REVISED

Blue Ribbon Commission to Study the Organization of and Service Delivery by the Department of Health and Human Services

Resolve 2023, chapter 98

Wednesday July 10, 10:00 am

Room 216 (Environmental and Natural Resources Committee room)

Cross State Office Building, Augusta ME

AGENDA

10:00 am

- Welcome, *Chairs Senator Duson and Representative Craven*

- Megan Walton, CEO, Southern Maine Area Agency on Aging
  - Needs of Older Adults in Maine

- Hannah Longley, Clinical Director of Advocacy and Crisis Intervention, NAMI Maine
  - Behavior health services coordination

- Department of Health and Human Services
  - Certified Community Behavioral Health Clinics (CCBHC)

- Bonnie Jean Brooks, Interim Executive Director, Maine Developmental Services Oversight and Advisory Board
  - LTSS coordination for Maine's elderly with developmental disabilities

BREAK

1:00 pm

- Case Study Presentations - Department of Health and Human Services (DHHS)
  - Case study #1: Young family with a parent with SUD using TANF/ASPIRE for training to improve circumstances
  - Case study #2: An elderly person who wants to age in place, qualifies for in-home services under section 63, has an income of 275% of FPL, is food insecure and lacks transportation.

- Out-of-state residential placement of children - DHHS

- Update: Psychiatric Residential Treatment Facility (PRTF) - DHHS

- Housing Initiatives, 131st Legislature
  - Luke Lazure, OFPR
  - DHHS

- Commission discussion

- Next steps

Future meeting dates: September 17, October 9, October 30.

Maine's DHHS Certified Community Behavioral Health Clinic (CCBHC) Overview

Department of Health and Human Services

Wednesday, July 10, 2024

The CCBHC Model

Certified Community Behavioral Health Clinics (CCBHC) are behavioral health organizations certified by the State that meet federal and state criteria to receive will receive a monthly rate tied to quality to expand the scope of mental health & substance use services available in their communities.

- **Staffing**
- **Availability & Accessibility of Services**
- **Care Coordination**
- **Scope of Services**
- **Quality & Other Reporting**
- **Organizational Authority, Accreditation & Governance**

Slide adapted from the National Council for Mental Wellbeing
TheNationalCouncil.org

CCBHC Implementation in Maine

As a collaborative cross-office initiative, Maine DHHS:

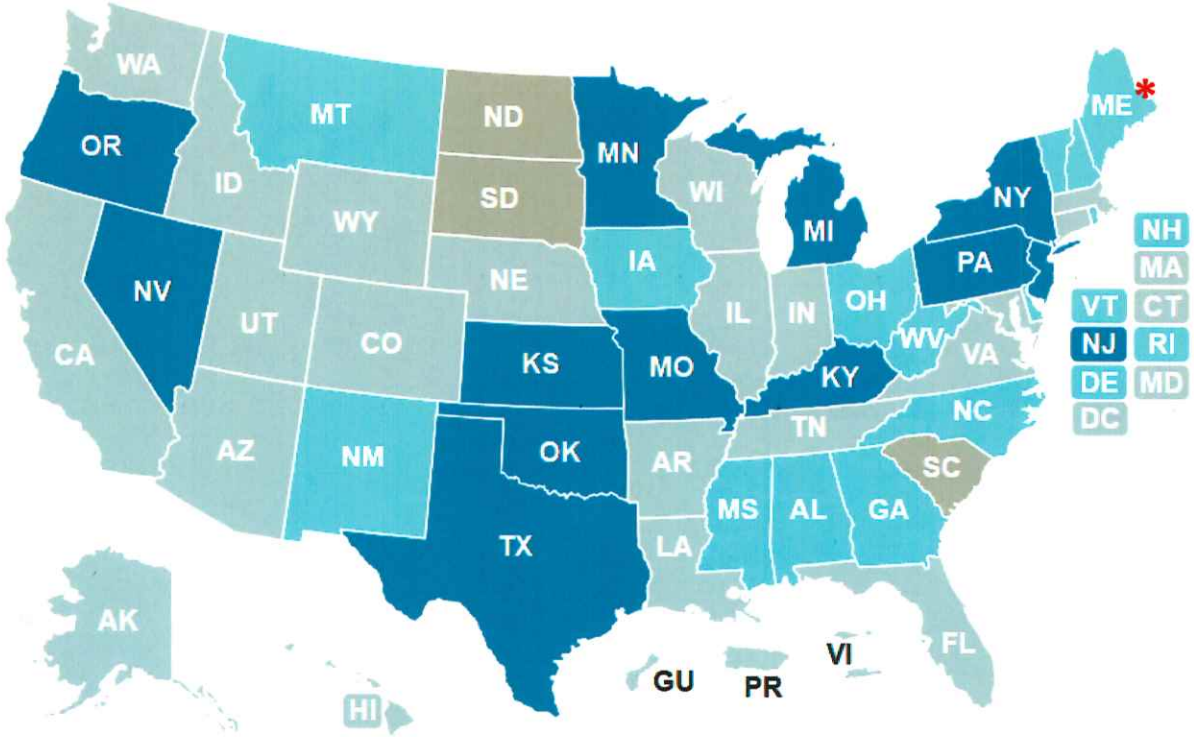
- Formed a cross-office state team to plan, design and implement CCBHC through state budget appropriations in P.L. 2021, American Rescue Plan (ARP, under Section 9817) funding, and a 2023 SAMHSA CCBHC planning grant
- Engaged vendors to develop the CCBHC rate infrastructure, CCBHC service model design through partner engagement, and pilot innovations in service design for populations of focus
- Approved to participate in the federal Medicaid CCBHC Demonstration, joining the new cohort of 10 States and joining existing eight participating states.

Planning, Design, and Stakeholder Engagement → **Certify and Implement CCBHC Demonstration** → **Demonstration Expansion and Innovation**

Maine DHHS aims to have a certification processes, reimbursement structure, and programmatic infrastructure to support an integrated behavioral health system designed to meet community needs, emphasize outcomes monitoring and accountability, and provide comprehensive coordinated care to any person regardless of diagnosis or ability to pay.

CCBHC Nationally

- More than 500 CCBHCs are operating in 46 states, plus Puerto Rico, Washington D.C. and Guam.
- 18 States, including Maine, are participating in the Federal CMS & SAMHSA CCBHC Demonstration Program



Implemented CCBHC (Medicaid Demonstration, SPA, and/or Waiver)

Received CMS Federal Demonstration Planning Grant

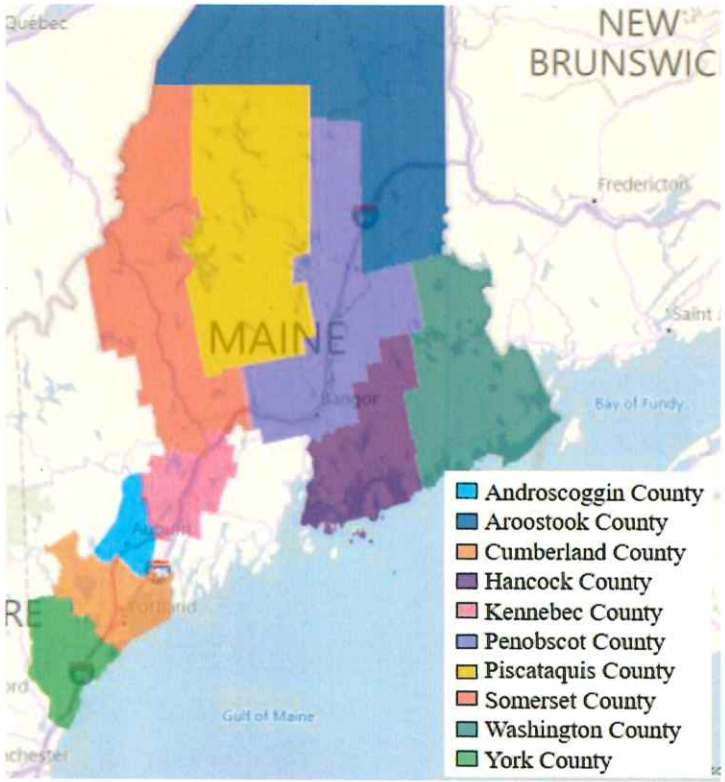
Only Clinics have received SAMHSA CCBHC Grants (No Medicaid Activities)

No CCBHC Activities

***Maine was accepted into the CCBHC Medicaid Demonstration in June 2024**

Maine's CCBHC Medicaid Demonstration Award

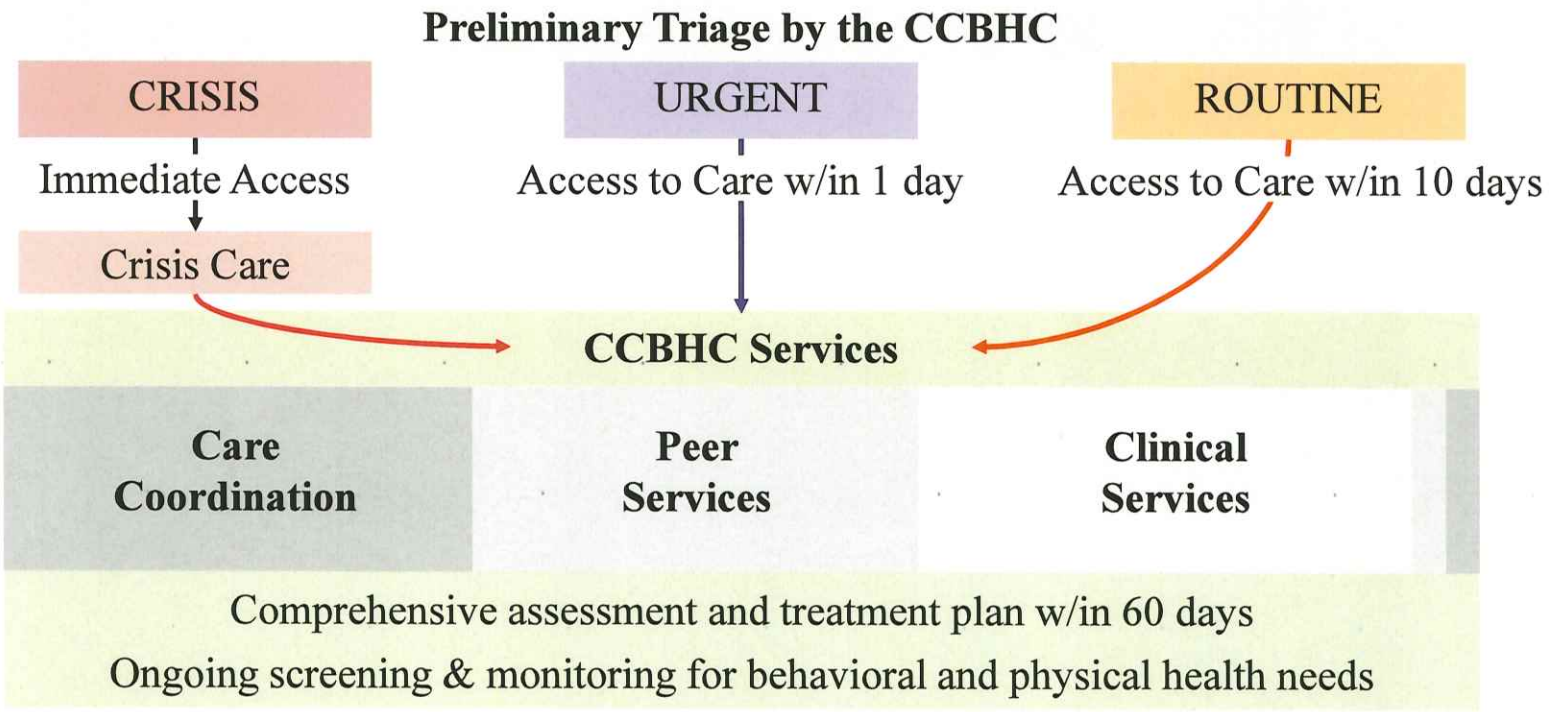
Potential Diversity of State CCBHC coverage



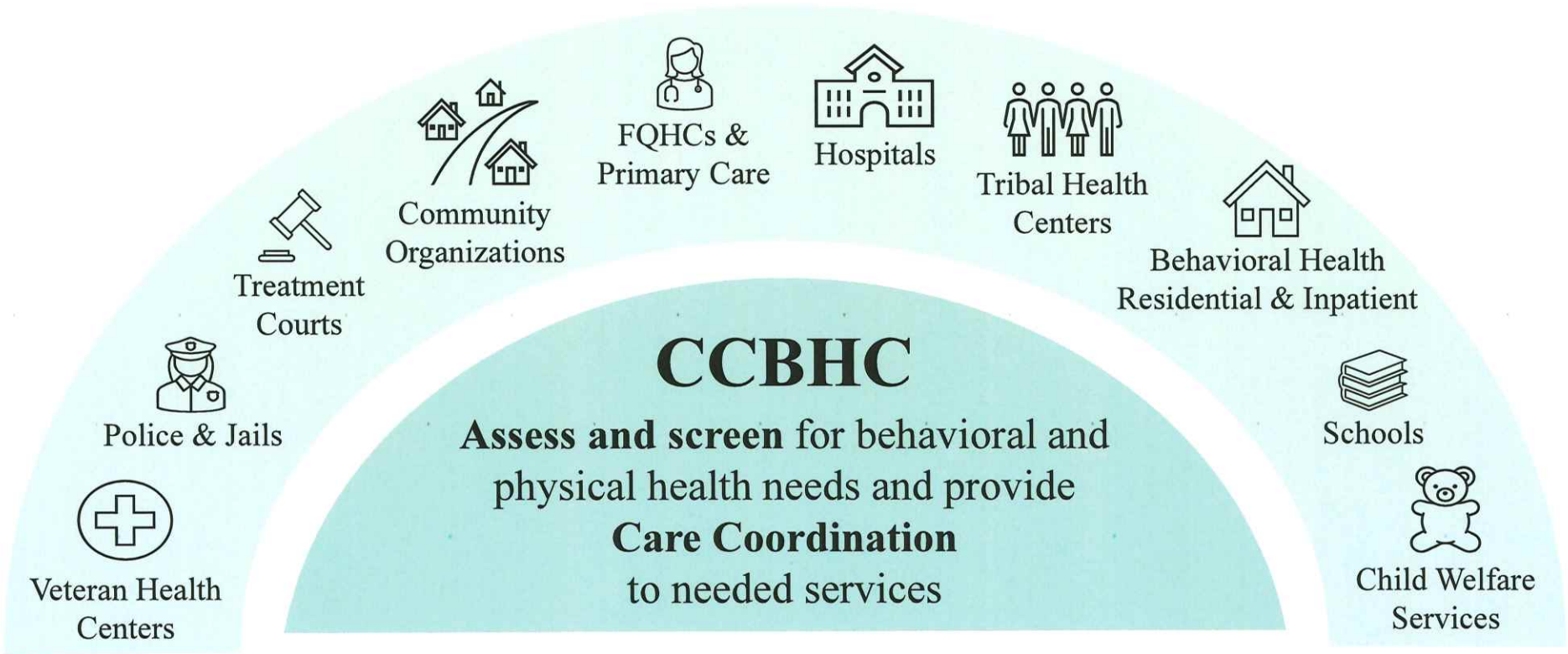
Demonstration Participation

- Participation 2024-2028
- Enhanced Federal Medicaid Match for Behavioral Health Services delivered within CCBHC
- Maine's Goal Selection for CCBHCs
  - Provide most complete scope of services to Medicaid population
  - Improve availability and accessibility to outpatient mental health treatment for all
- Populations of Focus
  - Individuals with SMI, SED and SUD
  - Special Populations: Dually Diagnosed youth and adults, Justice-involved youth and adults, and Service Members and Veterans
- Extensive community and partner contributions to the model development

CCBHC Enhances Access to Care



CCBHC Partnerships in Care



Access to Integrated Mental Health and Substance Use Services

The CCBHC model requires comprehensive behavioral health services to be available so people who need care don't have to piece together the behavioral health support they need across multiple providers.

