



April 7, 2021

Senator Ned Claxton, Chair
Representative Michele Meyer, Chair
Joint Standing Committee on Health and Human Services
Cross Office Building, Room 209
Augusta, Maine 04333

Re: L.D. 1173 - Resolve, To Develop a Plan to Treat in Maine Those Children with Behavioral Health Needs Currently Treated Outside the State

Dear Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

My name is Kim Moody and I am the Executive Director at Disability Rights Maine, Maine's protection and advocacy agency for individuals with disabilities. Thank you for the opportunity to appear before you in support of L.D. 1173 "Resolve, To Develop a Plan to Treat in Maine Those Children with Behavioral Health Needs Currently Treated Outside the State."

The 129th Legislature passed a resolve, approved by the Governor, that required DHHS to develop plans to bring children who are receiving residential services outside of the state, back home to Maine to receive appropriate services and supports.¹ But this has not happened. And approximately 78 of Maine's children are currently in residential placements outside the state.² L.D. 1173 simply requires DHHS to develop a plan to complete the task it was presented with in 2019.

¹ 129th Legislature, Resolve 219, Chapter 54 (June 6, 2019), available at:

<https://legislature.maine.gov/legis/bills/getPDF.asp?paper=HP0739&item=3&num=129>

² This number is from February 2021, which was the most recent data on the data dashboard maintained by the Office of Child and Family Services. See: <https://www.maine.gov/dhhs/ocfs/dashboards/childrens-behavioral-health.shtml>

160 Capitol Street, Suite 4, Augusta, ME 04330
207.626.2774 • 1.800.452.1948 • Fax: 207.621.1419 • drme.org

MAINE'S PROTECTION AND ADVOCACY AGENCY FOR PEOPLE WITH DISABILITIES

DRM supports this effort and thanks Representative Gramlich for her continued attention to this problem.

I appear before you today to ask you to ensure that any plan to bring Maine children home focuses on the provision of services in the least restrictive and most integrated setting appropriate to meet individual needs. This is what the Americans with Disabilities Act requires. And it is what Maine children deserve.

Discussions about Maine youth being out of state are too often focused around the perceived need for more or different beds in the state. But developing congregate, institutional remedies to the problems in our youth behavioral health system reflects backward-looking policy. It is an inappropriate and inefficient use of scarce public resources. And it goes against 20 years of legal progress made on behalf of people with disabilities of all ages. In *Olmstead v. L.C.*, a landmark civil rights case decided in 1999, the U.S. Supreme Court made clear that prioritizing public dollars to support institutions over community services was potentially discriminatory.

As you know, Maine's system of behavioral health services for children has severe and persistent gaps, resulting in long wait lists for home and community-based services, among other issues.³ It is well known that children are unable to access appropriate home and community-based services and instead spend months, if not years, on waitlists. As a result, as indicated in the PCG report, Some of these youth end up, inappropriately, in residential settings. The PCG Report also noted that “[c]urrently children who need out of home care are sent to residential programs, when a less intensive family-like setting closer to their community may be more appropriate and effective”.⁴

So, yes, Maine should bring its children home. But in planning to do so, Maine should focus on developing and resourcing appropriate community based and non-institutional services and supports.

Sincerely,



Kim Moody
Executive Director

³ See generally “Maine Department of Health and Human Services, Office of Child and Family Services, Children’s Behavioral Health Services Assessment Final Report,” Public Consulting Group, 2018, available at <https://www.maine.gov/dhhs/ocfs/cbhs/documents/ME-OCFS-CBHS-Assessment-Final-Report.pdf>.

⁴ Id., at pp. 85-86. The PCG report outlines many additional concerns with the way residential treatment is structured and delivered in Maine, at pp. 71-77.