MAINE STATE LEGISLATURE

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129th MAINE LEGISLATURE

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No. 1486

H.P. 1088

House of Representatives, April 4, 2019

An Act To Strengthen Supports for Adults with Intellectual Disabilities or Autism in Crisis

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

ROBERT B. HUNT
Clerk

Presented by Representative FARNSWORTH of Portland.

Cosponsored by Representatives: COOPER of Yarmouth, CUDDY of Winterport, HANDY of Lewiston, HICKMAN of Winthrop, INGWERSEN of Arundel, PERRY of Bangor.

| 2 3 | Sec. 1. 34-B MRSA §5201, sub-§7, as amended by PL 2011, c. 542, Pt. A, §92, is further amended to read: |
|----------------------------------|---|
| 4 5 | 7. Crisis and respite. Provision of crisis and respite services to persons with intellectual disabilities or autism in accordance with section 5206 subchapter 5; and |
| 6 7 | Sec. 2. 34-B MRSA §5206, as amended by PL 2011, c. 542, Pt. A, §93, is repealed. |
| 8 | Sec. 3. 34-B MRSA c. 5, sub-c. 5 is enacted to read: |
| 9 | SUBCHAPTER 5 |
| 10 | <u>CRISIS SERVICES</u> |
| 11 | §5701. Definitions |
| 12 | As used in this subchapter, unless the context otherwise indicates, the following terms have the following meanings. |
| 14 | 1. Autism. "Autism" has the same meaning as set forth in section 6002. |
| 15 16 17 18 | 2. Crisis. "Crisis" means a time period in which a person with an intellectual disability or autism is experiencing a medical, psychological, behavioral or emotional disturbance or has any other experience that has the potential to lead to the loss of home, support services and benefits or employment and cannot be resolved without the support of crisis services. |
| 20 21 22 23 | 3. Crisis assessment. "Crisis assessment" means a comprehensive clinical assessment of a person with an intellectual disability or autism who required emergency hospital service due to a crisis or an out-of-home crisis placement or has required crisis services on at least 3 occasions within a 2-week period. 4. Crisis assessment team. "Crisis assessment team" means a team of clinicians |
| 25 26 | contracted by the department and convened to provide crisis assessments to assist a personal planning team in development of a crisis stabilization plan. |
| 27 28 29 30 31 32 | 5. Crisis central intake service. "Crisis central intake service" means a telecommunications service maintained pursuant to section 5706 that is staffed and answered at all times to notify the department of a crisis and the need for crisis services. The crisis central intake service also provides remote crisis services and connects the person in crisis with the appropriate regional crisis services when in-person intervention is requested or necessary. |
| 33 34 35 | 6. Crisis services. "Crisis services" means services that are provided to a person with an intellectual disability or autism during crisis. Crisis services are oriented toward the improvement and stabilization of the crisis to ensure the safety of the person. |

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

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- 7. Crisis stabilization plan. "Crisis stabilization plan" means a plan of support developed by an individual support team for early intervention and stabilization in the event of a crisis for the purpose of assisting the person and the personal planning team to address a crisis without removing the affected person from the community.

 8. Crisis stabilization unit. "Crisis stabilization unit" means a temporary out-of-home placement owned by or provided through a contract with the department where a
 - 9. Individual support team. "Individual support team" means a team that consists of the person with an intellectual disability or autism, members of the personal planning team, other service providers and family or friends that the personal planning team determines are supportive to the person in a time of crisis.

person with an intellectual disability or autism in crisis can reside while receiving

- <u>10. Intellectual disability.</u> "Intellectual disability" has the same meaning as set forth in section 5001, subsection 3.
 - 11. On scene. "On scene" means the location in which a provider of crisis services physically meets with the person with an intellectual disability or autism who is in crisis, including, but not limited to, the person's home, the support services location, an emergency room or any other location in the community that meets the needs of the person in crisis.
- 20 <u>12. Personal planning team.</u> "Personal planning team" means the team of individuals convened at the direction of a person with an intellectual disability or autism to develop the personal plan in accordance with section 5470-B.
 - 13. Regional crisis services. "Regional crisis services" means crisis services that are provided to a person with an intellectual disability or autism in crisis on scene in a setting most conducive to meeting that person's needs.
 - 14. Residential crisis services. "Residential crisis services" means services that are provided to persons with intellectual disabilities or autism in crisis in a crisis stabilization unit.

