

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from electronic originals  
(may include minor formatting differences from printed original)



# Children's Behavioral Health Services Annual Report

Calendar Year 2022

Submitted January 11, 2023

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

## Introduction

---

Since 2019, the Office of Child and Family Services (OCFS) has been working to implement 13 strategic priorities based on recommendations of a comprehensive assessment of Maine’s Children’s Behavioral Health Services (CBHS) system of care. Throughout 2022 those strategies continued to drive the work of the CBHS team. Looking ahead, the impact of the COVID-19 pandemic, economic factors, and workforce challenges require an evolution of those strategies to meet the needs of children and families. In 2022, OCFS took into account the concerns and suggestions of experts, advocates, the Department of Justice, families and youth as well as providers. This input has helped OCFS tailor and intensify strategies, initiatives, and investments to ensure it is maximizing the potential to improve the CBHS system of care. Considering the current state of the children’s behavioral health delivery system, CBHS has refocused our work for the next four years into three main goals which seek to improve the accessibility, availability, and quality and consistency of CBHS services:

- Establish a single point of access for children’s behavioral health services for youth
- Eliminate wait times for youth seeking behavioral health services
- Improve the quality and consistency of children’s behavioral health services



These goals encompass the previously identified strategies and provide a foundation for our work to come. The CBHS vision is that 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. In order to achieve this vision, CBHS will focus efforts to assure youth are assessed that the right level of care at the right time, to assure services are available to meet the diverse needs of children and families, and to assure services received by children and families are high quality and producing good outcomes.

OCFS continues to work closely with the Maine Children’s Cabinet to align the strategic priorities of CBHS and the goals of the Children’s Cabinet. Integrating this work ensures that the state is approaching identified challenges with coordinated efforts that target improvements to the areas where they are needed most. This is particularly impactful

as it relates to youth as they look ahead to the transition to adulthood, including adult services, employment, etc. The coordinated approach provided by the Children’s Cabinet has allowed DHHS to integrate its work with that of other departments, including the Department of Labor, Department of Education, Department of Corrections, and the Department of Public Safety.

## Emergency Department Reporting

---

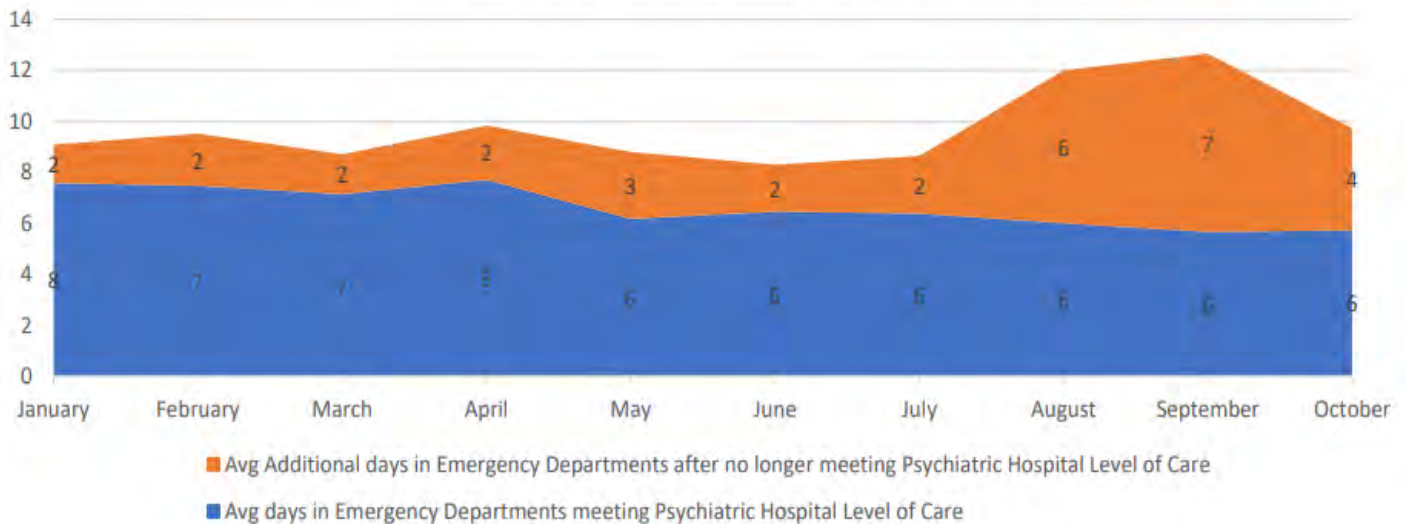
Public Law 2021, Ch. 191, introduced as An Act To Address Maine’s Shortage of Behavioral Health Services for Minors, was signed into law in June 2021. The law required that the Department work with hospitals to develop a consistent and reliable system of data definitions and data collection with the goal of identifying the number of children with behavioral health needs who remain in hospital emergency rooms after no longer

