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Children's Behavioral Health: An Update on System Improvement Efforts

December 2020

Maine Department of Health and Human Services
Office of Child and Family Service

Introduction

In December 2018, the Office of Child and Family Services (OCFS) finalized a [comprehensive assessment](#) of its Children’s Behavioral Health Services (CBHS) system of care. The assessment was completed over five months in 2018 with input from advocacy organizations, providers, parents, youth, and other stakeholders. The report identified 27 recommendations which were later narrowed to 13 strategies during three public work sessions. This work culminated in the implementation of a vision document in August of 2019. An updated version of the vision document is attached as Appendix A. Those 13 strategies were divided into short-term and long-term strategies. Below is the original list of strategies by category as published in August of 2019:

Short-Term (2019 – 2022)

- Hire a full-time, on-site OCFS Medical Director
- Revise the waitlist process
- Improve coordination for transition-aged-youth’s behavioral health services
- Facilitate access to parent support services
- Explore options to amend current service definition for Section 28
- Clarify CBHS roles, responsibilities, procedures, policies, and practices

Long-Term (2019 – 2025)

- Address shortages in the behavioral health care workforce
- Align residential services to best practices and federal quality standards
- Improve CBHS crisis services
- Expand the use of evidence-based models and evidence informed interventions
- Enhance the skills of the early childhood education workforce to address challenging behaviors
- Explore a statewide or regional “single point of access”
- Establish one or more Psychiatric Residential Treatment Facilities (PRTF)

OCFS is pleased to provide this 2020 update that reflects implementation and system improvement efforts since the finalization of these 13 strategies. This report also provides an update on work planned for the coming year, as well as data regarding the current status of the children’s behavioral health service array in Maine.

Current Status of Children’s Behavioral Health in Maine

In State Fiscal Year 2020 over 30,000 Maine children and youth received children’s behavioral health services. These services were funded by \$189,910,839 in MaineCare expenditures (both State and Federal dollars) and \$2,220,639 in Federal Mental Health Block Grant and General Fund dollars. That includes \$13.6 million spent on Home and Community Treatment including the evidence-based services Functional Family Therapy (FFT) and Multisystemic Therapy (MST) and \$61.4 million spent on Rehabilitative Community Service (RCS). An additional \$20.7 million was spent on outpatient treatment including individual therapy, group therapy, behavioral health counseling, evaluations, and medication management; \$11 million was spent on Targeted Case Management (TCM); and \$23.3 million was spent on Behavioral Health Homes for children and youth. \$52.8 million was spent on Private Non-Medical Institution (PNMI) care, including Treatment Foster Care.

County	Total Served
Androscoggin	3,588
Aroostook	1,765
Cumberland	4,970
Franklin	624
Hancock	808
Kennebec	3,256
Knox	841
Lincoln	469
Oxford	1,644
Penobscot	3,629
Piscataquis	305
Sagadahoc	591
Somerset	1,308
Waldo	1,062
Washington	813
York	4,198
Unknown	295
SFY20 Unduplicated Count of Children and Youth Served	30,166

Number of Children on the Waitlist for Services by County and Service Type				
County	HCT	RCS- Basic	RCS- Specialized	PNMI
Androscoggin	198	95	49	33
Aroostook	134	195	32	24
Cumberland	236	176	112	51
Franklin	48	44	13	<10
Hancock	63	54	14	<10
Kennebec	167	119	46	29
Knox	37	27	<10	<10
Lincoln	30	18	<10	<10
Oxford	113	78	21	13
Penobscot	286	199	46	56
Piscataquis	27	22	<10	<10
Sagadahoc	32	12	16	<10
Somerset	102	46	20	22
Waldo	55	47	<10	13
Washington	32	45	<10	11
York	233	193	71	42
Unknown	11	<10	<10	11
Total Wait per service	1,804	1,377	461	337
Average Wait Time	50 days	61 days	86 days	24 days

As of 10/23/2020 there are 3,372 individual children and youth waiting for services in Maine. The chart to the left provides detailed information regarding the number of children in each county on the waitlist for each service type. Some children may be on more than one list, which is why the total number of children in the chart is more than the unduplicated count of 3,372.

OCFS continues to partner with MaineCare to develop additional resources for families by expanding the number of established providers available to provide services to Maine’s children and youth. In SFY20, 27 new providers were added statewide, including 5 RCS-Basic providers, 7 RCS-Specialized providers, and 2 HCT providers. OCFS staff continue to work to identify opportunities to bring new providers online, as well as expanding the capacity of current providers throughout the State. Some of these efforts are reflected in the strategies and the initiatives targeted to the strategies.

