

**Blue Ribbon Commission to Study the Organization of and Service Delivery  
by the Department of Health and Human Services**

[Resolve 2023, chapter 98](#)

Wednesday October 30, 2024 10:00 am  
Room 209 (Health and Human Services Committee room)  
Cross State Office Building, Augusta ME

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**AGENDA**

1. Welcome, *Chairs Senator Duson and Representative Craven*
2. Report Outline (p. 1)
3. Draft Recommendations and Findings
  - Children’s welfare and child protective services (p. 1)
  - Children and Youth with Special Health Care Needs and behavioral health (p. 4)
  - Complex Cases (p. 6)
  - Behavioral Health (p. 7)
  - Elder Services (p. 8)
  - Service Delivery Improvements (p. 9)
  - Legislative Oversight (p. 11)
4. Tabled Recommendations (p. 12)
5. Next Steps

## Follow-up Report on the Implementation of Certified Community Behavioral Health Clinics (CCBHC) and DOJ Lawsuit Against the State of Maine, Evidence-based Practices and Services.

In 2022, the Bipartisan Safer Communities Act laid the foundation for the national implementation of Certified Community Behavioral Health Clinics (CCBHC). By June 2024, Maine, alongside nine other states, was awarded a grant to launch the CCBHC model at five geographically diverse locations across the state. This model emphasizes tailoring services to meet the unique needs and cultural concerns of the communities served, with a minimum scope of practice across nine key areas.

Simultaneously, a 2022 investigation by the Department of Justice (DOJ) revealed significant deficiencies in Maine's mental health, child protective, and correctional systems. The DOJ's findings resulted in a lawsuit against the State of Maine in September 2024, outlining systemic issues, including lengthy waitlists for community services, underfunded crisis services, and prolonged institutionalization of youth.

As it stands related to evidence-based practices, the State of Maine has several providers and resources. However, there are significant areas across the state who are either underserved or unserved where access to needed behavioral health care is significantly limited. This includes extremely long waitlists for services and resources in the community. According to a September 2024 report by NASW Maine and the Alliance for Addiction & Mental Health Services, Maine, average wait times for outpatient mental health counseling were 32 weeks for behavioral health organizations and 33 weeks for individual providers. It is difficult to locate accurate waitlist data for other community evidence-based services.

For others, they may receive some community resources, however the services may not be implemented with fidelity as it relates to hours, programming, etc. due to many factors. These factors have been identified in the investigation and lawsuit filed by the DOJ against the state of Maine, including lengthy waitlists and workforce challenges such as low reimbursement and administrative burden. Many children are identified as failing at lower levels of care upon receiving evidence-based models, such as receiving Home and Community Treatment (HCT) however without full hours of staffing and support able to be filled by providers.

Additionally, much of the state is left with minimal evidence-based treatment options. Maine is designated as 61% rural, leaving most of the state living outside of service center locations. Examples of

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this include wrap-around programs, which have not yet been implemented, and the Child Assertive Community Treatment (ACT) model of care of which only one program team exists statewide with a service area within a 25-mile radius of Saco. As a result, families are left with lower levels of care and minimal access to services.

The Substance Abuse Mental Health Services Administration (SAMSHA) released National Guidelines for Behavioral Health Crisis Care toolkit, outlining measures for appropriate and accessible crisis care. This includes a call center to receive calls, 24/7 mobile crisis workers to deploy, and crisis receiving and stabilization centers. They have succinctly summarized this as a person to call, a person to respond, and a place to go. Currently, DOJ has identified that the Maine Crisis System is understaffed, resulting in an overreliance on Maine Law Enforcement Responding. It is also reported that there are currently six children's crisis stabilization units, with two closed due to reported staffing challenges. One of these units has been reportedly closed for over two years.

The State of Maine can improve its behavioral health system and meet the needs of its most vulnerable populations by ensuring adequate funding, increasing access to crisis and community-based services, and expanding evidence-based programs. There are many programs across the state, however with workforce challenges, limited funding, transportation barriers, and administrative burdens, evidence-based programs have limited capabilities in implementation and impact across the state. Maine community mental health providers are willing and available to collaborate to discuss and develop plans to address these challenges and concerns.

