

An Introduction to the Maine Department of Health and Human Services

Prepared for the 131st Legislature
January 2023

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Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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January 2023

Honorable Senators and Representatives
Maine State Legislature
State House Station
Augusta, ME 04333

Dear Honorable Members of the Maine State Legislature,

It is my honor to serve as the Commissioner of the Department of Health and Human Services (DHHS). Maine's DHHS centers its work on promoting health, safety, resilience, and opportunity for Maine people through a range of programs and services.

Over the last four years, our team at DHHS has worked diligently to address key challenges; navigating the far-reaching impacts of the COVID-19 pandemic; increasing health care coverage; reforming how Maine pays for Medicaid services through a comprehensive rate system evaluation and rate system reform legislation; and stabilizing critical behavioral health services.

Additional investments have secured permanent salary supports for over 7,000 child care workers and incentivized new and expanded child care construction in recognition of the critical role child care plays in our economy. And, as the existing workforce challenges deepened through the pandemic, DHHS has worked with sister agencies and external partners to launch several workforce initiatives aimed to further support the services necessary for Maine people.

Together with the Legislature, the Mills Administration has made unprecedented investments in health and human services. We stand committed to continuing that work to ensure Maine people have access to a full range of care, services, and supports.

This briefing book serves as an introduction to the wide-ranging functions of the Department, but it is by no means an exhaustive accounting of our work. It does not include the many initiatives that are underway to improve quality, access, efficiency, equity, and transparency of the Department's services. Additional information is available on our website, www.maine.gov/dhhs. If you have questions, please contact our Director of Government Relations, Molly Bogart.

My team and I look forward to working with you to serve and support Maine people.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jeanne M. Lambrew".

Jeanne M. Lambrew, PhD
Commissioner

Department of Health and Human Services Leadership



Commissioner Jeanne M. Lambrew, PhD – Commissioner Lambrew is charged with leading the Department of Health and Human Services’ efforts to serve Maine’s most vulnerable, including providing health care and social service supports to low-income children, families, older Mainers, people with disabilities, and people with behavioral health needs. Lambrew, PhD, has worked on improving the health system throughout her entire career. She held senior positions at the White House for ten years and the U.S. Department of Health and Human Services (HHS) for four years. From 2011 to January 2017, she worked at the White House as the Deputy Assistant to the President for health policy. In

that capacity, she helped ensure implementation of the President’s health policy agenda, including implementation and defense of the Affordable Care Act (ACA). Her portfolio also included policy regarding Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), long-term services and supports, and public health. From 2009 to 2010, she was the Director of the HHS Office of Health Reform. In that role, she coordinated work toward passage and the implementation of the Affordable Care Act.



Deputy Commissioner for Finance Benjamin Mann, MPP - Benjamin Mann is the Deputy Commissioner of Finance and has served in this role since August 2019. In his role, Ben oversees the Department's budget (nearly \$3 billion general fund over the biennium), contract management, audit, administration and facilities, and information technology. He has played a central role in the Department’s COVID-19 response. Prior to joining the Department, Ben served in the federal government for more than a decade. He was the Chief of Staff to the Senate-confirmed Deputy Secretary of the U.S. Department of Housing and

Urban Development and served as Senior Advisor to the Assistant Secretary for Management at the U.S. Department of the Treasury. While at the Treasury Department, he supported the passage and implementation of the Dodd-Frank Wall Street Reform and Consumer Protection Act and helped to stand up the Consumer Financial Protection Bureau. Ben has a Masters in Public Policy from Duke University and completed undergraduate education at Colgate University.



Deputy Commissioner Sara Gagné-Holmes, Esq. – Sara joined DHHS in March of 2019. Prior to joining DHHS, Sara was a senior program associate with the John T. Gorman Foundation where she developed and implemented strategies across the Foundation’s priority areas. She was also the executive director of a statewide, nonprofit civil legal aid and advocacy organization for eight years, representing individuals with low income in the courts, before administrative agencies, and in the legislature. Sara’s experience also includes serving in Gov. John Baldacci’s administration as the Deputy Legal Counsel and

a Senior Policy and Legal Adviser in the Office of Health Policy and Finance, working as a private attorney focused on health care law, clerking for the Maine Supreme Judicial Court, and owning and operating a café in Augusta. Sara is a past board member of the Maine State Bar Association, Dirigo Health Agency, and the Maine Health Access Foundation.



Deputy Commissioner Bethany Hamm - Beth was appointed as Deputy Commissioner in March of 2019. Beth has worked in various capacities within the Department for more than 30 years. Prior to her current role, Beth served as the Director of the Office for Family Independence (OFI) for nearly five years, following her work as Director of Policy and Programs for OFI. In her role as Director, she was responsible for direct oversight of Maine's public assistance programs, including Temporary Assistance to Needy Families (TANF), Medicaid eligibility, Supplemental Nutrition Assistance Program (SNAP),

Disability Determination Services, and Child Support Enforcement. Beth has been instrumental in advancing policies and partnerships that move families toward economic stability, reducing dependence on public assistance programs, and focusing on improving the well-being of low-income families.

Resources for Legislators:



Director of Government Relations Molly Bogart - Molly joined DHHS in January 2019 and coordinates the Department's work with the legislature, other agencies in the executive branch, and the federal government. She oversees the development of the Department's legislative agenda and serves as primary point of contact for legislators on all issues impacting DHHS and its clients. Prior to joining the Department, Molly served in the Office of Speaker of the House Sara Gideon with a policy portfolio that included DHHS and worked with nonprofit advocacy organizations and with political candidates across the state.

Email: Molly.Bogart@Maine.gov **Phone** (call/text): 207-592-4361

Overview of the Maine Department of Health and Human Services

The Maine Department of Health and Human Services (DHHS) is dedicated to promoting health, safety, resilience, and opportunity for Maine people. The Department provides health and social services to approximately a third of the state's population, including children, families, older Mainers, and individuals with disabilities, and mental health and substance use disorders. The Department also promotes public health through the Maine Center for Disease Control and Prevention, operates two state psychiatric hospitals, and conducts oversight of health care providers. DHHS is the largest executive branch department in Maine, employing more than 3,300 people across the state.

The ten offices, divisions, and hospitals of the Department of Health and Human Services are:

- Office of Aging and Disability Services
- Office of Behavioral Health
- Maine Center for Disease Control and Prevention
- Office of Child and Family Services
- Office for Family Independence
- Office of the Health Insurance Marketplace
- Division of Licensing and Certification
- Office of MaineCare Services
- Riverview Psychiatric Center
- Dorothea Dix Psychiatric Center

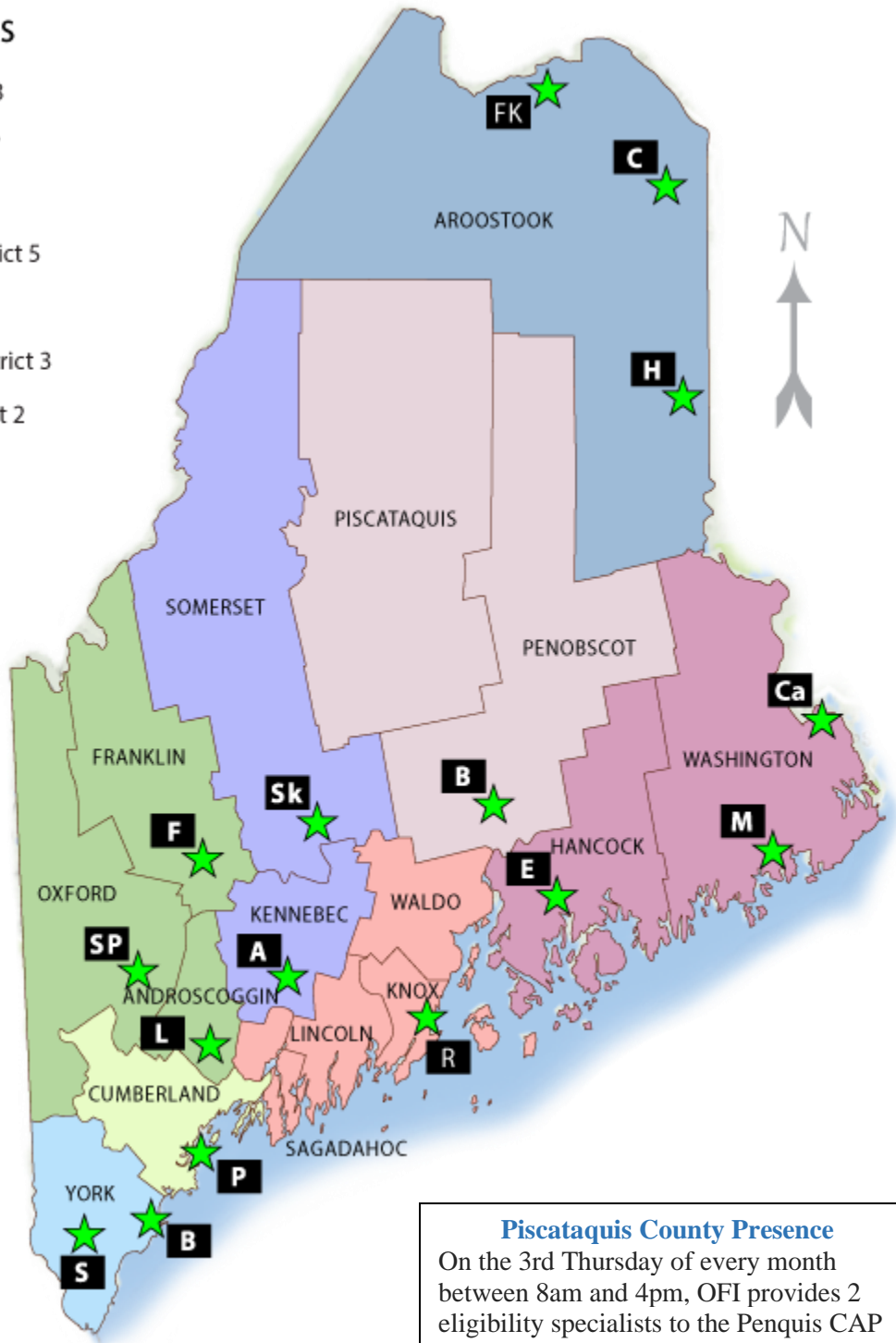
DHHS Office Locations

DHHS Districts

- Aroostook District 8
- Downeast District 7
- Penquis District 6
- Central Maine District 5
- MidCoast District 4
- Western Maine District 3
- Cumberland District 2
- York District 1

★ DHHS District Offices

- FK** Fort Kent
- C** Caribou
- H** Houlton
- Ca** Calais
- M** Machias
- B** Bangor
- E** Ellsworth
- Sk** Skowhegan
- F** Farmington
- R** Rockland
- A** Augusta
- SP** South Paris
- L** Lewiston
- P** Portland
- B** Biddeford
- S** Sanford



Piscataquis County Presence
 On the 3rd Thursday of every month between 8am and 4pm, OFI provides 2 eligibility specialists to the Penquis CAP location on 50 North Main Street in Dover-Foxcroft to meet with and assist Piscataquis residents with OFI services, such as SNAP, MaineCare and TANF.

Office of Aging and Disability Services

The Office of Aging and Disability Services (OADS) oversees community-based services for older adults and adults with physical disabilities, brain injury, intellectual and developmental disabilities (IDD) and other related conditions. OADS also provides Adult Protective Services for all adults who are

at risk for abuse, neglect or exploitation. OADS programs are funded with a combination of state, MaineCare, Older Americans Act, and other federal sources.

Vision

OADS promotes individual dignity through respect, choice, and support for all adults.

Mission

To promote the highest level of independence, health, and safety for older adults and adults with disabilities throughout Maine.

OADS coordinates its programs and benefits to assure they operate consistent with applicable state and federal policies and the Maine Department of Health and Human Services' goals.

Older Adults and Adults with Physical Disabilities

Area Agencies on Aging (AAAs) – Maine’s five AAAs are “one-stop-shops” to answer questions from older adults, individuals with disabilities, and their care partners about a wide range of in-home, community-based, and institutional services. AAAs can assist with information and referrals, services, Medicare/health insurance counseling, educational opportunities, options counseling, advocacy, and care partner support services. They are also experts at answering questions about in-home care services and other types of long-term support.

