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April 7, 2021

Testimony of Rep. Lori K. Gramlich presenting

LD 1173, Resolve, To Develop a Plan To Treat in Maine Those Children with Behavioral Health Needs Currently Treated Outside the State

Before the Joint Standing Committee on Health and Human Services

Senator Claxton, Representative Meyer and distinguished colleagues of the Joint Standing Committee on Health and Human Services, I am Lori Gramlich, Representative for House District 13, which is the town of Old Orchard Beach. I am honored to present **LD 1173, Resolve, To Develop a Plan To Treat in Maine Those Children with Behavioral Health Needs Currently Treated Outside the State**. I will refer to the bill as “Bring the Kids Home” – again, or, more accurately, still.

We are all painfully aware of the crisis that exists in our community-based mental health system for children as well as adults. As a licensed master social worker working in the social service and nonprofit sector, as well as for state government with the Department of Health and Human Services, here in Maine for over 35 years, I have dedicated my entire professional career to advocating for children and to assuring that both children and adults have the behavioral health services they need and deserve.

This bill, LD 1173, addresses one piece of that crisis – our need to provide the best care for our children who need community-based residential and in-home mental health care, right here in Maine, with their families.

Currently, there are more than 78 children who have been placed out of state for behavioral health care services. These are children placed in Massachusetts, North Carolina, and even as far away as Missouri, Illinois, Arkansas and Utah. And clearly, these numbers continue to rise.

Two years year ago, when I was before this committee, I presented a very similar bill to bring these kids home. At that time, there were about 61 kids placed out of state. This past summer, there were 64 kids placed out of state and now, presently, there are 78 kids placed out of state. That is 78 kids too many. That is 78 families who cannot see their children. That is 78 treatment plans that will never be truly successful because parents cannot be an active partner in these care

plans because these parents cannot see children. And, at least as importantly, these children cannot be with their families.

When we talk about services children are receiving while in residential placement, the common thread for any organization includes treatment plans and therapeutic interventions, including family therapy and support with family reunification as a primary focus of this treatment with staff and families working together to create safe discharge plans in a timely manner. As you can imagine, it becomes nearly impossible to achieve this objective when a family living in Maine must get to Arkansas or Utah to not only see their child but to be part of their treatment plan as described above.

As a parent, I cannot begin to imagine the anguish of having my child, who is not only in need of therapeutic behavioral health care but also in need of her parents, to be placed so far from our home state and the people she loves. What is even more difficult to fathom is what it must be like for that child, being so far away from her parent or guardian – her support system. And certainly, COVID has exacerbated this as, even if a family *does* have the means and financial ability to travel potentially great distances to see their child, the global pandemic has prevented such travel, and thus the implications of families being separated are sadly more universal.

When I presented this bill last session, this committee did indeed pass it but without the funding mechanism to provide care for these kids right here in Maine. The bill was amended to require the Department of Health and Human Services to negotiate reimbursement rates with providers to provide services to children returning to the state, including deviating from reimbursement rates established by Department rules in order to access additional services. The idea was that the Department would make a plan to bring these children back home to Maine.

I am not entirely certain if the Department indeed negotiated rates to providers to assure services would be provided here in Maine. The increased numbers of kids placed out of state would lead one to believe that this was, sadly, not accomplished.

During the 129th Legislature, there were plenty of families who told this committee their firsthand, lived experiences of what this is like for them to have their children receiving behavioral care so far away from them. Uncertain as to whether this committee will have the opportunity to hear from these families, I have attached, for your reference, news articles that chronicled some of these families' stories.

Again, this bill, first and foremost, requires that the Department of Health and Human Services make a plan to bring these children home. Over a decade ago, we faced the same problem – and discovered that it was way more costly to have these children out of state than it was to give local providers the resources and tools they needed to serve these kids here in the State of Maine, with their families, their support system for recovery, nearby. It is only after more than a decade of flat funding and failure to support our community systems that we have found ourselves in the exact same position as we saw ourselves in over a decade ago: sending kids out of state at a far greater cost than it would be to keep them close to their families here in Maine.

According to 2019 figures, sending a child out of state costs on average \$210,000 per year. Serving that same child in Maine costs an average of \$160,000 per year.

