

MAINE STATE LEGISLATURE

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127th MAINE LEGISLATURE

FIRST REGULAR SESSION-2015

Legislative Document

No. 1209

H.P. 827

House of Representatives, April 2, 2015

An Act To Increase the Effectiveness of Peer Supports in the State

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

A handwritten signature in cursive script that reads "R B. Hunt".

ROBERT B. HUNT
Clerk

Presented by Representative GATTINE of Westbrook.
Cosponsored by Senator HASKELL of Cumberland and
Representatives: HAMANN of South Portland, PETERSON of Rumford, Senators: DAVIS of
Piscataquis, KATZ of Kennebec.

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

2 **Sec. 1. 5 MRSA §12004-I, sub-§36-F** is enacted to read:

3 **36-F.**

4 <u>Human Services</u>	<u>Intentional Peer</u>	<u>Expenses and Per</u>	<u>34-B MRSA §3613</u>
5	<u>Support Advisory</u>	<u>Diem</u>	
6	<u>Committee</u>		

7 **Sec. 2. 34-B MRSA §3613** is enacted to read:

8 **§3613. Peer support services**

9 The department shall provide peer support services through intentional peer support
10 specialists who have been certified to provide peer support services, as provided in this
11 section, to consumers of mental health services who are clients of the department.

12 **1. Definitions.** For the purposes of this section, unless the context otherwise
13 indicates, the following terms have the following meanings:

14 A. "Peer support services" means services, assistance and supports that are based on
15 the principles of mutual respect, responsibility and decision making and that are
16 provided to persons with mental illness by intentional peer support specialists.

17 B. "Intentional peer support specialist" means a person:

18 (1) Who has or who previously had a diagnosis of a mental illness, who is
19 receiving or has received mental health services and supports and who is in
20 recovery from mental illness; and

21 (2) Who is certified by the department under subsection 3.

22 **2. Provision of peer support services.** Peer support services must be provided by
23 certified intentional peer support specialists who function as part of a community mental
24 health or physical health program that includes a certified intentional peer support
25 component. An assertive community treatment team providing mental health services on
26 behalf of the department must include within its staff at least one full-time intentional
27 peer support specialist as provided in section 3801, subsection 11.

28 **3. Certification.** The department shall certify intentional peer support specialists as
29 provided in rules adopted by the department after consultation with the Intentional Peer
30 Support Advisory Committee as established in Title 5, section 12004-I, subsection 36-F
31 and the entity that contracts with the department under subsection 4.

32 **4. Contracted services.** The department shall contract with an entity for the
33 provision and management of peer support services, including, but not limited to, the
34 following services:

35 A. Recruiting, training, supervising and overseeing intentional peer support
36 specialists; and

1 B. Conducting informational sessions statewide on the functions and qualifications
2 of intentional peer support specialists.

3 **5. Advisory committee.** The department shall appoint and convene the Intentional
4 Peer Support Advisory Committee, referred to in this subsection as "the committee,"
5 consisting of 8 to 16 intentional peer support specialists, to advise the department on
6 recruiting, training, supervising and overseeing intentional peer support specialists and to
7 make recommendations to the department on those issues and on standards for training
8 and approval, fidelity standards and oversight. The department shall make appointments
9 to the committee from a list of nominees provided by the Consumer Council System of
10 Maine, established in Title 5, section 12004-I, subsection 60-B. The committee must
11 meet at least 6 times per year. Members of the committee must be reimbursed for
12 expenses and paid a per diem for attendance at meetings.

13 **6. Rulemaking.** The department shall adopt rules to implement this section. Rules
14 adopted pursuant to this subsection are routine technical rules as defined by Title 5,
15 chapter 375, subchapter 2-A.

16 **Sec. 3. 34-B MRSA §3801, sub-§11,** as enacted by PL 2005, c. 519, Pt. BBBB,
17 §3 and affected by §20, is amended to read:

18 **11. Assertive community treatment.** "Assertive community treatment" or "ACT"
19 means a self-contained service with a fixed point of responsibility for providing
20 treatment, rehabilitation and support services to persons with mental illness for whom
21 other community-based treatment approaches have been unsuccessful. Assertive
22 community treatment uses clinical and rehabilitative staff to address symptom stability;
23 relapse prevention; maintenance of safe, affordable housing in normative settings that
24 promote well-being; establishment of natural support networks to combat isolation and
25 withdrawal; the minimizing of involvement with the criminal justice system; individual
26 recovery education; and services to enable the person to function at a work site. Assertive
27 community treatment is provided by multidisciplinary teams who are on duty 24 hours
28 per day, 7 days per week; teams must include a psychiatrist, registered nurse, certified
29 rehabilitation counselor or certified employment specialist, a full-time certified
30 intentional peer recovery support specialist as provided in section 3613 and a substance
31 abuse counselor and may include an occupational therapist, community-based mental
32 health rehabilitation technician, psychologist, licensed clinical social worker or licensed
33 clinical professional counselor. An ACT team member who is a state employee is, while
34 in good faith performing a function as a member of an ACT team, performing a
35 discretionary function within the meaning of Title 14, section 8104-B, subsection 3.

36 **Sec. 4. Funding for peer support services provided to clients of the**
37 **Department of Health and Human Services.** The office of substance abuse and
38 mental health services within the Department of Health and Human Services shall
39 provide peer support services under the Maine Revised Statutes, Title 34-B, section 3613.
40 The costs of peer support services and the Intentional Peer Support Advisory Committee,
41 as established in Title 5, section 12004-I, subsection 36-F, must be met through the
42 transfer of funding within the Mental Health - Community account and the Mental Health
43 - Community Medicaid account and through the discontinuance of 2 full-time positions
44 within the office of substance abuse and mental health services.

1

SUMMARY

2 This bill establishes a peer support services program in the office of substance abuse
3 and mental health services within the Department of Health and Human Services. The bill
4 requires each assertive community treatment team to include at least one full-time
5 intentional peer support specialist certified by the department. "Intentional peer support
6 specialist" is defined. The bill requires the department to appoint and convene the
7 Intentional Peer Support Advisory Committee. The bill requires the department to adopt
8 necessary rules and designates the rules as routine technical rules. The bill requires the
9 costs of intentional peer support services and the advisory committee to be met through
10 the transfer of funding from the Mental Health - Community account and the Mental
11 Health - Community Medicaid account and through the discontinuance of 2 full-time
12 positions within the office of substance abuse and mental health services.