29 §5702. Crisis services objectives

residential crisis services.

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- Crisis services must be delivered to a person with an intellectual disability or autism as a protective and supportive service with the following objectives:
 - 1. **Mobilizing strengths.** Mobilizing the person's own strengths;
 - 2. Community resources. Using community resources;
- 34 **3. Improve ability.** Improving the person's ability to function and to live life in safety and with dignity and with as much satisfaction, enjoyment and comfort as possible;
- 4. Prevent institutionalization. Preventing unnecessary or inappropriate
 institutionalizations;

- 5. Safeguard rights. Safeguarding the rights and resources and maintaining the physical and mental health of the person;
- **6. Prevent injury.** Preventing injury to the person;

- 7. Rights to self-determination. Recognizing and preserving the rights of self-determination, autonomy and self-care of the person; and
- **8.** Least restrictive environment. Providing services and interventions in the least restrictive environment.

§5703. Crisis and respite services system established

The department shall establish a system to provide crisis and respite services throughout the State as part of the system of care required by section 5003-A in accordance with this subchapter.

- 1. Crisis services. The department shall maintain the capacity to intervene in each crisis. Such capacity must include:
 - A. Assessment, consultation, planning, training and support for persons with intellectual disabilities or autism and their families or friends both before and after a crisis occurs;
- B. Providing staff support to prevent or respond to a crisis at the site of the crisis when appropriate;
 - C. Ensuring mental health supports when necessary, including access to a licensed mental health provider, inpatient treatment when indicated, psychiatric services and mental health aftercare services; and
 - D. Identifying appropriate professional services for the person in crisis.
 - 2. Respite services. The department shall maintain and fund a statewide respite system for planned or unplanned respite for persons with intellectual disabilities or autism and their families or friends.

§5704. Pre-crisis planning

A personal planning team in accordance with section 5470-B shall consider the potential for crisis as a component of personal planning. This consideration must include, but is not limited to, review of historical data and behavioral trends and consideration of past trauma and potential triggers; pain and how it presents; past and current medical conditions; and the extent to which unmet needs and lack of or limitations on access to services may contribute to risk of crisis.

§5705. Crisis assessment team

The department shall maintain a crisis assessment team to provide comprehensive clinical assessments for persons who have required emergency hospital services, resided in a crisis stabilization unit or required regional crisis services on at least 3 occasions within a 2-week period.

- 1. Crisis assessment team composition. The crisis assessment team must include, at minimum, a psychologist or a behavior analyst certified by a national behavior analyst certification board who has worked with persons with intellectual disabilities or autism as a primary part of the psychologist's or analyst's practice, a communication specialist and a physician. The department shall consider including any or all of the following as members of the crisis assessment team as needed:
 - A. A neuropsychiatrist or psychiatrist who has worked with persons with intellectual disabilities or autism as a primary part of the neuropsychiatrist's or psychiatrist's practice;
 - B. A clinical liaison who has a bachelor's degree or a nursing degree, direct experience with persons with intellectual disabilities or autism and extensive experiences that provide a working knowledge of medical, psychiatric and behavioral perspectives;
- C. An occupational therapist;
 - D. A physical therapist; or
- E. A speech therapist.

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2. Crisis assessment. A crisis assessment must include, at minimum, a psychological assessment and a physical evaluation to identify causes or conditions that may precipitate or elevate risk for crisis and must provide recommendations for early intervention and stabilization in the event of a crisis.