It is more clearly more cost-effective to provide services to kids right here in Maine.

To be clear, LD 1173 is pretty simple in that it requires the Department of Health and Human Services to make a plan to bring these kids back home – and to inform you, the Legislative policy committee, the committee of jurisdiction, to be informed as to what this plan is.

Please, bring the kids home. It's best for the kids, best for the taxpayers and best for families. I urge you to pass LD 1173.

Thank you for your time, for tackling these very difficult issues presented before you and for your consideration of this critically important issue. I would be happy to try to answer any questions for you.

Some Maine Children Have To Move Out Of State For Health Care. A New Bill Wants To Bring Them Back



Published April 1, 2019 at 6:31 AM EDT

LISTEN • 4:09



Dozens of Maine children who need residential treatment for severe mental health and behavioral issues are currently getting that care out of state. A bill before the state legislature aims to bring those kids back.

Dozens of Maine children who need residential treatment for severe mental health and behavioral issues are currently getting that care out of state. A bill before the state legislature aims to bring those kids back.

Advocates are cautioning that the state must ensure it has a stable treatment system that can care for those children once they return.

Some kids who need intense treatment for mental and behavioral health are placed in residential centers hundreds of miles away in neighboring New England states. Others are thousands of miles away.

Laura Mills of Whitneyville says her nearly 16-year-old daughter is at a facility in Illinois.

"She's 1500 miles from home," Mills says.

Mills says her daughter has been away for three years, and it's a financial struggle to visit her.

"My daughter cannot make sense of all this," she says. "Some days she wants a different mother, one who's doing more to get her home. I tell her I'm doing what I can, and that's why I'm here today."

Mills was testifying at public hearing before the state legislature's Health and Human Services Committee in support of a bill that would require the state to bring kids who are in residential treatment outside of Maine back home.

Beyond the hardship of physical distance, some families — and children — say out of state placements can expose them to even more severe problems.

Fifteen-year-old Kaymi Hunt of Old Town says she spent three years at a facility in New Hampshire.

"I was nine-years-old when I left home and I was treated very badly," Hunt says. "They were supposed to protect me, but they hit me. They would say it was my fault."

"I learned that under no circumstances will my child ever be entrusted to a facility, to DHHS or any caretaker again without my direct and present oversight," she says. "She is too great a risk for abuse. Frankly, all of our out of state Maine children are."

Eric Meyer is the president and CEO of Spurwink, which provides residential treatment at locations throughout Maine.

"We are failing these children, their families and our state," he says.

He says the state faced a similar situation years ago and committed to bringing kids home. That effort was successful, he says, until about 10 years ago, when the state started to pull resources, and reimbursement rates became stagnant.

"I think it was a slow motion crisis, really one child at a time, till we reached this point again," says Meyer.

Meyer says Spurwink currently has 20 open beds, but he doesn't have the staff to provide treatment.

Paul Dann, the executive director of another treatment agency, NFI North, says he also struggles to attract and retain staff because of flat reimbursement rates.

"Imagine having a bachelor's degree, coming out and following your passion to work in the field and being paid anywhere between \$11 and \$14, \$15 an hour," he says.

Reimbursement rates were recently bumped up two percent, and under this this bill, sponsored by Democratic Maine Rep. Lori Gramlich, they would be increased by 30 percent. While that may sound like a big jump, Gramlich says, it's needed to develop the staffing required to bring kids home.

"In the long run, it's more affordable to provide these services to kids in Maine," says Gramlich.

No one at the hearing opposed Gramlich's bill, but some asked lawmakers to proceed with caution.

Cathy Dionne of the Autism Society of Maine says before children can return from out of state treatment programs, the state must have a plan to make sure that treatment

"If we bring them back and stop all future contracts, and they're telling us they don't have the staff or the skilled people, we need to build that," she Dionne. "It's almost like we're putting the cart before the horse."

A representative of Disability Rights Maine emphasized that the bill addresses just one aspect of care for kids with behavioral and mental health issues. The advocacy group says investing in home and community based services for younger kids would greatly reduce the need for higher level, residential care as they grow.

Originally published March 29, 2019 at 5:16 p.m. ET.

