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Testimony of Rep. Colleen Madigan Introducing LD 432, “Resolve, To Improve Behavioral Health Care for Children”

April 2, 2021

Good morning Senator Claxton, Representative Meyer and fellow members of the Health and Human Services Committee. I am Representative Colleen Madigan, and I represent part of Oakland and part of Waterville. I am here today to introduce LD 432, “Resolve, To Improve Behavioral Health Care for Children.”

I have been a social worker for over 25 years. In that time I have worked with numerous children and families. You don’t work with kids and not work with their parents, their teachers, case managers, medical or psychiatric providers. The standard of care demands it. Many models, interventions or evidence-based practices explicitly require it. In addition, when working with families involved in the child welfare system, multiple people are involved with the family and family team meetings with child protective workers are critical in producing the best possible outcomes. And yet, current MaineCare rules do not allowed a licensed Masters Level professional to bill for the time they spend coordinating care with other professionals, despite the standard of care in providing mental health care to youth and children saying that this is the best practice and produces the best outcomes. Children are not islands. They live in families. They go to schools. They have pediatricians and psychiatrists. They live in communities.

Two years ago I was appointed to the Justice for Maine’s Children Task Force. It was initiated by the Maine Chief Justice. This group brings judges, lawyers, Child Protective Services personnel, legislators, advocates and providers together to identify and address systemic problems impacting child welfare and mental health issues. One of the consistent things I heard there is the difficulty providers have in participating in collateral contacts, team meetings, etc., because they are not reimbursed for their time. One of the ironies of this is that the lawyers who work on child protective cases can bill for all the time they spend talking to people involved with the case, but the professionals actually providing the care and interventions cannot. This impacts whether or not these professionals can do their work effectively. With the erosion of the value of MaineCare rates over the years, the amount of billable hours mental health employees are required to meet every week has increased. This impacts the quality of care.

I want to be clear; I do not say this to denigrate the good work these professionals do. I say this as a person who has been a therapist and a program manager. When one of the measures you are evaluated on at your job is how many billable hours you produce, you will

feel pressure. You will want to do well at your job, get a good evaluation and earn a raise. The flip side of that is to really do the job required to help the children now requires a provider to spend a lot of hours that can't be compensated working with other critical people in the child's life. It puts providers in a terrible bind.

I want to allow children and families to get the best possible care with the best possible outcomes, using the most effective treatment modalities. One of the best ways I know how to do that is to make sure that well trained professionals are compensated in a way that allows them to do this. This bill will allow for that compensation.

Thank you very much. I look forward to working with you on this bill.