



BEHAVIORAL HEALTH COMMUNITY COLLABORATIVE

Working together to promote quality lives

Senator Claxton, Representative Meyer, Members of the HHS Committee.

My name is Betsy Sweet and I am here representing the Behavioral Health Community. Collaborative in strong – and dire support of LD 592 – which would increase the reimbursement for outpatient therapy. I know you have heard a number of bills this session already from us and others – in behavioral health and for other services - about the need for additional reimbursement. This one, too, is critical. We are experiencing a time when this service – Sec 65 outpatient therapy - was already operating at a loss and one in which people are experiencing long wait times and there are long wait lists.

Let me give you some data from just a few organizations. At Sweetser, they currently have over 1,000 clients waiting for therapy services statewide in settings that include Primary Care Offices, Public Schools (elementary, middle, and high), Housing Communities, and Colleges. In 2019 we closed our clinic-based therapy program, affecting 450 people, across five locations (<https://bangordailynews.com/2019/11/09/news/sweetser-will-end-clinic-based-therapy-program-affecting-450-mainers/>). The last year this program was fully operational, the program had a negative gross margin of 51%, representing direct costs as a percentage of revenue before indirect costs. The negative operating margin was 66%. Direct personnel costs alone represented 110% of revenue.

At Oxford County Mental Health Services they have an outpatient therapy waitlist with 75 clients on it- with referrals dating back as far as January 11th. Imagine if you feel you are in desperate need of talking to someone, have finally gotten over the stigma of asking for help and then are told it will be a 4- 5 month waiting period for your first appointment. Why? Because there simply aren't the resources to have enough clinicians to see all the people that are in need of service – this basic service that often prevents additional and more expensive and intensive services.

In Oxford County, this fiscal year they are running a 18% loss, which approximates to a \$77,000 loss in revenue due to not being able to fully staff the program to address waitlist, and also due to a multitude of access and engagement barriers created by COVID.

Yes, COVID certainly has not caused this problem, but it has completely exacerbated both the need for services for people who have never sought the before and the inability to recruit and retain adequate staff to provide the services. It is a problem everywhere – but it is particularly acute in rural Maine.

I know it must be painful to hear these needs, and to be empathetic to those who are trying to access these services. But we simply must face the hard reality that this is a problem – a big

problem that is happening NOW. Studies and plans are wonderful and important – but to the person who is struggling and waiting, and waiting, and waiting – they mean nothing. Please take meaningful action now and pass LD 592.