Tags

Health

Maine Department of Health and Human Services

Autism Society of Maine

Disability Rights Maine



Patty Wight

Patty is a graduate of the University of Vermont and a multiple award-winning reporter for Maine Public Radio. Her specialty is health coverage: from policy stories to patient stories, physical health to mental health and anything in between. Patty joined Maine Public Radio in 2012 after producing stories as a freelancer for NPR programs such as Morning Edition and All Things Considered. She got hooked on radio at the Salt Institute for Documentary Studies in Portland, Maine, and hasn't looked back ever since.

[See stories by Patty Wight](#)

A young girl had to leave Maine for mental health care. It's been 6 months.

by **Jackie Farwell**

January 21, 2019 Updated February 27, 2019



A 15-year-old Maine girl is pictured in Illinois where she's lived since November to receive mental health care. The Bangor Daily News is not identifying her to protect her privacy. Credit: Courtesy of the family

Lora's 15-year-old daughter is pleading to come home to Washington County by the time she turns 16.

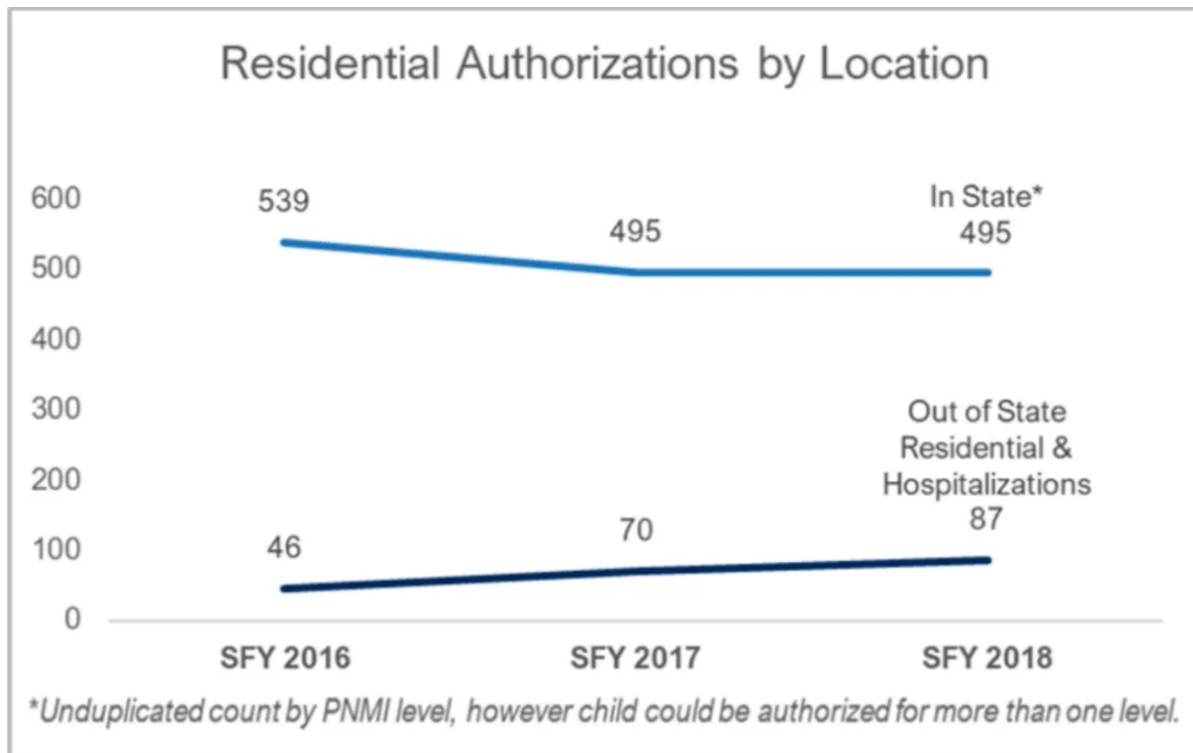
The girl, who struggles with developmental delays, behavioral problems and aggression, is living at a youth home 1,500 miles away in Carbondale, Illinois. She's been there since November. Before that, she spent about four months at a youth home and psychiatric hospital in Vermont.

She first left home in June of 2016, going on to face "countless" placements at residential facilities and crisis units in Maine over the next two years. Not a single facility in the state is willing to accept her, Lora said.

