



BEHAVIORAL HEALTH COMMUNITY COLLABORATIVE

Working together to promote quality lives

Good morning Senators Rotundo & Ingwersen, Representatives Gattine & Ingwersen, and the good members of the Appropriations and Financial Affairs and the Health & Human Services Committees.

I am Betsy Sweet, and I am here with the Behavioral Health Collaborative and look forward to working with all of you on this biennial budget.

First, a word of thanks – to the DHHS who has embarked on a collaborative relationship with providers to meet the many needs of people with mental and behavioral health needs. This does not mean we always agree, but it means we get the best of each other's' thinking and help implement plans that make a real difference in the lives of our neighbors and friends and your constituents. And to you – and those of you here last session when you made significant investments in mental health, which are making a difference.

And now we are in a different, and in some ways more critical time. The mental health needs of Mainers – both children and adults – have never been more widespread or acute. They are not isolated to one area of the state, nor are they borne from the same conditions – but they are all around us and affecting every area of our lives – schools, businesses, hospitals, neighborhoods, homeless shelters and beyond. In my estimation, mental health is one of the – if not *the* – key issue we are facing in Maine if we want a thriving state.

And, as I have said before, I have been working on these behavioral health issues specifically for over 30 years. The recent focus and investment on mental health is a welcome change, but sadly still inadequate to bring us out of years of neglect and underfunding. The changes and investments to date have not even brought us back to a baseline of care.

There are some specific issues to note:

#1 is work force. If we do not develop the pipeline of jobs, pay a wage to our direct workers and clinicians that competes with big box stores, and streamline the certification and licensing processes, all the best programs in the world will be meaningless. The frustration felt in our hospitals and jails and the cry of “we have nowhere to send them” are directly due to this. We do not need more beds. We have LOTS of empty beds for both children and adults, but we do not have the workers to staff them. We do not need new kinds of outpatient, day treatment services- we need the people to provide them. And, this means wages – and that means money.

#2 – “No wrong door” access. You already know we have long waiting lists for outpatient services, residential services, in home supports, supported housing. The Certified Clinical Behavioral Health Clinic (CCBHC) model, which Maine and nation has embarked on which provides this model and coordinated services, is in peril here in Maine because of unsteady and inadequate funding. We not only need to sustain the current model, but we need to increase services to ensure that there are places that provide 24 hour access and care that are NOT the hospital emergency rooms. We cannot allow the investment we have already made be undone. And this too requires money.

#3 - is requiring data. We ALL must have better information to know what the current service need is, what we are looking at as we develop new or enhanced services, we must identify the rural service “deserts” where no one can access support. We need to know how much actual money we are spending to send kids out of state, and to medicate people in jail cells and see if there is a better and more effective way to spend the dollars we are already spending.

Unmet mental health needs of today have a huge future cost. Hospital emergency rooms and jail cells are way more expensive (and provide no recovery) than both preventive and early intervention community care.

I know you know this. It is not rocket science. We ask that your committees look beyond the line-by-line entries and the “blippies” to look at the overall picture of where Maine is concentrating its behavioral health investments, and does it match the moment of need we are in. In some places, yes, and other places it seems not. Let’s all work together to figure that out before we move forward line by line. Get the data of who is being served, what is the unmet need, what are the costs we are currently incurring. And we beg you to get out of the silos. This committee – the Appropriations Committee – is the only committee poised to connect the dots between Corrections and Public safety spending and mental health, between kids incarcerated and in out of state placement and mental health, and the opioid crisis and preventive mental health (just to name a few). PLEASE get the data and look at the big picture.

Thank you, and I am happy to answer any questions.

The members of the Behavioral Health Community Collaborative are Sweetser, Inc., Opportunity Alliance, Volunteers of America, Gateway Community Services, Shalom House, KidsPeace, Spurwink, Community Concepts