

# MAINE STATE LEGISLATURE

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# **Children's Behavioral Health Services Annual Report**

Calendar Year 2021

Submitted January 4, 2022

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

## Introduction

In 2019, the Office of Child and Family Services (OCFS) finalized a comprehensive assessment of its Children's Behavioral Health Services (CBHS) system of care that resulted in 13 strategies for system improvement. In the last 2½ years, implementation of these strategies has guided much of the work within CBHS. Some strategies have been completed and others remain underway. Here are strategies completed or in progress as of December of 2021:

- Short Term (2019-2022)
  - Hire full-time, on-site OCFS Medical Director
  - Align residential services to best practices and federal quality standards
  - Explore options to amend current service definition for Section 28
  - Clarify CBHS roles, responsibilities, procedures, policies, and practices
- Long Term (2019-2025)
  - Establish one or more Psychiatric Residential Treatment Facilities
  - Address shortages in the behavioral health care workforce
  - Improve CBHS crisis services
  - Expand the use of evidence-based models and evidence-informed interventions
  - Enhance skills of early childhood workforce to address challenging behaviors
  - Explore a statewide or regional "single point of access"
  - Revise the waitlist process
  - Improve coordination for transition-aged-youth behavioral health services
  - Facilitate access to services that can help families support children with behavioral health needs

The COVID-19 pandemic continued to play a significant role in all aspects of life during 2021 and the CBHS system of care was no exception. COVID-19 affected nearly every aspect of the system, from the ability of providers to hire and retain qualified staff to efforts to prevent the spread of COVID-19 in residential treatment facilities. Just as providers have struggled, so have youth and families. Nationally both the [U.S. Surgeon General](#) and the [American Academy of Pediatrics](#) have recently issued warnings regarding the state of youth mental health nationwide. This has undoubtedly placed additional stress on the CBHS system of care as more youth and families look to access services to address these concerns. OCFS' CBHS staff have worked diligently in collaboration with stakeholders, including providers, youth, and caregivers, to pivot and address these needs whenever possible - while also maintaining forward momentum on the strategies developed in 2019. A full continuum of care within the CBHS array of services is key to Maine's ability to address concerns regarding youth mental health, and the implementation of the 2019 strategies is an important part of growing and strengthening the service array.

OCFS is pleased to provide this 2021 update that reflects implementation and system improvement efforts since the 2020 report in December of last year. This report also provides a preview of some of the work planned for the coming year.

## Waitlists

As the need for services has grown in 2021, driven in part by the COVID-19 pandemic, it has been challenging to make progress in reducing the number of youth on waiting lists for services. OCFS is continuing efforts to refine and improve the waitlist process and is also hopeful that other initiatives, including the federally funded System of Care (SOC) grant, Family First Prevention Services State Plan, and the focus of CBHS on evidence-based practices, will help to improve the availability, quality and accessibility of services, thereby reducing current waitlists.

The current, statewide workforce challenges have significantly impacted the goals and objectives related to reducing waitlists. Job vacancies have grown and persisted in most, if not all, systems. There is a need for more therapists and direct care staff throughout the State and the current challenges related to workforce have created barriers to expanding the accessibility and capacity of services.

While 2021 has presented new challenges related to the waitlists, there have not been significant increases in the number of youth across all [waitlists](#) and OCFS' efforts to implement the strategies created in 2019 remain ongoing. A focus on building a strong and complete continuum of care will allow youth and their families to access the service(s) that will effectively address their specific needs in a timely manner. The pandemic has also presented new opportunities to grow telehealth options (where appropriate), create virtual trainings that have increased engagement, and build and strengthen connections between providers. The accessibility of internet service for clients and staff has, at times, presented a barrier to both telehealth and virtual training options, but providers have worked to address these issues whenever possible.

The System of Care (SOC) Team has partnered with other CBHS staff to explore the Home- and Community-Based Treatment (HCT) waitlist in Penobscot, Piscataquis, and Aroostook Counties (the year 1 SOC Counties). This review helped to gather quantitative and qualitative data which has enabled the Department to develop recommendations and solutions. DHHS is exploring the following recommendations:

- Review and implement policy and procedure changes which will provide for more efficient care, incorporate more evidenced-based practices, certify information regarding the child's needs and family preference is up to date, ensure the right treatment and the most appropriate duration occurs, and reduce gaps in services
- Enhance the referral process to ensure level of care is determined through an assessment tool, incorporate family-driven care into the services from the beginning, explore the least restrictive setting and individualized needs at the onset of referral, and ensure information is up to date and accurate.
- Develop additional Evidenced Based Practices to support the current level of need.

Additionally, service gaps have been identified and potential solutions are currently being developed. This includes increasing evidenced-based practices, providing parent education, exploring respite to families, and specifically targeting the needs in regions of the State where the need is greatest.

## Maine's Family First Prevention Services Plan

In 2021 OCFS submitted and received approval for its Family First Prevention Services plan. Maine was the first state in New England with an approved [plan](#) and was able to initiate Family First on October 1, 2021, as planned.

