COVID Update - Dr. Amy Belisle

(see attachment)

- Surge of covid cases in Maine; 19.8% positivity rate (https://www.maine.gov/dhhs/mecdc/infectiousdisease/epi/airborne/coronavirus/data.shtml)
- Tracking data for children/youth under the age of 25; currently accounts for 1/3 of cases in Maine
- Maine DOE tracks cases in schools (https://www.maine.gov/doe/covid-19/30daycases)
- Pooled testing currently 543 out of 710 schools enrolled with 427 schools participating

Progress on vaccinations

- Boosters available for ages 12-17 and immunocompromised youth ages 5-11
- 420+ school-based clinics for COVID vaccines
- Data on vaccines (https://www.maine.gov/covid19/vaccines/dashboard)
- Nationally Maine one of top states in getting youth vaccinated
 (https://downloads.aap.org/AAP/PDF/Child%20Vaccinations%20Report%20US%20and%20b
 y%20State%20Jan%205.pdf)
- What we're watching
 - CDC data: hospitalization rate for children under age 4 (not yet eligible for vaccine) has doubled
 - Children admitted to hospital for covid and with covid (separate reporting currently not available)
 - Geographic areas that may need additional vaccine education and opportunities
 (Maine has set up several high-volume vaccination sites and expanded testing sites)
 - Maine has updated to align with Federal CDC isolation and quarantine guidelines
 - o Childcare guidance (not currently updated by the Federal CDC)
 - Additional covid treatments for high-risk youth limited supplies of oral and IV treatments

Overview of 2021 Accomplishments - Ana Hicks

(see attachment)

- Annual report being released soon
- Office of Child and Family Services (OCFS) ensured federal dollars reached license childcare programs (e.g. monthly Child Care Stabilization grants – 85% received)
 - o Maine was one of the first States to distribute this grant money
- Expand Early Childhood Consultation Program services being provided to eight counties
- Department of Education (DOE) Early Learning Team 14 School Administrative Units (SAUs) awarded grants to expand public pre-K
- Maine CDC was awarded a five-year Early Childhood Comprehensive Systems grant from the US Health Resources and Services Administration (HRSA)
- OCFS implemented a pilot program providing Crisis Aftercare to 108 families in Aroostook County and 6 families in Washington County

- 88% of families served did not got to ER; 90% of youth remained at home
- o Program now operating statewide
- Evidence Based Behavioral Health Trainings for Professionals
 - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
 - More than 120 clinicians certified. Professionals reimbursed for their time and not charged for the training
 - No-cost training to 80 practitioners in <u>Triple P Standard, Triple P Standard Teen and Pathways</u> an evidence-based parent training program
- Transition Work Based Learning Grant focus on paid work experience (Jobs for Maine's Grads [JMG] programming and Progressive Employment)
 - Upcoming evaluation report will inform Children's Cabinet work around Maine Jobs Recovery Plan and career exploration
- DOE Expand Social Emotional Learning curriculum (SEL4ME) more than 70,000 SEL4ME curriculum engagements and more than 8,700 registered student users of the curriculums
 - Teacher training incorporate SEL into coursework/curriculum and use as a Primary Prevention and Trauma Informed practice
- Maine CDC partnered with Maine Youth Advocates network provide restorative practices support, education, and technical assistance in schools
- Maine CDC increased training and technical assistance for behavioral health organizations on effective screening and identification of suicide prevention for youth living with a substance use disorder
- Reports shared with the Cabinet (see attachments):
 - Office of Child and Family Policy's Annual Children's Behavioral and Child Welfare Reports
 - Office of Student and School Support's Report on the Mental Health Survey
 - First Year Review of the Regional Care Teams

Preview of Children's Cabinet work for 2022 - Ana Hicks

- Public Pre-K Expansion Grants (ARPA) provide technical assistance and second round of grants to School Administrative Units to support start-up costs to expand public pre-K
- Child Care Infrastructure Grants (ARPA) request for applications coming in spring
 - Expand existing and build new child care facilities
- Child Care Stabilization and Discretionary Grants (ARPA) monthly to stabilize and support child
 care industry. Has helped child care programs to stay afloat as some child care programs face
 high rates of cases and need to quarantine children and staff
- Support for the Early Childhood Education Workforce stipends, professional development, expand apprenticeships
- Strengthen and raise awareness of Child Care Subsidy Program— waive parent fee, raise reimbursement rates for children with special needs
 - Social media campaign to raise awareness about program
- Coordinating and aligning programs and services to make it easier for families to access/ navigate services
 - Children's Cabinet Early Intervention Subgroup meets monthly; made up of staff from CDC, OCFS, DOE, MaineCare; work includes:
 - Guide on Referral Services for Families with Young Children Guide for Health
 Care Providers