meeting psychiatric hospital level of care. OCFS worked with representatives of Maine’s hospitals to develop definitions and rules for reporting throughout the fall of 2021 and began collecting data on youth seeking crisis services through Maine’s emergency departments on January 1, 2022. Providers from thirty-four (34) hospitals were asked to submit monthly reports to OCFS. Data submitted included youth who had been in their emergency department with a mental health diagnosis, who met inpatient psychiatric level of care, along with those who remained in the emergency departments longer than forty-eight (48) hours after no longer meeting psychiatric hospital level of care.

OCFS has continued to encourage feedback from providers and updated the reporting tool in August of 2022 to make improvements that reflected this feedback. These revisions simplified the provider’s reporting requirements, thus providing an increase in reporting providers, along with a more accurate depiction of youth in each emergency department, the length of stay, and discharge location.

To date, emergency departments have reported eight hundred sixty-one (861) youth seeking crisis services between January 1 and October 31, 2022. The average length of stay for youth meeting the psychiatric inpatient criterion was seven (7) days, while those who were determined to meet an alternate level of care remained in the emergency department for an average of three (3) additional days. The rationale reported for those who waited in the emergency department was availability of psychiatric inpatient beds, Children’s Crisis Service (CCSU) beds, and Certified Residential Treatment Facility (CRCF) beds.

Average # Days in Emergency Departments



## Expanding Services Accessibility

Service availability and accessibility is undoubtedly one of the most significant factors impacting the CBHS system of care currently. The current economic landscape, including record low unemployment has had a substantial impact on the ability of providers to hire and retain qualified staff to provide services and providers have faced challenges associated with the COVID-19 pandemic. High inflation has also had an impact as it has increased the costs of providing services.

OCFS has sought to partner with providers to address these challenges, including targeted funding intended to strengthen the service array. In 2022, Maine allocated \$230 million for SFY 2022 and 2023 to support and provide long-term stability for the behavioral health system. This funding included both one-time relief payments and permanent rate increases.

In the last year OCFS has partnered with MaineCare to conduct comprehensive rate studies which were completed in December 2022. These rate studies will impact numerous children’s services and ensure that rates

allow for the long-term stability of the CBHS system of care. The rate study process develops detailed, transparent rate models that show specific assumptions used to establish rates and relies on data from multiple sources rather than one single source. An additional goal of this study is to establish rate models that support funding an “essential support worker” at 125 percent of the state’s minimum wage, as required by P.L. 2021, Ch. 398, Part AAAA. These rates studies and any corresponding adjustment of rates are part of MaineCare’s ongoing efforts to establish a system of periodic rate reviews for each MaineCare service to ensure the rates do not stagnate and providers continue to receive the funding necessary to hire and retain qualified staff and otherwise support operations. Provider and stakeholder input has been and will continue to be an integral part of all rate reviews.