Maine’s five AAAs are also Aging and Disability Resource Centers (ADRCs) that serve all older adults, people with disabilities, and their care partners who have long-term-care community or program needs.

The work they do includes:

- Providing information and assistance to individuals needing either public or private long-term care resources;
- Serving professionals seeking assistance on behalf of their clients’ long-term care needs;
- Serving individuals planning for their future long-term care needs; and
- Serving as the entry point to publicly administered long-term supports including those funded under Medicaid, the Older Americans Act and state-funded programs.



Director Paul Saucier

Prior to arriving at OADS, Paul was a Senior Director at IBM Watson Health, where he specialized in integrated care models for older persons and persons with disabilities, including those with both Medicaid and Medicare coverage (dually eligible beneficiaries). In that role, he consulted with federal and state clients, including the Centers for Medicare and Medicaid Services, the HHS Office of the Assistant Secretary for Planning and Evaluation, the Pennsylvania Office of Long Term Living and the Ohio Department of Job and Family Services. Paul has also held positions at the USM Muskie School of Public Service, the National Academy for State Health Policy and the Maine Legislature’s non-partisan Office of Policy and Legal Analysis.

The five Area Agencies on Aging (AAAs) in Maine, with support from the Office of Aging and Disability Services, administer federal and state programs that help the care partners of older individuals and the care partners of individuals living with dementia and related diseases, including Alzheimer's. These programs include the longstanding National Family Caregiver Program and the Caregiver Respite Program. In 2022, with federal funding allocated through Governor Mills' Maine Jobs and Recovery Plan, OADS initiated the Respite for ME pilot program in partnership with the AAAs. A new caregiver needs assessment is also being implemented in conjunction with the pilot.

Maine's five AAAs are:

- Aroostook Area Agency on Aging (serving Aroostook County);
- Eastern Agency on Aging (serving Hancock, Penobscot, Piscataquis, and Washington Counties);
- Spectrum Generations (serving part of Cumberland, Kennebec, Knox, Lincoln, Sagadahoc, Somerset, and Waldo Counties);
- SeniorsPlus (serving Androscoggin, Franklin, and Oxford Counties); and
- Southern Maine Agency on Aging (serving part of Cumberland, and York Counties).

Services for Older Adults - OADS oversees programs and services that help older adults, adults with physical and cognitive disabilities, and their care partners maintain their overall well-being in their communities. These services include food and nutrition support, Maine State Health Insurance Assistance Program (SHIP) and Medicare assistance, legal assistance, health supports, assistive technology, and the Senior Community Service Employment Program. More information about these programs is available [here](#) .

Adult Day Services - Adult Day Services programs are designed to provide older adults and adults with disabilities the opportunity to engage in community-based services, including structured social, recreational and therapeutic activities, limited health services, meals, supervision, support services, personal care services, as well as information, referrals and respite for caregivers.

Adult Day Services promote personal independence through a variety of activities offered to participants based on individual needs and interests. Adult Day Services are funded through MaineCare – the State of Maine's Medicaid program – and other state and federal programs. Other resources may be available to eligible participants funded from grants and private non-profit organizations.

The State of Maine requires an assessment to determine an individual's functional and financial eligibility for a variety of services that are funded by certain state programs or through MaineCare, including Adult Day Services. Assessments assist individuals and their families in understanding what services are available to them, and to plan for service needs.

Home Care - OADS offers several home care programs that provide supportive community services to older and disabled adults in order to avoid or delay nursing home placement.

In-home services are funded through MaineCare or through state-funded programs. These services are designed to assist an older adult or an adult with disabilities to remain independent in their community of choice. An assessment is required to determine an individual's functional and financial eligibility for most in-home services. Assessments are conducted by Maximus, an independent entity contracted by OADS. Stakeholders frequently refer to the "Maximus" assessment.

Programs Include: state-Funded in Home and Community Home-Based Care; Medicaid Waiver for Elderly and Adults with Physical Disabilities; Consumer-Directed Attendant Services; MaineCare

Private Duty Nursing Services, Independent Support Services (also known as Homemaker Services), and OAA funded Homemaker and Personal Care Services.

Services may be provided through an agency or be directed by the consumer, if allowable under the program. Examples of covered services are personal care services, nursing services, home-delivered meals (Meals on Wheels), personal emergency response systems (Life Alerts), respite, assistive technology, environmental modifications, and independent support services (Homemaker Services).

Residential and Nursing Care Services - While many services are available to assist people with their health care needs and help them stay in their homes, there are times when a person's level of care requires a facility-based program. Maine has several facility-based programs which include the Independent Housing with Services Program, Residential/Assisted Housing, and Nursing Facility Services – each providing a different level of support.

Independent Housing with Services Program (IHSP) - IHSP provides supportive services in affordable housing buildings, such as apartments operated by local housing authorities. The services enable individuals to remain in these settings rather than move to residential care settings with more intensive support. Supportive services include personal care, homemaking, service coordination, and meals. Please note: within this model, medication management is not a covered service.

There are currently five IHSPs throughout the state. A person must meet financial eligibility requirements and functional needs eligibility requirements.

Residential or Assisted Housing Facilities - Residential or Assisted Housing services include any facility or residence licensed by the Maine DHHS Division of Licensing and Certification that provides necessary assistance such as personal care, meals, medication management, lodging, and supervision.

The State of Maine requires an assessment to determine an individual's functional and financial eligibility for Residential or Assisted Housing facilities. Assessments help individuals and families understand what services are available to them and to plan for service needs.

Nursing Facility Services - Nursing facility services are professional nursing care or rehabilitative services for injured, disabled, or medically compromised persons, when daily assistance is needed and can only be provided in a nursing facility. Some nursing facilities offer short-term respite stays while others provide specialized care for those living with Alzheimer's disease or related dementias.

Nursing facility services are less intensive than inpatient hospital services and are ordered under the direction of a physician. Per state law, all nursing facility admissions require a functional eligibility assessment to be completed by Maine's Assessing Services Agency, regardless of payment source.

Adults with Intellectual and Developmental Disabilities and/or Autism

People with Intellectual and Developmental Disabilities (IDD) and/or Autism want to live as independently as they can. There are services and supports available that can help them to do so, not just in their homes, but in their communities and at work as well.

Support services provided through OADS programming include home support, community support, work support, career planning, assistive technology, durable medical equipment, therapy services, transportation, and respite services.

Services are paid for by MaineCare through what is called a Medicaid Waiver Program. The State of Maine has two Waiver Programs for people with IDD and/or Autism:

- Section 21, Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder (Comprehensive Waiver); and
- Section 29, Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder (Support Waiver).

Members can only be enrolled in one Waiver Program at a time. To receive services, an individual must be medically eligible and enroll in MaineCare services. A person's Case Manager can help them apply for MaineCare and for waiver services.

Case Management - Adults with Intellectual and Developmental Disabilities (IDD) and/or Autism who have been determined eligible for Adult Developmental Services, regardless of whether they have MaineCare, can receive Case Management services.

Case Managers help individuals access employment, education, housing, social and other supports, and necessary medical services. They work with individuals, families, service providers, and other agencies to create a Person-Centered Plan (PCP) based on a comprehensive assessment of each individual's needs. In addition, Case Managers assist individuals and parents or guardians in navigating the service system.

Case Managers are responsible for:

- Assessing needs and completing a comprehensive assessment;
- Developing a Person-Centered Plan (PCP);
- Offering referrals for services;
- Coordinating services; and
- Monitoring to assess an individual's safety, well-being, and stability, as well as monitoring the progress toward the goals identified in their PCP.

Case Managers are required to meet a variety of training and staff qualification requirements.

Person-Centered Planning - Person-Centered Planning (PCP) is an annual process for adults in Maine with Intellectual and Developmental Disabilities (IDD) and/or Autism. PCP involves identifying and describing a person's needs and goals, as well as the paid and unpaid supports and services the person requires to live a meaningful and self-directed life. When Person-Centered Planning works, people have enhanced opportunities to make personal choices and experience independence. A PCP includes:

- Language that is respectful and focused on the person;
- Terms that are easily understood, not clinical or other profession-specific jargon;
- Clear indication of the person's talents, gifts, and preferences; and
- What is important to the person: i.e., work, relationships, financial stability, interests, routines, and things they would like to have or do.

Community Involvement - OADS encourages people to explore their community for groups they can join, and organizations at which they can volunteer or learn something new, while building new relationships.

Advocacy - OADS provides clients with a host of resources to assist them in ensuring their voices are heard, they know their rights, retain their benefits, and make complaints when necessary. These resources are also available to guardians, family members, and case managers.

Adults with Brain Injury

MaineCare has services available to qualifying individuals 18 years and older who have sustained a brain injury. These services include the Brain Injury Waiver, Outpatient Neurorehabilitation Services, and Nursing Facility Acquired-Brain Injury Services. Each service requires an assessment to determine an individual's functional and financial eligibility.

MaineCare defines a qualifying acquired brain injury as an injury to the brain resulting directly or indirectly from trauma, infection, anoxia, or vascular lesions, and not of a degenerative or congenital nature, but which may produce a diminished or altered state of consciousness resulting in impairment of cognitive abilities and/or physical functioning. It can also result in the disturbance of behavioral or emotional functioning. These impairments may be either temporary or permanent, and cause partial or total functional disability or psychosocial maladjustment.

Adults with Cerebral Palsy, Seizure Disorder, and Other Conditions

The Section 20 Waiver Program is for adults with cerebral palsy, epilepsy, and other related conditions, and allows participants to choose home- and community-based services rather than services provided in an institutional setting.

The goal of the Program is to provide a comprehensive array of services including:

- Community integration through existing natural supports and community relationships;
- Care coordination, home support, community support, and work support. It does not duplicate other MaineCare services;
- Innovative technological and clinical services to maximize independence in the most integrated community setting. This is accomplished through assistive technology device services, home accessibility adaptations, and maintenance of occupational, physical, and speech therapies; and
- Other services are available and may be identified in the care planning process.

Crisis Prevention and Intervention Services

Crisis Prevention and Intervention Services (CPIS) staff are available 24 hours a day, seven days a week to assist individuals and providers with stabilization and support through a crisis. Services can be accessed through a toll-free crisis hotline, 1-888-568-1112 or through the national 988 crisis line launched in 2022. CPIS has four teams and also provides crisis houses based in Caribou, Bangor, Augusta and Portland.

These services are available to adults ages 18 and older who have been found eligible for Developmental Disability Services or are living in a Brain Injury waiver home.

Crisis Prevention and Intervention Services include:

Prevention Services

- Proactive, comprehensive and individualized approaches to assist consumers and their supporters to identify ways to help them avoid a crisis using consultation, education and development of a crisis prevention plan.

In-Home Crisis Supports

- Home-based services to help stabilize people in collaboration with their current support system.
- Builds on existing support systems and prevents potential adverse effects of having a person leave their home.
- Includes: consultation, assessment, and crisis prevention planning services.

Mobile Crisis Outreach

- Mobile services are provided where a crisis is occurring, which could be a residential facility, private residence, police station, jail, boarding home, homeless shelter, work site, or in the community.
- CPIS staff provide on-site assessments, consultations, education, crisis stabilization and crisis plan development.
- Crisis staff assist individuals to become stabilized within his/her current residence when possible.

Crisis Telephone Services

- Crisis staff provide supportive communication, consultation, problem solving, information and referral for persons in distress.
- Crisis staff assess whether a caller needs additional supports and should meet face-to-face with crisis personnel and/or other professional staff.

Crisis Residential Services

- This program provides short-term, highly supportive and supervised residential settings where an individual can stabilize and return home or move to another location.
- It ensures CPIS staff are present 24/7 to assist in crisis planning and stabilization, provide training/assistance in daily living skills, monitor medications, and provide transportation to all necessary appointments during an individual's stay at a crisis house.

Adult Protective Services & Public Guardianship

Adult Protective Services (APS) serves incapacitated and dependent adults in Maine. Adult Protective Services includes the Department's Public Guardianship and Conservatorship Program for incapacitated adults. Public guardianship may be appropriate if there is no suitable private guardian or conservator available and willing to assume the responsibilities, when all less restrictive alternatives have been tried and failed.

Maine law requires that certain professionals and caregivers report immediately to Adult Protective Services when the person knows or has reasonable cause to suspect that an incapacitated or dependent adult has been or is likely to be abused, neglected, or exploited.