- Early Childhood Comprehensive Systems Grant Maine CDC awarded grant to increase statewide access to integrated, effective, culturally appropriate, evidence-based early intervention practices and services during the prenatal and early childhood period
 - Hire a manager
 - Implementation and coordination across agencies of Help Me Grow support parents of children up to age 8 navigate programs and services
 - Engage stakeholders/parents
- Kick off webinar for ECCS and Help Me Grow held January 13, 2022 included Dr.
 Paul Dworkin Founder of Help Me Grow
- Increase developmental screenings through ASQ (Ages and Stages) including support filed staff and on-line screening access
- Early Childhood Integrated Data System (ECIDS)
 - Support data informed policies and programming
 - Hired Policy Coordinator Katherine Johnson to lead this effort
- Supporting youth to enter adulthood connected to workforce/education
 - Expand/coordinate programming (e.g. meaningful paid work, work-based learning, extended learning opportunities, pre-apprenticeships and apprenticeships)
 - Understand careers and pathways
 - Cabinet to focus on career exploration pilot for historically underserved youth age 16 to 24 years old – Request for Information (RFI) distributed
- Coordinate, align and strengthen Restorative Practices and Justice in schools, communities, and juvenile justice system across agencies (e.g. DOC, DOE, DHHS, etc.)
- Support youth to enter adulthood healthy
 - Expand/improve access to evidence-based behavioral health services and treatment
 - o Expanded Crisis Aftercare Services statewide
 - Systems of Care federal grant:
 - Year 1 Aroostook, Penobscot, and Piscataguis counties
 - Year 2 Franklin, Oxford, and Androscoggin
 - Year 3 Knox, Lincoln, and Waldo counties
 - Year 4 statewide
 - Expansion of School Based Health Centers provide comprehensive health services, including mental health services
 - o Identify opportunities to strengthen substance use disorder treatment/services

Discussion of Efforts to Expand Adolescent Substance Use Disorder Treatment and Services - Madeline Shiley (see attachment)

- Conducted needs assessment, developed a plan, then identified funding/resources needs including:
 - Identify/close gaps in services
 - Referrals to appropriate services
 - National best practices to ensure success (e.g. rate increase to service providers)
 - Adolescent Community Reinforcement Approach (A CRA) part of Adolescent Community Treatment (ACT) Teams for youth to be treated at home – looking for funding opportunities
 - Youth peer recovery coaches

- Gather/share feedback
- Funding/grant opportunities
- o Implement EBPs, MAT
- Stakeholder engagements and establishment of community partnerships
 - Coordinate/expand treatment access with primary care providers
 - Identify SUD needs surrounding hospitals/emergency departments
- Challenges to address in 2022 include:
 - Increase number of providers (out-patients, intensive out-patient, residential)
 - o Incorporate harm reduction strategies into children's crisis services
 - Expand access/training medically supervised withdrawal
 - Youth-servicing agencies trained to offer co-occurring services
- Upcoming Initiatives
 - Offer MH/ SUD training to mental health clinicians in children's residential programs (expected in June 2022)
 - o Provide Medically Supervised Withdrawal training to existing clinicians
- Thanks for John T. Gorman Foundation for funding for the first year of the Youth SUD Specialist
- Youth SUD Specialist will continue at OCFS now that the grant funding has expired. Madeline (who can be reached at Madeline.Shiley@maine.gov) will be working on:
 - Incorporating Youth SUD into Children's Crisis Services participating in the OMS Crisis
 System Reform Group
 - Program Manager/oversight of the Youth/Family SUD Contracts pertaining to Youth/Family SUD
 - Support to new providers through research and training opportunities

Next meeting

February 22, 2022 • 10:30-11:30am

Maine DHHS COVID-19 and Children Update

Amy Belisle MD, MBA, MPH
Maine DHHS
January 2022



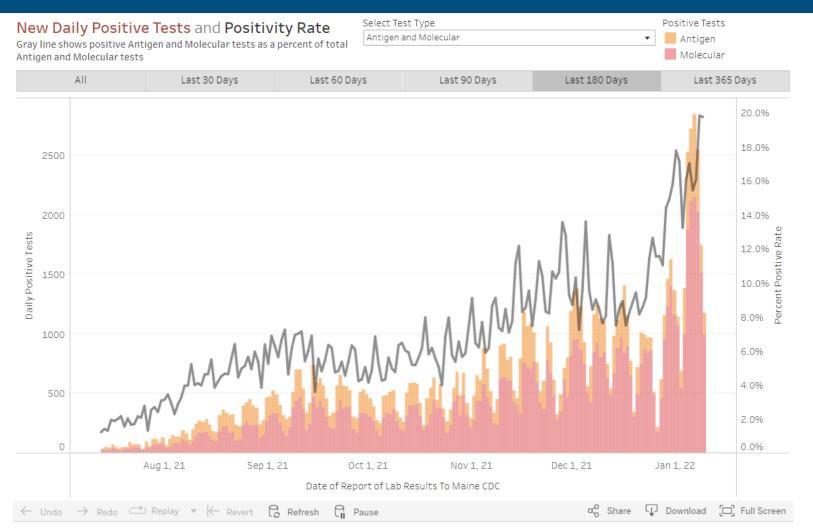
Agenda

- Review COVID-19 Data and Children
- Highlight Progress with COVID-19 Vaccination for Children
- Outline COVID-19
 Issues to Watch
 Moving Forward



(Powerpoint, stock image)

COVID-19 Data in Maine: Positivity Rates



1/08/22: PCR and Antigen Test Positivity Rate=19.8%

Download csv files with the most recent cumulative case data by zip code (CSV), county (CSV), age (CSV), sex (CSV), race (CSV), and ethnicity (CSV).

