

National Alliance on Mental Illness Maine (NAMI Maine)
P.O. Box 4758 | Augusta, ME 04332
Phone: (800) 464-5767 | www.namimaine.org

Written Testimony – LD 2212

LD 2212 – An Act Making Supplemental Appropriations and Allocations from the General Fund and Other Funds for FY2026 and FY2027

Good afternoon, Senators Rotundo and Ingwersen, Representatives Gattine and Meyer, and honorable members of the Appropriations and Financial Affairs and Health and Human Services Committees.

My name is Jennifer Thompson, and I serve as Executive Director of NAMI Maine. NAMI Maine is the state’s largest grassroots mental health organization, representing individuals and families affected by mental illness across Maine. Each year, we directly engage more than 5,000 Maine residents through education, support, and advocacy programs that help individuals and families navigate Maine’s healthcare system—many of whom rely on MaineCare as their primary source of coverage.

On behalf of NAMI Maine and the thousands of Maine families we serve, I am writing in strong support of robust funding in LD 2212 for children’s mental health, behavioral health services, MaineCare stability, and crisis response infrastructure.

Maine’s Children Are in Crisis

Maine’s children and adolescents are experiencing alarming rates of mental health challenges. Each year, 18,000 Maine adolescents experience a major depressive episode. In addition, 12,000 adolescents aged 12–17 have serious thoughts of suicide annually. One in nine adolescents in this age group reports serious thoughts of suicide each year.

In 2022 alone, 268 Mainers lost their lives to suicide. These numbers reflect a system under strain and underscore the urgency of early identification, prevention, and intervention.

Yet access to care remains deeply inadequate. Maine’s public schools face a severe workforce shortage, with only one school psychologist for every 1,706 students, which is far worse than the recommended ratio of 1:500 . Without adequate school-based behavioral health staffing, children often do not receive support until their needs escalate into crisis.

MaineCare Is the Backbone of Children’s Behavioral Health

MaineCare is central to our children’s mental health system. MaineCare covers more than 395,000 Mainers, including one in three children. Medicaid is the nation’s largest funder of mental health and substance use disorder services, making it the backbone of Maine’s behavioral health infrastructure.

Despite this coverage, families face long waitlists and limited provider availability. More than 73,000 Maine adults reported needing mental health treatment but not receiving it, with cost cited as a prevailing factor. Additionally, Mainers are 10 times more likely to be forced out-of-network for mental health care than for primary care, a disparity that places additional financial strain on families.

In 2023, Maine received \$3 billion in federal Medicaid support, representing 72% of total Medicaid spending in the state. Sustaining and strengthening MaineCare funding is essential to stabilizing the children’s behavioral health workforce and expanding access to care.

Why These Investments Matter: A Maine Family’s Experience

I would like to share the story of “Emily,” a composite of Maine families who have reached out to NAMI Maine for support.

Emily is a 13-year-old middle school student in rural Maine. Over the course of the school year, her anxiety worsened significantly. She began missing school due to panic attacks and told her parents she felt hopeless and overwhelmed. When she disclosed thoughts of self-harm, her parents immediately sought help.

They were relieved to learn that Emily qualified for MaineCare. However, finding a provider who both accepted MaineCare and had availability was another challenge entirely. They were placed on multiple waitlists—some stretching three to four months. One provider explained candidly that low reimbursement rates made it difficult to maintain staffing and keep their doors open.

At school, the guidance counselor did everything possible, but the district shares one school psychologist with more than 1,500 students. There was no consistent, embedded behavioral health clinician available to provide early intervention or therapy during the school day.

One evening, Emily experienced a severe mental health crisis. Her parents called 988 and were grateful for their compassionate support. In 2023 alone, 9,580 calls were made to Maine’s 988 Suicide & Crisis Line call centers. However, because mobile crisis response capacity in their region was limited, law enforcement was ultimately dispatched. Emily was transported to the emergency department, where she waited more than 48 hours for appropriate placement.

Her parents later told us:

“If we could have gotten therapy when we first asked for it, we never would have ended up in the ER.”

Emily’s story illustrates three critical funding gaps:

- MaineCare reimbursement rates are not always sufficient to sustain a robust children’s behavioral health workforce.
- Inadequate school-based behavioral health staffing, limiting early identification and intervention.
- Mobile crisis and community-based stabilization capacity that is uneven across the state, leading families into emergency departments as a default.

After months of instability, Emily eventually connected with a community provider. She is improving—but the path was far more traumatic, disruptive, and costly than it needed to be.

Strategic Investment Prevents Downstream Costs

When children cannot access timely outpatient care, crises escalate. Emergency department boarding increases. Families miss work. Schools struggle. Law enforcement is called to respond to behavioral health crises.

These are not just human costs—they are fiscal costs.

LD 2212 presents an opportunity to:

- Strengthen MaineCare reimbursement and stabilize providers
- Expand school-based behavioral health services
- Fully support mobile crisis teams and crisis stabilization programs
- Ensure 988 is paired with adequate in-person response capacity

By investing upstream—in prevention, early intervention, and accessible community-based care—we can reduce reliance on high-cost emergency and inpatient settings and ensure Maine’s children receive care when and where they need it.

A Responsible Fiscal Investment

We recognize that LD 2212 requires difficult budget decisions, and we deeply appreciate the Committee’s responsibility to balance competing priorities. However, investments in children’s mental health and behavioral health services are not discretionary, they are foundational.

MaineCare represents 72% of total Medicaid spending in Maine through federal support, meaning that every state dollar invested leverages significant federal matching funds and sustains critical infrastructure across our healthcare system. Protecting and strengthening these appropriations is fiscally responsible policy. Without them, costs do not disappear—they shift to emergency departments, inpatient hospitalization, special education systems, law enforcement, and child welfare.

Strategic investments in school-based services, adequate MaineCare reimbursement rates, mobile crisis response, and community stabilization reduce higher-cost interventions downstream and create long-term savings for the state. More importantly, they protect Maine’s children at the moment they need us most.

We respectfully urge the Committee to fully fund and prioritize children’s mental health, behavioral health services, and crisis infrastructure within LD 2212. The fiscal note attached to this bill represents not just expenditures, but an investment in Maine’s future workforce, families, and communities.

Thank you for your continued leadership and your commitment to Maine’s children and families.

Respectfully Submitted,

Jennifer Thompson | Executive Director

jthompson@namimaine.org