OCFS has also undertaken targeted efforts specific to certain services. For example, OCFS has targeted Rehabilitative and Community Services (RCS, under Section 28). OCFS began by offering multiple stakeholder engagement opportunities in order to identify areas of need pertaining to RCS. It was noted that the service was originally intended to support children with cognitive impairments and functional limitations, yet the eligibility criteria included any behavioral health diagnosis. Given this misalignment, OCFS is currently working with MaineCare to redesign the RCS MaineCare policy to ensure the service is provided to the intended population. Stakeholder engagement also allowed OCFS to identify specific needs of parents of children with intellectual disabilities and autism, particularly needs related to protective oversight and supervision, therapeutic child care, de-escalation training, and parenting skills. In response, OCFS worked with MaineCare to consider the best approach to support families in these areas. Revisions to improve Section 28 policy, as well as establishing a new Section 106 (School Health Related Services) are currently in process and planned for promulgation in 2023.

Other efforts to expand services accessibility and accountability over the past year include:

- Addressing the needs of parents through the implementation of RUBI (Research Units in Behavioral Intervention) training for direct care professionals serving children and youth across the state;
- Developing infrastructure through a dedicated position and contracting with the National Wraparound Implementation Center (NWIC) focused on bringing High Fidelity Wraparound back to Maine;
- Developing a School-based Telehealth Pilot based on a successful program developed by Heywood Health in Massachusetts focusing on delivering outpatient treatment services to children in school via telehealth in order to increase access to care in Ellsworth, Guilford, China, Oakland and Pittsfield;
- Incorporating the BHP credential into the Direct Care Worker/CAN Registry which allows for annotation of BHPs whose actions have disqualified them from working with vulnerable Mainers in response to concerns raised by parents; and
- Partnering with the Division of Licensing and Certification to draft a model for a behavioral health license to provide additional health and safety oversight of Section 28 RCS providers. That model is currently in the revision process with the goal of implementing in 2023.

## Evidence-Based Services

---

Both OCFS and the Children’s Cabinet have recognized the importance of ensuring that services available to children and families in Maine are based in evidence that supports their effectiveness. OCFS can maximize the impact of services by ensuring that, to the greatest extent possible, services offered in Maine have a demonstrated record of success in addressing the emotional, mental health, and behavioral health needs of Maine’s children and families. Models that are evidence based have been established as such when provided with fidelity to the model, which is why OCFS has focused significant resources on providing training and certification opportunities for clinicians to become nationally certified in various treatment models. The system as a whole benefits from effective services as OCFS seeks to ensure that children’s mental health and behavioral health needs can be met via community-based services that avoid the need for a higher level of care.

In 2021 and 2022, OCFS provided no-cost training with materials for eligible clinicians to become certified in several evidence-based treatment models, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Triple P- Positive Parenting Program (including all four versions of Triple P), Research Units in Behavioral Intervention (RUBI), MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety and Depression, Trauma, or Conduct Problems), and A-CRA (Adolescent Community Reinforcement Approach). OCFS also provided clinicians with payment for the time spent in training in order to maximize participation and minimize the overall impact of engaging in the training. At the end of 2022, hundreds of clinicians

availed themselves of these training opportunities and new cohorts are planned for 2023.

**Evidence-Based Models Added to the MaineCare Benefits Manual**

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Multisystemic Therapy (MST)
- Multisystemic Therapy for Problem Sexual Behavior (MST-PSB)
- Functional Family Therapy (FFT)
- Positive Parenting Program (Triple P)
- Incredible Years Parenting Program (IY)
- Parent Child Interaction Therapy (PCIT)

