



**Testimony of Sarah Calder, MaineHealth
In Strong Support of**

LD 1631, “Resolve, to Implement the Recommendations of the Stakeholder Group to Address Child Stay Times in Hospital Emergency Departments” and LD 1745, “An Act to Stabilize Residential Treatment Capacity for Children and Youth in Maine”

April 28, 2025

Senator Ingwersen, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Senior Government Affairs Director for MaineHealth, and I am here to testify in strong support of both LD 1745, “An Act to Stabilize Residential Treatment Capacity for Children and Youth in Maine” and LD 1631, “Resolve, to Implement the Recommendations of the Stakeholder Group to Address Child Stay Times in Hospital Emergency Departments.”

MaineHealth is an integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our vision of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes MaineHealth Behavioral Health, is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and providing better access to behavioral healthcare through integration with primary care.

I had the honor of serving on the LD 2009 workgroup that came together to identify a common set of recommendations to address the crisis that persists related children with behavioral health needs boarding in emergency departments and other restrictive levels of care. That workgroup identified a number of serious gaps in the children’s behavioral health system, and the bills before you reflect several of the consensus-based recommendations made by the group.

Background

We have spent nearly a decade watching the deterioration of Maine’s children’s behavioral health system. In a twelve-month period ending in October 2024, 243 children spent more than 48 hours languishing in a MaineHealth Emergency Departments awaiting discharge to an appropriate level of care. And at least 34 spent more than a week awaiting discharge to appropriate levels of care. We have an adolescent who has lived at Spring Harbor Hospital since May 2024 – nearly one year.

A physician leader at a community hospital provided his perspective on a recent case at his hospital that involved a child who spent 47 days in the Emergency Department. “The child was shuffled between hallway beds, emergency patient rooms and the psychiatric rooms, designed for adults experiencing acute episodes. He was taken away from everything he knew and any semblance of personal safety. His outpatient therapies stopped. He was constantly surrounded by loud noises, disruptive patients, and rotating staff members. Not surprisingly, his mental health

suffered from this and led to violence. Despite daily phone calls, countless meeting, state level lobbying, pleading, and mobilization of every resource we knew of, we constantly hit roadblocks in a safe disposition plan. We were doing the best that we could to meet his daily needs, but always felt we were falling short while trying to manage a very busy emergency department. Unfortunately, his story is not unique. It is very rare for this emergency department to NOT have a long term pediatric psychiatric boarder in the emergency department. It has become so common that it is now part of the daily system huddle so that we can ensure that the cases are highlighted and that we are doing everything we can on our end to get a safe disposition.”

At the same time, we watch the residential treatment system continue to implode, with recent closures adding to the already taxed system. Since 2007, we believe that at least 70 programs and 451 licensed residential beds have closed. As of today, we further believe that Maine has just 181 licensed beds, and even fewer that were open. And we are relying upon out of state providers to fill the gap created by our state’s failure to maintain adequate services to meet the needs of our children. At last count, we had 66 children living in out of state treatment facilities and 76 children on waitlists for residential treatment. The situation truly defines crisis.

Though they won’t solve all of the problems related to children’s behavioral health services, LD 1745 and LD 1631 lay a foundation of data to inform and build a sustainable residential treatment for Maine children. LD 1745 would further require the Department to provide the Legislature with data regarding out of state treatment for children, including the total cost to the state for that care. This data has been requested several times this Session, but it has not been made available to the Legislature. We believe there is a great opportunity to reinvest funds in Maine’s system that are currently supporting out of state placements, thus using existing resources to treat children closer to their homes and families.

I realize that you are tired of hearing these stories. And we are tired of having to tell them. More importantly, they should not be occurring at all. But until we see action on the part of the State, the patients will continue to languish in the wrong care settings. Please support these bills that will take important steps towards transparency of data needed to build a better system for our children.

Thank you and I would be happy to answer questions.