Report suspected abuse, neglect, or exploitation

If you have reason to believe that an incapacitated or dependent adult in Maine is being abused, neglected, or exploited, please immediately notify Adult Protective Services at 1-800-624-8404 (TTY in ME Relay 711)

In an emergency, call 911

Adult Protective Services serves:

Incapacitated Adults

An incapacitated adult is anyone 18 years old or older who:

- Is unable to receive and evaluate information; or
- Is unable to make or communicate decisions, even with supportive services, technological assistance or supported decision making.

APS petitions for Public Guardianship and/or Conservatorship of incapacitated adults when all less restrictive alternatives have failed.

Dependent Adults

A dependent adult is an adult who has a physical or mental condition that substantially impairs their ability to adequately provide for their daily needs. This includes:

- A resident of a nursing home or an assisted living facility;
- A person who receives services because of a disability, including a developmental disability or a brain injury; and
- A person who is wholly or partially dependent upon another person for care or support due to significant limitations in mobility, vision, hearing, or emotional or mental functioning (22 M.R.S. § 3472).

APS investigates potential abuse, neglect (including self-neglect), and exploitation of these adults, which may mean:

Abuse may include:

- Unreasonable confinement;
- Unnecessary or unsafe restraint;
- Sexual abuse; or
- Emotional or verbal abuse (including harassment, threats, and intimidation).

Neglect may include:

- A caregiver failing to provide care, food, shelter, or clothing;
- A caregiver failing to provide supervision or abandoning the incapacitated or dependent adult; or
- Self-neglect - if an incapacitated or dependent adult is unable to care for their own well-being or meet their basic needs due to impairment.

Exploitation may include:

- Financial exploitation, such as wrongfully taking or using the adult's property or resources;
- Financial frauds or scams;
- Medication theft; or
- Sexual exploitation.

Office of Behavioral Health

The Office of Behavioral Health (OBH) focuses on promoting wellness, prevention, early intervention, treatment, recovery, and holistic supports. OBH funds and supports the coordination and provision of mental health and substance use disorder services, training and technical assistance, and housing and evaluation services. It also provides direct service through its Intensive Case Management program and State Forensic Service. OBH maintains oversight of Mental Health and Rehabilitation (MHRT) Certification and Peer Support Certification. Working closely with the Governor's Director of Opioid Response, OBH develops, evaluates, and oversees a wide array of contracted programs and sets public policy regarding behavioral health services for adults. OBH takes responsibility for a behavioral health continuum of care that serves the whole person, the whole community.

The Office's vision is to ensure all Mainers with mental health, substance use, and co-occurring disorders are not just managing symptoms but living lives of dignity, hope, and meaning as independently as possible.

OBH strives for a high-quality behavioral health system of care that recognizes the importance of meeting people where they are, is trauma informed, inclusive, and consumer driven. OBH aspires to ensure that Mainers experiencing mental health and substance use challenges receive care and treatment in the least restrictive community-based programs, and to reduce unnecessary incarceration or inpatient hospitalization. Additionally, OBH collaborates with OCFS to ensure a continuum of care for children, youth, young adults and families.

In partnership with community organizations, OBH funds and oversees Maine's 2-1-1 program, the 24/7 Statewide Crisis Line, and the Intentional Warmline, available 24/7 for individuals in need of support to speak with trained staff who have lived experience.

OBH works with advisory groups to ensure stakeholder voices are present in our work; these include the Consumer Council System of Maine, the Substance Use Disorder Services Commission, the Statewide Quality Improvement Council, and the Maine Continuum of Care.

Prevention and Early Intervention

OBH oversees a wide range of behavioral health and substance use disorder prevention and intervention services, including:

Prescription Monitoring Program (PMP) - The PMP is a secure database used across the State of Maine to improve public health by providing controlled substance drug use



Director Sarah Squirrel

Sarah became Director of the Office of Behavioral Health in November 2022, following 6 months as Acting Director. Prior to this role, Sarah served in the Commissioner's Office, developing a plan for increasing school-based health services for Maine, with an emphasis on behavioral health services. Sarah previously served as the Commissioner of Mental Health for the State of Vermont from January 2019 to June 2021. In that capacity, among other accomplishments, she created a strategic plan for the State's mental health system, oversaw two state-run facilities, and developed and implemented behavioral health initiatives to respond to the COVID-19 pandemic. She managed a Department with 260 employees and an annual budget of \$280 million. She came to that position having led various non-profits in early childhood education and mental health. She has a Masters of Science degree in community mental health and clinical counseling.

information prior to prescribing or dispensing those drugs. The PMP is a key part of Maine's opioid use strategy by decreasing the amount and frequency of opioid and controlled substances prescribing.

Controlled Substance Stewardship - OBH partners with the Schmidt Institute, a collaboration between Penobscot Community Health Care and St. Joseph's Hospital. It provides case reviews and compassionate tapering support to prescribers of opioids and benzodiazepines. The Schmidt Institute has developed an interdisciplinary team to provide expertise on complex prescriber cases to include: a clinical pharmacist, a Chief Medical Officer, a psychiatrist, a nurse care manager, and lawyer to advise on morphine milligram equivalent (MME) reduction recommendations.

Public Awareness and Stigma Reduction - OBH partners with marketing experts to develop public campaigns to increase community education and awareness, reduce stigma, and change behaviors in service of improved behavioral health outcomes. Example campaigns include "Have It On Hand", which raised awareness about the life-saving medication naloxone, provided information on how to obtain it and how to administer it, and reduced stigma; and the current "Know your OPTIONS" campaign.

Risk Reduction and Under 21 Programs - These are part of the Driver Education and Evaluation Program (DEEP) and they provide: in-depth education to assist individuals in identifying and changing high-risk behaviors; evidence-based assessments that screen for substance use risk factors; and, if at risk, referral to a DEEP-certified community-based service provider for a clinical substance use evaluation to determine whether treatment and counseling are indicated.

Penobscot Nation Teen Center - The Teen Center is a safe place for Tribal youth to go in the high-risk hours from 4-7pm Monday-Friday and 12-5pm on Saturdays. The Center works with partner organizations to conduct workshops on drug prevention, mental health, and healthy lifestyles.

Coordinated Specialty Care (CSC) Early Intervention for Psychosis - Currently offered at Maine Medical Center's Portland Identification and Early Referral (PIER), CSC is an evidence-based treatment for young people, ages 14-26 experiencing symptoms of First Episode Psychosis (FEP) or Early Serious Mental Illness (ESMI). Key components of CSC include outreach and engagement, care coordination, specialized medication management, peer support, supported education and/or employment, family support and psychoeducation, and cognitive behavioral therapy. Training is available for providers.

StrengthenME - The StrengthenME program is Maine's behavioral health and resiliency response to the COVID-19 pandemic. StrengthenME provides free and anonymous stress management, wellness, and resiliency resources to people experiencing stress reactions to the pandemic and its associated impacts. The program launched in March 2020 with funding from a FEMA/SAMHSA Crisis Counseling Program grant. StrengthenME has, to date, registered over 26,000 encounters with individuals seeking resilience or coping support. Services include: phone and text lines providing support to healthcare and EMS workers, school staff, unhoused youth and the general public;; agencies employing community outreach workers or other peer support specialists for communities experiencing disproportionate COVID impacts, including older people, Black, Indigenous, and people of color (BIPOC) communities, New Mainers, and youth; integration with statewide mobile crisis providers and 211; resources for social sector employees providing COVID-related support; a dedicated website and phoneline; and media outreach. The aim of this program is to prevent the negative mental health and substance use impacts typically seen in the months and years following a disaster.

OPTIONS Liaisons - This program was created to embed and deploy clinical co-Responder(s) within the law enforcement agencies of Maine's 16 counties. The services provided include OUD/SUD overdose response, assessment, behavioral health crisis de-escalation, referral to community treatment modules, system navigation, short-term SUD interventions, and aid in completion of the State's Medicaid program application for the uninsured population. The clinicians may also accept proactive referrals from first responders and other community SUD service providers to engage with an individual prior to an overdose.

Maine Naloxone Distribution Initiative (MNDI) - Since 2019, the State of Maine has made naloxone available to organizations and members of the community that wish to have it on hand in case of an opioid overdose emergency or to distribute to individuals that use opioids as well as to their loved ones. From July 2019 to August 2022, the Maine Naloxone Distribution Initiative and the Maine Attorney General's Naloxone Distribution Program has distributed over 238,000 doses of naloxone to communities throughout Maine.

Treatment

The Office of Behavioral Health assists service providers with the coordination, planning, and implementation of mental health and substance use programs. Our primary responsibility is to develop and maintain a comprehensive system of services and supports for persons aged 18 and older through contracts and other support. Treatment programs are subject to Critical Incident Reporting (CIR). These programs include:

Assertive Community Treatment (ACT) - ACT is the most intensive community based mental health service offered in Maine. The service is available to members 24/7 and consists of a multi-disciplinary team of case managers, RNs, clinicians, employment specialists, psychiatrists, substance use counselors, and certified peer support specialists.

Community Integration (CI) - CI services are recovery-based, trauma-informed care coordination services that involve biopsychosocial assessment, evaluation of community services and natural supports needed by adults with Serious Mental Illness (eligible for MaineCare Section 17 services), and building connections to those services. Community Integration services involve active participation by clients or their guardian, and the client's family or significant other, where feasible and agreeable to the client or guardian.

Community Rehabilitation Services - Community Rehabilitation Services support the development of necessary skills for living in the community and promote recovery and community inclusion. Teams deliver an individualized combination of these services through primary case management for each member.

Daily Living Support Services (DLSS) - DLSS provides therapeutic support to assist clients in learning, developing, and maintaining daily living skills DLSS supports clients to maintain a high level of independence. Methods of support include but are not limited to modeling, cueing, and coaching.

Intensive Outpatient Programs (IOP) - IOPs provide intensive and structured alcohol and drug assessment, diagnosis (including co-occurring mental health and substance use disorder diagnoses), and treatment services in a non-residential setting. Services may include individual, group, or family

counseling as part of a comprehensive treatment plan, connection to community resources as needed, and supervised by physician or psychologist. Clients participate at least 3 hours a day for 3 days a week.

Medication Management - Medication management providers offer medication management services such as psychiatric evaluation, psychoeducation, prescriptions, administration and/or monitoring to individuals with serious mental illness

Medication Assistance Treatment (MAT) - OBH develops, funds, oversees, and supports a variety of MAT services, such as jail and prison-based MAT, rapid induction in emergency departments, and Opioid Treatment Programs (OTPs). Over 1,500 individuals who were uninsured and unable to afford treatment have been provided MAT.

Opioid Treatment Programs (OTP) - As the State Opioid Treatment Authority (SOTA), OBH has oversight of Maine's OTPs, which administer and dispense FDA-approved MAT medications including methadone and buprenorphine. OTPs provide counseling and other behavioral therapies in a whole-person approach. OTPs must also provide counseling on the prevention of human autoimmune virus (HIV). The SOTA is responsible for reviewing and approving/denying requests for exceptions to OTP regulatory requirements, such as allowing take-home doses of methadone outside of the standard protocol. OBH was able to expand two new OTP's in the state over the past year, for a total of 12.

Wrap - Wrap is a discretionary grant fund that may be available to meet urgent needs of eligible adult individuals with Severe and Persistent Mental Illness (SPMI) that cannot be met through the regular systems of care. Use of these funds is not a substitute for effective program planning or provision, but rather, is intended to supplement existing programming to alleviate hardship brought about by the economic disadvantages inherent with Severe and Persistent Mental Illness (SPMI) and to address emergency existing unmet needs.

Veteran Case Management Program - The purpose of this service is to provide Community Integration (CI) Services to veterans who are not currently eligible to receive CI services through MaineCare. Veterans are deemed eligible by having received a mental health diagnosis or mental health disability rating from the United States Department of Veterans Affairs, and/or any eligible Veteran who is not enrolled with the United States Department of Veteran's Affairs who is determined to require mental health care services by a licensed mental health professional. An individual must also be uninsured or have coverage that does not cover the service to be considered eligible to receive services under this Agreement.

Substance Use Residential Treatment - OBH oversees facilities that provide residential SUD treatment and rehabilitation services. These providers are funded by OBH and MaineCare and subject to rules in MaineCare Benefits Manual, Chapter III, Section 97, and Appendix B. Types of residential treatment include medically supervised detoxification, residential rehabilitation, halfway house services, and extended care services. OBH has worked to expand SUD Residential Treatment capacity across the state through a both a Request for Applicants (RFA) to support additional treatment beds as well as funding to support training and staffing costs.

