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September 16, 2013

To: Beth Ashcroft, Director, Office of Program Evaluation and Government Accountability
From: Mary C. Mayhew, Commissioner, Department of Health and Human Services
Re: Request regarding Children's Mental Health

Question: What is the current status of the Children's Mental Health Oversight Committee that is authorized/required under 34-B MRSA Section 15004? Recommendation 3 in our report notes the fact that we had found in 2009 that it had been inactive and I believe statute calls for the Department to staff that Committee. Is the Committee still inactive and, if so, has there been any discussion within the Department about re-activating it? If it is active, could you direct me to someone who could brief me on the Committee's activities?

Response: Please see below, the email from Justin Barnard (also see **Attachment A**), our Assistant Attorney General to Dr. Lindsey Tweed below. The Committee is to be convened by the Legislature and staffed by DHHS.

Dr. Tweed,

As we discussed, my read of the statute suggests that the primary responsibility for convening the Children's Mental Health Oversight Committee lies with the Legislature. The President of the Senate and Speaker of the House are responsible for appointing 13 of the 16 Committee members (the remaining three being the Commissioners, or designees thereof, of Corrections, Education, and Health and Human Services) as well as selecting the Committee's cochairs. The Department's sole responsibility, under the statute, is to provide staffing assistance to the Committee once it has been convened.

I would, of course, counsel that the Department lend the Legislature whatever assistance it requests in reconvening the Committee. Please let me know if you have any additional questions."

Best,
Justin B. Barnard
Assistant Attorney General
Office of Attorney General

Question: How many juvenile mental health beds are there in the State and where are they? Is there typically a waiting list for them and how long is the list?

Response: There are 3 types of beds we have: crisis units, hospitals, and residential treatment. 43 are crisis unit beds and 97 are (in-state) hospital beds. Please see **Attachment B** for details on the location of beds.

For residential treatment, we have 396 licensed beds. Not all the beds are active, though; providers decide how many of their licensed beds they actually staff. Knowing the number of actual residential beds that are actually staffed and available to youth requires a hand count; we did do such a count and there were 365 active beds.

Current Active MH/ID Residential In-State Beds

Total	365
AMHC	10
Becket	38
CHCS	8
Harbor Family Services	28
Kidspace	30
NFI North	50
Northern Lighthouse	6
Port Resources	5
Spurwink	110 (*This number fluctuates on a daily basis based on acuity, staffing issues)
Sweetser	75
Opportunity Alliance	5

Also, we maintain a list of youth who have been approved for residential treatment but have not been admitted. We compile that data on a weekly basis. Most, but not all, are actively waiting for a residential bed; the 2nd section of the 3rd attachment details in what type of setting the approved-not admitted youth currently are.

Current Number of Youth approved for Residential Treatment (Wait List)

*It is important to note that a residential approval gives a 60 day time period for the youth to be admitted to a program. Therefore, some families seek approval and first attempt to treat the youth in the home with community based mental health programs (Such as Section 65 Home and Community Based Treatment or Section 28 Rehabilitative Community Based Service). Therefore, for some youth captured here, they are being successfully treated in the community and have chosen not to access an available bed at this time.

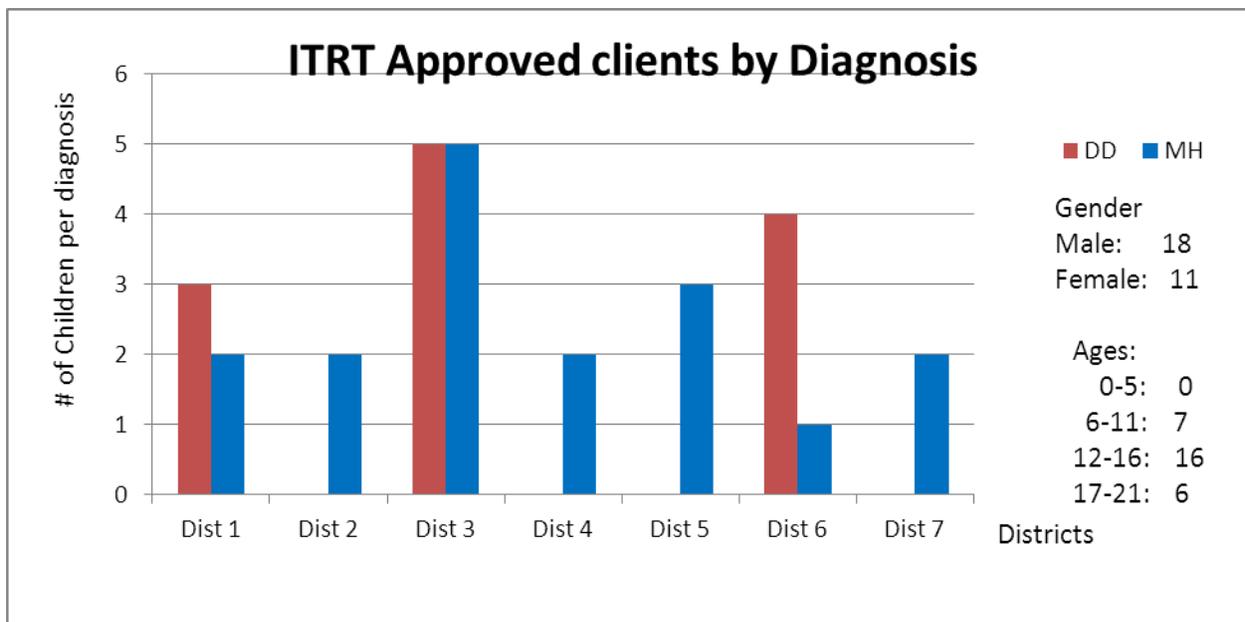
*In addition, some youth that are in psychiatric hospitals or CSU settings may continue to meet inpatient or crisis level of care, therefore need further stabilization before they can access an available bed

