

# MAINE STATE LEGISLATURE

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L.D. 1968

Date: 4-6-22

(Filing No. H-947)

MAJORITY

**HEALTH AND HUMAN SERVICES**

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**STATE OF MAINE  
HOUSE OF REPRESENTATIVES  
130TH LEGISLATURE  
SECOND REGULAR SESSION**

COMMITTEE AMENDMENT "A" to H.P. 1463, L.D. 1968, "An Act To Expand Access to Mental Health and Crisis Care for Individuals in Jails and Individuals Experiencing Homelessness"

Amend the bill by striking out everything after the enacting clause and inserting the following:

**PART A**

**Sec. A-1. 15 MRSA §101-D, sub-§10** is enacted to read:

10. Appropriate placement. When a court commits the defendant to the custody of the Commissioner of Health and Human Services for placement in an appropriate institution for the care and treatment of persons with mental illness or in an appropriate residential program that provides care and treatment for persons who have intellectual disabilities or autism as set forth in subsection 4, the transfer of the defendant must take place within 30 days from the time the order is transmitted to the State Forensic Service.

**PART B**

**Sec. B-1. Maine State Housing Authority to develop program; target population defined.** The Maine State Housing Authority shall develop a program to provide housing for a target population, defined for this Part as individuals who are homeless or at risk of homelessness and suffering from serious and persistent mental illness and who are frequent users of high-cost services, including law enforcement, jails and hospitals.

**Sec. B-2. Permanent supportive housing; financing.** The Maine State Housing Authority shall provide financing for no fewer than 50 and up to 200 units of permanent supportive housing to the target population. The Maine State Housing Authority shall provide financing from any appropriate source, including the federal low-income housing tax credit under Section 42 of the federal Internal Revenue Code of 1986, the National Housing Trust Fund established by the federal Housing and Economic Recovery Act of

**COMMITTEE AMENDMENT**

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1 2008 and municipal tax increment financing, to develop the permanent supportive housing  
2 units.

3 **Sec. B-3. Service centers; geographic expansion.** The Maine State Housing  
4 Authority shall facilitate the process for the development of no fewer than 50 units of  
5 permanent supportive housing by January 2027, locating housing in service centers with  
6 higher populations of the target population and encouraging geographic expansion of  
7 housing across the State.

8 **Sec. B-4. Affordability; services.** The Department of Health and Human Services  
9 and the Maine State Housing Authority shall identify rental subsidies that are available to  
10 the target population to ensure affordability and ongoing residential stability to the  
11 maximum extent possible. The department shall ensure that each member of the target  
12 population receives ongoing housing navigation services and continuity in case  
13 management in order to access and remain successful in permanent supportive housing and  
14 receives ongoing behavioral health, substance use disorder and other medical services for  
15 which the member is eligible.

16 **PART C**

17 **Sec. C-1. Department of Health and Human Services to develop a**  
18 **comprehensive system of residential care to serve people with behavioral**  
19 **health needs.** The Department of Health and Human Services shall develop a  
20 comprehensive system of residential care for adults and children with high levels of  
21 behavioral health needs who are at increased risk of involvement with the criminal justice  
22 system or who, because of their behaviors, require high levels of staffing. For purposes of  
23 this Part, "behavioral health" includes a wide range of mental disorders and illnesses,  
24 substance use disorder, developmental disabilities and autism.

25 **Sec. C-2. System of residential care; participation.** The Department of Health  
26 and Human Services shall develop a plan for and implement the comprehensive system of  
27 residential care for adults and children pursuant to this Part in collaboration with  
28 stakeholders including consumer groups, behavioral health service providers, public safety  
29 organizations, representatives of the education system, law enforcement organizations and  
30 hospitals. The plan must be developed over the course of a minimum of 5 stakeholder  
31 meetings and must align with the development of a strategic plan for behavioral health  
32 services as required by Resolve 2021, chapter 80.