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# REPORT OUTLINE

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## I. EXECUTIVE SUMMARY

## II. INTRODUCTION

## III. FINDINGS AND RECOMMENDATIONS

- A. Child Welfare and child protective services
- B. Children’s special health care needs and behavioral health
- C. Complex Cases
- D. Behavioral Health
- E. Elder Services
- F. Service Delivery Improvements
- G. Legislative Oversight

## IV. APPENDICES

- A. Authorizing Legislation, Resolve, 2023, c. 98
- B. Report of the Government Oversight Committee: Frontline Perspectives in Child Protection as Catalysts for Reform, February 2024
- C. Office of Child and Family Services, Implementation of the Government Oversight Committee’s February 2024 Recommendations, dated September 17, 2024
- D. Majority Report of the Health and Human Services Committee to LD 17, Resolve, to Provide Nonmedical Transportation Services to the Elderly and Adults with Disabilities Receiving Home and Community Benefits under the MaineCare Program (130<sup>th</sup> Legislature)
- E. *United States of America v. State of Maine*,
- F. P.L. 2021, c. 648, An Act to Improve the Temporary Assistance for Needy Families Program and To Improve the So-called Leveraging Investments so Families Can Thrive

## FINDINGS AND RECOMMENDATIONS

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### BACKGROUND

#### Overarching aim

Individuals needing services from DHHS, gets access to services they are entitled to. This includes:

Eligibility – ease of systems and systems talking to each other.

Stigma – concern that asking for help brings in the department to the family, including fears that children in the home could be removed.

Workforce – services qualified for, and approved by the department, are not received due to workforce issues.

Focus of services?? – fee for service vs holistic and public health focus

BRC made multiple findings that are associated with this overarching aim and are relevant for multiple recommendations. [refer back to these generalized findings throughout report]

### **I. Child Welfare and Child Protective Services**

#### **A. SOURCES OF INFORMATION**

1. Report of the Government Oversight Committee: Frontline Perspectives in Child Protection as Catalysts for Reform, February 20, 2024;
2. Update on GOC activities by GOC member, Senator Duson (11/14/23);
3. Presentation by Peter Schleck, Director, Office of Program Evaluation and Governmental Accountability (05/29/24);
4. Presentation by Christine Alberi, Child Welfare Ombudsman (05/29/24);
5. Update from the Office of Child and Family Services on the implementation of the Government Oversight Committee's February 2024 Recommendations (05/29/24);
6. Presentation on child welfare budget initiatives from the 2024 Supplemental Budget by staff (05/29/24 and 09/17/24);
7. Discussion of LD 779 and LD 1788 by staff (05.29.24);
8. Case study presentation by the department (05/29/24);
9. BRC member discussions;

#### **B. FINDINGS**

1. The BRC supports the Maine's Child Safety and Family Well Being Plan developed by DHHS and implementation the Plan. The HHS committee has received several presentations on the Plan including Version 1.0 and continuing work to update the Plan.
2. The message to the public that involvement with Office and Child and Family Services, child protective services includes information and services to support families remaining together and does not automatically result in removal of children from the home must be clearly and continually communicated.

## FINDINGS AND RECOMMENDATIONS

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3. Increasing funds available to families to meet their basic needs reduces stress on families.

### C. RECOMMENDATIONS

During the BRC discussions on child welfare issues, several different options relating to the structure of DHHS and/or OCFS, were suggested at various meetings. Those options include: dividing DHHS so that OCFS was its own department with a cabinet level Commissioner; making changes to the authority of the Child Welfare Ombudsman; having a separate office that approximates the Office of the Inspector General of Nebraska Child Welfare or the Office of the Child Advocate in New Hampshire; or requiring a cabinet level position for children's health and welfare issues. Such options were repeatedly raised with no consensus decisions or recommendations from the Commission. The BRC is aware that there will also be future bills introduced to the Legislature related to these options.

*[Note: italics # references to be removed from final report.]*

1. RECOMMENDATION (#20): Supports the 30 recommendations of the Government Oversight Committee's investigation of the perspective of persons involved on the front line of Maine's child protection system (See Appendix \_).

Commission member, Senator Marianne Moore mentioned that she has repeated heard concerns from members of the public that mandated reporters who have made reports of suspected child abuse or neglect receive no feedback regarding their report, whether it is being investigated, or if the report was even received. This concern was repeated by other legislative members of the Commission.

2. RECOMMENDATION (#24): Determine how better to communicate with persons who report suspected child abuse or neglect so that the reporter understands the process that will occur based on the report.

Commission member, Senator Marianne Moore expressed concern that child care facilities are not required to have security standards. Commission member, Bill Montejo, Director of Licensing and Certification in DHHS, confirmed that there are no security requirements in child care licensing rules.

