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The unified voice for Maine's community behavioral health providers

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Testimony in Support of

Resolve, to Expand Child Assertive Community Treatment – LD 1426

April 8, 2025

Good afternoon, Senator Ingwersen, Representative Meyer, and honorable members of the Committee on Health and Human Services. My name is Adam Bloom-Paicopolos. I am a resident of Wells and am proud to serve as the Executive Director of the Alliance for Addiction and Mental Health Services, Maine (the Alliance). The Alliance is the statewide association representing Maine's community-based behavioral health agencies who provide much-needed mental health and substance use services to over 80,000 children, adults, and families annually. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance, I am here today to speak in strong support of LD 1426, "Resolve, to Expand Child Assertive Community Treatment". Maine is experiencing a significant crisis in providing timely and accessible behavioral health services for children. The state currently has only one Child Assertive Community Treatment (ACT) team, located in southern Maine, severely limiting access to this evidence-based intervention that is crucial for keeping children with behavioral health needs in community settings rather than institutional care. This legislation's emergency preamble correctly identifies the urgent need to address the scarcity of Child ACT teams to provide timely services to children with behavioral health challenges.

The Department of Justice's findings and subsequent settlement with Maine provide compelling evidence for why this legislation is critically needed. In September 2024, the DOJ sued Maine for violating Title II of the Americans with Disabilities Act and the Supreme Court's decision in *Olmstead* by "unnecessarily segregating children with behavioral health disabilities in psychiatric hospitals, residential facilities and a state-operated juvenile detention facility."¹

The DOJ's initial investigation found that "many children with disabilities in Maine, especially those in rural areas or with more intensive needs, are unable to live at home with their families due to a lack of community-based behavioral health services."² This finding directly supports the need for expansion of Child ACT, particularly in underserved areas like Lewiston and Bangor, as proposed in this bill.

Child ACT is an intensive community-based outpatient treatment program with a multi-disciplinary team that supports eligible children with severe behavioral health needs. ACT teams provide 24/7 intensive services intended to enable children to remain in their homes – and in our state. As I've recounted before in this Committee, far too many Maine children are sent out of our state for facility-level care.

Research shows that ACT is an evidence-based model of care for reducing hospitalizations for people with serious mental illness. Critical components include the holistic nature of services, a team-based approach to treatment, and professionals who assist with illness management, medication monitoring, and provider collaboration.ⁱⁱⁱ The legislation wisely requires that the pilot programs use workforce incentives designed to attract, train, and retain Child ACT team staff to address a critical challenge identified in delivering these services.

The expansion of Child ACT teams to Lewiston and Bangor will address key problems identified in the DOJ settlement. It will help Maine children remain with their families with the services they need to avoid being sent out state, trapped in hospital emergency departments, or stuck in institutions, including the Long Creek juvenile detention facility, to instead receive services at home when appropriate.

This proposal directly responds to the DOJ's finding that "Maine children with behavioral health needs are eligible and appropriate for the range of community-based services the State offers, but either remain in segregated settings or are at serious risk of institutionalization."^{iv} By expanding Child ACT services to Lewiston and Bangor through these pilot programs, Maine can demonstrate its commitment to providing evidence-based, community-integrated care that keeps children with their families while addressing their complex behavioral health needs.

We appreciate the initial steps that the Department has taken to begin addressing these issues and bring the state in compliance with the agreement, and we look forward to continuing to engage with them as collaborative partners throughout this process. That said, there is more we must do in the immediate to be responsive to the emergency before us—and the Alliance thanks Representative Gramlich for her continued leadership on this issue.

LD 1426 strengthens our current investments with targeted funding to develop crucial teams to support children in underserved areas. It represents a fiscally responsible and urgently needed approach to addressing a critical gap in Maine's children's behavioral health system. For these reasons, I respectfully urge the Committee to vote "Ought to Pass" on this resolve to expand Child ACT.

Thank you for the opportunity to provide testimony this afternoon. I would be happy to answer any questions from the Committee.

Respectfully,



Adam Bloom-Paicopolos, MPP
Executive Director

ⁱ U.S. Department of Justice. *Justice Department Secures Agreement with Maine to Ensure Children with Behavioral Health Disabilities Can Live at Home*. November 2024.

ⁱⁱ U.S. Department of Justice. *Justice Department Finds Maine in Violation of ADA For Over-Institutionalization of Children with Disabilities*. June 2022.

ⁱⁱⁱ Schroeder, R. A. *Unique Practice, Unique Place: Exploring Two Assertive Community Treatment Teams in Maine*. January 2018.

^{iv} ACLU of Maine. *US Department of Justice Sues Maine for Violating Youth Disability Rights*. September 2024.