

STATE OF MAINE

—
IN THE YEAR OF OUR LORD
TWO THOUSAND TWENTY-FIVE

—
H.P. 1163 - L.D. 1745

**An Act to Stabilize Residential Treatment Capacity for Children and Youth
in Maine**

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,

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA §8111 is enacted to read:

§8111. Closure notice requirements for children's residential care facilities

After October 1, 2025, the department shall notify the joint standing committee of the Legislature having jurisdiction over health and human services matters whenever a children's residential care facility ceases to operate no later than 2 weeks after the facility has ceased operations. The notification to the joint standing committee of the Legislature having jurisdiction over health and human services matters must include information about the facility, including but not limited to the name of the facility, the services provided, the number of beds, the number of employees, the stated reasons for closure and a de-identified summary of the transition and discharge plan for the children who were in the facility at the time of closure. The notification must also include a description of any actions taken by the department to prevent the closure.

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~~

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

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

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

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

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

Sec. 3. Provider engagement and needs assessment. The Department of Health and Human Services shall convene a stakeholder group of child residential treatment providers to identify the short-term and long-term staffing and resources needs to ensure the sustainability of child residential treatment providers. The department shall submit a report, no later than December 3, 2025, to the joint standing committee of the Legislature having jurisdiction over health and human services matters with its findings, a needs assessment and recommendations. The joint standing committee of the Legislature having jurisdiction over health and human services matters is authorized to report out legislation related to the report to the Second Regular Session of the 132nd Legislature.

Sec. 4. Stabilizing and expanding child and youth residential capacity. The Department of Health and Human Services shall engage in outreach to providers of residential services, inpatient psychiatric services and community-based services in this State to counsel those providers on resource needs to prevent additional closures and encourage the reopening of beds for child and youth residential treatment.

Sec. 5. Children's behavioral health services data and policy report. The Department of Health and Human Services shall develop and submit a report, no later than December 3, 2025, to the Joint Standing Committee on Health and Human Services that includes data and policy efforts as follows:

1. A gap analysis that describes all of the children's residential beds and programs added since 2018 and removed since 2018;
2. Current information on waiting lists for children's programs, including the average and median wait time to access approved services;
3. The number of children who are experiencing homelessness;
4. An update on efforts to implement a so-called high fidelity wraparound service for children;
5. An update on the implementation of multidimensional treatment foster care services;
6. An update on efforts to support existing home and community treatment services, assertive community treatment services and school-based treatment services programs;
7. An update on the development of the level of care provided by a psychiatric residential treatment facility for children in this State;
8. An update on the federal certified community behavioral health clinic Medicaid demonstration program;
9. An update on the development of crisis receiving centers for children; and
10. An update on the services that are needed and unavailable, causing children to remain in hospital emergency departments and inpatient settings awaiting behavioral health services after they are cleared for discharge.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.