3. RECOMMENDATION (#26): Implement security standards for licensed child care facilities.

*Tabled recommendation around AFFM and contact within the department...*

## FINDINGS AND RECOMMENDATIONS

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### II. Children's special health care needs and behavioral health

#### A. SOURCES OF INFORMATION

1. Presentation by Dr. Amy Houtrow, MD, PhD, MPH (06/12/24);
2. Presentation by Eileen Forlenza, Senior Public and Population health Consultant (06/12/24);
3. Presentation by Stacey LaFlamme, Maine CDC (06/12/24);
4. Presentation by Bonnie Jean Brooks, Interim Executive Director Maine Developmental Services Oversight and Advisory Board (07/10/24);
5. Out-of-state placement of children, presentation by the department (07/10/24);
6. Case study presentation by the department (06/12/24);
7. BRC member discussions;

The BRC developed recommendations regarding Children and Youth with Special Health Care Needs (CYSHCN) and children with behavioral health issues through twin lenses.

First, Commission member, Nancy Cronin, organized presentations on the Title V Maternal and Child Health Services Block Grant, and the national Blueprint for Change: Guiding Principles for a System of Services for CYSHCN and their Families. Stacey LaFlamme, Maternal and Child Program Manager in the CDC, DHHS, presented on Maine's Blueprint.

Federal law requires states to use 30% of federal funds for preventive and primary care services for children and an additional 30% for services specific to CYSHCN.

Second, the BRC is aware and concerned about the lawsuit filed by the Department of Justice against the State of Maine in the United States District Court, District of Maine, *United States of America v. State of Maine*.

In this case, the Department of Justice seeks a judicial order compelling Maine to provide behavioral health services to children with disabilities in their homes and communities, rather than unnecessarily segregating them or placing them at serious risk of unnecessary institutionalization.

*Please note that Part \_\_ with recommendations on Complex Cases relate to CYSHCN and children's behavioral health services.*

#### B. FINDINGS

1. Leadership at the Commissioner's office level is necessary for a transition to whole-child system that holistically integrates initiatives among department offices and this requires some reorganization within the department.
2. The development and coordination of policies within the Department of Education and the Department of Corrections is necessary to ensure the health and wellbeing of children is maximized.
3. The lack of services available to children with multiple health needs (i.e. physical, development, behavioral) and the availability of service providers results in too many children who either go without needed services or receive services at a higher level

## FINDINGS AND RECOMMENDATIONS

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than necessary, i.e. within residential programs or institutions rather than the community. This lack of services has contributed to the DOJ lawsuit.

4. Service programs for children should be expanded to include monitoring and supportive services for children and youth who required supports such as nursing services, section 29 and developmentally focused services [is this the creation of waiting lists?].
5. The department could consider waiver programs for children with complex health needs that are used in other states.

### C. RECOMMENDATIONS

1. RECOMMENDATION (#3 & 4): DHHS to develop a continuum of care service model that serves children with any combination of physical, developmental, neurological, or other care needs that connect to behavioral needs as necessary that provides adequate and appropriate care in the least restrictive setting possible.
2. RECOMMENDATION (#7): Update the Health and Human Services Committee on the status of the lawsuit filed by the Department of Justice against the State of Maine in the United States District Court, District of Maine, *United States of America v. State of Maine* as the case progresses through the court process, including information on any settlements or other agreements reached with the Department of Justice. The HHS Committee could also consider inviting the Government Oversight Committee to any presentations related to the lawsuit.
3. RECOMMENDATION (#1 & 2): DHHS to identify and reallocate, as appropriate, funds that should be targeted to CYSHCN from the Maternal and Child Health Services Block Grant, as approved in the State's five-year State Plan for children's health needs, including as outlined in the CDC's Blueprint for Change.
4. RECOMMENDATION (#1 & 2): If the percentage of the Title V Block Grant funds allocated for preventative and primary care services for CYSHCN is not at least 30% of the grant funds, the department shall reallocate funds to meet the 30% obligation.
5. RECOMMENDATION (#8): The DHHS shall study, and report to the HHS Committee how the department is meeting its obligations under the Medicaid Early and Periodic Screening, Diagnostic and Treatment benefit, including identifying gaps in the services offered or accessibility of services. The department must engage stakeholders in the process of identifying gaps.
6. RECOMMENDATION (#12): Conduct a compliance evaluation of whether the current statutes, State Plan and operations of the CDC ensure the department meets its obligations with respect to CYSHCN.

