MaineHealth

Testimony of Dr. Lee Wolfrum
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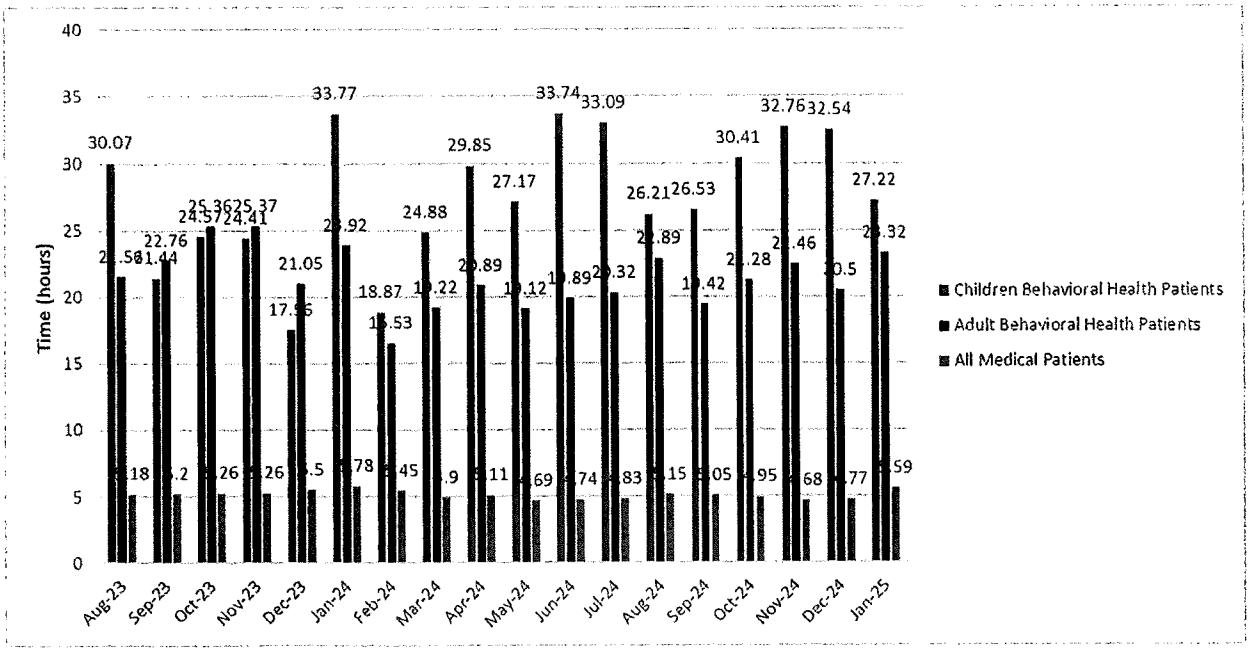
In Strong Support of LD 791
"An Act Regarding Children with Behavioral Health Needs Awaiting Placement in Residential Care Facilities"
March 24, 2025

Senator Ingwersen, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Dr. Lee Wolfrum and I had the honor of serving on the LD 2009 workgroup that studied the causes and solutions to the very challenging situation in which Maine children with behavioral health conditions get stuck in highly restrictive inpatient settings due to the severe lack of resources available at lower levels of care.

My perspective comes from practicing in Maine, which I have been doing in various capacities since 2016. I trained at Maine Medical Center, and since that time I have gained perspective from working both at Spring Harbor Hospital, as well within multiple emergency departments within MaineHealth. This bill, combined with another bill that has not yet been printed, will take very important steps towards addressing the crisis of children who lack access to appropriate levels of behavioral health care in Maine.

Background

As the chart below shows, patients seeking behavioral health spend longer in emergencies departments than those patients seeking care for physical health needs.