There are two primary components of Family First as it relates to CBHS. The first is the ability of Maine to claim federal reimbursement match for the cost of evidence-based services that prevent the need for a child to enter state custody. The growth of tertiary prevention services within Maine includes the expansion of mental health treatment

### Family First Services

(All services are either available or under development in Maine)

- Methadone Maintenance Therapy
- Mult-Systemic Therapy (MST)
- Functional Family Therapy (FFT)
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Incredible Years
- Parent-Child Interaction Therapy
- Positive Parenting Program (Triple P)
- Parents as Teachers (PAT)
- Homebuilders

and in-home skill-based parenting support. This includes both MaineCare funded and non-MaineCare services. The second is the opportunity for OCFS to work together with residential providers to ensure they are delivering high-quality, evidence-informed services to the youth within their programs.

Currently, OCFS is working with the State Agency Partnership for Prevention to conduct an inventory of state level primary, secondary, and tertiary prevention services that will be included in a Family Services Resource Guide that will be made available to

providers and the public. This inventory, along with an analysis of existing data on families' needs, will assist with identifying additional resources that families could benefit from in Maine. OCFS has benefitted significantly from the cross-system collaboration of multiple providers to increase the knowledge of available services and develop opportunities to better serve Maine children and families.

In the last year, OCFS has provided support to providers in becoming trained in Triple P Interventions (Triple P Standard, Triple P Standard Teen, and Triple P Pathways). Triple P is a positive parenting program that is designed to prevent and treat behavioral and emotional issues in children by providing parents with tools to understand and address their children’s needs. Beginning in April of 2021, OCFS funded a cohort of 80 providers to complete these trainings and an additional cohort of 40 began the training in September. Participants are being reimbursed for their time in the training and are receiving one year of materials for all three interventions at no cost.

## Residential Treatment

One significant achievement during 2021 was OCFS partnership with MaineCare to implement updates to Section 97 (Private Non-Medical Institutional (PNMI) Services) rules and develop and codify new rates for this service.

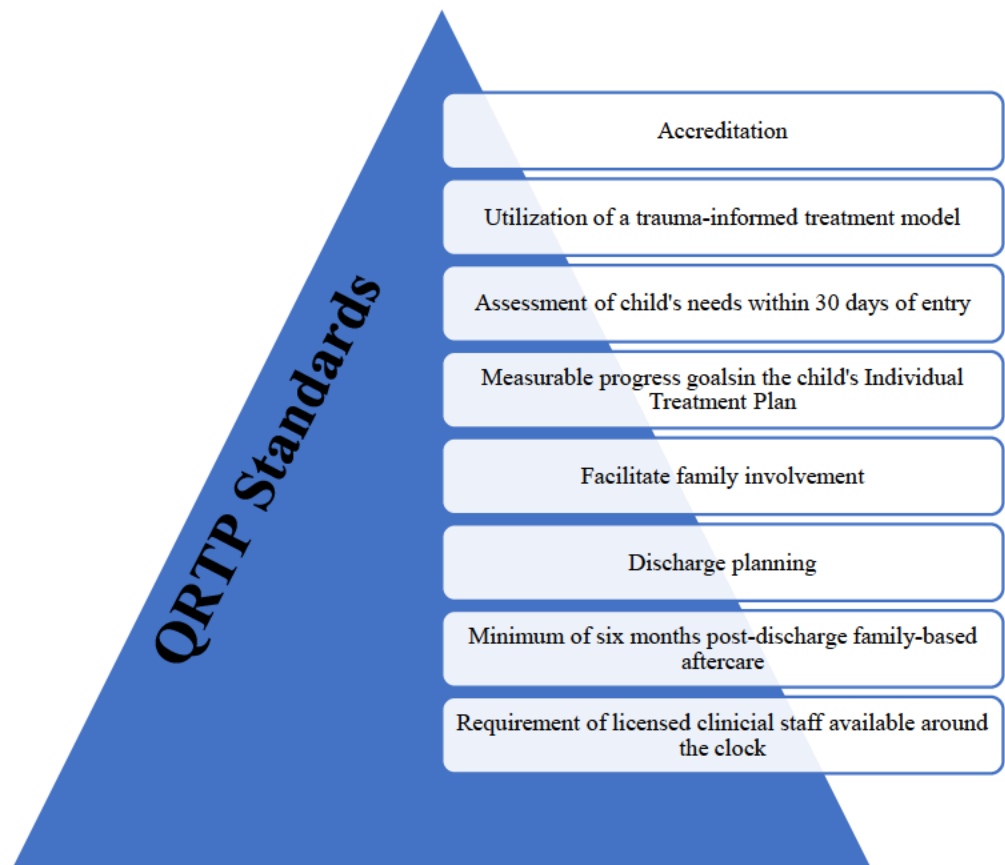
PNMIs are also known as Children’s Residential Care Facilities (CRCFs). The updated rules and rates included coordination with the Qualified Residential Treatment Program (QRTP) standards required under Family First which aims to reduce the number of youth in group care settings and ensure youth are only receiving CRCF services when clinically indicated. Improvements in the rules reflected the desire for evidence-based services and supports for children and families as they work to address the mental and behavioral health needs of children utilizing the service.

The new rates were based on an updated MaineCare reimbursement rate study. As a result, providers received

significant rate increases of 45-75% (depending on service category). This was the first review of and update to both the rules and the CRCF rate in approximately 10 years.