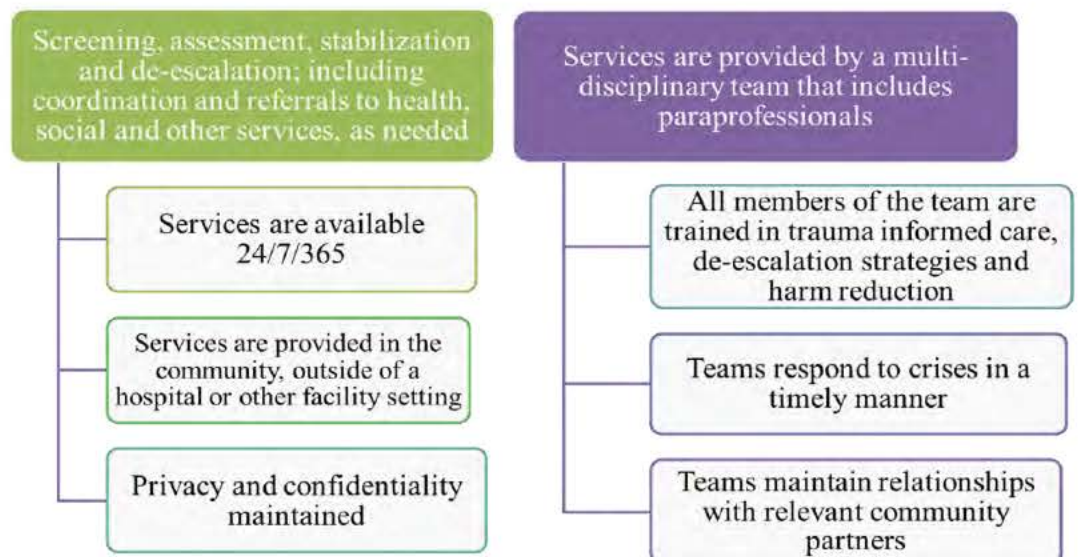
In addition to efforts to support providers in becoming accredited/nationally certified, OCFS has partnered with MaineCare to increase the availability of evidence-based services in order to improve outcomes for children and families. Through this work several evidence-based treatment modalities have been added to the MaineCare Benefits Manual. In some cases, MaineCare is also providing an enhanced MaineCare rate for services delivered by a clinician who is certified in the evidence-based models.

OCFS has also secured Home & Community Based Services (HCBS) Federal Medical Assistance Percentage (FMAP) funding under Section 9817 of the American Rescue Plan Act to continue to enhance the children’s behavioral health system of care through continued implementation of evidence-based practices statewide. OCFS is currently in the process of recruiting a contracted Evidence- Based Practices (EBP) Specialist to move forward with statewide FMAP-supported project development and implementation.

**Crisis System**

Maine was one of 20 awardees of American Rescue Plan Act (ARPA) funding from The Center for Medicaid Services (CMS) Mobile Crisis Planning Grant which ran from September 30, 2021 through September 29, 2022. The grant provided support to organize efforts to develop a comprehensive community-based mobile crisis intervention service for Mainers experiencing a mental health or substance use disorder crisis. The policy recommendations that resulted from this work will bring Maine’s crisis system in line with federal best practices and allow Maine to receive a higher Medicaid match for its crisis services. In addition, there is currently a rate study on crisis services underway that began in November of 2022. The rate study will

**CMS Qualifying Mobile Crisis Service Requirements**



update outdated crisis residential rates and will develop new rates considering the recommended changes from the grant work.

Specific to children’s crisis, since 2020, OCFS has been operating a pilot program of Crisis After Care services for youth and their family to assist in the transition home from the emergency department, psychiatric hospitalization, crisis stabilization, and residential treatment. The goal of the pilot is to decrease the number and length of youth’s stays in these out-of-home settings. This pilot was initially launched in Aroostook County in 2020 but was expanded to a statewide pilot beginning on July 1, 2021. The pilot 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.

