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Testimony of Rep. Colleen Madigan introducing

LD 1236, An Act to Increase the Provision of Children's Behavioral Health Services in Rural Areas and to Provide Support for Families of Children Receiving Services

Before the Joint Standing Committee on Health and Human Services

Good afternoon Senator Baldacci, Representative Meyer and colleagues on the Health and Human Services Committee. My name is Colleen Madigan and I live in Waterville and represent House District 64. I am here today to present LD 1236, An Act to Increase the Provision of Children's Behavioral Health Services in Rural Areas and to Provide Support for Families of Children Receiving Services.

There is a lot of overlap between children's behavioral health and child welfare. This bill speaks to both, but I think it is more important that we as a committee, and in the legislature, understand that overlap. Many of the community-based services in children's behavioral health address both issues. They can be preventative to child welfare involvement for some families. They can keep their eyes on struggling families and can make that mandated report to help get the family more intensive services before more serious harm happens. They are researched and evidence-based practices that are recognized by the federal government as interventions for families involved with the child welfare system.

I support the administration's plan and participation in the Families First Prevention Services Act. I applaud their efforts to move our state forward by doing this. I recognize that the Office of Child and Family Services (OCFS) has done a lot of work already, and they have a lot on their plate. My hope is that they recognize that my efforts here do not conflict with their goals, but instead complement their efforts. Particularly in rural areas, the provision of services is difficult due to distances to travel and rates. So again, this bill asks for a rural rate or for providers to bill for travel time. This is especially important for those services to high-risk families and those involved with the child welfare system. We need to do everything in our power to encourage providers to go to these areas, these families and these kids. This can also be in the form of grants to expand services to previously underserved areas.

This bill also addresses the issue of Family Team Meetings for those families involved with the child welfare system. Family Team Meetings are where Child Protective Workers, families and

service providers get together regularly to review how the family is doing and how the plan for reunification is progressing. Is the parent following through with what they are supposed to do? How is the child doing? Ideally, all service providers working with family members should attend and give their input. That way, everyone knows what is going on. Decisions can be based on factual information, and any changes or adjustments in the plan are known by all. This is crucial in child welfare cases.

I want to give an example. In my work experience, I have worked with parents whose children have been in DHHS custody or have been involved with OCFS. My job was made infinitely easier when I attended family team meetings. More importantly, the family and my clients were better served when I attended. I knew what goals met the expectation of DHHS. I could ask what information they needed to be able to determine if the client was moving forward. The client had a much clearer idea of what was expected of them and were better able to work on that.

Reimbursement of all service providers for these required meetings is crucial. In addition, neutral facilitators for these meetings are key. I think the Committee could benefit from reviewing the Family Team Meeting plan that is part of our Families First Prevention Services Act plan.

Thank you and I would be happy to answer any questions.