Home and Community Based Treatment in the time of a pandemic
• Introductions
• HCT (Home and Community Based Treatment) history.
• Service overview
• Impact of the pandemic
• The future of the service and its piece in the puzzle of overall health of children and families.
• Questions
Introductions
What is HCT

• Home and Community Based Treatment:
  • High intensity, short term, team based treatment model
  • Several hours per week for 9 months.
  • Provided to a child in their home, school or community setting
  • Provided by a masters level clinician and a Behavioral Health Professional
  • Focused on family system, not just the child
  • At Pathways, our service is manualized. But not all HCT is structured this way.

• A BRIEF SAMPLE OF WHAT WE DO. Eye blinking.
Who gets HCT

- Clients are:
  - families of children with significant behavioral and/or emotional disturbance
  - Severe problems in relationships and communication between child and family members
  - Children with diagnoses such as ADHD, PTSD, anxiety and mood disorders, Autism, etc.
  - Significant problems in school or other settings.
  - Needs are too intensive for traditional office based counseling.
The evolution of home and community based behavioral health treatment (HCT)
Home and Community Based Treatment’s (HCT) humble beginnings.

- **Historical Facts:**
  - Home based services in Maine in the 90’s
    - Quality, hours, costs, length of services
  - Many children in group homes, psychiatric inpatient, foster care, out of state hospitals. These are the most expensive services.
  - 1999 Pathways (Providence) came to Maine
    - Our service put a clinician in homes with BHP’s every week. Treatment was short-term and intensive.
  - Children’s behavioral health department creates HCT- based off of our treatment model at the time.
Home and Community Based Treatment becomes the cornerstone of Children’s services system.

- HCT Impact:
  - Immediately this service begins to have an impact on the children’s services spectrum.
  - The state’s need for group homes, crisis units, foster homes and Children’s Psychiatric inpatient services declines.
  - The state has very few children placed out of state.
  - The state of Maine is recognized nationally for its success with HCT.
  - 1 year AFTER the service has ended, 95% of children who received HCT are still in their homes. And are not accessing higher level services.
HCT’s history continued

- **2010- 2020**
  - New director of the office of children and family services oversees the very rapid closure of residential treatment programs
  - Many children with severe behavioral and emotional disturbance are sent home.
  - HCT (and other services) experience a 2% rate cut.
  - HCT would not see a rate increase for another 10 years even though the cost to deliver the service nearly doubles over that time.
  - This leads to the slow deterioration of HCT as wages stagnate.
  - Waitlists grow to over 500. With wait times as much as a year or more.
Fragility of the system without HCT

• Today we have:
  • Huge wait lists that are years long.
  • Children’s crisis units, hospitals, Emergency Departments and group homes are overrun.
  • Dozens of children placed at out of state facilities.
  • Protective case workers have few options for intensive home based services.
  • Families are being needlessly separated.
  • The state is now planning to build a locked psychiatric facility for children.
Just when things couldn’t get any worse for HCT...

Impact on the service:

- Providers are paid on a face to face, fee for service basis.
- Due to the intensive nature of the service, it does not lend itself well to telehealth.
- Revenue plummets, threatening provider agencies ability to survive the pandemic.
- Large numbers of staff are laid off.
- The staff that are not laid off, very bravely face the risk to themselves and their families to continue to work in client homes.
- The waitlist of families needing the service spikes to over 800. all while provider capacity drops by more than 70%.
Impact on the children and families:

- Children have lost the structure of school or daycare.
- Families livelihoods are threatened, most of whom were already financially vulnerable.
- Children and families are isolated together.
- Nearly the only social interaction children get is from social media.

All of these things escalate the anxiety, frustration, isolation, and reactivity that the children and families we work with were already struggling with.

This leads to:

- Greater instability and conflict in the home
- Greater anxiety in children and teens
- Increased drug and alcohol use
- Decreased sense of hope that things can get better
- Increased aggression in homes that overflows into neighborhoods and schools.
Much of the long-term impact is still uncertain.

As we ramp services back up across the state, we are seeing more intensive behaviors in our clients.

Finding and keeping staff becomes more difficult as the intensity of the work increases.

Rates continue to fail to cover the costs of providing the service, keeping wages low, especially for masters level clinicians.
What can Home and Community Based Treatment offer in the future?

Beyond HCT’s critical role in the behavioral healthcare spectrum of services to children, it is a vastly underused tool that can also offer...

Increased integration of physical and behavioral healthcare.
  • Intensive home based services can be the eyes and ears for primary care providers through greater sharing of health information.
  • Home based services can provide a consistent means of follow up to physical treatment recommendations.
  • HCT can also provide support around improving nutrition and activity levels in the home, as well as a source of education for families about making healthier choices.

Preparation for young people transitioning to adulthood:
  • Improved ability to participate in the educational process.
  • Support in preparing to enter the workforce.
  • Developing time and resource management skills.
  • Learning how to develop and foster positive relationships.
Re-establishing HCT as a cornerstone in the children’s services spectrum.

- Appropriate funding level and structure to support elimination of long waits for the service.
- Improved opportunities for physical health providers to communicate with behavioral health teams about the care of shared clients.
- Holding symposiums like these, to serve as the beginning of a conversation and collaboration.
Questions?