. The amendment adds an appropriations and allocations section.
- **LD 432, Resolve, To Improve Behavioral Health Care for Children (Rep. Madigan) \$133K (General Fund)/\$293K (Federal Match)**

This resolve requires the Department of Health and Human Services to reimburse for additional collateral contacts for children's home and community-based treatment.
- **LD 496, An Act To Increase Timely Access to Mental Health Services by Increasing MaineCare Reimbursement Rates (Rep. Gramlich) \$9.2M (General Fund)/\$21.4M (Federal Match)/\$1.9M (Other Special Revenue)**

This bill provides funding to increase rates for Child Care Facilities by 30% no later than July 1, 2021.
- **LD 582, An Act To Support the Fidelity and Sustainability of Assertive Community Treatment (Rep. Madigan) \$624K (General Fund)/\$1.5M (Federal Fund)/\$133K (Other Special Revenue)**

This bill modifies the definition of "assertive community treatment" to better align the definition with an evidence-based treatment model. The bill also requires the Department of Health and Human Services to increase the MaineCare reimbursement rates for assertive community treatment by 25% immediately to allow providers to continue to offer the services.

Mental Health Bills on the Special Appropriations Table (as of 1/27/22)

- **LD 1586, An Act To Strengthen Statewide Mental Health Peer Support, Crisis Intervention Mobile Response and Crisis Residential Services (Rep. C. Warren) \$3.9M (No match)**

This bill provides funding for mental health services in the 8 public health districts. These services include peer support, crisis lines, crisis intervention mobile response and crisis stabilization unit services. The bill also provides funding for ancillary services for mobile response services, including necessary travel and telephone conferences with clients. The bill also creates a framework whereby the E-9-1-1 system can dispatch using the crisis system in response to a mental health emergency.

- **LD 674, An Act To Support Early Intervention and Treatment of Psychotic Disorders (Sen. Breen) \$4.2M (General Fund)/\$9.2M (Federal Match)/\$780K (Other Special Revenue)**

This bill requires the Department of Health and Human Services to establish a reimbursement rate for a coordinated specialty care model to treat individuals showing early signs of psychotic disorder. Services must be evidence based and treat both the individual and the family. The department is directed to establish a bundled rate to reimburse for services provided under the coordinated specialty care model that are not otherwise covered under the MaineCare program.

Mental Health Bills in Committee

(as of 1/27/22)

- **LD 1822, An Act To Improve Access to Behavioral Health Services by Prohibiting Cost Sharing by Insurers (Rep. Morales)**

This bill prohibits insurance carriers offering a health plan that provides or covers any benefits with respect to behavioral health services from applying a copayment, deductible, coinsurance or other cost-sharing requirement to those behavioral health services.

- **LD 1848, An Act To Increase the Availability of Assertive Community Treatment Services (Rep. Madigan)**

This bill amends the behavioral and developmental services law regarding mental health hospitalization to add the definition of "prescriber," which is defined to mean a licensed health care provider with authority to prescribe, including a licensed physician, certified nurse practitioner or licensed physician assistant who has training or experience in psychopharmacology.

- **LD 1877, An Act To Prohibit Prior Authorization Requirements and Step Therapy Protocols for Medications Addressing Serious Mental Illness for MaineCare Recipients (Rep. Madigan)**

This bill prohibits prior authorization requirements and step therapy protocols under the MaineCare program for prescription drugs used to assess or treat serious mental illness.

- **LD 1910, An Act To Improve Children's Mental Health by Requiring Insurance Coverage for Certain Mental Health Treatment (Rep. Tepler)**

This bill requires health insurance carriers to provide coverage for mental health treatment services that use evidence-based practices that are recommended by a provider for a child 18 years of age or younger.

MAINE IS NOT PREPARED FOR COVID-FUELED MENTAL HEALTH CRISIS



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