One of the most significant changes in the updated Section 97 rules is the requirement of Aftercare Support Services. These services are required to be individualized, family-focused, community-based, trauma-informed, and culturally sensitive. Aftercare Support Services will be funded by MaineCare and provided at the same time that the youth is receiving other MaineCare-funded community-based treatment arranged as part of the discharge plan.

OCFS has supported the implementation of these changes among providers by redefining the role of three CBHS staff as Residential Specialists. Two are devoted to in-state providers and one is assigned to out-of-of state programs. These staff will review reportable events and provide feedback, furnish training and technical assistance to providers, and seek to enhance the quality of treatment available to youth. All three staff are clinicians with a deep understanding of both clinical treatment and desired outcomes.



## **Psychiatric Residential Treatment Facility (PRTF)**

Several system assessments of the behavioral health services available in Maine have identified a gap in services due to Maine's lack of a Psychiatric Residential Treatment Facility (PRTF) – a level of care that includes highly structured treatment to meet the behavioral health needs of youth through intensive inpatient services. The goal of the PRTF is to stabilize and improve a child's condition so their needs can be met in a community setting in the future. PRTFs are secure facilities and currently Maine does not have any secure residential treatment facilities for youth. These include OCFS' own internal reviews, the 2018 system analysis, as well as the Juvenile Justice System Assessment. Through much of 2020 OCFS worked with a provider who had expressed strong interest in partnering with OCFS to develop a PRTF in Maine. Unfortunately, at the end of 2020, the provider determined that they would be unable to develop a program based on the current MaineCare rate structure. OCFS then pivoted to consult with another provider who had expressed interest, but that provider came to the same conclusion as the first, that the rate structure currently outlined in MaineCare policy would not support the costs of operating a PRTF in Maine.

After receiving this feedback OCFS temporarily paused further work on the PRTF strategy to focus on studying and updating the rate structure for PNMI services. With the implementation of updated rules and the new PNMI rates last month, OCFS has begun to pivot back to the PRTF strategy, working collaboratively with MaineCare to review the rule and rate structure for PRTFs. Given the current status of the PRTF strategy and the work that will be required to update the rule and rate, OCFS is moving the PRTF strategy to the long-term category. This will provide OCFS, MaineCare, and stakeholders sufficient time to quantify the issues, identify solutions and implement needed changes.

## **Evidence-Based Services**

As part of implementing Family First, OCFS engaged stakeholders to develop strategies for increasing the utilization of evidence-based services. The diverse stakeholder group has provided invaluable input both on the OCFS' Family First Prevention State Plan and on CBHS' efforts to increase the availability of evidence-based services. These efforts have also included collaboration with the Governor's Children's Cabinet as they seek to ensure all Maine youth enter adulthood safe, stable, happy, and healthy.

Through collaboration with the Children's Cabinet, a need was identified to improve the availability and quality of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which is widely recognized as an effective evidence-based modality when delivered to fidelity. As a result, OCFS delivered no-cost training for national certification to 165 TF-CBT clinicians, as well as providing reimbursement for the time spent in training. Providers have continued to receive ongoing clinical support and training, as well as having the opportunity to engage in consultation as needed. In early 2021, an additional 40-clinician cohort began the TF-CBT training and OCFS also implemented a fidelity tracking system with existing providers. Clinicians that are nationally certified TF-CBT clinicians are eligible for the enhanced Medicaid rate.

