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Date: (Filing No. H-)

HEALTH AND HUMAN SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
132ND LEGISLATURE
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 1163, L.D. 1745, “An Act to Stabilize Residential Treatment Capacity for Children and Youth in Maine”

Amend the bill by inserting after the title and before the enacting clause the following:

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, this legislation must take effect immediately to ensure that the data collection required for reporting from the Department of Health and Human Services begins as soon as possible and prior to 90 days after adjournment; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,'

Amend the bill by inserting after section 1 the following:

Sec. 2. 34-B MRSA §15003, sub-§9, as amended by PL 2021, c. 191, §1, is further amended to read:

9. Reports. The department shall report by January 1st of each year to the joint standing committee of the Legislature having jurisdiction over health and human services matters on the following matters:

- A. The operation of the program, including numbers of children and families served and their residences by county; any waiting lists; the progress of the department in implementing improvement strategies; and appeals procedures requested, held and decided, including the results of decided appeals;
- B. Initiatives in acquiring and using federal grant funding;
- C. Barriers to improved delivery of care to children and their families and the progress of the department in overcoming those barriers; ~~and~~

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1 D. The number of children served by crisis providers and the number of children who
2 waited for the appropriate level of behavioral health treatment in a hospital emergency
3 room after being cleared for discharge, along with the length of stay, and denials for
4 services by providers of children's residential services during the preceding year. The
5 department shall make a reasonable effort to obtain information from providers,
6 including implementing a standardized system for the reporting of data. Data collected
7 pursuant to this paragraph must protect the confidentiality of all persons involved to
8 the same extent as otherwise required by state or federal law or rule;

9 E. The number of children in a hospital emergency department who have arrived in
10 the hospital emergency department directly from a residential setting, including, but
11 not limited to, a children's home as defined in Title 22, section 8101, subsection 1; a
12 children's residential care facility as defined in Title 22, section 8101, subsection 4; or
13 another hospital;

14 F. The number of children receiving services in out-of-state placements and the total
15 cost to the State of the out-of-state placements, including travel for the children and
16 their families;

17 G. The number of children receiving services in children's residential care facilities as
18 defined in Title 22, section 8101, subsection 4 with a length of stay that is longer than
19 one year; and

20 H. The number of closures of children's residential care facilities as defined in Title
21 22, section 8101, subsection 4 as reported by the department to the joint standing
22 committee of the Legislature having jurisdiction over health and human services
23 matters pursuant to Title 22, section 8111.'

24 Amend the bill by striking out all of sections 3, 4 and 5 and inserting the following:

25 **'Sec. 3. Stabilizing and expanding child and youth residential capacity.** The
26 Department of Health and Human Services shall engage in outreach to providers of
27 residential services, inpatient psychiatric services and community-based services in this
28 State to counsel those providers on resource needs to prevent additional closures and
29 encourage the reopening of beds for child and youth residential treatment.

30 **Sec. 4. Children's behavioral health services data and policy report.** The
31 Department of Health and Human Services shall develop and submit a report, no later than
32 December 3, 2025, to the Joint Standing Committee on Health and Human Services that
33 includes data and policy efforts as follows:

34 1. A gap analysis that describes all of the children's residential beds and programs
35 added since 2018 and removed since 2018;

36 2. Current information on waiting lists for children's programs, including the average
37 and median wait time to access approved services;

38 3. The number of children who are experiencing homelessness;

39 4. An update on efforts to implement a so-called high fidelity wraparound service for
40 children;

41 5. An update on the implementation of multidimensional treatment foster care
42 services;