Recently MaineCare added a new component of Section 65 to allow for the separate billable service of Parent-Child Interaction Therapy (PCIT). Maine General is currently training clinicians in PCIT in order to provide this service to children, youth, and their parents.

In SFY20 there were 27 appeals of Kepro denials that led to an administrative hearing. Of those 27, 18 were withdrawn by the appellant before the hearing, 2 were dismissed, 2 were abandoned (in that the MaineCare member did not appear at the time of hearing), 2 decisions were upheld, and 3 are currently pending.

OCFS publishes a regularly updated data dashboard that includes several key measures in the area of Children’s Behavioral Health, including the number

of children receiving evidence-based services, the number of children on the waitlist and average number of days on the waitlist, and child receiving residential treatment services. The dashboard is available at www.maine.gov/dhhs/ocfs/dashboards.

Strategy Update: Aligning Our Vision with Resources

The last year has seen unprecedented changes in all aspects of our lives, and the work underway to improve the CBHS system of care is no different. Changes and challenges due to COVID-19, as well as new opportunities that have become available, have resulted in a shift in the categorization of three strategies.

Work to revise the waitlist process and improve coordination for transition aged youth’s behavioral health services were recategorized as long-term strategies due to challenges with fully engaging stakeholders remotely, as well as budget constraints, and the understanding that some of the initiatives that appeared most likely to create improvement would take more than three years to pilot, study, and implement statewide.

For example, OCFS has developed a Home and Community Treatment (HCT) pilot to address shortages in the behavioral health workforce and shorten waitlists. OCFS and MaineCare have partnered to pilot an HCT service model that is a clinician-only model. This allows for services to be provided to more children and minimizes the impact of workforce challenges. OCFS and MaineCare were able to secure the participation of five HCT providers. A plan for data collection was created and work has been done within MaineCare to plan for a revision to the MaineCare rule. The HCT Pilot began on 1/6/2020 and has resulted in 60 youth being matched with a provider. Of those youth, 24 were from prioritized categories of children and 24 had been on the waiting list for more than 180 days, with 8 of those 24 waiting more than 300 days.

The move of these two strategies does not mean that OCFS is not continuing work in these areas. Instead it indicates that it will take more time than originally anticipated to develop, pilot, study, and, where appropriate, expand the initiative statewide, in a manner that ensures the changes create real and meaningful improvements with long-term sustainability.

Short-Term (2019 – 2022)

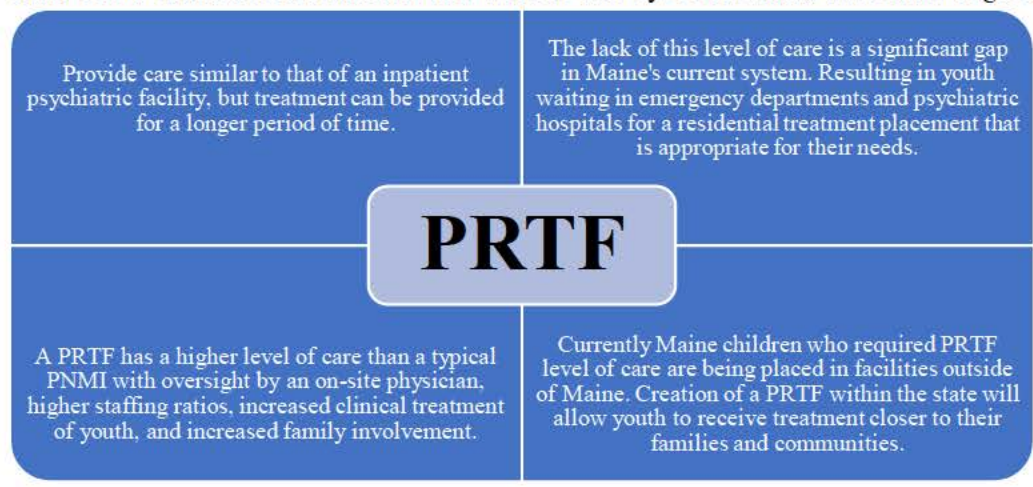
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Psychiatric Residential Treatment Facility (PRTF)

The PRTF strategy was moved to the short-term strategies list. The past year has seen considerable work by OCFS’ CBHS staff to prepare for the introduction of a service which is completely new to the State of Maine. The chart below illustrates the rationale and work to date by CBHS staff, which also aligns with the recommendation



in the Juvenile Justice System Assessment to establish a PRTF in Maine. OCFS expects to announce progress in establishing a willing and able provider for this service in the coming months.

Collaboration

CBHS staff partnered with MaineCare, the Department of Education, and the Department of Corrections to develop a common understanding of what a PRTF would look like in Maine and how it would function.