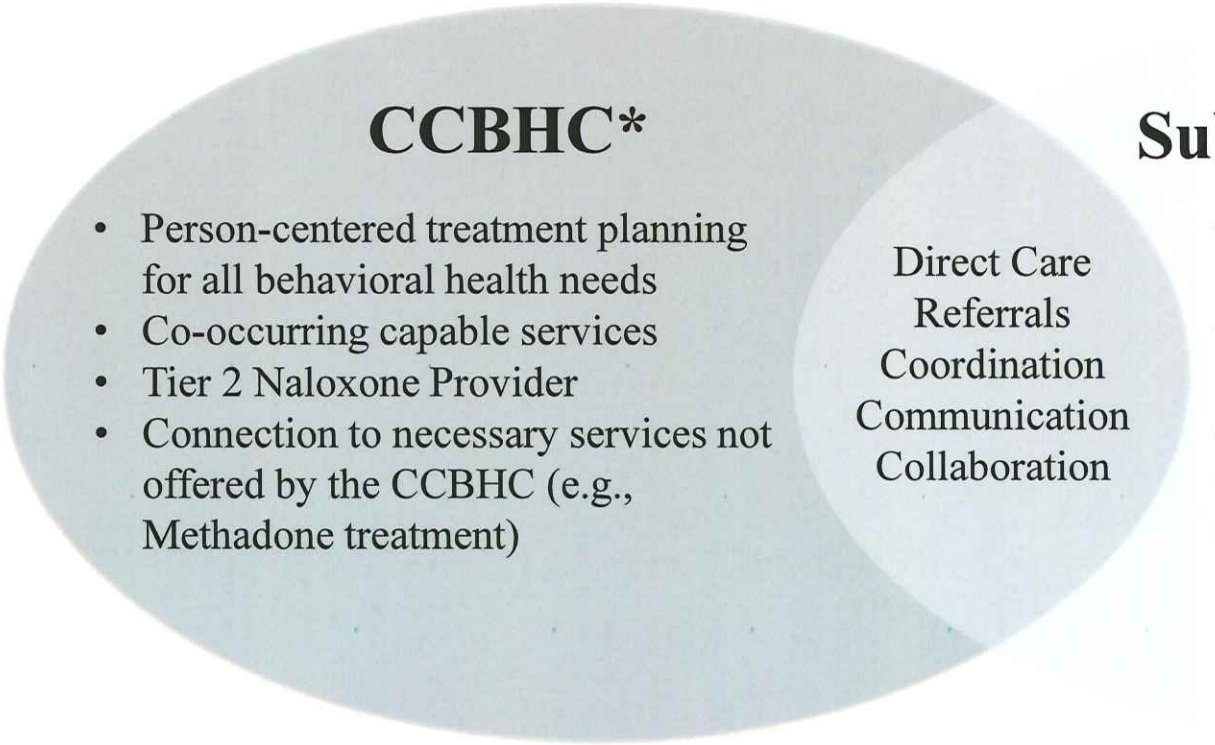
Required Mental Health and Substance Use Services:

- Screening, assessment, treatment planning, and education
- Peer and recovery services
- Outpatient therapy
- Medication prescribing for psychiatric, and substance use diagnoses
- Case management
- Employment connections and support and other rehabilitation services
- Walk-in support for crisis and urgent needs

Allowable Mental Health and Substance Use Services, based on community need and organization capacity:

- Ambulatory withdrawal management
- Assertive Community Treatment (ACT) services
- Intensive Outpatient Therapy (IOP) services
- High Fidelity Wraparound Case Management
- Coordinated Specialty Care
- Community Rehabilitation and Skills Development
- Clubhouse Services
- Interprofessional behavioral health consultation

CCBHC's Delivery and Coordination of Substance Use Care



CCBHCs must meet Opioid Health Home (OHH) requirements. However, if an individual is already receiving SUD care through a different provider, a CCBHC can still provide non-duplicative services and must coordinate with the SUD provider

CCBHC SUD Evidence-based Practices

CCBHCs increase Access to Evidence-Based Practices (EBPs) in treating Substance Use Disorder:

Required EBPs (at least one per area):

- Medications for Opioid Use Disorder
- Substance Use Disorder Treatment for youth (must choose at least one):
  - Adolescent-Community Reinforcement Approach (A-CRA)
  - Multi-Dimensional Family Therapy (MDFT)

Other Allowable EBPs:

- Intensive Outpatient Treatment
- Ambulatory Withdrawal Management

Traumatic Loss Support:

- Prolonged Grief Disorder Treatment

Maine CCBHC Development: Suicide Prevention, Intervention and Postvention Components

Prevention

- Timely Access and Expanded Hours
- Care Coordination Support
- Risk Screenings aligned with Crisis System
- Require Collaborative Assessment and Management of Suicidality

Intervention

- Onsite Crisis Walk-in Support
- Access to Peer Groups (e.g., Seeking Safety and Alternatives to Suicide)
- Assistance from trained care coordinators to meet psycho-social needs
- Harm Reduction and De-escalation Techniques
- Outpatient Behavioral Health care continuum

Postvention

- Ability to implement Prolonged Grief Disorder Treatment
- Provision of long term clinical and peer outpatient supports
- Assistance in connection to groups and other Postvention resources

Contact and Engagement

General Questions and Contact Information:

CCBHC_DHHS@maine.gov

Liz.Remillard@maine.gov

Sybil.Mazerolle@maine.gov

Resources

For more information on CCBHC:

https://www.samhsa.gov/sites/default/files/ccbhc-criteria-2023.pdf

https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/ccbhc

https://ccsme.org/ccbhc-maine/

https://www.thenationalcouncil.org/program/ccbhc-success-center/

Maine Developmental Services Oversight and Advisory Board (MDSOAB)

365 Cape Jellison Road

Stockton Springs, ME 04981

COMMENTS TO

BLUE RIBBON COMMISSION THE ORGANIZATION OF AND SERVICE DELIVERY BY DHHS

Introduction: I am Bonnie-Jean Brooks. I live in Stockton Springs, Maine. I have been the Interim Executive Director of the MDSOAB since March 2023. Previously I served for 42 years, starting in 1979, as the founding CEO of OHI, a Bangor-based nonprofit organization supporting Mainers with intellectual disabilities, mental illness, autism, and brain injuries – many with physical disabilities in 7 counties. I was also on the Board of Directors of the Maine Consumer Advisory Board (CAB), serving several years as its Chair, until 2010 when the Community Consent Decree was settled and the MDSOAB was created. I was its original chair. I resigned from the MDSOAB Board in 2023 to fill my current position.

What is MDSOAB? – I will provide you with a handout of the statute that authorizes our role and will briefly describe the current activities of the MDSOAB in my oral comments to the Commission. Following are some highlights:

- The MDSOAB is established by Title 5, section 12004-J, subsection 15 and is authorized by Title 34-B: Behavioral and Developmental Services – Chapter 1: GENERAL PROVISIONS – Section 1223.
- The MDSOAB is a quasi-governmental entity known as a 'J' Corporation.
- The Statute requires 15 members of the Board, appointed by the Governor. Currently, there are 11 members of the Board.

Four (4) members have been appointed by Governor LePage and the other 7 members are serving in unofficial non-voting capacities since their applications have not been dealt with by either Governor LePage or Governor Mills.

- The MDSOAB meets monthly and representatives of OADS join each meeting. There is a positive relationship between OADS and the MDSOAB.
- The funding for the MDSOAB has been static for over 2 decades. Its contract changed from DHHS to DAFS in 2022.
- The MDSOAB has one employee.
- The Board's primary responsibilities are:
  - Independent Oversight of services for adults with IDD and ASD.
  - To focus on systemic concerns
  - Provide advice and systemic recommendations to the DHHS Commissioner, Governor and the Legislature regarding policies, priorities, budgets and legislation affecting the rights and interests of persons with IDD and ASD.
- Another primary responsibility is to oversee the Correspondent Program.

<u>General Comments</u>:

1. <u>Systems Issues</u>: The MDSOAB identifies systems issues by holding Public Forums and Listening sessions; encouraging public comments at its monthly meetings; providing written testimony at relevant hearings and proposed rulemaking; participating on all 6 of the Regional Review Committees that review and approve Behavior Management Plans and Safety Plans; and engaging in updates from the Office of Aging and Disability Services at each of our monthly meetings.

2. Model Initiatives: We are not aware of any nationwide model initiatives for adults with IDD/ASD similar to Maine's development of a blueprint for children based on the CYSHCN model and as described on the Boston Children's Hospital website.
3. Access to Information – The statute entitles the MDSOAB to access to information about numerous things including case management, reportable events, APS and Rights investigations, unmet needs, crisis services, quality assurance and improvement, budgets and reports that contain other relevant data.
4. Lifespan Waiver – The MDSOAB is supportive of the concepts of the Lifespan Waiver. The department has done an admirable job in holding listening sessions, meeting with various stakeholder groups, publishing FAQ'S that illustrate responsiveness to what they are hearing and maintaining comprehensive website information about this evolving new waiver. The MDSOAB continues to hear from many stakeholder groups and individuals about continuing concerns about this Waiver including but not limited to: A. not enough clarification about the 17 services within Lifespan; confusion and concern about case managers and community resource coordinators – their differing roles, disparities with rates, role and responsibilities B. lack of capacity to meet the staffing and housing requirements while adding a whole new group of 14 – 17-year olds to the Waiver and in the face of the mounting waitlists for all services. C. a major concern that there has not been close enough coordination between OADS, Licensing, DOL, OMS, Education, and the Provider Integrity Unit resulting in important unanswered questions. D. premature start of the Lifespan Waiver, particularly in light of other extensive system reform in which OADS is engaged including new licensing

rules, new rate-setting, ongoing authorization for services challenges, and continuing problems with Evergreen.

Challenges and Concerns

1. Data – OADS provides the MDSOAB with a Quarterly Data Report which provides data on selected aspects of services for people receiving Sections 21 and 29 services. The data is not broken down into age ranges. The MDSOAB has asked for further delineation of many of the areas outlined and for the report to be expanded to include other areas required by 34-B. We are told that transition from EIS to Evergreen, limitations within the software and shortage of staff have, in part, prevented us from receiving the data that we have requested. This prevents us from having an ability to identify certain systems issues.

   Nursing Homes – MDSOAB is unable to get data about the number of people with IDD/ASD who are in nursing homes. Who are they? Where are they? What are their ages? Why are they there? The answers to these questions have systems consideration.

   Aging and Disability Mortality Review Panel 2023 Annual Report – The MDSOAB recently reviewed this annual report and had a brief discussion with one of the panelists. Its findings, investigations and recommendations can help to inform the conversation about the organization and delivery of services by DHHS. Notably, this report identifies age ranges, which is helpful. There were several recommendations that may be useful to the Blue-Ribbon Commission. Some include: need for more frequent assessment of members with complex medical needs; more training and oversight of personal care providers, especially paid family members; more robust

healthcare training to help service providers to spot the signs and symptoms of potentially preventable causes of death; need to increase medical and nurse case management; a need for OADS and Maine CDC to refine the process of gathering and filtering data.

2. Unmet Needs – Data about Unmet Needs, as required by the statute, is not available. This may be the largest systems issue at this time. The MDSOAB needs this data to identify systems issues and OADS needs it to calculate its budgetary needs. This detailed information was available until 2010 when the Community Consent decree ended.
3. Dental Crisis – The MDSOAB has identified the lack of IV sedation and general dental services as a crisis in the IDD/ASD community. OADS and MaineCare do not have data about the extent of these unmet needs. We have learned that people are having teeth unnecessarily removed while others are in so much pain that they exhibit dangerous behaviors that require otherwise unnecessary Behavior Management Plans and copious amounts of psychotropic medication. The statute guarantees people with IDD/ASD the right to timely dentistry. This issue is broad reaching and affects Mainers of all ages and is ripe for a systems approach to this challenge.
4. Shared Living – This model of support has increased exponentially in the last few years. There are many families who are now providing Shared Living support. We are unable to find out what the demographics of Shared Living are including: the number of families versus the number of agency vendors that are providing shared living; where are the Shared Living homes located; what is the turnover of shared living providers and the number of people who come and go from Shared Living; the ages of Shared Living recipients; and more.

Families, providers and others have expressed concerns about the overreliance of Shared Living with the reality that both Shared Living providers and recipients of Shared Living are aging. As people age, they will need more and more support services. It is inevitable that people will have to move, disrupting lives by loss of friends, community, family and by the deleterious behavioral and medical impact of the disruptions. In the information provided by OADS regarding Shared Living, we have not seen any anticipation of how the system of care will be impacted by aging-related turnover.