*Tabled recommendation around creating an AD position in OADS for lifespan waiver program*



## FINDINGS AND RECOMMENDATIONS

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### III. Complex cases

#### A. FINDINGS

DOJ

#### B. RECOMMENDATIONS

1. RECOMMENDATION (#13 & 16): The DHHS shall designate a person within the Commissioner's office with sufficient decision-making authority to coordinate services among the department's offices to resolve complex cases. This can include children or adults in hospital emergency rooms after they no longer need medical treatment but are awaiting residential or community behavioral health placements or an elderly person awaiting a nursing home bed due to complicating medical or behavioral factors. The person holding this position would also be responsible for assisting with in-state placement for an individual institutionalized out-of-state due to lack of services and resources within the state. The decision-making authority includes the authority to develop an individualized plan of care for complex cases. This vote for this recommendation was 6 in favor, 1 opposed and 3 abstentions.

## FINDINGS AND RECOMMENDATIONS

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### IV. Behavioral health

#### A. SOURCES OF INFORMATION

1. Presentation by Hannah Longley, Clinical Director of Advocacy and Crisis Intervention, NAMI Maine (07/10/24);
2. Presentation by the department on Certified Community Behavioral Health Clinics (07/10/24);
3. Presentation by Bonnie Jean Brooks, Interim Executive Director Maine Developmental Services Oversight and Advisory Board (07/10/24);
4. Update from department on Psychiatric Residential Treatment Facilities (07/10/24);
5. Case study presentation by the department (07/10/24);
6. BRC member discussions;

#### B. FINDINGS

1. Access to community based behavioral health services reduces the need for higher levels of care and institutionalization.

#### C. RECOMMENDATIONS

1. RECOMMENDATION (#37): The DHHS shall identify the amount of funds needed to sustain Maine's Certified Community Behavioral Health Clinics and develop a plan to fully fund CCBHCs in the future.
2. RECOMMENDATION (#38): The DHHS shall develop a plan to increase accessibility to behavioral health crisis services, including mobile crisis services and crisis receiving centers.
3. RECOMMENDATION (#38): Increase funding to the behavioral health crisis centers in Penobscot and Aroostook Counties and the City of Lewiston.
4. RECOMMENDATION (#39): DHHS to develop a plan to provide preventative, community-based behavioral health services in rural areas of the state.

*Tabled recommendation about implementing evidence-based services*

## FINDINGS AND RECOMMENDATIONS

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### V. Elder services

#### A. SOURCES OF INFORMATION

1. Presentation by Megan Walton, CEO, Southern Maine Area Agency on Aging (07/10/24);
2. Presentation by Bonnie Jean Brooks, Interim Executive Director Maine Developmental Services Oversight and Advisory Board (07/10/24);
3. Case study presentation by the department (07/10/24);
4. BRC member discussions;

#### B. FINDINGS

1. Nursing homes continue to close in part due to inadequate reimbursement under the MaineCare program and workforce challenges.
2. Meals on Wheels were increased during the Covid-19 pandemic and many of those additional recipients were eligible prior to the pandemic but had not requested meal delivery due to stigma for asking for assistance. Waitlists have increased due to increasing need.

#### C. RECOMMENDATIONS

1. RECOMMENDATION (#34): Develop and implement the nonmedical transportation pilot program detailed in the Majority Report of the Health and Human Services Committee to LD 17, Resolve, to Provide Nonmedical Transportation Services to the Elderly and Adults with Disabilities Receiving Home and Community Benefits under the MaineCare Program (130<sup>th</sup> Legislature)<sup>1</sup>
2. RECOMMENDATION (#35): Increase funding for the Meals on Wheels program administered by Maine's Area Agencies on Aging to eliminate waiting lists.

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<sup>1</sup> <https://legislature.maine.gov/backend/App/services/getDocument.aspx?documentId=89777>

## FINDINGS AND RECOMMENDATIONS

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### VI. Service Delivery Improvements

#### A. SOURCES OF INFORMATION

1. P.L. 2021, c. 648, An Act to Improve the Temporary Assistance for Needy Families Program and To Improve the So-called Leveraging Investments so Families Can Thrive Report;
2. Case study presentations by the department;
3. BRC member discussions;

#### B. FINDINGS

1. Investments in technology are necessary to improve the way services are administered.
2. The location of department staff within regional and district offices was a successful model that advanced navigation of the system and access to services by the public and service providers. The public's ability to access department staff on the regional and district level has decreased with the closure of regional and district offices and the decrease in staff at the remaining offices.
3. Interdepartmental and intradepartmental communications are not streamlined and information is not always shared to allow for efficiency, and sometimes results in members of the public experiencing additional emotional burden and trauma from the interaction.
4. More opportunities for families to provide input to the department on the availability and delivery of services and programs, with special attention to soliciting input from immigrant families, families of color and other underserved groups, should be created.
5. Plain language pamphlets for members of the public on each MaineCare and public assistance program available through the department should be available. Commission member, Ian Yaffe, Director of the Office of Family Independence, stated that the department has been working on updating language access of department materials.
6. Trauma-informed services for TANF and ASPIRE are required by law. Rulemaking has not yet occurred but the BRC was informed that it is in process. The department also provides training in the culture of respect and empathy and this is required of department staff and contractors, including Fedcap.
7. Available support services for individuals in the TANF/ASPIRE program are not always clear and answers are not always available to participants. Director of OFI, Ian Yaffe, told the BRC that DHHS is working on increasing and standardizing communication about support services available, including requests for reconsideration of denials and appeals.

