



Children's Behavioral Health Services Annual Report

Calendar Year 2023

Submitted to the Joint Standing Committee on
Health and Human Services

Prepared by:
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Introduction

Calendar year 2023 presented many opportunities for Children’s Behavioral Health Services (CBHS). With a new Associate Director of Children’s Behavioral Health hired in November of 2022, work began with a fresh perspective of the many opportunities and challenges facing the Children’s Behavioral Health System. Toward the top of the list was a desire to focus and define the strategic priorities for CBHS for Governor Mills’ next four years. These priorities build upon the work and progress made in the prior four years and focus CBHS’s work into three main areas.

Accessibility, Availability, and Quality and Consistency are the foundational pillars of the children’s behavioral health system. Accessibility addresses how youth and families access CBHS.

Availability references addressing service needs through a variety of training initiatives and working to close identified gaps in the delivery system. Quality and Consistency concentrates on updating our rules and regulations that govern CBHS to support services being delivered with a focus on quality, including expanding quality assurance activities by CBHS.



This past year, through the Governor’s budgets ([P.L. 2023, Ch. 17](#) and [P.L. 2023, Ch. 412](#)), nearly \$20 million was allocated to support CBHS initiatives. These initiatives, highlighted in a [blog post](#) earlier this year, represent a significant investment that sets the foundation for CBHS for the years to come. Most notably, nearly \$1 million in one time funding was allocated to enhance accessibility to CBHS through implementation of a single assessment process for youth that need mid to high level children’s behavioral health services. This assessment, the [Child and Adolescent Level of Care/Service Intensity Utilization System](#) (CALOCUS-CASII) is evidence-based and supported by the American Academy of Child and Adolescent Psychiatry and the American Association for Community Psychiatry. Implementation of this assessment through an independent entity will ensure youth seeking CBHS are matched to the appropriate level of care given their clinical acuity and family situation. This family driven assessment is administered by a licensed clinician and includes interviews with the parent/guardian and youth as applicable, resulting in a clinical readout of the most appropriate level of care including a range of applicable services able to meet the youth’s needs. This vastly improves the current system and will bring validity to the data collected, providing valuable information to the Department to identify and understand service delivery needs across the state. Unfortunately, funding under P.L. 2023, Ch. 412 was delayed following the legislative session, and not available until the end of October 2023 at which time contracting for the service began. CBHS is currently working through the contract amendment process and is targeting mid-2024 to begin implementation for a subset of services. Additionally, CBHS staff are working with partners in the Office of MaineCare Services to update rules to support the CALOCUS-CASII for service eligibility purposes, where MaineCare rule currently does not allow for the assessment.

Supporting quality and consistency, under P.L. 2023, Ch. 17, CBHS created new positions that were originally initiated under the SAMHSA System of Care grant CBHS received in 2019. The focus of these positions is on conducting quality assurance reviews for agencies engaged with CBHS on grant related activities. These new positions, hired in the summer, are expanding upon previous work, conducting provider reviews, and offering technical assistance to include all of children’s behavioral health services. This work is currently under development and will fully roll out by the end of 2024. Quality assurance work by CBHS ended under the prior

administration and has been recognized as a gap in how we engage providers and support quality programming and fidelity to evidence-based models. CBHS is excited to have this opportunity to renew these efforts and to help ensure that children and families receiving behavioral health services are receiving quality services.

The Department has also convened a group of stakeholders to receive feedback and engage on issues important to CBHS. [Resolve 2021, Ch. 132](#), is focused on updating the *Rights of Recipients of Mental Health Services* for adults and the *Rights of Recipients of Mental Health Services who are Children in Need of Treatment* for youth. For children, the Rights of Recipients was last amended in 2000 with technical name corrections for the Department in 2004. To support these efforts, the Department held listening sessions to better understand the areas of concern that stakeholders have with this rule. In total, 87 stakeholders attended the listening sessions and provided valuable feedback on the rule and areas that need updating. The Department is analyzing this feedback and will continue work on the revision of the rule throughout 2024, with a plan to propose a new rule targeting spring of 2025.

