



**Testimony in SUPPORT of LD 791: An Act Regarding Children with Behavioral Health Needs
Awaiting Placement in Residential Care Facilities**

Douglas R. Robbins, M.D. on behalf of:

Maine Chapter, American Academy of Pediatrics

Maine Council of Child and Adolescent Psychiatry

Maine Medical Association

Maine Osteopathic Association

Honorable Co-Chairs Meyer and Ingwersen, and members of the Joint Standing Committee on Health and Human Services,

My name is Douglas Robbins. I am a child and adolescent psychiatrist, and I have had the honor of serving the children and families of Maine since 1996 and teaching as a Clinical Professor of Psychiatry with the Tufts University School of Medicine. My wife and I live in Pownal.

I am speaking today on behalf of the Maine Chapter of the American Academy of Pediatrics, the Maine Council of Child and Adolescent Psychiatry, the Maine Medical Association, and the Maine Osteopathic Association.

LD 791, addresses critical, urgent needs for mental health services to some of the most seriously ill children and adolescents in Maine. Sadly, in the absence of resources for more definitive treatment in the community, families in crisis often must bring children to hospital Emergency Departments – often with the help of the police – to get help. If assessment there determines that the child cannot safely return home, they often must wait hours, days, or weeks, in a stark ED holding room, while staff search for an available hospital or residential facility.

This is a seriously aversive, very uncomfortable process for a child and for the parents who are seeking help. Staff do their best to be supportive and humane, but this is not treatment.

This negative, anxiety-provoking first step in the pathway to care can make it more difficult for a troubled, confused, child, teen, or family to see treatment as a helpful resource. It is a terrible misuse of healthcare resources. This reality underscores how urgently we need to review our practices with child and youth mental health in line with the evidence of what works.

Right now, however, we need the steps included in LD 791.

First: Hospitals' costs must be covered for the days these children are awaiting placement – which may not be covered by health insurance. We know that hospitals are under increasing financial pressures.

Second: LD 791 wisely includes a requirement that monthly data will be reported that will help us address the underlying needs, including data about:

- the number of children under age 12 awaiting placement
- the number of children and teens who have come from a residential treatment facility or a psychiatric hospital where they were too severely agitated to be safely managed
- the number who have been experiencing homelessness
- **and, importantly, the services that could allow the children to be returned home, but which are unavailable – causing them to be held in a hospital ED**

Third: LD 791 requires that three new Crisis Centers be created for children awaiting residential or community services. One third of the beds in the Centers must be staffed appropriately for children with intellectual deficits or Autism Spectrum Disorder. Such Centers can be very helpful in assessing crises more thoroughly and in considering future plans that may help.

LD 791 also requires that one additional residential treatment facility be created. I must say that I have concerns that this may be insufficient, and that a wiser use of resources may be to invest in more community-based resources.

Maine has considerable experience in evidence-based practices involving such family-based, community-based interventions, but they require more adequate funding, including a well-trained and funded workforce. Doing this can create a more effective, more cost-effective System of Care which can avoid children and families needing to go to hospital EDs in crises.

Lastly: LD 791 also wisely addresses the Settlement Agreement between the US Department of Justice and Maine regarding children referred to out-of-home placement. LD 791 requires that the data that will be provided to the Independent Reviewer for the Settlement also be made available to the Health and Human Services Committee. This will enable the HHS Committee to be an active partner in assuring that the underlying needs of the population of children, adolescents, and families struggling with serious mental illness will be addressed.

Ongoing oversight and involvement of the Legislature must be part of the process of developing a more effective, cost-effective System of Care for children, adolescents, and families with mental illness and risk for substance abuse.

Addressing these needs effectively is an investment Maine must make in her future. Evidence-based early interventions for mental illness are well-known, but insufficiently implemented. Doing so will not only avoid preventable tragedies in many lives, it will decrease disability in our population, and make Maine more safe and prosperous in the decades ahead.