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Lori K. Gramlich 154 Temple Ave. Old Orchard Beach, ME 04064 Phone: (207) 232-1067 lori.gramlich@legislature.maine.gov

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## Testimony of Rep. Lori K. Gramlich presenting LD 1305, Resolve, to Design and Implement a Community-based Model of Care for Adolescent Mental Health

Before the Joint Standing Committee on Health and Human Services

Good morning, Senator Baldacci, Representative Meyer and my distinguished colleagues on the Committee on Health and Human Services. My name is Lori Gramlich, and I represent House District 131, the lovely seaside community of Old Orchard Beach, and I am here today to present LD 1305, Resolve, to Design and Implement a Community-based Model of Care for Adolescent Mental Health.

We are all painfully aware of the crisis that exists in our community-based mental health system for children as well as adults. As a licensed master social worker working in the social service and nonprofit sector, as well as for state government with the Department of Health and Human Services here in Maine for over 35 years, I have dedicated my entire professional career to advocating for children and to ensuring that both children and adults have the behavioral health and mental health services they need and deserve.

We have seen increased acuity for children and adolescents in terms of mental health needs, including increased rates of depression and anxiety, increased rates of substance use disorders, and sadly, increased rates of suicide, particularly for adolescent girls. According to the <u>Centers</u> for Disease Control and Prevention report, sexual violence, suicidal thoughts, suicidal behavior and other mental health distress has affected many teens, regardless of race or ethnicity, but girls and LGBTQ youth fared the worst on most measures.

The pandemic in particular took a harsh toll on teen girls' mental health in the U.S., with almost 60 percent reporting feelings of persistent sadness or hopelessness.

In low-income areas, where adverse childhood experiences are historically high, this crisis has been compounded by a shortage of school staff and mental health professionals. I am sure that these are data points that you are painfully aware of, but I feel it is important none-the-less to articulate this, so we can frame the need for LD 1305.

We are all also aware that services for adolescents in Maine fall significantly short of meeting the needs of these increased mental health needs. The gap in services is compounded in the more rural parts of our state, due to a more significant lack of services for this population.

Far too often, youth find themselves at the intersection of the criminal justice system, due in part to the lack of prevention-based services that would not only meet their needs, but also would keep them in their homes, out of residential treatment and out of the criminal justice system.

You will hear from others behind me that, historically, Maine had a rather robust system of care for children and adolescents. In fact, Maine was often recognized as the model of care by other states. Having worked for the Department of Human Services in the 1980s and 1990s as Adoption Assistance and Foster Care Program Manager, I can attest that therapeutic foster care provided adequate reimbursements for families to meet the needs of this population.

Providing opportunities for children and adolescents to receive appropriate services on a continuum of care, based on their individual needs, is critically important. Ensuring that behavioral health services, mental health services, school-based support services, law enforcement officials, and others can convene to identify how to assist families in need and provide necessary services for children is a model that the state of Maine once had - and it worked. Again - there are others who will offer testimony who can provide more specificity relative to these programs and models of care.

This resolve directs the Department of Health and Human Services to design and implement a community-based model of care that addresses the acute mental health needs of adolescents with co-occurring disorders. The model of care must be evidenced-based. The bill suggests a model of care, but I am sure that there are other evidenced-based continuing care protocols that can meet this objective.

It appropriates one-time funds of \$965,000 to meet this objective - funds that are investments in the future of the children of Maine. And finally, this resolve directs the Department of Health and Human Services to provide a report back to the Legislature no later than December 3, 2025, which articulates what they have done to meet these objectives.

I implore you to please pass this bill. Let's put Maine back on the map as a leader in meeting the needs of the children, for our future.

Thank you for your indulgence and consideration, and I would be happy to try to answer any question you may have.