"She's like a little girl, very emotionally immature," Lora said. "It's like a 7- or 8-year-old being sent thousands of miles away."

To protect her daughter's privacy, Lora asked that the girl's name not be published and that she be identified by only her first name.

Lora's daughter is among an increasing number of children with mental health and behavioral needs that Maine is sending to facilities out of state. In fiscal year 2018, 87 children were placed in residential facilities and hospitals outside Maine, up from 70 the prior year and 46 in fiscal year 2016, according to a review of the state's services for that population released last week.



Credit: Courtesy of the Maine Department of Health and Human Services

While most of those placements were within New England, some children moved as far away as Arkansas, Missouri and Utah, the report found.

The reasons are many. Some children require special treatment unavailable in Maine, such as residential care for eating disorders. Others, like Lora's daughter, have behaviors or symptoms that local providers feel unequipped to manage, the report states. Sometimes no placements are available at a given time, because beds are already full or Maine lacks the type of facility required.

But rather than respond by building more institutions to house children with behavioral and mental health needs, the Maine Department of Health and Human Services must intervene in their lives sooner, with services delivered in homes and communities, said Katrina Ringrose of Disability Rights Maine, which advocates for children and adults with disabilities.

Maine's existing system for treating individuals in crisis is geared toward adults, she said. When kids' unaddressed mental health challenges escalate into a crisis, many parents have no choice but to bring their son or daughter to the emergency room. After walking through the hospital doors, the chances that the child will need a higher level of care, such as a residential placement, shoot up, Ringrose said. Once a child is in the system, providers are inclined to refer them for that care, and some children's conditions tend to worsen in a hospital setting.

[First review in two decades shows all the ways Maine failed kids with mental health problems]

Maine is also sending more children out of state to psychiatric hospitals and for longer durations, the report found.

Maine already has more than 100 psychiatric beds for children between four hospitals and roughly 300 beds at residential care facilities, Ringrose said. She "can't imagine a situation where Maine needs more beds," she said. Institutionalizing children not only costs much more in the long term than providing less intensive care, but evidence also shows it's "not what's best for kids," she said.

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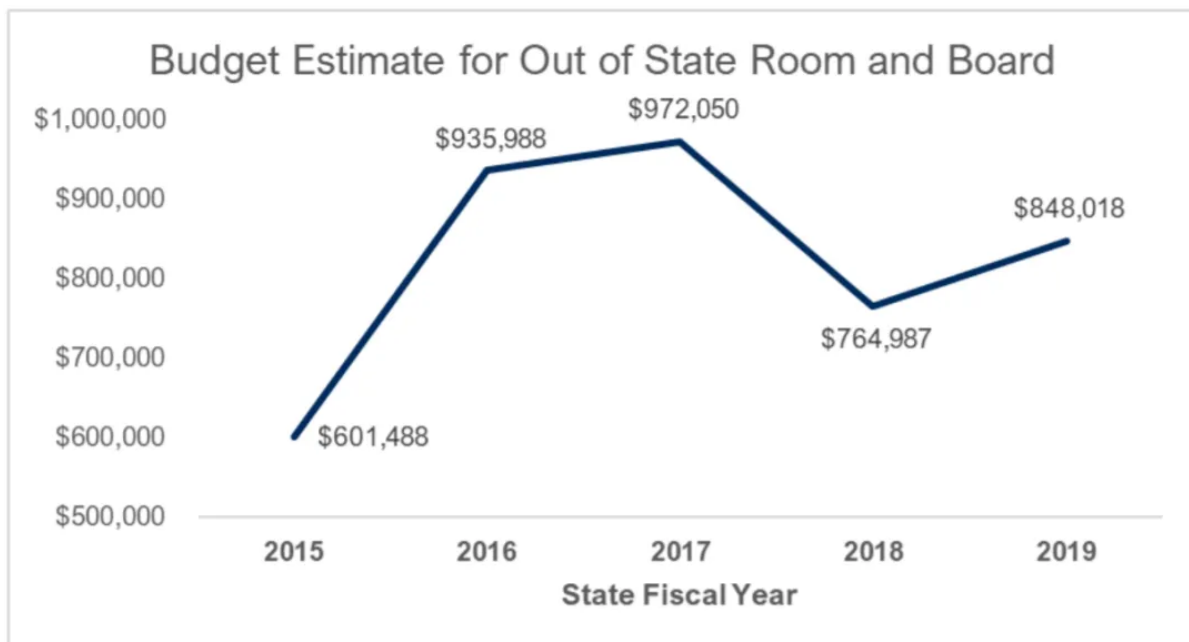
Many children are waiting months for services delivered in their homes and communities, despite federal law limiting waits to 180 days. And even though some residential facilities have open beds, kids still are left waiting because the facilities can't hire enough workers to staff the beds, the report noted. Salaries in the often stressful and dangerous field are low, discouraging new applicants and leading to burnout among the existing workforce.