5. Aging Differences – As our state works toward a more integrated system of care for all Mainers, it must be acknowledged that there are some significant differences in the support needs of people who are aging who have IDD/ASD and those who do not. This must be taken into consideration as we make systems reform. The recent 2023 Mortality Review report is helpful in pointing out some of these differences.
6. Alzheimer's Disease, Dementia and other memory issues – We have identified a lack of a comprehensive system approach to addressing the needs of individuals with these conditions. We see a lack of staff training, specialized services and data. OADS recently awarded several Innovation Grants. We have heard that a couple, including a collaborative project including Spurwink, may focus on this area and hope there is potential for replication.
7. Deaf and Hard of Hearing and People Who are Medically Fragile – Any systems reform must address these individuals. There are not enough nurses, interpreters and professionals to support this ageing population.

Other Recommendations

1. User Groups – We recommend that the department create more multi-stakeholder User Groups to inform various elements of planned systems changes. Several that have been convened have been extremely helpful.
2. We think it would be useful for this Commission to hear from other stakeholder groups as you go forward. We recommend speaking with the Maine Association for Community Service Providers, SUFU, DRM, MDDC, family groups and others to provide further insights and information.

I have offered these comments representing the MDSOAB and speaking within its limited scope of responsibility. I would be happy answer questions you may have and to follow up on anything you request – including reaching out to provider agencies around the country through the ANCOR network to explore other what other states are doing similar to the work of this Commission. We wish you the best as you go forward with this important study.

Respectfully,

Bonnie-Jean Brooks, Interim Executive Director MDSOAB

Developmental Disability Services Quarterly Data

Department of Health and Human Services

Office of Aging and Disability Services

INTRODUCTION

The following is a summary of data pertaining to the first quarter (Q1) of State Fiscal Year 2024 (July 1, 2023-September 30, 2023) for individuals receiving 10-144 Chapter 101 MaineCare Benefits Manual (MBM) Sections 21 and 29 services. Data for this summary was sourced from the Enterprise Information System, Evergreen, and MaineCare claims. OADS is presently transitioning data sourced from the Enterprise Information System to Evergreen. Medicaid Home and Community Based Services (HCBS) are waivers authorized under Section 1915(c) of the Social Security Act. Section 21 provides comprehensive HCBS for Members with Intellectual Disabilities or Autism Spectrum Disorder, and Section 29 provides support services HCBS for Adults with Intellectual Disabilities or Autism Spectrum Disorder. The waiver programs assist individuals with Intellectual Disabilities or Autism Spectrum Disorder to receive services and supports in their homes or communities.

This summary is provided by Maine's DHHS Office of Aging and Disability Services (OADS) pursuant to Maine's Department of Health and Human Services reporting requirements as described in 34-B, §1223.

TARGETED CASE MANAGEMENT

The Office of Aging and Disability Services contracts with 50 agencies across the state to provide ongoing Case Management services to individuals served by OADS. Many case management services are provided by private agencies ("Community Case Management") that have agreements with the Office of MaineCare Services to provide case management services under the MaineCare Benefits Manual, Section 13, Targeted Case Management Services. The purpose of targeted case management is to identify the medical, social, educational, and other needs (including housing and transportation) of the eligible member, identify the services necessary to meet those needs, and facilitate access to those services. Case management consists of intake/assessment, plan of care development, coordination/advocacy, monitoring, and evaluation. These services include various activities related to the coordination and appropriate implementation of needed services. This includes, but is not limited to the following examples:

assistance/coordination of Person-Centered Planning activities, coordination of the vendor call process on behalf of the individual served, ongoing monitoring and documentation of individual service needs, etc.

Community Case Managers provide case management to individuals who are determined eligible thru OADS intake for case management. The member must receive MaineCare. Additionally, OADS Intake and Eligibility staff provide ongoing case management directly to a limited number of individuals. These are typically individuals who lack MaineCare coverage and cannot therefore be served by one of our Community Case Management provider agencies. Typically, less than 1% of individuals receiving case management services are served by OADS Intake and Eligibility staff. A count of individuals served by Community Case Management by quarter for State Fiscal Year 2024 Q1 (July 1, 2023-September 30, 2023), individuals waiting for Case Management, Case Management Agency vacancies, waitlists and referrals are presented below.

SFY24 Q1 Individuals Receiving Targeted Case Management*

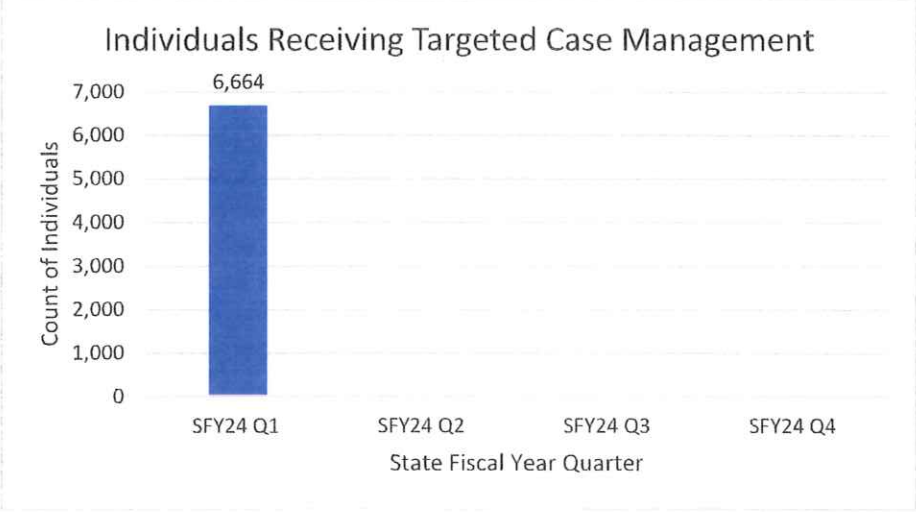
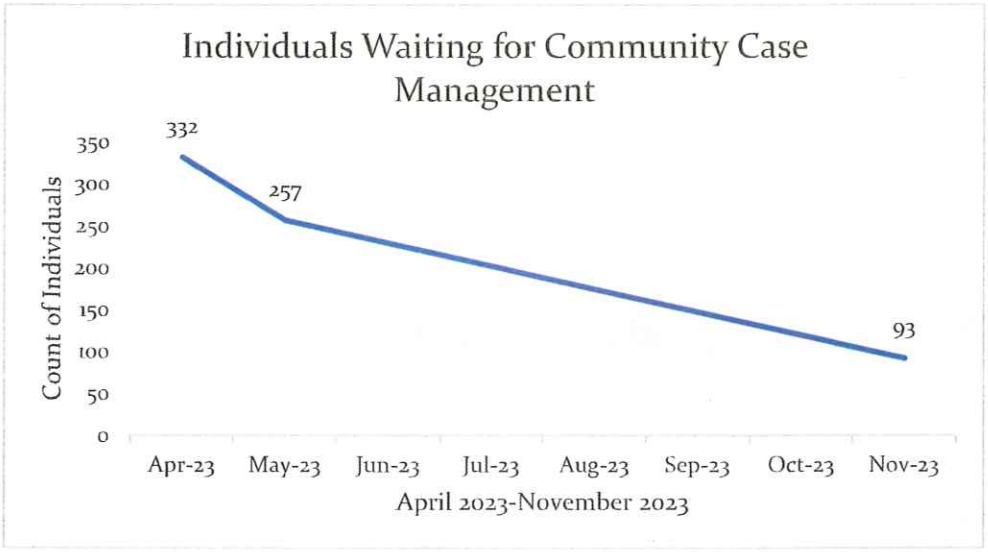
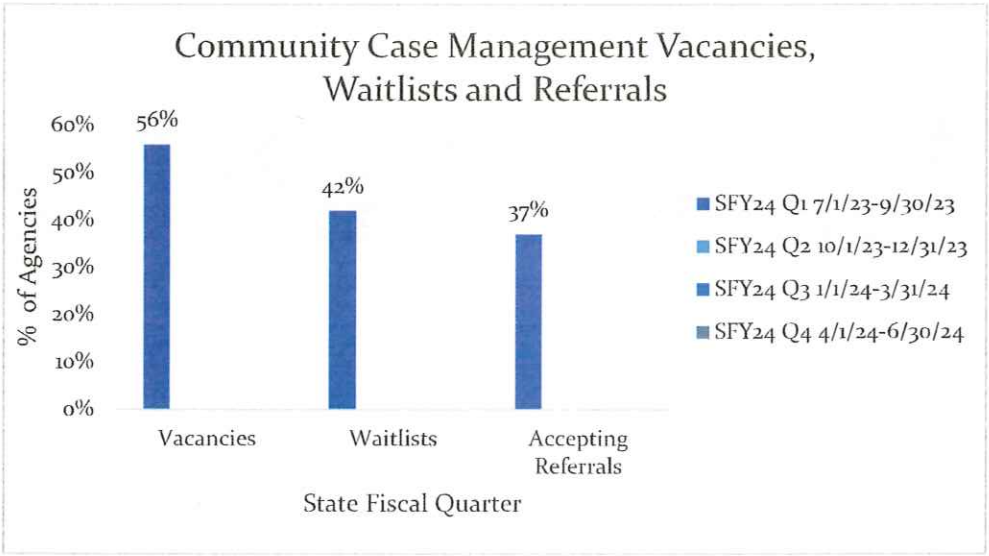


**Figure was corrected on 2/15/24 to reflect accurate count of individuals receiving Targeted Case Management*

Individuals Waiting for Case Management



SFY24 Q1 Community Case Management Agency Vacancies, Waitlists and Referrals



INTAKE AND ELIGIBILITY

OADS Intake and Eligibility staff based in district offices process incoming eligibility applications for services at OADS. These staff are responsible for meeting the prospective applicant and their involved family, providing guidance to the individual and family on how to navigate the system, ensure that all Releases of Information are executed, collect, and sometimes arrange for psychological testing and other functional assessments. If necessary, OADS Intake and Eligibility staff also coordinate activities

related to establishment of eligibility determination and issue determination letters within 90 days of application. Intake and Eligibility services are offered across 8 districts within the state. The types of services vary based on individual need and include consultation regarding access to or navigating systems of care. The tables below represent how many individuals-initiated intake and eligibility services during State Fiscal Year 2024 Q1 (July 1, 2023-September 30, 2023). In addition, counts of individuals with eligibility determinations by district and individuals placed on a waitlist for the most recent SFY24 quarter (July-September 2023) are presented.

SFY 24 Q1 Individuals with an Initiated Intake after Referral by District

District	SFY24 Q1
1: York	30
2: Cumberland	22
3: Androscoggin, Franklin & Oxford	18
4: Waldo, Lincoln, Knox and Sagadahoc	10
5: Kennebec & Somerset	17
6: Penobscot & Piscataquis	34
7: Washington & Hancock	1
8: Aroostook	7
Quarterly Total*	**139**

* *This is a count of unique individuals. A single individual may have had multiple interactions across a region.*

SFY 24 Q1 Count of Individuals with an Initiated Eligibility Determination by District

District	Total Individuals	Individuals Eligible	Individuals Ineligible	Individuals Pending Decision
1: York	16	12	0	12
2: Cumberland	14	6	1	14
3: Androscoggin, Franklin & Oxford	10	10	0	0
4: Waldo, Lincoln, Knox & Sagadahoc	7	5	0	2
5: Kennebec & Somerset	14	12	1	1
6: Penobscot & Piscataquis	30	24	3	19
7: Washington & Hancock	7	5	3	2
8: Aroostook	8	8	0	2
SFY24Q1 Total*	**106**	**82**	**8**	**52**

* *Counts are for individuals with an initiated eligibility determination for the quarter. Pending eligibility decisions may occur in a different quarter.*

SFY24 Q1 Count of Individuals on Waiver Service Waitlists*

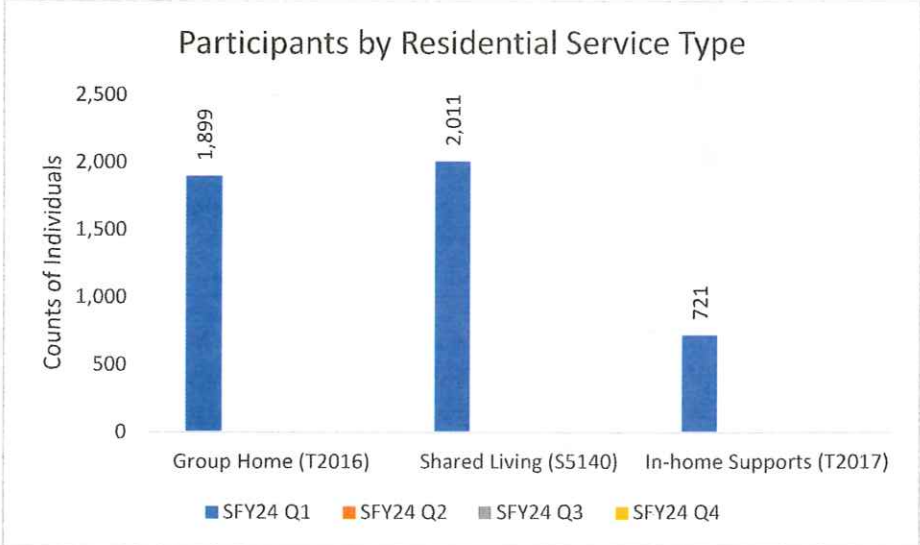
Count of Individuals Waiting by Waiver	Q1
Brain Injury (18)	194
Other related Conditions (20)	28
All Comprehensive Services for IDD/ASD (21)	2,145
Priority 2 IDD/ASD (21)	705
Priority 3 IDD/ASD (21)	1440
Support Services for IDD/ASD (29)	228
Total Unduplicated Individuals	**2496**

* *Additional information regarding waitlist data is located here:*
https://www.maine.gov/dhhs/oads/about-us/data-reports/participation-and-waitlist-data

RESIDENTIAL SETTING TYPES

Section 21 and 29 Waiver Members receive residential services in their own home, in a shared living arrangement or in a group home. At times an individual with intellectual disabilities or autism may reside in an intermediate care facility (ICF). In SFY24Q1 (July-September 2023), individuals over the age of 18 receiving Section 50 services that resided in an ICF for this quarterly report was 181, an increase of 3 individuals. Counts of Section 21 and 29 Waiver Members receiving services in each residential setting type (own home, shared living, or group home) is presented for the State Fiscal Year 2024 Q1 (July 1, 2023-September 30, 2023).