33 **Sec. C-3. Elements of the system.** In developing the comprehensive system of  
34 residential care for adults and children pursuant to this Part, the Department of Health and  
35 Human Services shall incorporate the following elements as they relate to behavioral  
36 health:

37 **1. Needs study.** A needs study to identify the current and predicted residential needs  
38 of individuals with behavioral health needs, based on current best practices and evidence,  
39 for the next 10 years; and

40 **2. Gaps analysis.** A data-informed analysis that identifies the gaps between currently  
41 available residential services and those predicted needs identified through the needs study  
42 under subsection 1 and that includes, at a minimum, the following:

43 A. Population information:

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- 1 (1) Geography;
- 2 (2) Insurance status;
- 3 (3) Guardianship and family status;
- 4 (4) Age;
- 5 (5) Medical diagnoses;
- 6 (6) Propensity for violent behaviors;
- 7 (7) Special populations, including, but not limited to, pregnant persons and foster
- 8 children; and
- 9 (8) Other identified factors;
- 10 B. Human and facility infrastructure and access information:
- 11 (1) Availability of providers and community services;
- 12 (2) Labor costs by geographic area; and
- 13 (3) Barriers to access;
- 14 C. Existing barriers that may inhibit access to or the development of needed services;
- 15 D. Evidence-based review of social determinants;
- 16 E. Existing strengths and weaknesses in the systems and support services; and
- 17 F. Defined metrics and outcomes to measure success and progress.

18 **Sec. C-4. Report.** No later than January 2, 2023, the Department of Health and  
 19 Human Services shall submit a report to the joint standing committee of the Legislature  
 20 having jurisdiction over health and human services matters regarding the status of the  
 21 comprehensive system of residential care for adults and children pursuant to this Part,  
 22 including the number of staffed community residential treatment beds for individuals with  
 23 behavioral health needs, including children with behavioral health needs, in each  
 24 geographic region of the State. The report must include the plan developed in collaboration  
 25 with the stakeholders under section 2 and a timeline and metrics to achieve the  
 26 comprehensive system of residential care identified by the analysis under section 3. The  
 27 committee may report out legislation to implement the plan.

**PART D**

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 29 **Sec. D-1. Residential bed availability; report.** The Department of Health and  
 30 Human Services shall report biannually for a period of 5 years on the number of licensed  
 31 psychiatric inpatient beds and licensed residential treatment beds in each geographic region  
 32 of the State for adults with serious and persistent mental illness, substance use disorder,  
 33 developmental disabilities and autism and for children with behavioral health diagnoses.  
 34 The report must include data on occupied beds, total staffed beds, beds that are not available  
 35 and barriers to making those beds available and the number of beds that have been closed.  
 36 The department shall submit the first report to the joint standing committee of the  
 37 Legislature having jurisdiction over health and human services matters no later than  
 38 January 2, 2023. The department shall provide reports in June and January of each year  
 39 until the last report is submitted in June 2027.

**PART E**

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 41 **Sec. E-1. Appropriations and allocations.** The following appropriations and  
 42 allocations are made.

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**HEALTH AND HUMAN SERVICES, DEPARTMENT OF**

**Mental Health Services - Community Z198**

Initiative: Provides funding to establish one Social Services Program Manager position for coordination, oversight of a report, reporting to the Legislature, developing policy changes and managing changes to a system of residential care following a needs study.

<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
POSITIONS - LEGISLATIVE COUNT	0.000	1.000
Personal Services	\$0	\$107,817
All Other	\$0	\$15,730
<b>GENERAL FUND TOTAL</b>	<b>\$0</b>	<b>\$123,547</b>

**Mental Health Services - Community Z198**

Initiative: Provides one-time funding for a needs study to identify the current and predicted residential needs of individuals with behavioral health diagnoses.

<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
All Other	\$0	\$214,830
<b>GENERAL FUND TOTAL</b>	<b>\$0</b>	<b>\$214,830</b>

**Mental Health Services - Community Z198**

Initiative: Provides funding to establish 10 Intensive Case Manager positions and one Social Services Program Manager position for case management and coordination of housing services, substance use services and mental health services. All Other funding is also provided for additional training, travel and office space costs.