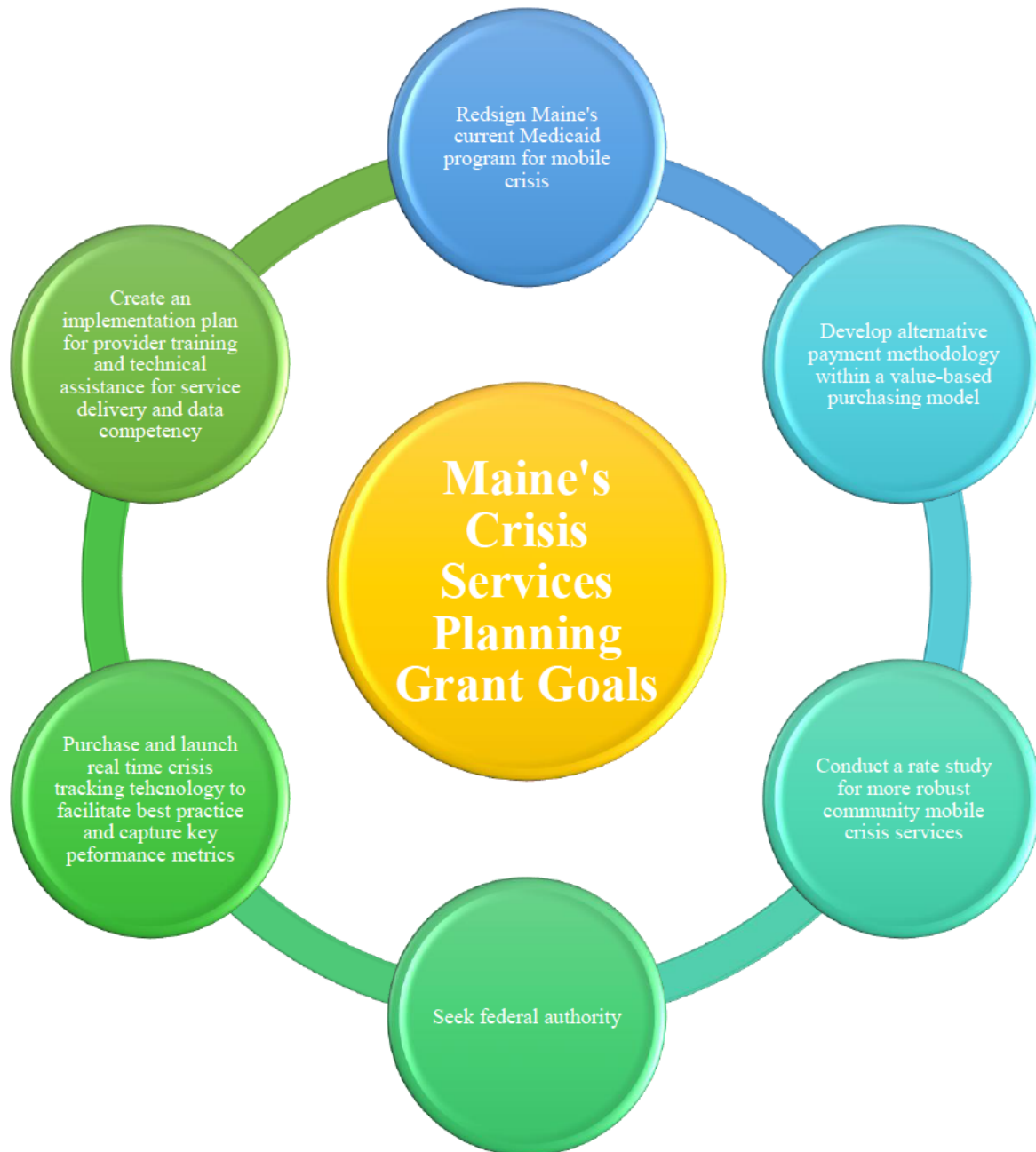
## **Crisis Care**

In 2019, OCFS implemented a pilot program providing Crisis Aftercare in Aroostook County. Data from that pilot indicated that aftercare services helped to reduce the need of children and families to access emergency departments and instead allowed families to safely maintain their children at home. Given the success of the pilot, OCFS expanded the service statewide on July 1, 2021.

The service involves contracted mobile crisis stabilization providers delivering aftercare services with a special focus on emergency departments and efforts to support children and families in a manner where children can remain safely in their home. OCFS has also worked over the last year to make the crisis providers' contracts more flexible, allowing for reimbursement for previously non-reimbursable expenses incurred in providing the service. This will allow providers to be reimbursed for travel to work with youth who live in rural areas and better ensure that youth are able to access the service regardless of where they reside.

In 2021, a new opportunity to improve the crisis system of care (including both adult and children’s crisis services) was presented as the federal government offered \$15 million in grant funding to support development of community-based mobile crisis intervention services for Medicaid beneficiaries. Grants utilizing this funding were awarded to 20 states, including Maine. The grant period began on September 30, 2021, and Maine is still in the early stages of planning for implementation. Based on the goals of the program, OCFS is hopeful that it will result in significant and sustained improvements within the crisis system of care.

In all of its work related to crisis services, OCFS is seeking to partner with stakeholders, including crisis providers,



hospital administrators, emergency department staff, and representatives of inpatient psychiatric providers in an effort to continue to solicit input on efforts to improve the crisis system of care.

Related to the crisis care work is the implementation of [PL 2021, Ch. 191](#), recently-passed legislation that requires data collection and reporting on the utilization of emergency departments for youth with mental and behavioral health needs. In June of 2021, OCFS distributed a survey to children’s crisis service providers and in July OCFS

convened meetings of crisis stakeholders focused on implementation of the law. Through this work, stakeholders engaged in in-depth discussions and were able to reach a consensus on system-wide shared definitions for the data points that will be collected, as well as standards for reporting including timeline and methodology. OCFS recently finalized the data reporting tool that hospitals will use to report data on a monthly basis. A significant amount of work has gone into ensuring consistency of the data collected by developing and refining the specific data points and ensuring clear directions on what is being measured and reported. Data collection was implemented in November of 2021, but complete data is not yet available. OCFS anticipates beginning to report on this data on a regular basis in 2022.

## **System of Care (SOC)**

In 2020, OCFS received a four-year, \$8.5 million federal grant to improve behavioral health services available to youth in their homes and communities. The target population for these services are youth with serious emotional disturbance (SED). OCFS has been working with stakeholders and providers to implement the System of Care. Following an assessment of need, the program's work began in Aroostook, Penobscot, and Piscataquis counties which are some of the most rural and underserved areas of Maine.