CBHS is also considering the development of a “No Eject, No Reject” (NENR) policy for children’s residential care facility (CRCF) services. [Resolve 2023, Ch. 60](#) directed the Department to engage with stakeholders representing hospitals, children’s residential care facilities, advocates, and youth and family supporting organizations to review the current challenges surrounding placement of youth in residential programs from a variety of settings and use the process to review any considerations necessary to implement a NENR policy. The policy was to include any service provider or system needs, challenges and potential solutions to implementation, and necessary steps to implement a NENR process. The Department greatly appreciates the time and thoughtful discussion by all parties involved in exploring this issue. This work and the resulting recommendations are detailed in a legislatively required separate report, but CBHS acknowledges the importance of this work addressing CRCF services and appreciates the efforts of stakeholders to engage with the Department on this topic. The legislative report is available at this [link](#).

Service Investment and Improvements

One of the most impactful activities affecting CBHS in 2023 were the [historic rate reforms](#) for behavioral health services, which invested \$237 million in federal and state funds into revised reimbursement rates for providers of MaineCare reimbursable services. In addition to these reforms, the Department committed to providing annual cost of living adjustments (COLAs) in an effort to keep pace with inflation. These reforms update the rate models for services to assure they are data driven and reflective of provider costs, utilizing value-based payment strategies as applicable. CBHS is excited about these changes and looks forward to seeing the impact they have on the delivery system in the years to come.

While the true impacts of the investments in reimbursement rates for services are still becoming known, the preliminary data is promising. Home and Community-based Treatment (HCT) has seen a 21.3% reduction in its waitlist from a high of 753 youth in June 2022. Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations (RCS) has seen a 21.8% reduction in waitlist from a high of 615 youth in September 2022. CBHS continues to have the goal of eliminating waitlists for services, and this data is encouraging. A more detailed year-over-year comparison of waitlist data trending over time is below in Table 1.

Table 1 Number of Children on a Waitlist in November 2019-2023

Service	2019	2020	2021	2022	2023
HCT	471	594	695	708	592
RCS	407	440	501	580	481

Data Received from: <https://www.maine.gov/dhhs/ocfs/data-reports-initiatives/childrens-behavioral-health>

The Office of Child and Family Services (OCFS) is also excited to have welcomed new behavioral health providers to serve children and families. New providers enrolled in MaineCare during the 2023 calendar year

include five additional agencies providing Rehabilitative and Community Support (RCS), two agencies providing outpatient therapy, two agencies providing Targeted Case Management, one agency providing medication management, and one new Certified Residential Care Facility (CRCF). CBHS is hopeful this is a positive trend, and the newly updated rates will be able to support and sustain service growth, facilitating greater access to services.

In addition to supporting growth in traditional service models, CBHS has recognized a critical need in the Youth Substance Use Disorder (SUD) Continuum of Care for therapeutic modalities that address substance use and mental health concerns as needed. Multi-dimensional Family Therapy (MDFT) is a developmentally appropriate youth treatment that addresses substance use and mental health concerns with a family-centered approach. MDFT incorporates System of Care principles; is culturally informed and validated; and uses individual, family, and parent-only sessions to increase protective factors and decrease risk factors, including substance use. There are no existing MDFT providers available in Maine. MDFT is credited with reducing hospitalizations by 50% in Connecticut and mental health emergency department visits by 81% in California. To support the development of MDFT services in Maine, a training and certification will be offered to six (6) agencies to train two (2) supervisors and six (6) therapists at each agency. Training several supervisors and a cluster of therapists is critical to account for staff turnover. Following the training, each agency would contract directly with OCFS to receive support for under and uninsured individuals and other costs not otherwise reimbursable. The Office intends to roll out MDFT training targeting summer 2024.

CBHS has recognized the need for additional evidence-based practices training and support specific to trauma treatment. CBHS has allocated funds to support additional training in Trauma-Focused Cognitive Behavior Therapy (TF-CBT). TF-CBT is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. Research shows that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple, and complex trauma experiences. CBHS began training in March 2024. Additionally, after the tragic mass shooting in Lewiston, CBHS began work to bring national TF-CBT trainers in to provide Advanced Trainings in Mass Casualty and Traumatic Grief to eligible trained/certified TF-CBT clinicians to better serve those impacted by the tragedy. CBHS also supported opportunities for clinicians providing direct service to those affected by the Lewiston tragedy to start TF-CBT training and consultation prior to the anticipated start date. For those that will be part of the 2024 trainings, CBHS has several additional advanced trainings planned, including Mass Casualty and Traumatic Grief as well as Complex Trauma and Parental Substance Misuse.