In-State Providers

CBHS staff met with multiple in-state residential providers to explore their interest in opening a PRTF. All providers declined due primarily to the significant differences in the requirements for PRTF versus PNMI Services.

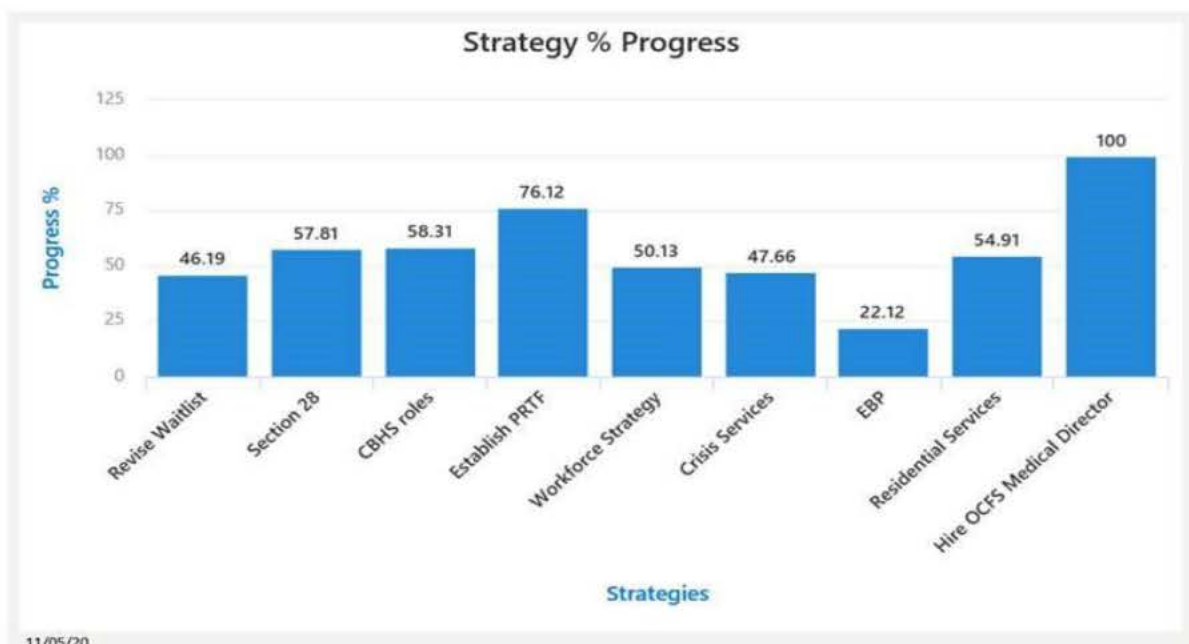
Out-of State Providers

CBHS staff visited multiple out-of-state PRTF facilities operated by various providers in order to better understand the national landscape in terms of providers who are providing high-quality PRTF services.

Simultaneous Implementation Efforts

While CBHS staff were exploring possible PRTF providers they were also collaborating with Kepro to develop a process for authorizing PRTF services, as well as working with MaineCare to develop and implement the PRTF service and rate.

Implementation: Where We Stand Today



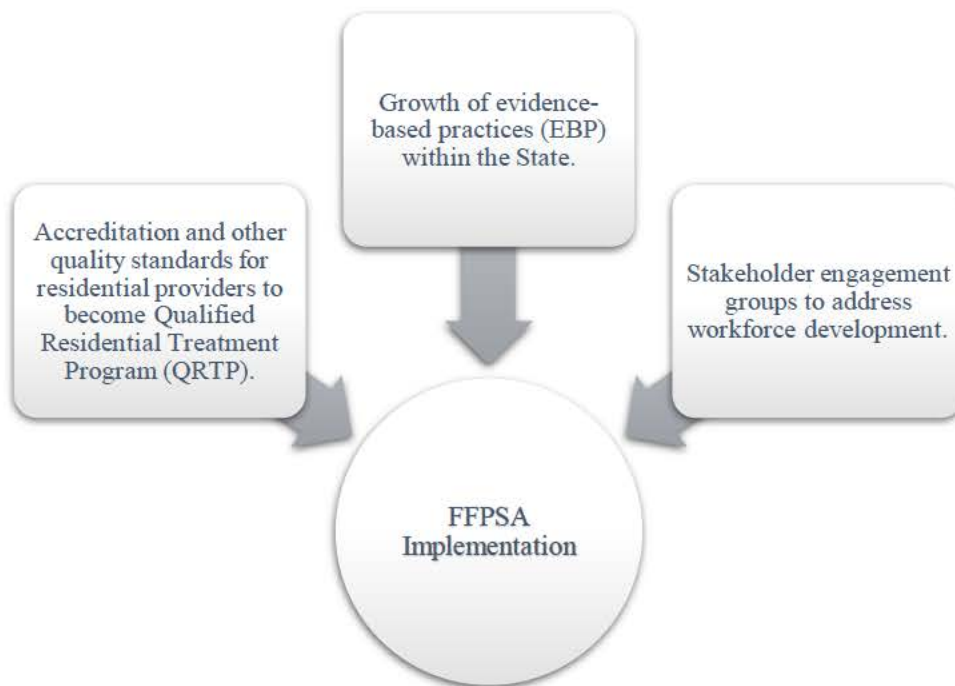
For each strategy, the program lead identified specific tasks to achieve the objective. Progress is measured against each task weekly. The percentage reflects how much work was completed against all tasks to achieve the strategic goal.

