Presentation for HHS on Resolves 2023, Ch. 60 (LD 2009)

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Agenda

- Background of LD
- Engagement Process
- Data of Youth Experiencing Long Stays in EDs
- Review of Recommendations
  - Appropriate timeline for establishing a PRTF
  - Establishing a Children's Behavioral Health Advocate
  - Strategies to limit the length of stay in a hospital ED
  - Review of hospital discharge policies
  - Additional strategies and recommendations
- Current Action on Recommendations
- CBHS Strategic Priorities

Background on Resolves 2023, Ch. 60 (LD 2009)

Requires the DHHS to convene stakeholder group to address the problem of children and adolescents experiencing long stays in hospital emergency departments after the children and adolescents are medically stable and no longer require medical treatment but appropriate community or residential placements are not available.

Duties include examining and making recommendations related to the following:

- An appropriate timeline for establishing a PRTF;
- Strategies to limit the length of stay in hospital emergency departments for children who have been medically cleared;
- The establishment of an independent children's behavioral health advocate; and
- A review of hospital assessment and discharge policies.

DHHS to report findings and recommendations no later than November 6, 2024.

Background on Resolves 2023, Ch. 60 (LD 2009)

Resolves 2023, Ch. 134 (LD 2009) – *Resolve, to Establish a Stakeholder Group to Address the Problem of Long Stays for Children and Adolescents in Hospital Emergency Departments*

- Stakeholder group membership to include:
  - Child Welfare Ombudsman or ombudsman's designee;
  - Attorney General or Attorney General's Designee;
  - A member of OCFS including child welfare services;
  - A member of OBH;
  - A member of CBHS;
  - A representative from DRM;
  - A representative of hospitals;
  - An emergency medical physician;
  - A representative of statewide organization representing hospitals;
  - A representative of a national organization advocating for individuals with mental illness;
  - Parents with experience of having a child stay in an ED for a long period of time after being medically stabilized; and
  - Other relevant parties

