



**Testimony of Sarah Calder, MaineHealth**  
**In Support of LD 2065, “An Act to Provide One-time Funds to Support the Construction of a Psychiatric Residential Treatment Facility for At-risk Youth”**  
**January 29, 2026**

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 support of LD 2065, “An Act to Provide One-time Funds to Support the Construction of a Psychiatric Residential Treatment Facility for At-risk Youth.”

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.

In 2018, the Office of Child and Family Services presented this Committee with an assessment of the children’s behavioral health services in Maine. It identified gaps in the system, including that Maine does not have secure children’s psychiatric residential treatment (PRTF) for adolescents. It has been 8 years since this service was first identified as a need for our most vulnerable children, and the crisis in our emergency departments and at Spring Harbor Hospital has not improved.

A recent study published in the *Journal of the American Medical Association (JAMA)* found that Maine is the 3<sup>rd</sup> worst in the country in terms of children with Medicaid coverage boarding in hospital emergency departments. In fact, it found that 25% of Emergency Department visits for behavioral health concerns resulted in children with Medicaid coverage boarding for 3-7 days.

At MaineHealth, 284 children languished in our Emergency Departments last year for longer than 48 hours, with one child living in a rural MaineHealth Emergency Department for 3 months. Emergency Departments are not treatment facilities for youth. They are loud environments which separate kids from their families, needed treatment, and their education, and they provide a minimum of medical care.

And as my colleague, Dr. Roz Gerwin, shared with you earlier this week, in recent months, Spring Harbor Hospital has admitted seven youth whose inpatient stays exceeded 120 days, one of whom has been hospitalized for over 300 days, all awaiting residential placement. At times, these patients accounted for approximately 33% of the adolescent census and—at one point—more than 50% of the pediatric census.

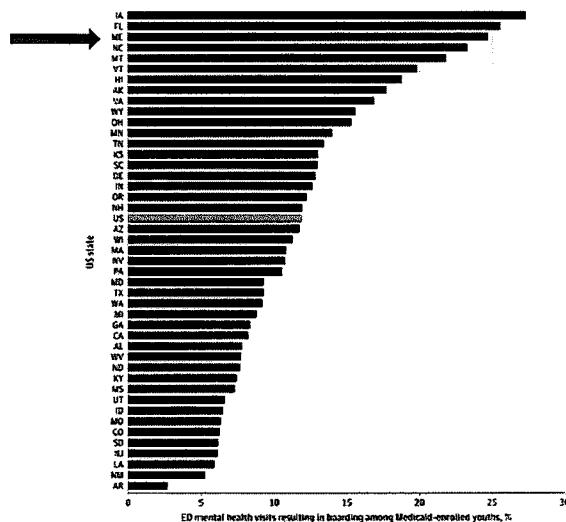
The Legislature took an important step in 2024 by appropriating \$2 million to begin standing a PRTF. LD 2065 is the next—and necessary—step to finally close this long-recognized gap in care for Maine’s most vulnerable children.

The children who languish in the wrong setting – or who are in treatment facilities thousands of miles away from their families and support systems – can't wait any longer. We urge you to support this critically needed funding.

Thank you and I would be happy to answer any questions that you may have.

From: Variations in Psychiatric Emergency Department Boarding for Medicaid-Enrolled Youths

JAMA Health Forum. 2025;6(8):e253177. doi:10.1001/jamahealthforum.2025.3177



- **Maine is the 3<sup>rd</sup> worst in the country.**
- Nearly 25% of mental health ED visits in Maine result in Medicaid-enrolled youth boarding (3-7 days).

Figure Legend:

Share of Emergency Department (ED) Mental Health Visits Resulting in Boarding Among Medicaid-Enrolled Youths, 2022