

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 624-5553

**Testimony of
Todd A. Landry, Ed.D., Director
Office of Child and Family Services
Department of Health and Human Services**

Before the Joint Standing Committee on Health and Human Services

LD 118 – An Act to Address Maine’s Shortage of Behavioral Health Services for Minors

Hearing Date: February 11, 2021

Good Morning Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

I am Todd Landry, Director of the Office of Child and Family Services (OCFS) within the Department of Health and Human Services and I am here today to share our concerns about LD 118, An Act to Address Maine’s Shortage of Behavioral Health Services for Minors as written. This bill sets forth certain data collection and reporting requirements on children with behavioral health needs who remain in hospital emergency departments for extended stays. In addition, this bill would require OCFS to modify the role of existing children’s behavioral health program coordinators.

OCFS agrees that children are not well served by waiting for the appropriate level of behavioral health care in a hospital emergency department. We recognize that this can have a negative impact on the child’s wellbeing and present significant challenges for hospitals. However, we do not believe the steps laid out in this bill produce meaningful change on the issue. The expansion of the availability of services to address behavioral health care needs is the primary means by which change regarding this issue will be affected. The implementation of the changes proposed in this bill will have a significant impact on OCFS’ Children’s Behavioral Health Services (CBHS) division. If CBHS staff must dedicate time and resources to collecting and reporting the data as required by this bill, that is time that cannot be spent building capacity within the system of care. OCFS staff are already working directly with hospitals and providers to facilitate the placement of youth out of emergency departments as expeditiously as possible. The data collection and reporting requirements of this bill would take away from the time staff currently have to work directly with hospitals and families.

In addition, OCFS has concerns about the benefit of providing public reporting as required under this bill when balanced against the very small percentage of all Maine children who experience an extended stay in an emergency department. There is concern that given the small number of impacted children it may be possible to identify the children reported. OCFS does not believe that there is significant public benefit that would result from posting this data that would outweigh the privacy interest of these children.

Additionally, OCFS already has staff within CBHS who coordinate services for children and families and assist in locating and securing placement in the appropriate level of care. Therefore, Section 2 of the bill is duplicative of current practice.

As an alternative to this bill OCFS would recommend continued efforts to focus on capacity building within the current CBHS system, including both community-based and residential services. The goal of building capacity is interwoven into CBHS' system improvement efforts, including establishing a Psychiatric Residential Treatment Facility (PRTF) in Maine, providing support to community-based services that may prevent the need for a higher level of care, and working in collaboration with providers on effective strategies to rebuild the CHBS workforce. OCFS has also partnered with MaineCare to conduct a rate study for children's residential services (PNMI-D). Although that rate study is not yet complete, DHHS has a placeholder in the budget proposal for an anticipated recommended increase in the rate for this service. A rate which is adequate to compensate for the cost of delivering the service is a critical step towards increasing both quality and access. OCFS is dedicated to its plan to improve the CBHS system in a comprehensive and strategic manner through the identified improvement strategies, but this bill would have a direct negative impact on the amount of time CBHS staff have to dedicate to system improvement work.

While OCFS currently works with hospitals on individual cases where children are awaiting an appropriate level of care in the emergency departments, it is not clear whether hospitals have the capacity and systems necessary to collect and report the data required in this bill. This may create additional costs for hospitals and place an undue burden on them. This bill contains no enforcement mechanism by which OCFS can compel hospitals to report the required data. Any reporting of this data required of OCFS would be negatively impacted if hospitals were unable or unwilling to provide the data.

Within CBHS, OCFS is primarily focused on building capacity and improving the quality of services. OCFS believes that improvements in both of these areas will have a positive effect on the number of children who must wait for the appropriate level of care in an emergency department. We would welcome opportunities to work with the committee on efforts to build capacity, but we believe this bill would not have any impact on capacity and instead would take staff time away from system improvement efforts already underway.

Thank you for the opportunity to testify before you today. I'm happy to answer any questions you may have.