While services designed to support youth is a great focus of CBHS, we recognize that parents often need additional help in understanding and addressing behavioral concerns exhibited by their children. The [Positive Parenting Program \(Triple P\)](#) is designed to do just this and is one of the most effective evidence-based programs for parents, implemented across the world. The goal of Triple P is to help parents build strong and healthy relationships with their children and to provide strategies to help them prevent problems and confidently manage behaviors. In early 2024, CBHS plans to provide access to online Triple P programming to families at no cost to them, offering evidence-based behavioral health programs for eligible children and families. Initially, access will be piloted with families involved with Child Welfare with a goal to expand access to any interested family statewide. The online trainings will eventually be offered in Maine to caregivers who are in need of high-quality, evidence-based children's behavioral health services. While Triple P online is self-directed, clinical support will be available to aid parents in employing the strategies learned at their own pace. Two tiered levels of support will be offered depending on the needs of the family.

Additional work focused on system improvements include a multi-office collaboration to redesign Maine's mobile crisis system. Maine was one of twenty states awarded a [planning grant](#) under the American Rescue Plan Act (ARPA) designed to support states in developing a State Plan Amendment for Qualifying Community-Based Mobile Crisis Intervention Services. Significant work has been done to develop the model alongside national [988 Suicide and Crisis Helpline implementation](#), with the goal of creating timely access to services for individuals experiencing a mental health crisis. This new model is designed to divert those in crisis from

emergency departments through providing a community-based response in a co-response model including professionals and paraprofessionals in the crisis response. Maine has focused on developing a peer-based response with traditionally trained crisis workers, to be able to provide assessment, triage, and support as necessary to support an individual's self-defined crisis. Maine's model envisions a "firehouse" approach, where staff are available and ready to be dispatched when a call is received, and a response is warranted. CBHS is currently supporting OMS in rate determination work for this new model. Many efforts will need to be coordinated, including MaineCare policy rule updates and Requests for Proposals to cover uninsured individuals in this new model to ensure a successful rollout.

To further round out the CBHS system of care, strengthening existing services and closing gaps, CBHS is coordinating with Child Welfare and MaineCare in updating Therapeutic Foster Care services, through redesigning the delivery model and implementing a model known as Treatment Foster Care – Oregon (TFC-O), which provides intensive family-based treatment for youth with acute behavioral health issues. Model revisions occurred throughout 2023 and the draft rate models were presented to stakeholders in December. CBHS, Child Welfare, and MaineCare are currently working through the rate determination process, with the goal of promulgating rules implementing these revisions later in 2024.

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 the Department to 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 departments (EDs) after no longer meeting psychiatric hospital level of care. After the initial work with hospitals to develop the definitions in 2021, CBHS has further worked to refine the reporting process and data sets from the hospitals with the goal of improving data quality. In 2023, 26 hospitals regularly reported data on youth seeking behavioral health services in Emergency Departments. Data submitted includes youth who had been in the reporting hospital's emergency department seeking care for behavioral health needs 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. P.L. 2021, Ch. 191 requires the Department to report on the latter category of data.

The data below represents reporting through December 2023. In total, throughout 2023, approximately 650 youth sought support for behavioral health needs in an emergency department, and of those, 138 youth remained in an ED for at least forty-eight (48) hours after no longer meeting psychiatric hospital level of care. Of the youth who remained in EDs, over the past two years, the average length of time at the ED was 18 days. In 2022, the average stay in an ED was 13 days, while in 2023, the average stay grew to 23 days. The rationale reported for those who waited in the emergency department was the lack of availability of psychiatric inpatient beds, Children's Crisis Service (CCSU) beds, or Certified Residential Care Facility (CRCF) beds; or the guardian was unwilling to accept the discharge recommendation. For the latter, many times these are acute situations where the family has reported that due to the level of safety risk, they cannot keep their child safe at home. These are often the most complex situations to support, which can result in youth remaining in the ED longer than desired, while the treatment teams work to obtain appropriate services and supports necessary to aid the youth in leaving the ED. The majority of youth in emergency departments remain for less than or equal to seven days. Of note, Maine EDs saw an increase of youth experiencing extended stays of over 60 days from 3 youth in 2022 to 9 youth in 2023. CBHS continues to monitor this data closely.

