

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals
(may include minor formatting differences from printed original)

LAWS
OF THE
STATE OF MAINE

AS PASSED BY THE

ONE HUNDRED AND TWENTY-EIGHTH LEGISLATURE

SECOND SPECIAL SESSION
June 19, 2018 to September 13, 2018

THE GENERAL EFFECTIVE DATE FOR
SECOND SPECIAL SESSION
NON-EMERGENCY LAWS IS
DECEMBER 13, 2018

ONE HUNDRED AND TWENTY-NINTH LEGISLATURE

FIRST REGULAR SESSION
December 5, 2018 to June 20, 2019

THE GENERAL EFFECTIVE DATE FOR
FIRST REGULAR SESSION
NON-EMERGENCY LAWS IS
SEPTEMBER 19, 2019

PUBLISHED BY THE REVISOR OF STATUTES
IN ACCORDANCE WITH THE MAINE REVISED STATUTES ANNOTATED,
TITLE 3, SECTION 163-A, SUBSECTION 4.

Augusta, Maine
2019

the State's 2-1-1 system to ensure maximum access for any person who calls the telephone system. The coordinating council shall determine a method to collect data relating to calls received by the telephone system.

Sec. 3. Washington County Coordinating Council. Resolved: That the Department of Health and Human Services shall work with Healthy Acadia to establish and support the Washington County Coordinating Council, referred to in this resolve as "the coordinating council," consisting of up to 15 members representing the community and organizations in Washington County and surrounding areas involved in substance use disorder prevention, treatment and recovery, including a representative from Healthy Acadia as lead agency; a representative from the Department of Health and Human Services; members of organizations representing health care, including primary care, emergency care, hospitals, mental health agencies and providers of substance use disorder treatment, including faith-based treatment; members of law enforcement, including county jails; organizations involved in education, prevention and advocacy; a person involved in the local business community; and persons in recovery living in the area. The coordinating council shall choose a chair to preside over meetings, and it shall meet at least once every 2 months. The Department of Health and Human Services shall work with Healthy Acadia to ensure that an executive assistant coordinates record keeping and meetings and other administrative tasks. The coordinating council shall coordinate services in the pilot project, including access to the telephone system established pursuant to section 2 and accuracy of information relating to services, medication-assisted treatment, detoxification, residential and other treatment services, peer recovery and coaching services, education programs in schools, pain and chronic disease self-management classes, jail treatment programs and other programs as well as tracking barriers to treatment and recovery, facilitating system improvements to reduce or eliminate identified barriers and implementing the recovery resource fund pursuant to section 4.

Sec. 4. Recovery resource fund. Resolved: That the Department of Health and Human Services shall assist the coordinating council with developing a recovery resource fund offering flexible funds as part of a wraparound continuum of supports and services to increase success for individuals in recovery from substance use disorder. The use of the fund is in accordance with the United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration requirements, with an individualized approach, building on family strengths and filling gaps in the system of care to purchase goods and services not otherwise available to the family. The coordinating council shall implement and administer the fund, including recovery coaches or other similar persons in the process, and work with organi-

zations and volunteers to secure additional funding. Payments from the fund are disbursed directly to providers of services and not as cash payments to the individual in recovery.

Sec. 5. Peer services and recovery coaching. Resolved: That the Department of Health and Human Services shall establish and support recovery coaching services to individuals with substance use disorder and to the families of those individuals in Washington County. A coordinator chosen by the coordinating council shall assist in developing, training and establishing peer supports and recovery coaches who provide volunteer services around Washington County, including ensuring that peers and recovery coaches are connected to persons in treatment and recovery, including through the telephone system established pursuant to section 2, and that peers and recovery coaches are available at all times, and in keeping track of the system of peers and recovery coaches. The department and the coordinator chosen by the coordinating council shall endeavor to provide assistance to volunteers such as recruiting, training, transportation assistance, facilitating connections to community organizations and other assistance.

Sec. 6. Evaluation program. Resolved: That the Department of Health and Human Services shall provide a report to the joint standing committee of the Legislature having jurisdiction over health and human services matters no later than November 30, 2022 outlining the planning and implementation of the pilot project, services provided pursuant to the pilot project, details regarding funding expenditures, quantitative and qualitative evaluation, including data collected from the telephone system, and replicability of the pilot project. The joint standing committee of the Legislature having jurisdiction over health and human services matters may report out legislation associated with the report to the First Regular Session of the 131st Legislature.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

Effective June 27, 2019.

CHAPTER 99

H.P. 749 - L.D. 1007

Resolve, To Change the Educational Requirements of Certain Behavioral Health Professionals

Sec. 1. Department of Health and Human Services to amend rules governing educational requirements for behavioral health professionals providing home and community-based

treatment. Resolved: That, no later than January 1, 2020, the Department of Health and Human Services shall amend its rule Chapter 101, MaineCare Benefits Manual, Chapter II, Section 65 to change the educational requirements for behavioral health professionals providing services for children's home and community-based treatment to allow the following educational requirements:

1. A minimum of 60 higher education credit hours in a related field of social services, human services, health or education;
2. A minimum of 90 higher education credit hours in an unrelated field with the provider required to have a specific plan for supervision and training documented in the personnel file of the employee; or
3. A high school diploma or equivalent and a minimum of 3 years of direct experience working with children in a behavioral health children's services program with the provider required to have a specific plan for supervision and training documented in the personnel file of the employee.

The changes to educational requirements required by this resolve do not affect the requirements for behavioral health professional training and the prescribed time frames.

Sec. 2. Training within existing resources. Resolved: That the Department of Health and Human Services shall amend or establish contracts to train any additional number of individuals engaging in training to become behavioral health professionals providing children's home and community-based treatment services within existing resources. The department may make any changes necessary, including choosing to charge individuals or their employers fees for training, in order to offer training within existing resources.

See title page for effective date.

CHAPTER 100

S.P. 508 - L.D. 1602

Resolve, Establishing the Working Group on Mental Health

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, this resolve establishes the Working Group on Mental Health to review the State's mental health system and propose a mental health plan for the State; and

Whereas, community-based mental health services are the foundation for a healthy Maine, and the State is currently housing too many people with behavioral health needs in jails and emergency rooms; and

Whereas, the review must be initiated before the 90-day period expires in order that the study may be completed and a report submitted in time for submission to the next legislative session; and

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, be it

Sec. 1. Working group established. Resolved: That the Working Group on Mental Health, referred to in this resolve as "the working group," is established to review the State's mental health system and propose a mental health plan for the State.

Sec. 2. Working group membership. Resolved: That, notwithstanding Joint Rule 353, the working group consists of 18 members as follows:

1. Two members of the Senate appointed by the President of the Senate, including a member from each of the 2 parties holding the largest number of seats in the Legislature;
2. One member representing the National Alliance on Mental Illness Maine organization appointed by the President of the Senate;
3. One member representing the Consumer Council System of Maine appointed by the President of the Senate;
4. One member representing hospitals in the State appointed by the President of the Senate;
5. One member representing providers at federally qualified health centers appointed by the President of the Senate;
6. One member representing municipal law enforcement agencies appointed by the President of the Senate;
7. One member representing community mental health providers appointed by the President of the Senate;
8. Two members of the House of Representatives appointed by the Speaker of the House, including a member from each of the 2 parties holding the largest number of seats in the Legislature;
9. Two members who are consumers of mental health services with different lived experiences appointed by the Speaker of the House;