



## **Consumer Council System of Maine**

### **A Voice for Consumer of Mental Health Services**

[www.maineccsm.org](http://www.maineccsm.org)

#### **LD 967**

**An Act To Cut the Cost of Behavioral Health Care in Hospital Emergency Rooms and To Enhance Access to Peer Support and Community-based Services**

**April 29, 2011**

Greetings, Chairpersons and Members of the Joint Committee on Health and Human Services:

I am Vickie McCarty, Sr Outreach Coordinator for the Consumer Council System of Maine (CCSM). The CCSM was established by the 123<sup>rd</sup> Legislature as an independent public instrumentality (Title 34B, §3611) to provide an effective, independent consumer voice in the development of public policy, resource allocation, the delivery of effective and appropriate adult mental health services.

We are testifying today in favor of LD 967, An Act To Cut the Cost of Behavioral Health Care in Hospital Emergency Rooms and To Enhance Access to Peer Support and Community-based Services.

We believe that this bill is a good idea because ERs are often the first place individuals go when in crisis. In many cases there is sometimes a long waiting period in ER's before individuals in crisis can be seen or a crisis bed can be found which often can result in escalating the crisis a person is experiencing. Getting them to appropriate services quickly would result in more positive outcomes for all concerned.

Currently Amistad, a mental health consumer organization has a very successful peer support program in the Emergency Room at Maine Medical Center staffed by consumers. Sweetser has a peer learning and recovery center that includes respite beds. They also maintain a warm line for individuals with mental health issues that is run by peers. Therefore we feel that adding more of these peer supports to and utilizing diversions from ERs will result in better outcomes for peers, providers and taxpayers.

We also support the request made by Rep. Sanborn on behalf of the Behavioral Health Community collaborative that the concept be turned into a resolve requesting DHHS to research both the extent of the problem and promising models being used around the country for Emergency room diversion for behavioral health and substance abuse clients. This would allow for more appropriate and less expensive services in community based settings, and then to present at least two possible plans to the HHS committee next March for their action.

Thank you for your thoughtful considerations regarding this bill.