COVID-19 Data in Maine: Youth Age < 25

COVID-19 and Youth in Maine

March 12, 2020 - December 27, 2021

Total Number of Confirmed and Probable COVID-19 Cases Among Youth and Young Adults Age < 25:

48,668

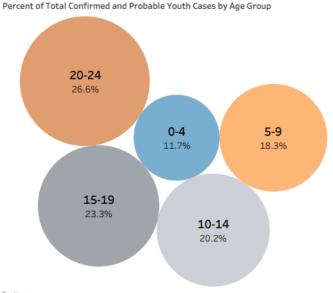
Total Number of Confirmed and Probable COVID-19 Cases Among Mainers of All Age Groups:

146,427

Total Number of Cases by Age Group	
0-4	5,672
5-9	8,912
10-14	9,807
15-19	11,329
20-24	12,948
25+	97,759







Source: Maine Center for Disease Control and Prevention NEDSS Base System (NBS)**

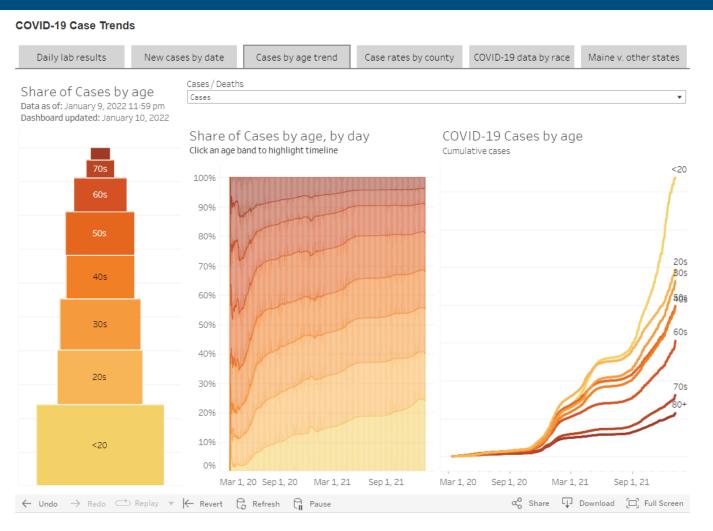
**Data includes positive test results from labs which are supplemented by information collected by case investigators. These are preliminary data that are subject to change.

Caption

Age group and % of Total Count of COVID-19 cases. Color shows details about age group. Size shows % of Total Count of COVID-19 cases. The view is filtered on age group. All Count of COVID-19 cases. The view is filtered on age group. Which excludes 25+.

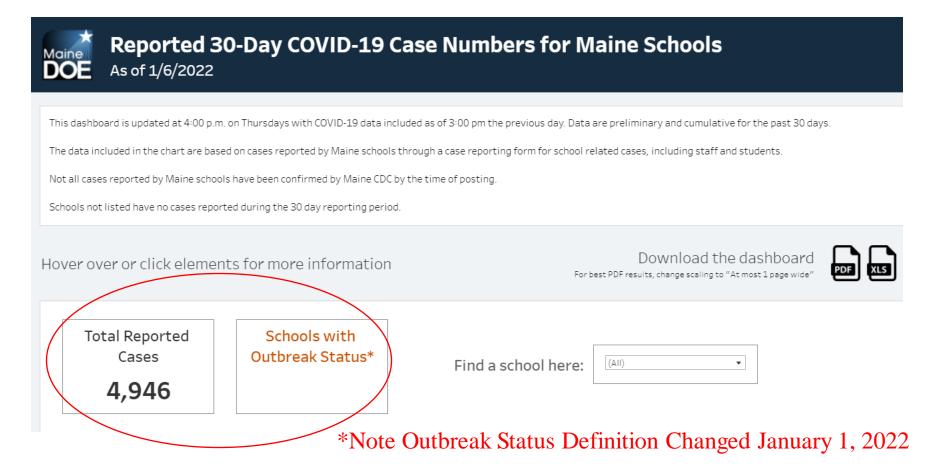
Maine CDC COVID-19 and Youth Data Published Weekly (1/03/2022)

COVID-19 Data in Maine: Case Trends by Age



COVID-19 Data in Maine: Maine Schools 30 Day COVID-19 Report

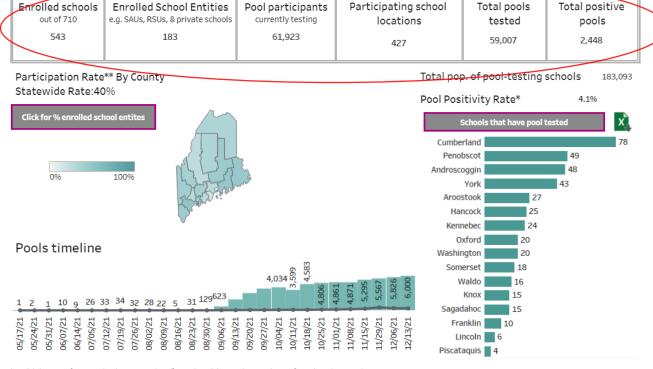
 Maine Schools 30 Day COVID-19 Case Report | Department of Education (1/06/2022)



COVID-19 Data in Maine: Maine K-12 Pooled Testing Data

COVID-19 Pooled Testing in Maine K-12 Schools

Showing Maine CDC data through 12/17/2021: Dashboard updated Thursdays with data for the previous week (pooled testing will resume the week of 1/3)



Total Pool Positivity Rates

12/13/2021: 4.0%

12/20/2021: 4.1%

01/10/2022: 5.8%

Note: Some tests are not represented in the dashboard when they do not align with school names, e.g. administrative offices or after school programs. For a full list of the locations pooling, please click on the "Schools that have pool tested" button.

