

# MaineHealth

## Testimony of Sarah Calder, MaineHealth

### In Support of LD 1418

### “An Act to Address Maine’s Shortage of Behavioral Health Services for Minors”

Friday, April 19, 2019

#### MaineHealth Member

##### Organizations:

Franklin Community Health Network

LincolnHealth

MaineHealth Care At Home

Maine Behavioral Healthcare

Memorial Hospital

Maine Medical Center

NorDx

Pen Bay Medical Center

Southern Maine Health Care

Synernet

Waldo County General Hospital

Western Maine Health

#### Part of the MaineHealth Family:

MaineHealth Accountable Care Organization

#### MaineHealth Affiliates:

MaineGeneral Health

Mid Coast-Parkview Health

New England Rehabilitation Hospital of Portland

St. Mary's Health System

Senator Gratwick, Representative Hymanson and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Director of Government Affairs at MaineHealth, and I am here to testify in support of LD 1418, “An Act to Address Maine’s Shortage of Behavioral Health Services for Minors.”

MaineHealth is Maine’s largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes Maine Behavioral Healthcare, is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and better access to behavioral healthcare through integration with primary care services.

Every day MaineHealth’s local health systems are challenged with discharging patients to the next appropriate level of care. One such population is children with behavioral health needs. Over the past year, we have experienced a gradual erosion of the State’s system of child and adolescent behavioral health services. The child Assertive Community Treatment (ACT) teams have been dismantled, and nearly all of the multisystemic therapy (MST) teams have dissolved. Outpatient offices have closed, Home and Community Based Treatment (HCT) teams have disbanded, and the few programs that do remain are often understaffed and unable to provide services in a timely manner. This means that children and adolescents routinely have extended stays in the emergency departments of Maine Medical Center and other MaineHealth hospitals.

The shortage of behavioral health service options also leads to markedly extended stays within psychiatric inpatient hospital units. At a given time, up to 50% of psychiatric inpatient beds for children and adolescents within MaineHealth are occupied by those who have completed acute treatment, and who are waiting for transfer to residential treatment facilities or other services. As a result, these are beds that are not available to those waiting in emergency departments and elsewhere.

Currently, Spring Harbor Hospital has 13 patients with a combined length of stay of 679 days that are awaiting the next level of care. In addition to those 679 days, the hospital has needed to block beds due to the patients' behavior to create private rooms, resulting in a loss of 203 days. Eleven of these patients are awaiting residential placement or are going through the Intensive Residential Treatment Application (ITRT) process. Once the ITRT is approved and residential placements begin the interview process, it can take weeks and even months for a residential placement to become available. For example, we have one patient who has been waiting 113 days for a residential placement and since March 2018, the average wait time for residential placement after the ITRT is approved was 61 days.

Importantly, it must be noted that we now know that most life-long or recurring serious mental illnesses begin and can be identified in childhood and adolescence, and that delayed or ineffective treatment in early stages of mental illness, as with other illness, often leads to persistent disability, with tragic effects on individuals and families, and an ongoing burden of cost to healthcare resources.

With these challenges in mind, MaineHealth supports the intent of LD 1418; however, we urge the Committee to act on pending legislation before the Committee now because our most vulnerable cannot afford to wait. Specifically, we urge the Committee to support a reimbursement rate increase for MST and reimbursement for MST-CAN (LD 1039) and to create a bundled rate for Coordinated Specialty Care (LD 1461), which is the standard of treatment of First Episode Psychosis and has been shown to reduce hospital bed days by 54% in the first year of care. Additionally, we believe that the creation of more high acuity residential beds for children and adolescents is critical. Furthermore, time limits on the residential application and placement process should be considered, so that youth, families, and providers are not caught in limbo for months without a viable discharge plan.

Thank you and I would be happy to answer any questions you may have.