Figure 1: Number of Youth Remaining in EDs by Month

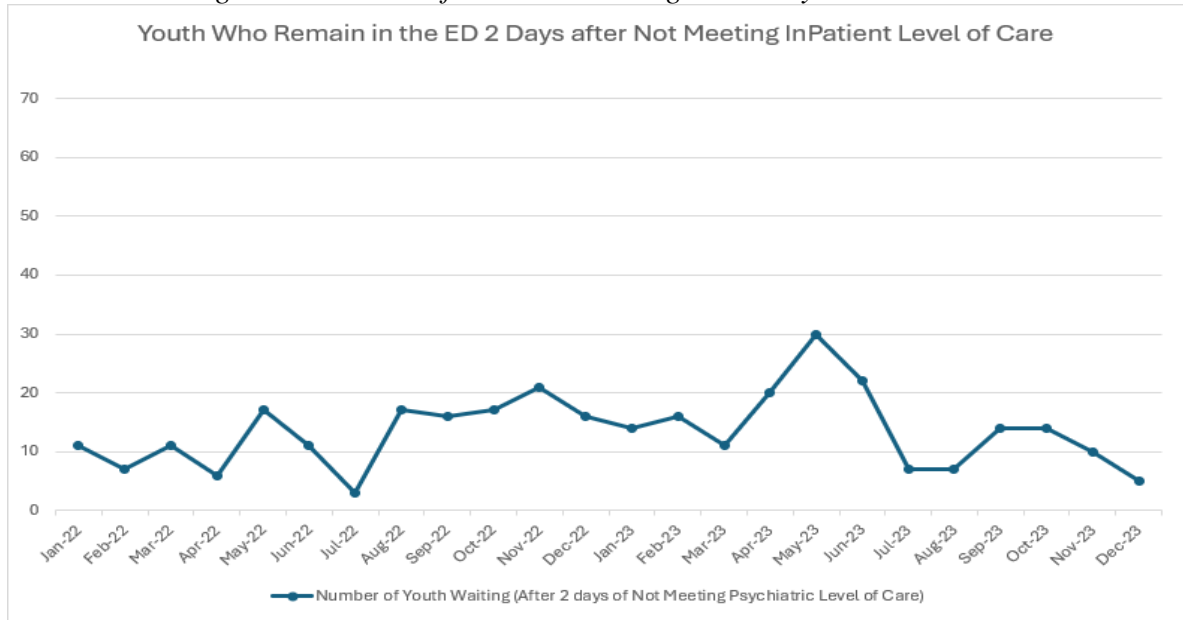


Table 2: Number of Youth Remaining in EDs by Days

Days Remaining in ED	# of Youth CY 2022	# of Youth CY 2023
Less than or equal to 7 days	92	108
Between 8-14 Days	18	10
Between 15-21 Days	6	3
Between 22-28 Days	13	2
Between 29-45 Days	8	3
Between 45-60 Days	1	3
More than 60 Days	3	9
Total	141	138

Behavioral Health Program Coordinators

Behavioral Health Program Coordinators (BHPCs) are an integral part of the support system within CBHS for children and families experiencing complex challenges stemming from behavioral health concerns or multi-system involvement. BHPCs provide support, coordination, and advocacy services to families in difficult situations from a problem-solving perspective using their expertise of the services and supports available for youth and families with behavioral health needs. They often share information with parties concerning treatment options and service access for children, attempting to break down barriers in the delivery system, allowing for stronger coordination and case planning amongst the child’s family and their treatment team. In calendar year 2023, BHPCs supported approximately 380 youth and families, of which 56 had involvement with the Juvenile Justice System.

Consultation typically occurs with a child’s family members and their natural or professional support systems, including schools, advocates, Guardians ad litem, case managers, clinicians (outpatient, home based, and residential), evaluators, hospital staff (physicians, social workers, and discharge planners), primary care

physicians, service providers, attorneys, Juvenile Community Corrections Officers, and child welfare staff (where applicable). This consultation may focus on identifying resources, understanding the youth's clinical level of care and available service options. The goal of the BHPCs is to support youth and families to identify and gain access to services to help maintain youth in their family home and community.

In 2023, BHPCs increased collaboration with the two main psychiatric hospitals serving children, Spring Harbor Hospital and Acadia Hospital, with the goal of supporting youth transitioning to inpatient services or to support their discharge from the inpatient unit. These collaborations have been a positive source of support for youth and families in accessing necessary care. Additionally, BHPCs are involved with youth who are receiving behavioral health services at out-of-state residential programs and in 2023 supported 28 youth who returned to Maine.