Current Wait List = 26 Youth

Details of wait list:

- 1 Youth is accessing Adult Services, rather than Children’s residential
- 1 Youth is committed to Long Creek Youth Development Center
- 3 Youth are in the Hospital
- 2 Youth are in a Crisis Stabilization Unit
- 2 Youth are detained at Long Creek or Mountain View Youth Development Center
- 4 Youth are currently in Residential Treatment and waiting for transfer to a new program
- 1 Youth has runaway
- 1 Youth is detained in Cumberland County Jail (currently unable to be released)
- 11 Youth are in their home/community

The distribution across our 8 Districts of the youth authorized but not admitted as of 8/23 is provided in the chart below.



*This data is being reported point in time. Children are approved and wait for placement daily. Admissions also take place daily. The mean # of days approved and waiting is 40 (with 4 being the lowest and 124 being the highest) Diagnosis: MH- Mental Health MH1 or MH2; DD- Developmental Disability DD1 or DD 2

There were substantially more youth approved but not admitted during the spring; the number was typically in the 30’s or 40’s.

Question: How many children are sent out of State annually (or in some other timeframe you have data on) for services while they wait for a juvenile bed in State?

Response: No children are sent out of state for residential treatment because they are waiting for an in-state residential bed. Youth are sent to out of state residential programs (typically Easter Seals in Manchester, NH) because our in-state providers have said they cannot safely treat the youth.

Out of State Residential Treatment

*Currently no youths have been placed out of state due to our residential wait list specifically. There are some high needs youth with developmental disabilities (Intellectual Disabilities and/or Autistic Disorders) whom have had to be placed out of state because at the time of their approval the programs whom could normally serve that severe a youth were at capacity. So, out of state placement was due to a combination of high acuity and a small number of in-state beds that can serve high acuity members.

*Once a youth is placed out of state, we have had families/guardians that are pleased with their current residential program and have not wanted to transfer to a program back in Maine. Some of these youth could have been transferred back, but the guardian has had choice over that decision.

Attachment A

From: Barnard, Justin
Sent: Tuesday, August 27, 2013 9:31 AM
To: Tweed, Lindsey
Subject: RE: GOC Questions About Children's Mental Health

Dr. Tweed,

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Best,

Justin B. Barnard
Assistant Attorney General
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Attachment B

DATE	UNIT	LOCATION	TOTAL	AVAILABLE BEDS	AVAILABLE	USED	AGE	SEX	WING	NOTES
08/23/13	NEW DAY	CALAIS	6	4	67%	33%	7 to 17	M/F		CRISIS UNIT
08/23/13	AMHC	FORT FAIRFIELD	6	4	67%	33%	4 to 17	F/M		CRISIS UNIT
08/23/13	SOJOURN HOUSE	BANGOR	6	4	67%	33%	5 to 17	F/M		CRISIS UNIT/Depending on level
08/23/13	CRISIS & COUNCELING	WINSLOW	5	5	100%	0%	5 to 17	M/F		CRISIS UNIT
08/23/13	TURNER FAMILY	TURNER	4	3	75%	25%	5 to 17	M/F		CRISIS UNIT
08/23/13	SWEETSER	BELFAST	7	2	29%	71%	0 to 18	M/F		CRISIS UNIT
08/23/13	SWEETSER	SACO	9	2	22%	78%	0 to 18	M/F		CRISIS UNIT
			43	24	56%	44%				
08/23/13	NORTHERN MAINE	FORT KENT	7	0	0%	100%	4 to 18	M/F		PEDACTRIC HOSPITAL
08/23/13	SPRING HARBOR CHLD	PORTLAND	14	2	14%	86%	15 to 17	M/F		NORTHE HOSPITAL
08/23/13	SPRING HARBOR ADOL	PORTLAND	14	0	0%	100%	15 to 17	M/F		1 NORTHWEST HOSPITAL
08/23/13	SPRING HARBOR DD	PORTLAND	12	0	0%	100%	4 to 18	M/F		DD UNIT/DEVELOP DELAYS HOSPITAL
08/23/13	ACADIA ADOL/CHLD	BANGOR	32	3	9%	91%	12 to 20	M/F		PEDACTRIC HOSPITAL
08/23/13	ST. MARY'S ADOL	LEWISTON	18	2	11%	89%	up-18	M/F		ADOLESCENT HOSPITAL
			97	7	7%	93%				
08/23/13	HAMPSTEAD	NH	18	4	22%	100%	10 to 18	M/F		ADOLESCENT OUT OF STATE HOSPITAL
08/23/13	HAMPSTEAD	NH	16	0	0%	100%	5 to 14	M/F		DD/YOUNGER OUT OF STATE HOSPITAL
08/23/13	HAMPSTEAD	NH	16	0	0%	100%	14 to 18	M/F		DD/OLDER OUT OF STATE HOSPITAL
08/23/13	BRATTLEBORO	VT	12	2	17%	83%	5 to 12	M/F		CHILD OUT OF STATE HOSPITAL
08/23/13	BRATTLEBORO	VT	21	4	19%	81%	13 to 18	M/F		ADOLESCENT OUT OF STATE HOSPITAL
08/23/13	ANNA JACQUES	MA	12	7	58%	42%	4 to 17	M/F		FREE STANDING CHLD/ADOL OUT OF STATE HOSPITAL
			95	17	18%	82%				