This service has been integral in keeping youth stabilized in their homes, receiving community-based services and removing the need for in-patient and residential care. The pilot was extended through the end of State Fiscal Year 2023 to align with implementation of strategies identified in the CMS Crisis Planning Grant, including the rate study currently in process. The rate will include the model of aftercare services implemented under the pilot. Statewide data indicates that 246 families were served for an average of 25 days; 79% did not go to the ER for crisis once the provider’s After Care team became involved; and 73% of youth served by the pilot were able to be safely maintained at home, rather than in the Emergency Department setting, until they were placed in either crisis stabilization units, inpatient psychiatric hospitals, or residential care. This data indicates that with the support of this service, families were able to leave the Emergency Department’s with a treatment plan in place confidently. In addition to the support in the home to maintain youth in their community, CBHS also noted that as a direct result of the service, assessments have shown a significant reduction in the average service intensity needs of youth.

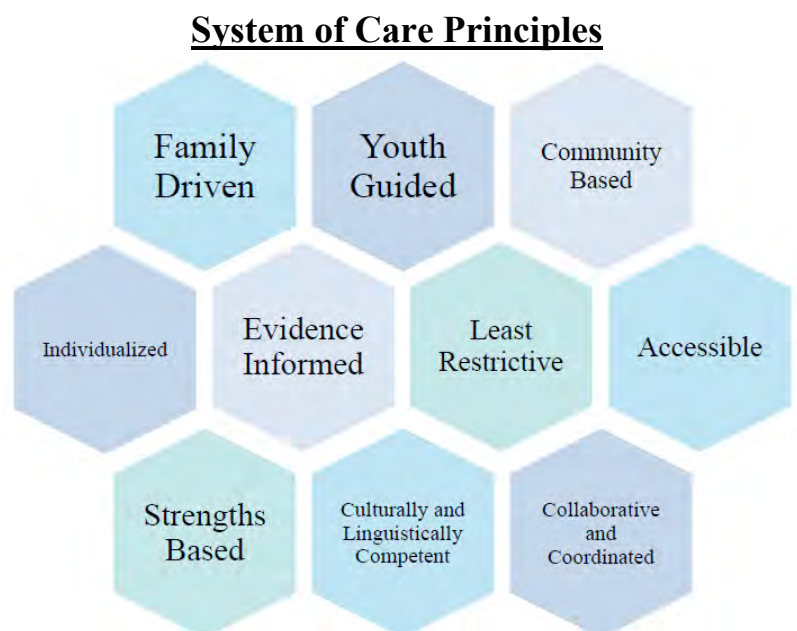
## System of Care (SOC)

---

In 2020, OCFS received a four-year, \$8.5 million federal grant to improve behavioral health services available to youth with serious emotional disturbance (SED) in their homes and communities.

Over the past year, the System of Care team has supported CBHS initiatives through further incorporating youth voice into policy and programming decisions via the SOC Steering Committees; providing family peer support and youth peer support to youth who have yet to access Home and Community Based Treatment services; implementing evidence-based practices such as Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC); educating youth and their families on the services available in Maine through info sheets; creating training videos for providers on SOC Principles; conducting quality assurance reviews of participating providers; and providing no cost training and technical assistance of a nationally recognized Trauma Informed Agency Assessment tool.

The SOC grant has provided support to rebuild the children’s behavioral health quality assurance team, responsible for the quality oversight and continual quality improvement of the system and services offered within it. OCFS previously had a CBHS quality assurance team



that was eliminated under the previous administration. Additionally, through the grant, CBHS has hired a data analyst focused on using real-time data as opposed to retroactive data in making programmatic and financial decisions. SAMHSA recognized Maine for this accomplishment, citing the lack of real-time data as a challenge nationwide in determining client behavioral health needs. Data is also being used to pilot new ways of matching children with the most appropriate service(s). Initial results indicate some success in ending or minimizing the need to wait for services with the use of this data.

OCFS's goal in the second year of the grant was to serve 100 children and families with HCT while improving coordination across various children's services. OCFS is proud to have exceeded that goal by enrolling 166 youth in year two and continuing with the consistent and concerted efforts to make sure that family members and youth with valuable lived experience regarding the children's behavioral health system are informing policy decisions.

