

MaineHealth

MaineHealth Local Health Systems

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

Testimony of Sarah Calder, MaineHealth In Support of LD 1937

“An Act To Provide Timely Access to Behavioral Health Services for Maine Children and To Address Trauma and the Impacts of the Opioid Crisis”

Thursday, January 30, 2020

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 1937, “An Act To Provide Timely Access to Behavioral Health Services for Maine Children and To Address Trauma and the Impacts of the Opioid Crisis.”

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.

I have stood before this Committee numerous times to ask for your support in addressing a major challenge that MaineHealth’s local health systems face every day - discharging patients to the next appropriate level of care. One such population is children with behavioral health needs due to the 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 eight patients with a combined length of stay of 496 days that are awaiting the next level of care. In addition, the hospital

also regularly needs to block beds due to the patients' behavior to create private rooms. Over the past six months this has resulted on average loss of 186 days. These eight 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 strongly supports LD 1937, "An Act to Provide Timely Access to Behavioral Health Services for Maine Children and To Address Trauma and the Impacts of the Opioid Crisis." While we are grateful that the Administration will soon conduct a comprehensive review of MaineCare rates, we urge this Committee to act now on LD 1937 because our most vulnerable cannot afford to wait. 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.