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Topsham

Testimony In favor of LD 1173

"Resolve, To Develop a Plan To Treat in Maine Those Children with Behavioral Health Needs Currently Treated Outside the State"

Good afternoon Senator Claxton, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Kerri Bickford and I come before you today representing Pathways of Maine. Pathways has 9 locations throughout the State of Maine including their headquarters at Brunswick Landing. Pathways is the largest provider of home and community-based treatment (HCT) in the state.

I thank Representative Gramlich for identifying the costly and traumatic issue of children whose need for mental health services has escalated to a point where they have no choice but to find services outside the state of Maine. Not only are Maine children ending up in expensive residential care, as well as correctional facilities, foster care, homeless shelters, and the emergency room within the state, but they are also leaving Maine altogether for care elsewhere. This is a direct result of not receiving the critical Home and Community Based Treatment that they need and are entitled to by federal Medicaid statute. All of these alternatives come at cost to tax payers as much as 10 times greater than the treatment they can receive in their homes, with their families.

The number has risen (to 78 as of today) for those kids who are receiving care outside of Maine. This fact alone is a clear indicator that Maine isn't providing the care, and the problem is escalating. Where you put the money is where kids will end up. Put the money into residential treatment or hospitals, kids will end up there. Making many of them lifelong consumers of behavioral health services. And if you put your money into out of state care, as you can see, that is where Maine kids will end up.

Put the money into home based services (HCT) and kids will end up at home, with a much greater chance of living independently as adults, completing their high school education and getting and holding jobs. These are not just statements. Studies have shown time and time again that home based services are far superior to out of home services when it comes to long term effectiveness. At a fraction of the cost!

We don't need to come up with a new solution to this crisis, we already have the solution. Home and Community Based Treatment (HCT) is the answer the state implemented 15 years ago when we faced nearly the exact same crisis. It is proven effective and successful.

Unfortunately, our reimbursement rates have not kept pace with rising costs. As result, home based treatment is no longer as available or as effective as it was when it was fully funded. It is important for this committee to know the history of our services to children in Maine, and why our mental health system is at a breaking point.

Rates have not kept pace with the increased cost of doing business:

- Minimum wage has gone up more than 140%
- Health insurance costs have risen more than 200%
- Mileage reimbursement rates have gone up 56%
- The iPhone hadn't been invented yet. Now cell phones costs us more than \$180,000/yr.
- Facilities and utilities costs have risen by nearly 50%
- Paperwork was done on paper. Now we must use electronic health records, staff in the field need computers, we need an IT department to keep those computers working. This adds up to almost \$250,000/yr. None of which was accounted for in the rates set in 2005.

As a result:

Waitlists have over 500 children waiting for services, with some children waiting for a year or more.

The need is likely much higher than that, as many families that need HCT aren't even referred for it because it has not been available in their area for years now.

Without HCT, MANY of these kids will experience an unnecessary separation from their families.

Maine will spend an extra \$20 Million or more serving those kids in out of home placements. The long term cost is likely hundreds of millions as research has proven that children served in out of home services are far more likely to depend on services later in life as well.

10 years ago we weren't talking about building lockdown facilities for kids.

10 years ago we weren't sending dozens of kids out of state for services.

10 years ago we didn't have kids lingering in ERs because our residential programs were overwhelmed.

This is because 10 years ago, HCT was much more available in most parts of the state.

We have already developed the solution to today's problems, we just need to reinvest in it.

Home based treatment can serve as many as 10 kids, or more for the price of 1 child receiving out of home treatment.

Here is what you get for your investment in HCT:

- For every 100 kids that get HCT, about 94 of them are still in their homes 1 FULL YEAR AFTER the service has ended. No other service in Maine has this kind of success. Not even

more expensive Evidence Based Practices like the ones that received a 20% rate increase in 2020.

- Maine was once nationally recognized for our success with HCT.
- Along with keeping kids in their homes, HCT also helps get kids BACK home. Without HCT children are spending much more time in MUCH more expensive places because HCT isn't there to support them going home.

Last April, providers were given a 13% rate increase for our BHPs. This has been very helpful and greatly appreciated. But our clinicians have not seen a rate increase since 2005. Increasing rates for our clinicians will allow us to increase pay rates and hire and retain more people to serve the hundreds of families waiting for this service.

We must act immediately in the interests of the children and families of Maine. They are counting on you. The financial costs of delaying are already piling up. The human costs will be even higher.

Thank you for your time and consideration.