## **Youth Substance Use Disorder (SUD) Treatment**

---

CBHS collaborates in a myriad of projects related to youth substance use disorders. This work is in conjunction with other entities, including Maine CDC, the Office of Behavioral Health, MaineCare, the Maine Chapter of the American Academy of Pediatrics (Maine AAP), and others. OCFS works with the Maine AAP to maintain a list of treatment providers and supportive services, as well as seeking to expand knowledge among primary care physicians regarding the screening, assessment, and treatment of youth substance use disorder. Looking forward, CBHS will continue to focus on expanding access to developmentally appropriate treatment for youth.

This year, OCFS has supported expanding the focus and resources on youth SUD needs through the following ways:

- Developing Adolescent Community Reinforcement Approach (A-CRA) training, an evidence-based developmentally appropriate treatment for youth with substance use disorder and co-occurring substance use and mental health disorders, for Children's Residential Care Facility clinicians and supervisors;
- Offering trainings through webinars and Project ECHO, which includes bolstering the skills to appropriately identify and treat SUD within adolescent populations, including specialty populations of adolescent girls and LGBTQ+ populations; building competencies in delivering trauma-informed Medications for Opioid Use Disorder (MOUD) care to adolescents; and expanding the understanding of harm reduction practices in the adolescent population;
- Offering ongoing education to primary care providers across the State through Treatment Recovery Education Advocacy for Teens with Substance Use Disorder in Maine (TreatME) to increase the network of access to treatment for youth seeking help for their substance use. TreatME launched;
- Partnering with MaineCDC on the Screening, Brief Intervention, and Referral for Treatment (SBIRT) project; and
- Leading several internal and external workgroups to build relationships to further strengthen the effort to support youth with SUD in access to treatment and expanding the availability of evidence-based treatment modalities.

In addition to the above activities, OCFS hired a second Youth SUD specialist to manage SUD related contracts and to continue involvement in integrating evidence-based treatments and best practices into MaineCare policy, including focusing on improvements to the crisis system (given the intersection between crisis services for youth and youth SUD).

## **Family First Prevention Services Act Implementation**

---

In 2021, OCFS received approval for and began initiating its plan to implement the Federal Family First Prevention Services Act in Maine. Family First has two primary components, the first of which relates to



improvements to the quality of care provided by residential treatment providers. OCFS has worked together with MaineCare to ensure that all of the quality standards are incorporated into MaineCare policy for Children's Residential Care Facilities (CRCFs) and a rate review was completed in 2021 that incorporated these new standards, resulting in rate increases of 45-75% (depending on the service category).

In 2022, OCFS continued to work with CRCF providers and external stakeholders on the ongoing implementation of Family First and the Qualified Residential Treatment Program (QRTP) standards. OCFS has facilitated webinars for CRCF providers and OCFS staff to provide information about the new MaineCare policy and relevant processes. OCFS also developed and continually updated a CRCF Provider Guide to support CRCFs and community providers in implementation by outlining the new MaineCare and Licensing rules.

One of the key components of the QRTP standards is the provision of aftercare support services and in May of 2022, OCFS and MaineCare collaborated to offer an Aftercare Support Services Webinar for providers, referents, and staff. OCFS has also developed two frequently asked question (FAQ) documents for providers, one on the services themselves and one on the process for billing, as well as an Informational Sheet to help educate stakeholders. OCFS has partnered with the Department of Corrections to offer training on Family First and the new QRTP requirements, particularly for community-based corrections staff who serve youth.

OCFS continues to meet monthly with all CRCF providers to work together on implementation of the updated MaineCare policy incorporating the QRTP standards and address any challenges that may arise. This learning community of providers and OCFS staff has provided valuable insight into the training and support needs of providers and stakeholders and informed some of the work done on FAQs, webinars, information sheets, etc. OCFS currently has three staff designated as Residential Specialists who provide technical assistance and support to CRCF providers on an ongoing basis. OCFS continues to provide financial support for CRCF providers to become accredited with renewal fees for agencies who were already accredited prior to Family First implementation. OCFS has also provided support to CRCFs as they have implemented the Trauma Informed Agency Assessment and the fingerprint-based background checks required under Family First. OCFS also meets regularly with Kepro and MaineCare to ensure any barriers are identified and addressed in a timely manner.