Community Residences for Persons with Mental Illness - Private Nonmedical Institutions (PNMIs), which provide integrated mental health treatment and rehabilitative services, are overseen by OBH and receive funding from OBH and MaineCare reimbursement. OBH manages all referrals to these PNMIs and provides utilization reviews. Providers must submit all eligibility documentation required for prior

authorization to OBH. Community residences for persons with mental illness are also subject to rules in MaineCare Benefits Manual, Chapter III, Section 97, and Chapter III, Section 97, Appendix E.

Crisis Services

OBH is committed to ensuring a complete continuum of crisis care. We follow the SAMHSA and National Association of State Mental Health Program Director's (NASMHPD) national best practice recommendations, including a centralized crisis line and dispatch to mobile crisis response, regional mobile crisis teams, Crisis Stabilization Units (CSUs), and recovery supports in Emergency Departments. OBH contracts with five mental health agencies to provide mobile crisis and CSUs in each of the state's eight regional public health districts. These services include:

Crisis Center - OBH is implementing a 24/7 Crisis Receiving Center in Cumberland County in collaboration with Spurwink. Individuals in behavioral health crisis frequently end up in the emergency department, sometimes in the criminal justice system, and often are admitted for psychiatric inpatient treatment due to lack of a complete continuum of Crisis Services and a mechanism to link such individuals to ongoing community-based treatment in a timely manner. A Crisis Center ensures that individuals receive the support necessary until the crisis has been resolved and/or, as appropriate, a firm linkage to the level of care determined via assessment and triage is in place. Crisis Center programming is designed to provide immediate assessment, triage, and, when indicated, active treatment and/or support until warm handoff to the appropriate service is completed. The goal of the Crisis Center is stabilizing the individual and re-integrating them back into the community. The Center is designed as a walk-in respite center for individuals in crisis offering a safe and secure home-like environment or "Living Room" model. A team of multidisciplinary professionals and peers provide trauma-informed care and culturally competent crisis services, temporary outpatient services, outpatient chairs for short-term (up to 23 hours) observation, stabilization, and support.

Crisis Stabilization Units (CSU) - CSUs offer individualized residential therapeutic interventions during a psychiatric emergency, and/or stabilization of mental health and/or co-occurring mental health and substance use disorder conditions for a time-limited post-crisis period. Services include screening, assessment, evaluation, intervention, and monitoring; crisis and post-crisis stabilization activities; and supervision to assure personal safety.

Mobile Crisis - Individuals experiencing a behavioral health crisis that cannot be resolved over the phone by the Statewide Crisis Line and are not an imminent risk are referred to the mobile crisis team in their region. Mobile Crisis teams engage with individuals, assess their needs, and develop appropriate and collaborative action steps to reach a resolution. Mobile Crisis teams develop plans that respond to the immediate need as well as aid in prevention by improving the individual's coping skills and enhancing support. Individuals in crisis can be seen at the location of their choice if it is safe for both the client and the mobile outreach clinician. Such locations include the client's home, emergency departments, other treatment facilities, or the Crisis Center. Mobile Crisis services take a client-centered, strength-based approach to assessment and intervention planning, and must adhere to the SAMSHA and American Association of Suicidology best practice principles for crisis services and suicide prevention.

Peer & Recovery Coaches in Emergency Departments - Recognizing that people in crisis often go or are brought to emergency rooms, OBH ensures trained individuals with lived experience are available to support individuals in this setting. Both mental health peer support specialists and substance use

recovery coaches are available in emergency departments around the state to assist at times of crisis, link individuals to recovery supports, and promote stigma reduction.

Statewide Crisis Line - The Maine Crisis Line (MCL) is the state's 24/7 crisis telephone response service for individuals or families experiencing a behavioral health crisis or having thoughts of suicide and/or self-harm. Trained crisis call specialists answer the line and provide free and confidential telephone, text, or chat support and stabilization; and, as needed, referral to mobile crisis or emergency services in the case of imminent risk. The MCL answers calls from the National Suicide Prevention Lifeline/988 that originate in Maine and is the main point of entry to Maine's Behavioral Health Crisis Services System.

Housing Services

Independent housing represents a foundation of recovery and hope. To the greatest extent practicable, OBH empowers consumers with tenant-based housing vouchers that enhance individual choice, independence, and control over where a person lives and what services (if any) they receive. Systems of care are recognizing that access to safe, decent, and affordable housing is a medical necessity for many persons with disabilities. Independent housing vouchers: deliver real therapeutic value; promote consumer empowerment; support both civil and disability rights; and are demonstrated to be cost effective when compared to high cost, high intensity, institutionalized care. Such vouchers can be used in either the community or group settings—at the consumer's discretion. Housing services and programs overseen by OBH include:

Bridging Rental Assistance Program (BRAP) – The Bridging Rental Assistance Program (BRAP) assists clients with Serious Mental Illness, including those who also have a substance use disorder, with obtaining transitional housing. BRAP provides a rental subsidy and assists clients with finding independent housing in communities throughout Maine. BRAP is intended to serve as a bridge between homelessness and more permanent housing options, such as Section 8. BRAP clients are required to contribute 40% of their income toward their monthly rent.

Projects for Assistance in Transition from Homelessness (PATH) - The PATH program is designed to support the outreach, engagement, and delivery of services to persons who are homeless or are at risk for homelessness and have serious mental illnesses and/or co-occurring substance use disorder. There is a particular emphasis on those who are unhoused, and/or most in need of services and engagement by an outreach worker and those services which are not supported by mainstream mental health programs.

Recovery Residences - Recovery Residences offer a healthy, safe, substance-free living environment to support individual treatment and recovery for individuals with a substance use disorder. OBH funds increased access to high-quality Recovery Residences for Mainers in recovery from SUD. This program provides an operating subsidy to recovery residences that accept persons recovering from substance use disorder. To participate, the residences must be certified by the Maine Association of Recovery Residences (MARR), accept individuals who are receiving MAT, and meet quality standards. OBH contracts with MARR to provide training, certification, and technical assistance.

Shelter Plus Care (SPC) - Shelter Plus Care is funded by the U.S. Department of Housing and Urban Development (HUD) under the Continuum of Care grant to provide rental subsidies and supportive services to homeless individuals with disabilities, primarily those with chronic mental illness, substance use disorder, and HIV/AIDS. DHHS and its network of local administrative agencies throughout the state have committed to providing the direct support services and rental assistance components of the

program. Recipients may also elect to receive services from a host of local providers. Following a Housing First model, initial SPC recipients are encouraged, but not required, to accept the provision of services to go hand in hand with the voucher.

Recovery Supports

Clubhouses - Clubhouses help support adults with mental illness and co-occurring disorder overcome barriers to employment and community engagement by offering services such as job development, job placement, job and financial coaching, job support, and transitional employment. Maine has six accredited Clubhouses and these services must maintain accreditation with Clubhouse International. Clubhouse services are provided both as a MaineCare service and as a grant funded service for uninsured individuals.

Community Centers and Events - In recognition that individuals in recovery and their loved ones benefit from community connection, OBH supports recovery community centers and events around the state. OBH has supported startup of recovery community centers in Millinocket, Lewiston, Rumford, Rockland, Augusta, Ellsworth, and Lincoln. OBH contracts with Points North Recovery, a Maine-based, multimedia production agency with strong ties to the recovery community, to provide public screenings and community conversations across Maine. With OBH support, Points North produced a film about Maine people with OUD and their recovery journey, which premiered at the Governor Mills' 2nd Annual Opioid Summit.

Employment Support - OBH funds specific employment services as well as collaborates with the Department of Labor Vocational Rehabilitation to provide resources to address vocational needs. Community support services also address employment as part of the person-centered planning process to help connect individuals with resources.

Community Employment Specialist Services – Through a contract, eight Employment Specialists are embedded in host behavioral health agencies across the state. Services help individuals improve employment related skills and obtain or maintain community-based, integrated employment. Service is based on the Individualized Placement and Support model of supported employment and a collaboration between OBH and DOL Bureau of Rehabilitation Services.

Benefits Counseling Services – Collaboration of SAMHS, OADS, OCFS, OFI and DOL to enhance limited funding from the Social Security Administration (SSA) to provide Social security disability beneficiaries who are working or considering work access to Community Work Incentive Coordinators (CWICs) to understand the effect of employment on SSI/ SSDI and other benefit programs (ex. MaineCare, Medicare, housing). Work and Benefits Navigator Training is also available to support and service providers to address the fear of loss of benefits as a barrier to employment.

Mental Health Long Term Supported Employment Services – Provides persons with psychiatric disabilities with the ongoing job coaching support needed to keep a job. Employment First Maine Act was enacted in 2013 to ensure that Department of Health and Human Services, Department of Labor, and Department of Education include, as a core component of its services and supports, the opportunity for persons with disabilities to acquire integrated community-based employment or customized employment and offer employment services and supports as the first and preferred service.

Peer Run Recovery Centers - OBH supports substance use and mental health Peer Run Recovery Centers, ensuring that individuals with behavioral health disorders have access to the powerful experience of peer support. OBH contracts with the Portland Recovery Community Center to provide the Maine Recovery Hub, an initiative that supports developing recovery community centers throughout Maine and a statewide network of peer recovery support services, recovery coaches, public education, prevention efforts, and advocacy. The Maine Recovery Hub supports nine state-funded recovery community organizations that provide: recovery support services in their communities; help and guidance to communities looking to open recovery community centers; peer recovery coaching infrastructure; Recovery Coach Academies; continuing education; coacher-vision; train-the-trainers, certification for recovery coaches; a state-wide recovery data platform; and supports prevention program through Prime for Life classes. OBH contracts with ten mental health Peer Run Recovery Centers around the state to provide support, socialization, life skills development, vocational rehabilitation, and more in a welcoming environment.

Warm Line - OBH contracts with Sweetser to provide the Intentional Warm Line, available toll-free from anywhere in Maine, 24/7. It is a mental health peer-to-peer phone support line for adults, offering mutual conversations with a trained peer specialist with life experience in mental health recovery. The focus is to encourage and foster recovery, moving toward wellness, and reconnecting with community. The Warm Line has seen a significant increase in utilization during the COVID-19 pandemic.

Justice System Related Services

Maine Driver Education and Evaluation Program (DEEP) - DEEP is an operating-under-the-influence (OUI) countermeasure program required by statute. Its goal is to reduce the incidences of injury, disability, and fatality that result from alcohol and other drug related motor vehicle crashes, and to reduce the risk of re-offense for OUI. DEEP provides effective, efficient, and meaningful interventions such as education, treatment, and counseling services; OBH works with the Secretary of State on implementation of this program.

Intensive Case Managers (ICMs) - The ICM team is a group of dedicated professionals who help individuals navigate successful transitions into the community from incarceration. They play a critical role in diverting people from hospitalization by identifying appropriate levels of care in the community. Their work includes conferences with judges, prosecutors, defense attorneys, probation and parole officers, guardians, and consumers themselves. ICMs work to meet the key needs for clients at risk of or leaving incarceration: housing, services, and diversion.

State Forensic Service - The State Forensic Service oversees and administers court-ordered mental health evaluations of criminal defendants and juveniles that address a variety of psycho-legal issues. The Service provides consultation to judges, attorneys, courts, hospitals, and others, including staffing Mental Health Dockets run by the Judicial Branch in five jurisdictions. The State Forensic Service statutory authority also emphasizes training and education, and the Service offers regular continuing education activities for licensed professionals and partners with the University of Maine for a one-year fellowship program to provide advanced training in conducting forensic mental health assessments.

Medication Assisted Treatment (MAT) in Jails and Prisons - OBH supports access to MAT for incarcerated individuals in nine county jails. Over 600 incarcerated individuals have been treated in the past year because of this funding.

Community-Based Re-entry Services - These programs provide MAT to uninsured individuals diagnosed with an OUD who were incarcerated and released. Services cover the cost of buprenorphine, naltrexone, drug screen testing, behavioral therapies, as well as community medical provider related costs. These programs have led to increased engagement in employment and secondary education. Approximately half the participants released from jail into community-based programs gained employment. Peer-support re-entry is provided in partnership with Maine Prisoner Re-Entry Network and Maine Pretrial.

