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MEMORANDUM

TO: Joint Standing Committee on Criminal Justice and Public Safety
FROM: Office of Child and Family Services, Maine DHHS
DATE: September 22, 2021
RE: Availability of treatment beds for youth

The Department regrets that we are unable to join the Committee today. In response to requests from the Committee Chairs, please see below for information related to youth treatment beds. Please advise if you have any questions or desire additional information. Please note that updates related to CCLP recommendations on children's behavioral health are attached to this memo.

Availability of Adolescent Behavioral Health Residential Treatment Services:

There are currently 459 licensed children's residential beds in the State of Maine and 199 children in those beds as of 09/21/21. The difference between the capacity and the census is 260 beds that are licensed but not currently utilized. Providers have cited COVID-19 physical space adaptations and lack of available staffing as contributing factors to not being able to serve more youth. Additionally, there are 76 children placed in out-of-state residential programs. There are 63 youth currently waiting for residential placement. These youth are in a variety of settings, including in their home or other lower intensity placements, at Long Creek, or in hospitals.

The Office of Child and Family Services (OCFS) and Office of MaineCare Services (OMS) have been working to review and align residential treatment for children to ensure high quality services are delivered and that all providers will meet the federal quality standards within the Federal Family First Prevention Services Act.

In 2021, a new MaineCare policy and licensing rules for residential treatment services was released for public comment along with a new rate that will support the new expectations in policy. Some of the new expectations include 24/7 available nursing, aftercare, trauma informed practices, background checks and national accreditation, all contributing to higher quality services. To date, seven providers are fully accredited with the other three in process.

These changes will be implemented in the last calendar quarter of 2021 and will support the expansion of available residential beds for youth in Maine with significantly higher rates aligned with higher expectations for quality programming. Youth who are discharging from Long Creek and need residential treatment services are placed on the waitlist as a priority.

Availability of Adolescent SUD Residential Treatment Services:

As of September 21, 2021, there are eight beds available for adolescent girls in need of residential SUD treatment (PNMI-B). These beds are available through Day One. Day One recently closed its boys residential facility due to staffing issues. That facility had an eight-bed capacity limit. OCFS is working with Day One to reopen the boy's facility in a geographic location that is manageable for Day One staff. In its most recent meeting with OCFS on 9/7, Day One reported openings in the girl's program.

MaineCare increased the Section 97-D rate for Adolescent Residential Treatment by 37% following a recent rate study. The increase is planned to go into effect on November 1, 2021.

Availability of Adolescent SUD Intensive Outpatient (IOP) Services:

There is one intensive outpatient (IOP) program for youth with SUD in Maine and it is operated by Dirigo Clinic and Counseling in Bangor. This program has not been able to generate enough referrals to sustain a group (3+ individuals), which is required as part of the IOP model for recovery. OCFS and DOC work collaboratively to ensure appropriate referrals are made to this program, and OCFS works to supports Dirigo on a regular basis.

Availability of Adolescent Medically Supervised Withdrawal (Detox) Services:

There is a small population of youth in need of Medically Supervised Withdrawal, commonly known as "Detox," services. Currently, there are no facilities dedicated to the administration of medically supervised withdrawal services for adolescents. Youth with problematic substance use or a substance use disorder who stop use of the substance are likely to experience withdrawal symptoms, and often these symptoms can be managed on a supported outpatient basis. However, youth who are halting use of alcohol and benzodiazepines are at the highest risk of acute medical need. OCFS has estimated the number of youth in need of this service to be 1 youth per month. This data is supported by an analysis of other state facilities, revealing that Massachusetts has a dedicated adolescent withdrawal facility with 12 beds and is 5.12 times the size of Maine. Similar to Maine, Vermont does not have a designated adolescent withdrawal facility. Currently, when this need arises in Maine, OCFS works collaboratively with the case management team, DOC (when applicable), Day One, and the medical community to meet the needs of the youth. Most recently, St. Mary's Hospital provided medically supervised withdrawal services to an adolescent who was then transferred to Day One to continue their recovery journey.

OCFS is currently pursuing an improved solution for youth in need of medically supervised withdrawal services. The Youth SUD Team, comprised of the Youth SUD Specialist, a Children's Behavioral Health Manager, the Associate Director of OCFS, and the Medical Director of OCFS, has pursued funding to design a training program for practitioners to treat adolescents for medically supervised withdrawal. As of 9/21/21, OCFS has met with the following partners to develop a training for medical professionals and behavioral health clinicians alike:

- Opioid Response Network (ORN)

- University of Vermont Center on Rural Addiction (CORA); and
- The New England Addiction Technology Transfer Center (NEATTC).