OCFS fully completed one strategy with the hiring of a full-time, on-site Medical Director, Dr. Adrienne Carmack, in March of 2020. Dr. Carmack's arrival was well-timed given the COVID-19 pandemic that has impacted all aspects of life in Maine over the last 7 months. Dr. Carmack has been an invaluable resource as OCFS seeks to support providers while ensuring the health and safety of all Mainers. Dr. Carmack has provided support and guidance to staff, coordination with providers, and guidance on policy changes and system improvement efforts. She regularly consults with CBHS and child welfare staff on cases and her ability to speak directly with medical providers, understand the needs of children, and assist CBHS staff as they attempt to connect children to appropriate services has been crucial.



Family First Prevention Services Act

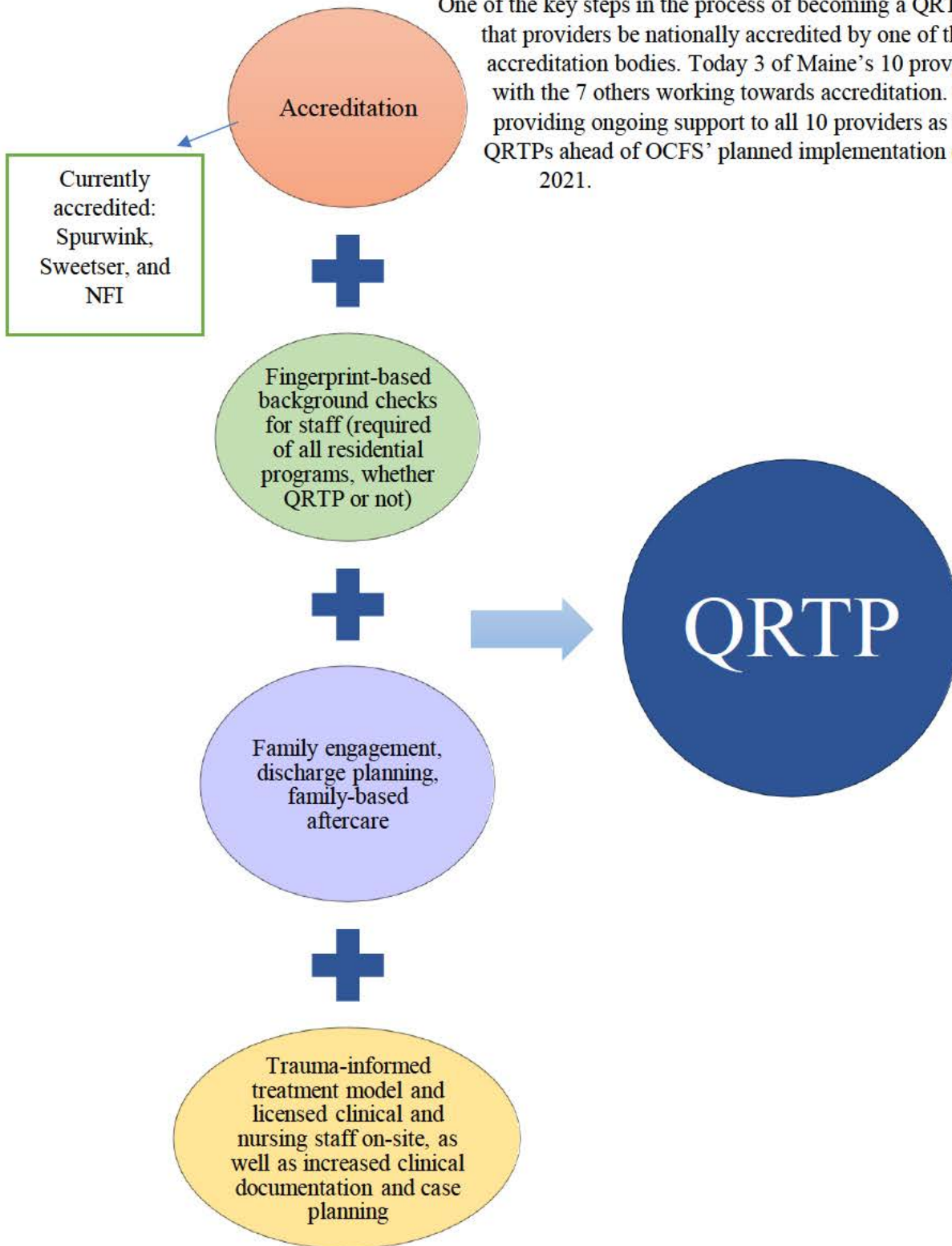
One of the primary focuses within OCFS over the last year has been the implementation of the Family First Prevention Services Act (FFPSA). While FFPSA is primarily thought of in the child welfare arena, it presents a significant opportunity to grow evidence-based services throughout the state and improve the quality of residential services here in Maine. FFPSA allows states to receive federal reimbursement for evidence-based services to prevent the need for foster care placement. Only a small fraction of all youth in Maine receiving or in need of CBHS services are involved with the child welfare system, but the wider population will benefit as OCFS implements Family First.



