NOW IS THE TIME TO INVEST IN OUR BEHAVIORAL HEALTH SYSTEM

Immediate ACTION is critically needed to repair a rapidly fraying mental health care system
 The Opioid Crisis continues...with 418 deaths last year alone...3,320 since 2001

Mental Health Priorities for the 128th

Children's evidence based mental health services: Meeting intensive high level needs.

Bills to provide an increase in the reimbursement rate for evidence-based intensive outpatient psychosocial treatments for children to cover all costs involved with the additional training and reporting to maintain fidelity to the models. This will help clear waiting lists for these services, reducing the likelihood the youth receiving them will end up in crisis.

Workforce development: The problem of turnover and the struggle to staff these services.

Bills to (1) increase the MaineCare reimbursement rate to allow agencies to invest in their direct care Behavioral Health Professionals (BHPs) to assure facilities can retain a trained workforce, and (2) establish a loan repayment program for mental health professionals who will work in underserved areas of Maine.

Medication Management: 3-5 month waitlists and growing...

A bill to provide an increase in the MaineCare reimbursement rate to expand capacity and help eliminate the waitlist for medication management services. Medication Management is a behavioral health service that is critical to many thousands of Maine people with mental illness, trauma and co-occurring conditions such as addiction and intellectual and developmental disabilities. This service helps stabilize people and decrease the need for costly emergency department visits or the potential for incarceration.

Substance Use Treatment & Recovery Priorities for the 128th Sustained recovery can only come through enhanced treatment and support

Opioid Use Disorder: A package of bills to address this crisis comprehensively.

- These bills would build on the current system of evidence-based substance use treatment to
 provide integrated medication-assisted treatment to uninsured individuals with substance use
 disorders across Maine.
- Several of the recommendations from the Opioid Task Force are included in this package of bills to address stigma, treatment while incarcerated, access to housing, prevention of infectious disease, and other issues.
- Assessment of need and appropriate allocation of resources will happen statewide through a new cabinet level council, and specific assessment and referral will happen within our corrections facilities.
- This package of bills would also invest in pilot projects for specialty populations of women with children, the homeless, and those in rural areas.

Alliance for Addiction and Mental Health Services, Maine

Mental Health Bills: Package total is \$8.5 Million

Children's Mental Health Services:

- LD 384 Resolve, To Clarify Reimbursement for Parent-only Programs under the MaineCare Program Allows providers to talk with the parents of children in treatment. Minor increase. Passed House and Senate.
- LD 902 Resolve, To Increase Access to Evidence-based Psychosocial Treatment for Children in MaineCare
 Establishes evidence-based treatment rate for trauma informed cognitive behavioral therapy. Rate Study
 request only. OTP-AM at HHS Committee.
- LD 1321, An Act To Promote Social and Emotional Learning and Development in Early Childhood. In committee.
- LD 1820 Resolve, Regarding Increases in Reimbursement Rates for Certain Children's Habilitative Services Increases rates for certain Section 28 services based on the Burns Rate Study and eliminates wait lists. Fiscal Note = \$700K. Passed House/Senate, currently on appropriations table.
- LD 1868 Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children" (Emergency). Increases the MaineCare reimbursement rates for evidence-based therapies for treating emotional and behavioral problems in children to cover all costs to the provider of delivering the services, including additional training, clearing waiting lists and attract providers to all areas of the State, including underserved rural areas. Fiscal impact = \$250K 350K. Bi-partisan HHS Committee support.

Workforce Development:

- <u>LD 1517</u> Resolve, To Ensure Access to Behavioral Health Services. This bill would increase the MaineCare reimbursement rate by 2% for direct care Behavioral Health Professionals (BHPs) to assure facilities can retain a trained work force¹. Fiscal impact = \$6 Million. Passed House/Senate, currently on appropriations table.
- LD 1879 An Act To Enhance and Increase the Availability of Mental Health Providers in Maine. Establishes the Maine Mental Health Providers Loan Repayment Program to repay student loans as long as the participants meet certain criteria, and practice in underserved areas of Maine for 5 years. Fiscal impact = \$1M. Div. Rpt.

Medication Management:

• <u>LD 1737</u> - An Act To Preserve Medication Management for Persons with Mental Health Needs
This bill provides a 15% increase in the MaineCare reimbursement rate for Section 65 medication management services. This treatment helps stabilize people struggling with mental illness and decreases the need for costly emergency department visits or the potential for incarceration in the state's corrections system. Fiscal note = \$560K. Passed House/Senate, currently on appropriations table.

Substance Use Disorder Treatment and Recovery: Package total is \$10 Million

Recommendations from the Opioid Task Force:

- Enhanced Access to Treatment and Recovery Supports = <u>LD 1430</u> An Act To Develop a Statewide Resource and Referral Center and Develop Hub-and-spoke Models To Improve Access, Treatment and Recovery for Those with Substance Use Disorder. Fiscal note = \$6.6M. Passed House and Senate, currently on Appropriations table.
- Harm Reduction = LD 1707 An Act To Reduce the Cost of Care Resulting from Blood-borne Infectious Diseases. Fiscal note = \$75K. Passed House and Senate, currently on Appropriations table. LD 1871 An Act To Implement the Recommendations of the Task Force To Address the Opioid Crisis in the State Regarding Respectful Language. OTP-AM at HHS Committee.
- Recovery Housing = LD 1682 An Act To Ensure the Quality of and Increase Access to Recovery Residences. Fiscal note = \$100K. Passed House and Senate, currently on Appropriations table.

Oversight, planning and assessments:

- Statewide oversight and planning = LD 105 An Act To Create the Substance Use Disorders Cabinet. Minor fiscal impact. Passed House and Senate, currently on Appropriations table.
- Assessments in the correctional system = LD 966 An Act Regarding Persons with Mental Illness and Substance
 Use Disorders in Correctional Facilities. OTP-AM at HHS Committee. LD 1268 An Act To Enhance Pretrial Justice
 with Enhanced Diversion, Release and Treatment Options. Divided Report at CJPS.

Pilot Projects for special populations:

- Women with children = LD 1771 An Act To Stabilize Vulnerable Families. No fiscal impact. OTP-AM at HHS.
- Homeless = LD 1711 Resolve, To Save Lives by Establishing a Homeless Opioid Users Service Engagement Pilot Project. Fiscal note = \$2.2M. Divided Report from HHS Committee.
- Rural Area = LD 812 Resolve, To Establish a Pilot Project To Save Lives and Support People with Substance
 Use Disorder in Washington County. Fiscal note = \$800K. OTP-AM at HHS Committee.

¹ Specifically services for Section 13, Targeted Case Management Services; Section 17, Allowances for Community Support Services; Section 23, Developmental and Behavioral Clinic Services; Section 28, Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations; Section 65, Behavioral Health Services; and Section 97, Private Non-Medical Institution Services, Appendix B and Appendix E.