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January 23, 2012

Senator Earle L. McCormick, Co-Chair Representative Meredith N. Strang Burgess, Co-Chair Committee on Health and Human Services 100 State House Station Augusta, ME 04333

Dear Senator McCormick, Representative Strang Burgess, and Members of the Joint Standing Committee on Health and Human Services:

I am pleased to provide the attached report in response to your letter of June 16, 2011. The Health and Human Services Committee voted against LD 918 but asked that DHHS consider the availability of federal block Grant funding; requesting that funding; and to allocate the funding based on needs assessment and document how the funds are allocated for services. The HHS Committee further requested DHHS to: place a high priority on peer and family support services; require all recipients of block grant funding to collect measurable data; and to make funding decisions based on performance.

Please direct any questions or concerns to Guy Cousins, Director of Substance Abuse Services and Acting Director of the Office of Adult Mental Health Services. He can be reached at 287-2595 or by email at guy.cousins@maine.gov.

Sincerely,

Mary C. Mayhew Commissioner

MCM/klv

Enclosure

Office of Adult Mental Health Services LD 918 Report to the Committee on Health and Human Services

During the First Regular Session of the 125th Legislature, the Health and Human Services Committee considered LD918, An Act to Reduce the Cost of Mental Health Services in Maine. The Health and Human Services Committee (HHS) voted against LD918. Committee members heard the value and effectiveness of peer and family support services for adults seeking substance abuse treatment and treatment for mental illnesses.

The HHS Committee requested DHHS to consider the availability of federal block grant funding, request that funding, allocate the funding based on a needs assessment and document how the funds are allocated for services. The HHS Committee requests that DHHS place high priority on peer and family support services and require all recipients of block grant funding to collect measurable data outcome and make funding decisions based on performance.

The Office of Adult Mental Health Services applied for and was awarded funding for the Community Mental Health Services Block Grant in FY 2012-13. In addition, OAMH also applied for and was awarded funding for another Formula Block Grant program.

1. The SAMHSA Community Mental Health Services Block Grant is a formula grant to states to support Mental Health, Substance Abuse, and Children's Services targeting persons who are uninsured or have temporarily lost their insurance. The Community Mental Health Services Block Grant application received an award letter on December 28, 2011 verifying an award of \$1,625,856. DHHS has and plans to continue splitting this Block Grant 50/50 between OAMHS and OCFS.

Concurrent with this Legislative request, SAMHSA is also strongly supporting increased utilization of peers, both in the decision making process and through funded activities. Utilization of Peers and Family Member based services is very strong in the OCFS contracts (more than 75%) however represents only 14% of the OAMHS contracts as funded by the Block Grant. OAMHS would envision an RFP to be issued in FY '13 to contain language allocating a minimum of 25% utilization of peers and peer services the first year with a plan to reach 50% over a three year period with provisions in the RFP to include performance based measures and outcomes documenting this expectation. Upon completion of a thorough needs assessment (already underway) and issuance of an RFP, the existing OAMHS allocations, services, and funded agencies are likely to change.

2. The Maine Department of Health and Human Services (DHHS) will be seeking proposals to provide services as defined in a Request for Proposal (RFP) for another Block Grant program beginning July 2012. At this time, that program's name cannot be released as the RFP is currently under review at the Division of Purchases. The eligible services funded by this grant will consist of: 100% utilization of Peer Outreach Specialists performing the following activities: outreach, engagement and referral services to literally homeless and at risk of homeless persons with mental illness and/or substance use disorders.