



# BEHAVIORAL HEALTH COMMUNITY COLLABORATIVE

*Working together to promote quality lives*

Senator Bailey, Representative Perry, and good members of the HCIFS Committee;

My name is Betsy Sweet and I am here on behalf of the Behavioral Health Community Collaborative. We are a collaborative of eight, non-profit, community behavioral health organizations, all governed by volunteer boards of directors.

Collectively, we provide services statewide. Our programs serve approximately 70 percent of the people who receive mental health services in Maine. We serve both children and adults. We provide services ranging from residential programs for children and adults to therapeutic foster care, special purpose schools to addiction and recovery programs, out patient mental health services to crisis services, and we operate PNMI's. We are committed to recovery, best practices and to assuring that all Mainers have access to quality services as close to their home communities as possible.

As you are surely very aware, there is great need for mental health services in this state. While we have the structure of a very good community behavioral health system, there has not been adequate investment over the last four decades to keep pace with the need. Today, people trying to access care often face long waiting lists, lack of available placements, and often have nowhere to turn. This is due to multiple factors, but the most severe one is the lack of an adequate workforce. There is a lack from direct care behavioral health workers to psychiatrists. These shortages are of crisis proportions.

We are here today to urge you to support LD 224. There is adequate research and the experience of 14 other states to show us that the Maintenance of Certification requirement does not produce higher quality services, but rather serves as a detriment to our ability to attract, hire and retain psychiatrists in Maine. And we desperately need them.

One innovative program that has just begun in Portland is the crisis “drop off center” – formerly known as the living room model. This is a stand-alone place that resembles a living room more than an emergency room, and a place where law enforcement can bring people in crisis instead of to a hospital or a jail. It is very promising, and the state hopes to expand the service statewide. But there is a problem – the plan to bring 7 more online will require the hiring the same number of new psychiatrists. Collectively, we have not been able to hire more than one psychiatrist in the last few years. The same is true for Assertive Community Treatment Programs – these are the teams of psychiatrists and other professionals to develop and oversee a plan of care for someone needing mental health services. We have had to change laws and regulations to allow for teams without a psychiatrist because of the current shortage.

As I said, there are multiple reasons for this shortage, but the removal of this burdensome requirement seems to be a very easy, and important step you can take as we face the crisis of not enough doctors to serve vulnerable Mainers.

Please support LD 224.

I'd be happy to answer any questions.