Crisis Intervention Team (CIT) - OBH partners with National Alliance for Mental Illness (NAMI) Maine to provide CIT training and program support. These programs are community partnerships of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families, and other advocates. It is an innovative first-responder model of police-based crisis intervention training that aims to divert individuals with mental illness away from the criminal justice system and promote officer safety. The CIT model reduces stigma, provides a forum for effective problem solving between the criminal justice and mental health care system, and demonstrates high success rates in resolving serious crisis situations.

Training and Certification

OBH offers a wide variety of trainings, workshops, conferences, fidelity monitoring, technical assistance, and administers two certification programs. A few examples include:

Mental Health and Rehabilitation Technician (MHRT) - With administrative support from the Muskie School of Public Service at the University of Southern Maine, OBH has oversight of training, continuing education, and certification for frontline mental health workers. There are three types of certification: Community (MHRT/C), Residential (MHRT/I), and Crisis Service Provider (MHRT/CSP).

Peer Support - With administrative support from the Muskie School, OBH has oversight of training and certification in Intentional Peer Support, a relationship focused, problem solving, and strengths based, trauma informed approach. OBH also offers the 60-hour training required to become a Peer Support Specialist; Peer Support 101, a 3-hour class open to anyone interested in learning more about peer support; monthly co-reflections, a form of peer supervision; and maintains records of certification.

Recovery Coaches - OBH funds two Recovery Coach training programs to support recovery coach coordinators. Coordinators have five basic tasks: training, recruiting, comprehensive referral networking, supportive supervision, and outcome measurement. Maine now supports this service in Aroostook, Franklin, Hancock, Kennebec, Knox, Penobscot, Piscataquis, Somerset, Waldo and Washington counties through one contract. Cumberland, Oxford, Sagadahoc, and Lincoln counties are supported through a second contract. Each of these counties has a recovery Coach Coordinator. The goal is to increase access to high-quality, ethical recovery coaching services statewide via training and supportive infrastructure. In the past grant year, 358 Recovery Coach trainings were delivered. In addition, OBH now funds eight recovery coaches in emergency departments across the state.

Maine Center for Disease Control and Prevention

The Maine Center for Disease Control and Prevention (Maine CDC) provides essential public health services that preserve, promote, and protect the health of Maine people.

Mission

Maine Center for Disease Control and Prevention provides the leadership, expertise, information and tools to assure conditions in which all Maine people can be healthy.

Vision

A strong, safe, and healthy Maine

Essential public health services include identifying community health problems; diagnosing and investigating health problems; informing, educating, and empowering people regarding health issues, mobilizing partnerships to identify and address health problems; developing policies and plans to support health efforts; enforcing laws and regulations; linking people with health resources; assuring a public health workforce; evaluating the effectiveness of personal and population based health services; and researching new and innovative solutions to health problems.

Maine CDC is an accredited health department by the Public Health Accreditation Board (PHAB).

Maine CDC Administration

The Maine CDC infrastructure consists of multiple distinct divisions as well as centralized operations covering areas of agency personnel and finance, communications, Health and Environmental Testing Laboratory business operations, medical epidemiology and the Office of Population Health Equity (OPHE), an office newly established within the agency's organization.

Office of Population Health Equity - OPHE efforts aim to advance health equity by identifying social, economic, and other systemic barriers that create obstacles to accessing care and result in poor health outcomes.

Social determinants of health – the conditions in which we are born, grow, age, live, and work – affect health outcomes. All those factors have been shaped by generations of systemic inequity and discrimination, resulting in health disparities for some communities, especially, but not limited to people that identify as Black, Indigenous and People of Color; immigrants, refugees, and asylum seekers; those who are LGBTQ+; and persons with disabilities.

OPHE collaborates with programs across Maine CDC and partners with community leaders to ensure that Maine's public health initiatives are informed by and reflect the needs of the diverse people we serve with a focus on the



Acting Director Nancy Beardsley
as of February 2023

Nancy Beardsley is the Deputy Director of the Maine Center for Disease Control. Nancy has dedicated much of her career to public service and the protection of public health and the environment. Prior to becoming the Deputy Director of Maine CDC in 2020, Nancy served as the Director of the Division of Environmental Health at the Maine CDC, and as the Director for the Drinking Water Program. Earlier in her career she worked at Maine's Department of Environmental Protection and the Maine Geological Survey. Nancy served as the first-elected female President of the National Association of Drinking Water Administrators and is a recipient of the US EPA's Environmental Merit Award. Outside of work Nancy is a committed and adventurous outdoorswoman. In 2022 she completed a bicycle ride from Damariscotta Maine to Santa Monica California, riding in one- to three-week intervals over several years.

promotion and protection of the health of people and the communities where they live, learn, work, and play.

In 2022, OPHE is launching four new program activities to begin to address the root causes of COVID-19 disparities using funding from US CDC. There are additional initiatives from this same funding source that are being implemented in other offices across Maine DHHS. The OPHE specific programs include:

- Community-Led Needs Assessments;
- Health Equity Infrastructure and Capacity Building Grants for Community-Based; Organizations and Tribal Communities;
- COVID-19 Community Resilience; and
- Health Equity Advisory Council.

Medical Epidemiology

Healthcare Epidemiology Program - This program, formerly known as Healthcare Associated Infections (HAI), expanded in scope and is now called the Healthcare Epidemiology Program. The program works with hospitals, skilled nursing facilities, and other healthcare settings to reduce and prevent Healthcare Associated Infections (HAIs) and Antimicrobial Resistance (AR). Data obtained through state and federal mandated reporting allows the program to target HAI and AR categories in most need of improvement. The program provides education, supports facilities through consultation, practice assessment, and hosts state-wide collaboratives and workgroups that promote best practices for infection prevention and antimicrobial stewardship.

Disease Prevention

The Division of Disease Prevention works to educate and support people across the lifespan, promoting healthy, productive lives from the prenatal period throughout life. The Division includes a broad range of programming and policy efforts aimed at addressing a multitude of health conditions as well as risky behaviors and link people with critical resources and tools to support healthy choices and activities. The focus of programs is to prevent serious, chronic health conditions or provide intervention to mitigate long-term health impacts.

Maternal and Child Health (MCH) - The MCH program implements the Title V Maternal and Child Health Block Grant and supports programming within the organization to address and support birth defects, genetics, cleft lip and palate, newborn bloodspot screening, partners in care, newborn hearing, and perinatal health. Additionally, MCH oversees the Partners in Care Coordination, a care coordination program for children with special health needs. This program also oversees the Maine Families Home Visiting Program and the Maine Maternal, Fetal, and Infant Mortality Review Board. It leads the Department's Safe Sleep efforts. The program recently was awarded a highly competitive national grant that will bring \$1 million per year over the next five years to Maine to address risk factors facing people before and during pregnancy and after birth that can cause pregnancy loss and death in pregnant people and infants.

Tobacco and Substance Use Prevention and Control - This program is committed to preventing and reducing tobacco use and substance use disorder by providing leadership, education and support to communities and institutions throughout Maine. The team works to ensure that Mainers can avoid both the personal and societal costs of substance use disorder. The program leads the Maine Prevention

Network initiative, which is the body of local work focused on preventing tobacco and substance use as well as promoting healthy eating and active living. Some examples of activities funded under the Maine Prevention Network include working with local school districts to adopt policies that support alternatives to out of school suspensions for tobacco and substance use-related infractions, working with local retailers to prevent the sale of alcohol, tobacco, and cannabis products to minors, and strengthening Farm to Institution connections. The Prevention Team provides funding, technical assistance, data and training, and develops materials and resources to educate the residents of Maine. Wellness is the foundation of a healthy, long and productive life, and is core to the work of prevention services.

The program implements resources to prevent youth and young adults from starting to use tobacco. Programming seeks to motivate and assist tobacco users to quit smoking, protect nonsmokers from the hazards of secondhand smoke, and eliminate disparities related to tobacco use among population groups. The program engages with state and community-based providers, schools, and families to provide information on the potential risks associated with cannabis use, especially among youth. The program also works with local partners to implement harm reduction strategies to prevent opioid overdoses and educate people on the importance of safe storage of medications.

The Adolescent Health Program, embedded within the Tobacco and Substance Use Prevention and Control Program, provides leadership and coordination in the following areas:

- **Injury and Suicide Prevention:** Work done as part of this effort includes the provision of support for the Maine Poison Control Center. Suicide prevention programming provides statistics, information, and readily available fact sheets for a variety of audiences. The statistics provide a picture of youth suicidal behavior (fatal and non-fatal) in Maine.
- **School-Based Health Centers (SBHC):** School-based health centers provide low-barrier access to several physical and mental health services at schools across Maine. Due to a recent collaboration between the Department of Education and the Department of Health and Human Services, Maine provided additional funds to enhance services at existing SBHC and support new SBHC.
- **Youth Empowerment and Engagement:** Activities implemented under this focus area help youth find and use their voices on issues critical to their successful development. It also includes training for youth-serving providers.

Women, Infants, and Children (WIC) - WIC is a nutrition program currently serving over 15,000 Maine children and parents, helping Maine kids to grow up strong and healthy. WIC food benefits are available based on income guidelines and up-to-date nutrition research. WIC is open to anyone living in Maine, including migrant workers. It is available to women who are pregnant, breastfeeding, or who had a baby in the last six months. It is also available to infants and children up to the age of five. Any parent (regardless of gender) can apply for their children. To be eligible based on income, families must be at or below 185% of the federal poverty guidelines. A person who receives MaineCare, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF) benefits automatically meets the income eligibility requirement. Maine WIC was the first in the nation to launch electronic benefits for use at farmers' markets, increasing access to fresh fruits and vegetables and supporting local farms. Since the implementation of the electronic farmers' market nutrition program (eFMNP), redemption of this benefit doubled, demonstrating increased access to fresh produce for WIC families.

Chronic Disease Prevention and Control - This program monitors chronic disease prevalence and provides prevention resources for chronic diseases such as asthma, cancer, heart disease and stroke, diabetes, obesity, and others. The program also supports Mainers who have chronic disease(s) or

conditions by helping them learn to manage and control their condition while maintaining a healthy and active lifestyle. It works with local partners to support improved self-management of chronic conditions such as asthma to prevent worsening of the condition and decrease associated healthcare costs. The program has grown considerably over the last few years, securing new federal funding to support colorectal cancer screening as well as Alzheimer's disease and related dementias prevention and expanding Maine's community health worker footprint. It is also leading community health worker strategic planning for the Department.

Disease Surveillance

The Division of Disease Surveillance works to decrease morbidity and mortality through the prevention and control of infectious and environmental diseases.

Maine Immunization Program (MIP) - MIP strives to ensure full protection of all Maine children and adults from vaccine-preventable disease. Through cooperative partnerships with public and private health practitioners and community members, the MIP provides vaccine, comprehensive education and technical assistance, vaccine-preventable disease tracking and outbreak control, accessible population-based management tools, and compassionate support services that link individuals into comprehensive health care systems.

Maine is a universal vaccine state, which means that MIP provides vaccines to providers at no cost for children up to 18 years of age. Vaccine purchases are funded through the federal Vaccines for Children program, fees assessed on health insurers that cover people in Maine, and additional federal funding.

Infectious Disease Prevention Program - The HIV, STD, and Hepatitis program provides several services to prevent disease and support individuals affected in the following areas:

- **HIV/STD Prevention and Case Investigation:** Through work done with Central Epidemiology and Disease Intervention Specialists, Maine CDC works to monitor, investigate, and prevent HIV, gonorrhea, syphilis, and chlamydia. Prevention work also includes HIV/STD education and outreach, point of care HIV/ hepatitis C testing and training, condom distribution, and provider outreach. Most work is funded through federal CDC, with some state funding support.
- **HIV Care:** Maine supports individuals living with HIV in Maine through safety net financial assistance for dental, food, housing and utilities, case management, and the AIDS Drug Assistance Program (ADAP). ADAP assists low-income people living with HIV with medication coverage, insurance, deductible, lab, and copay assistance. Work under HIV Care is supported by HRSA's Ryan White Part B Program
- **Viral Hepatitis and Harm Reduction:** Maine CDC works to increase hepatitis C testing and linkage to care/treatment. Additionally, the Harm Reduction program manages the syringe service programs, overdose prevention patient navigators, and works collaboratively with the Office of Behavioral Health to support overdose work within the State.
- **Tuberculosis Program:** In addition to tuberculosis surveillance, Maine CDC also offers support services to clients infected with tuberculosis through food, safety net medical bills, and other care support while clients are infectious. Client support services are supported through the state's tuberculosis trust.

