MaineHealth

MaineHealth
Local Health Systems

Franklin Community Health Network
LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
Waldo County General Hospital
Western Maine Health

Part of the MaineHealth Family

MaineHealth Accountable Care Organization

MaineHealth Affiliates

MaineGeneral Health
Mid Coast-Parkview Health
New England Rehabilitation Hospital of Portland
St. Mary's Health System

Testimony of Mary Jane Krebs, MaineHealth in Strong Support of LD 118 "An Act to Address Maine's Shortage of Behavioral Health Services for Minors." Thursday, February 11, 2021

Senator Claxton, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Mary Jane Krebs, President of Spring Harbor Hospital within MaineHealth, and I am here to testify in strong support of LD 118, "An Act to Address Maine's Shortage of Behavioral Health Services for Minors."

MaineHealth is Maine's largest 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 mission of "Working Together So Maine's Communities are the Healthiest in America," MaineHealth, which includes Maine Behavioral Healthcare, is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and better access to behavioral healthcare through integration with primary care services.

Every day MaineHealth's local health systems are challenged with children and adolescents who are stuck in Emergency Departments for long periods of time – sometimes weeks at a time – awaiting the next appropriate level of care. Maine simply does not have the continuum of residential and community-based treatment options required to support our growing needs. The child Assertive Community Treatment (ACT) teams have been dismantled, and nearly all of the multisystemic therapy (MST) teams have dissolved. Outpatient offices have closed, Home and Community Based Treatment (HCT) teams have disbanded, and the few programs that do remain are often understaffed and unable to provide services in a timely manner. Additionally, Maine lacks high acuity and secure residential treatment beds for children and adolescents, a gap that has been exacerbated by COVID as access to out-of-state options that formerly helped to fill this gap have dried up.

Last year, over 100 children with behavioral health needs languished in MaineHealth emergency departments for longer than one week awaiting placement. It is critical to understand that this is not good nor safe patient care. These children are living for days and weeks in rooms that are sterile and windowless, and COVID-19 has caused even more restrictions.

I will share one patient story with this Committee that was absolutely heartbreaking – and all too common. One of our local health systems recently cared for a child that stayed in the Emergency Department for weeks. Over that time, the child lost track of day and night and regressed to wetting the bed. During her time in the hospital, she celebrated Christmas and our care team members took it upon themselves to bring a Christmas tree in the patient's room to make the best of truly horrible situation.

The shortage of behavioral health service options also leads to markedly extended stays within psychiatric inpatient hospital units. At a given time, up to 50% of psychiatric inpatient beds for children and adolescents within MaineHealth are occupied by those who have completed acute treatment, and are waiting for transfer to residential treatment facilities or other services. As a result, these are beds that are not available to those waiting in emergency departments and elsewhere.

Spring Harbor Hospital also regularly block beds to create private rooms due to a patient's proclivity towards violent behavior. Additionally, the hospital, like our hospital Emergency Departments, is challenged with caring for patients who are ready for discharge, but are awaiting residential placement or are going through the Intensive Residential Treatment Application (ITRT) process. Once the ITRT is approved and residential placements begin the interview process, it can take weeks and even months for a residential placement to become available. For example, we have four patients who have been waiting a combined 298 days for a residential placement. Importantly, it must be noted that we now know that most life-long or recurring serious mental illnesses begin and can be identified in childhood and adolescence, and that delayed or ineffective treatment in early stages of mental illness, as with other illness, often leads to persistent disability, with tragic effects on individuals and families, and an ongoing burden of cost to healthcare resources.

With these challenges in mind, MaineHealth strongly supports LD 118, "An Act to Address Maine's Shortage of Behavioral Health Services for Minors." This issue is incredibly complex and requires a comprehensive review and a multi-faceted solution involving all of the key stakeholders: state agencies, providers and families. By passing LD 118, the Legislature has an opportunity to develop a thoughtful plan to bring together the key stakeholders to analyze the behavioral health needs and the gaps that exist for some of our most vulnerable children and develop a plan to meet their needs.

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