MaineHealth

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Local Health Systems
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LincolnHealth
MaineHealth Care At Home
Maine Behavioral Healthcare
Memorial Hospital
Maine Medical Center
Mid Coast-Parkview Health
NorDx
Pen Bay Medical Center
Southern Maine Health Care
Synernet
Waldo County General Hospital
Western Maine Health

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MaineGeneral Health
New England Rehabilitation Hospital of Portland
St. Mary's Health System

Sarah Calder, MaineHealth
Testimony Neither for Nor Against LD 1848
"An Act to Increase the Availability of Assertive Community Treatment Services"
Tuesday, January 18, 2022

Senator Claxton, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, my name is Sarah Calder, Director of Government Affairs at MaineHealth, and I am here today Niether for Nor Against LD 1848, "An Act to Increase the Availability of Assertive Community Treatment Services." MaineHealth strongly supports increasing access to Assertive Community Treatment (ACT) services, and we believe that psychiatry must be available to support any ACT Team, as has been shown in the evidenced-based care model.

MaineHealth is a non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of "Working Together So Maine's Communities are the Healthiest in America," MaineHealth, which includes Maine Behavioral Healthcare (MBH), is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and better access to behavioral healthcare through integration with primary care services.

Maine's system of mental health services has never been perfect, but the last decade has seen a slow deterioration of community supports and services as payment rates have not been increased to account for inflation. The impact of this chronic underfunding is a behavioral health system that is failing to provide timely access to services for a very vulnerable population. Absent sufficient access to community behavioral health services, a greater demand is placed on more intensive levels of care, all the way up through inpatient services. On any given day, up to half of MaineHealth emergency department (ED) beds are filled with patients awaiting behavioral health beds. When we spoke with you last Session, we averaged 25 behavioral health patients in our EDs on any given day. And the length of stay for these patients is increasing and is, oftentimes, three to six times longer than those for medical patients. Simply put, our behavioral health system is in crisis.

We are grateful to this Committee, the Legislature, and the Administration for the significant investments made last Session in behavioral health services, but we are plugging holes in a sinking ship – we repair one hole and another appears. A statewide strategic plan for behavioral health, formed with provider, and consumer engagement, is critical and we thank you for passing LD 1262 into law last Session directing the Department to do exactly that, and we look forward to working with them to meet that charge.

In the meantime, regulatory flexibilities and increased funding for intensive community services, such as ACT, are desperately needed to expand access to the very services and supports that reduce overutilization of hospital EDs.

ACT is an intensive community-based treatment program with a multi-disciplinary team of clinicians and providers that supports MaineCare eligible adults who have a major mental illness diagnosis and often co-occurring disorders with high levels of need. Given that these clients have a high level of need, it is critical that clinical psychiatry be a component of the ACT Team model. The goal of the ACT Program is to improve the client's ability to independently manage their lives, while strengthening family, work, school and community ties. And it is evidence-based. National data supports the efficacy of ACT Teams and MBH's own clients served by an ACT Team have seen a 28% reduction is hospitalization days compared to similar clients not served by our ACT Teams. Despite its success, ACT services are woefully underfunded. In fact, MBH subsidizes its four ACT Teams by almost $1 million annually. While this is a significant burden on our budget, we have seen a number of other agencies succumb to the underpayment by eliminating their ACT Teams.

In addition to increasing the reimbursement rate to account for the actual cost of providing care, including skyrocketing labor costs, (LD 582 – Rep. Colleen Madigan), our ACT Teams struggle to continue to meet the increased demand for services due to several regulatory barriers. While not included in the current bill, we have identified additional regulatory opportunities to improve access, including:

- **Allowing ACT teams to bill for more than one contact per day when this benefits the client.** In some cases it is helpful for clients to have an option of working with more than one team member on a given day. Clients often express concern with needing to see ACT staff 3 to 4 different days a week. In some cases this frequency is important, for other clients it interferes with living their lives. Additionally, some types of contacts with staff members are better combined in one day, such as a psychiatry visit and a visit with the team nurse.
- **Changing expectations around ACT psychiatry visits.** Currently ACT clients must see the ACT psychiatric provider one time per month in order for providers to bill for the entire month. If a client doesn't make this contact (often despite multiple attempts by staff to facilitate this contact), all of the other team contacts can't be billed for the month. Allowing for three psychiatric visits with a three month period, or the addition of another rate for clients who missed the psychiatry appointment could be more reasonable alternatives.
- **Appropriately and accurately accounting for travel time to expand into rural areas.** In rural areas, it is also critically important to understand that care would be greatly enhanced with additional staff to

provide care in outreach situations where travel time impinges on the time available to provide the care itself, and having different rates of reimbursement based on distance is critically important. With appropriate reimbursement rates, more outreach and intentional support can occur in the communities where clients live.

There is no simple solution to the behavioral health crisis, nor will it be solved overnight. But the current system has reached a breaking point and we need the Legislature and Administration's immediate support to ensure that our residents with behavioral health needs have access to timely and appropriate care, but also that our hospital EDs have the capacity to continue to meet the medical needs of our communities. With that said, we thank this Committee for its support of increasing the reimbursement rate for ACT, and we encourage the Committee to also address the regulatory barriers limiting access to care for this vulnerable patient population, while ensuring the appropriate clinical model remains intact.

Thank you and I would be happy to answer any questions you may have.