The second piece of Family First implementation involves the implementation of evidence-based services to children at imminent risk of entry into state custody. Expansion of these evidence-based services is targeted to a very small part of the overall population, but the children's behavioral health system of care will also benefit from the expansion of services including Homebuilders and Parents as Teachers.

## Youth Transition

---

OCFS continues to partner with the Office of Aging and Disability Services (OADS) to streamline the transition process for youth with intellectual disabilities and/or developmental disabilities going from children's services to adult services. A presentation on the transition process was developed earlier this year and beginning in April the two offices engaged in stakeholder meetings to share proposals for system improvement in this area. American Rescue Plan Act (ARPA) funding was identified that allowed for the establishment of several positions, four Transition Liaisons, a Program Manager, and a MaineCare Waiver Support Specialist, all focused on the new process and work within MaineCare on the development of a Lifespan waiver which youth will be able to access beginning at age 14. Hiring for these positions is currently ongoing.

Concurrently work has been underway on a new Standard Operating Procedure between OCFS, OADS, and MaineCare which is being finalized with implementation planned for early 2023, once all new staff are hired and trained. The SOP implementation will also include trainings, guidance, and assistance to individuals, families, schools, and providers. Stakeholders have been continually updated regarding this process and the timeline, with the most recent stakeholder meeting held in October of this year.

OCFS has also worked in conjunction with other Departments within state government, providers, individuals, and families to establish the legislatively directed “Task Force to Study the Coordination of Services and Expansion of Educational Programs for Youth Adults with ID/DD to Identify Barriers to Full Societal Integration”. This Task Force completed a report that was sent to the Legislature in 2022 .

## Youth Homelessness Continuum of Care (YHCoC)

---

Historically, OCFS has provided funding via contract for youth homeless shelter services in Maine. Over the last few years OCFS has worked to transition from a shelter only model to a Youth Homelessness Continuum of Care (YHCoC) in Maine. YHCoC supports youth experiencing homelessness through a coordination of quality services, qualified staff, and relevant resources that support and guide youth experiencing homelessness and youth at risk of homelessness. The YHCoC provides this support through five (5) different components: Street and Community Outreach Programs, Drop-In Program, Shelters for Homeless Youth, Transitional Living Programs and Supportive Housing Vouchers.

In coordination with the work to update the model for youth homeless services, OCFS has worked to re-RFP for these services and awarded contracts to three bidders. Unfortunately, the bids offered by these providers exceeded available funds. In partnership with the Legislature and the Governor’s Office, an additional \$2 million in funding annually was appropriated, which fully funded the Homeless Youth Continuum of Care for youth experiencing or at risk of experiencing homelessness across Maine. New contracts started July 1, 2022 with the three service providers: Preble Street, New Beginnings, and Shaw House.

## Services and Supports for Young Children

---

In 2022 OCFS, in recognition of the important work in both Children’s Behavioral Health and Early Childhood Care and Education, received funding from the Legislature to divide the role of Associate Director of Children’s Development and Behavioral Health Services into two separate Associate Director roles, one focused on Early Care and Education and one focused on Children’s Behavioral Health Services. OCFS has selected Dean Bugaj for the Associate Director of Children’s Behavioral Health Services, who started in November 2022. Elissa Wynne, who previously served as Associate Director of Children’s Development and Behavioral Health was selected as the new Associate Director of Early Care and Education.