Workbook: School Pooled Testing (maine.gov) Data as of 12/17/2021

^{*}Positivity Rate (reported only at state-level):Total positive pools as a share of total pools tested

^{**}Participation Rate= weekly participants as a share of total population within currently pooling schools.

[&]quot;Total population" = student enrollment data from 2020-2021 + pool school-stated targets for teachers and other staff as the denominator We will incorporate 2021-2022 enrollment + staff totals when they become available)

COVID-19 Vaccines for Children

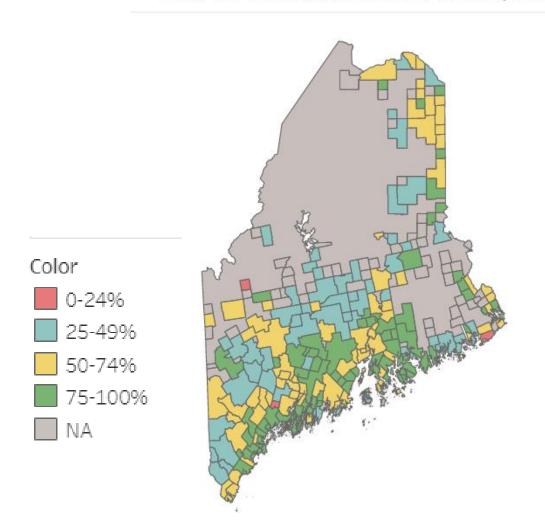
- Emergency Use Authorization (EUA) for Pfizer COVID-19 Vaccine for children ages 5-11 was given on November 2, 2021; EUA for Vaccine for youth ages 12-15 was on May 12, 2021
- Boosters now authorized for youth ages 12-17 year-olds at 5 months; 3rd dose for immunocompromised youth ages 5-11 year-olds
- 420+ school-based clinics for COVID-19 vaccine for ages 5-11 year-olds are scheduled from November through end of January
- Progress can be followed on the COVID-19
 Vaccination Dashboard | Covid-19 (maine.gov)
 - 39% of children ages 5-11 have gotten their first dose; 32% second dose
 - 69% of youth ages 12-19 have gotten their first dose; 57% second dose



Maine CDC Photo, PHN, 2021

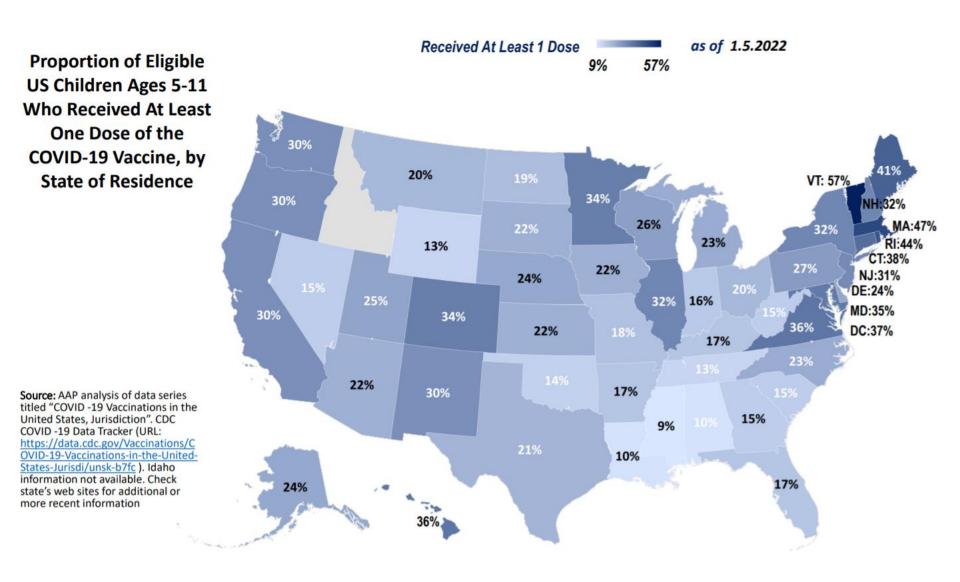
COVID-19 Data in Maine: Estimated Covid-19 Youth Vaccination Rates by School Administrative Unit (SAU)

COVID-19 Vaccination Rates for Youth by SAU



- Maine COVID-19 Vaccination
 Rates for Youth (5-18 years) by
 SAU | MIP | MeCDC | Maine
 DHHS
- Reflects first doses of COVID-19 vaccine
- Updated every 2 weeks
- Data as of December 27, 2021

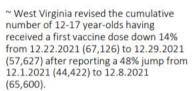
National Rates for Children and COVID-19 Vaccine



Children and COVID-19 Vaccination Trends. AAP Analysis of Data posted by the CDC January 5, 202. Slide 6