FFPSA has also presented the opportunity for OCFS to work collaboratively with residential providers to ensure they are delivering high-quality evidence-informed services to the youth they are caring for. FFPSA sets forth federal quality standards in order to recognize a provider as a Qualified Residential Treatment Program (QRTP). In the last year OCFS has convened a QRTP stakeholder group that includes representation from parents, youth, providers, advocates, the Department of Education, Children's Licensing, and the Department of Corrections. Together with CBHS staff and OCFS' Family First Program Manager, Christine Theriault, the QRTP group has developed and implemented a communication plan, including in-depth information about the QRTP qualifications

and a readiness assessment for providers. As a result of this work, OCFS was able to secure the agreement of all Maine residential providers to become QRTPs.

One of the key steps in the process of becoming a QRTP is the requirement that providers be nationally accredited by one of the federally approved accreditation bodies. Today 3 of Maine's 10 providers are accredited, with the 7 others working towards accreditation. CBHS staff is providing ongoing support to all 10 providers as they seek to qualify as QRTPs ahead of OCFS' planned implementation of FFPSA in October 2021.



The stakeholder group has also been instrumental in the selection of a standardized clinical assessment tool meant to determine the appropriate level of service intensity needed for youth receiving residential-based services in a QRTP. Research was conducted on various models and the evidence to support their effectiveness. Stakeholders reviewed the various models, examined the successes and challenges as they were implemented by other jurisdictions and providers across the country, and discussed each possible model. Ultimately the Child &

Adolescent Service Intensity Instrument (CASII) was selected for use in Maine. Earlier this year, two CBHS staff were certified in the CASII and are now serving as mentors for providers and their staff.

Evidence-Based Practices (EBP)

As mentioned earlier, another area with significant overlap between the CBHS system improvement efforts and FFPSA is EBP. One of the 13 strategies directly addresses EBP, while several others involve EBP in some manner. FFPSA also involves a strong emphasis on EBP in that FFPSA, once fully implemented, will allow Maine to claim federal reimbursement for certain EBP when provided to a family to prevent the imminent risk of child removal.

CBHS staff have partnered closely with the Family First Program Manager to establish an EBP stakeholder group which is informing decisions regarding FFPSA, as well as system improvement overall. This stakeholder group is diverse and has provided invaluable input on OCFS' Family First Prevention Services plan.

CBHS staff have also collaborated with the Governor's Children's Cabinet on their efforts to ensure all Maine youth enter adulthood healthy and connected to the workforce and/or education. Through that collaboration the need to improve the availability and quality of Trauma Focused Cognitive Behavioral Therapy (TF-CBT) was recognized. TF-CBT is widely recognized as an effective evidence-based treatment modality when delivered to fidelity. In the summer of 2020, OCFS funded a contract with a nationally certified TF-CBT trainer who is providing training at no cost to 125 clinicians in order for them to become nationally certified. Clinicians are provided with reimbursement for their time spent on the training and will receive ongoing clinical support, training, and consultation. OCFS has also worked with the trainer to develop a system of tracking fidelity to the model to ensure youth and families can benefit fully from this service.



The Department has also worked collaboratively with the Office of MaineCare Services to complete a rate study for Multisystemic Therapy (MST) and Functional Family Therapy (FFT), two treatment modalities with significant evidence that supports their effectiveness, as well as TF-CBT. Based on that rate study, a 20% rate increase was implemented, making Maine's reimbursement rate for MST and FFT one of the highest in the nation as well as a transition from 15-minute billing to a weekly case rate.