<b>GENERAL FUND</b>	<b>2021-22</b>	<b>2022-23</b>
POSITIONS - LEGISLATIVE COUNT	0.000	11.000
Personal Services	\$0	\$1,143,428
All Other	\$0	\$216,195
<b>GENERAL FUND TOTAL</b>	<b>\$0</b>	<b>\$1,359,623</b>

**HEALTH AND HUMAN SERVICES,  
DEPARTMENT OF  
DEPARTMENT TOTALS**

	<b>2021-22</b>	<b>2022-23</b>
<b>GENERAL FUND</b>	<b>\$0</b>	<b>\$1,698,000</b>
<b>DEPARTMENT TOTAL - ALL FUNDS</b>	<b>\$0</b>	<b>\$1,698,000</b>

Amend the bill by relettering or renumbering any nonconsecutive Part letter or section number to read consecutively.

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**SUMMARY**

This amendment, which is the majority report of the committee, replaces the bill, which is a concept draft.

Part A requires an appropriate placement in an institution for the care and treatment of persons with mental illness within 30 days from the time the court transmits an order to the State Forensic Service committing a defendant to the custody of the Commissioner of Health and Human Services.

Part B requires the Maine State Housing Authority to implement the so-called frequent users systems engagement plan developed pursuant to Resolve 2021, chapter 23 by requiring the authority to develop at least 50 units, and up to 200 units, of permanent supportive housing for individuals who are homeless and suffering from serious and persistent mental illness and who have regular interaction with law enforcement or hospitals. The authority is directed to facilitate the development of 50 units by January 2027. The Department of Health and Human Services is directed to provide housing navigation and case management services in addition to any behavioral health, substance use disorder and medical services for which the individual is eligible.

Part C requires the Department of Health and Human Services to develop a comprehensive system of residential care for adults and children with high levels of behavioral health needs who are at risk of involvement with the criminal justice system or who, because of their behaviors, require high levels of staffing. The department shall submit a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than January 2, 2023.

Part D requires the Department of Health and Human Services to report biannually for a period of 5 years to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the number of licensed psychiatric inpatient beds and licensed residential treatment beds for adults with serious and persistent mental illness, substance use disorder, developmental disabilities and autism and for children with behavioral health diagnoses.

Part E provides appropriations and allocations.

**FISCAL NOTE REQUIRED**

**(See attached)**



# 130th MAINE LEGISLATURE

LD 1968

LR 2352(02)

## An Act To Expand Access to Mental Health and Crisis Care for Individuals in Jails and Individuals Experiencing Homelessness

Fiscal Note for Bill as Amended by Committee Amendment *(A.C.H.-947)*  
Committee: Health and Human Services  
Fiscal Note Required: Yes

### Fiscal Note

	FY 2021-22	FY 2022-23	Projections FY 2023-24	Projections FY 2024-25
<b>Net Cost (Savings)</b>				
General Fund	\$0	\$1,698,000	\$1,494,887	\$1,527,974
<b>Appropriations/Allocations</b>				
General Fund	\$0	\$1,698,000	\$1,494,887	\$1,527,974

#### Fiscal Detail and Notes

The bill includes General Fund appropriations to the Department of Health and Human Services of \$1,698,000 in fiscal year 2022-23 to establish 10 Intensive Case Manager positions and one Social Services Program Manager position for case management, coordination of housing, substance use services and mental health services, a needs study to identify the current and predicted residential needs of individuals with behavioral health diagnoses and to establish one Social Services Program Manager position for coordination, oversight of a report, reporting to the legislature, developing policy changes and managing the system's changes following a needs study.

This legislation requires the Maine State Housing Authority (MSHA) to implement the so-called Frequent Users Systems Engagement (FUSE) program by providing financing for no less than 50 and up to 200 units of permanent supportive housing to individuals who are homeless or at risk of homelessness and suffering from serious and persistent mental illness and are frequent users of high-cost services, including law enforcement, jails and hospitals. MSHA has indicated that it has the financing resources available to implement the requirements of this legislation and General Fund appropriations are not required.