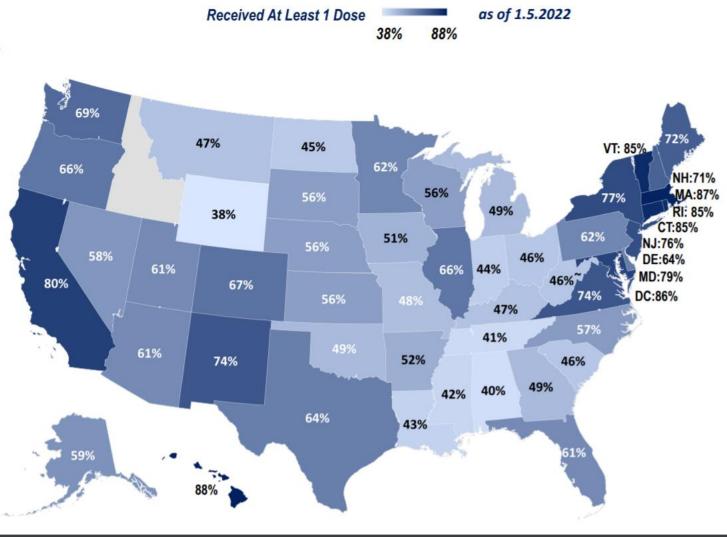
National Rates for Youth and COVID-19 Vaccine

Proportion of Eligible
US Children Ages 12-17
Who Received At Least
One Dose of the
COVID-19 Vaccine, by
State of Residence



Source: AAP analysis of data series titled "COVID -19 Vaccinations in the United States, Jurisdiction". CDC COVID -19 Data Tracker (URL:

https://data.cdc.gov/Vaccinations/COVID -19-Vaccinations-in-the-United-States-Jurisdi/unsk-b7fc). Idaho information not available. Check state's web sites for additional or more recent information

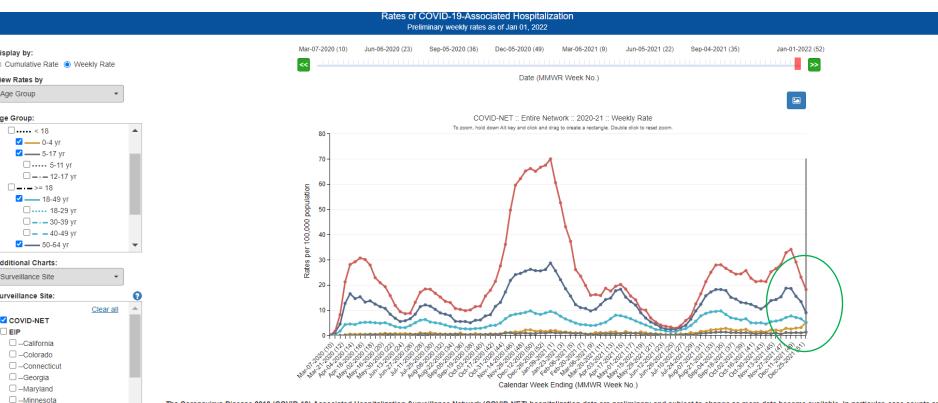


Children and COVID-19 Vaccination Trends. AAP Analysis of Data posted by the CDC January 5, 202. Slide 11

Monitoring Impact of Omicron on Children

- Following closely hospital admissions of children: Need to look at data at **Admitted "with" and Admitted "for" COVID**
- CDC Update on January 7, 2022: Hospitalization rates have increased for people of all ages and while children still have the lowest rate of hospitalization of any group, pediatric hospitalizations are at the highest rate compared to any prior point in the pandemic.
- The increase was observed in children aged 4 and younger, who are not eligible for vaccination, and the data include those admitted to hospitals for reasons other than COVID and then tested positive.
- Still learning about the severity of Omicron in children: do increased in hospitalization reflect a greater burden of disease in the community or the lower rates of vaccination for these children under age 18? Winter months are also a time of higher hospital admissions for other viral illness like RSV and Influenza.
- Dr. Rochelle Walensky, the C.D.C.'s director, "We have not yet seen a signal that there is any increased severity in this age demographic"
- <u>CDC Telebriefing on COVID-19 January 7, 2022</u> and <u>New York Times</u> Updated January 7, 2022

CDC COVID NET Data on Hospitalizations



The Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET) hospitalization data are preliminary and subject to change as more data become available. In particular, case counts and rates for recent hospital admissions are subject to lag. Lag for COVID-NET case identification and reporting might increase around holidays or during periods of increased hospital utilization. As data are received each week, prior case counts and rates are updated accordingly. COVID-NET conducts population-based surveillance for laboratory-confirmed COVID-19-associated hospitalizations in children (less than 18 years of age) and adults. COVID-NET covers nearly 100 counties in the 10 Emerging Infections Program (EIP) states (CA, CO, CT, GA, MD, MN, NM, NY, OR, TN) and four Influenza Hospitalization Surveillance Project (IHSP) states (IA, MI, OH, and UT). Incidence rates (per 100,000 population) are calculated using the National Center for Health Statistics' (NCHS) vintage 2020 bridged-race postcensal population estimates for the counties included in the surveillance catchment area. The rates provided are likely to be underestimated as COVID-19 hospitalizations might be missed due to test availability and provider or facility testing practices.