In addition to case collaboration and support, BHPCs also provide training and technical support in a variety of areas, including educating on behavioral health services, providing support with service applications, and access to services. BHPCs are involved with reviewing complaints from families/guardians, providers, and other concerned parties and often facilitate communication between concerned parties to resolve issues. BHPC's attend meetings regularly with provider agencies to discuss observations of services delivered; gain information regarding agency concerns; and learn about changes in program, model, and personnel.

High Fidelity Wraparound

In recognizing the proven outcomes of the High-Fidelity Wraparound (Hi-Fi Wrap) service and noting the increased need for community-based interventions, the Department is currently working to reinstate the Hi-Fi Wrap within the CBHS continuum of care. Hi-Fi Wrap is a team-based process and approach to care planning utilizing the collective action of a committed group of family, friends, community, professionals, and cross-system supports resulting in a plan of care that is the best fit between the family vision as story, team mission, strengths, culture, needs, and strategies. The Wraparound process ensures that the family's voices are heard, and they are the full decision makers in charge of the youth's care.

Leveraging federal funding, CBHS has been working with Innovations Institute/National Wraparound Implementation Center (NWIC) to establish a Center of Excellence (COE) which was awarded to Public Consulting Group (PCG) through a Request for Proposal (RFP). PCG will be the training, resource, and fidelity hub for Hi-Fi Wrap Implementation, and is partnering with NWIC and CBHS to design, implement, and sustain services and supports. In addition, the COE will provide training and support for two evidence-based Peer Support Models to be implemented alongside Hi-Fi Wrap. Youth Peer Support will utilize Youth Motivating Others through Voices of Experience (MOVE) National's model, Peer Connect, as well as providing family peer support utilizing the Innovations Institute's PEARLS model.

Essential Components of Hi-Fi Wrap:

- Intensive care coordination – low caseloads
- Wraparound principles: family voice and choice, team-based, natural supports, collaboration, community-based, culturally competent, individualized, strength based, persistence and outcome based
- Driven by underlying needs
- Availability of flex funds
- Fidelity tools/measuring
- Utilizing natural supports

Goals of Hi-Fi Wrap:

- Serve the youth and children with complex behavioral health needs;
- Help keep kids in their homes and communities utilizing their formal and informal supports; and
- Decrease out of home placements.

CBHS is currently working towards finalizing the contract with PCG with the goal of PCG hiring and training concurrently. CBHS continues to collaborate with the Office of MaineCare Services on policy development to support service sustainability, which is targeted for adoption later this year. Training for providers in Hi-Fidelity Wraparound are anticipated to begin in Summer 2024.

Psychiatric Residential Treatment Facility Services

[Psychiatric Residential Treatment Facilities \(PRTF\)](#) are non-hospital-based facilities delivering inpatient psychiatric care to youth under age 21. These facilities must be certified by the Centers for Medicare & Medicaid Services (CMS) and are allowable under 1905(a)16 of the Social Security Act. Additionally, PRTFs must be accredited and meet requirements under 42 CFR 441.151-441.182. Services in a PRTF include active treatment; intensive psychiatric monitoring; rehabilitative therapies including individual therapy, group therapy, and family therapy; and medical supervision seven days per week and twenty-four hours per day. PRTFs are designed for youth who require intensive inpatient psychiatric care and whose needs cannot be met at a lower level of residential, therapeutic foster care, or community-based care. CBHS has worked since 2017, in conjunction with Office of MaineCare Services to draft policies and procedures to implement a PRTF in Maine. Challenges noted when working with a provider to establish a PRTF led CBHS to survey providers more broadly in 2022 to better understand the areas of concern with the service model and reimbursement structure. Using that feedback and consultation with national PRTF providers has informed model and rate revisions, which were presented to stakeholders in a rate determination meeting in June 2023, following the procedures outlined in MRS Title 22, §3173-J. Further comments were received on the rate model, and CBHS continues to support MaineCare in revising the rate model considering planned service model revisions and the feedback received from stakeholders. MaineCare is currently targeting late fall 2024 to officially propose the updated policy.