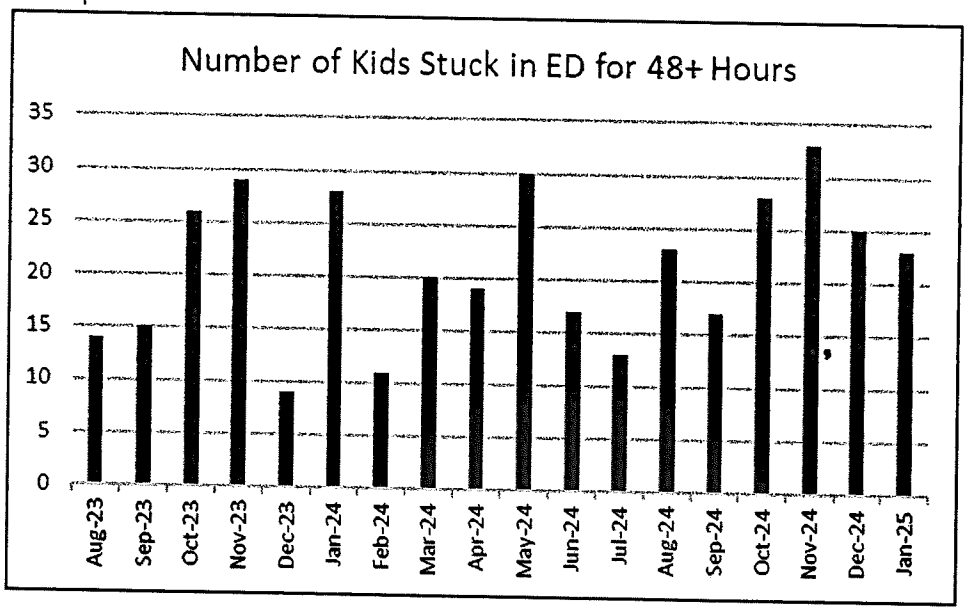
Patients in need of behavioral health services are often in rooms without windows or private toilet facilities, access to the outdoors, and with limited freedom for extended periods of time. Children, adolescents and adults are often intermixed and also mixed with patients with acute physical health needs in a busy environment that can be traumatizing as they witness patients bleeding, in pain and sometimes death. This environment limits their opportunity for sleep and it is anything but therapeutic for mental health healing.

While in an emergency department, teams of mental health providers work to find an appropriate alternative placement for these youth. This often involves coordination with outpatient teams, referrals to services, medication management as well as support in daily living activities. Often the teams have limited resources to do this work but this closely resembles what is completed during an inpatient hospital stay. This is also highlighted in the prolonged stays in inpatient settings: Staff and providers needing to provide care akin to residential treatment without the appropriate resources available to them.

The Importance of LD 791

This bill addresses five important gaps that are important to better understanding and meeting the needs of children with behavioral health needs.

1. Data. Because of the crisis that Maine is experiencing in children's behavioral health, the Legislature passed a bill requiring hospitals to report the number of children who spend 48 hours or more in hospital emergency departments. We have been vigilant about complying with the law, yet the data is not aggregated nor made available for education and policymaking purposes. This bill requires that data to be made available, and specifically sent to this committee, and it adds specific data elements that are important to better understanding solutions. I have attached the MaineHealth data below, as an example:



2. Crisis Centers. At one time, Maine had a fairly robust crisis system for children and adults. Today, there is minimal access to crisis services, and particularly for children who have violent behavior or intellectual/ developmental disabilities in their histories. Very few children who are brought to our emergency departments for assessment need emergency level care. A well-designed and staffed crisis center that could assess their needs and provide short-duration treatment would be highly beneficial to many of these patients. They would also likely reduce the incidence of violence, as children often act out due to the highly restrictive nature of hospital emergency departments. Crisis centers would decompress emergency departments and provide better care for patients in need.
3. Reimbursement for hospitals. While I am on the clinical side of our organization, I am acutely aware of the financial challenges that our hospitals face as well. When a child with MaineCare spends days and weeks in an emergency room, the hospital receives only the payment for the initial assessment and ancillary expenses that may occur. Hospitals are forced to absorb the cost of caring for these patients, many of whom require expensive 1:1 coverage, among other things. This bill requires the department to develop a daily rate to support the care of children when they are stuck in hospital emergency departments awaiting residential placement.
4. Psychiatric Residential Treatment Facility – I am happy to thank the Department for issuing the RFP for a PRTF. It will fill an important gap in the treatment continuum for a small but very challenging population of children whose levels of violence cannot be managed by existing residential facilities. Many of these children are going out of state for treatment today, and a PRTF will better support this population closer to home.

I will end with a recent anecdote that is highly relevant to this bill. We have a patient who was seen in an ED shortly after a one-year stay in out of state residential facility. They remained in the ED for 9 days while options were assessed. Spring Harbor Hospital took this patient, though residential treatment was a preferred – but unavailable – option. As of today, this young person has been at Spring Harbor for 301 days with no clear path to discharge. It is a travesty for the patient, for the care team, and for the many children who would benefit from treatment as Spring Harbor if there was capacity.

Thank you for the opportunity to testify, and I would be happy to answer questions.