CDC COVID NET data until January 1, 2022 https://gis.cdc.gov/grasp/covidnet/covid19_3.html

--New Mexico

☐ --New York

COVID-19 Data in Maine: Hospitalizations Under Age 25

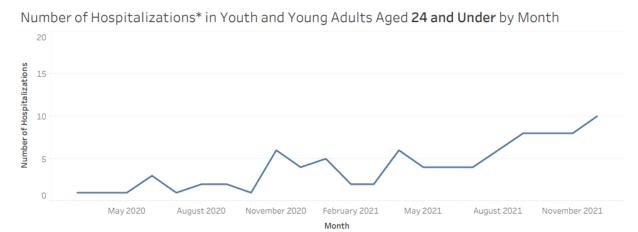
March 12, 2020 - December 27, 2021

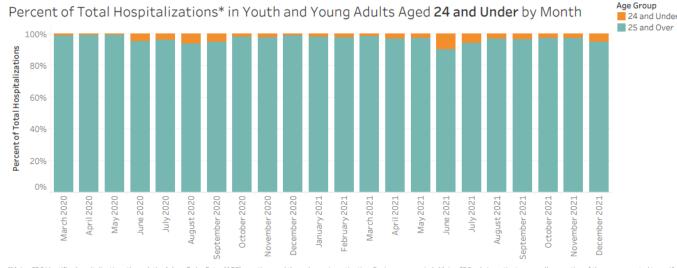
Cumulative Number of Hospitalizations Under Age 25:

89

Age Breakdown of Hospitalized Youth Cases:	
0-4	34.8%
5-9	6.7%
10-14	6.7%
15-19	23.6%
20-24	28.1%

COVID-19-Youth-1-3-2022.pdf (maine.gov)





Maine CDC identifies hospitalizations through the Ask on Order Entry (AOE) questions and through case investigation. During surge periods Maine CDC only investigates a small proportion of the cases reported to us. If a patient was not eligible for investigation, and hospitalization was not indicated on the AOE, or AOEs were not complete they are not included in the analysis. Therefore, this analysis represents true hospitalizations, but lift not all hospitalizations.

COVID-19 Issues to Watch Moving Forward

• Data: Monitoring closely number of cases and hospitalizations in children

Vaccination

- Encouraging COVID-19 vaccine for everyone 5 and older and boosters for everyone 12 years and older
- Looking closely at the uptake of COVID-19 vaccine by children/youth and seeing if there are geographic or equity gaps that need to be addressed
- Directing families to high volume vaccine sites: Augusta Armory, MaineHealth Portland; Northern Light Pier 1 South Portland; York County EMA/Sanford

Testing

- Expanding Testing Options: Augusta Armory (Mon/Wed/Fri), Westbrook Public Safety; Portland Jetport
- Purchasing 250,000 additional rapid antigen tests
- Continuing to support pooled testing in schools

Guidance

- The Maine CDC revised its COVID-19 isolation and quarantine guidelines to align with Federal CDC
- Schools: The Federal CDC released <u>Guidance for COVID-19 Prevention in K-12 Schools on 1/6.22</u>. The Maine CDC is reviewing this guidance and the <u>current SOP</u> to see where updates are needed.
- Childcare guidance has not been updated yet by the Federal CDC.

COVID-19 Treatments for youth older than 12 years and over 40 kg

- State has very limited supplies of oral and IV treatments, two are available for 12-18 years in high-risk groups
- IV- Monoclonal Antibody- Sotrovimab
- Oral Medication- Paxlovid
 - Maine distributing through retail pharmacy chains: <u>Walmart (12 stores)</u>: <u>Hannaford (3 stores)</u>:
 - Federal Government also distributing some doses to limited number FQHCS (Maine: PCHC & HealthReach)

Contact Information

DHHS Commissioner's Office

• Amy Belisle, MD, MBA, MPH, Chief Child Health Officer, Amy.belisle@maine.gov



2021 Children's Cabinet Report A Few Highlights



Some Highlights of Early
Childhood Policy and
Program
Accomplishments

- 85% of all licensed child care programs are receiving monthly Child Care
 Stabilization grants which provide programs with \$100 per licensed slot, \$200 per month stipends for staff working directly with children, and payments based upon a program's quality rating and acceptance of the Child Care Subsidy Program.
- Eight Early Childhood Consultation Program consultants, who work for three behavioral health providers in Maine, are now providing services to licensed child care centers, licensed family child care programs, and public pre-K programs in the eight pilot counties.
- In December 2021, the Early Learning Team at DOE notified 14 School Administrative Units (SAUs) that they had been awarded grants to build out new programming for the fall of 2022. The American Rescue Plan funding committed through this grant program will increase the number of 4 year olds able to attend public pre-k by 365. Additionally, within the 14 SAUs awarded grants, 160 part-day/part-week slots will increase to full day/full week slots.
- In August 2021, the Maine CDC was awarded a five-year Early Childhood Comprehensive Systems grant from the US Health Resources and Services Administration (HRSA).



Some Highlights of Efforts to Strengthen Policies and Programs for Youth

Starting in August 2020 and running through June 2021, OCFS implemented a pilot program providing Crisis Aftercare to 108 families in Aroostook County and 6 families in Washington County.

- 88% of families served by the pilot did not go to the ER for crisis once the team was involved.
- 90% youth served by the pilot were able to remain at home due to the service supporting the family. 10% of the youth involved went to Crisis Stabilization Unit, Inpatient Psychiatric Unit, or Residential Care.
- Program is now operating statewide.

Behavioral health practitioners across the state received evidence-based trainings to better support children, youth and their families.