§5706. Crisis central intake service

The department shall maintain a crisis central intake service to receive notification of a crisis and need for crisis services. The crisis central intake service shall provide remote crisis services in accordance with this section and connect a user of the service with the appropriate regional crisis services when in-person assistance is requested or necessary to support a person with an intellectual disability or autism in crisis. The crisis central intake service must:

- 1. Availability. Be available at all times on all days via telephone, videophone or text message and make other accommodations necessary to remotely communicate with a person with an intellectual disability or autism in crisis or family or friends of the person with an intellectual disability or autism;
- 2. **Documentation.** Document all requests for crisis services, including demographic information and the scope, intensity, duration, intent and outcome of the request for crisis services;
- 3. Remote services. Remotely provide crisis services while the person is in crisis or until the person requests in-person intervention or the crisis central intake service determines in-person intervention is necessary based on the information provided by the user of the service and otherwise available or known to the crisis central intake service; and

4. Notification. Notify and assign the closest regional crisis services staff to meet the person in crisis on scene and make any other appropriate referrals.

§5707. Regional crisis services

The department shall maintain an adequate capacity to maintain mobile, in-person regional crisis services where crisis services can be provided on scene. Regional crisis services must be coordinated with the crisis central intake service to locate persons with intellectual disabilities or autism in need of regional crisis services and meet the persons in settings most conducive to meeting the persons' needs. Regional crisis services must:

- 1. Availability. Be available at all times to meet with a person in need of regional crisis services on scene;
- **2. Locations.** Maintain at all times at least 5 regional crisis services locations, including, but not limited to, locations in Caribou, Bangor, Augusta, Portland and Lewiston. The department shall increase the number of locations to the extent determined to be necessary as a result of the data collection and reporting under section 5711;
- **3. Staff requirements.** Maintain at all times at least 60 regional crisis services staff to respond to notification of need for regional crisis services by the crisis central intake service and provide crisis services to persons on scene. The department shall increase the number of staff to the extent determined to be necessary as a result of the data collection and reporting under section 5711;
- 4. Coordination. Stay with persons in crisis and coordinate any necessary services with the crisis central intake service as necessary, including residential crisis services; and
 - 5. Notification. Notify the crisis central intake service and transport persons to emergency hospital services or arrange other transportation appropriate to meet the persons' needs if immediate medical attention is requested or necessary.

The department may not routinely use law enforcement entities to transport persons in crisis. Transportation of persons in crisis by law enforcement personnel may occur only if the transportation has been specifically authorized by the person's guardian or personal planning team or when determined by law enforcement personnel to be necessary to provide for the safety of the person or others.

§5708. Residential crisis services

The department shall maintain the capacity to provide out-of-home safety and support by trained staff with appropriate professional backup resources for persons with intellectual disabilities or autism experiencing crises that cannot be safely managed at the persons' homes. Residential crisis services must:

1. Number of units. Maintain at all times the capacity to provide at least 20 crisis stabilization units with no more than 2 placements in each unit. The department shall

- increase the number of units to the extent determined to be necessary as a result of the data collection and reporting under section 5711;
 - **2. Coordination.** Coordinate with the crisis central intake service and the personal planning team to contact the crisis assessment team and complete a crisis assessment;
 - 3. Convening of team. Convene an individual support team meeting for a person within 10 business days of admission of that person to a crisis stabilization unit; and
 - 4. Training. Provide any necessary training to a person, service providers and the person's family to help the person transition out of residential crisis services in accordance with a crisis stabilization plan.

§5709. Least restrictive environment

Crisis services and respite services must be provided in the least restrictive environment with both a short-term goal of stabilization and a long-term goal of as much independence as possible. Home-based and community-based services must be maintained and funded to support persons with intellectual disabilities or autism that have high behavioral needs and are at risk for out-of-home placement. The department shall maintain and fund, at minimum:

- 1. Physical adaptations. Physical adaptations required to ensure accessibility at any location where a person with an intellectual disability or autism resides and receives services that are necessary to ensure the health, welfare and safety of the person and enable the person to function with greater independence; and
- **2.** Enhanced services. Enhanced home-based and community-based services for persons with intellectual disabilities or autism, including, without limitation, services covered by the MaineCare program that fund an increased rate as a component of service to provide a higher level of clinical and individualized support for persons with high behavioral needs.

