

**Testimony of Betsy Mahoney, Community Outreach Coordinator,  
Autism Society of Maine, in Support of LD 1173 Resolve, To Develop a Plan  
To Treat in Maine Those Children with Behavioral Health Needs Currently  
Treated Outside the State**



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Good morning Senator Claxton, Rep. Meyer and members of the Health and Human Services Committee. My name is Betsy Mahoney, and I am the Community Outreach Coordinator of the Autism Society of Maine. I am also the parent of a 29-year-old with autism, intellectual disabilities and a mental health diagnosis. I am testifying today on behalf of the Autism Society in support of LD 1173, Resolve, To Develop a Plan To Treat in Maine Those Children with Behavioral Health Needs Currently Treated Outside the State.

Maine's capacity to serve children in need of residential services for behavioral health issues is a long-term problem, as all members of this committee know. Numerous bills designed to address this dilemma have been submitted over the years, including reporting requirements concerning emergency department stays and increased Medicaid reimbursement rates for direct service providers.

The problem of out of state treatment is actually getting worse, though. The [Office of Child and Family Services reports](#) that, two years ago, there were 50 children receiving residential services out of state. Now there are 78 individuals, a 56 percent increase in just two years. Conversely, the waitlists for children awaiting Home and Community-Based Treatment for behavioral health issues are growing.

The need for behavioral health services for children has grown, partially in response to the pandemic, and will continue to do so. Matthew Siegel, MD, director of the Center for Autism and Developmental Disorders, Maine Behavioral Healthcare, [presented to the Autism Society last month on the topic of mental health, the pandemic and youth with autism spectrum disorder](#) (ASD). He noted that young persons with autism are more likely than others with intellectual disability to have a mental health diagnosis.

Dr. Siegel explained that the general ASD profile includes intolerance of uncertainty and increased rates of anxiety and impaired emotion regulation. During the pandemic, youth with ASD extremely vulnerable because they are often unable to anticipate, cope with, resist and recover from the impacts of totally disrupted routines.

Dr. Siegel noted that the results of the pandemic have included lost school supports, IEP's unable to be followed, and in-home supports lost or reduced. There has been decreased access to therapists, psychiatrists and developmental pediatricians.

As a result, visits to the emergency room due to behavioral crises have increased. Three out of 15 children with ASD in day treatment program psychiatrically hospitalized within 6 weeks of the program going virtual. Most importantly, **the waitlist for Spring Harbor Hospital's Developmental Disorders Unit, a residential treatment program, has increased from 0-3 children waiting at any given time, to 12-15 children.**

Resolve 2019, chapter 54 requires the DHS to coordinate with families of children who are receiving residential treatment services for behavioral health issues outside the State to develop plans to bring the children back to the State to receive certain required services Given that the problem of access to residential behavioral health services is getting worse, I urge members of this committee to vote ought to pass on LD 1173.

