OFFICE OF POLICY AND LEGAL ANALYSIS

Date: April 2, 2021
To: Joint Standing Committee on Health & Human Services
From: Anna Broome, Legislative Analyst

LD 118 An Act To Address Maine's Shortage of Behavioral Health Services for Minors

SUMMARY (amendment from sponsor): This bill requires DHHS to collect data on the number of children with behavioral health needs remaining in hospital emergency departments for extended stays, the length of the extended stays and the reasons for the extended stays and post the data annually on a publicly accessible website without any information that may directly identify any individual child or family. The department is required to submit a report to the health and human services committee with an annual data compilation. The Children's Cabinet is required to convene a stakeholder group to develop a plan to address barriers to appropriate levels of care for children remaining in the ER awaiting services and report to the committee by February 2022.

ISSUES FROM TESTIMONY:

- Sponsor: intent is to collect data and develop a plan to solve the problem. Also considering the option of a Legislative study rather than the Children's Cabinet.
- DHHS opposed: building capacity of children's behavioral health services is the means to fix the problem of children remaining in ERs. Department working on that with new services, QRTPs and App D rate study. Concerns about privacy with a small number of children.
- Proponents: Long Creek being a default provider of behavioral health services. Insufficient funding for home-based services contributing to lack of slots, closures and increasing waitlists. Northern Light and MaineHealth – in ERs because of waiting lists for inpatient and outpatient services.

DRAFTING ISSUES:

- Sponsor's amendment from public hearing is attached as a reminder.

- Data collected and posted on the website and data provided in the annual report to the committee are different – latter does not include the reason for the extended stay (lack of appropriate placement or lack of community services). Does "lack of appropriate placement" mean inpatient to the four hospitals or something else?
- Stakeholder group must collect data for at least one year but the bill wouldn't go into effect until 90 days after adjournment in 2021 and the report is due in February 2022. May be able to use retrospective data that is already available but not written clearly to mean that.
- Is February 1, 2022 early enough to report out a bill to a second session? Also unclear who is writing the report. The Children's Cabinet is convening the stakeholder group but the stakeholder group submits the report.

ADDITIONAL INFORMATION REQUESTED BY COMMITTEE:

- Recommendations of the children's mental health study. See two email attachments from DHHS: LD 40 Response and Children's Behavioral Health Update from December 2020.
- No of children are impacted and average number a year. Length of stay. No of children moving around the state and going out of state.
  - See attached memo from DHHS.
  - From Sarah Calder at MaineHealth: "We don't keep waitlists like Northern Light Health, so this won't be apples-to-apples, but for Maine Medical Center and Maine Behavioral Healthcare a child or adolescent requiring an urgent outpatient appointment can wait over two weeks for an appointment. The wait is 1-2 months for intermediate acuity and a general behavioral health visit can be a 6-12 month wait."
    - See attached powerpoint from MaineHealth
  - Northern Light (from LHM):
    - Acadia hospital has 8-19 kids waiting for admission to an inpatient bed every day.
    - Acadia hospital has 500 kids on waitlists for outpatient services

    - "For CY2020, the following is a total of child/adolescent patients who were in NLH ED's for over 72 hours awaiting a disposition. As an extra precaution I am not identifying the specific hospital as the data involves children. (LOS = Length of Stay)"

Hospital	Total	Age Range	Max LOS
NLH	7	7-15	210 Hours
NLH	45	4-17	1823 Hours
NLH	7	9-13	305 Hours
NLH	5	14-16	161 Hours
NLH	11	13-17	379 Hours
NLH	4	9-17	168 hours
NLH	3	10-13	310 Hours

FISCAL IMPACT:

OFPR preliminary fiscal impact statement (based on original bill): DHHS will require GF appropriations of $173,000 in fiscal year 2021-22 and $108,596 in FY 2022-23 for one Social Services Program Specialist II to design and implement the reporting system, outreach hospitals, troubleshoot data issues with the hospitals and engage the appropriate Behavioral Health Program Coordinator to work with the hospitals to discharge children and for one-time technology costs associated with creating a portal for data collection ($68,425).