#### C. RECOMMENDATIONS

1. RECOMMENDATION (#46 & 47): Whenever possible, enroll members of the public in all programs for which they are eligible at one time and provide applicants with information on all department programs for which they may be eligible and all local or community programs offered.

## FINDINGS AND RECOMMENDATIONS

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2. RECOMMENDATION (#RM): The HHS Committee request an update from DHHS, including OFI, on the efforts of the department to increase and improve language access of department documents.
3. RECOMMENDATION (#RM): The HHS Committee request an update from DHHS on its progress in adopting rules related to trauma-informed services required by the TANF program, including the state entity contracted to provide ASPIRE services, Fedcap.
4. RECOMMENDATION (#??): The HHS Committee request an update from DHHS on its progress in providing training to all department employees and contractors (particularly including Fedcap staff) in the culture of respect and empathy.
5. RECOMMENDATION (#?): The HHS Committee request an update from DHHS on its progress to increase and standardize communication to TANF/ASPIRE recipients on services available, and requests for reconsideration and appeals.

***Information received that supports recommendation:***

- i. Commissioner Moran shared seeing informational pamphlets created years ago by the department that provided easy to understand summaries of the different MaineCare and public assistance programs available through the department.

## FINDINGS AND RECOMMENDATIONS

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### VII. Legislative Oversight

#### A. SOURCES OF INFORMATION

1. Staff briefing on Government Evaluation Act (11/14/23 and 09/17/24)

#### B. FINDINGS

1. The DHHS is scheduled for a review by the HHS Committee pursuant to the Government Evaluation Act in Title 3, chapter 35<sup>2</sup> during the 132<sup>nd</sup> Legislature. The law requires the following:
  - Under the law, the department is scheduled to submit a program evaluation report to the HHS Committee by November 1, 2025.
  - The Government Evaluation Act requires specific information be included in the report, including, for each program administered by the department: the state and federal requirements of the program; the priorities, goals, objectives of the program; the performance measurers used to determine compliance with the state and federal requirements; and an assessment, based on the data from the performance measurers, of whether the department meet its state and federal obligations and the priorities, goals and objectives it set for the program.
  - The HHS Committee has the ability, under the Act, to require additional information be included in the report.
  - The HHS Committee has the authority to require a follow-up review, including written reports, public hearings or other means, as approved by the committee.
  - The HHS Committee has the authority to introduce legislation in response to its evaluation of the report.
2. As part of the HHS Committee's general oversight functions, the committee can request a breakdown of spending by the department within each block grant. This information has been requested and received at various times, especially as part of budget discussions.

#### C. RECOMMENDATIONS

1. RECOMMENDATION #45: The HHS Committee conduct the GEA review according to the current statutory schedule (in other words, not make any changes in the schedule even though the law allows for this possibility). The Committee may also consider requiring additional information in the department report, to determine whether the department is meeting its obligations.
2. RECOMMENDATION #49: The HHS Committee require the DHHS to submit a report to the Committee on the use of all federal block grant funds, review the specifics of how the funds are allocated among the programs, and consider ways to increase flexibility in the use of these funds. (Please note that this is a more general recommendation than the recommendation above regarding the appropriate expenditure for CYSHCN within the MCH block grant.)

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<sup>2</sup> <https://legislature.maine.gov/statutes/3/title3ch35sec0.html>

## **TABLED RECOMMENDATIONS**

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### **TABLED RECOMMENDATIONS**

1. Create parity among the MaineCare Section 13 Targeted Case Management Services (RM)
  - Additional information
  
2. Create an Associate Director for Youth with Disabilities within the Office of Aging and Disability Services to support the lifespan waiver (NC)
  - Additional information from the department on how OADS currently handles this
  
3. Consider having a contact for resource families in the department other than or in addition to the Adoptive and Foster Families of Maine (MM)
  - Answer on whether such a person(s) currently exists
  
4. Implement evidence-base services (DS)
  - Additional information from NAMI