Pediatric Mental Health Care Access Grant

The [Maine Pediatric and Behavioral Health Partnership \(MPBHP\)](#) is an effort funded through the Health Resources Services Administration's (HRSA) Pediatric Mental Health Care Access grant. Jumpstarted by the Maine CDC in 2020, CBHS was charged with seeking a renewal grant opportunity in June 2023. The MPBHP is a program supporting psychiatric consultation and behavioral health resource support to Maine's pediatric providers in order to aid in youth being treated in their medical home. Along with facilitating access to consultation, the partnership also provides opportunities to engage in education via monthly webinars and Extension for Community Healthcare Outcomes (ECHO) learning series aimed at enhancing practitioner knowledge and ability to address a variety of behavioral health concerns through their practice. CBHS hold contracts with MaineHealth and Northern Light Acadia Hospital to deliver regionally based psychiatric consultation and resource support. In the first quarter of operation, there were 105 consultations resulting in 41 referrals for services. Ninety-two (92) percent of the participating providers were primary care providers, with the rest being behavioral health clinicians. The partnership held two ECHO series discussions: *Warm and Welcoming Spaces: Trauma Informed Care in the Pediatric Settings* and *Attention-Deficit Hyperactivity Disorder* which were attended by fifty-two (52) practitioners, who were mainly pediatricians and family medicine physicians. CBHS is in the process of building out future ECHO learning series topics, with a burst planned on Autism Spectrum Disorders in April, for Autism Awareness month. CBHS is excited about the addition of the important program to its portfolio of offerings and looks forward to seeing this program advance throughout the life of the grant.

System of Care (SOC)

In 2020, CBHS received a four-year, \$8.5 million System of Care (SOC) grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) designed to improve behavioral health services available to youth with Serious Emotional Disturbance (SED) in their homes and communities.

Maine continues to encounter workforce challenges with a notable hurdle being the lack of availability of evidence-based practices in rural areas. The SOC grant played a crucial role in addressing this challenge by offering MATCH (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems); a virtual statewide evidence-based training opportunity for clinicians.

Addressing additional workforce challenges, CBHS has actively engaged with providers and stakeholders, collaborating with licensing boards to support initiatives that strengthen the behavioral healthcare workforce. This year, a collaborative virtual training session was held between DHHS offices, and the Department of Labor to assist providers in their workforce recruitment and retention efforts.

The System of Care Steering Committee, which includes strong representation from youth and families with lived experience in the children's behavioral health system, plays a vital role in identifying needs, overseeing, and enhancing outcomes for youth with SED in Maine. This year the committee formulated recommendations for improvements to Children's Behavioral Health Services. A summary of the 13 recommendations is as follows:

- Increase school collaboration and communication, while building on strengths and incorporating the system of care principles within schools.
- Increasing voice at the decision-making tables through paid parent and youth liaisons.
- Enhance peer support through long-term sustainability and broad accessibility.
- Expand Behavioral Health Professionals (BHP) through an improved structure and enhanced ability to be interchangeable through various service settings.
- Create opportunities for more cohesive systems and inclusiveness, that allows for more linkages amount youth serving systems and agencies.
- Training for professionals who provide clinical treatment and do not have frequent opportunities for training and supervision to reinforce family-driven/youth-guided values.
- Ensure all services have a full continuum of care to provide a wrap-around service for youth and families.
- Transfer reinforced skills from one service system to another in all environments until the child/youth has met each skill. Youth input should be highly prioritized and a consensus in determining when/if the youth has mastered a skill before being discharged.
- Provide statewide training to providers and families that incorporate de-escalation techniques that do not require physical restraints.
- Incorporate system changes to address institutional oppression and support all groups and reduce any protentional for mistreatment of individuals within a social identity group,
- Create a robust system that includes wellness and funding mechanisms to allow families and youth to have increased choices and flexibility.
- Make resources more readily accessible to all providers, families, schools, and any concerned person.
- Explore and enhance recruitment and retention for direct care providers, which impacts children's behavioral health.

The SOC Quality Assurance (QA) Specialists provided technical assistance to agencies outreach and education; onboarding support; and grant collaboration and training related to SOC principles, consents, and roles and responsibilities. In 2023, strategies were implemented to improve upon communication with families and providers. QA Specialists continue to send regular updates including training information related to evidence-based practices (EBPs) to the providers enrolled in the grant. As an additional activity this year, the QA specialists began sending a personalized letter to each individual family enrolled in the grant, to initiate contact and establish a professional connection from the start.

