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MEMORANDUM

TO: Joint Standing Committee on Health and Human Services
FROM: Office of Child and Family Services, Maine DHHS
DATE: May 5, 2021
RE: Information and Responses to Questions Regarding LD 1173

The chart below shows the total number of children currently receiving behavioral health services broken down by the type of service and the percentage of the overall total that are in that service.

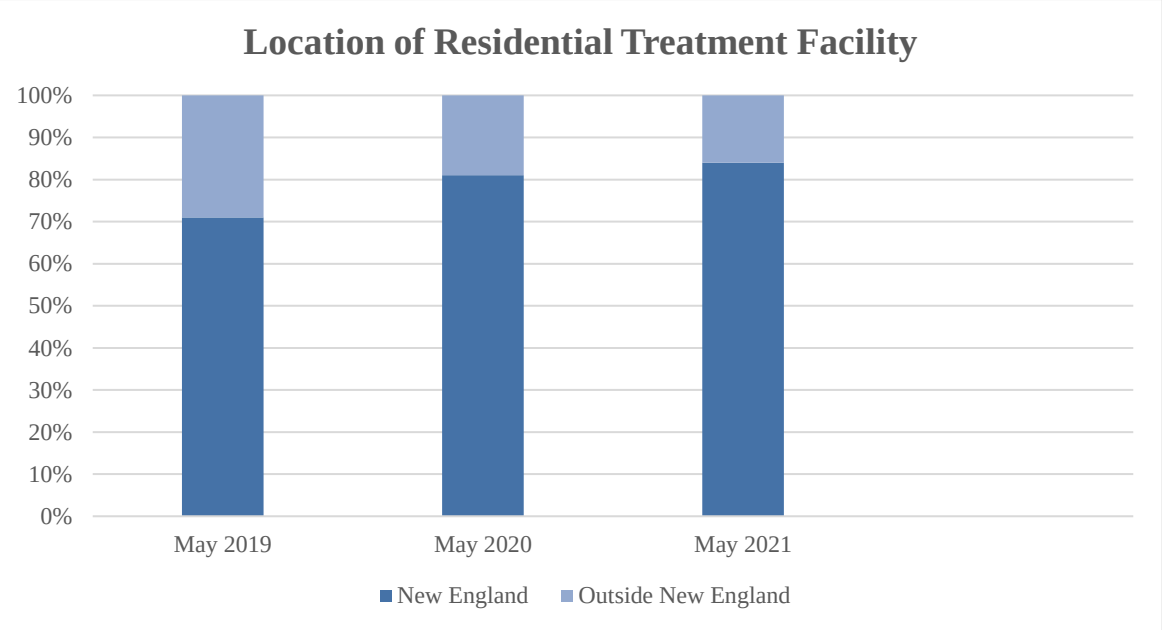
Service	# in Service at any time in March 2021	% of total youth receiving Behavioral Health Services any time in March 2021
FFT	9	0.04%
HCT	555	2%
MST/MST-PSB	9	0.04%
TCM	3,190	12%
RCS Basic	358	1%
RCS Specialized	211	1%
BHH	6,360	25%
Outpatient	13,831	54%
Med Management	417	2%
Crisis	253	1%
Total Community Based Services	25,193	99%
OOS	68	0.3%
Instate	260	1%
Total in Residential Treatment	328	1%
Total Behavioral Health Services (duplicated across services)	25,521	

Notably, 100% of the youth currently receiving treatment out-of-state engaged in community-based services prior to their out-of-state placement. These services included TCM, BHH, HCT, RCS, and outpatient treatment. Youth received at least one (and in some cases multiple) community-based services over several months or years prior to placement out-of-state.

What counties do children treated out of state come from?

The chart below breaks down the percentage of children from each county who were receiving treatment out-of-state at each point in time.