These initial implementation goals were advanced over the last year in a number of ways, including:

- Hiring of infrastructure-building staff.
- Convening of a Steering Committee to help identify needs, oversee the program, and improve outcomes.
  - Youth and parents/caregivers are included as members to provide valuable input from their lived experience (currently 55% of the Steering Committee membership is made up of youth and family members).
  - The Steering Committee is working on strategies and recommendations to increase family engagement and increase family voice and choice in treatment planning and service delivery, providing recommendations and input in improving the system, and creating informational fact sheets for youth and parents/guardians.
- Identifying criteria for assessing clinical appropriateness of services for children referred to CBHS providers. Currently the SOC team is reviewing and evaluating the Home and Community Based Treatment (HCT) waitlist, piloting the service intensity instrument CALOCUS-CASII, researching other states' systems for data-driven assessment, and working to develop a system to track information from these assessments.
- Providing additional supports to youth and families who are awaiting HCT services by contracting with GEAR Parent Network and Maine Behavioral Healthcare (MBH) to provide peer support. OCFS has conducted active outreach efforts to family and youth on the HCT/ PNMI waitlist, to connect them to this support.
- Developing a process to collect, track, and evaluate performance metrics regarding the SOC for behavioral health providers. A system is now in place to collect and track grant goals, conduct quality reviews, and track outcomes. Maine has utilized this data by incorporating it into decision-making processes.
- Implementing a procedure and training for providers regarding data collection.
- Collaborating with providers to implement an evidence-based service, Parent Child Interaction Therapy (PCIT), in Kennebec and Somerset counties for children age seven and under. PCIT is an evidence-based treatment for young children experiencing behavioral issues. It is conducted with a clinician observing parents' interactions with their children and providing real-time coaching to the parents. The parent acquires skills to manage the child's behavior by applying recommendations from the clinician in real time to help children feel calm, secure in their relationships with their parents, and feel good about themselves. The providers implementing this treatment in Maine are reporting positively about their experiences.

OCFS' goal in the first year of the program was to serve 50 children and families with HCT while improving coordination across various children's services. OCFS is proud to exceed this goal by enrolling 54 youth.



In the year ahead, CBHS staff will be focused on evaluating and determining the appropriateness of the CALOCUS-CASSII tool based on the current pilot, working towards the goal of improving the quality of behavioral health programs (as indicated by youth and their caregivers), expanding the use of evidence-based services, and reducing the number of children in residential treatment. Specific efforts include:

- Continuing to refine the HCT waitlist process to ensure optimal client/provider match
- Amending the current service definition for Section 28 (Rehabilitative and Community Services or RCS) to focus on effective, targeted interventions of intellectual and developmental disability and Autism
- Clarifying roles, responsibilities, procedures, policies, and practices to maximize resources to best serve children and families
- Exploring a statewide or regional “single point of access” for all children and youth to be screened for behavioral health issues under a uniform set of protocols and screening tools to enable referrals to appropriate services

**Substance Use Disorder (SUD)**

During 2021, OCFS benefitted from the addition of a Youth Substance Use Disorder Specialist funded by a one-year grant from the John T. Gorman foundation. The specialist spent the last year assessing available SUD services for youth and completed research into national best practices pertaining to youth SUD. In addition, the specialist has increased the internal knowledge base regarding youth SUD treatment and worked to develop the pathways necessary to address shortcomings identified in the system.

**Youth SUD Specialist 2021 Activities**

Information Development and Dissemination	<ul style="list-style-type: none"> <li>• Created materials to document the assessment of the continuum of care and a central research repository to support ongoing efforts related to youth SUD</li> <li>• Facilitated state workgroup meetings and stakeholder engagement activities</li> </ul>
Funding	<ul style="list-style-type: none"> <li>• Completed two federal grant proposals and two funding proposals</li> </ul>
Program Improvement and Development	<ul style="list-style-type: none"> <li>• Assisted MaineCare with policy updates regarding youth SUD in Section 65 (Children's Assertive Community Treatment or ACT)</li> <li>• Supported the startup and ongoing operation of Maine's only youth SUD intensive outpatient treatment program</li> </ul>

The specialist’s activities related to funding were successful, with OCFS securing funding for two proposals designed to meet urgent needs. The first project is focused on medically supervised withdrawal. Within that project

CBHS is working with the medical community, adult providers, and hospitals to develop a training to increase the comfort level of providers in treating youth in need of medically supervised withdrawal. The second initiative is focused on co-occurring mental health and substance use disorder. Under this initiative CBHS staff are working with the purveyors of developmentally appropriate SUD evidence-based practice, known as the Adolescent Community Reinforcement Approach, to develop a training for clinicians in primary mental health settings to better support clients with co-occurring SUD needs.

Within the work undertaken in 2021 to update the Section 97 (PNMI) rules, the SUD Specialist worked in conjunction with MaineCare to ensure that both non-hospital detox programs and adolescent residential rehabilitation received rate increases (77% and 35% respectively). In conjunction with this work, Intensive Out-Patient (IOP) policy specific to youth was also adjusted to support adolescent needs. Specifically, removing the requirement of a four-person minimum, which providers found challenging when working with youth populations. Instead IOP providers are now required to have clinically appropriate minimums while still maintaining a viable group.

Work through 2021 has ensured that there are more developmentally appropriate treatment options for youth, including one new IOP program, two new outpatient programs, and one new residential program. There also remains room to grow to ensure appropriate service access and quality for youth statewide. OCFS is committed to supporting existing providers and encouraging new providers to meet the needs of Maine's youth.