SFY24 Q1 Count of S21 and S29 Individuals by Residential Service Type

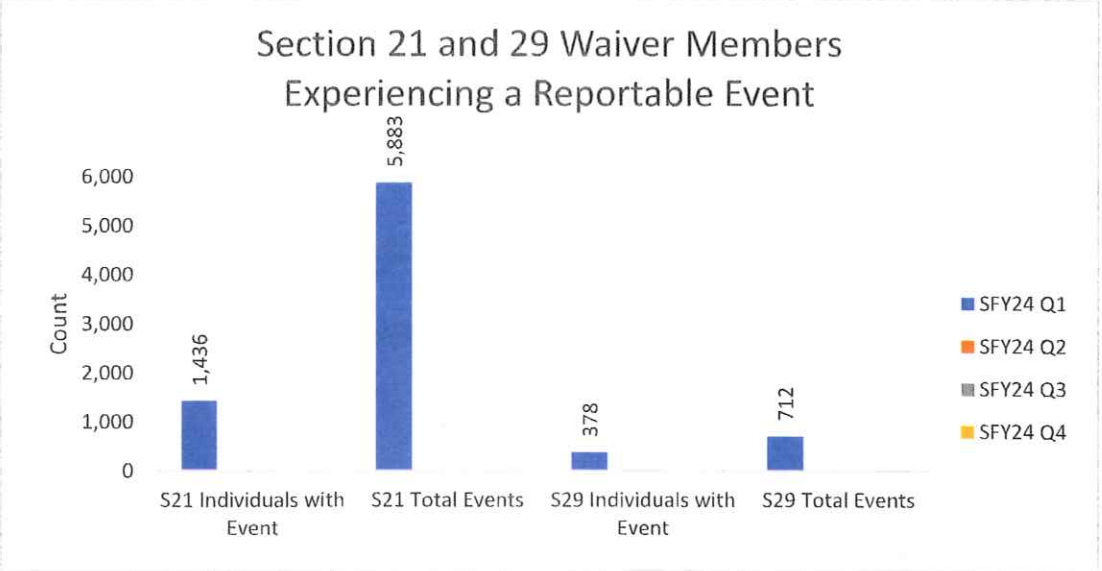


REPORTABLE EVENTS

All residential, community support, employment support and case management staff are required reporters, who must file reportable events to document occurrences of physical restraint, rights violations, assaults/altercations, medication errors, dangerous situations and injury or death. The Reportable Events System rule (14-197 Chapter 12) sets forth the policy of the Maine Department of Health and Human Services for reporting requirements and the steps involved in the review of reportable events to identify preventive and corrective action, as appropriate. Providers of MaineCare Benefits Manual Sections 21 and 29 services are required to report certain critical incidents that involve individuals receiving services. Providers of services are also required to conduct follow-up on these events.

The following figure includes the total unduplicated count of individuals who experienced a Reportable Event while receiving Section 21 and 29 waiver services and the number of reportable events in State Fiscal Year 2024 Q1 (July 1, 2023-September 30, 2023). Note, an individual could experience more than one Reportable Event.

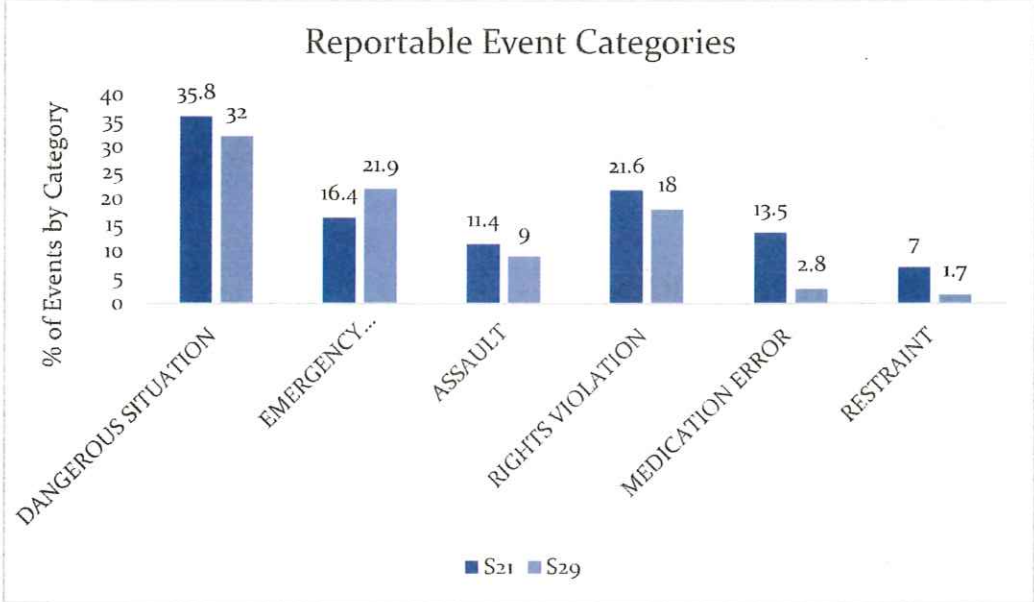
Section 21 and 29 Waiver Members Experiencing a Reportable Event



REPORTABLE EVENT CATEGORIES

The percentage is provided for the total Reportable Events submitted in EIS by waiver for 6 selected categories during the SFY24Q1 (July-September 2023) Of these categories, the most frequent Reportable Event included incidents involving dangerous situations at 32% for Section 29 and 35.8% for Section 21.

SFY24 Q1 Reportable Event Categories for S21 and S29 Waiver Members



Each Reportable Event category definition as described in 14-197 C.M.R. ch. 12 is provided:

1.**Restraint**: an unplanned physical action that limits or controls the voluntary movement of an Individual Receiving Services against his or her will and that deprives an Individual Receiving Services of the use of all or part of his or her body or maintains an Individual Receiving Services in an area through physical presence, physical limitation, or coercion.

2.**Rights Violation:** any action or inaction that deprives an Individual Receiving Services with an intellectual disability or autism of any of the rights or basic protections described in 34-B M.R.S. §5605.

3. **Dangerous Situation**: Individual Receiving Services is in a dangerous situation posing an imminent risk of harm to self or others that is not included in any of the categories listed in Section 2(2)(A)(1)-(15).

4. **Assaults:** Physical assault or altercation involving any of the following:

- An Individual Receiving Services initiates a physical altercation with another individual(s) (including staff, another Individual Receiving Services, or any other member of the community);
- An Individual Receiving Services is physically assaulted by another Individual Receiving Services.

5. **ER visits:** Emergency Department visit.

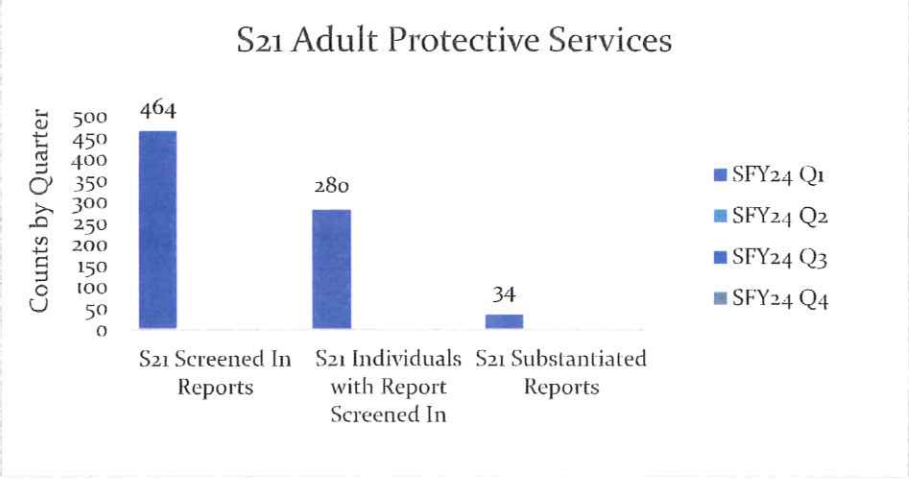
6. **Medication Errors:** Medication Error that leads to a health or safety concern of a serious and immediate nature due to any of the following:

- Refusal to take a prescribed medication;
- Taking medication in an incorrect dosage, form, or route of administration;
- Taking medication on an incorrect schedule;
- Taking medication which was not prescribed;
- An allergic reaction to a medication; or
- Incorrect procedure followed for assisting an Individual Receiving Services with self-medication

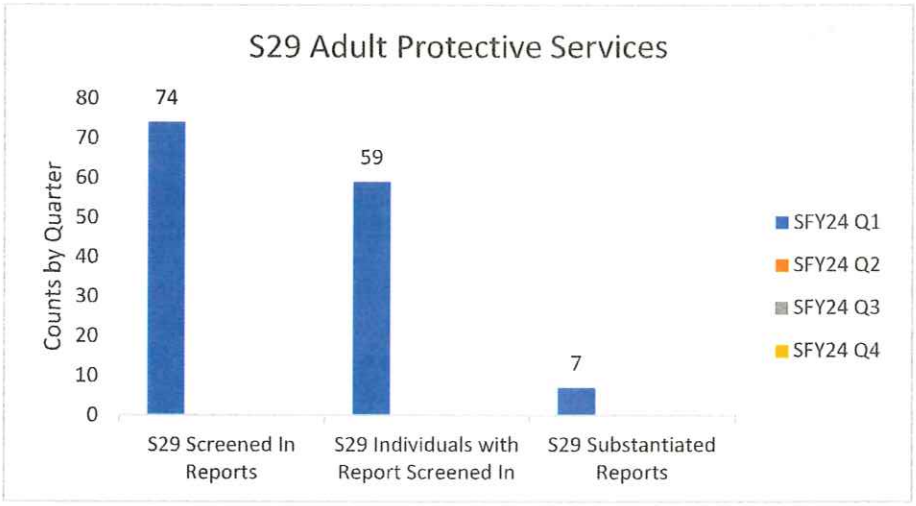
ADULT PROTECTIVE SERVICES

In State Fiscal Year 2024 Q1 (July 1, 2023-September 30, 2023). Adult Protective Services (APS) received 3,408 reports that were "screened in," meaning they met the jurisdictional requirements for APS involvement (i.e., allegations of abuse, neglect, or exploitation or substantial risk thereof of an incapacitated or dependent adult in Maine). Of those, the screened in reports involving a client receiving Section 21 or 29 are outlined below. Of note, some clients were the subject of more than one report to APS during the quarter, which is reflected in Line 1 below. The number of reports where the allegations were substantiated involving a client receiving Section 21 or Section 29 services is small relative to the number of reports investigated. A breakdown of substantiated allegations involving Section 21 and 29 individuals is also included. A report may have more than one substantiated allegation. Additionally, counts of substantiated allegation types for SFY24Q1 (July-September 2023) are presented.

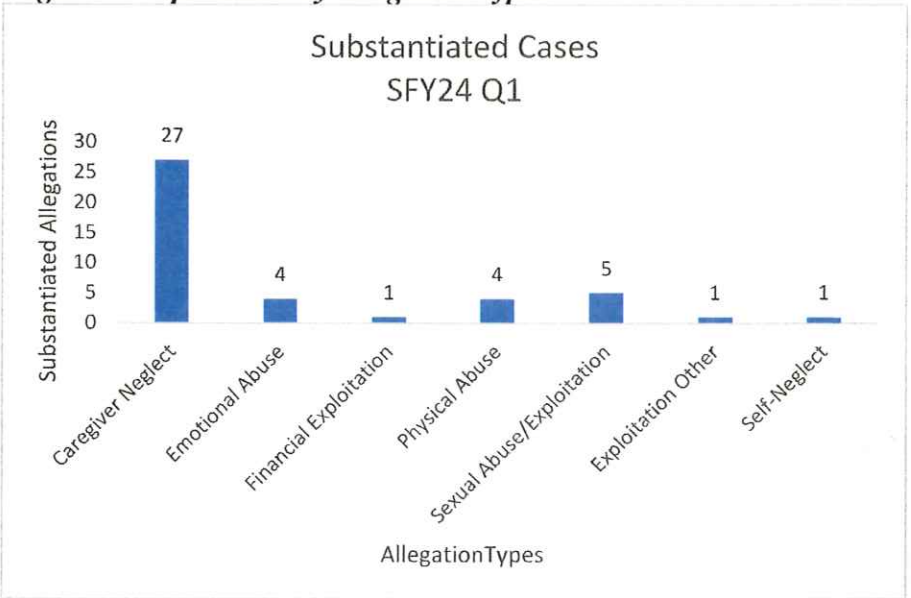
SFY24 Q1 Section 21 Waiver Members with APS Reports



SFY24 Q1 Section 29 Waiver Members with APS Reports



SFY24 Q1 Section 21 and 29 Waiver Members with Substantiated Cases of Abuse, Neglect & Exploitation by Allegation Types



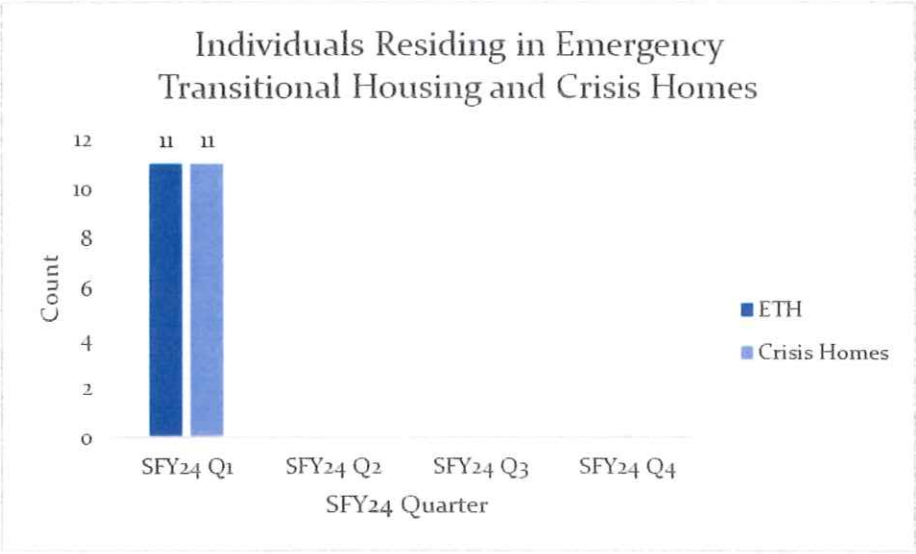
CRISIS PREVENTION AND INTERVENTION

OADS offers a crisis system comprising five major services: prevention services; crisis telephone services, mobile crisis outreach services, in-home crisis services, and crisis residential services. A description of each crisis service is provided:

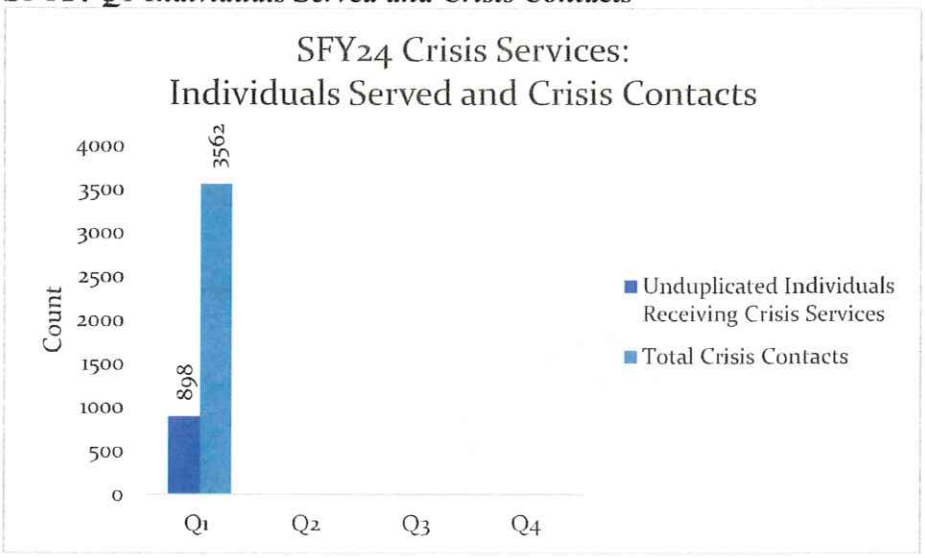
- **Prevention:** proactive and individualized support focused on planning for situations before it becomes a crisis. Accomplished through consultation, education, and development of a crisis prevention plan.
- **Crisis Telephone**: supportive communication, consultation, problem solving, information/referral.
- **Mobile Crisis Outreach**: provided in any setting, includes on-site assessments, consultation, education, crisis stabilization, and crisis plan development.
- **In-home Support**: short-term, home-based service focused on keeping the individual in their current environment by assisting with stabilization and collaborating with the individual's existing support team.
- **Crisis Residential**: short-term, highly supportive service with 24/7 crisis staffing. Offers ongoing assessment of bio-psychosocial needs, stabilization and return home or alternate placement services, assistance with crisis planning, and daily living skill support (e.g., medication assistance and transportation).