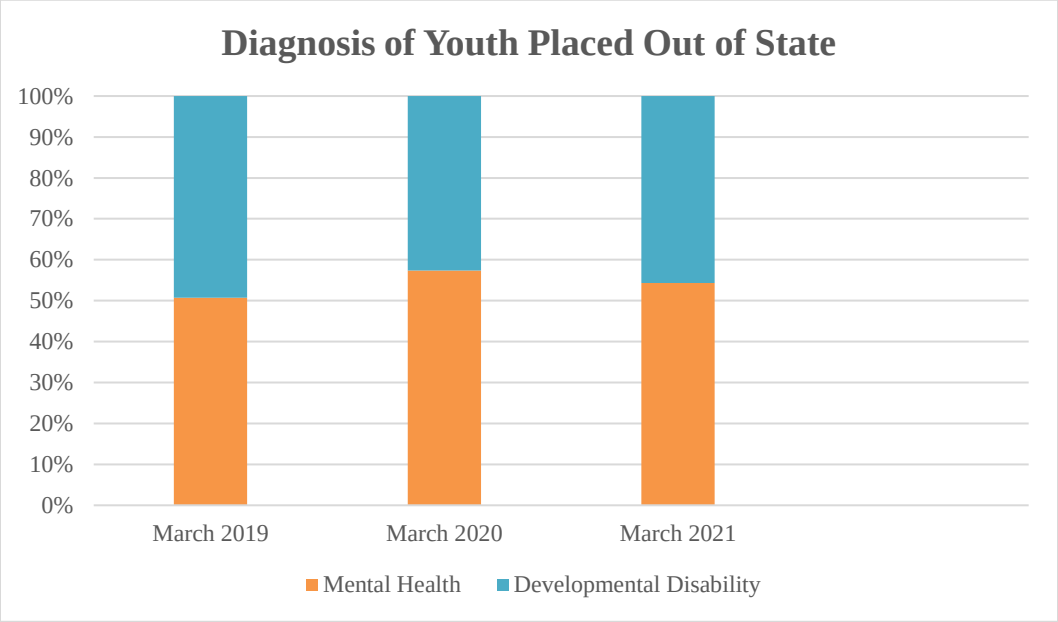
County	March 2019	March 2020	March 2021
Androscoggin	11%	8%	10%
Aroostook	10%	8%	6%
Cumberland	16%	16%	13%
Franklin	3%	3%	0
Hancock	0	3%	2%
Kennebec	15%	17%	13%
Knox	1%	0	0
Lincoln	1%	0	2%
Oxford	3%	7%	2%
Penobscot	21%	17%	25%
Piscataquis	0	0	0
Sagadahoc	0	0	1%
Somerset	4%	4%	6%
Waldo	1%	1%	3%
Washington	3%	3%	3%
York	11%	1%	15%



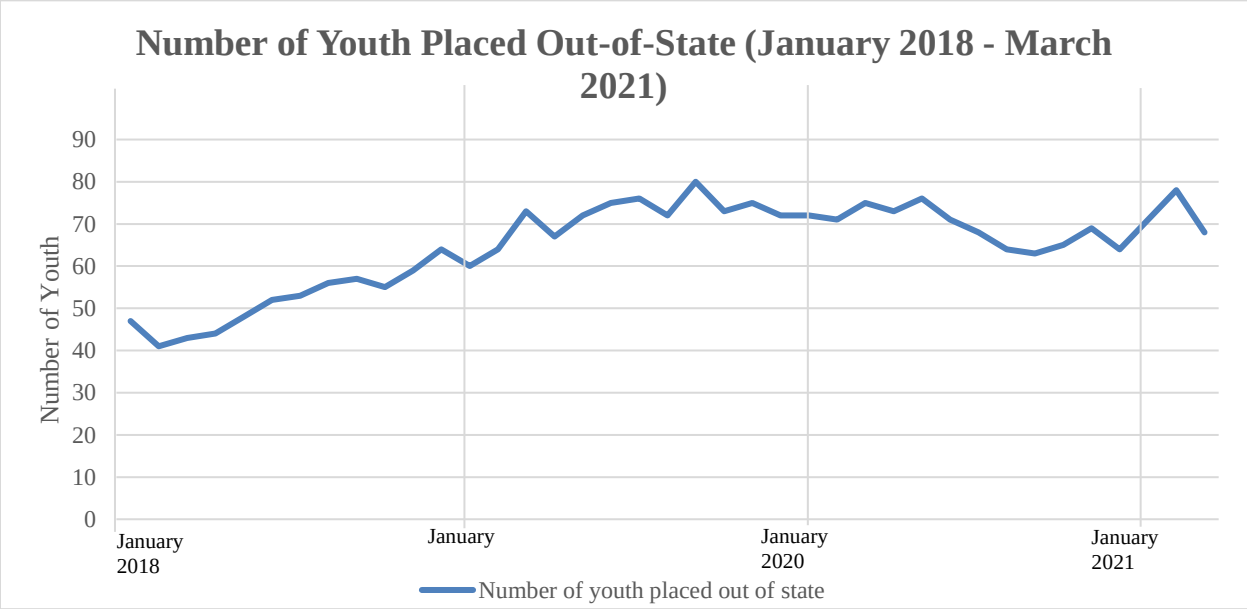
Number of youth in parent custody versus DDHS custody
Currently 31% of children placed out of state are in DHHS custody, the remaining 69% are in parental custody. When considering placement options for a child in parental custody, his or her parents must approve said placement and may reject a placement offered (regardless of its location).