## **Workforce Development**

The workforce continues to be one of the greatest challenges to the CBHS system of care in Maine. The struggles to hire and retain staff are not unique to behavioral health services, but they are often exacerbated by the difficult nature of the work. In response, OCFS and the Department of Health and Human Services have focused significant time and energy to developing the frontline behavioral health workforce in Maine, working in conjunction with a diverse group of stakeholders and providers.

In 2020, OCFS began efforts to expand access to Behavioral Health Professional (BHP) training, develop a marketing campaign to increase the visibility of the BHP role, and disseminate information on training opportunities. This work has resulted in partnerships with 57 vocational-technical schools, adult education programs, and universities throughout the State that now offer BHP training to students. Additionally, OCFS has offered the BHP training course at no cost to qualified members of the public who may be interested in working as a BHP. The training was adapted to enable remote participation, making the required training more accessible for all Mainers. Since these efforts launched in July 2020, a total of 336 learners have enrolled in no-cost BHP training, with 87 individuals earning full BHP certification thus far. In December of 2020 a marketing website was launched ([becomeabhp.com](http://becomeabhp.com)) to increase the visibility of opportunities for entry-level behavioral health work with children and families in Maine through the BHP role. Since the website and an accompanying social media campaign launched, there have been over 7,000 visits to the website with 53 individuals registering for BHP training through the marketing website.

The American Rescue Plan (ARP), signed into law in March 2021, provided over \$200 million in Federal Medicaid matching funds to the State to invest in MaineCare's home and community-based service (HCBS) workforce and system improvements. This includes an estimated \$75 million in one-time Federal Medical Assistance Percentage (FMAP) funds, which are expected to leverage \$131 million of additional federal match. Once this additional funding was announced, the Department convened listening groups with providers to understand how best to leverage funds to support HCBS. Stakeholders' primary concern was the immediate need to address the HCBS workforce challenges, noting that the shortage of direct support workers is the most significant barrier to people receiving the services they need to live independently and thrive.

To address these recommendations and further improve the HCBS system, the Department developed the HCBS Workforce Retention and Recruitment Initiative which provides those who work in HCBS programs funded by MaineCare with paid bonuses, including retention bonuses for existing staff and recruitment bonuses as a hiring

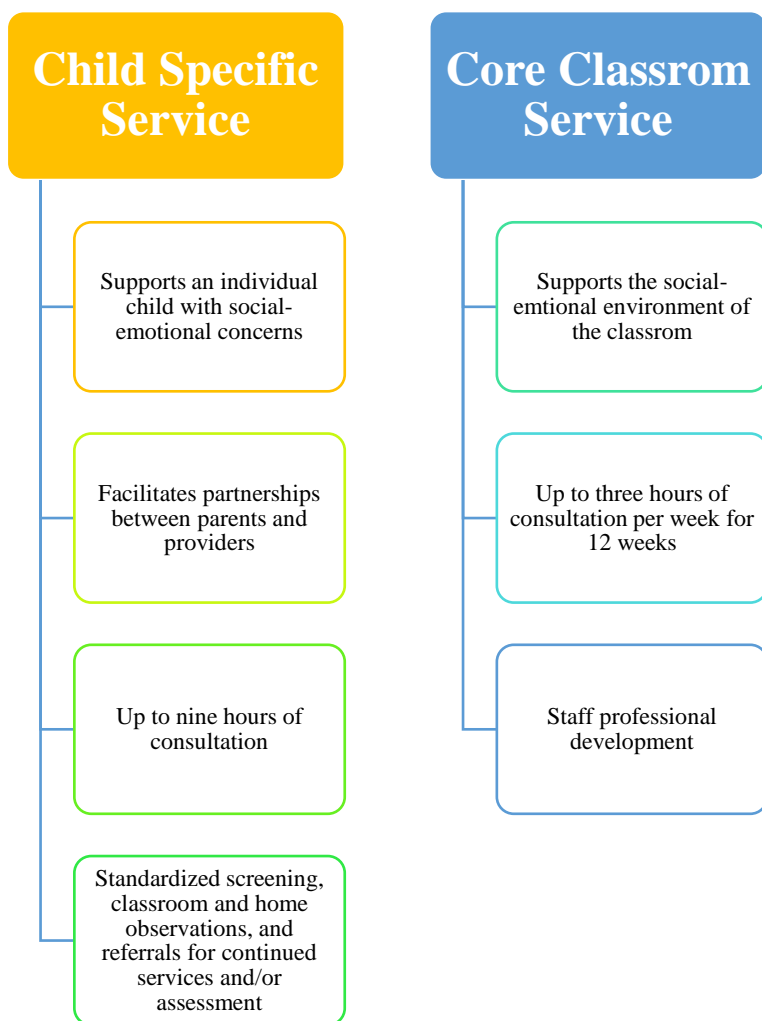
incentive. Bonuses are available to direct support workers and their supervisors working in HCBS including, Targeted Case Management, Rehabilitative and Community Support, Behavioral Health Services, Behavioral Health Home Services, and PNMIIs.

Throughout 2021, OCFS worked closely with stakeholders to discuss and strategize around workforce challenges, recruitment efforts, and quality improvement initiatives. A stakeholder workgroup has met regularly and identified specific challenges and potential solutions to the workforce challenges facing the community behavioral health and supportive services fields. The group has identified strategies such as simplifying credentials, streamlining the professional licensing process, and developing initiatives for recruitment and retention.