All services are provided using multiple contact modalities (telephonic, in-person contact, electronic correspondence, and video conferencing). Individuals receiving crisis services were served by Portland, Augusta, Bangor, and Houlton/Caribou regional offices. For State Fiscal Year 2024 Q1 (July 1, 2023-September 30, 2023), a count of individuals served by transitional housing, a regional breakdown of contact type by service mode of delivery and counts of contacts by regional office is presented below.

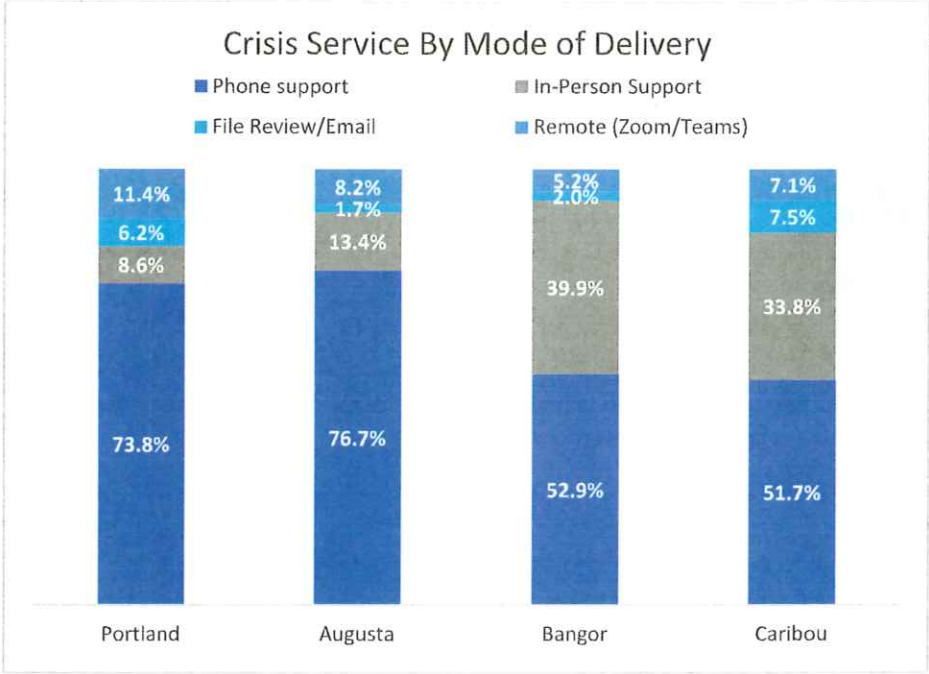
SFY24 Q1 Emergency Transitional Housing and Crisis Homes



SFY24 Q1 Individuals Served and Crisis Contacts



SFY24 Q1 Crisis Service by Mode of Delivery



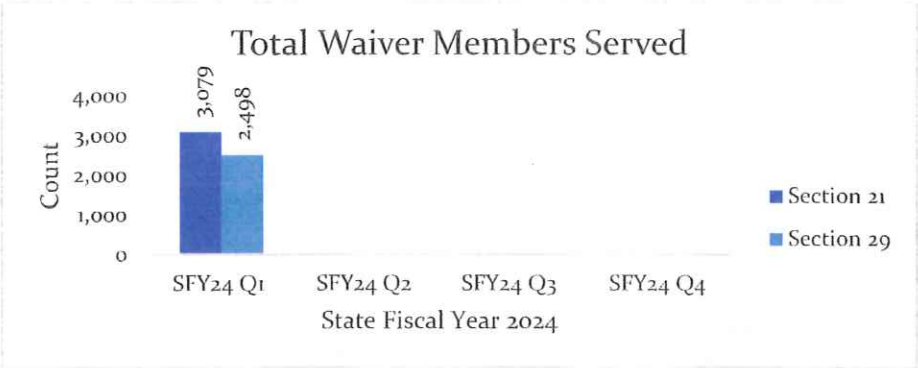
SECTIONS 21 and 29 BUDGET EXPENDITURES

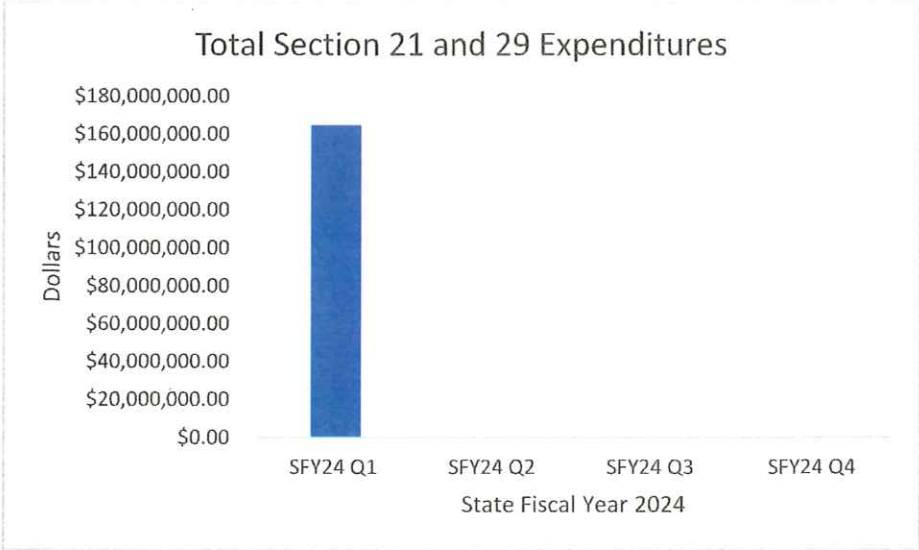
Waiver expenditures with State and Federal share for State Fiscal Year 2024 Quarter 1 (July-September 2023) is presented and followed by total waiver expenditures for Sections 21 and 29. This also includes per member per year/month (PMPY/PMPM) costs. The data source for expenditures is the MaineCare Healthcare Claims System. Combined counts are unduplicated and include individuals who received Section 29 and transitioned to Section 21 during this timeframe.

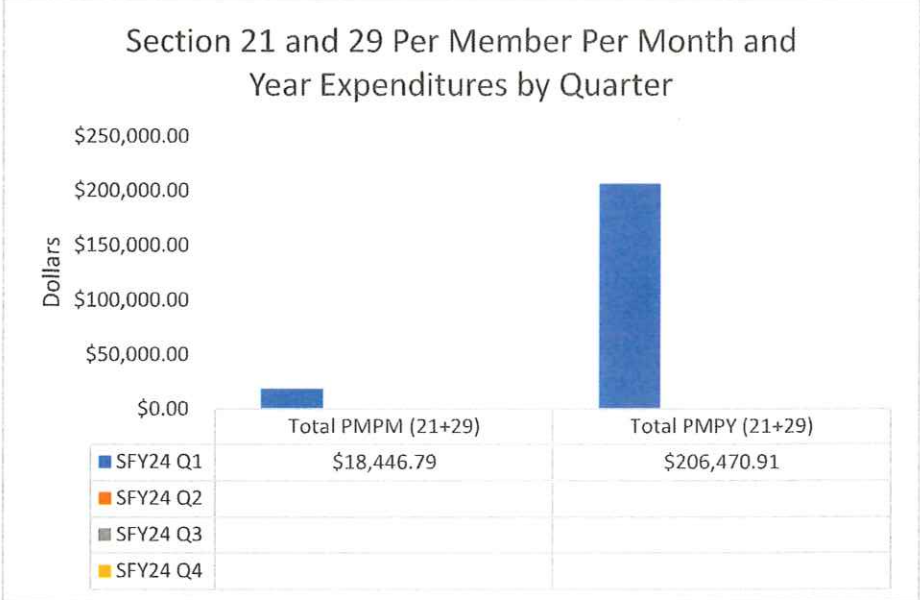
SFY 24 Q1 Section 21 and 29 Total Waiver Expenditures: State vs Federal Share

Waiver Section	State Share Total	Federal Share Total
21	$ 47,097,302.62	$ 90,273,119.42
29	$ 9,225,272.45	$ 18,042,626.89
Total	**$ 56,322,575.07**	**$ 108,315,746.31**

SFY24 Q1 Section 21 and 29 Total Individuals Served, Waiver Expenditures, PMPY, and PMPM




Total Section 21 and 29 Expenditures
$180,000,000.00
$160,000,000.00
$140,000,000.00
$120,000,000.00
$100,000,000.00
$80,000,000.00
$60,000,000.00
$40,000,000.00
$20,000,000.00
$0.00
Dollars
SFY24 Q1
SFY24 Q2
SFY24 Q3
SFY24 Q4
State Fiscal Year 2024


Section 21 and 29 Per Member Per Month and Year Expenditures by Quarter
$250,000.00
$200,000.00
$150,000.00
$100,000.00
$50,000.00
$0.00
Dollars
Total PMPM (21+29)
Total PMPY (21+29)
SFY24 Q1
$18,446.79
$206,470.91
SFY24 Q2
SFY24 Q3
SFY24 Q4

Title 34-B: BEHAVIORAL AND DEVELOPMENTAL SERVICES
Chapter 1: GENERAL PROVISIONS
Subchapter 2: DEPARTMENT

§1223. Maine Developmental Services Oversight and Advisory Board

1. **Composition.** The Maine Developmental Services Oversight and Advisory Board, as established by Title 5, section 12004-J, subsection 15 (../5/title5sec12004-J.html) and referred to in this section as "the board," consists of 15 members appointed by the Governor from a list of nominees proposed by the board pursuant to procedures established in the rules of the board.

A. The board shall submit nominees to the Governor at least 90 days prior to the expected date of each vacancy. [PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

B. In making nominations, the board shall endeavor to ensure adequate representation at all times from different service regions of the State and from interested stakeholder groups, including but not limited to:

(1) The protection and advocacy agency designated pursuant to Title 5, section 19502 (../5/title5sec19502.html);

(2) A statewide coalition that works to support and facilitate the ability of local and statewide self-advocacy organizations to network with each other and with national organizations;

(3) A nonprofit organization that serves teens and young adults in the State with emotional and intellectual disabilities;

(4) A statewide coalition that works to support and facilitate the ability of local and statewide self-advocacy organizations to network with each other and with national organizations; and

(5) The Maine Developmental Disabilities Council. [PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

C. In making the nominations and appointments, the board and the Governor shall endeavor to ensure that at least 8 of the members of the board are persons with intellectual disabilities or autism or family members, guardians or allies of persons with intellectual disabilities or autism who receive services funded by the Department of Health and Human Services. Of these members, at least 4 must be persons with intellectual disabilities or autism, referred to in this section as "self-advocates." [PL 2011, c. 542, Pt. A, §66 (AMD).]

Members of the board must include stakeholders involved in services and supports for persons with intellectual disabilities or autism in the State and other individuals interested in issues affecting persons with intellectual disabilities or autism. Employees of the Department of Health and Human Services may not be appointed as members of the board.

[PL 2011, c. 542, Pt. A, §66 (AMD).]

2. Terms. Members of the board serve 3-year terms. A member serves until a successor is appointed. A vacancy must be filled as soon as practicable by appointment for the unexpired term.

[PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

3. Chair. The board shall elect a chair from among its members.

[PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

4. Compensation. Members of the board are entitled to reimbursement of reasonable expenses incurred in order to serve on the board as provided in Title 5, section 12004-J, subsection 15 (../5/title5sec12004-J.html). Members not otherwise compensated by their employers or other entities whom they represent are entitled to receive a per diem as established by rule or policy adopted by the board for their attendance at authorized meetings of the board.

[PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

5. Staff. The board may hire an executive director and clerical support staff.

[PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

6. Budget. The Department of Administrative and Financial Services shall administer the budget of the board. The board shall provide to the Commissioner of Administrative and Financial Services a proposed budget in accordance with a schedule agreed to by the chair and the Commissioner of Administrative and Financial Services. The Department of Administrative and Financial Services shall include in its estimate of expenditure and appropriation requirements filed pursuant to Title 5, section 1665 (../5/title5sec1665.html) sufficient funds, listed in a separate account as a separate line item, to enable the board to perform its duties.

[PL 2021, c. 686, §4 (AMD).]

7. Maine Tort Claims Act. The board members and staff act as employees of the State, as defined in Title 14, section 8102, subsection 1 (../14/title14sec8102.html), when engaged in official duties specified in this section or assigned by the board.

[PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

8. Oversight and advisory functions. The board shall:

A. Provide independent oversight over programs and services for adults with intellectual disabilities or autism that are provided, authorized, funded or supported by the department or any other agency or department of State Government. The board shall focus on systemic concerns affecting the rights of persons with intellectual disabilities or autism, including but not limited to issues surrounding health and safety, inclusion, identification of needs and desires of persons eligible for services by the department, the timely meeting of the identified needs and effective and efficient delivery of services and supports; and [PL 2011, c. 542, Pt. A, §66 (AMD).]

B. Provide advice and systemic recommendations to the commissioner, the Governor and the Legislature regarding policies, priorities, budgets and legislation affecting the rights and interests of persons with intellectual disabilities or autism. [PL 2011, c. 542, Pt. A, §66 (AMD).]

[PL 2011, c. 542, Pt. A, §66 (AMD).]

9. Powers and duties of the board. In order to carry out its oversight and advisory functions, the board has the following powers and duties.

A. The board shall hold at least one hearing or other forum each year that is open to the public in order to gather information about the availability, accessibility and quality of services available to persons with intellectual disabilities or autism and their families. [PL 2011, c. 542, Pt. A, §67 (AMD).]

B. The board may accept funds from the Federal Government, the State, a political subdivision of the State, individuals, foundations and corporations and may expend those funds for purposes consistent with the board's functions, powers and duties. [PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

C. The board shall establish priorities for its oversight and systems advocacy work. In establishing priorities, the board shall consider the results of its work in addressing the priorities established in previous years. [PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

D. The board shall report at least annually to the Governor and the Legislature on its activities and recommendations regarding policies, priorities, budgets and legislation affecting the rights and interests of persons with intellectual disabilities or autism. The board's annual report must include the board's assessment of its operations and progress in addressing the priorities established pursuant to paragraph C (../34-B/title34-Bsec1223.html). The board's annual report must be made public and widely disseminated in a manner designed to inform interested stakeholders. [PL 2011, c. 542, Pt. A, §67 (AMD).]

E. The board may provide reports and recommendations to the commissioner on matters of systemic concern arising from the board's oversight role. The board may recommend that the department undertake the study of specific systemic issues as part of the department's annual quality assurance activities and strategies, and the board may collaborate and cooperate with the department in the conduct of any such studies, if feasible. The commissioner shall provide a written response no later than 30 days following receipt of the recommendations from the board. [PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

F. The board may refer individual cases that require investigation or action to the department, the protection and advocacy agency designated pursuant to Title 5, section 19502 (../5/title5sec19502.html) or other appropriate agency. [PL 2011, c. 657, Pt. EE, §2 (AMD).]

[PL 2011, c. 542, Pt. A, §67 (AMD); PL 2011, c. 657, Pt. EE, §2 (AMD).]

10. Access to information. The board is entitled to access to information from the department necessary to carry out its functions. Except as provided in paragraphs D (../34-B/title34-Bsec1223.html) and E (../34-B/title34-Bsec1223.html), information provided pursuant to this subsection may not contain personally identifying information about a person with intellectual disabilities or autism.

A. Within existing resources, the department shall provide the board, on a schedule to be agreed upon between the board and the department, reports on case management, reportable events, adult protective and rights investigations, unmet needs, crisis services, quality assurance, quality improvement, budgets and other reports that contain data about or report on the delivery of services to or for the benefit of persons with intellectual disabilities or autism, including reports developed by or on behalf of the department and reports prepared by others about the department. [PL 2021, c. 686, §5 (AMD).]

B. Within existing resources, the department, when requested by the board or pursuant to a written agreement with the board, shall release to the board information pertaining to alleged abuse, exploitation or neglect or an alleged dehumanizing practice or violation of rights of a person with intellectual disabilities or autism. [PL 2021, c. 686, §5 (AMD).]

C. [PL 2013, c. 310, §1 (RP).]

D. The board may examine confidential information in individual records with written permission of the person or that person's guardian. If the person or that person's guardian provides the board with written permission to examine confidential information, the board must maintain the confidentiality of the information as required by section 1207 (../34-B/title34-Bsec1207.html). [PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

E. A member of the board or the board's staff may receive and examine confidential information when otherwise authorized to do so by law, including but not limited to when serving on a committee established by the department or other entity for which access to such information is necessary to perform the function of the committee. [PL 2021, c. 686, §5 (AMD).]

[PL 2021, c. 686, §5 (AMD).]

11. **Rulemaking.** The board shall adopt rules governing its operations, including rules establishing its bylaws. Rules adopted pursuant to this subsection must address:

A. Procedures for nominating persons to fill vacancies on the board; [PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

B. Procedures for holding annual hearings or other alternative means of receiving input from citizens throughout the State pursuant to subsection 9 (../34-B/title34-Bsec1223.html); [PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

C. Procedures for exercising its powers pursuant to subsection 10, paragraph D (../34-B/title34-Bsec1223.html) in a manner that is respectful of the rights, interests and opinions of persons whose records are at issue; [PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

D. Procedures concerning the hiring of an executive director, including the method for selection and the role of the executive director and procedures concerning the supervision, compensation and evaluation of the executive director; and [PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

E. The provision of per diem stipends for members not otherwise compensated by their employers or other entities whom they represent for their attendance at authorized meetings of the board. [PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

Rules adopted pursuant to this subsection are routine technical rules as defined in Title 5, chapter 375, subchapter 2-A (../5/title5ch375sec0.html).

[PL 2007, c. 356, §7 (NEW); PL 2007, c. 695, Pt. D, §3 (AFF).]

SECTION HISTORY
PL 2007, c. 356, §7 (NEW). PL 2007, c. 356, §31 (AFF). PL 2007, c. 695, Pt. D, §3 (AFF). PL 2011, c. 542, Pt. A, §§66-68 (AMD). PL 2011, c. 657, Pt. EE, §§2, 3 (AMD). PL 2013, c. 310, §1 (AMD). PL 2021, c. 686, §§4, 5 (AMD).

Case Studies: July 10, 2024

Discussion with the Blue Ribbon Commission to Study the Organization of and Service Delivery by DHHS

July 10, 2024

Department of Health and Human Services

Agenda & Approach

- **Approach to the presentation**
- **Participants from DHHS**
- **Case 1:** A young family with a parent with SUD who uses TANF/ASPIRE for training to improve their circumstances
- **Case 2:** An older person who wishes to age in place, has an income of 275% FPL, qualifies for in-home services under section 63, is food insecure and lacks transportation

Case Study: Low-income Family w/ SUD

Commission Request: A young family with a parent with SUD who uses TANF/ASPIRE for training to improve their circumstances

Definitions and Acronyms:

- **SUD –** Substance Use Disorder
- **TANF –** Temporary Assistance for Needy Families is a federal block grant to states used to fund cash assistance and related programs to families who meet income eligibility and have a child 18 years of age or under, are pregnant, or who are under 18 years of age and head of household.
- **ASPIRE –** Additional Support for People in Retraining and Employment, Maine's education and work support program for families receiving TANF assistance.

Case Study: Low-income Family w/ SUD

Commission Request: A young family with a parent with SUD who uses TANF/ASPIRE for training to improve their circumstances

Participant Pathway

- TANF application and referral to ASPIRE (OFI)
- Orientation (Fedcap)
  - Warm-Up Call
  - Pre-enrollment Activities
  - Welcome Meeting
- Mobility Mentoring
  - Bridge Exercise/Climb Tool
- Themed Assessments
- Points of Interest

Case Study: Low-income Family w/ SUD

Commission Request: A young family with a parent with SUD who uses TANF/ASPIRE for training to improve their circumstances

Participant Pathway (Continued)

- Career Plan
- Progress Appointments
- Activities
- Flexibilities
  - General Flexibilities
  - Good Cause
  - Exemptions
  - Extensions
  - Wellness Track

Case Study: Low-income Family w/ SUD

Commission Request: A young family with a parent with SUD who uses TANF/ASPIRE for training to improve their circumstances

Specific to this Case Study –

- Information
  - Family safety
  - Basic needs
  - Secondary needs
- Resources
  - Support Services
  - Whole Family Case Coordination
  - Other TANF-funded Whole Family Services Support

Case Study: Older Adult Aging in Community

Commission Request: An older person who wishes to age in place, has an income of 275% FPL, qualifies for in-home services under section 63, is food insecure and lacks transportation

Definitions and Acronyms:

- **FPL**: Federal Poverty Level is a common measure of income for eligibility purposes. Based on 2024 guidelines, 275% FPL for a single individual is $41,415.00 per year.
- **Section 63**: In-Home and Community Support Services for Elderly and Other Adults, also known as Home Based Care, is a state-funded program to provide long term care services to assist with case management, personal care services including activities of daily living (ADLs), home health, respite, and other care that helps to avoid or delay inappropriate residential care.

Case Study: Older Adult Aging in Community

Commission Request: An older person who wishes to age in place, has an income of 275% FPL, qualifies for in-home services under section 63, is food insecure and lacks transportation

Assumptions for discussion's sake: 84 year old female

275% FPL

$3,458 monthly income ($2,100 Social Security Income; Pension $1,358)
$41,000 Annual income
$3,000 assets

Living Arrangement: Alone in Apartment for 55 years + Westbrook, Maine

Informal Supports: Adult Daughter and Adult Son

Primary Diagnoses: Lung Cancer, Hypertension

Case Study: Older Adult Aging in Community

Commission Request: An older person who wishes to age in place, has an income of 275% FPL, qualifies for in-home services under section 63, is food insecure and lacks transportation

Assumptions for discussion's sake: She was living independently up until 2 months ago however she is currently in active treatment related to her lung cancer whereas she receives infusion therapy 3x per week.

She has recently experienced increased weakness and falls resulting in the inability to drive and now requires personal support with bathing, dressing, transfers and toileting. In addition, her recent decline has limited her ability to do groceries and prepare her own meals. She is receiving PT/OT services one day per week to increase balance and strength in upper and lower extremities.

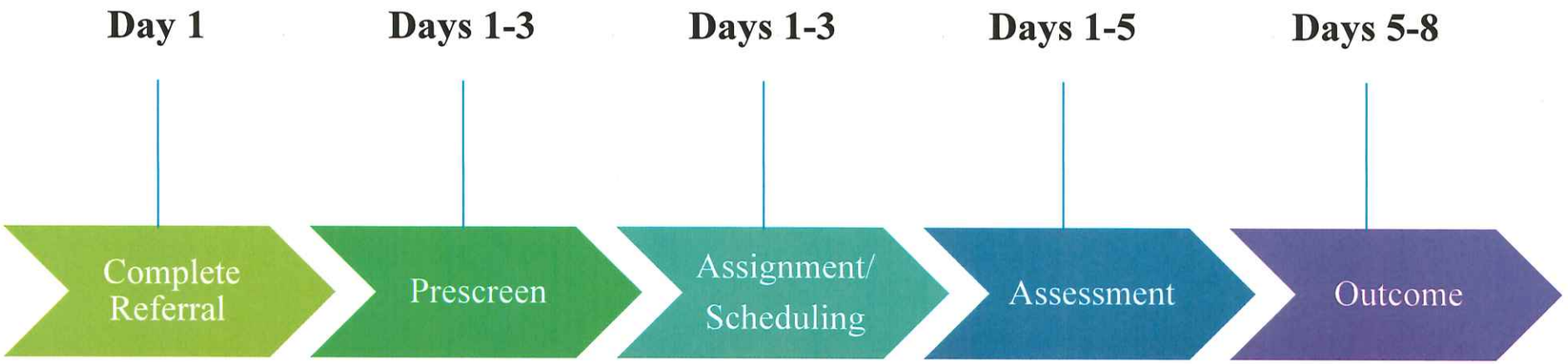
Aside from therapies, She's children have been assisting with transportation and meals over the past two months but cannot continue to provide the continued level of support.

A referral was made by her Home Health Agency for a Medical Eligibility Determination (MED) assessment on November 15, 2023 due to her increasing needs and expressed caregiver burnout.

Case Study: Older Adult Aging in Community

Commission Request: An older person who wishes to age in place, has an income of 275% FPL, qualifies for in-home services under section 63, is food insecure and lacks transportation

MED Assessments are conducted by the Department's Assessing Services Agency, Maximus. The MED tool is used to determine functional eligibility for all Medicaid and State Funded LTSS for Older and Physically Disabled Adults.

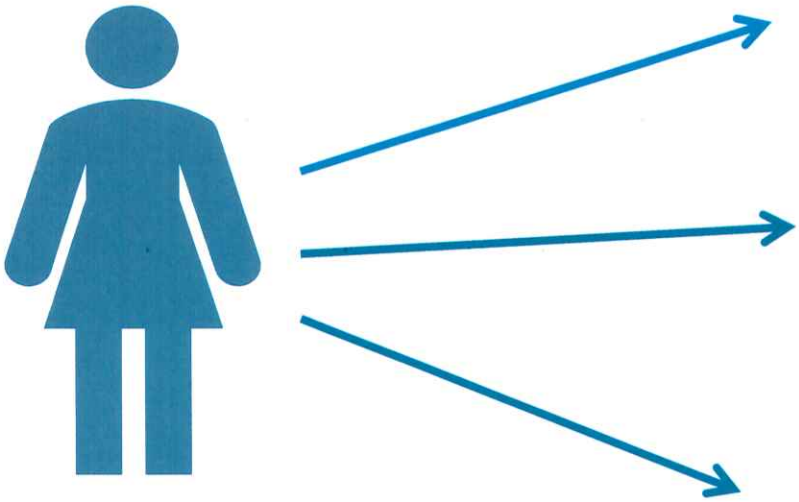


Case Study: Older Adult Aging in Community

Completed Referral	Prescreen	Assignment/ Scheduling	Assessment	Outcome
• Contact information • Interpreter information • Known impairments (visual/hearing etc.) • All demographic information must be complete • State need for assessment/ living arrangements	• Collects necessary financial information • Current services being received • Assistance needed • Location at time of referral • Discussion of Help Needed	• Assessment being assigned to local assessor • Assessor schedules their assigned assessments • Allowable grouped assessments based on geographic location	• Uses Medical Eligibility Determination tool • Conducted by RN/LPN • Face to Face in home/facility • Creates care plan for covered services based on functional needs • Accounts for service model choice and choice of coordination agency	• Assessment/ care plan disseminated to consumer & case management agency • Appeals information provided • Advocacy information provided • Consumer is placed on waitlist if applicable.

