



Senator Ingwerson, Representative Meyer, and the good members of the Health and Human Services Committee:

My name is Betsy Sweet, and I am here today on behalf of the Behavioral Health Community Collaborative in strong support of LD 1745. I have been here before, for many years, to ask for support and help for these vulnerable kids. And sadly, for a myriad of reasons – some known and some unknown - we still have an inadequate system and kids and their families in crisis with nowhere to turn. We have lost more providers; more beds and we are sending more kids out of state than many times when I've spoken here before you. And there are many on the waiting lists. We are losing at a time when the need is getting greater. I want to say it as plainly as I can - we owe it to Maine kids and families to pass this bill.

Right now, we are asking parents to navigate a broken system, children to wait for care that doesn't come, and workers to hold together programs that are falling apart because they're underfunded and not prioritized.

This bill is about doing better. It's about transparency, accountability, and making sure we have the information we need to do right by Maine kids and their families.

When a children's residential facility closes, it affects kids who need a safe place to heal, families desperate for help, and workers who are deeply committed to caring for our young people. You, as policy makers, need to know when these closures happen, why they happen, and how they impact the services available so we can fix it. No need to find blame, or point fingers, or file more lawsuits – just fix it. Because behind every closed bed is a child who still needs help.

This bill doesn't just shine yet another light on this problem— it demands action – reasonable action. It provides an emergency fund that may prevent a closure or elimination of capacity in the short term while we figure out if we can make it work. Importantly, it requires that we listen to the frontline providers who are doing the work and working miracles every day. Gathering child residential treatment providers to assess what's needed — not just for the next crisis, but for the long haul — is smart, practical, and respectful. We don't have to guess at solutions. The people on the ground know what's missing. Let's ask them.

As you well know, we are continuing to pay for the cracks in the system right now. Kids spending weeks, sometimes months, in emergency rooms. Children being sent out of state, far away from

everyone they know, because we don't have enough services here at home. This isn't just heartbreaking — it's expensive. Getting a real, honest look at what that's costing us is the first step in making cost effective investments. And I know this information has been requested many, many times by this committee and others. I can't for the life of me understand why it is so difficult to get a number.

And then it addresses aftercare. When a child finally gets the treatment they need and leaves a residential facility, that's not the end of the story. It's the beginning of the fight to keep that healing alive. Families need help, kids need continuity, and communities need resources. A sustainable aftercare payment model — with support delivered by people these families know and trust, not just a degree on paper — is exactly what we need.

Passing this bill means standing up for kids who have been through enough already. It means standing up for parents who are exhausted but still fighting. It means standing up for workers and agencies who refuse to give up. It means putting our heads together and building and funding a system where no child falls through the cracks because it was too hard, or too expensive, or we were already trying.

Let's show these Maine kids and families that we see them, we hear them, and we will fight for them.

Please support LD 1745.

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