IAM
Independence Advocates of Maine

**Testimony for the HHS Legislative Committee on LD 1745 and LD 1631**
**Date:** April 28, 2025
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***LD 1745:*** *An Act To Stabilize Residential Treatment Capacity for Children and Youth in Maine*
***LD 1631:*** *Resolve, to Implement the Recommendations of the Stakeholder Group to Address Child Stay Times in Emergency Departments*

Good morning, Senator Ingwersen and Representative Meyer, and esteemed members of the Health and Human Services Committee,

I am Catherine Thibedeau, Executive Director of Independence Advocates of Maine (IAM). Thank you for allowing me to share my testimony today. This testimony is in Support of both LD1745, "An Act to Stabilize Residential Treatment Capacity for Children and Youth in Maine," and LD1631, "Resolve, to Implement the Recommendations of the Stakeholder Group to Address Child Stay Times in Emergency Departments". IAM provides essential support and services to adults and children with intellectual and developmental disabilities I/DD. While we provide various services, we operate Treats Falls House, an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) that serves adults, youth, and children with extraordinary care needs.

I want to express my strong support for both bills above, as they are crucial to ensuring that children and youth receive the care they need. These bills represent a significant step forward in addressing the current gaps in our system and providing the resources necessary to support this vulnerable population. LD 1745 aims to stabilize residential treatment capacity for children and youth in Maine by providing the necessary funding and infrastructure, and LD 1631 focuses on implementing the recommendations of the Stakeholder Group to address child stay times in emergency departments. The fact that young people with complex needs remain in hospital or emergency room settings for extended periods underscores the critical need for these reforms.

It is particularly important for those with I/DD, who often have specialized care needs. When a child has complex behavioral health and/or medical needs coupled with an I/DD diagnosis, they often have no options for care. I applaud the Stakeholder Group Report on LD 2009 for understanding this and highlighting the urgent need to expand community-based services for the I/DD population inclusive of ICFs.

Two recent examples illustrate the urgent need for specialized care programs for those with I/DD. One youth (15 years old) with complex medical needs remained inpatient in the hospital for five months, after failed foster care settings. The other example is a youth (13 years old) with behavioral health needs who was confined to an emergency room for 300 days due to the lack of suitable residential care options. During both of these prolonged hospital stays, the children did not attend school, have access to friends and peers, and missed crucial developmental milestones, only exacerbating their already challenging situation. Ultimately, both youths found successful placements in our ICF/IID program, now receiving the intensive support and individualized care necessary for their development.

Maine's ICF/IID program, while a service that can be provided to both children and adults, is currently overseen by the adult services agency OADS and, therefore, overlooked to address the special needs of children with I/DD. This program provides comprehensive and individualized care, including medical, therapeutic, and educational services, in a structured and supportive environment. The goal is to help people develop essential life skills, improve their communication abilities, and gain greater independence. At Treats Falls House, we have seen firsthand the positive impact of specialized residential care on children with I/DD. Our residents have made remarkable progress, attend public school, build skills, and reduce the need for emergency room and other inpatient services, highlighting the importance of a stable, nurturing environment where children can receive individualized support. These children need access to a robust continuum of care that focuses on services in the family setting but, also include stabilizing and rebuilding child and youth residential capacity to include ICF/IIDs, developing crisis services, and ensuring that community-based services are adequately resourced.

In conclusion, these bills are essential for stabilizing and expanding residential treatment capacity for children and youth with I/DD in Maine. These bills are a step in the right direction to help understand the problem, work to improve the adequacy of community-based services, and begin to develop a true continuum of care to meet the diverse needs of this population. I urge the committee to support these bills and take action to address the crisis that kids who need care are currently facing here in Maine.

Sincerely,

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