Case Study: Older Adult Aging in Community

Commission Request: An older person who wishes to age in place, has an income of 275% FPL, qualifies for in-home services under section 63, is food insecure and lacks transportation



Assessed Needs

Bathing **Laundry**

Dressing **Safety Monitoring**

Transfers **Toileting**

Medication Administration

Transportation **Grocery Shopping**

Meal Prep

Outcome:

State Funded Section 63- Home Based Supports and Services Program, Level IV

Case Study: Older Adult Aging in Community

Commission Request: An older person who wishes to age in place, has an income of 275% FPL, qualifies for in-home services under section 63, is food insecure and lacks transportation

Nursing Services	Personal Care Services (Agency/Participant Directed)	Care Coordination
Home Modifications	Emergency Response	Home Health Services
Adult Day Services	Respite	Home Delivered Meals*

Case Study: Older Adult Aging in Community

Commission Request: An older person who wishes to age in place, has an income of 275% FPL, qualifies for in-home services under section 63, is food insecure and lacks transportation

PSS	20 hours weekly to provide: ADLS: bathing, dressing , transfers, and toileting, IADLS: grocery shopping, meal prep and light housework
Nursing	1 hour every 2 weeks for Medication Preparation
Case Mgmt	Check in to monitor service delivery, health and safety, review unmet needs, staffing support community referrals and service authorization
Respite	4 hours per week to relieve caregiver(s)
PERS	1 Personal Emergency Response Unit

Case Study: Older Adult Aging in Community

Commission Request: An older person who wishes to age in place, has an income of 275% FPL, qualifies for in-home services under section 63, is food insecure and lacks transportation

Member Choice of Case Management (CM) Agency of Choice = Alpha One

MED is received 1 business day after assessment. CM is required to contact member within 2 business days.

Includes community referrals for unmet needs or non-covered services

Case Study: Older Adult Aging in Community

Commission Request: An older person who wishes to age in place, has an income of 275% FPL, qualifies for in-home services under section 63, is food insecure and lacks transportation

Covered Services with Assessed Need	Action	Outcome
Personal Support Specialist: ADL: Bathing, dressing, transfers and toileting **IADL:** groceries, laundry and meal prep	Referrals made to 55+ Personal Care Agencies in surrounding areas.	**20** hours PSS hours accepted for staffing by A Better Choice Home Care Agency. **4** Hours PSS Respite Hours accepted for staffing by A Better Choice Home Care Agency.
Nursing Services	Referrals Made to 7 agencies and Independent RN providers	2 hours per month accepted by Cor Health Services
Emergency Response – Safety Monitoring	Referral made to Lifeline for PERS installation	Installed within 2 weeks of referral

Case Study: Older Adult Aging in Community

Commission Request: An older person who wishes to age in place, has an income of 275% FPL, qualifies for in-home services under section 63, is food insecure and lacks transportation

Non- Covered Services with Assessed Need	Action/Resources	Outcome
Transportation to and from Medical Appointments	Resources or referral provided to the following: • Local Area Agency on Aging • Opportunity Alliance Senior Companion Program • Referral Made for Family Support Funds • Review supplemental insurance for coverage	Case Management Agency will continue to support the member with this unmet need as requested.

Discussion

Out of State Residential Programs Currently Caring for Maine Youth

Agency	Address	Population served - Gender	Population Served – Age Ranges
Easter Seals	200 Zachary Rd. Manchester, NH 03109	M/F	6 to 14 14-20
Easter Seals	525 Prospect St. Lancaster, NH 03584	M/F (depending on census)	14-20
Easter Seals	10 Mammoth Rd Manchester, NH 03109 BRTF/ Kroll	Males	16+
Crotched Mountain	1 Verney Dr Greenfield, NH 03047	M/F	10-21
Hillcrest – Main Office	788 South Street Pittsfield, MA, 01201		
Hillcrest	* ASD Residential 349 Old Stockbridge Road Lenox, MA 01240	M /F	6-21
Hillcrest	* Brookside ITU 5 Ramsdell Road Great Barrington, MA 01230	Females	8-21
Hillcrest	* High Point 242 W. Mountain Rd Lenox, MA 01240	Males	11-21
Millcreek	Fordyce, Arkansas	M/F	6-20
(MPA) Mount Prospect Academy	350 Main St Plymouth, NH 03264	Males only	12-20
Mount Prospect at Pike: Hall Farm	1977 Mount Moosilauke Hwy Pike, NH 03780	Males only	12-21

Mount Prospect Academy at Rumney	1765 Rumney Rt 25 Rumney, NH 03266	Males only	12-21
Mount Prospect Academy at Campton Enhanced Residential Treatment	19 Owl St. Campton, NH 03223	Males only	12-21
Sandy Pines	11301 SE TQUESTA TER TEQUESTA, FL 33469 US	M/F	5 to 18
Stetson School	Barre, Ma	Males only	10 to 20
Youth Villages Bill's Place	7426 Memphis-Arlington Rd, Bartlett, TN 38135	Males only	Age 8 to 17
Youth Villages Rose Ctr.	7386 Memphis-Arlington Rd Bartlett, TN 38135	Females	Age 8 to 17
Youth Villages Dogwood Campus	2890 Beckmeyer Dr., Arlington, TN 38135	Male Female	8 to 17 11 to 17
Youth Villages Inner Harbour Campus	4685 Dorsett Shoals Road Douglasville, GA 30135	Male/ Female	5 to 21
American School of Deaf	139 North Main St. West Hartford, Conn. 06107	M / F	6 to 20

Projected DHHS Workplan on PRTF

Timeframe	Activity Benchmark	
June 2023	DHHS held a Rate Determination stakeholder meeting on June 15, 2023. The Comment period active from June 15, 2023, to July 7, 2023. August /September comments were reviewed, and written responses worked on.	✓
July – September 2023	Public comment process closed. DHHS reviewed comments, worked on written responses, consulted with a national PRTF provider on model and rate recommendations.	✓
Fall 2023	DHHS finalizes service model following feedback from local stakeholders and national experts. Draft rate model being reviewed for process consistencies and to see where/if any changes can be made on the draft rate model based on comments from stakeholders.	✓
November 2023 – February 2024	DHHS rule drafting, including senior management internal review	**Ongoing**
Winter 2023-24	DHHS finalizes rates based on feedback from rate determination. Publishes result of Rate Determination.	**Ongoing**
February – March 2024	OAG pre-review of proposed rule drafts; DHHS final revisions to proposed rule drafts; Commissioner review of proposed rule drafts	
May 2024	DHHS proposes the Chapters II and III, Section 107, policies. APA public engagement process begins.	
July 2024	DHHS provides a written progress report to the Joint Standing Committee on Health and Human Services	
Fall/Winter 2024	Section 107 policies are adopted	

Children's Behavioral Health Services Annual Report

Calendar Year 2023

Submitted to the Joint Standing Committee on Health and Human Services

Prepared by:
Children's Behavioral Health Services
Office of Behavioral Health
Maine Department of Health and Human Services

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

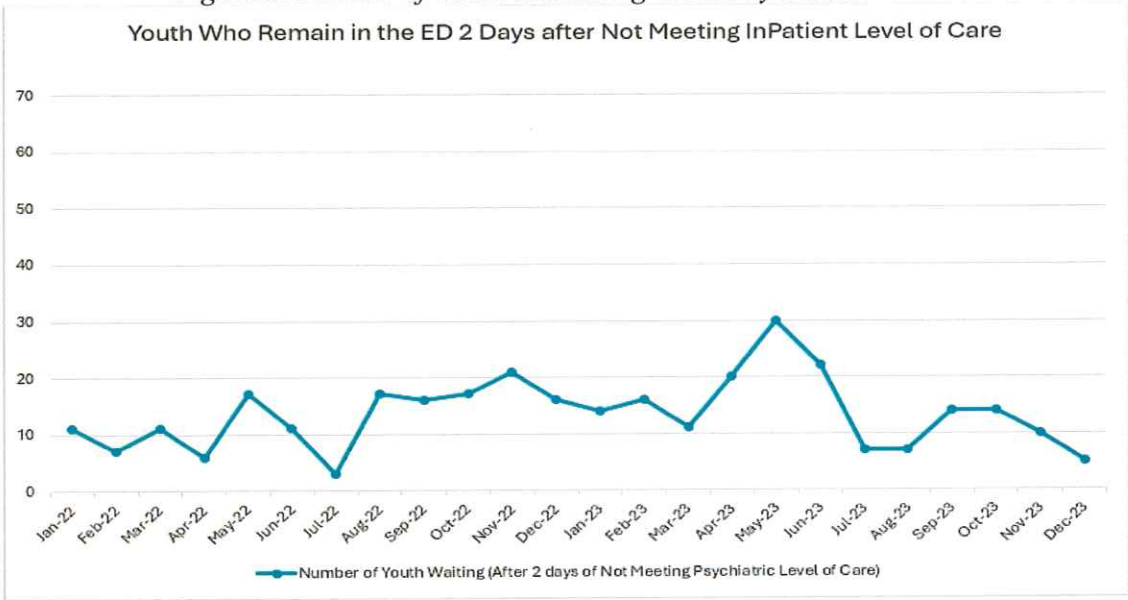


Table 2: Number of Youth Remaining in EDs by Days

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 reinitiate 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) pratitioners, who were mainly pediatricians and family medicine physicicians. 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

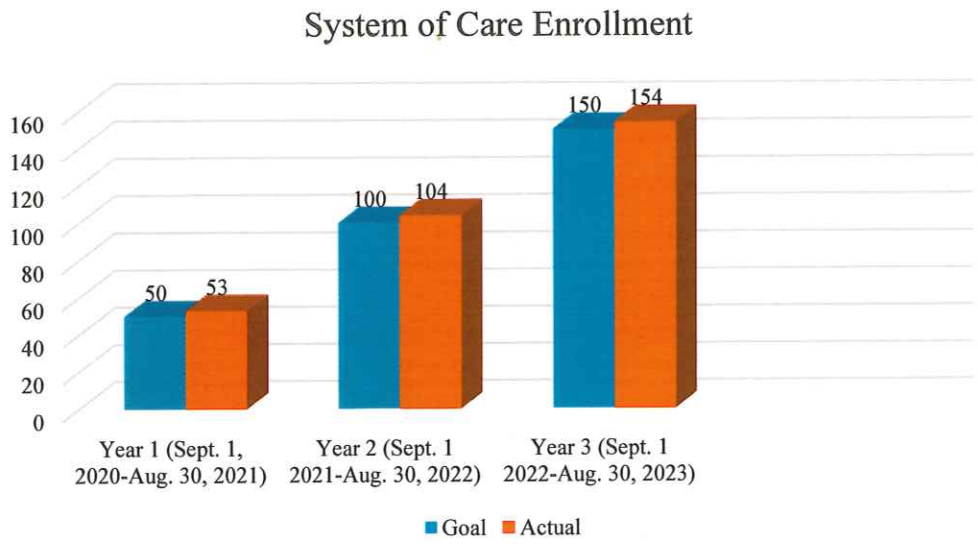
by Youth Villages, delivers intensive in-home supports to eligible youth on average of three times per week in the home or in the community for an average of four to six months, including twenty-four hour on-call crisis support. Intercept is an evidence-based intensive in-home parenting skills program 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.

Program Reach from September 2022 to June 2023

- *6 schools participated*
- *94 students enrolled*
- *397 CHW encounters (students, parents, school staff)*
- *441 behavioral health sessions (5 per student)*

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 establishemnt 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 intiatives, 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.

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner

Maine Department of Health and Human Services
Commissioner's Office
11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

REPORT TO THE LEGISLATURE

TO: Joint Standing Committee on Health and Human Services
FROM: Maine Department of Health and Human Services
DATE: February 2024
RE: Progress report pursuant to Resolve 2023 Ch. 78, *Requiring Progress Reports from the Department of Health and Human Services Regarding the Implementation of Secure Children's Psychiatric Residential Treatment Facility Services*

The Maine Department of Health and Human Services (DHHS) is submitting this report, pursuant to Resolve 2023, Ch. 78, *Resolve, Requiring Progress Reports from the Department of Health and Human Services Regarding the Implementation of Secure Children's Psychiatric Residential Treatment Facility Services*. This Resolve requires the Department to submit a report to the Joint Standing Committee on Health and Human Services in January 2024, and a follow-up report in July 2024 describing the progress the Department has made in establishing increased rates for secure children's psychiatric residential treatment facilities and amending department rule Chapter 101: MaineCare Benefits Manual, Chapters II and III, Section 107.

Progress Report

Background

Psychiatric Residential Treatment Facilities[1] (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[2]. PRTFs additionally must be accredited[3] 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; medical supervision seven days per week and twenty-four hours per day. PRTFs are designed for youth who require intensive inpatient psychiatric care: their needs cannot be met at a lower level of residential, therapeutic foster care, or community-based care. Examples of youth who may benefit from PRTF services include those youth needing non-hospital psychiatric treatment; youth needing a step-down from inpatient hospitalization; youth currently receiving or seeking treatment in out of state PRTFs; youth in other settings that may meet medical necessity for a PRTF level of care.

Starting in 2017, the Department began work to develop the policies and procedures necessary to establish PRTF services under 10-144 C.M.R. Ch. 101, MaineCare Benefits Manual. This was a collaborative effort between multiple offices within DHHS, including the Office of Child and Family Services (OCFS), the Office of MaineCare Services (OMS), the Division of Audit,

[1] https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/PRTFs
[2] https://www.ssa.gov/OP_Home/ssact/title19/1905.htm
[3] https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/Downloads/WhatisaPRTF.pdf

and Maine Professional and Financial Regulation along with representatives from the Department of Education and Department of Corrections. Following promulgation of the initial MaineCare rules in 2018, DHHS held three informational sessions on PRTF services, with one provider moving forward to submit a proposal to establish a PRTF. The Department worked with that provider over the course of 15 months to review plans, the PRFT model, and proposed financing, which ultimately resulted in the provider determining the rate established was not adequate for them to support the delivery of the service. OCFS then continued to meet with three additional providers interested in discussing PRTF services, but ultimately all four providers reached the same conclusion about the rate, prompting DHHS to review not only the rate methodology, but the service delivery model as well.

Following this feedback, DHHS began reviewing its model and seeking feedback from in-state and out-of-state providers to better understand the pressure points that were barriers to implementation. To aid in this effort, in summer of 2022, OCFS issued an informal request for information from potential providers to get feedback. Twelve providers responded to the request for information and provided valuable feedback on the challenges within the current model. Of note, of the twelve respondents, nine noted that would have a potential interest in establishing one or more PRTFs upon DHHS updating the rate methodology and service delivery model considering their feedback. Feedback on the original model included the following:

- The original 20 bed model was not aligned with national programs, which are often made up of 8-bed units;
- The Maine staffing ratio of 1:2 is too high;
- Salary cap for administrator may be too low;
- The number of certain administrative staff may be consistent regardless of facility size;
- Nursing is necessary but Maine's staffing ratio of 1:10 is too high; and
- Providers are challenged by the stringent requirement of physician ordering for restraint. Federal law prohibits DHHS from making modifications.