Infectious Disease Epidemiology - Maine CDC works to monitor, investigate, and prevent infectious diseases in Maine. Infectious diseases are very common worldwide and in Maine. These diseases are caused by certain viruses, bacteria, fungi, or parasites. This includes, but is not limited to, rabies,

influenza, vaccine preventable diseases such as pertussis, mumps, varicella (chicken pox), foodborne illnesses, vector borne diseases such as Lyme, and COVID-19.

There are five teams within this program that collaborate for surveillance, prevention, analysis, and public outreach.

- Surveillance epidemiology reviews, analyzes, and distributes information about disease areas and has responsibilities for public outreach including routine communications like the weekly influenza and arboviral reports, the Lyme and Other Tickborne Disease Legislative Report, and the Annual Report. They support infectious disease workgroups. This team are the primary points of contact for federal CDC and other states on infectious diseases.
- Field epidemiology investigates notifiable conditions and outbreaks and provides data, education to the individual, provider recommendations, and mitigation strategies
- Health Education develops communications for the public including fact sheets, health alerts, social media, and also maintain the infectious disease websites. They also work on provider education.
- Informatics maintains the data systems that support disease surveillance including the National Electronic Disease Surveillance System, ESSENCE (for syndromic surveillance), STARLIMS for the Public Health Laboratory. They receive and distribute all electronic messages including lab reports, electronic case reports, syndromic surveillance messages, and immunization records. This team is responsible for the data modernization initiative with federal CDC.
- COVID response leads multiple aspects of the COVID-19 response including case and outbreak investigation, management of lab reports (both electronic and paper), data analysis and visualization, and health education.

Public Health Systems

The Division of Public Health Systems protects the health and lives of people in Maine by strengthening the ability of health agencies and partner organizations to detect, contain, and manage public health threats and emergencies.

Statewide Coordinating Council (SCC) for Public Health - The Statewide Coordinating Council for Public Health, established under Title 5, section 12004-G, subsection 14-G, is a representative statewide body of public health stakeholders for collaborative public health planning and coordination. The role of the SCC is to:

- Participate as appropriate to help ensure the state public health system is ready and maintained for accreditation.
- Assist the Maine CDC in planning for the essential public health services and resources to be provided in each district and across the state in the most efficient, effective and evidence-based manner possible;
- Receive reports from the tribal district coordinating council for public health regarding readiness for tribal public health systems for accreditation if offered; and
- Participate as appropriate and as resources permit to help support tribal public health systems to prepare for and maintain accreditation if assistance is requested from any of Maine's federally recognized Tribes.

Local Public Health Districts - Public Health Districts established by law include eight geographic districts, and, as of 2011, the Wabanaki Public Health District, which serves Maine's Tribal populations. The establishment of the public health districts was designed to enhance effective and efficient delivery

of public health services by creating the geographic and local framework for greater consistency and equity in statewide delivery of Public Health Services. Additionally, public health districts provide a consistent basis for regional planning and coordination across the governmental, private (including business), public, and nonprofit sectors.

Each public health district is led by a District Liaison, who coordinates with Maine CDC staff in the district (Public Health Unit) and who provides leadership with an elected executive committee for the district coordinating council. A Tribal Liaison coordinates tribal district health initiatives with the health leadership of the five Tribal communities.

The District Liaisons are also responsible for coordinating technical assistance and trainings to Local Health Officers in their districts. Each municipality including plantations is required under state law to appoint a Local Health Officer for up to a three-year term.

Public Health and Emergency Preparedness - Public Health Emergency Preparedness (PHEP) protects the lives of people in Maine from natural or man-made public health threats or emergencies. PHEP strengthens the ability of health agencies and partner organizations by facilitating a range of community, medical, and public health emergency preparedness functions. PHEP oversees the development and implementation of public health emergency planning and the coordination of emergency resources. Maine CDC uses MaineHAN, a secure, web-based communication system, as one of the ways to exchange information about a specific incident or situation or important public health concern, ranging from nonemergent to critically urgent and requiring action. Members include physicians, nurses, hospital staff, clinicians, public health workers, emergency preparedness and management personnel, first responders, and many others.

Data, Research, and Vital Statistics - Data, Research and Vital Statistics (DRVS) administers Maine's vital statistics system and provides quantitative information for surveillance, planning, policy development, program management, and evaluation. These functions are accomplished through the development and implementation of data collection, data processing, and analytical activities. The office consists of four units: Electronic Data, Statistical Services, Vital Records and Cancer Registry.

- Electronic Data maintains the electronic registration system for vital events, provides training for users and staffs a help desk during normal business hours to assist users with using the system and issuing records.
- Statistical Services conducts population-based surveillance systems, completes analysis of vital statistic data and will serve the state-wide Amyotrophic Lateral Sclerosis (ALS) registry, a mandate established by recent legislation. It produces detailed population estimates for use within and outside the Department of Health and Human Services and compiles data on health status and health resources. The office provides technical assistance and consultation on survey procedures and statistical analysis to other agencies in the Department of Health and Human Services.
- Cancer Registry is a statewide population-based cancer surveillance system. The Maine Cancer Registry (MCR) collects information about all newly diagnosed cancers in Maine residents (except in situ cervical cancer and basal and squamous cell carcinoma of the skin). This information is used to monitor and evaluate cancer incidence patterns in Maine. This information is also used to better understand cancer, identify areas in need of public health interventions, and improve cancer prevention, treatment and control.
- Vital Records provides vital registration services and technical services for the general public, health care professionals, funeral directors, hospitals, state agencies, court officials, and municipal clerks in the registration of vital records from which statistics are gathered. Vital

Records collects and maintains records of births, deaths, fetal deaths, marriages, and divorces, and provides additional vital registration services such as acknowledgements of paternity, corrections, supplemental cause of death, divorces, delayed registration of records, court determinations, legal name and gender marker changes on birth records, preparation of new birth certificates after adoption or legitimization, and others. Vital Records houses all sealed adoptions and legitimizations.

Rural Health and Primary Care - The mission of the staff in Rural Health and Primary Care is to promote access to quality health care for residents living in all of Maine's rural and underserved areas. RHPC accomplishes this by:

- Increasing resources and reducing costs for health care statewide with a focus on rural areas;
- Facilitating communication among stakeholders on rural health issues;
- Increasing access to primary, mental and dental health care services for underserved populations;
- Reducing geographic, financial, transportation and other barriers that prevent access to health care.

Oral Health - The Oral Health Program works to improve the oral health of Maine people. The program works to provide leadership in assisting community initiatives to prevent, control, and reduce oral diseases, as well as by planning, implementing, and evaluating programs for oral health promotion and disease prevention. Additionally, the program provides statewide coordination and integration of community based oral health services through increased access and removal of barriers.

Public Health Nursing

The Public Health Nursing (PHN) program aims to strengthen the equality of access to local public health services through providing the three core functions of public health: assessment, assurance, and policy development; and PHN is guided by the Principles of Public Health Nursing Practice as set forth by the American Nurses Association Scope and Standard of Practice.

Maine CDC Public Health Nurses are registered professional nurses, working to improve, preserve, and protect the health and quality of life for all Maine people. PHN nurses are funded in part through the Maternal Child Health (MCH) grant. Using nursing theory, research, evidence-based practice and the nursing process (assessment, nursing diagnosis, planning, implementation and evaluation), Public Health Nurses continually work to improve the health of individuals, populations, cultures and communities.

PHN focuses on strategies that create healthy environmental, social and economic conditions in which populations may thrive. A client-centered approach through collaboration with the individual and other professions, populations, organizations and stakeholder groups is the most effective way to promote and protect the health of the people. Public health nurses are obligated to actively identify and reach out to all who might benefit from a specific activity or service. When selecting appropriate activities, primary prevention is the priority. Optimal use of available resources and creation of new evidence-based strategies is necessary to assure the best overall improvement in the health of the population.

PHN enhances a number of services under Maine CDC. All PHNs are required to complete the Certified Lactation Counselor course, increasing the value of services provided. PHN has been very active not only in administering COVID-19 vaccines across the state, but also providing much needed childhood catch-up clinics that may have been delayed by the pandemic.

Aging and Disability Mortality Review Panel - PHN is leading the charge of managing Aging and Disability Mortality Review Panel, established by recent legislation to review deaths of and serious injuries to all adults receiving home-based and community-based services under MaineCare waivers.

CradleME – CradleME is a partnership between many programs: Public Health Nursing, Maine Families Visitors, WIC Nutrition Program, Maine MOM and Child Development Services Early Intervention Program to provide referral services and support to pregnant families and new parents. Families can access a PHN or home visitation services by calling CradleME directly or by referral from a hospital when a child is born.

Environmental and Community Health

The purpose of the Division of Environmental and Community Health (DECH) is to preserve, protect and promote the health and wellbeing of the population through the organization and delivery of health engineering related services designed to reduce the risk of disease by controlling environmental hazards to human health and promoting health and wellness through education and access to technical health engineering professionals. Among other issues, the Division of Environmental and Community Health oversees much of Maine CDC's work related to per- and polyfluoroalkyl substances (PFAS) and potential public health impacts, including to public drinking water systems. DECH is also working in a technical advisory role with other agencies and healthcare organizations to advance investigations of PFAS-related impacts to soils, private wells, agricultural products and human blood serum concentrations

The State Toxicologist and team protect and enhance public health by objective, scientific evaluation of health risks for chemical and radiological exposure. This Division also operates a toxicology consultation phone service for Maine residents.

The environmental public health program publishes a host of data available through the Maine Tracking Network here: <https://data.mainepublichealth.gov/tracking/>

Drinking Water Program - Safe drinking water is an essential part of public health protection. The Drinking Water Program exists to ensure that water served by public drinking water systems in Maine is protected, treated as needed, monitored for quality assurance, and that the treatment and distribution systems are well managed. The Drinking Water Program is responsible for overseeing public water systems throughout Maine, administering the Federal Safe Drinking Water Act and the Maine Rules Relating to Drinking Water. Examples of public water systems include water utilities, mobile home parks, nursing homes, schools, factories, restaurants, and campgrounds. The Drinking Water Program works with more than 1,900 public water systems to help ensure that they provide safe, secure, and reliable drinking water to over 750,000 people across Maine. The Drinking Water Program also administers the Drinking Water State Revolving Fund to support infrastructure improvements to public water systems throughout the state.

The Subsurface Wastewater Team exists within the Drinking Water Program to enforce and administer the Subsurface Wastewater Disposal Rules and regulate on-site sewage disposal throughout Maine, in partnership with Maine Towns.

The Laboratory Accreditation Team within the Drinking Water Program certifies laboratories for the analysis of drinking water, wastewater and diesel residual organics/gasoline residual organics, as required by state and Federal regulatory agencies overseeing work in these areas.

Health Inspection Program (HIP) - The Health Inspection Program provides licensing and inspection services for different types of businesses to protect the public health. These businesses include restaurants, lodging, campgrounds, youth camps, public swimming pools and spas, body art (tattooists, micropigmentation, body piercing), electrology, school cafeterias, and mass gatherings.

Radiation Control - The Radiation Control Program works to minimize unnecessary radiation exposure through the licensing and inspection of human-made and natural radiation sources, oversight of low-level radioactive waste generators, radioactive emergency preparedness and response, conducting environmental surveillance of nuclear facilities, and to minimize the public health impact associated with Radon in air and water.

Environmental Toxicology - The Environmental Toxicology Program provides objective, scientific evaluation of health risks for chemical and radiological exposure to develop and provide health risk analyses to inform public and regulatory decision making.

Topics the Environmental Toxicology Program work on include lead poisoning, private well water safety and testing, carbon monoxide poisoning, healthy fish eating guidelines, and heat-related illness. The Environmental Toxicology Program operates a toxicology consultation phone service for Maine resident sand maintains the Maine Tracking Network - an online, interactive public health data portal.

Childhood Lead Poisoning Prevention - The Maine Childhood Lead Poisoning Prevention team monitors thousands of blood lead level tests each year, identifies children with elevated blood lead levels and provides services to families based on the child's blood lead level. Additionally, the program conducts lead environmental testing of residences for children with venous blood leads 5 ug/dL and greater and works with families, their physicians, visiting nurses, and lead inspectors to make sure blood lead levels return to normal. The program provides education to professionals, parents, and the public on lead poisoning and gathers ongoing epidemiological surveillance to determine the landscape of lead poisoning in Maine.

