

MaineHealth

Testimony of Stephen Merz, FACHE

Maine Behavioral Healthcare

In Support of LD 1602

Resolve, Establishing the Working Group on Mental Health”

Wednesday, May 15, 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 Stephen Merz, President of Maine Behavioral Healthcare (MBH), and I am here to testify in support of LD 1602, "Resolve, Establishing the Working Group on Mental Health."

MaineHealth is Maine's largest integrated not-for-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 its footprint in Maine, coordinating a continuum of services for individuals with behavioral health needs, from acute psychiatric care through community-based treatment services, and better access to behavioral healthcare through integration with primary care.

Over the past few years, Maine has experienced a gradual erosion of the State's system of behavioral health services. Maine Behavioral Healthcare is uniquely positioned to observe the impact of this eroding system since it operates acute behavioral healthcare services, such as inpatient beds at Spring Harbor Hospital or Maine Medical Center, as well as community-based mental healthcare services in a geography covering more than 1.1 million Mainers. As part of an integrated healthcare system, we see daily indicators of system problems and failures. Examples include "stuck" patients in hospitals waiting for months at times due to a lack of a safe place for discharge; "stuck" patients in emergency departments due to lack of beds; and patients and families anxiously awaiting access to outpatient services by a psychiatrist or other community mental health provider.

Why is this happening? We believe the underlying issue is a lack of funding for core community healthcare services for behavioral health. For example, Assertive Community Treatment (ACT) teams are struggling, and nearly all of the Multi-Systemic 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 our most vulnerable routinely have extended stays in the emergency departments of hospitals, which is neither effective nor efficient for the treatment of psychiatric illness. We are facing a breaking point and it is for that reason that I urge the Legislature to support LD 1602. It is imperative that we develop a comprehensive plan to help rebuild access to a continuum of behavioral health services throughout the state. I would like to take

a moment, however, to help illustrate the numerous challenges that community based providers, like MBH, are currently facing:

Outpatient Therapy/Medication Management:

Medication management services provided under rule Chapter 101: MaineCare Benefits Manual, Chapter III, Section 65: Behavioral Health Services – otherwise known as outpatient psychiatry – provides the foundation of the services necessary to support individuals with behavioral health needs in their communities. MBH currently serves 8,400 clients annually in this program and we maintain a large waiting list. As other agencies reduced or terminated their medication management services and clients had few places to turn to for help, MBH increased its supply of providers and developed innovative treatment models to help meet the growing community need. At this point, however, the demand for service has far outweighed MBH's ability to deliver care to all patients referred to its program. In fact, the average wait time is more than 2 months and best practices suggest that individuals in need of medication management should have immediate access to care in order to prevent decompensation. While we are grateful that the 128th Legislature provided a 15 percent rate increase to medication management services, MBH's program is currently operating at a \$2.4 million annual operating loss. This subsidy is simply not sustainable.

Integrated Medication-Assisted Treatment (IMAT):

In addition to providing a continuum of services for adults and children with mental illness, MBH serves as the leader of MaineHealth's effort to address the opioid epidemic. Our multi-faceted approach involves prevention, education and treatment across the entire MaineHealth footprint, including intensive treatment "hubs" run by MBH and staffed by psychiatrists, and intermediate and ongoing maintenance level treatment in primary care Patient Centered Medical Homes located in each of our local health services areas. I am proud to say that in Fiscal Year 2018, we served 1,056 patients through this effort, and MaineHealth's providers have reduced opioid prescriptions by more than 50% since 2016. I like to believe that these investments contributed to the reduction in opioid-related deaths that we saw in 2018. I would be remiss if I didn't mention that this effort has been heavily subsidized by our health system, and our evidence-based treatment model continues to lose money due to inadequate MaineCare reimbursement. MBH currently operates these programs with an annual operating loss of more than three-quarters of a million dollars. Again, this program must be financially sustainable to survive, and increased funding is necessary to achieve that goal.

Assertive Community Treatment (ACT):

MBH has five Assertive Community Treatment (ACT) teams in Springvale, Biddeford, Portland (2), and Brunswick, which support MaineCare eligible adults in York, Cumberland, and Lincoln Counties who have a major mental illness diagnosis and often co-occurring disorders. This intensive community-based treatment program works to improve the client's ability to independently manage

their lives, while strengthening family, work, school and community ties. Due to financial constraints and short-staffing, each ACT team at MBH has encountered great stress related to the required number of contacts that are needed to be made (average of three contacts per week), while finding a balance of delivering meaningful and outcome focused care on an ongoing basis.

Multi-Systemic Therapy (MST):

Multi-Systemic Therapy (MST) is an intensive family- and community-based treatment program that treats youth offenders (at risk of incarceration or out-of-home placement) and extends to the systems surrounding the child; caregivers, school, Corrections, case management, extended family, and at times, houses-of-worship, and extracurricular activities. MBH has a commitment to provide a spectrum of evidence based programs, including MST, to assure that we provide proven, efficacious, and fiscally-responsible treatment to those we serve. However, over the past five years, we have needed to reduce our teams from three teams to half of one team to mitigate the ongoing operating losses we have sustained in this program. Simply put, MBH loses 33 cents on every dollar to operate MST services. Only outpatient psychiatry medication management services losses more money than MST at MBH. The rate increase approved by the 128th Legislature allowed us to absorb the losses of only half of one MST team, but it was not enough to rebuild this program and we are now at risk of closing at the end of this fiscal year.

By passing LD 1602, the Legislature has an opportunity to rebuild our broken and deteriorating behavioral health system by bringing together stakeholders to analyze the needs of our communities and community based providers. I would suggest a review process include a number of key aspects such as: review of “stuck” patients at all levels of care, noting the human and financial toll it is taking on our communities; rebuild the local mental health authority (LMHA) structure in Maine to ensure state grant resources are deployed effectively to meet community needs; establish an organized rate structure and review process to provide stability and process to setting service rates in Maine; review opportunities for a managed care system for behavioral healthcare services in Maine to ensure funding for IMDs and parity provisions are achieved; and review the needs for dually-diagnosed clients who also have a co-occurring mental healthcare and substance use disorder diagnosis.

In the meantime, however, it is imperative that increased funding is appropriated to sustain what few services still exist. Community based providers, like MBH, and the clients we serve cannot wait for a comprehensive review of rates. The Legislature must act now. Thank you for your time and I would be happy to answer any questions that you may have.