



Testimony in Support of LD 632

An Act to Facilitate the Conversion of Children's Private Non-Medical Institutions to Qualified Residential Treatment Programs as Required by Federal Law

March 29, 2019

Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services: thank you for the opportunity to testify today in support of LD 632. My name is Ken Olson and I am the Executive Director of KidsPeace. KidsPeace is a non-profit provider of mental health, education and child welfare services with locations state-wide. I'm testifying today on behalf of the Behavioral Health Community Collaborative, a network of non-profit mental health providers that includes Sweetser and Spurwink. Our three agencies (KidsPeace, Sweetser, and Spurwink) provide over 70% of the children's PNMI residential treatment services in the state.

As you are aware, the families and children served by our programs experience significant behavioral health challenges. These children require intensive treatments in a safe and high-quality residential space. Accordingly, we support LD 632 and Maine's implementation of the federal Families First Prevention Services Act.

I am testifying today to bring attention to the complexity and potential risks presented by the conversion of children's PNMI to QRTPs. The new federal requirements are significant and call for these programs to become approved by a national accrediting organization (such as the Joint Commission), implement evidenced based models of care not currently funded, have nursing staff on site or on call at all times, and provide six months of aftercare services.

Every children's PNMI in Maine is on record as supporting this effort and has voluntarily committed to adapting their program to meet QRTP requirements. These changes will improve the services and outcomes for kids and families who need these programs. To implement this conversion, we are grateful to DHHS for proposing an increase in funding (Dr. Landry said 25%) to support the change.

Unfortunately, in addition to the investment required to meet the new standards, additional funding is also necessary to stabilize the existing services. With no increase in the rates in over a decade, wages have not kept pace with other industries. Chronic staffing shortages have resulted in programs closing and, as importantly, reducing capacity. For example, KidsPeace is licensed for 44 beds. Our census today is 27 despite abundant referrals. Simply we do not have the staff. My colleagues at Sweetser and Spurwink similarly operate at 65 -75% of licensed capacity. All while we send kids to out of state facilities. No Maine family should have to face this burden.

So the simple question is this: will the funding for children's PNMI requested in the OCFS budget be sufficient to both "level set" the existing need AND fund the new federal requirements? Since MaineCare has not yet released QRTP regulations or proposed rates, it's simply impossible for providers to know whether the 25% proposed by the department will be sufficient. And this is why it is critical for your Committee to closely monitor these developments. We therefore implore you to not only pass LD 632 but closely monitor the QRTP plan and the financial resources needed to both resuscitate and improve these vital services. Our collaborative hopes to be a resource to you and looks forward to your continued vigilance for Maine children experiencing disabilities.

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