- More than 120 clinicians completed all requirements to become nationally certified in Trauma Focused Cognitive Behavioral Therapy (TF-CBT). Nationally certified clinicians enrolled as MaineCare providers can bill the enhanced TF-CBT rate through Section 65 of the MaineCare Benefits Manual.
- OCFS provided no-cost training to 80 practitioners in Triple P Standard, Triple P
 Standard Teen and Pathways. Currently, there are four additional cohorts of 20
 practitioners (80 total) going through the training with all accreditations scheduled
 to be completed March 2022



Some Highlights of Efforts to Strengthen Policies and Programs for Youth

- The **Transition Work-Based Learning Grant** a 5-year grant from the Rehabilitation Services Administration wrapped in 2021 after providing services (including participation in two paid work experiences) to over 350 high school students with disabilities from the Augusta and Bangor areas. The grant studied two interventions (1) enhanced Jobs for Maine's Grads (JMG) programming and (2) Progressive Employment a dual customer approach that delivers a continuum of work based learning activities (including business tours, informational interviews, job shadows and paid work experience).
- In 2021, there were more than 70,000 SEL4ME curriculum engagements and more than 8,700 registered student users of the curriculums. In the fall of 2021, the Maine DOE SEL4ME Team began piloting an intensive professional development series, providing teachers with an adult Emotional Intelligence training and on-going training in how to incorporate social emotional learning into their coursework as well as curriculum development in the use of SEL as a Primary Prevention and Trauma-Informed practice.
- Maine CDC partnered with Maine Youth Advocates network to provide restorative practices support, education, and technical assistance in schools. Through July 2021, MYAN conducted 11 restorative practices training series with youth, trained 137 adults in restorative practices, and provided 271 youth-serving providers and organizations with technical assistance on implementing restorative practices
- Maine CDC increased training and technical assistance for behavioral health organizations
 on effective screening and identification of suicide prevention for youth living with a
 substance use disorder. Existing trainings (including Mental Health First Aid, Gatekeeper,
 and Suicide Prevention Awareness) were revised to address intersections between suicide
 and substance use disorder prevention. Over 600 individuals were trained.

Preview of Children's Cabinet Work and Priorities in 2022



Expanding access to quality early childhood education by strengthening the mixed delivery system for children aged birth through five years old. (DHHS/DOE/DOL)

- Public Pre-K Expansion Grants (ARPA)
 - Technical assistance for grantees
 - Support for interested School Administrative Units
 - Second round of grants
- Child Care Infrastructure Grants (ARPA)
- Child Care Stabilization and Discretionary Grants (ARPA)
- Support for the Early Childhood Education Workforce
 - Monthly Stipends (ARPA)
 - New Professional Development/Coaching Opportunities
 - Apprenticeships
- Efforts to Strengthen Child Care Subsidy Program and raise awareness



Coordinating and aligning programs and services across Maine's complex health and early childhood development systems to make it easier for families to access and more effectively navigate. (DHHS/DOE, including Child Development Services)

- The Children's Cabinet Early Intervention Subgroup has put out a guide on <u>Referral Services for Families with Young Children Guide for Health Care</u>
 Providers
- Early Childhood Comprehensive Systems Grant increase statewide access to integrated, effective, culturally appropriate, evidence-based early intervention practices and services during the prenatal and early childhood period.
- Implementation of Help Me Grow to support parents of children up to age 8 navigate programs and services for their children
- Kick-off webinar for ECCS and Help Me Grow will be held on Thursday, Jan 13.
 Dr. Paul Dworkin Founder of Help Me Grow will be joining us.
- Increasing developmental screenings through ASQ (Ages and Stages) on-line
- Planning for Early Childhood Integrated Data System to support data-informed policies and programming
 - Hired a ECIDS Policy Coordinator to lead this effort



Supporting youth to enter adulthood connected to the workforce and/or education

Expanding programming to support youth to participate in meaningful paid work and other extended learning opportunities to gain valuable skills and experience and to understand careers and career pathways to ensure their successful entry into work and/or post-secondary education. (DOE, DOL, DOC, DHHS)

- Career Exploration Pilot for historically underserved youth age 16 to 24 years old
- Expansion of work-based learning for broader group of youth
- Pre-apprenticeship programming for youth age 16 to 24 years old
- Expansion of apprenticeship programming



Coordinate, align and strengthen Restorative Practices and Justice in our schools, communities, and juvenile justice system. (DHHS/DOE/DOC)

- Support schools and students to build positive environments through restorative practices.
 - Coordinate work across DHHS (CDC) and DOE to align vision and strengthen efforts.
 - Support the continuum of restorative practices from preventive efforts in the schools to restorative justice with individuals in the juvenile justice system.



Supporting
Youth to Enter
Adulthood
Healthy

- Expanding and improving access to evidence-based behavioral health services and treatment for Maine youth (DHHS/DOE/DOC)
 - Expanded Crisis Aftercare Services for children and youth statewide
 - Systems of Care grant First year included Aroostook, Penobscot, and Piscataquis counties; Second (current) year expands to Franklin, Oxford, and Androscoggin; Third year (beginning Fall 2022) will expand to Knox, Lincoln, and Waldo counties; Fourth (final year) will be statewide
 - Expansion of School Based Health Centers to provide comprehensive health services, including mental health services for youth
 - Continue to identify opportunities to strengthen substance use disorder treatment and services for youth

Efforts to Expand Adolescent Substance Use Disorder Treatment and Services

Madeline Shiley
Youth SUD Specialist
January 11, 2022



Agenda

2021 Top Priorities

Review of top priorities for 2021.

Youth SUD Successes

Successes in expanding understanding, access, and quality of Youth SUD Services.

