



March 21, 2018

Joint Standing Committee on Health and Human Services
Cross State Office Building, Room 209
Augusta, ME 04333

Re: LD 1868 – Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children

Dear Senator Brakey, Representative Hymanson, and distinguished members of the Joint Standing Committee on Health and Human Services:

I am Michael Abbatiello, Senior Vice President of Operations and Finance at Maine Behavioral Healthcare (MBH), and I am providing written testimony in strong support of LD1868, Resolve, To Increase Funding for Evidence-based Therapies for Treating Emotional and Behavioral Problems in Children.

MBH, a not-for-profit behavioral health services organization, serves seven counties in Maine and is by many measures the largest behavioral health services provider in the state. Our organization was created in 2014 bringing together four community mental health centers as well as the intensive services of an acute care psychiatric hospital at Spring Harbor Hospital into one fully integrated system of care. As a not-for-profit, and a member of the MaineHealth system, we are committed to serving the needs of all of the communities and populations in our area to the extent that our resources allow.

Multisystemic Therapy (MST) is considered a top-tier Evidence Based Program (EBP) by the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as a top-tier EBP by the National Institute on Drug Abuse (NIDA). The MBH MST team is additionally trained to provide Contingency Management (substance abuse treatment) as an effective treatment for substance-abusing youth. A 2014 report by NIDA points out that family-based treatments, such as MST, are highly efficacious; some studies even suggest they are superior to other individual and group treatment approaches (NIDA, 2014). The efficacy of MST is clearly outlined in 30 years of research. There are 67 published outcome, implementation and benchmarking studies, yielding more than 130 published, peer-reviewed journal articles. More than 55,000 families were included across all studies, including 25 randomized trials. Forty-six of the 67 studies were conducted by independent researchers (not involving an MST model developer). MST treatment focuses on treating youth offenders (at risk of incarceration or out-of-home placement), 16 outcome studies used MST with serious juvenile offenders (with 11 randomized trials) and two outcome studies with substance abusing or dependent juvenile offenders. All results are nationally published and available collectively at <http://www.mstservices.com/proven-results>.

What makes MST so effective is the multi-systems approach that goes beyond the individual teens motivation to change, and extends to the systems surrounding the child; caregivers, school, Corrections, case management, extended family, and at times, houses-of-worship, and extracurricular activities. MST provides primary focus to the caregivers of the child to strengthen the home as the primary agent of change. Keeping youth at home, out of placement and in school with MST treatment increases functional outcomes today and beyond with 54 percent fewer re-arrests, 75 percent fewer violent felony re-arrests and 54 percent fewer out-of-home placements (collaborative evaluation data highlighted in <http://www.mstservices.com/proven-results>).

Options that keep youth at home and engaged in school and family life are documented to produce better outcomes both for youth and public safety.¹

MBH has a commitment to provide a spectrum of EBP, including MST, to assure that we provide proven, efficacious, and fiscally-responsible treatment to those we serve. However, over the past four years 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, there is no other program at MBH that loses more money than MST.** MBH started our MST program in 2011 and since that time, the reimbursement rate for this program has not been adjusted. As a result, MBH loses 31 percent of every dollar earned in MST. Increased funding for this EBP is paramount for its ongoing sustainability. Although funding mechanisms like case rates or capitated rates can provide financial flexibility on how best to financially manage a program, it should not take priority over increasing the overall funding necessary to sustain the program.

Passage of LD1868 will allow us to grow our MST teams back to the levels we had several years ago in a manner that will lead to reducing overall healthcare costs, provide for highly effective outcomes today and in the future, and do so in a way that will financially sustain this EBP.

Thank you for the opportunity to provide my written testimony.

Sincerely,
Michael R. Abbatiello, MPPM, CPA
Senior Vice President of Operations and Finance

¹ (Peter W. Greenwood, "Prevention and Intervention Programs for Juvenile Offenders," *The Future of Children: Juvenile Justice* 18, no.3 2008).