



## Testimony – In support of LD 2125

Thank you for the opportunity to testify today. My name is Samantha Farrar, and I am a Clinical Social Worker at KidsPeace New England. I am here today to advocate for LR2125, which supports a rate review for Residential Treatment Facilities (RTF) in Maine.

As a Clinician at an RTF serving children, I provide a variety of therapeutic services, including individual therapy and family therapy, both of which are essential pillars of treatment. As RTF's continue to close across Maine, the ability to provide children with these and other services becomes increasingly compromised.

I regularly witness the struggle that Maine families endure in attempting to navigate services for their children, let alone services that are readily available, convenient, and unique to the needs of their child. More families consider out-of-state placement as a desperate solution to simply continue the treatment their children need. **But sending Maine children out of state for treatment is not a solution. It is a perpetuation of trauma and instability, as well as a misallocation of funds that should, and could, be utilized to improve systems that already exist in our state.**

With rate review and subsequent increase in funding, children and their families will receive better quality services that would strengthen the impact of successful residential treatment for families, communities, and the State of Maine. **This is especially true for therapeutic family work.**

While individual therapy primarily focuses on the child, their perspectives, and their skills and deficits, family therapy focuses on the family as a unit. Common goals in family therapy include strengthening communication patterns, clarifying roles, and defining household expectations. Family therapy is most successful when sessions occur in-person coupled with frequent opportunities to practice integrating interventions and skills in real time in their own homes and communities.

I currently work with families who travel as many as 4 hours one way to visit with their child. Many families must resort to taking time off work and seeking transportation assistance, such as gas cards, to make even-day visits feasible. In-person participation is often sporadic and sometimes impossible, especially in the winter months when travel is impeded by unreliable weather and road conditions.

These barriers to success are exacerbated exponentially when children are sent out of state for treatment. Imagine yourself as a child in Maine with mental health needs. Most likely, you have already experienced instability and trauma. You have spent days or even weeks in an emergency department or hospitalized. You have already been in a residential placement at least once. Your family has struggled to care for you, and now the adults in your life are using the phrase “out of state placement”. You may not be sure what that means, but you hear names of faraway places like Tennessee or Utah. These are places where you have never been, and you don’t know what going there will be like; but you do know you won’t see any familiar faces, your family won’t be able to visit you except by plane, and you won’t go home for at least a year.

I urgently request that you pass this bill to review the rates for Children’s Residential Services in Maine. Maine’s children and their families can wait no longer; they need access to quality services immediately, and these services must be available within the state. **It is essential to address this issue before more Maine families are separated due to the shortcomings in a system that can be improved through a rate review and an increase in funding. Please consider prioritizing the rate review.**

Thank you for your time and consideration.

Respectfully,

**Samantha Farrar, LCSW**

KidsPeace Maine Clinician