



Testimony to highlight concerns for sustainability of Child Residential facilities within our state. LD 2212

Good afternoon, Senator Rotundo, Representative Gattine, and honorable members of the Joint Standing Committee on Appropriations and Financial Affairs.

My name is Misty Mateo, and I am the Senior Vice President of Residential and Day Treatment Services for Spurwink. Spurwink is Maine's largest nonprofit behavioral health service provider, serving over 10,000 Mainers with 1,200 employees, statewide.

Thank you for work that you, the Governor, and DHHS have done to support critically needed child residential services. I am testifying today though, that the child residential service system continues to decline and is insufficient to meet the needs of Maine children. A profound shortage of child residential beds in Maine means that more children are being placed out of state, children are waiting weeks and sometimes months in hospital E.D.'s, children end up in the correctional system or on the streets.

I have worked within our child residential programs for well over a decade. During this time, I have witnessed the closure of programs across Maine due to an inability to financially sustain operations and keep pace with the rising costs of service delivery.

When I began my career with Spurwink in 2013, there were approximately 200 child residential beds across the state. Today, our Westbrook Program has only 16 beds remaining. I want to be clear that these closures do not reflect a reduced need for child residential services in Maine; rather, they reflect significant systemic and financial challenges.

Like many agencies, we have not been immune to the ongoing challenges of staff recruitment and retention. Reimbursement rates for child residential services have not kept pace with the cost of living. As a result, we often find ourselves competing with entry-level positions such as those in the fast food or service industries that can offer comparable or at times higher wages, despite the complexity and intensity of working with our most vulnerable and acutely impacted children.

Referrals for child residential services have increased over the years, as has the intensity and acuity of the behaviors and clinical needs presented by the children we serve. Many of these children require one to one staffing to ensure safety and to meet their treatment needs. We maintain an active waitlist that continues to grow, with average wait times ranging from 6 months to one year.

Our child residential programs serve children diagnosed with autism spectrum disorder and/or intellectual developmental disabilities. For some of these children, remaining at home for extended periods of time is not possible due to the severity of their needs. As a result, these children are at an increased risk of out of state placement, where services that may be more immediately available but often at significantly higher cost and with greater disruption to families.

Due to the limited availability of residential beds, emergency departments are increasingly being used as temporary placements for children that cannot safely at home but also cannot access residential care. Children are spending weeks and, in some cases, longer in emergency rooms while awaiting appropriate intervention and placement.

If emergency funding mechanisms had been available to support child residential programs over the past decade, many program closures may have been prevented. Child residential services rely on stable, adequate reimbursement structures and regular rate reviews to remain viable. We remain committed to continuing to provide these critical services to children who require this level of care.

Lastly, wraparound funding is critical to supporting the successful transition of children from residential care back to their homes and communities with the appropriate level of step down services. Currently, many children live in areas that lack the necessary resources to support a safe and sustainable return home. Without access to wraparound services, children can become stuck in residential placements even when they are clinically ready to step down further contributing to long waitlists for children awaiting admission to residential care.

Thank you for your continued attention to and support in addressing the significant challenges involved in meeting the needs of Maine children, and for your commitment to ensuring access to timely, appropriate care. I am in support of LD 2212.

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LD 2212