Beginning in May 2023, to support rapid access to intensive behavioral health services for youth, the SOC grant funded a pilot, implemented in York, Cumberland, and Oxford counties, called "Intercept." [Intercept](#), designed

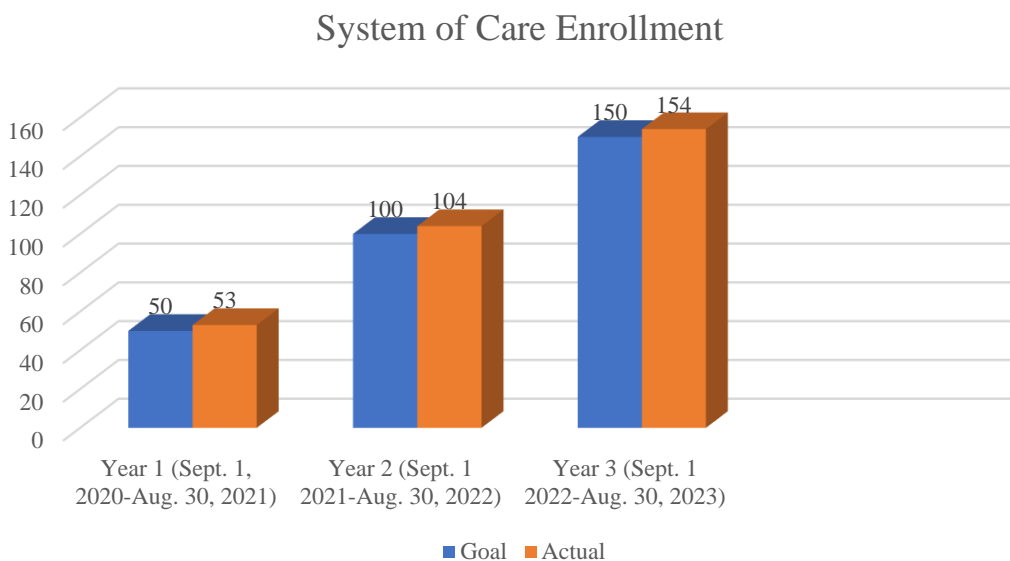
by Youth Villages, delivers intensive in-home supports to eligible youth on average of three times per week in the home or in the community for an average of four to six months, including twenty-four hour on-call crisis support. Intercept is an evidence-based intensive in-home parenting skills program that was developed to prevent youth experiencing behavioral health challenges from entering out-of-home care and allow for reunification with family as quickly and safely as possible. An interdisciplinary team meets weekly to review referrals, and prioritizes these by priority status and capacity, chosen per contract and grant requirements. Since initially ramping up, the program has supported approximately 30 youth monthly, and provisional feedback on the model is encouraging. Further analysis will be conducted at the pilot’s end in 2024.

To support youth and families awaiting HCT services, CBHS has referred families to peer services. GEAR Parent Network provides statewide family support and Maine Behavioral Healthcare (MBH) is referred for youth who may be interested in peer support. Through collaboration with providers and a network of community-based services and supports, as well as expanding the service array, Maine is in a better position to create system changes to support children and families in living safe, stable, happy, and healthy lives.

In May 2023, CBHS engaged stakeholders, youth, and family members in participating in the Children's Mental Health Awareness Week. Members of the SOC team explored ways to recognize this week and sought Steering Committee involvement. A [blog post](#) was written, green ribbons were distributed, a one pager was drafted and shared, CBHS staff participated in a Family Support Provider event, and support was offered to provider agencies who participated in events to honor this week.

Throughout the life of the SOC grant thus far, a major focus has been on facilitating access to community-based services, specifically HCT. Each year, CBHS has had to specify an enrollment goal to SAMHSA. CBHS is excited to note that we have exceeded our goals every year of the grant, receiving national praise from our federal partners. We extend our thanks to the SOC team and the many providers partnering with CBHS to help strengthen access to this critical service.

Figure 2 Year 1-3 SOC Enrollment Goal vs Actual



As we near the end of the SOC grant, CBHS is focused on sustainability and has created permanent infrastructure in state and local systems to support long-term access to treatment for children in their communities. A strategic plan was put in place to support additional service delivery through permanent quality assurance positions which will continue the system of care work after the grant has ended. The quality assurance positions will be responsible for overseeing quality reviews for programs under the purview of CBHS

services, and providing technical assistance and training and support statewide, while ensuring implementation of system of care principles and the golden thread of treatment. The grant work will wrap up at the end of August 2024.

School-Based Tele-Behavioral Health Pilot

In response to the growing demand for behavioral health services in areas that have been hard hit by workforce challenges, particularly in rural areas, CBHS obtained funding from the Maine CDC Public Health Workforce Grant for a one-year School-Based Tele-Behavioral Health Pilot Project for the 2022-23 school year. In year one, the program was piloted by 3 behavioral health agencies in 6 rural school districts, and approximately 100 children were served. After a successful first year, the program was extended using a variety of funding streams and continues through the current school year.

