Lindsey Tweed
Vassalboro

Honorable Members of the Health and Human Services Committee:

I am submitting this testimony today on behalf of the Maine Council of Child and Adolescent Psychiatry (MCCAP) in very strong support of LD 118.

We are sure that by now you have heard the terrible anecdotes of youth being stuck in Emergency Departments (ED's) for days and weeks at a time. As you probably know from any visit that you or your family member has made to an ED, the rooms are small--really, no bigger than a medium-sized storage shed. Which is fine if you are at the ED for a few hours for an acute medical problem; but if you are a child who is there for days or weeks, you are temporarily living in a storage shed. And there are no windows or any way to see the outside world; again, that's fine for treatment of someone's acute medical condition, but terrible for a child's extended stay. Not to mention there is no treatment or educational planning for the stuck child, who probably has one or more special needs.

So the anecdotes have impressed us all. What should we do? Unfortunately, we cannot at this time possibly make any intelligent policy recommendations, because we have zero accurate data on the extent and causes of this problem. LD 118 is the first step toward fixing this problem. Hospitals will report on the numbers of youth with extended ED stays and also on the clinical characteristics which are driving those extended stays. DHHS, with the assistance of the Children's Cabinet, will summarize the data and make recommendations to move forward.

Are there possible systems improvements that would reduce this problem? You bet! Right now, our mobile crisis service only assesses the level of care needed (hospital, crisis unit, or home); the system is not designed to actually intervene to resolve crises. Perhaps an actual crisis intervention service-- perhaps a multidisciplinary team, offering both intensive psychosocial intervention and medication management-- can divert kids from the ED back home. Perhaps a more accessible and effective intensive in-home treatment program will prevent crises from happening in the first place. Perhaps we need more hospital beds. Perhaps in-state secure residential treatment would help, as a certain subset of youth stuck in the ED are there because our in-state (non-secure) residential treatment programs can no longer safely treat the youth.

These are all promising possibilities. How to choose? Well of course, we need to choose by first looking together, as a system of care, at data. But we won't have any data unless you pass LD 118. We cannot manage, nor understand, what we can't count.

In addition to being necessary to solve the problem of extended ED stays, the data provided by LD 118 will prove to be an excellent outcome metric for our overall children's behavioral health system of care. Most serious problems show up, at one time or another, at the ED. If we make the system improvements necessary to decrease extended stays in ED's, we almost certainly will have made the improvements necessary for children to live and thrive in their families, schools, and communities.

We understand that our state, like all states, is currently in a difficult fiscal situation. We understand that substantial improvements to our children's behavioral health system of care may need to wait for better times. But let us prepare for those times by gathering the data we will need to act. Please pass LD 118.

Respectfully,
Lindsey Tweed MD MPH
President, MCCAP