## Early Childhood Consultation Partnership (ECCP®)

ECCP® is an infant and early childhood mental health consultation program that seeks to address the social and emotional needs of children from birth to age eight by providing support, education, and consultation for the adults who care for them. Based on an evidence-based model for early childhood consultation developed in Connecticut, ECCP® was selected by OCFS for implementation after careful consideration of the models available nationwide.

There are two main components of the service, child-specific services, and core classroom services. These services, once fully implemented, will be provided to licensed child care providers, caregivers of children involved in child welfare services, public schools, and afterschool programs. The number of pilot sites was expanded in May 2021 from five (Androscoggin, Aroostook, Cumberland, Kennebec, and Penobscot counties) to eight (with the addition of Hancock, Washington, and York counties)



During 2021, CBHS identified community providers for the service through the competitive procurement (RFP) process and contracted with Community Care, Community Health & Counseling Services, and Sunrise Opportunities to provide staff for the program, known as ECCP® consultants. Eight ECCP® consultants were hired and trained in 2021. Services were launched in licensed child care centers within the first five pilot counties beginning in January of 2021 and expanded to the three expansion pilot counties in May 2021. Additionally, in October 2021, the service was expanded to licensed family child care providers and public Pre-K classrooms in the eight pilot counties.

OCFS has worked to coordinate the rollout of the service in public schools and afterschool programs with the Department of Education (DOE). ECCP® will be offered in the pilot counties within public school programs to children in grades K-2 in early 2022. Implementation in licensed afterschool programs within the pilot sites will begin in the spring of 2022.

Cross-systems stakeholders have been key in supporting the implementation of ECCP® and OCFS has worked to partner with Child Development Services (CDS), Maine Roads to Quality (MRTQ), the Center for Community Inclusion & Disability Studies (CCIDS), and others to integrate ECCP® into the continuum of supports for early care and intervention. Those efforts continue through regular convening of a statewide cross-agency workgroup that meets to monitor and plan for the implementation and eventual expansion of ECCP® statewide.

From 1/1/21 – 12/14/21 the early implementation of the ECCP® program served 508 children with core classroom services and 32 children with child-specific services. Over 230 child care provider staff attended trainings in this time period. None of the children who received child-specific services was suspended or expelled from their child care programs. As OCFS continues to work towards full implementation of ECCP® we expect to see an increase in the number of children, families, and providers served and we will provide updates on data in the future.

OCFS has hired a program manager to support overall implementation and system fidelity, as well as contracting with the service developers and national experts to provide necessary training, technical assistance, and data support. OCFS is in the process of identifying a provider to conduct a process evaluation of the implementation of the ECCP® pilot, including relevant assessment of outcome data. There have been significant challenges to ECCP® implementation due to the COVID-19 pandemic, including child care staff illness, quarantining of children and staff in child care settings, and staffing shortages contributing to service delays and an increased need for ECCP® consultants to focus attention on staff stress management and communication. Despite these challenges, consultants have been able to provide all services in-person with only temporary virtual adaptations as needed.

## **Single Point of Access (SPOA)**

SPOA is a process designed to identify, screen, and assign care coordination services to eligible high need/high risk children and youth with a serious emotional disturbance (SED) and/or behavioral disorder and their families. A single point of access in the behavioral health field can also be called “one front door.” Work on the strategy to explore a statewide or regional single point of access in Maine began in March of 2021 with a national literature review to help guide SPOA development. The team working on this initiative has looked specifically at other rural states as well as other New England states. The literature review will help guide the viability of SPOA in Maine. Areas of focus in this research include how the state funds services (managed care or fee for service), whether a SPOA is used for all children’s services, whether there are eligibility requirements, what assessment tools are used, and whether the SPOA is managed through the state or a subsidiary. In addition, a survey is being designed and stakeholder engagement is being planned in order to assist in the continued development of Maine’s vision for a SPOA. OCFS is looking forward to further work on this strategy in the coming year.

## **Transition Aged Youth**

In late 2020, CBHS staff began work on this strategy with an internal Department stakeholder group to identify areas of focus. A children’s case management training needs survey was created and shared with providers in the spring of 2021. The survey received 239 responses, which indicated strong interest in training and information about resources for transition age youth and specific information about how to access those services. Since receiving the survey results, OCFS has collaborated with the Office of Aging and Disability Services (OADS) on trainings and resources as well as working with the Office of Behavioral Health (OBH), Department of Education (DOE), MaineCare, and Department of Labor (DOL) to gather information on resources currently available. This information will be used to create a resource guide with the goal of making it publicly accessible. CBHS staff are currently finalizing this guide and developing a plan to ensure it is widely distributed and fully accessible. Staff are also creating a plan to regularly update the guide to keep information current.

OCFS has also undertaken focused work with OADS to create a shared policy and procedures between the two offices for working with youth who are ages 18 to 21. This work will continue in 2022, focused on the transition

from children's services to adult services and will include an implementation plan for a new and improved transition process.

