BEHAVIORAL HEALTH
COMMUNITY COLLABORATIVE
Working together to promote quality lives

February 2022 SURVEY of 17 Community Mental Health and Substance Abuse providers regarding what is happening on the ground right now. Providers were asked the following questions to provide a "real time", on the ground picture of what we believe is a crisis of epidemic proportions.
Coordinated by The Behavioral Health Community Collaborative with the participation of the Alliance for Addiction and Mental Health Services.

Q1
Total number of people waiting for all your services combined (estimated) at the end of 2019: 561

Q2
Total number of people waiting for all your services combined (estimated) at the end of 2021: 8774+

Q3
Number of Full
Time Employees (FTEs) in Behavioral Health Services in 2019: 4050

Q4
Number of FTEs in Behavioral Health Services in 2021: 3425

Q5
Number of FTEs that remain open (unfilled) in Behavioral Health services in 2021: 548

Q6
Number of licensed clinician FTEs in Behavioral Health Services in 2019: 743

Q7
Number of licensed clinician FTEs in Behavioral Health Services in 2021: 624

Q8
Number of licensed clinician FTEs that remain open (unfilled) in Behavioral Health services in 2021: 227

Q9
Total Number of child residential treatment beds in 2019: 267

Q10
Total Number of child residential treatment beds in 2021: 189

Q11
Number of child residential treatment beds that that were unoccupied at the end of 2019: 34

Q12
Number of child residential treatment beds that that remain unoccupied at the end of 2021: 53

Q13
Number of child residential treatment beds that were permanently closed in 2020: 29

Q14
Number of child residential treatment beds that were permanently closed in 2021: 35

Q15
Number of child residential treatment beds that are expected to close in 2022: 51

Q16
Total Number of adult residential treatment beds in 2019: 478

Q17
Total Number of adult residential treatment beds in 2021: 478

Q18
Number of adult residential treatment beds that that were unoccupied at the end of 2019: 2

Q19
Number of adult residential treatment beds that that remain unoccupied at the end of 2021: 27

Q20
Number of adult residential treatment beds that were permanently closed in 2020: 23

Q21
Number of adult residential treatment beds that were permanently closed in 2021: 22

Q22
Number of adult residential treatment beds that are expected to close in 2022: 16

Q23
Number of medication prescribers within your organization in 2019: 101

Q24
Number of medication prescribers within your organization in 2021: 85

Q25
Narrative Question: Help us describe Maine's the current state of our community mental health system. What is not working on the ground (i.e. unmet client and community needs; inappropriate referrals, impact of staffing shortages, etc.)?

1 We struggle with staffing shortages in the southern region and in appropriate referrals (a bed is a bed is a bed and we are asked/ required to take placements inappropriate to the services we offer and the staffing we have). These were the driving factors for closing down our 6-bed program.

The PTP process is also broken - we are finding when an individual violates their PTP, there are no

repercussions. We are required to maintain housing nevertheless and this can be disruptive and at times dangerous for clients. In one such case, a client who preferred to remain homeless, began using the program like a 'flop house' - returning to the program occasionally to get warm, while violating safety rules (smoking, trashing the apartment, drug use, etc). Despite frequent pleas with DHHS and the other providers on the PTP, we were unable to discharge him from the program.
1/27/2022 4:00 PM

2 As the children's facilities have seen a rate increase in 2021, we are still trying to close the gap as wages and other additional cost are soaring now and will continue to during the pandemic. The impact on staffing shortages has limited us on how many children and families we can serve. As rate increases, hiring bonuses, and other incentives are simply just not enough to individuals to apply. Wages are not very competitive with many local businesses and it has grown increasing difficult to recruit. There are many more challenges that lie ahead.
1/27/2022 1:35 PM

3 Cumberland
Portland Police Department will not transport anyone even at the request of the clinic. They always defer to the liaison now and this creates a struggle and challenge for us. Often it creates a potential harm.
Since the Catholic Charities ACT team closed it has left a large gap in the services in Portland.
Transportation is an issue- We have folks who need to come from out of the city into the city on short notice for appointments. Having to give 48+ hours' notice is not good. Expansion of the transportation system would be helpful.
We have a growing and strengthening relationship with crisis now that there is a new director and we often walk clients to crisis. They are working closely with us.

Rural ACT does not exist in Knox or Waldo counties
Have had 1 Clinician applicant about 1.5 years ago in the Rockland office and nothing since. Cannot seem to hire folks which impacts our ability to serve the community.
Increased Mainecare rates for those providing services in rural Maine such as Norway, Damariscotta, and Farmington.
Limited low-cost social and health activities Limited low-cost transportation options for an area that is rural and isolated
Limited transportation options in
General. Of greatest concern is the impact of staffing shortages in all programs (Admin Support, OP Therapy, Psychiatry). We are unable to meet the volume demands of the community and medical system currently. We also have increasingly been impacted by clients who are unable to maintain basic safety and housing needs (which impacts behavioral health and stability).
The acuity of referrals to BHH is problematic. Typically, it's due to the client refuses a higher level of care, there are rigid guidelines around catchment area for ACT, and ACT team doesn't exist in the community (Franklin County, Knox County).
Variability with MidCoast Transportation
showing for clients---- lots of cancelled appts. for clients that are dependent on this type of transportation
Overall
For case management, Community/In-home service needs, such as
HCT for children, DLS services for adults, due to Covid
Funding of behavioral health urgent
Care would be great.
Staffing shortages and the fear of seeing people face to face due to

covid is affecting my team greatly right now. It is hard to hire for due to this fear and we have had two members leave due to this recently. The shortage then affects our budget and the sustainability of the program. Limited resources and availability for medication management. not only in Maine Health system but across the state.
Limited resources for transportation and
in our new world of telehealth – limited resources for clients to access the appropriate technology for telehealth (smartphones, data plans, iPads etc).
Moving the proposed bill for electronic consent from “public health emergencies” to always would be greatly helpful.
Teams are experiencing staffing shortages due to FMLA and the difficulty receiving applications for positions I have posted, which creates a domino effect of clients not being served.
The housing crisis is directly impacting our clients. It’s very difficult to find affordable and safe housing for various reasons such as, long wait lists for Section 8 and subsidized housing, limited funding for rental assistance programs, private landlords renting apartments for far more than a voucher will cover, limited availability at community shelters.
When I put myself in the position of a crisis worker or discharge planner, I honestly can’t imagine how they are navigating this, with no place to refer. In this regard, I get asked frequently about therapy from people who know we are not even accepting referrals.