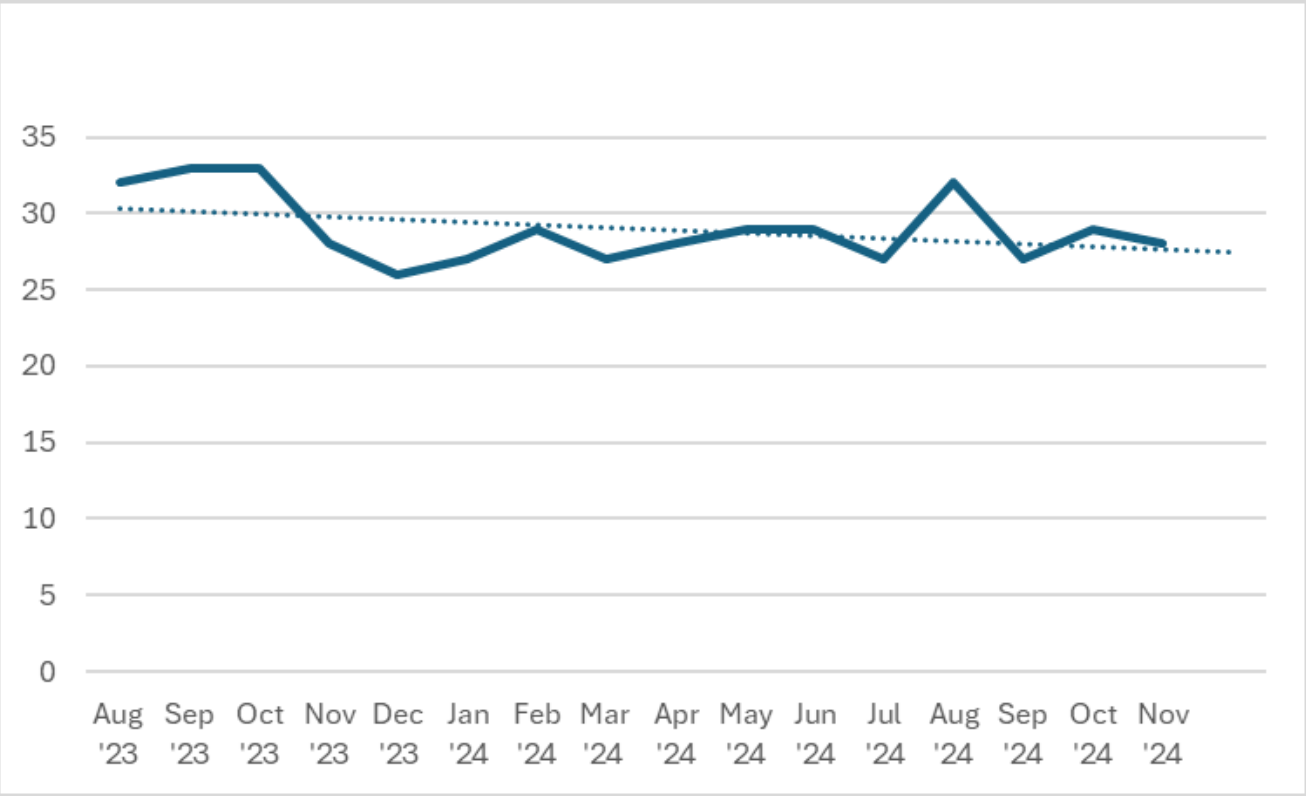
Engagement Process

DHHS convened the appointed stakeholder group

- Met weekly basis over the course of eight weeks, from August 6, 2024, to October 17, 2024,
- Used a hybrid model that offered the opportunity to attend in-person meetings or to join via Televideo
- The group strived to achieve consensus-based recommendations that aligned with the charge of LD2009. Two stakeholders generated minority reports describing concerns and recommendations from their perspective.
- Feedback had thematic consistencies and noted recommendations should be taken as part of a broader context of systemic recommendations supporting service availability and flow between levels of care.

Children in Emergency Departments

Number of Youth Waiting After not Meeting Psychiatric Level of Care



Days Remaining in ED	CY 2023	CY 2024
Less than or equal to 7 days	108	133
Between 8-14 Days	10	2
Between 15-21 Days	3	2
Between 22-28 Days	2	1
Between 29-45 Days	3	1
Between 45-60 Days	3	0
More than 60 Days	9	7
Total	**138**	**146**

An appropriate timeline for establishing a PRTF

Strategies/Recommendations

- Recognition PRTF services a component amongst the broader system of care
  - PRTFs should not become long-term placements – in-home and community-based services must be adequately resourced and available to support flow between levels of care.
- PRTFs should have policies that support integrated care for those with dual diagnoses
- Assure that PRTFs in Maine serve Maine residents over youth out of state.
- Assure that MaineCare rates be finalized prior to the close of the Capital RFP published December 4, 2024.

Establishment of an independent children's behavioral health advocate

Strategies/Recommendations

Recommend that the Legislature form a task force to study the establishment of an Independent Children's Behavioral Health advocate in order to provide system advocacy for children's behavioral health.

- Of note, some stakeholders expressed concern on allocating resources toward establishing an advocate when there are more pressing needs to fund in the service delivery system. Additional concern was raised that an advocate would be replacing, not elevating parent voice in their child's care.

If established, the task force should consider the following:

- What is the appropriate structure to support children's advocacy, i.e. establishment creating an advocate position within DHHS, establishing a separate Office of Child Advocate, or expanding resources of existing advocacy agencies to address this work?
- Would the advocate(s) provide system advocacy or individual advocacy or both?
- Would the advocate(s) provide advocacy for children's behavioral health only or would the scope of practice also include child welfare, juvenile justice, and education?
- Should Maine model this work after any of the existing New England Offices of the Child Advocate?

Strategies to limit the length of stay in hospital emergency departments for children who have been medically cleared for discharge

Strategies/Recommendations

- Stabilizing and Expanding Child and Youth Residential Capacity
  - Outreach providers of residential services, inpatient psychiatric services, and community-based services to understand resource needs
  - Release emergency funding to support intensive staffing levels necessary to service acute individuals requiring upstaffing.

- Review Opportunities for Flexibilities in Service Delivery Models and Requirements
  - Review MaineCare requirements of IDD residential providers and create flexibility to stabilize staffing by waiving the Registered Behavior Technician certification requirement

Strategies to limit the length of stay in hospital emergency departments for children who have been medically cleared for discharge

Strategies/Recommendations

- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Obligation
  - Maximize the use of EPSDT funding per Federal Medicaid law, to support services not otherwise covered by current policy.

- Establish Crisis Residential Centers
  - Designed to accept referrals from hospital emergency departments
  - Provide an appropriate clinical setting for youth awaiting longer-term placement or in need of short-term stabilization outside of the ED

- Communication on Alternatives to Emergency Department
  - Provide education to communities about when, how, and where to access behavioral health crisis services
    - Ensure marketing and policies don't reinforce stigma on accessing crisis services.

