

MAINE STATE LEGISLATURE

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125th MAINE LEGISLATURE

FIRST REGULAR SESSION-2011

Legislative Document

No. 918

H.P. 678

House of Representatives, March 8, 2011

An Act To Reduce the Cost of Mental Health Services in Maine

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in cursive script that reads "Heather J.R. Priest".

HEATHER J.R. PRIEST
Clerk

Presented by Representative HASKELL of Portland.
Cosponsored by Senator GERZOFKY of Cumberland and
Representatives: EVES of North Berwick, PETERSON of Rumford, STRANG BURGESS of
Cumberland, STUCKEY of Portland, WEBSTER of Freeport, Senator: SAVIELLO of
Franklin.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 34-B MRSA §3004**, as amended by PL 2009, c. 147, §12, is further
3 amended to read:

4 **§3004. Community Support Systems**

5 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
6 term ~~"community support system" means the entire complex of mental health,~~
7 ~~rehabilitative, residential and other support services in the community to ensure~~
8 ~~community integration and the maintenance of a decent quality of life for persons with~~
9 ~~chronic mental illness~~ following terms have the following meanings.

10 A. "Community support system" means the entire complex of mental health,
11 rehabilitative, residential, peer and family support and other support and
12 recovery-related services in the community to ensure community integration and the
13 maintenance of a decent quality of life for adults and children with serious and
14 persistent mental illness and their families.

15 B. "Immediate family member" means a parent, sibling, adult child, domestic partner
16 or spouse of a person with mental illness.

17 C. "Peer and family support" means the emotional and physical help and support a
18 person with mental illness or the immediate family member of a person with mental
19 illness provides a person with mental illness.

20 **2. General policy.** The department shall develop programs to:

21 A. Promote and support the development and implementation of comprehensive
22 community support systems ~~to~~ , maximize the use of public and private insurance
23 money to support community support systems and ensure community integration and
24 the maintenance of a decent quality of life for ~~persons~~ adults and children with
25 ~~chronic~~ serious and persistent mental illness in each of the mental health service areas
26 in the State by fostering recovery and the support required for that recovery; and

27 B. Strengthen the capacity of families, natural networks, peer and family supports,
28 self-help groups and other community resources in order to improve the support for
29 ~~persons~~ and recovery of adults and children with ~~chronic~~ serious and persistent
30 mental illness.

31 **3. Duties.** The department shall:

32 A. Provide technical assistance for program development, promote effective
33 coordination with health and other human services and develop new resources in
34 order to improve the availability and accessibility of comprehensive community
35 support services to persons with ~~chronic~~ serious and persistent mental illness;

36 B. Assess service needs, monitor service delivery related to these needs and evaluate
37 the outcome of programs designed to meet these needs in order to enhance the quality
38 and effectiveness of community support services;

1 C. Prepare a report that describes the system of community support services in each
2 of the mental health service regions and statewide.

3 (1) The report must include both existing service resources and deficiencies in
4 the system of services.

5 (2) The report must include an assessment of the roles and responsibilities of
6 mental health agencies, human services agencies, health agencies and involved
7 state departments and must suggest ways in which these agencies and
8 departments can better cooperate to improve the service system for people with
9 chronic serious and persistent mental illness.

10 (3) The report must be prepared biennially and must be submitted to the joint
11 standing committee of the Legislature having jurisdiction over human resources
12 by December 15th of every even-numbered year.

13 (4) The committee shall review the report and make recommendations with
14 respect to administrative and funding improvements in the system of community
15 support services to persons with chronic serious and persistent mental illness; and

16 D. Participate in the coordination of services for persons with chronic serious and
17 persistent mental illnesses with local transitional services coordination projects for
18 students with disabilities, as established in Title 20-A, chapter 308, assigning
19 appropriate regional staff and resources as available and necessary in each region to
20 be served by a project.

21 **4. Funding.** Federal mental health services block grant funds must be sought as long
22 as they are available and, if obtained, allocated in their entirety to those peer and family
23 support and natural support services, networks and self-help groups that are offered at no
24 cost, easily accessible and not covered by insurance. Decisions about such funding must
25 be based on the written recommendations of the statewide quality improvement council
26 under section 3609. The funds must be used to sustain existing programs and groups that
27 demonstrate quality of programming and over 1/2 of whose leadership is composed of
28 persons with mental illness or the immediate family members of persons with mental
29 illness.

30 **Sec. 2. 34-B MRSA §3609**, as amended by PL 2007, c. 286, §9, is further
31 amended to read:

32 **§3609. Statewide quality improvement council**

33 The commissioner shall designate persons to be members to serve on a statewide
34 quality improvement council to advise the commissioner on issues of system
35 implementation that have statewide impact, including, but not limited to, the allocation of
36 federal mental health services block grant funds, as required by section 3004, subsection
37 4. Documentation of both the spending recommendations made by the council about
38 federal mental health services block grant funds and the final allocation of those funds
39 must be posted on the Department of Health and Human Services publicly accessible
40 website within one month of a final decision or allocation. The commissioner shall
41 appoint such other members to serve on the council as required by law.

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SUMMARY

This bill updates existing language governing the provisions of community support services for people with serious and persistent mental illness, requires the Department of Health and Human Services to allocate federal child and adult mental health services block grant funds to peer and family supports and requires the department to seek these funds as long as they are available and to document both the recommendations of the statewide quality improvement council for the expenditure of those funds and the allocation that is eventually made.