Youth SUD Challenges

Challenges continuing to face Youth SUD services.

Continued Gaps

Remaining gaps in Youth SUD Services.

Upcoming Initiatives

Plans for CBHS work on Youth SUD Services in 2022.

Discussion & Questions

Opportunities for questions.

2021 Top Priorities

In 2021 CBHS prioritized completing a needs assessment, developing and reaching consensus on a vision for the future state, and identifying funding sources for the implementation of best practices.

- Conduct needs assessment
- Research best practices
- Share assessment findings with collaborators, incorporate feedback

Finalize Needs
Assessment

Develop Plan for Future State

- Share findings on best practice systems (ROSCs, EBPs)
- Document gaps in existing services
- Propose plan to close gaps.
- Identify funding required.



Explore all available funding sources including grants and state funding opportunities.



Implement EBPs, MAT, and other priorities.

Identify Funding & Implement



Youth SUD Successes

Increased staff capacity to focus exclusively on Youth SUD resulted in successes across a variety of areas with the goal of improving the access and quality of Youth SUD services.

Documentation of
Existing Youth
SUD Continuum
of Care &
Support of
Providers

Completion of
Research of
National Best
Practices / EBPs
& Policy Changes

Funding
Proposals and
Grant
Applications

Stakeholder
Engagement and
Community
Partnerships

Youth SUD Challenges

Several challenges remain present to be tackled in 2022.

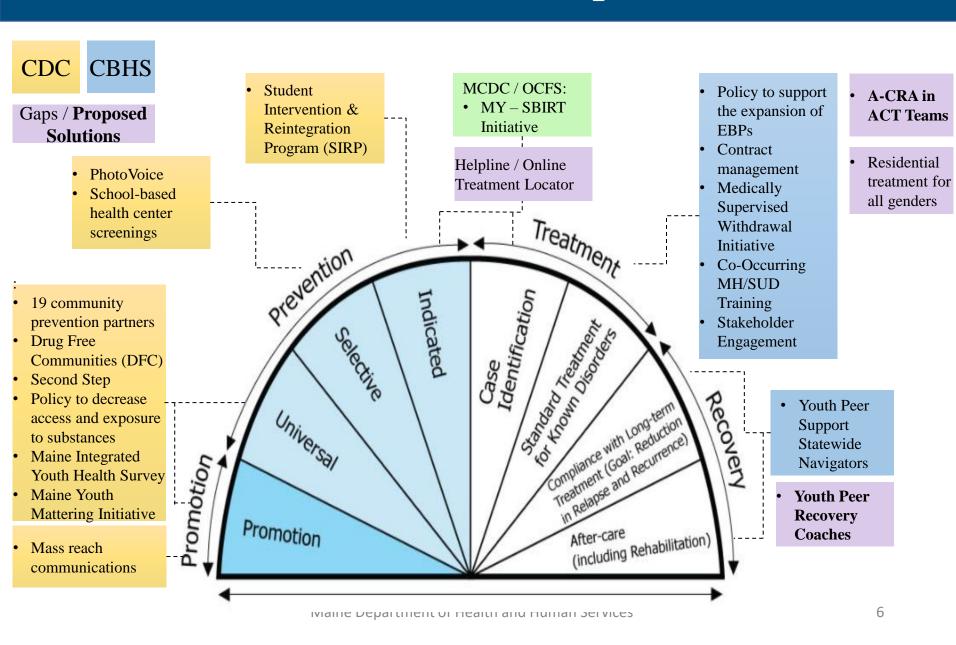
Growing the Provider Landscape

Incorporating
Youth SUD and
Harm Reduction
Strategies into
Children's Crisis
Services

Expanding access and training to Medically Supervised Withdrawal

Ensuring all youth-serving agencies have the proper training to offer co-occurring services

Continued Gaps



Upcoming Initiatives

Several funding sources have been approved for initiatives to address some of the most pressing issues related to Youth SUD.

Co-Occurring MH/ SUD Training

- OCFS to contract with purveyor of adolescent SUD evidence-based practice, Adolescent Community Reinforcement Approach (A-CRA), to offer training to mental health clinicians in children's residential.
- The training will be offered to the 9 children's residential facilities for 2 clinician spots and 1 supervisor spot, for a total maximum of 18 clinicians and 9 supervisors.

In planning phase – Training Expected June 2022

Medically Supervised Withdrawal

- OCFS to provide training to existing clinicians on the treatment of adolescents needing medically supervised withdrawal.
- Curriculum is being planned with experts from:
 Opioid Response Network, Center on Rural
 Addiction, New England Addiction Technology
 Transfer Center
- Clinicians to be reimbursed for time spent training.

In planning phase

Path Forward

In addition to the two funded initiatives, the Youth SUD Specialist is focused on expanding access to developmentally appropriate care through the following priorities:

Incorporating Youth SUD into Children's Crisis Services

The Youth SUD Specialist is participating in the OMS Crisis System Reform Group.

Oversight of the Youth/Family SUD Contracts

OCFS has taken over the contracts pertaining to Youth/Family SUD; the Youth SUD Specialist will be the program manager.

Support to New Providers

The Youth SUD Specialist will continue to support new providers through research and training opportunities.

Thank you!

Please direct any questions to:

Madeline Shiley

Youth Substance Use Disorder Specialist
madeline.shiley@maine.gov