Health and Environmental Testing Lab

Health and Environmental Testing Lab (HETL) – HETL is the State of Maine's public health laboratory. It works to isolate, identify, analyze, and monitor biological, chemical, and/or radiological hazards which can cause harm to human health and the environment. HETL works with other agencies in the prevention, treatment, and control of such hazards which threaten the community or environment. These essential services are provided cost effectively through a fee schedule established with the flexibility of making them available regardless of the public's ability to pay. HETL's core functions include, as examples: rapid response to suspected outbreaks and contamination events, acting as an integrated information manager and environmental monitor, conducting forensic drug testing, advocating for appropriate and high-quality testing, and being a leader in technical and operations research.

Office of Child and Family Services

The Office of Child and Family Services (OCFS) supports Maine's children and their families by providing Early Care and Education, Behavioral Health, and Child Welfare services. In our work, OCFS seeks safety, well-being, and permanent homes for children, working with professionalism and respecting the dignity of all families.

OCFS is committed to the goal that all Maine children and families will be safe, stable, happy, and healthy. OCFS partners with other state agencies, community-based providers, and families to support early intervention and prevention programs that assist families before challenges develop.



OCFS has a strong commitment to transparency and has developed a Key Measures Dashboard¹ for

the public to review data associated with services provided by the office. These measures focus on key outcomes of the Office as well as those that are federally required. OCFS also publishes annual reports in key program areas. We are committed to shining a light on both areas of success and those where we strive for improvement.

Early Care and Education

The Early Care and Education Team, led by Associate Director Elissa Wynne, supports the families of Maine and their children in accessing high-quality child care and early childhood education services.

OCFS offers assistance in finding quality child care for all Maine families. People seeking child care can visit <https://childcarechoices.me> for more information.

Child Care Quality - OCFS oversees the Maine Quality Rating and Improvement System (QRIS). This system lays out a number of criteria and currently rates child care on 4 steps. OCFS is currently in the process of implementing the QRIS transition to a 5-star rating system. The first level indicates that a program meets minimum regulatory requirements and the highest level indicates that the program meets a number of rigorous standards including accreditation, evaluation, tracking, curriculum, schedules, and more. There are financial incentives for child care programs to achieve higher levels. Over the last few years,



Director Todd A. Landry, EdD

Dr. Landry holds a Bachelor's degree in Chemistry from Lamar University, Beaumont, Texas and a Master's degree in Business Administration (MBA) from the Cox School of Business at Southern Methodist University, Dallas, Texas. He earned his Doctorate in Educational Leadership from the Simmons School of Education and Human Development at Southern Methodist University, Dallas, Texas, in 2018.

Prior to becoming the Director of OCFS, Dr. Landry was chief executive officer of Lena Pope in Fort Worth, Texas, a nonprofit that serves children and families with an array of prevention and early intervention services, including childcare, public education, mental health counseling, and juvenile justice. He previously served as director of Nebraska's Division of Child and Family Services and has served on national boards, including the Child Welfare League of America, a national coalition of private and public agencies working to improve the lives of vulnerable children and families.

¹ <https://www.maine.gov/dhhs/ocfs/dashboards/key-measures.shtml>

OCFS has worked with partners and stakeholders to assess QRIS and is now working to implement recommendations for improvement.

Child Care Subsidy - The Child Care Subsidy Program (CCSP) helps eligible families to pay for child care so they can work, go to school, or participate in a job training program. Eligibility is based on two requirements:

- The participation of all available caregivers in qualifying employment or educational activities that necessitate the family's need for child care; and
- Financial criteria (which also determines the amount of a family's co-payment, if any).

Parents pay the co-payment to the child care provider and CCSP pays the remainder to the provider, up to the 75 percent of the market rate for their area. CCSP is funded through the Child Care Development Block Grant (CCDBG), a federal block grant program that provides funding for states aimed at improving access to quality child care for high-need children and families.

During the COVID-19 pandemic OCFS received significant federal relief funding through CCDBG. More information on this additional funding and the initiatives it has supported are available in the Child Care Plan for Maine (available at <https://www.maine.gov/dhhs/ocfs>).

Child Care Tax Credits - There are tax credits at the federal and state level that can benefit families with young children. The Maine dependent care state tax credit is equal to 25% of the federal credit for child and dependent care expenses. The credit doubles if the expenses are related to a quality child care provider. This credit is also refundable up to \$500. While the Earned Income Tax Credit (EITC) is not directly related to child care, it is a way that low-income parents can receive money to pay for child care or other expenses. The EITC is a refundable federal tax credit for eligible families who work and have earned income under \$32,121 (for a taxpayer with more than one child and meets all other qualifying requirements).

Head Start - Head Start is a federal program that serves preschool-age children and their families. The Department of Education oversees Head Start programs, although OCFS oversees contracts for state General Fund which supports Head Start programming.

Children's Behavioral Health

Children's Behavioral Health Services (CBHS), led by Associate Director Dean Bugaj, focuses on ensuring there are high-quality behavioral health services and treatment available to meet the needs of children and youth from birth up to their 21st birthday. Services include providing information and assistance with referrals for children and youth with developmental disability/delays, intellectual disability, autism spectrum disorders, and mental health disorders. CBHS staff also support community providers serving children with behavioral health needs through training opportunities, stakeholder engagement and collaboration, and resource development. Several behavioral health services are available to MaineCare-eligible children. These services are delivered by community providers. These services include:

Case Management - For children with a diagnosis of mental illness, intellectual disability, or pervasive developmental disorder, case management can help to identify natural and community resources and assist with locating and linking children to appropriate treatment services to meet the needs of the child and family.

Crisis Services - For anyone who is concerned because their child is showing behaviors or dangerous thinking, crisis services can respond to a child and family in crisis in order to keep everyone safe.

Outpatient Behavioral Health Services - For children and youth that show a need for mental health assessment and treatment, outpatient services are available to address symptoms, promote emotional and behavioral stability, and ensure that whenever possible a youth's needs can be met in the community (reducing the need for inpatient services). OCFS is particularly focused on promoting evidence-based services and ensuring that providers are delivering evidence-based services to fidelity. Outpatient behavioral health services include, but are not limited to:

- *Medication Management* - Medication management supports children receiving medication for behavioral or emotional health needs. It provides the prescription, administration, and/or monitoring of medications intended for treatment and management of symptoms.
- *Rehabilitative and Community Support (RCS) Services* - RCS serves children or youth up to the age of 21 who have a developmental disability that affects their everyday functioning. RCS assists with skill building in areas of daily living and behavioral management to support child's functioning in the home and community.
- *Home and Community Treatment (HCT) Services* - HCT serves children and youth with serious emotional disturbances and offers strategies to help the child and family manage mental health symptoms in order to function better in their home, school, and community with the goal of preventing hospitalization.
- *Family Functional Therapy (FFT)* - FFT serves youth ages 11-18 with (or at risk of) delinquent behavior along with their family members. This is a family-based model to improve family attributions, communications, and supportiveness and decrease intense negativity and dysfunctional patterns of behavior.
- *Multi-Systemic Therapy (MST)* - MST serves youth ages 12-17 with seriously disruptive behaviors with an intensive family-based treatment that addresses seriously disruptive behavior and focuses across the youth's environment. MST for youth with Problem Sexual Behaviors (MST-PSB) is a clinical adaptation of MST that has been specifically designed and developed to treat youth (along with their families) for problematic and/or abusive sexual behavior.
- *Assertive Community Treatment (ACT)* - ACT serves families living with or caring for children with serious and persistent mental illness and provides 24/7 symptom management and supports in home, school, and community to prevent hospitalization.

Residential Treatment Services - Residential treatment, also known as community residential care services, is designed to address acute needs and teach youth and parents skills to manage behaviors safely at home.

Additional Behavioral Health Services - These services require prior approval by CBHS but do not require the child to be MaineCare eligible.

- *Respite Care* - Provides relief to parents and guardians responsible for the care of children/youth with Serious Emotional Disturbance or developmental disability.
- *Individual Planning Funds* - Provides financial assistance to youth up to age 21 receiving CBHS services to support treatment goals in a child's support plan.

Homeless Youth Services - OCFS also oversees the contracts with providers that deliver shelter, mentoring, and guidance services to homeless youth up to age 21.

Child Welfare

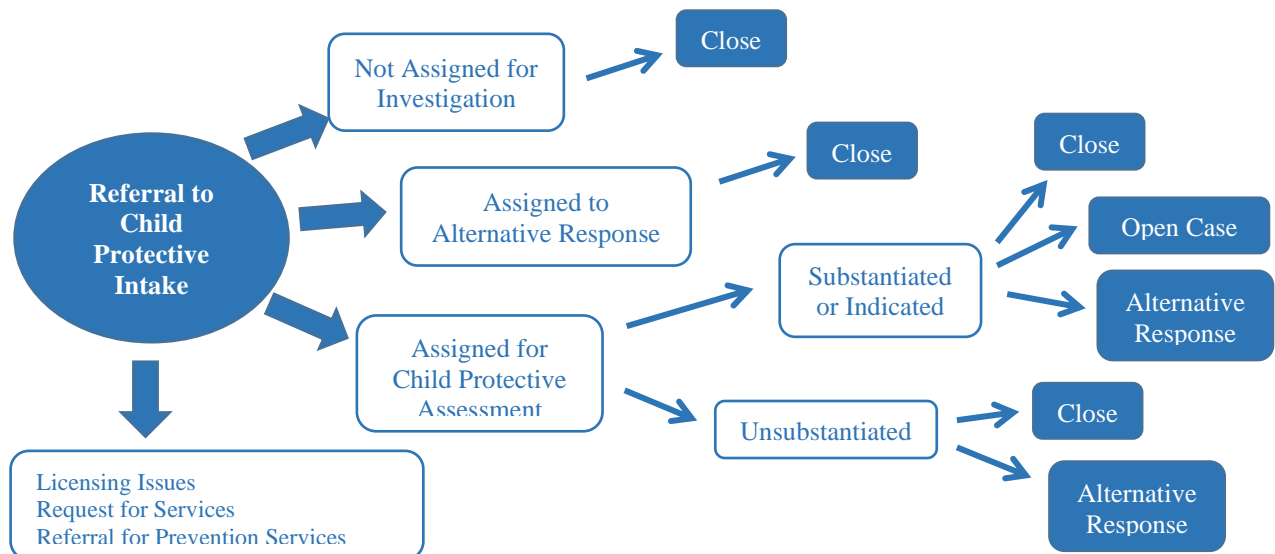
Child Welfare, led by Associate Director Bobbi Johnson, seeks safety, well-being, and permanent homes for children, working with professionalism and respecting the dignity of all families. Reports of alleged child abuse and/or neglect are investigated on behalf of Maine communities, collaborating to keep children safe and to guide families in creating safe homes for their children.

Child Protection - Child Protection investigates allegations of abuse and neglect against children and youth in Maine. Reports are made to Intake by mandated reporters, family, or community members, and are reviewed by OCFS staff using a Structured Decision Making (SDM) tool. These reports are screened in or out for investigation by staff depending on the allegations in the report. Reports that do not require investigation may be referred to other services for support.

To report known or suspected child abuse or neglect, call:
1-800-452-1999 or 711 (Maine Relay)
Calls may be made

If a report is determined to be appropriate for investigation, it is assigned to the appropriate District office for investigation by a caseworker. Over the course of several weeks, the caseworker (with support from their supervisor) completes a thorough investigation of the allegations in the report and any new allegations that arise during the investigation. Specifically, the caseworker seeks to determine whether each child in the home is safe and, if not, what must be done to keep each child safe. The investigation includes a safety assessment and other follow-up assessments to identify parental behaviors and family factors that influence the risk of child abuse and/or neglect. Caseworkers completing investigations utilize Structured Decision Making (SDM) tools to evaluate the family's risk factors and determine next steps. Research shows that understanding risk factors produces the most accurate decisions about child safety and potential for future maltreatment.

