

## **Testimony in Support of LD 118**

An Act To Address Maine's Shortage of Behavioral Health Services for Minors

Sponsored by Representative McCreight

2.11.2021

Good morning Senator Claxton, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services. Thank you for the opportunity to speak to this legislation on behalf of the Maine Children's Alliance. My name is Liam Shaw, I live in Gardiner, Maine, I am a member of the Board of Directors for the Maine Children's Alliance and I am here today to testify in support of LD 118 An Act To Address Maine's Shortage of Behavioral Health Services for Minors.

I have been a Licensed Clinical Social Worker in the State of Maine for 24 years. For the first 20 years of my social work career I worked predominately with children in the treatment foster care system. As you would imagine children who require the higher level of service that treatment foster care provides also tend to also require more frequent contact with children's crisis services and subsequently more trips to a hospital emergency department for mental health and behavioral health emergencies. Over that 20 year time period, I spent 100's of hours in hospital emergency departments supporting treatment foster children and their treatment foster families. On many occasions the treatment foster child would be confined to the hospital emergency department for weeks on end and so I was able to personally observe the negative impact that these extended stays had on both the children and on the families and caregivers who were attempting to support them.

While our hospital emergency departments do a great job of keeping children safe, during that time the child typically does not receive evidence-based treatment to address the underlying issues that brought the child to this level of crisis

In my experience no one benefits when a child is in a hospital emergency department for multiple days. It is truly a lose, lose, lose situation. The child loses because they are not able to receiving evidence-based treatment, they are scared, overwhelmed and are not in a child-friendly environment. The family and caregivers lose because they know that their child would be better served by evidence-based child and family focused crisis services that are provided in the child's home or in some other child and family friendly environment. And finally, hospital emergency departments lose because that child's extended stay uses up significant staff time, ED space and resources that could be devoted to more traditional acute medical emergencies. Having Maine's children needlessly stuck in hospital emergency departments for extended stays is clearly a problem that we need to start to solve.

Maine's Children's Behavioral Health Services released a logic model in 2020 that detailed three long term outcomes that they hoped to achieve, the second outcome listed on this document states "The right services at the right time for the right duration". I fully agree with this goal and it is my belief that passage of LD118 will go a long way towards allowing CBHS to gather data and measure the exact frequency and duration of time that Maine's children are spending in hospital emergency departments across the state.

To put it simply, we need the hard data that will help us to understanding exactly how long the children in the State of Maine are spending in extended stays in hospital emergency departments so that we can start to formulate a plan to address this weakness in our children's mental health system.

I urge the members of this committee to pass LD118 and provide Maine's Department of Health and Human Services with the resources necessary to start to gather data on the number of children with mental health and behavioral health needs remaining in hospital emergency departments for extended stays. I believe that that passage of this bill is crucially important and that it is a critical step in solving the current crisis of children being needlessly confined to hospital emergency departments for weeks on end, instead of receiving the effective evidence-based mental health treatment that they deserve.