

Janet T. Mills
Governor

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Commissioner



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April 21, 2023

Senator Joseph Baldacci, Chair
Representative Michele Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 1305, *Resolve, to Design and Implement a Community-based Model of Care for Adolescent Mental Health*

Senator Baldacci, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

This letter is to provide information regarding LD 1305, *Resolve, to Design and Implement a Community-based Model of Care for Adolescent Mental Health*. This resolve directs the Department to design and implement a community-based model of care that addresses the acute mental health needs of adolescents with co-occurring disorders. The bill includes one-time funding of \$965,000 for this work. The Department is also required to report by 12/3/25 to this Committee on the efficacy of the model of care and provide sufficient data to aid in the development of a future MaineCare reimbursement rate for the service.

While OCFS is generally supportive of the concepts outlined in this bill, we have some concerns as well. The evidence-based practice named in this bill, the Assertive Continuing Care (ACC) protocol, is a subset of the service, Adolescent Community Reinforcement Approach (ACR-A) and, as such, practitioners must first be trained and certified in ACR-A prior to being trained and certified in ACC. The Department is currently partnering with Chestnut Health to offer ACR-A training to providers at no cost. To date, Maine has had 16 clinicians certified in ACR-A and one trained but not yet certified in ACC. To accomplish what this bill is asking, the Department believes that eligible clinicians should be both trained and certified in ACC prior to delivering services.

Chestnut Health has confirmed that in order to be certified in ACC, the clinician must first be certified in A-CRA at the first level, complete the online ACC course, submit a vignette about how to use the model during care, and demonstrate that they've provided ACC services to a client. On average, it takes around six months for a clinician to be certified. This poses an issue as this bill proposes one-time funding in SFY24. This time-limited funding would not provide enough time to ensure staff are certified in the model and delivering services through a pilot with a meaningful amount of time to assess program effectiveness. The Department would recommend increasing the length of time of funding to account for a full year or more of a pilot in order to report meaningful data on pilot effectiveness.

Adequate funding would be needed to both train clinicians in the ACC model (the Department's current funding is only to support A-CRA) and should support service delivery in designated areas. To adequately cover the cost of the training, including reimbursing for clinician time completing the training and certification process, and running a pilot for a full year prior to considering sustainability through MaineCare, the Department would recommend funding at a similar level as its budget initiative on Multi-Dimensional Family Therapy (MDFT) (CA-7731) at \$1.5 million. MDFT is another evidence-based practice supporting youth with co-occurring substance use and mental health disorders.

While MDFT, A-CRA, and ACC are treatment modalities geared towards youth with co-occurring disorders and can be used after discharge from residential care, they can also serve as a community-based model to provide services when residential care is not available. Nevertheless, OCFS does have some concern with the language in the bill around residential care not being desired by the adolescent or their family. To be successful, these treatment modalities require willingness to participate from both the youth and the family.

The bill also references the "Assertive Continuing Care protocol" but does not require use of this particular protocol. OCFS would also draw the Committee's attention to the account referenced for the funding. There appears to be an error in that the funding is directed to OBH when it should be directed to OCFS.

We wanted you to be aware of the above information as you consider this bill going forward. If you have any further questions, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Todd A. Landry".

Dr. Todd A. Landry
Director
Office of Child and Family Services