The above organizations help to develop training seminars for providers at no cost to the trainee as they are grant funded by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA). The organizations have extensive expert networks on a variety of topics, including adolescent addiction medicine. When the Youth SUD team met with each of these networks, it was revealed that none of the above had an available training for Adolescent Medically Supervised Withdrawal because it is not a commonly arising need, and there is very little research on the topic. Meetings with these organizations are ongoing as there is a network of adolescent addiction medicine providers, particularly who work out of the Boston Children's Hospital's ASAP (Adolescent Substance Abuse Practice) Clinic, interested in assisting in the development of a training.

Additionally, OCFS has met with providers around the state to discuss the potential for offering medically supervised withdrawal services to adolescents. Adult providers of the service are unable to accommodate youth in their facilities due to safety considerations. Acute illness occurs for 3-5 days typically, meaning that youth would be staying overnight in an adult facility where privacy and separation from adults cannot be physically maintained. Nevertheless, the adult providers have agreed to be ongoing partners in finding a solution for youth when the need arises. The Youth SUD team is planning to meet with Day One, the Adolescent SUD Residential facility, as well as with St. Mary's Hospital at the end of September to discuss alternative settings for adolescent medically supervised withdrawal.

Updates Regarding Center for Children's Law and Policy Report[1]

Background
In December 2018, the Office of Child and Family Services (OCFS) finalized a comprehensive assessment of its Children's Behavioral Health Services (CBHS) system of care. The assessment was completed over five months in 2018 with input from advocacy organizations, providers, parents, youth, and other stakeholders. The report identified 27 recommendations which were later narrowed to 13 strategies during three public work sessions. This work culminated in the implementation of a vision document in August of 2019. An updated version of the vision document was released in December of 2020. The 13 identified strategies are divided into short-term and long-term strategies as follows:

Short-Term (2019 – 2022)

- Hire a full-time, on-site OCFS Medical Director
- Facilitate access to parent support services
- Explore options to amend current service definition for Section 28
- Clarify CBHS roles, responsibilities, procedures, policies, and practices
- Establish one or more Psychiatric Residential Treatment Facilities (PRTF)

Long-Term (2019 – 2025)

- Address shortages in the behavioral health care workforce
- Align residential services to best practices and federal quality standards
- Improve CBHS crisis services
- Expand the use of evidence-based models and evidence informed interventions
- Enhance the skills of the early childhood education workforce to address challenging behaviors
- Explore a statewide or regional "single point of access"
- Revise the waitlist process
- Improve coordination for transition aged youth's behavioral health services

OCFS completed the strategy of hiring a full-time, on-site Medical Director in March of 2020 with the hiring of Dr. Adrienne Carmack, a pediatrician with significant experience serving the children and families of Maine from her practice in Bangor.

OCFS is pleased to provide this update on implementation of the strategies as they relate to the Maine Juvenile Justice System Assessment Report.

Parent Support Services (CCLP Report, pg. 64)
The Office of Child and Family Services (OCFS) recognizes that children make the best gains when their family is involved in treatment on a regular basis. It can be difficult to have a child placed in an out-of-home placement, and it is imperative that the child continue to remain connected to their family during their time away and in treatment. The cost of travel can sometimes be a barrier for families to engage, at the greatest level possible, in their child's treatment.

[1] Full report available here

As such, OCFS is providing financial reimbursement for guardians of youth placed in out of home placement for the period of 2/1/2020 to 6/30/22. This reimbursement is for guardians traveling to participate in their child's treatment. Participation in therapy sessions, as well as attending treatment team meetings would qualify as 'participation in treatment'. The child may be placed in Maine or in other states.

OCFS has been working on a number of initiatives to provide supportive services to parents and families statewide. This includes developing an individualized process for recruitment of Behavioral Health Professionals (BHPs) to serve the children who have been waiting longest or whose particular circumstances makes them hardest to match with services. CBHS staff have identified children from the Home and Community Treatment (HCT) and Rehabilitative and Community Support Services (RCS) wait lists and obtained each family's consent for a referral to Woodfords Family Services for this pilot project. The recruiter at Woodfords then works with the family to identify people in their extended support networks or local communities that may be open to receiving BHP training and obtaining employment as a BHP to work with the child. All candidates are carefully vetted and those who do engage in the training receive additional support and coaching in maintaining professional boundaries. In addition, Woodfords staff are also working on a geographic approach where the recruiter is reviewing the general BHP training pool to locate trainees in the identified child's local community who may not be known to the child or family but who may be willing to work with that child. Since the pilot began 28 children have been identified and currently three of these children are either receiving services or in the process of finalizing a potential BHP match. One of the ongoing challenges has been the social and/or geographical isolation of families. Without a network of natural supports or an area with eligible BHP candidates it can be difficult to find a candidate interested in pursuing these opportunities.

