

Matthew Narel
NFI North
LD 1745

Bill LD 1745 (Public Comment)

Please accept the following comments in favor of passing Bill LD 1745:

Section 1: The closure of facilities or agencies serving youth has a direct impact on all agencies providing this service in Maine. The joint standing committee should require that DHHS share the information required in Section 1 with all presently operating agencies providing services to children in an effort of transparency as it relates to the circumstances of the closure, the specifics as to the number of youths impacted and to the efforts made by DHHS to collaborate with the agency/facility to prevent closure. Sharing this information can assist operating agencies with critical feedback to continuing and improving their service delivery and helping to prevent further closures.

Section 2: It is critical that providers have a continuous voice and means of dialogue with DHHS to address short term and long-term concerns regarding the sustainability of providing residential services to youth. The present contracts for reimbursement fall incredibly short for today's economic world, including below market value salaries that do not attract qualified clinical or medical staff and low wages for the direct care staff who provide daily support to the youth. There is a lack of resources to provide additional therapeutic services that would directly support the treatment plan goals for the youth's development. Rate increases are essential for providing quality care and services not only for residential programs but for providing critical in-home services such as Aftercare, HCT, and ACT and services provided by MaineCare with all schools.

Section 3: The number of youths placed out of state is a direct result of the state not providing funding or resources to providers to operate treatment programs within the state as well as an overabundance of oversight that often results in unfunded mandates and Rules which do not translate into actual practice. DHHS should be required to share information with providers about the number of youths being served out of state, the length of stay for each youth, the financial cost to the state and work collaboratively with providers on a plan of action to return these youth to in-state placement.

Section 4: The Aftercare model provided by DHHS places an additional burden on residential providers due to the education level required to provide the service and the rate of reimbursement which does not cover the actual cost of providing the service. Residential providers know the youth and family and have a much clearer understanding (working with the family) of the right person from the program to provide Aftercare services.

Section 5: DHHS should provide the joint standing committee and providers with a set of guidelines for how the appropriated funds would be used to financially support providers from closing operations. This transparency allows for improved collaboration between DHHS and providers in creating forward thinking plans rather than reacting to sudden impending closures.

Respectfully,

Matthew J. Narel
NFI North Regional Director