Were youth placed out-of-state on the wait list before going out of state?
Currently 45% of the youth placed out of state were on a waitlist in the 12 months prior to admission.

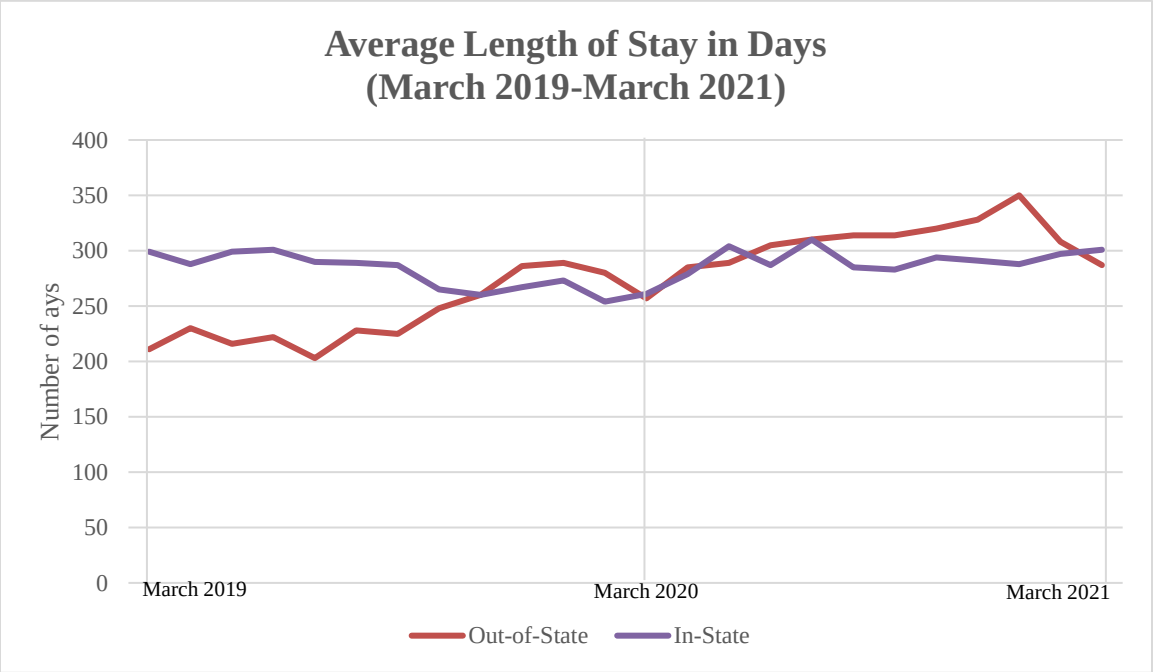
What is the disability or diagnosis of those out of state?



Historical data on number of youth placed out of state



Average length of stay?