OCFS has also undertaken efforts to update its training website for HCT, RCS, the Referral Management Processes. OCFS has also provided live virtual trainings on Referral Management Processes for children's behavioral health services statewide.

Finally, OCFS is working with the Office of MaineCare Services (OMS) to support a provider who has expressed interest in starting a Children's Assertive Community Treatment (ACT) team in southern Maine. The goal in working with this provider is to facilitate longer-term efforts to expand the availability of ACT teams statewide by supporting additional providers who wish to provide the service.

Psychiatric Residential Treatment Facility (PRTF) (CCLP Report, pg. 57)
Through much of 2020 OCFS worked with a provider who had expressed strong interest in partnering with the State of Maine to develop the State's first PRTF. Unfortunately, in December of 2020 that provider determined that they would be unable to develop a program based on the current rate structure. OCFS then sought to consult with another provider who had expressed interest, but that provider came to the same conclusion that the rate structure as currently outlined in MaineCare policy would not support the costs of establishment of a PRTF.

Simultaneously to this work, the Department was undertaking efforts to study the rate structure for Children's Private Non-Medical Institution (PNMI) services. OCFS recognized that the current PNMI rates had not been reviewed in a significant amount of time and focus was directed to ensuring the development of a rate that accurately reflected the current cost of providing the service as well as the cost of providing the services required under the Federal Family First Prevention Services Act which, when implemented in Maine in the fall of 2021 will require residential treatment programs to meet certain quality standards in order for Maine to receive federal reimbursement for the cost of treatment for children who are in state custody. As a result, the decision was made to await the results of the PNMI rate study before continuing to seek PRTF providers. Currently, OCFS is in the early stages of work with MaineCare to review the PRTF rule and explore a change in the rate structure. The outcome of that work will direct the next steps for the effort to develop a PRTF in Maine.

Workforce Development (CCLP Report, pg. 59)
This strategy encompasses both short and long-term efforts to build Maine's front line behavioral health workforce. In 2020, CBHS was able to expand the BHP training contract with Woodfords Family Services to include workforce development activities such as offering BHP training at no cost to qualified and interested candidates throughout the state, expanding partnerships with secondary and higher education institutions to offer the training to interested students, and developing a marketing website to increase visibility of the BHP role and drive individuals to enroll in the training. To date, those efforts have resulted in established partnerships with 14 vocational/technical schools, 43 adult education programs, and three universities across the State. These partnerships have resulted in 166 individuals enrolling in the BHP training. An additional 223 people enrolled in the BHP training through workforce development expansion efforts with 46 individuals completing the training and receiving a BHP certificate thus far in 2021. The marketing website was launched in December of 2020 and has resulted in over four million ad views across all applications with over 7,000 clicks to the website, and 72 direct inquiries regarding the training program. CBHS staff have also partnered with Woodfords to update and revise three modules of the BHP training with additional modules currently in revision.

OCFS has also engaged closely with stakeholders to discuss and strategize around workforce challenges, recruitment efforts, and quality improvement initiatives. The group meets monthly and has produced a logic model to identify the biggest challenges to workforce recruitment, retention, and quality. To inform this work CBHS conducted a survey to ascertain workforce size, gaps, successes, and challenges. The data from the survey and the stakeholder group has enabled CBHS staff to identify the most pressing challenges in workforce development and create strategic priorities to address these challenges. CBHS staff have also connected with workforce development experts in other offices within the Department and have joined a newly convened cross-agency workgroup to study workforce issues in behavioral health across the lifespan of Mainers. Together this group plans to work on issues such as simplifying credentials, streamlining the professional licensing process, and developing initiatives for recruitment and retention.