Crisis Care

CBHS staff are also collaborating with the Children's Cabinet on a pilot program that aims to improve the system of crisis care for Maine youth. In State Fiscal Year 2020, \$6.88 million was spent on crisis services for children and youth in Maine. The current system provides care for youth when they are in crisis or in need of intensive services but little in terms of support for families, both during the crisis event and afterwards as the youth and family members try to connect with community services to prevent the need for crisis support in the future. Crisis should always be considered a service of last resort, so the focus is on preventing the need for future crisis utilization by ensuring the proper level of care within a youth's community once they are stabilized.

The pilot was initiated earlier this year in Aroostook County, which was chosen due to the number of youth who spend more than ten hours waiting in an emergency department for services in that county. The pilot provides aftercare and stabilization services for both youth and their family members. This includes youth transitioning home from emergency departments, psychiatric hospitals, crisis stabilization, and residential treatment. The aftercare services are focused on helping the youth and their family understand the treatment recommendations and overcome barriers to accessing necessary services within their community. The pilot is also seeking to determine whether youth who receive aftercare services within the pilot can transition home more quickly due to

the support of the program. OCFS looks forward to sharing the data and lessons learned from this pilot once it is completed.

Efforts Impacting Young Children

The last year has also brought significant collaboration focused on the strategy to enhance the skills of Maine's early childhood education workforce to address challenging behaviors in young children. These efforts have been supported by the Legislature with the passage of LD 997 in the First Regular Session of the 129th Legislature. LD 997 provided legislative authorization and funding to implement an early childhood consultation program at five pilot sites throughout the state. The consultation program is meant to provide guidance, support, and training to improve the professional skills of child care and elementary school staff as they work with children who have challenging behaviors that may put them at risk of learning difficulties or expulsion. The consultation program also incorporates efforts to support families (including foster families) whose child is experiencing challenging behaviors.

OCFS has made significant progress in implementation of Maine's Early Childhood Consultation Partnership (ECCP) including hiring a Project Manager, collaborating with stakeholders to study and select an ECCP model, and the implementation of the selected model within Maine. The Connecticut ECCP model was selected based on the strong evidence in support of its effectiveness. OCFS has identified five pilot sites for the program and is currently in the final stages of procuring a vendor for each pilot site. The goal is for all ECCP consultants to be hired and trained in-person by the end of January 2021. OCFS has also developed a plan for evaluation of the service to improve its effectiveness and evaluate the possibility of expanding the ECCP statewide in the future.

By focusing such significant effort on younger children, the hope is to reduce the need for more intensive behavioral health interventions in the future. By recognizing and addressing needs early it allows the adults around a child to form an understanding of their needs and how best to meet them both at home and in an educational setting. Parents and caregivers develop coping skills and strategies to address problematic behavior and there is a consistent approach both at home and at school.

Waitlists

Waitlists are an indicator of the CBHS system of care's ability to address the needs of Maine's children and youth. As OCFS seeks to improve the availability of services in rural areas and bolster the number of providers of evidence-based practices there are likely to be improvements in the number of children and youth waiting for services, but in the last year there has also been a focus on specific strategies meant to make targeted improvements to the waitlist process.

OCFS has convened the Waitlist Advisory Group (WAG), a stakeholder group focused on waitlists. This group is diverse and includes providers, families, advocates, and CBHS and DHHS staff. This group has provided invaluable input into the waitlist process and areas in need of improvement. As a result, OCFS was able to implement several changes quickly, including prioritizing several categories within the waitlists. These include children and youth waiting more than 730 days, those at Long Creek Youth Development Center, and those who are at risk of being discharged or expelled from child care or preschool. Changes were also made to ensure the process better reflected the preferences of the family, including days and times of availability on the referrals and a process for ensuring families who prefer a particular provider are placed on a provider-specific waitlist. CBHS staff have also worked with individual providers to explore how best to expand the geographical distance they may be willing to travel to serve a child. OCFS is currently working with Kepro to refine the data available to inform decisions regarding additional changes to the waitlist process.

New Developments

In February 2020, OCFS submitted Maine's application for a federal System of Care (SOC) grant and was notified in June that Maine had been awarded a four-year, \$8.5 million grant to improve behavioral health services available for children and youth in their homes and communities now and in the future. These funds

target youth with severe emotional disturbances (SED) who qualify for Home and Community Treatment (HCT), particularly those on the waitlist.