Strategies to limit the length of stay in hospital emergency departments for children who have been medically cleared for discharge

Strategies/Recommendations

- Community Based Services for the I/DD Population
  - Engage in development of a comprehensive system of care including:
    - IDD specific crisis beds
    - Home and community-based network
    - Intermediate Care Facility services
      - Including addressing brain injury, mental health, complex medical needs, and neurological conditions
  - Conduct a comparison of child and adult services to inform development of a more robust system of care for children and adolescents

Review of Hospital Assessment and Discharge Policies

Strategies/Recommendations

- Hospitals providing inpatient psychiatric care should consider accepting direct admissions from community-based crisis providers in order to bypass emergency department visits
- Enhanced collaboration between crisis providers (mobile and residential), emergency departments, and inpatient hospitals to support planning for youth in crisis, support to families and better coordination for youth
  - Assist with crisis pre-planning to help families avoid the need to seek support in emergency departments altogether
- Support reimbursement for Days Awaiting Placement
  - Hospitals are only reimbursed for initial visits, and are not reimbursed for days youth remind in EDs

Additional Strategies and Recommendations

Strategies/Recommendations

- Refine our referral processes for children's behavioral health services to ensure youth are presented to all potential providers able to meet their needs, given family voice and choice.
- Establish a Select Committee on Youth with Behavioral and I/DD health needs that includes but is not limited to the Health and Human Services Committee.
- Conduct a periodic, scheduled systemic needs assessment, including examining identified service needs with service provider availability regionally, and report to the Legislature the result of the needs assessment
- The Department to submit comprehensive data reports to the legislature related to children in the emergency department exceeding 48 hours, residential service denials, youth residing in treatment facilities exceeding one year, number of youth in out of state placements and any program closures

Current action on Recommendations and Strategies

- **PRTF RFA and Rate determination in process**
  - Rate determination meeting held Jan 9th. Comment period closed Jan. 24th.
  - PRTF RFA published Dec. 4. Q&A held Dec. 19th, comments due Dec. 24th. Q&A posted Jan. 24th. Revised application due date Feb. 27th.
- **Temporary High Intensity Staffing rate determination forum scheduled for Feb. 14th.**
  - OMS flexibility on high intensity staffing authorization requests to reduce administrative burden and align with residential service authorizations.
- **Leveraging EPSDT**
  - Continuing to explore designing services for youth under EPSDT. One such treatment program has been created thus far through strong collaboration with OBH, OMS, and the provider to creatively meet needs of a high intensity youth.
- **Enhanced Collaboration**
  - CHCS Behavioral health urgent care pilot has established protocols with Acadia Hospital to support direct admits. Work should continue to explore if similar protocols can be established with crisis providers and hospitals across the state
- **Leverage LD435** to conduct a review of relevant data and an analysis of the capacity, occupancy, availability and access to children's residential services in the state as well as residential services out of state inclusive of specific needs for youth with ASD/IDD/DD
- **Implementation of CCBHCs and Crisis System Reform**

CBHS Strategic Priorities & DOJ Agreement Alignment

Improving Accessibility
Strengthening how youth and families access behavioral health services

- ✓ Implement Single Assessment
- ✓ Strengthen Care Coordination supported by Wraparound principles
- ✓ Implement Public Education Campaign
- ✓ Maine Pediatric Behavioral Health Partnership

Improving Availability
Strengthening and expanding services

- ✓ Implement and provide training in evidence-based models of care:
  - High-Fidelity Wrap Around
  - Multi-Dimensional Family Therapy
  - Adolescent Community Reinforcement Treatment Approach (ACR-A)
  - Triple P (Positive Parenting Program)
  - Trauma-Focused Cognitive Behavioral Therapy
  - Therapeutic Intensive Homes (TIH)
- ✓ Provide catalyst funding to increase service availability:
  - MST and FFT catalyst contracts
  - Youth SUD catalyst contracts
  - ACT Catalyst Funding
- ✓ Establish Psychiatric Residential Treatment Facility (PRTF)
- ✓ Crisis System Reform – Improving Crisis Services
- ✓ Implement CCBHCs
- ✓ Pilot Pediatric Urgent Care

Improving Quality & Consistency

- ✓ Quality Assurance Reviews
- ✓ Expanding provider training
- ✓ Expanding data & monitoring of outcomes of service delivery
- ✓ Revision of Rights of Recipients
- ✓ Providing Professional Training and Certification

Maine Care Rate Reform - $260M in federal and state funds to support revised reimbursement rates for MaineCare providers

Note: Items in red are part of the DOJ Settlement Agreement