Residential Treatment Quality (CCLP Report, pg. 129)
Since December of 2019, OCFS has been working to review and align residential treatment for children to ensure fidelity to best practices and the new federal quality standards within the

Federal Family First Prevention Services Act. This has included extensive engagement with providers and other stakeholders and a national review of similar states' implementation of Family First. The workgroups are focused on two primary subject areas, trauma-informed guidelines and aftercare services. CBHS staff are working in conjunction with the Family First Prevention Services Program Manager and child welfare leadership to provide guidance to providers regarding implementation of the QRTP standard. To date, seven providers are fully accredited with another three on track for full accreditation. OCFS has established procedures for the required fingerprint-based back ground checks for all existing and newly hired staff and is also planning to promulgate new rules for licensing of these providers that incorporate the QRTP requirements. As previously mentioned, these requirements have also been taken into account in the rate study for the children's PNMI rate.

Improve Crisis Services (CCLP Report, pg. 133)
In November of 2019, OCFS began work on a Crisis Aftercare pilot in Aroostook County. Initial data from the pilot indicated that it helped to reduce traffic in emergency departments and allowed families to safely maintain their children at home. Due to the success of the pilot the Crisis Aftercare service has been expanded statewide as of 7/1/2021. Contracted district mobile and crisis stabilization units will deliver the aftercare with a special focus on emergency departments and efforts to support children and families at home. Embedded in the contracts for this service is the requirement that providers utilize the Calocus-CASii assessment, service intensity disposition instrument, at intake and discharge. CBHS' goal is that providers will offer constructive feedback on the tool and its ease of use so that lessons learned can influence larger policy changes.

DHHS has also established a new Crisis Center contract with Spurwink which will serve transitional age youth and adults from a facility in Portland. Services are currently scheduled to begin 10/1/2021. In addition, OCFS has worked to make the crisis providers' contracts more flexible and allow for reimbursement of previously non-reimbursable expenses through the use of an ancillary category of funds. This will allow the contracted crisis providers to be reimbursed for extensive travel and services to rural areas of the State. OCFS is also partnering with stakeholders including crisis providers, emergency department staff, hospital administrators, and inpatient psychiatric unit staff to continue to solicit input on continued efforts to improve crisis services for children and youth.

Evidence-Based Models (CCLP Report, pg. 133)
CBHS staff have partnered closely with the Family First Program Manager to establish an EBP stakeholder group which is informing decisions regarding FFPSA, as well as system improvement overall. This stakeholder group is diverse and has provided invaluable input on OCFS' Family First Prevention Services plan. CBHS staff have also collaborated with the Governor's Children's Cabinet on their efforts to ensure all Maine youth enter adulthood healthy and connected to the workforce and/or education. Through that collaboration the need to improve the availability and quality of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) was recognized. TF-CBT is widely recognized as an effective evidence-based treatment modality when delivered to fidelity. In the summer of 2020, OCFS funded a contract with a nationally certified TF-CBT trainer who is providing training at no cost to 165 clinicians in order for them to become nationally certified. Clinicians are provided with reimbursement for their time spent

on the training and will receive ongoing clinical support, training, and consultation. OCFS has also worked with the trainer to develop a system of tracking fidelity to the model to ensure youth and families can benefit fully from this service. The Department has also worked collaboratively with the Office of MaineCare Services to complete a rate study for Multisystemic Therapy (MST) and Functional Family Therapy (FFT), two treatment modalities with significant evidence that supports their effectiveness, as well as TF-CBT. Based on that rate study, a 20% rate increase was implemented, making Maine's reimbursement rate for MST and FFT one of the highest in the nation as well as a transition from 15-minute billing to a weekly case rate.

OCFS has also provided support to providers in becoming trained in three Triple P Interventions, Triple P Standard, Triple P Standard Teen, and Triple P Pathways. A program to fund and support the training of 80 participants began in April of 2021 another cohort of 40 participants will begin in September 2021. In addition to the training and certification in each of the three interventions, participants will be reimbursed for their time in the training and receive one year of materials for all three interventions at no cost.

FMAP (CCLP Report, pg. 59)
The American Rescue Plan (ARP), signed into law in March, offers unprecedented Federal support for Mainers living with disabilities, and for their families, caregivers, and providers. The law will provide over $200 million in Federal Medicaid matching funds to invest in MaineCare's home and community based service (HCBS) workforce and system improvements. This includes an estimated $75 million in one-time Federal Medical Assistance Percentage (FMAP) funds, which are expected to leverage $131 million of additional federal match.

When the passage of the ARP was announced, DHHS Commissioner Jeanne Lambrew, the Office of Aging and Disability Services (OADS) and the Office of MaineCare Services (OMS) hosted virtual listening sessions with stakeholders, welcoming the HCBS community of providers and families to offer comments and recommendations as to how the resources from this unprecedented opportunity should be allocated.