To further distinguish between these two important but distinct areas, OCFS has also produced an annual report specific to Early Care and Education which was published in late 2022. In previous CBHS annual reports some early care and education initiatives were included as they are considered early intervention strategies that seek to prevent children and families from needing higher levels of care wherever possible. These include the Early Childhood Consultation Partnership (ECCP), Help Me Grow (HMG), and First4ME. These initiatives are covered in-depth in the [2022 Early Care and Education Annual Report](#).

## 2023 and Beyond

---

2022 saw significant work to improve the CBHS system of care, including pilot or full implementation of several initiatives planned over the previous years. At the same time the system continued to encounter new and ever-evolving challenges. These ever-evolving challenges have only served to reinforce the importance of the groundwork OCFS has laid over the last few years to build stakeholder involvement and engagement efforts into the work of CBHS. Stakeholders have served to keep OCFS’ CBHS staff apprised of new and emerging trends, allowing OCFS to swiftly address these challenges and adapt longer-range plans to meet the evolving needs of Mainers.

The recent addition of a dedicated Associate Director of Children’s Behavioral Health Services will continue to reinforce the importance of this work at the forefront of OCFS’ efforts to serve Maine’s children and families.

On January 11, 2023, Governor Mills released her proposed budget for FY 2024 and 2025. Included in the budget are several funding initiatives designed to continue the Department's efforts to rebuild the children's behavioral health system and also address concerns and recommendations raised by stakeholders, including providers, advocates, the Department of Justice, families, and youth. The overarching goals of these initiatives are to improve the accessibility, availability, and quality of children's behavioral health services statewide.

## CBHS Funding Initiatives – Governor's Budget FY 2024-2025

### Single Point of Access

- Exploration of a Single Point of Access was a part of the 2019 strategies.
- Funding would allow for the implementation of the Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII) suite for all behavioral health services which will aid in the identification, screening, and connecting of children with the appropriate level of service intensity to meet their needs.

### Improve Support for Providers and Families

- Funding would make permanent the temporary positions established under the System of Care Grant, allowing for the continuation of this important work beyond the end of the Grant including youth and family engagement and support, quality assurance work with providers, and data collection and analysis.
- Makes a permanent a current limited period Resource Coordinator position focused on developing resources in their communities.
- Continuing Limited Period funding for a Youth SUD Specialist focused on expanding resources and training for youth with SUD needs.

### Target Service Expansion to Identified Needs

- Funding would establish Multi-dimensional Family Therapy (MDFT) for youth to address mental health and substance use concerns.
- Funding would establish a new Home and Community Based Services (HCBS) waiver program to provide community-based comprehensive services and habilitative supports to adolescents with intellectual disability or autism spectrum disorder throughout their lifespan.
- Funding would establish an ongoing public education campaign about mental health, the need for mental healthcare, and the availability of care. The campaign includes written materials, media presentations, and a toll-free telephone number for information, referral, and access to community-based and residential-based services, resources for care, and grievance and appeals procedures.

### Expand Training

- Funding continues supporting BHP certification at no cost to providers and develops a marketing campaign to build awareness of the BHP role and career opportunities.
- Funding would continue efforts to provide training and support for clinicians to become certified in evidence-based treatment models, as well as new work to streamline the process for individuals to engage in behavioral health careers.

### Advance Therapeutic Foster Care

- Funding would establish a pilot program for Therapeutic Foster Care utilizing an evidence-based model to address the needs of system involved youth before the need for residential treatment or incarceration arises.
- Funding would be used to update Therapeutic Foster Care and establish Multi-dimensional Therapeutic Foster Care in Section 97 (Children's Residential Care Facilities).

OCFS would like to extend sincere appreciation to the large number of committed stakeholders, including youth and families with lived experience, providers, advocacy groups, and others, who have dedicated time and resources to advancing improvements in the CBHS system of care during 2022. Thousands of Maine children and families are benefitting from the work done to improve the system and OCFS believes that together this partnership can continue to grow and strengthen, ensuring sustainable, long term, and ever-evolving system improvement.