By providing the right services early on — such as day programs at local agencies or aides visiting children’s homes regularly — Maine could limit the number of children in crisis who need institutional care, she said. Some children now in residential care could go home if those services were funded and available, Ringrose said.

But if Maine builds more psychiatric facilities — as former Gov. Paul LePage aimed to do through a [now-stalled project in Bangor](#) — “then they’re going to be filled, and there’s a financial incentive to fill them,” she said.

While some children receiving behavioral and mental health services are covered by private insurance, the vast majority rely on MaineCare, the state’s Medicaid program. Every time the state places a child in residential care out of state, it must pay room and board expenses, in addition to covering the actual treatment.

In fiscal year 2019, DHHS estimated it would spend \$848,018 for room and board alone. That’s up from \$756,00 in the previous fiscal year, though down from a recent high of \$972,000 in 2017.



Credit: Courtesy of the Maine Department of Health and Human Services

Ringrose said she’s hopeful that the new report, the first review of Maine’s system for children with behavioral and mental health needs in two

decades, will spur change under newly elected Gov. Janet Mills. Produced by the Boston-based Public Consulting Group, the report resulted from her organization's negotiations with DHHS, in lieu of a lawsuit against the department over its failure to ensure children have timely access to mental health care.

"We're hoping this report can be used as a blueprint for the new administration to work with all stakeholders to develop a strategic plan and move Maine forward to ensure that kids and families are receiving timely access to all services and that we have a full continuum of care," Ringrose said.

[Hundreds of children wait for mental health help, even after Maine pledged to follow the law]

Change could also come in the form of new legislation. Rep. Lori Gramlich, D-Old Orchard Beach, plans to propose a bill that would limit the number of Maine children housed at residential treatment facilities outside the state.

"We're calling it 'Bring the kids back home,'" she said of the bill.

It would boost MaineCare reimbursement rates for agencies that help foster parents to provide specialized care to children with significant mental and behavioral health issues. The legislation also aims to extend and further increase a rate bump that the Legislature approved last year for home and community based treatments. "Two percent is a sneeze," said Gramlich, a social worker with a background in public policy. "While well-intended by the Legislature, it's the tip of the iceberg for addressing this."

As lawmakers and a new administration weigh reforms to the system, Lora wants the state to bring her daughter back. She spent \$2,000 to travel with her son to Illinois at Christmas, costs that the state no longer covers even though family involvement in her daughter's therapy is considered "medically necessary."

Aside from such medical designations, Lora said it's wrenching for her daughter to be separated from those who love and support her.

"It's horrible," Lora said. "It's heartbreaking for her and for me and the rest of her family."

For now, she can only hope that her daughter will learn to manage her aggression and impulse control well enough to come home soon. The girl, who once enjoyed swim team and attending her mother's choral performances, could still live a relatively normal life if things turn around, Lora said. But she has no idea what the next weeks and months will bring.

"It's a big, scary unknown," Lora said. "She said, 'I have to be home by my birthday. You have to get me home by my birthday.' And I say, 'I'm going to do my best.' But that's in May. I don't know."

Maine Focus is a journalism and community engagement initiative at the Bangor Daily News. Questions? Write to mainefocus@bangordailynews.com.



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JACKIE FARWELL

I'm the health editor for the Bangor Daily News, a Bangor native, a UMaine grad, and a weekend crossword warrior. I never get sick of writing about Maine people, geeking out over health care data, and... **More by Jackie Farwell**