§5710. Post-crisis review and assessment

A crisis assessment team shall perform a post-crisis review and assessment no more than 10 business days after any out-of-home placement, such as a hospitalization or placement in a crisis stabilization unit, of a person with an intellectual disability or autism who experiences a crisis. The review must include service providers and appropriate members of the person's personal planning team. The review must identify possible causes of the person's crisis and must recommend for the personal planning team changes in the person's environment, services and supports to prevent crises in the future.

§5711. Data collection and reporting

- The department shall collect and report information in accordance with this section.
- 1. Collection. The department shall maintain information regarding use of crisis and respite services sufficient to plan and budget for adequate crisis and respite services. The

| 1 2 | information must include an assessment of the needs, both met and unmet, for crisis and respite services. |
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| 3 4 5 6 | 2. Education. The department shall provide information regarding the availability of services under this subchapter and the proper means to obtain them to persons with intellectual disabilities or autism, their families or friends, service providers and other interested parties. |
| 7 8 9 10 11 12 13 14 | 3. Reporting. The department shall report annually by January 15th beginning in 2020 to the joint standing committee of the Legislature having jurisdiction over health and human services matters performance indicators that represent measures important to persons with intellectual disabilities or autism, service providers, families or friends and other interested parties in assessing performance, including the aggregate data specified in subsection 4. When reports indicate gaps in crisis services or performance, the department shall include a supplemental report identifying the gaps with a corrective action plan including requests for increased funding, if necessary, to maintain capacity. |
| 15 16 | 4. Content. The information collected and reported under this section must include without limitation aggregate data on the following: |
| 17 | A. Calls made to the crisis central intake service, including but not limited to: |
| 18 | (1) Persons who were referred to regional crisis services; |
| 19 | (2) Persons who were referred to residential crisis services; and |
| 20 | (3) Persons who were referred to emergency hospital services; |
| 21 | B. Demographics of persons accessing crisis services, including but not limited to: |
| 22 | (1) Age; |
| 23 | (2) Location; |
| 24 | (3) Current level of MaineCare services; and |
| 25 26 | (4) Unstaffed hours of authorized MaineCare services identified prior to accessing crisis services; |
| 27 | C. Adequacy of service and performance mechanisms, including but not limited to: |
| 28 | (1) Average time to access the crisis central intake service; |
| 29 | (2) Average time between referral and arrival of regional crisis services; |
| 30 | (3) Average time between referral and arrival at a crisis stabilization unit; |
| 31 | (4) Average length of time using regional crisis services; |
| 32 33 | (5) Average length of time using residential crisis services at a crisis stabilization unit; |
| 34 35 | (6) Any referrals made to a higher level of care while waiting to access crisis services; and |
| 36 37 | (7) Any referrals made to a higher level of care due to unstaffed hours of authorized MaineCare services; |

| 1 | D. Timeliness of post-crisis review, including but not limited to: |
|---|---|
| 2 3 | (1) Percentage of crisis assessments completed within 10 business days as required by section 5710; and |
| 4 5 | (2) Percentage of individual support teams that met within the required time frame; and |
| 6 7 | E. Any other factor the department considers appropriate to determine adequacy of performance of crisis and respite services. |
| 8 | §5712. Training |
| 9 110 111 112 113 114 115 | The department shall offer regular and ongoing information, consultation and training on crisis prevention and intervention and respite services to its own staff and to service providers, persons with intellectual disabilities or autism and their families or friends. §5713. Rulemaking The department shall adopt rules necessary to implement this subchapter no later than January 1, 2020. Rules adopted pursuant to this paragraph are major substantive rules as defined in Title 5, chapter 375, subchapter 2-A. |
| 16 | SUMMARY |
| 17 18 19 20 | This bill requires the Department of Health and Human Services to provide a system of crisis and respite services specific to persons with intellectual disabilities or autism and their families. It requires the department to adopt rules by January 1, 2020. The rules are major substantive rules. |