4 First, it’s hard to accurately report wait lists for children's residential beds as the State asks us to send decision letters when beds are full. Meaning that they don't end up on our waitlist. This is also true of HCT as we only accept cases when there is availability on our team. The State would know the actual waitlist for both services.
In addition, we'd serve many more clients in
HCT if the rate worked. This leads to the biggest issue which is having rates that support livable wages for direct line, clinical and nursing staff. We are unable to fill positions and our turnover rates and vacancy rates are at roughly 25% of our workforce.
It's also important to
understand the impact that various policies, rules, and regulations have on the delivery of services. There are many examples of how an intended "fix" ultimately adversely impacts outcomes. For example, when the rates were established for Family First Qualified Residential Treatment Programs (QRTPs), assumptions were made about the number of transition dates available per residential bed. The rate setters assumed by setting the rate at 93% that they were affording each program 30 transition days (paid in the rate) to help young people and children transition home. The problem here is that the rates were always set at 95% so setting the rate at 93% meant that the rate only pays for 9 transition days per residential bed per year. This is woefully inadequate and will result in children being unsuccessful in their transition home from residential treatment. It's also important to note that the aftercare rate established for Family Transition Specialists under the new Family First rates for QRTP's is insufficient for sustaining the delivery of the required service. Sadly, the well-meaning efforts within this important initiative falls short of what's needed and as a result the system is hamstrung with new rules and regulations that are inadequate to move forward in a way that will assure child and family success.
1/26/2022 3:48 PM

5 we have inadequate rates for HCT and some children services. This in turn is creating major staffing shortages and we have huge wait lists for children. Also, there are hugely burdensome requirements for Psychiatry. The admin burden for mainecare is perhaps 4 or 5 times greater than for commercial insurance. This creates an environment that Providers do not want to provide services for this population. This only further contributes to longer waitlists at the hospital and in the community.
1/26/2022 3:31 PM

6 Staffing shortages are a significant challenge - resulting in less capacity to serve people
1/25/2022 5:21 PM

7 We currently have 1,000 people waiting for service across all of our programs. Staff shortage is the single greatest factor impacting our ability to serve. That is grounded in two factors: not being able to pay competitive wages for what is truly challenging (and potentially risky work), and home-based telehealth opportunities. Being able to pay competitively for work that is more rewarding than telehealth may change that trajectory.
1/25/2022 11:27 AM

8 staffing shortages, instability to serve clients with high level of needs due to denials of authorizations, inability to maintain correspondence with all providers due to staff shortages, or covid restrictions, inability to go into appointments

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1/24/2022 10:59 PM

9 This is foster care and community programs for KidsPeace, Residential will do their own. I did not include Treatment Foster Care Beds but those dropped from 24 children in placement to 14 currently. We have lost beds. DHHS offered sparse preservice classes during Covid and some FPs cannot have a placement due to school/childcare issues. The wait list is not accurate due to DHHS keeping the list for HCT. I only added OP and TCM waitlist as we track those inhouse.
Denise Card
1/24/2022 3:55 PM

10 To many systemic changes from DHHS to keep up with. Referral systems are a mess, new demands on providers seem meant to curtail referrals. Staffing shortages make keeping our baseline a challenge, let alone all the admin demands from Mainecare regulation changes and procedural changes, enough!
1/24/2022 1:29 PM

11 Staff shortages are the predominant story behind all bed closures, this predated the pandemic but has been exacerbated by the pandemic. Beds cannot be filled and that in turn results in amalgamation and further shrinkage. Properties must be sold and or returned to landlords to curtail losses. This reality creates backlogs in waiting, crises and resulting inappropriate ER stays. All of this cannot be reversed even with rate increases without months of planning and certainly not anytime quickly.

12 Suicidal, aggressive and other high-risk clients are being returned to programs despite needing either a hospital setting or jail. There is a significant lack of medication prescribers in community so clients are not being seen and given appropriate which then leads to at risk behaviors. emergency rooms are full so clients cannot be seen or are stuck waiting for days. Clients who are not truly stabilized and not connected to appropriate community services are being sent to residential programs from Riverside and DD. While we have not closed any programs operating short staff for years on end is exhausting our staff and leading to turn over. We can give more details as needed.
1/24/2022 10:49 AM

13 The FTE employee count does not paint a clear picture of employment status in this agency. Since 2019, we have had multiple FTEs change to per diem employment status due to the challenges of the pandemic. We currently have 8 additional vacant positions that are per diem status.
1/20/2022 3:03 PM

14 Families are being turned away from being on the waitlist for HCT because they haven't had Outpatient yet. But OP does not exist in their geographical area or waitlists are longer than 6 months.
More and more special education students are not getting the educational services they need because of staffing shortages in special purpose private schools.
There are huge
COVID related service disruptions that create huge financial difficulties for fee for service providers. Leading to lost pay for employees and keeping turnover rates high.