This feedback and additional research and information was used to update the service delivery model which has informed the draft rate methodology that was then presented to stakeholders in summer of 2023.

Rate Determination

The Department held the Rate Determination stakeholder discussion, supported through MRS Title 22, §3173-J, to present the proposed model and rate updates to stakeholders on June 15, 2023. Seventeen stakeholders from the provider community joined staff from DHHS and MDOE in the public presentation and engaged in discussion on the service model and assumptions driving the changes in the rates. Following the conclusion of the stakeholder meeting, the rate model and presentation materials were posted to DHHS's website[4], and a comment period was opened through July 7, 2023. During the comment period, three stakeholders submitted a total of twenty comments and questions. The comments and questions addressed a variety of topics, including start-up costs, staffing challenges, model questions, fixed costs assumptions, and occupancy rate adjustments. The Department reviewed these comments carefully through September and began making revisions to the model based on the comments. Rate model revisions were made considering best practices and standards of

[4] https://www.maine.gov/dhhs/oms/about-us/projects-initiatives/mainecare-rate-system-reform#CurrentRateDeterminationsinProgress

reimbursement for similar services across the country. Throughout the Fall and Winter of 2023, the models have been reviewed for process consistency, with a goal to publicly publish the final rate models this Winter (prior to April 2024).

Model and Policy Development

A group of internal stakeholders from the Office of MaineCare Services, the Office of Child and Family Services, and the Division of Licensing and Certification met between the beginning of October through December to draft the 10-144 C.M.R. Ch. 101, MaineCare Benefits Manual, Chapters II and III, Section 107, policies. This iterative and collaborative approach has worked well, with all parties making comments and edits and then convening to discuss substantive changes and identify areas where additional research is required. This work has been informed by the 2022 stakeholder survey, the MRS Title 22, §3173-J comments, individual outreach with national PRTF service providers, and internal decision-making. So far, draft changes include adding and updating definitions, adding detail to documentation requirements, requiring a new level of care assessment, altering minimum service times, clarifying reimbursement provisions based on audit processes, adding discharge summary requirements, adding a provision on emergency preparedness, and many others. The Department has finalized most of the necessary changes and expects that the remaining outstanding questions can be resolved without an additional meeting. Of note, finishing the draft policies is dependent on finalizing the rate model.

Provider Interest in PRTF

Following the 2022 survey of providers, nine of the fourteen respondents noted they could be interested in establishing PRTF services following the service model and rate methodology update efforts by the Department. Additionally, DHHS met with a local provider to talk about their potential interest in this model. Following the rate reform and rulemaking work, DHHS will engage providers further to garner interest and discuss potential next steps toward establishing a Psychiatric Residential Treatment Facility in Maine. Of note, the Department has a limited ability to discuss the service while rulemaking is in formal APA process; therefore, a stakeholder group will be scheduled when the rule is finalized. Please note the projected workplan below including activities and anticipated timeline.

Summary of Housing Initiatives in 131st Legislative Session
In Biennial Budgets, Supplemental Budgets and Other bills

Through 1st Special Session

	Dept.	Short Description	SFY 2024	SFY 2025	Transfers SFY 2023	Transfers SFY 2024	Transfers SFY 2025
(1)	COS						
		Provides funding to meet the need for housing assistance for residents being released into the community.	$ 10,000	$ 10,000	$ -	$ -	-
(2)	ECC	Continues 2 limited-period positions to administer the Housing Opportunity Program. **Funded by AO transfer to PS**	$ -	$ -	$ -	$ -	-
(3)	HUM						
		Establishes 2 positions to serve as survey staff for the assisted housing program.	$ 199,568	$ 209,373	$ -	$ -	-
(4)		Establishes one position to manage housing programs	$ 103,871	$ 109,177	$ -	$ -	-
(5)							
		Establishes two positions in the Housing First Programto provide initial planning and administration of services to residents of properties to provide permanent housing to end chronic homelessness in the State.	$ 132,292	$ 278,429	$ -	$ -	-
(6)		Provides funding for a cost-of-living increase to 5 independent housing support programs.	$ 82,808	$ 82,808	$ -	$ -	-
(7)	HOV	Provides a base allocation to be used to provide technical assistance with capital and planning issues and affordable housing projects associated with the Housing First Program.	$ 500	$ 500	$ -	$ -	-
(8)		Provides one-time funding to expand affordable rental and ownership housing options.	$ 35,000,000	$ 35,000,000	$ -	$ -	-
(9)		Provides one-time funding to support emergency housing and emergency shelters.	$ -	$ -	$ -	$ -	-
(10)		Provides one-time funding to support short-term emergency housing and other supports.	$ 12,000,000	$ -	$ -	$ -	-
(11)		Sec. A-1. A transfer of $40,000,000 from the USGF to the Maine State Housing Authority to supplement federal HEAP (Home Energy Assistance Program) funding.	$ -	$ -	$ 40,000,000	$ -	-
(12)							
		Sec. A-2. A transfer $10,000,000 from the USGF to the Maine State Housing Authority for assistance for non-HEAP eligible households or HEAP households who have already exhausted their Fuel Assistance Benefit.	$ -	$ -	$ 10,000,000	$ -	-
(13)		Sec. A-3. A transfer $21,000,000 from the USGF to the Emergency Housing Relief Fund for short-term emergency housing.	$ -	$ -	$ 21,000,000	$ -	-
(14)		Sec. K-1. A transfer of $5,000,000 from the USGF to the Shelter Operating Subsidy program.	$ -	$ -	$ -	$ 5,000,000	-
(15)		Sec. QQQQ-1. A transfer of $2,800,000 in unobligated balances from funds transferred to the Maine State Housing Authority to supplement federal HEAP funding in Public Law 2023, chapter 1 must be transferred to the unappropriated surplus of the General Fund no later than October 31, 2023.	$ -	$ -	$ -	$ (2,800,000)	-
(16)		Sec. RRRR-1. A transfer of $12,000,000 from the USGF to the Emergency Housing Relief Fund for short-term emergency housing and other supports.	$ -	$ -	$ 12,000,000	$ -	-
(17)		Sec. SSSS-1. A transfer of $15,000,000 from the USGF to the Low-Income Home Energy Assistance-MSHA program to help low-income homeowners and renters pay for electricity costs by providing a credit on their electric bills.	$ -	$ -	$ 15,000,000	$ -	-
(18)		Sec. TT-1. A transfer of $5,000,000 from the USGF to the Maine State Housing Authority.	$ -	$ -	$ 5,000,000	$ -	-
	Grand Total		**$ 47,529,039**	**$ 35,690,287**	**$ 103,000,000**	**$ 2,200,000**	**$ -**

Department Code to Department Name - COS - Dept. of Corrections, ECC - Dept. of Economic and Comm. Development, HUM - DHHS and HOV - Maine State Housing Authority

Prepared by OFPR - 06-24-24

Summary of Housing Initiatives in 131st Legislative Session
In Biennial Budgets, Supplemental Budgets and Other bills

Through 2nd Regular Session

	Dept.	Short Description	SFY 2024	SFY 2025	Transfers SFY 2023	Transfers SFY 2024	Transfers SFY 2025
(1)	HOV	One-time funding for housing subsidies for homeless students in elementary school and secondary school.	-	2,000,000	-	-	-
(2)		Provides one-time funding for new housing units through the authority's Affordable Homeownership Program.	-	10,000,000	-	-	-
(3)		Provides one-time funding to address housing emergencies in the State.	-	13,500,000	-	-	-
(4)		Provides one-time funding to expand affordable rental and ownership housing options.	-	20,000,000	-	-	-
(5)		Sec KKKK___6. A transfer of $2,000,000 from the USGF (Uanappropriated Surplus of the General Fund) to the Housing Subsidy Program for Homeless Students.	-	-	-	-	2,000,000
(6)		Sec KKKK___7. A transfer of $18,000,000 from the USGF to the Stable Home Fund.	-	-	-	-	18,000,000
(7)		Sec. AAAA-1. A transfer of $20,000,000 from the USGF to the Maine State Housing Authority for Rural Affordable Rental Housing Program and the Low-income Housing Tax Credit Program.	-	-	-	-	20,000,000
(8)		Sec. BBBB-1. A transfer of $5,000,000 from the USGF to the Maine State Housing Authority to establish a manufactured and mobile home park preservation and assistance program.	-	-	-	-	5,000,000
(9)		Sec. GG-1. A transfer of $10,000,000 from the USGF to the Maine State Housing Authority for new housing units through the Affordable Homeownership Program.	-	-	-	-	10,000,000
(10)		Sec. HH-1. A transfer of $13,500,000 from the USGF to the Emergency Housing Relief Fund Program to support uses that address housing emergencies in the State.	-	-	-	-	13,500,000
(11)		Sec. HH-2. A transfer of $7,500,000 from the USGF to the Emergency Housing Relief Fund program to support privately-owned low-barrier shelters.	-	-	-	-	7,500,000
	Grand Total		**$ -**	**$ 45,500,000**	**$ -**	**$ -**	**$ 76,000,000**

Department Code to Department Name - COS - Dept. of Corrections, ECC - Dept. of Economic and Comm. Development, HUM - DHHS and HOV - Maine State Housing Authority

Janet T. Mills
Governor

Sara Gagné-Holmes
Acting Commissioner

Maine Department of Health and Human Services
Commissioner's Office
11 State House Station
109 Capitol Street
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

MEMORANDUM

TO: Members, Blue Ribbon Commission to Study the Organization of and Service Delivery by the Department of Health and Human Services (DHHS)

FROM: Molly Bogart, Director of Government Relations, DHHS

SUBJECT: Update on funding for housing appropriated to DHHS during the 131st Legislature

DATE: July 10, 2024

During the course of the 131st Legislature, the Maine Department of Health and Human Services received funding related to housing supports under three main programs. This funding and the implementation status is outlined below.

Housing First

The FY24/25 biennial budget Part 2 (PL 2023, Ch. 412) established the Housing First Program and included future funding through the Real Estate Transfer Tax beginning July 1, 2025, and two staff positions beginning January 1, 2024 to develop the program. This program is a partnership between DHHS and MaineHousing. This work is ongoing, here are some updates:

Program Design
DHHS and MaineHousing are working on the formulation of a Request for Quote (RFQ) to obtain initial interest from partnerships formed by building owners, housing developers, property managers, and service providers. DHHS is developing the program guidelines and a payment model for service providers. DHHS and MaineHousing will also be engaging in joint rulemaking, pursuant to the statute. This first wave of rulemaking will designate roles and responsibilities for the program and indicate which aspects of the Housing First program are administered solely by DHHS, solely by MaineHousing, and jointly administered by both agencies.

Partner Engagement
DHHS presented our initial vision and high-level program design to the Statewide Homeless Council on April 9, 2024. This presentation was well received and has led to additional partner engagement sessions with interested partners. DHHS has met with many other interested partners that have expressed their ideas for how to develop a successful and sustainable Housing First model in Maine.

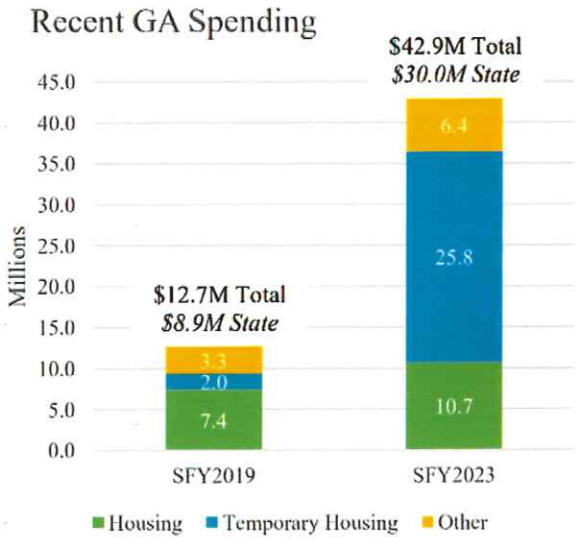
On April 24, 2024, DHHS completed an on-site tour of Huston Commons and had an in-depth discussion with Preble Street and Avesta Housing to learn about administration of 24/7 on-site housing stability and supports. DHHS is designing a Housing First service provider operational

and payment model based on what has been proven to work in Maine at Huston Commons and other sites administered by Preble Street.

Administration
DHHS has hired the first of two positions created within the Office of Behavioral Health to develop and administer the Housing First program and support service providers in complying with program requirements and MaineCare reimbursement. OBH is seeking to hire for the second position as soon as possible. The Office of MaineCare Services is also working to align the MaineCare Benefits Manual with Housing First through amendments to Chapter 13 – Targeted Case Management, and Chapter 91 – HOME Program, to ensure that the program can maximize MaineCare reimbursement.

General Assistance (GA)

The municipal General Assistance (GA) program helps individuals and families meet their basic needs by providing financial assistance in the form of vouchers for housing, food, fuel & utilities, and other basic needs. It is administered by municipalities and overseen by the state through the DHHS Office for Family Independence.



In the last several years, General Assistance costs have increased significantly, primarily due to increased housing needs and costs (see example right). In this time, there has been no permanent increase in the state appropriation for GA. Due to the increased costs, the FY24/25 biennial budget Part 1 (PL 2023, Ch. 17) included $10,527,347 and Part 2 (PL 2023, Ch. 412) included $7,527,347 to meet the state obligation for the program (70 percent of costs). Part 2 also included $8,500,000 in funding provided directly to municipalities to alleviate the impact of higher costs on municipal budgets. These appropriations were one-time in FY2024. The supplemental payments to municipalities were made in October 2023, commensurate with their 2022 costs. The supplemental budget (PL 2023, Ch. 643) provided $10,000,000 in one-time funding to support the state obligation to the GA program, paired with policy changes (PL 2023, Ch. 643, Part II) to contain temporary housing costs.

Independent Housing Support Program (IHSP)

The Independent Housing Support Program (IHSP) program provides assistance to individuals living in apartments through local housing authorities and other entities. IHSP supports individuals who need assistance to remain independent. The FY24/25 biennial budget (Part 1 - PL 2023, Ch. 17) included $82,808 annually ongoing for a cost-of-living increase to funding for IHSPs.