This model of care provides counseling services in schools through remote video consultation between the students and mental health clinicians at partner behavioral health agencies, with the additional support of a Community Health Worker (CHW) who serves as the care coordinator and facilitator of the visits. The CHW provides care coordination and ensures students and families receive the help they need. This model shifts the traditional model of behavioral health treatment from being isolated in medical settings and moves it out into the community, reaching children in a familiar setting where there is a support system to assist. The CHWs are seen as the face of the program and work within the school developing strong working relationships with educators and creating a fluid connection between clinical treatment recommendations and classroom interventions while also keeping family and caregivers connected and involved in treatment. These connections are vital to ensuring a consistent approach to meeting a child's needs across all settings.

<i>Program Reach from September 2022 to June 2023</i>
<ul style="list-style-type: none">• <i>6 schools participated</i>• <i>94 students enrolled</i>• <i>397 CHW encounters (students, parents, school staff)</i>• <i>441 behavioral health sessions (5 per student)</i>

Outcomes from the program show improvement in children's mental health symptoms, ease of access for families and children, and positive reports from school staff and administrators. CBHS continues to explore additional funding options and long-term sustainability planning to expand access to this model of care.

Youth Substance Use Disorder (SUD) Treatment

Since 2021, CBHS has assessed the landscape of youth SUD services in Maine, collaborated with multiple stakeholders, groups and initiatives as well as implemented training for mental health and substance use providers to treat youth with substance use disorders or co-occurring mental health and substance use disorders.

CBHS has also increased capacity in various youth SUD treatment options, and recognized the need to develop goals specific to youth SUD and plans to implement initiatives and pilots in a structured way. A youth SUD strategic plan has been developed and it will guide CBHS' youth SUD work in the coming years.

CBHS submitted a proposal to develop a pilot program implementing Youth Peer Recovery Coaches in Maine utilizing Opioid Prevention and Treatment Funds. Youth Peer Recovery Coaches will be trained in the gold standard recovery coaching model - Connecticut Community for Addiction Recovery (CCAR). The training covers several modules already in use by CCAR, including Peer Recovery Coach Basics, The Recovery Coach Academy for Young People, and the Ethics of Recovery Coaching. The program is expected to be piloted in two counties and will include paid Youth Peer Recovery Coach positions as well as a Youth Peer Recovery Coach Coordinator.

Recognizing the opportunity to improve publicly available information regarding youth SUD, CBHS has developed outlines that will enhance the Department's website by highlighting pages for youth, caregivers/families, providers, and educators. Each page will include relevant information for the target audience and links to treatment services and other resources that are easily accessible. We plan to start with a youth focused page and build out additional pages over time.

Youth Transition

CBHS 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 moving from children's services to adult services. A presentation on the transition process was developed in early 2023 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, specifically four Transition Liaisons, a Program Manager, and a MaineCare Waiver Support Specialist, all of whom will focus 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.

Concurrently, work has been underway on a new Standard Operating Procedure between CBHS, OADS, and MaineCare. This will include trainings, guidance, and assistance to individuals, families, schools, and providers. Stakeholders have been updated regularly regarding this process and the timeline, with the most recent stakeholder meeting held in October of 2023.

CBHS 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.

Conclusion

The CBHS team continues to seek opportunities to understand system gaps and develop strategies to strengthen the critical safety net for youth and families seeking support for behavioral health needs. Multi-office initiatives, including mobile crisis reform and implementing Certified Community Behavioral Health Clinics will have a transformational impact on the delivery system as a whole, strengthening crisis response, increasing access to high quality behavioral health services, and providing services to children and families in their homes and communities. To further strengthen these efforts, in January 2023, former Commissioner Lambrew announced that CBHS will be reorganized as a part of the Office of Behavioral Health (OBH). This move aligns Maine with other states across the nation and directs a single office to focus on behavioral health needs across the lifespan. This reorganization more closely connects children's behavioral health with the continuum of behavioral health-related services for adults, facilitating a whole-family approach to mental health and substance use disorder prevention, treatment, crisis response, and recovery. CBHS is excited for the opportunity the integration with OBH can bring to further bolster its work supporting children and families.

As in previous years, CBHS 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 2023. 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.