Vision for Child and Youth Services in Maine

Background

There are currently many public conversations about Maine's need to improve services for children and youth with behavioral health needs, including a recently settled lawsuit with the United States Department of Justice. In response to these conversations, a group of service providers and family advocates came together to share experiences and information, and to answer the question: What would a fully functioning child and youth services system look like in Maine? The collective expertise of this group includes child psychiatry, developmental disabilities, child and family policies, mental and behavioral healthcare, child welfare, juvenile justice, and personal experience navigating services. We are committed to improving the way Maine supports the healthy development of all children and youth. This document represents a shared vision for building a successful system of supports that is responsive to developmental needs and provides children and youth with the services they need, when they need them.

Values

We share and promote the following core values:

- Every child and youth have intrinsic value and human rights that are not dependent on their age, abilities, health, or behavior.
- All children and youth have a right to have their basic needs met, including food, shelter, safety, and healthcare.
- Society has a moral obligation to help caregivers when they are unable to provide these basic needs for the children and youth in their care.
- All children, youth, and caregivers need to belong to a community.
- All children and youth deserve support and services that meet their developmental needs.
- A functional service system requires a high quality workforce to be developed through training, supervision, and compensation.
- Caregivers, youth, and children are the experts on their own needs.
- Access to information and expertise is essential for consumer voice and shared decision making.
- Service systems must be designed with the flexibility to respond to individual needs.
- Successful outcomes for children and youth are more likely when services are delivered with a whole person, Family Driven Care approach.
- Teams are the most effective way to coordinate support and services for families.
- Incentives and accountability to practice standards are effective tools that are necessary for large scale systems change.
- Children, youth, and caregivers are best served when community advocates and state partners all work together as partners and collaborate to improve systems of care.

¹ U.S. Department of Justice Press Release 9.9.2024 https://www.justice.gov/opa/pr/justice-department-sues-maine-violating-americans-disabilities-act;

Developmental Needs

There are many ways to categorize the critical needs of children as they develop from infancy to adulthood. For the purpose of developing this vision for Maine, we considered what children and youth need in the following four domains of development:²

Physical health and safety: includes safe and stable housing; healthy nutrition; physical activity; prevention of injury and illness; and treatment for injury and illness.

Mental health and emotional development: includes help with understanding emotions; support for building age-appropriate coping skills; and treatment and tools for adapting to challenges.

Education and learning: includes monitoring and support for developmental milestones; access to education; and opportunities and assistance to learn new skills at all ages.

Relationships and social behavior: includes loving relationships with caregivers; friendships with peers; and inclusion in safe, supportive communities.

Services to Support Development

Every child and youth need caring adults who are able to provide them with help and resources in all four domains. In addition to those provided by the family unit, communities and governments have established services to support optimal development for children and youth. Some of these services are **universal**, designed to support the growth, development, and well-being of every child, youth, and family. Other services are **specialized**, designed to meet specific needs and challenges that some children, youth, and families will encounter during the developmental process. A functional child and youth services system is one that provides appropriate and equitable access to the **full continuum** of universal and specialized services at the time the service is needed.

Universal Services

All children, youth and caregivers need to have equitable, consistent access to these services in their communities to support healthy growth and development:

- Prenatal, childbirth and postpartum care
- Primary healthcare
- Emergency medical care
- Childcare
- Quality early learning experiences
- Developmental screenings

- Recreation services
- Adult-led peer activities
- Public education: elementary, middle and high school
- Job skills training and mentoring
- Higher education opportunities

² These domains align with developmental frameworks by the Children's Bureau- OMB, U.S. Centers for Disease Control and Prevention, UNICEF, and Maine's Place Matters

Specialized Services

Some children, youth and caregivers experience **significant challenges** that can negatively impact development and quality of life without intervention. Specialized services seek to mitigate these challenges and support the development and growth of each individual.

Poverty requires specialized services and supports for the family to ensure children, youth, and their caregivers have their **basic needs** met. Specialized **health** services are needed to care for individuals with chronic illnesses and physical disabilities. Developmental delays require early intervention services that support **speech**, **language and physical development**, and help children reach important milestones. Children and youth with developmental disabilities and their families need ongoing services and support to build skills for **activities of daily living** and **community** connections. Mental and behavioral health services provide critical access to evaluation, **treatments and supports** for children, youth, and caregivers. When a child, youth, or caregiver needs to be protected from harm, **safety** services are essential.