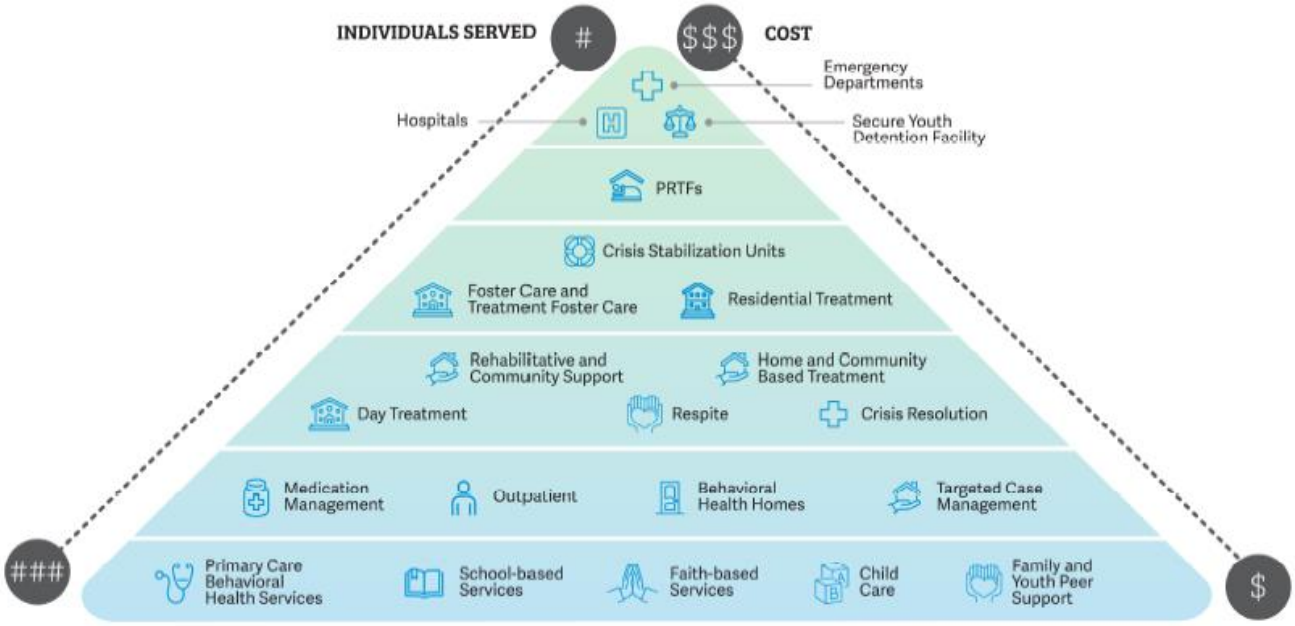


What was the minimum and maximum length of stay?
From 2019-Present the average minimum length of stay was 6 days and the average maximum length of stay was 1,336 days

What types of facilities are youth in out of state? Is it all PRTF?
We have 4 youth OOS who are in a licensed out-of-state PRTF as of today. We estimate about 10 of the youth who are OOS would meet the criteria for treatment in a PRTF, if one was available. All of the PRTFs are outside of New England and we, along with the youth's parents, try to keep them as close to home as possible which means they may be receiving treatment in a PNMI level facility in New England. We estimate an additional 8-10 youth who are placed in-state who would meet criteria for treatment in a PRTF.

Can you provide more details on short-term plans?
In order to expand the availability and quality of residential treatment within the state the Department is amending the Section 97, Appendix D, Children's Residential MaineCare policy to include federal quality standards and Family First Prevention Services Act (FFPSA) requirements into that residential level of care. Additionally, a rate study was conducted to ensure reimbursement rates are reflective of the new, high quality, policy standards. The combination of policy and rates is intended to increase the quality and capacity of children's residential care in Maine, allowing OCFS to prioritize transitioning the youth who are out-of-state and meet PNMI criteria back to Maine, when possible and agreed to by the youth's parents or guardians. These new standards and rates are planned to be implemented in October 2021 along with processes to monitor outcome data, provide quality assurance reviews and technical assistance, require more training of direct care staff, and utilization of trauma informed care assessments. Plans to bring children back to Maine to receive treatment require that building the capacity and specific expertise that is needed to appropriately serve these youth in Maine. By

implementing the OCFS identified 13 priority strategies, we address system issues at each level of the pyramid, show below, to reduce utilization at the highest levels which will ultimately lead to reducing the number of children being served out of state.



In SFY 20 and 21, OCFS provided reimbursement to parents/guardians to allow them to travel to their child's residential treatment program in order to allow for more frequent and meaningful participation in their child's treatment. OCFS recognizes and supports that parent involvement is instrumental in treatment and successful discharges. Additionally, OCFS has worked to enroll more providers in New England in order to keep children closer to home and has protocols in place before a child can be placed in a residential treatment facility outside of Maine and outside of New England. In this way we are working toward the goal of having all children served in Maine, and those that cannot be served in Maine as close to Maine as possible. Improvements in this area are evidenced by the increase in the percentage of youth receiving treatment within New England from 2019-present.

We would also direct the Committee to OCFS' most recent annual report on system improvement efforts within Children's Behavioral Health Services which outlines a number of initiatives implemented in 2020.

What is the plan for a PRTF?
The Department engaged several providers over the past two years in order to work toward accomplishing the CBHS strategy of establishing one or more PRTFs in Maine. Each provider has provided invaluable feedback about the feasibility of implementation. The Department is in the process of accumulating the feedback and will utilize the information to establish the next steps needed to develop a PRTF in Maine. This work will follow the rate study and implementation of the Section 97 PNMI rule, which has been a priority in order to meet FFPSA implementation deadlines.