OCFS' primary areas of focus are:

- Family and youth engagement and support
- Clinical coordination
- Quality improvement and quality assurance oversight
- Implementation of a standardized psychosocial needs assessment
- Standardized data collection and data-driven decisions
- An increased focus on evidence-based practices
- Systematic workforce development
- Creation of permanent infrastructure to ensure long-term impact

OCFS will use funds to hire additional staff to monitor the quality of services and provide mentoring and support to providers as they seek to place additional focus on data-driven care, fidelity to evidence-based models, and the level of support they offer to youth and families.

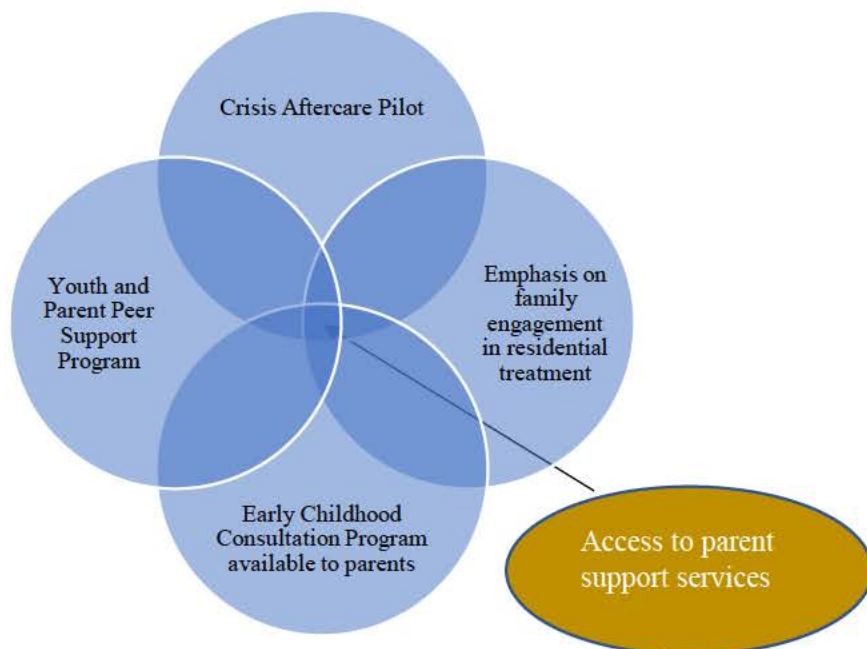
CBHS staff are also in the process of implementing a program where grant funding will be used to hire a Youth Peer Specialist and a Parent Peer Specialist in each county. Currently efforts are focused in three counties that are historically underserved: Aroostook, Penobscot, and Piscataquis. The Youth Peer Specialist and the Parent Peer Specialist will provide direct support to youth and families as they navigate the children's behavioral

health system.

Beyond the SOC grant, OCFS is also seeking to engage parents by providing financial reimbursement for guardians of youth who are receiving care in a residential facility. These funds cover the cost for guardians who need to travel over 50 miles in order to participate in-person in their child's treatment.

Cross-Strategy Impacts

One of the benefits of OCFS' comprehensive efforts to improve the system of care is that many initiatives have an impact that spans multiple strategies. For example, efforts to train providers and improve the quality of a service



has also had the benefit of decreasing the time youth are waiting on a waitlist and addressing shortages in the workforce.

These are just a few examples of the system-wide impact that each individual strategy and corresponding initiatives are having for Maine's children and families.

Challenges

OCFS previously had a group of staff dedicated to children's behavioral health quality assurance, but those positions were eliminated by the previous administration. OCFS has identified this lack of quality assurance staff as a significant barrier to the goal of increasing the use of evidence-based models and evidence-informed interventions. Millions of dollars are spent each year on behavioral health services for children and youth in Maine, but there is limited monitoring of the quality of services delivered or their fidelity to evidence-based models. The System of Care (SOC) grant will lay a foundation for future growth in the areas of quality assurance and improvement and measuring the effectiveness of the services being delivered.

The Work Ahead

With over 30,000 children and youth across the state provided behavioral health services in SFY20 and nearly \$200 million spent on those services, it is clear that the children's behavioral health system is having a positive impact in the lives of many individuals and families. At the same time the waitlist data indicate that our system improvement efforts, particularly those targeted at expanding access to various levels of care and types of evidence-based services, are key to ensuring that the system can serve all children and youth in need of services.

OCFS has benefitted significantly from collaboration with stakeholders over the last year. Both OCFS and the Department as a whole are committed to a level of transparency that has rebuilt trust among providers, advocates, families, and youth. With that trust has come an increased willingness for those with critically important experiences within the system to engage with OCFS on system improvement efforts. OCFS will continue to engage stakeholders whenever possible, as well as collaborating with individual providers and families when needed in individual situations.

