



To: Senator Baldacci, Representative Meyer and esteemed members of the Health and Human Service Committee

From: Kim Humphrey, mother of Dan and Founder and President of Community Connect Maine

RE:

- In Support of L.D. 435, Resolve, to Ensure the Provision of Medically Necessary Behavioral Health Care Services for Children in Their Homes and Communities
- In Support of LD 907 An Act to Meet the Needs of Individuals with Severe Behavioral Health Diagnoses and
- In Opposition to LD1003 Proposed Sect 5 Amendment An Act to increase Access to Behavioral Health Services for Children and Individuals with Intellectual Disabilities

My name is Kim Humphrey and I am from Auburn. I am the mother and guardian of Daniel Humphrey, an adult living with autism, and I am founder and president of Community Connect Maine (CCME), a 501c3. This testimony is from both CCME and myself. Our vision is that all people have the support they need, when they need it, to live a full life within their communities of choice. Our mission is to connect individuals, families, caregivers, and communities to improve the system of care for people with developmental disabilities and related conditions. We are a network of over 4,000 people statewide.

I urge you to pass LD 945, LD 907 (and LD 1003 if it is amended to delete section 5 the “no eject no reject practice”)

Too many individuals with intellectual/developmental disabilities (I/DD) in Maine, with behavioral health issues, have had experiences living in emergency rooms, crisis beds and hospitals. There are not enough services and coordination of care available across the lifespan for this population. I fully support LD 435 to provide needed care for those with severe behavioral challenges during childhood. Doing what is required, such as complying with Early Periodic Screening Diagnosis and Treatment (EPSDT) will greatly reduce future long-term costs to the state.

My own son went to a costly but well-run out-of-state program from age 11-20 because he couldn't get consistent in-home supports in Maine. He learned aggressive behavior when his needs were unmet but could make good, slow progress when the right supports were in place. It is clear to me how the state can simultaneously increase independence and reduce costs by providing the right support when it is needed. The state could get it right the first time by fulfilling its obligation required in EPSDT. This sub-population at risk for severe behavior challenges would learn more skills, be able to navigate the world more successfully and no longer need to express frustration through aggression or other challenging behaviors.

Once a crisis happens, quickly resolving it reduces the harm to the individual and the family, and keeps the costs down for all involved. I fully support LD 907 because the wraparound funding is so beneficial. When

service programs are siloed, they can prevent common sense solutions from happening and delay crisis resolution.

The bill LD 1003 also includes a number of useful strategies to keep crises in check. I support all of the bill **except** section 5. I strongly oppose NO EJECT NO REJECT, section 5 amendment. This places the individual and their family in the middle of a potential power struggle between providers and DHHS when they are already in the throes of a crisis. In 2021, a DHHS bill was passed by HHS that added a phrase to crisis regulations "based on available resources" that can be used as a reason for DHHS to do nothing to help providers.

No eject, no reject law could be forcing providers to keep a client they don't have the resources to serve while the provider goes bankrupt. Alternatively, individuals may be forced to stay in situations that are dangerous because a solution isn't reached. ***What I fear the most is that there will be absolutely no good reason for any provider to offer programs for a sub-population that has any risk of putting them in such a horrible position.*** That's a potential bill backfire. If no programs exist for this sub-population, more people that have no viable support will go into crisis ending up using hospitals and ERs more often than they do now.

Please vote to pass LD 435, LD 907 and amend LD 1003 to delete the No eject, no reject section 5, than vote to pass it. These bills will reduce crisis and long-term care costs to the state and improve the quality of life for individuals with I/DD who are at risk of behavioral challenges.