



# **129th MAINE LEGISLATURE**

## FIRST REGULAR SESSION-2019

**Legislative Document** 

No. 1461

S.P. 446

In Senate, April 2, 2019

### An Act To Support Early Intervention and Treatment of Mental Health Disorders

(EMERGENCY)

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

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DAREK M. GRANT Secretary of the Senate

Presented by Senator BREEN of Cumberland. Cosponsored by Representative WARREN of Hallowell and Senators: CARPENTER of Aroostook, CLAXTON of Androscoggin, DESCHAMBAULT of York, GRATWICK of Penobscot, WOODSOME of York, Representatives: BAILEY of Saco, MADIGAN of Waterville, McCREIGHT of Harpswell.

1 2	<b>Emergency preamble. Whereas,</b> acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and
3 4	Whereas, coordinated specialty care programs exist in the State that could treat more individuals suffering from psychotic disorders but lack a funding mechanism; and
5 6	Whereas, early treatment of symptoms of psychotic disorders prevent the onset of advanced mental illness and should begin as soon as possible; and
7 8 9 10	Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,
11	Be it enacted by the People of the State of Maine as follows:
12	Sec. 1. 34-B MRSA c. 16 is enacted to read:
13	<u>CHAPTER 16</u>
14	EARLY INTERVENTION FOR PSYCHOTIC DISORDERS
15	§16001. Definitions
16 17	As used in this chapter, unless the context otherwise indicates, the following terms have the following meanings.
18 19 20 21	1. Coordinated specialty care. "Coordinated specialty care" means an evidence- based recovery-oriented treatment model for individuals in the early years of a psychotic disorder. Coordinated specialty care promotes shared decision making with a team of specialists to work with an individual to develop a personalized treatment plan.
22 23 24	<b>2. Psychotic disorder.</b> "Psychotic disorder" means a diagnosis of schizophrenia spectrum disorder and other psychotic disorders or mood disorders with prominent psychotic features.
25	§16002. Coordinated specialty care
26 27 28 29 30	No later than January 1, 2020, the department, in cooperation with the Department of Education and the Department of Labor, shall establish a funding mechanism to reimburse for the treatment of individuals within the first 3 years of onset of a psychotic disorder using the coordinated specialty care model. Services provided as part of coordinated specialty care include, but are not limited to, the following:
31 32	<b>1. Case management.</b> Case management to manage services to help the individual develop problem solving skills and manage medication;
33 34 35	<b>2. Family support and education.</b> Family support to give the family of the individual information and skills to support the individual receiving treatment and recovery services;

- 3. Psychotherapy. Psychotherapy services that teach resiliency, managing the
  psychotic disorder, promoting wellness and developing coping skills;
- 3 4. Medication management. Medication management to determine the most
  4 effective medication and the lowest dosage to be effective;
- 5 **5.** Supported education and employment. Support services to help an individual 6 continue education or employment or return to education or employment; and
- 6. Peer support. Peer support services to connect the individual with others who
  have similar experiences.

#### 9 §16003. Evaluation

10 The department shall ensure that an organization providing coordinated specialty care 11 provides program evaluation assessments to the department, including external ratings of 12 fidelity to the coordinated specialty care model and reports of clinical and functional 13 outcomes.

#### 14 §16004. Rulemaking

 The department may adopt rules to accomplish the requirements of this chapter.
 Rules adopted pursuant to this section are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A.

- 18 Sec. 2. Federal approval. The Department of Health and Human Services shall 19 submit any necessary applications to the United States Department of Health and Human 20 Services, Centers for Medicare and Medicaid Services for waiver or state plan 21 amendments to implement the coordinated specialty care services established under the 22 Maine Revised Statutes, Title 34-B, chapter 16. The department shall maximize coverage 23 of services under the MaineCare program and private insurance.
- Sec. 3. Community mental health services block grant. The Department of 24 Health and Human Services shall seek federal funding from the United States Department 25 26 of Health and Human Services, Substance Abuse and Mental Health Services Administration through the community mental health services block grant to cover 27 28 services provided pursuant to the Maine Revised Statutes, Title 34-B, chapter 16 that are not otherwise covered by the MaineCare program or private insurance. The community 29 mental health services block grant funding may be used in any other manner allowable 30 under federal law to establish and support coordinated specialty care services. 31
- 32 **Emergency clause.** In view of the emergency cited in the preamble, this 33 legislation takes effect when approved.
- 34 SUMMARY
- This bill requires the Department of Health and Human Services to establish a funding mechanism and reimbursement rate for the treatment of individuals showing early signs of a psychotic disorder using a coordinated specialty care model. Services

1 must be evidence-based and treat both the individual and the family. The Department of 2 Health and Human Services is directed to establish a funding mechanism to reimburse for 3 the treatment of individuals in cooperation with the Department of Education and the 4 Department of Labor. The Department of Health and Human Services is directed to 5 apply to the United States Department of Health and Human Services, Centers for 6 Medicare and Medicaid Services for any necessary waivers and state plan amendments 7 and to seek federal funding under the community mental health services block grant.