Additionally, OCFS is engaged in the stakeholder group pursuant to LD 924 Resolve, To Establish a Task Force To Study the Coordination of Services and Expansion of Educational Programs for Young Adults with Intellectual or Developmental Disabilities To Identify Barriers to Full Societal Integration.

## **COVID-19**

The COVID-19 pandemic and related circumstances have continued to present unprecedented challenges to all areas of the CBHS system of care. The impact of these challenges has been noted across the various services that make up the system. For example, in residential services in the last year, providers have reported over 200 open treatment beds that cannot be accessed due to staffing challenges. Employers throughout Maine continue to struggle to hire and retain staff, and every provider of children's behavioral health services has experienced some level of difficulty with hiring and retaining staff over the last year.

Throughout the pandemic OCFS has provided ongoing guidance and support to residential providers through the CBHS team and OCFS' Children's Licensing team. This has included regular engagement with stakeholders to understand the unique challenges experienced by behavioral health providers. OCFS' efforts to grow the workforce in children's behavioral health have also benefited from ongoing statewide efforts to support all businesses with workforce development.

Additionally, OCFS is engaged in the stakeholder group pursuant to LD 924 Resolve, To Establish a Task Force To Study the Coordination of Services and Expansion of Educational Programs for Young Adults with Intellectual or Developmental Disabilities To Identify Barriers to Full Societal Integration.

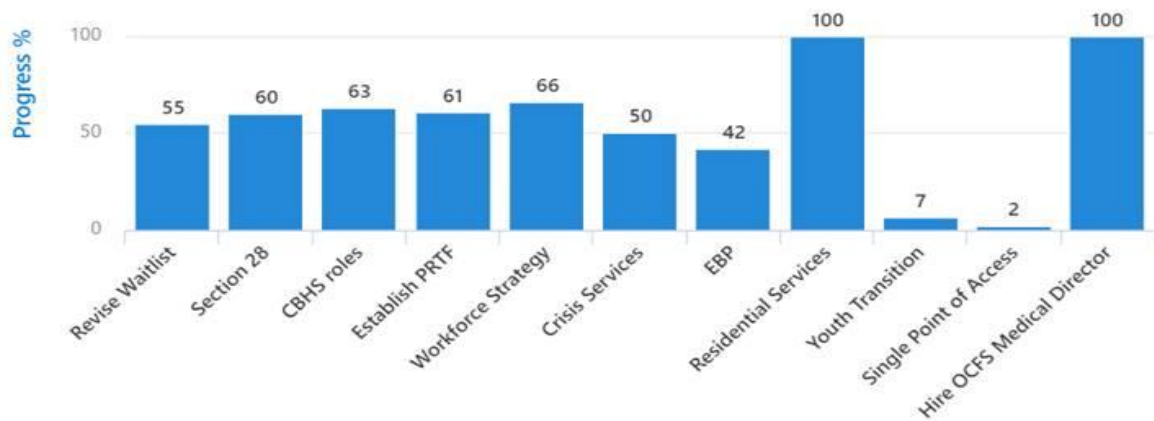
Recognizing the increased costs associated with providing care for youth during the pandemic, OCFS twice adopted short-term emergency rule modifications to increase the room and board rate paid to residential providers. The current standard rate is \$54.45 per child per day, but from March 1, 2020 to May 31, 2020 providers were paid \$109 per day per child and from January 1, 2021 to March 31, 2021 providers were paid \$81 per day per child. OCFS is committed to continuing to partner with providers to ensure they have the resource and support necessary to meet the needs of youth and their caregivers by confronting and overcoming the challenges presented by the pandemic.

## **System Improvement Progress**

Despite the pandemic, OCFS has been able to make significant progress in its CBHS system improvement strategies during 2021. At this time last year OCFS had completed roughly 50% of the activities required to implement the residential services strategy, and today that strategy is complete. Similarly, the CBHS team has nearly doubled the progress related to evidence-based practices (from 22% to 42%). Other strategies where work had not yet been initiated last year now show some progress (youth transition and single point of access).

While there is still much progress to be made, OCFS is cognizant that real and sustainable system improvement that is created using the input of providers and stakeholders with lived experience cannot be achieved quickly. OCFS' strategic vision for CBHS includes both short-term (2019-2022) and long-term (2019-2025) strategies. OCFS will continue to work in 2022 and beyond to implement all of the strategies identified in 2019.

## Strategy % Progress



### Strategies

*For each strategy, specific tasks to achieve the objective have been identified.  
The percentage reflects how much work was completed against all tasks.*

## Conclusion

Throughout the year, OCFS navigated significant challenges and saw much progress in the efforts to improve the CBHS system of care. The COVID-19 pandemic continues to impact much of the work in predictable and unexpected ways, as well as presenting new obstacles to system improvement efforts. While the impact of the pandemic cannot be understated, particularly on the mental health of all Mainers and especially youth, OCFS is proud of the perseverance and dedication of all those who continue to advance and make progress on the strategies developed in 2019, including OCFS staff, provider partners, and other stakeholders.

OCFS extends sincere appreciation to all those that have devoted time and energy to advancing this work in 2021. The work that has been accomplished in 2021 would not be possible without these efforts and Maine has benefited significantly from the collective input of those involved. OCFS looks forward to the opportunity to continue to partner with stakeholders in 2022 on continued implementation of these strategies.