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2021 Report on Youth Substance Use Disorder (SUD)

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<u>Background:</u> The John T. Gorman Foundation granted funding for the hiring of a Youth Substance Use Disorder Specialist in 2021 to assess the existing system of care for youth with SUD and to develop a plan to implement solutions for unmet needs. The Youth SUD Specialist was hired on Jan 4, 2021 and began the work immediately. This report should be considered a summary explanation of the work completed.

Youth SUD progress can be categorized across six key areas: resource creation, funding proposals, grant applications, policy changes, program landscape, and stakeholder engagement. Work completed in each of these areas supported the CBHS Strategy of expanding the use of evidence-based practices and evidence-informed interventions.

Section	Output / Progress	Impact
Resource Creation	CBHS analyzed the existing continuum of care for Youth SUD in Maine and created a living document that outlines treatment options for Youth with primary SUD diagnoses. From this knowledge, CBHS identified priority areas of need on the continuum of care. CBHS completed a research library, documenting not only national best practices and knowledge regarding the treatment of youth SUD, but consolidating all relevant Maine details and data. - Worked in alignment with Maine Drug Data Hub and You're your Options initiatives from the DHHS Commissioner's Office, as well as the OMS Support for ME Grant. Delivered succinct executive summaries to stakeholder groups comprised of providers, advocates, medical community members, and state government leadership.	The State has documentation of best practices for planning, building, and sustaining an effective system of care for youth with SUD based on national guidance and leading practices. The research library can be used to develop future grant proposals, to inform policy making decisions, and to support providers in their efforts to provide high quality care.

	Developed guides for selected specific Youth SUD topics including Recovery Oriented System of Care, COVID-19 and Youth SUD, and analyses of evidence- based practices.	
Funding Proposals	CBHS was successful in securing funds for two proposals currently in the planning stage of development. These two proposals were developed to meet urgent needs in the state identified in the needs assessment: medically supervised withdrawal and enhanced SUD /MH cooccurring treatment capacity. The solutions were developed with input from several stakeholder groups comprised of state government employees, community members, and providers and are expected to be implemented in FY 2022. Additional ideas to meet other Youth SUD needs were generated, documented, and supported with evidence but not selected for funding this year. These proposals can be evaluated and updated in the future for viability.	Medically Supervised Withdrawal Project: CBHS is working with the medical community, the adult provider community, and hospitals to develop a training to increase comfort levels in treating youth with SUD in need of medically supervised withdrawal. Co-Occurring MH / SUD: CBHS is working with the purveyors of a developmentally appropriate SUD Evidence- based Practice, the Adolescent Community Reinforcement Approach, to develop a training for clinicians in primary MH settings to better support clients with co-occurring SUD needs.
Grant Applications	CBHS applied to two federal grants for the purpose of expanding treatment options for youth with SUD. Grants were submitted to the Substance Abuse and Mental Health Association as well as the Department of Justice, and neither were selected for funding. However, the research that supported these proposals as well as the proposals themselves can be evaluated for use in future grant applications.	
Policy Changes	CBHS supported the Mainecare Rate Study for Section 97 of the Mainecare Benefits Manual. The rates that went into effect on 11/1/21 resulted in an increase for Non-hospital detox programs of 77%,	Increased rates only recently went into effect but should support providers in this difficult time of staffing shortages and other needs.

	and an increase in Adolescent Residential Rehabilitation rates of 35%. IOP policy was adjusted to support adolescent needs – rather than maintain a required 4 person minimum, which we know is challenging for youth, IOPs are required to have clinically appropriate minimums while still maintaining a viable group.	Attempting to relieve burdens on IOP so that programs can operate despite challenges with youth attendance.
New Programs	CBHS supported several new programs treating youth with SUD this year including one IOP program, two outpatient programs, and one residential program. CBHS provided guidance on evidence-based practices for treatment, provided guidance on policy questions, and spread awareness of the programming. Regular communication and meetings exist between the providers and CBHS to continue to evaluate referral streams, to overcome identified challenges, and to plan for improved access and quality programming in the years to come.	There are more developmentally appropriate treatment options for youth this year than in the past. However, there is still room to grow, and CBHS looks forward to continuing to provide support to existing providers while also encouraging new providers to meet the needs of Maine's youth.
Stakeholder Engagement	CBHS coordinated a stakeholder group of child-serving agencies, cross-agency state government leadership, providers, and members of the medical community to meet and discuss solutions and challenges to the Youth SUD community. This stakeholder group convened on a quarterly basis and will continue to do so into 2022.	Stakeholders from various backgrounds were able to benefit from unified and timely updates regarding available treatment opportunities, policy changes, and proposals to meet existing needs.