



MEMORANDUM

TO: Joint Standing Committee on Health and Human Services
FROM: Office of Child and Family Services
DATE: April 2, 2021
RE: Responding to questions re: LD 118

Data from OCFS related to number of youth "stuck" (aggregate over a year, avg length of time, etc?)

- A total of 143 youth spent more than 48 hours in an emergency department during State Fiscal Year 2020
- As Director Landry indicated, the average per week was 3, although there were weeks with 0 youth. The maximum number of youth spending more than 48 hours in an emergency department at the same time averaged 1.22 per week.

Waitlist data

- For detailed information on waitlist, including number of children on waitlist and average number of days on waitlist by county for each service, OCFS would direct the Committee to OCFS' public data dashboard which is regularly updated:
<https://www.maine.gov/dhhs/ocfs/dashboards/childrens-behavioral-health.shtml>

List of recommendations from LD 40 commission

- Attached is a list of some of the considered recommendations and OCFS' responses, which we provided to the Commission in December of 2019.
- OCFS would also direct the Committee to the most recent annual report on system improvement efforts within CBHS which was published and sent to the Committee in early December of 2020. This report contains the most up-to-date information on system improvement efforts, many of which align with the recommendations discussed by the LD 40 Commission. A copy of the report is attached.

Geographic distribution of this issue

- In our experience there is no one area of the state where children spend extended periods of time in emergency departments. When CBHS staff are working to resolve a child's stay in the emergency department they are exploring the appropriate level of care at treatment providers throughout the state. As a result, the geographic location of treatment facilities does not significantly impact the ability to move children out of emergency departments. What does impact this ability is the overall **capacity** among children's behavioral health services, which is why CBHS' system improvement efforts are focused on building capacity within the state. In some cases, providers out of state are also considered depending on the child's needs and the capacity of in-state providers. OCFS would also point out that the majority of children who experience an extended stay in the emergency department are in the care and custody of their parents or guardians. Parents/guardians must consent to any service and at times a community or residential

service to meet the child's needs and move them out of the ER has been identified but the parent, or in some cases the youth, has rejected this option.

- OCFS makes Individual Planning Funds (IPF) available to families whose children are involved in the CBHS system. One of the primary uses of these funds are to ensure family members can travel frequently to visit with a child receiving services outside their home community. Parents and other family members are an important part of the treatment process, particularly as it relates to children transitioning back home after they have completed services.

Any information available about children going out of state as well as anything available about children being sent around the state far from their families.

- For information on residential placements (including in-state and out-of-state), OCFS would direct the Committee to OCFS' data dashboard which is regularly updated: <https://www.maine.gov/dhhs/ocfs/dashboards/childrens-behavioral-health.shtml>
- Regarding children traveling to different parts of the state to receive services, OCFS does not track this data specifically. OCFS would note that Maine's children's psychiatric hospitals are located in Cumberland and Penobscot counties, so depending on the location of the child's home they may be required to travel if they require treatment in such a facility. In addition, the state has crisis units that serve children throughout the state, and sometimes a child is required to travel a distance to reach the facility but stays in crisis units are meant to be short-term until the child can transition home or into a residential setting.