Stakeholders' primary concern was the immediate need to address the HCBS workforce challenges – noting that the shortage of direct support workers is the most significant barrier to people receiving the services they need to live independently and thrive. Other recommendations included funding all HCBS waitlists, integrating wraparound services into case management, improving behavioral health support for persons with disabilities, supporting technologies like telehealth and remote monitoring, and exploring creative solutions to expand housing and transportation options and improve the health and quality of life of MaineCare members.

To address these recommendations and further improve the HCBS system, DHHS has developed a preliminary plan which is being refined and is subject to change pending federal guidance and approval. The plan aims to improves community services for persons enrolled in MaineCare HCBS services, which include five waiver programs and many other MaineCare services, including home health, mental health and substance use services. The preliminary plan would invest the FMAP funds in three areas: timely access to services, innovating service delivery, and improving quality and accountability. Approximately 60% of these funds will directly increase

wages for the HCBS workforce through special recruitment and retention bonus payments. The specific investments in the draft plan that support children's services include:

Timely Access to Services

- Providing retention bonuses for current direct support workers (DSWs) and providing sign-on bonuses for new hires
- Reimbursing employers for payroll taxes and other expenses related to higher payrolls, including the payment of bonuses

Innovating Service Delivery

- Implementing intensive wraparound services for youth awaiting services, including behavioral health services
- Supporting training on evidence based models for DHHS and provider-agency staff

Improving Quality and Accountability

- Updating the DHHS information technology systems

Youth SUD (CCLP Report, pg. 53)

The John T. Gorman Foundation generously funded a 1-year position (beginning January 2021) at the Office of Child and Family Services to specialize in youth substance use disorder (SUD). The purpose of this specialist position is to do an assessment of current SUD services available to youth, to conduct research into nationwide best practices pertaining to Youth SUD, to build up the internal knowledge base regarding Youth SUD Treatment, and to develop pathways to meet the needs of youth based on identified shortcomings in the system. To date this position has:

- Created visual materials to document the assessment of the continuum of care; presented materials to internal state workgroup.
- Created a central research repository to support ongoing efforts related to youth SUD (as well as related topics such as SEI)
- Submitted two federal grant proposals ; one to SAMSHA and one to DOJ.
- Drafted two funding proposals; one for medically supervised withdrawal services and another to develop the co-occurring capabilities of children's MH facilities.
- Facilitated 5 State Workgroup Meetings and 2 external stakeholder meetings on Youth SUD.
    - Assisted with the facilitation of 2 Children's Crisis Services Meetings
- Created visual materials to support the coordination of Youth SUD efforts between Maine CDC and CBHS.
- Assisted in writing proposed MaineCare policy changes pertaining to Youth SUD, specifically in Section 65 (Children's ACT).
- Supported the startup of Maine's only Youth SUD IOP provider and continues to provide ongoing assistance to ensure necessary referrals and policy implementation.

System of Care (CCLP Report, pg. 134)
In February 2020, OCFS submitted Maine's application for a federal System of Care (SOC) grant and was notified in June 2020 that Maine had been awarded a four-year, $8.5 million grant to improve behavioral health services available for children and youth in their homes and communities now and in the future. These funds target youth with severe emotional disturbances (SED) who qualify for Home and Community Treatment (HCT), particularly those on the waitlist. OCFS' primary areas of focus are:

- ➢ Family and youth engagement and support
- ➢ Clinical coordination
- ➢ Quality improvement and quality assurance oversight
- ➢ Implementation of a standardized psychosocial needs assessment
- ➢ Standardized data collection and data-driven decisions
- ➢ An increased focus on evidence-based practices
- ➢ Systematic workforce development
- ➢ Creation of permanent infrastructure to ensure long-term impact

OCFS is using funds to hire additional staff to monitor the quality of services and provide mentoring and support to providers as they seek to place additional focus on data-driven care, fidelity to evidence-based models, and the level of support they offer to youth and families. CBHS staff are also in the process of implementing a program where grant funding will be used to hire a Youth Peer Specialist and a Parent Peer Specialist in each county. Currently efforts are focused in three counties that are historically underserved: Aroostook, Penobscot, and Piscataquis. The Youth Peer Specialist and the Parent Peer Specialist will provide direct support to youth and families as they navigate the children's behavioral health system.