



Holly Stover

71 Dover Rd.

Boothbay, ME 04537

Phone: (207) 633-5979

Holly.Stover@legislature.maine.gov

HOUSE OF REPRESENTATIVES

2 STATE HOUSE STATION

AUGUSTA, MAINE 04333-0002

(207) 287-1400

TTY: MAINE RELAY 711

**Testimony of Representative Holly B. Stover presenting
*LD 907, "An Act to Meet the Needs of Individuals with Severe Behavioral Health Diagnoses
Before the Joint Standing Committee on Health and Human Services***

Senator Baldacci, Representative Meyer and Members of the Joint Standing Committee on Health and Human Services, I am Holly B. Stover, and I represent the Towns of Boothbay, Boothbay Harbor, Edgecomb, Southport, South Bristol and Westport Island. I am here to testify in support of ***LD 907, "An Act to Meet the Needs of Individuals with Severe Behavioral Health Diagnoses."***

As this Committee knows all too well, there are children and adults across this state who live with significant behavioral health needs who could benefit from specific services and supports that are not available through insurance or other funding. Individuals have individualized plans developed by case managers or care teams that recognize the importance of a particular service but the funding simply does not exist. We know that if individuals and families can access the right care at the right time, they will have far better outcomes.

The concept of wrap around services or "flex funds" is not new. In fact, at one time Maine was recognized as a leader in wrap around service models for adult and children's behavioral health. Wrap around funds are typically identified through individualized plans that are created with the individual, supportive family members and service providers. The services identified in the plans could be paid for by wrap around funds. They include things like 1:1 staffing for an individual not reimbursed in another way, particularly in a hospital setting. There are also instances where environmental modifications could be implemented if there funding to cover the expense. Wrap around funds are in place where no other funding exists.

I know of an individual in my community who could have greatly benefitted from having their behavioral health worker available when they were experiencing a crisis. The behavioral health worker had a good rapport with this individual. The individual would frequent the local emergency department when they experienced a behavioral health crisis. Due to billing restrictions, the behavioral health worker could not be compensated inside the hospital although the relationship between the two really helped to calm the individual. There was a very serious crisis incident involving this individual where E.D. staff sustained significant injuries. I believe if wrap around funds were available to pay for the behavioral health worker, this incident and others like it could be avoided.

To be clear, these funds would supplement, not supplant, existing funds. In my professional experience, these funds could allow for services to be delivered in the least restrictive way possible. We know that people respond to treatment that is tailored specifically to meet their individualized needs. The use of wrap around funds to

address these unmet needs can help to stabilize a crisis situation in the community or in a higher level of care, like a hospital setting. These are relatively small amounts of funding that have the potential make a big impact for a person with behavioral health needs.

Thank you for listening and for your consideration of this request. I am available to answer any questions you might have.