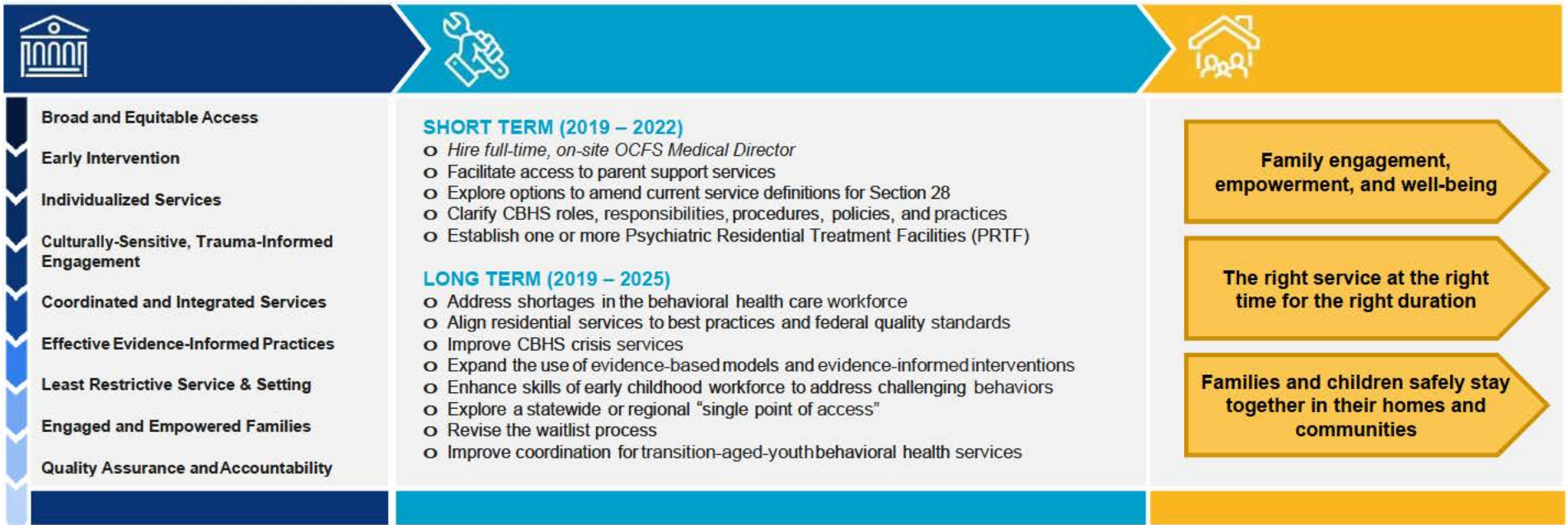
An example of this collaborative effort is OCFS' partnership with the Department of Corrections (DOC) and the Juvenile Justice Advisory Group (JJAG) to target the behavioral health needs of youth involved with the juvenile justice system. In February 2020, the Maine Juvenile Justice System Assessment was published. In the report were a number of recommendations for system improvements, many of which correlate closely to work underway within CBHS to improve the availability of services. As a result of this collaboration OCFS has been able to target initiatives on specific service needs outlined in that report, including the availability of MST, FFT, and HCT; improvements to the waitlist process; the development of a PRTF in Maine; and improvements in crisis care.

The budget implications that have resulted from the economic situation related to COVID-19 will certainly have an impact in the coming years, but OCFS is committed to leveraging available resources to target areas of improvement likely to have the greatest positive impact for those in need of services. OCFS is also continuing to pursue funding sources by applying for grants and partnering with MaineCare whenever possible. The System of Care Grant is one example of the ongoing effort to leverage new funding opportunities to effectuate the goals and objectives of the children's behavioral health system improvement effort.

In the last year, the momentum of system improvement efforts related to children's behavioral health has grown significantly. This has resulted in rate increases, the growth of evidence-based services, pilot projects, and new grant opportunities. This momentum would not have been possible without the efforts of providers, families, advocacy groups, and CBHS staff. In the coming year, OCFS looks forward to continuing its partnership with stakeholders to build on this work, including the System of Care Grant, the implementation of the Early Childhood Consultation Partnership, efforts to implement Family First, and the evaluation of pilot projects currently underway. Although the year ahead is likely to be impacted by the ongoing COVID-19 pandemic, OCFS remains focused on the strategies developed in 2019 in order to ensure system improvement efforts result in impactful advancement that benefits children, youth, and families.

Maine Children’s Behavioral Health Services

VISION: All Maine children and their families receive the services and supports they need to live safe, healthy, and productive lives in their home, school and community.



Italicized strategies have been completed

Updated October 2020

Next update: April 2021