

Testimony Regarding  
LD 840: An Act to Support Individuals with Personality Disorder or  
Emotional Dysregulation by Requiring Reimbursement Under the  
MaineCare Program

before the  
Health and Human Services Committee  
131<sup>st</sup> Maine State Legislature  
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presented by  
Brooklin R. Jones-Banahan, MSW, LCSW  
(918) 344 – 7844  
[brooklin.jones@maine.edu](mailto:brooklin.jones@maine.edu)

Good afternoon Senator Baldacci, Representative Meyer, and members of the health and human services committee, thank you for my time to testify. I am writing to state my support for LD 840: An Act to Support Individuals with Personality Disorder or Emotional Dysregulation by Requiring Reimbursement Under the MaineCare Program. My name is Brooklin Jones. I am a licensed clinical social worker and resident of Hermon. I have a B.A. in International Studies. In my practice, I work with individuals with various types of trauma, personality disorders, and mood disorders, amongst other disorders. I have taken over 250 hours of continuing education in my 3 years as a licensed practitioner, over 60 of those were in DBT. I am required by law to take 24 every two years.

This bill removes barrier of non-reimbursable intervention time to practitioners who follow the Linehan Model for Dialectical Behavioral Therapy (DBT). The Linehan model is the original research and most effective implementation method which include phone coaching. At my agency, we do offer phone coaching as part of the intervention with individuals who are in DBT group therapy and individual therapy. Before I describe phone coaching, I want to describe DBT in accordance with the Linehan Model.

DBT is a 48-week intervention program that goes through topics on mindfulness, emotional regulation, distress tolerance, and interpersonal effectiveness. They go through each module twice (at a minimum) to gain mastery. These are skills that are used by neurotypical individuals that may not have been modeled or implemented effectively in the past by the participant. Phone coaching helps people generalize those skills they learn in group to their life by giving participants a phone number to call their DBT facilitator at to remind them and describe to them the skills they learned in group. When in group

people are typically calm and able to process what they are being taught. When someone is creating a new habit, it is difficult to recall in the heightened state which is where phone coaching comes in. In that heightened state, they are reminded and able to make a more effective choice. Other parts of the Linehan Model include case consultation. Case consultation is when the DBT practitioner team meets to discuss our clients that are enrolled in DBT and ensure we are following the model and various intervention methods in individual therapy. This is time that is not reimbursed by MaineCare (or any insurance) and is crucial to ensure our team is on the same page for phone coaching, group therapy, and individual therapy.

Phone coaching is currently a five-minute phone call with our clients when they call due to the limitations of asking practitioners to be on call during a non-reimbursable period of time. This is time that is interrupting life outside of work. The biggest feedback we have received on our surveys about client satisfaction is to increase the length of phone coaching calls. This is a big ask to practitioners and understandable because normally we take up to 90 minutes to review a skill in group and to condense that into 5 minutes is hard. We are doing the best we can in that moment. Phone coaching is not something every agency that does DBT offers as part of the intervention.

Individuals with personality disorders and emotional dysregulation are difficult to engage at times. It is a diagnostic category that has high utilization of mental health intervention needs and high stigmatization. This bill would encourage practitioners to seek more training with and engage more effectively with them.

If you were to pass this bill and create a new billing code for phone coaching, it would make a significant difference in the lives of practitioners. I know this would just be

for MaineCare clients and they comprise a majority of individuals engaging in DBT services. Additionally, this billing code would cover the services offered to some individuals referred to services due to their children being involved with DHHS. This billing code would help with practitioner burnout and the mental health crisis that is ongoing in our state since the pandemic started.

Thank you, Senator Baldacci, Representative Meyer, and members of the committee, for your consideration and I hope you will support this bill so the needed assistance to practitioners and recipients of MaineCare will be instated. I welcome any questions that you may have on this legislation.