All of these specialized services must be available in a **continuum of care** that is based on meeting individual needs in the least restrictive setting. Restrictive treatment settings must be for time-bound acute care, and designed to support transitions to community-based services. All children, youth and caregivers need to have equitable, consistent access to these specialized services in their communities to mitigate challenges and support healthy growth and development. These specialized services include, but are not limited to:

- Basic needs support for families
 - o Food, housing, transportation
- Specialized healthcare services
- Safety services to protect from harm
 - Domestic violence/intimate partner violence services
 - Child protection
- Early Intervention services
 - Occupational therapy, physical therapy, speech & language services
 - o Behavioral services
 - Caregiver education/training
- Developmental disability services
- Mental & behavioral health services for children & youth
 - School-based services
 - In-home functional behavioral assessments
 - Strengths based needs assessments for diversion
- Mental & behavioral health services for caregivers
- Peer affinity groups with training

- Peer support
 - Certified Family Peer Specialists,
 Family Navigators, Youth Peer
 Specialists
- Child Psychiatric Services
 - Workforce development
 - Evaluation services
- Continuum of residential and intensive outpatient services
 - Medical and behavioral combination
 - Behavioral secure options for various developmental and behavioral needs
 - Residential transitional care that pays for staff in-home
 - Intensive Outpatient/Midlevel
 - Children's Assertive Community Treatment (ACT)
 - Home and Community Treatment (HCT)
- Coordinated specialty care for complex medical and/or psychiatric conditions
- Clinical high risk programs

Service Coordination

Children, youth and families need access to **case management** services that assess needs, make referrals, and ensure families have access to services. **Care coordination** is also essential for families that need multiple services at the same time. This approach convenes teams of service providers and identifies opportunities to weave services and resources together in ways that work better for families. **Community Health Workers** also play an important role in coordination with diverse communities, applying their unique understanding of the communities they serve to bridge between providers and individuals, and to improve service delivery.

Community coordination models are also essential in a functioning system of care. These models provide a way for community and state partners to work together to coordinate care around individuals, and to improve service delivery systems. A mechanism for coordination and communication among community providers is also essential to ensuring youth move out of the most restrictive placements in a timely fashion. Maine has implemented several models of community coordination over the years, including Wraparound Maine, Regional Care Teams and Local Case Resolution Committees through the Governor's Children's Cabinet.

State agencies also need mechanisms for coordinating services and funds within government. Coordination is necessary across all child serving agencies, including the Office of Child and Family Services, Juvenile Justice, Children's Behavioral Health Services, Public Health Nursing, and Education including Child Development Services. This requires investing in a process and position that works within and across state agencies that serve the same families, is responsive to child and community needs, and is responsible for identifying what is not working and what could work better. This type of position is often able to blend and braid funding streams in ways that improve services for families and decrease costs.³ Maine could better serve children and youth by establishing a Deputy Commissioner of Child Wellbeing that is responsible for coordinating all child serving agencies.

Accountability

Community advocates and state partners share the goal of improving the way Maine supports the healthy development of all children and youth. State and community partners must work together to build incentives to build and maintain a functional continuum of care that keeps children and youth home in the least restrictive environment. This could include working on establishing specialized rates or building partnerships with private insurance companies.

Maine's children and youth would also be well served by the legislative establishment of a mechanism for ensuring the state is meeting obligations to provide services that meet children's developmental and behavioral health needs. Other states have successfully established independent, impartial entities and provided them with the authority and responsibility to receive complaints and make findings that improve the way the state serves children and youth. Such an entity could also ensure that Maine's EPSDT (Early and Periodic Screening, Diagnostic and Treatment) obligation is met.

³ The former Wraparound Maine initiative was able to redirect savings produced by state agency coordination to increase the budget for community-based services for children and youth.

Reaching the vision of a functioning child and youth services system in Maine will require everyone working together to continue to build on current efforts. The youngest generation will be best served when community advocates and state partners collaborate to build accessible, equitable systems of care for every child and youth across the state.

- Maine Council of Child and Adolescent Psychiatry (MCCAP)
- Maine Developmental Disabilities Council
- Maine Center for Youth Policy & Law
- Maine Children's Alliance
- Maine Child Welfare Action Network
- Parents of children with behavioral health needs

¹The following individuals and organizations contributed to the development of this vision document: