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Testimony of Rep. Joyce “Jay” McCreight  
Before the Joint Standing Committee on Health and Human Services  
Presenting LD 118

An Act to Address the Problem of Maine’s Shortage of Behavioral Health Services for Minors

Senator Claxton, Representative Meyer, esteemed members of the Health and Human Services Committee, I am Jay McCreight, Representative for House District 51, Harpswell, West Bath, and Northeast Brunswick. I am here today to present **LD 118, An Act to Address Maine’s Shortage of Behavioral Health Services for Minors**.

This purpose of this proposal is to effectively address the ongoing crisis of children and adolescents enduring extended stays in hospital emergency departments (EDs). Of course it’s not just the young people who suffer. It’s their families, their communities and our health care system.

I’m talking here about cases where the young person is brought into the ED in crisis, often demonstrating aggressive, out-of-control behavior. Even when medically cleared for discharge, however, they often have to remain for days and even weeks in emergency departments while waiting to get what they really need – services to address the issue that brought about the crisis in the first place. In other words, their behavioral health needs.

Having worked as a social worker / clinical counselor for my career, including work as a crisis unit clinician, I can attest to the shortage of behavioral health services and facilities that has only gotten more severe over the years.

This shortage is harmful, counterproductive and extremely expensive. Emergency Departments are intended for exactly what the name says – emergencies, not ongoing behavioral health care. Their rooms are frequently tiny, windowless, lacking in privacy, with security guards on duty, where the child remains long past the time when hospital level care is needed. This just exacerbates the problem that brought the young person to the ED in the first place.

This Committee worked very hard on this bill in the 129th legislature, as those of you who were here then may remember. The bill before you today includes much of the amendment the committee passed unanimously at that time, and which was not opposed by the Department.

Still included in the bill is the provision that the Department will post aggregated, non-identifiable information on the numbers of children “stuck” in EDs for over 24 hours on their public Dashboard. Annual report backs to the committee are also still included. The new portion is the proposal to have a Work Group that will dig into the problem and develop a plan.

As proposed here, the Work Group would be established through the Children's Cabinet and made up of a broad representation of those with direct experience and insight into the crisis.

The tasks of the Work Group are identified in the bill. They include data collection, not just of numbers of children who are stuck, but diagnoses, demographics, behavioral health needs. This data would be used to identify gaps in our behavioral health system (e.g. psychiatric hospital beds, partial hospitalization programs, residential treatment beds, home-based and crisis services), to identify barriers to service delivery (e.g. specific to rural parts of the state, workforce needs, communication among providers, etc.) and finally, development of a specific and detailed plan. Also included is a report back to the Committee by February 1, 2022.

I thank the Department for a heads up that they are not thrilled with the idea of this being a Children's Cabinet responsibility. I had been working to figure out what the best course of action would be before proposing the Children's Cabinet as the vehicle. I suggest to the Committee that an alternative would be a legislatively-established Work Group as we have done to address other complicated issues.

Regardless, I can't stress enough how important it is that we take action. We know there's a problem, we know it's causing harm both emotionally and fiscally. We have the opportunity now to zero in to do the work; to determine specifically what course we need to take to better meet the behavioral health needs of our young people. I respectfully ask the Committee to support actions that will help resolve this crisis.

Thank you for your attention and especially thank you to your analyst, Anna Broome, for her work on this bill last session and now. I'll do my best to answer your questions.

Jay McCreight  
HD 51

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