Path of a Child Welfare Referral



As part of the investigation, the caseworker also makes a determination about whether child abuse or neglect has occurred. The decision is based on whether a preponderance of the evidence establishes that abuse or neglect has occurred based on OCFS' definition of each abuse type (emotional abuse, neglect, physical abuse, and sexual abuse). If it is determined that abuse or neglect has occurred, the caseworker also determines the severity of the abuse or neglect (i.e., whether the abuse was substantiated, which

means it was high severity, or indicated, which means it was low to moderate severity). If the evidence does not support a finding of abuse or neglect, the investigation ends with a finding of “unsubstantiated.” If it is determined that abuse or neglect has occurred or is likely to occur, staff consider several options including connecting the family to services or the need to remove the child from the home in order to ensure his/her safety.

If a child is removed from the care and custody of his/her parents, it is done pursuant to the statutorily required Court process outlined in the Child and Family Services and Child Protection Act. During these proceedings, OCFS is represented by the Child Protection Division of the Attorney General’s Office. OCFS has a statutory obligation to work with parents toward rehabilitation and reunification that provides a safe environment for the child unless the Court relieves OCFS of this obligation based on specific factors outlined in statute. OCFS is guided by the belief that children do best when they are cared for safely by their biological family and the primary focus once a child is removed is on providing the parents and family with services to enable rehabilitation and reunification.

Resource Parents - When children are removed from the care of their parents, they are placed in resource homes and cared for by resource parents, also sometimes called foster homes and foster parents. OCFS is statutorily required to utilize resource parents who are related to the child (known as kinship caregivers), when it is safe to do so. OCFS collaborates with parents and relatives to seek safe and appropriate relative caregivers whenever possible.

All resource parents and relative caregivers represent an invaluable resource for Maine's children and communities and Maine is always recruiting new resource parents. There is a particular need for families willing to accept placement of larger sibling groups, older children, and infants and young children who are actively involved in the reunification process. OCFS believes that developing talented, caring resource and adoptive homes in all Maine communities is essential to providing the highest quality care possible for children in state custody. OCFS contracts with Spurwink to oversee “A Family for ME,” Maine’s resource and adoptive family recruitment program. More information on becoming a resource parent is available on their website: <https://afamilyformemaine.org/>.

OCFS provides training for resource parents, as well as a daily stipend for each child placed in their care in order to reimburse for the costs associated with meeting the child’s needs. The amount of the daily stipend is based on the child’s needs, known as the level of care. The daily stipend is funded primarily through federal IV-E dollars, as well as matching state General Fund dollars.

OCFS works with community partners and grantees to provide resources to resource and kinship families. The office contracts with Adoptive and Foster Families of Maine (AFFM) to offer kinship navigator services to families providing placement. AFFM also provides services and supports to non-relative resource parents. Additionally, the Resource Parent Care Team (RPCT) program assists licensed resource and kinship families with services and supports designed to help families manage the stresses of fostering and maintain placements until permanency is achieved. RPCT also helps families successfully navigate the child welfare system and maintain positive and timely communication regarding the children in their care.

Adoption and Permanency Guardianship - When children cannot safely reunify with their parents, OCFS facilitates adoption and permanency guardianship to ensure permanency for children. AFFM also provides services and support to adoptive families. Most adoptions through OCFS include the provision of adoption subsidy to the adoptive parents to ensure adequate financial resource to support the ongoing needs of adopted children. Adoption subsidy is funded primarily through federal Title IV-E dollars.

Teens and Youth Transition Services - Youth emancipate or “age out” of child welfare services at age 18, but there are several ways that OCFS can and does continue to support these youth. Youth who turn 18 years old while in foster care may negotiate and sign a Voluntary Extended Support (V9) Agreement with the Department up to the age of 23, while residing in Maine or temporarily in another state as part of their V9 Agreement. A V9 Agreement with the Department enables older youth to receive extended placement and other supports until their 23rd birthday in order to receive ongoing support from OCFS staff that ensures they can complete education or job training, receive services to meet behavioral or physical health needs, or (if they have a specialized needs that cannot be met by an alternate plan) ensure they have an appropriate placement to meet those needs. OCFS also supports the Alumni Transition Grant Program (ATGP) which provides grants to youth who aged out of foster care to further their education through post-secondary education or job training.

Children’s Licensing and Investigation Services

The Children's Licensing and Investigation Services team licenses, monitors, and investigates child care programs, children's residential facilities, child placing agencies, emergency youth shelters, and homeless shelters for youth. This program conducts child abuse and neglect investigations in a wide array of out-of-home settings that are licensed, subject to licensure, and funded by the Department. The program also conducts investigations in collaboration with or on behalf of other State Departments. Children's Licensing and Investigation Services is charged with ensuring that Maine children are safe, stable, happy, and healthy in all out-of-home settings.

Operations

The Operations unit performs a variety of functions that assist OCFS’ program areas to meet their technology, financial, purchasing, and other needs in furtherance of their goals and statutory obligations. The mission of operations staff is to provide quality services in the areas of administration, finance, contracting, quality improvement, and information services to all OCFS programs. The Operations unit supports Maine’s comprehensive child welfare information system, known as Katahdin. In 2022, Katahdin replaced the previous system, known as MACWIS.

Background Check Unit - The Background Check Unit provides an array of services to include criminal background checks for ongoing child welfare investigations, fingerprint-based background checks for staff working in child care settings and children’s residential treatment facilities, and child protective service work clearances for individuals being considered for employment by community providers in positions involving work with children and adults with disabilities.

Prevention

In 2018, the federal government enacted the Family First Prevention Treatment Act which (among other changes) provides states with the opportunity to receive partial reimbursement for the cost of certain prevention services to children at imminent risk of entry into foster care (and their families). Services must be approved by the federal government as evidence based. Maine was the first state in New England to obtain federal approval for its Family First State Plan and implementation began in October of 2021. More information on Family First, including Maine’s plan and ongoing implementation updates is available on OCFS’ [website](#).

Office for Family Independence

The Office for Family Independence (OFI) connects Maine families to services and programs that foster health, safety, resilience, and opportunity and help them to meet a wide variety of needs.

OFI administers initial and ongoing eligibility for public assistance programs, such as MaineCare (Medicaid), Supplemental Nutrition Assistance Program, or SNAP, and Temporary Assistance for Needy Families (TANF). OFI runs the online My Maine Connection portal, a one-stop service for enrollment in these programs. OFI also oversees the municipal General Assistance program.

Division of Support Enforcement and Recovery (DSER) is Maine's child support agency and helps families establish paternity, locate non-custodial parents, and determines, enforces, and collects on child support obligations.

Disability Determination Services (DDS) division processes claims for federal Social Security and Supplemental Security Income disability benefits.

Fraud Investigation and Recovery Unit (FIRU) investigates fraud, attempted fraud, commingling or misapplication of funds administered by the Department of Health and Human Services.

Temporary Assistance for Needy Families

Temporary Assistance for Needy Families (TANF) provides cash assistance to families while they work toward becoming self-sufficient. Once enrolled in TANF, families may be eligible for other job training and education supports. Families with dependent children living in their home and pregnant individuals may be eligible for TANF.

Additional Support for People in Retraining and Employment (ASPIRE) - The ASPIRE program helps TANF recipients move towards financial independence through case management, job training, education, support and employment services.

Higher Opportunity for Pathways to Employment (HOPE) - HOPE helps Maine parents with household income at or below 185% of the federal poverty level enroll in and complete training and education beyond high school by providing financial support for costs related to training and education.



Director Anthony Pelotte

Anthony Pelotte received his B.A. from the University of Maine at Farmington and has worked with the Maine Department of Health and Human Services for 28 years in several roles. He played instrumental, key leadership roles in the successful delivery of operational changes with policy and technology impacts, such as implementation of the country's first integrated Automated Client Eligibility System (ACES) in 2002, Affordable Care Act changes in 2013, a 2015 transformation of the Office's service model from geographically, case-based management, to statewide task-based processing, and the first targeted replacement of an integrated eligibility system rules engine. Most recent major successes Anthony has led for OFI through the first term of the Mills administration have been implementing MaineCare Expansion eligibility 2019, adapting operations and programs through the national COVID-19 epidemic from 2020 to present, supporting the creation and implementation of a multi-phase diversity and equity employee training titled Culture of Respect and Empathy (CORE) in 2020, and replacement of the online service for client application and reviews My Maine Connection in 2022.

Parents as Scholars (PaS) - Maine's Parents as Scholars program provides a range of services to Maine TANF participants who are pursuing two-year or four-year postsecondary degrees. All parents in Maine who are eligible for TANF can participate in PaS if they have enrolled in a two- or four-year degree program; have neither a bachelor's degree in a field with available jobs nor the ability to make at least 85 percent of Maine's median income for their family size; will be pursuing degrees that open up new employment opportunities that have the potential to better the financial futures of their families; and have the requisite educational backgrounds to pursue their chosen degrees successfully.

Whole Family Services (WFS) – Maine's WFS programs were created through legislation in 2019 that allocated funding from the TANF federal block grant. Families are eligible to receive TANF-funded Whole Family Services, which includes wrap-around services a family-centered coaching, if they have household income under 200% of the Federal Poverty Level and have dependent children. OFI contracts with 11 service providers who operate WFS programs in all 16 counties across the state.

Alternative Aid Assistance - Alternative Aid Assistance assists TANF eligible parents who need short term help to find or maintain employment. Voucher payments, equal to up to three months of TANF benefits, are made available to families to help them with employment related expenses and avoid the need for TANF benefits.

Emergency Assistance - Emergency Assistance provides voucher payments for children and their families whom are threatened by destitution or homelessness due to an emergency situation.

Transitional Benefits - Transitional Child Care (TCC) and Transitional Transportation (TT) can help former TANF recipients pay for work related child care and transportation expenses.

Supplemental Nutrition Assistance Program (SNAP- formerly Food Supplement)

SNAP provides a monthly benefit to help low-income households purchase nutritious food. Individuals who receive SNAP may also be eligible to participate in Maine SNAP-Education or the SNAP Employment and Training Program.

Maine SNAP-Education (SNAP-Ed) - Maine SNAP-Ed provides nutrition education services in settings like schools, food pantries, Head Starts, and other child care settings, grocery stores, and regional DHHS offices.

The Maine SNAP-Ed program is made up of over 35 Nutrition Educators and Program Coordinators located statewide. The program aims to reach every community within the State of Maine to provide nutrition education to low-income Mainers. SNAP-Ed uses evidence-based curricula and multi-level community-based approaches to help make the healthy choice the easy choice for Maine families.

SNAP Employment and Training (formerly FSET) Program – SNAP E&T helps Maine SNAP recipients get job training and education so they can find and keep good paying jobs. Services include job search training and assistance, vocational training such as adult education, certificate, and degree programs, and job retention services.

Health Care Assistance

OFI processes eligibility for MaineCare. MaineCare provides free and low-cost health insurance to Mainers who meet certain requirements, based on household composition and income.

There are also additional options for people with disabilities and certain health conditions, young adults who have been in foster care, and those who need long-term care. For more information, see the section of this book for the Office of MaineCare Services.

Visit OFI's website for detailed information on [MaineCare eligibility](#).

General Assistance

General Assistance (GA) is an aid program operated by municipalities and overseen by OFI. GA helps individuals and families to meet their basic needs. GA may help pay for: household and personal supplies, food, housing, fuel and utilities, medical, dental, prescriptions, medical supplies and equipment, and burial costs.

People may be eligible for General Assistance if they do not have the income or resources to meet their basic needs. Individuals can apply in person at their local municipal office. If eligible, assistance is provided in the form of a voucher payment to the vendor.

Office of the Health Insurance Marketplace

The DHHS Office of the Health Insurance Marketplace (OHIM) operates CoverME.gov, Maine's health insurance Marketplace. Mainers who do not have coverage through their job, and who do not qualify for coverage through other programs like Medicare or MaineCare, can use CoverME.gov to apply for financial assistance to lower their premiums, compare plans, and enroll in insurance.



The Office of the Health Insurance Marketplace primarily focuses its work in three areas:

Eligibility and Enrollment Platform

The CoverME.gov website hosts an online application which allows consumers to receive a real-time determination of their eligibility for Marketplace insurance and financial assistance. Consumers also use the platform to compare and enroll in health insurance plans offered by four different carriers (Anthem, Community Health Options, Harvard Pilgrim Health Care, and Taro Health) and dental insurance plans offered by Anthem and Northeast Delta Dental. The CoverME.gov application also assesses eligibility for MaineCare, and will transfer the application to the Office for Family Independence in cases where a consumer appears eligible for MaineCare.

Each year beginning November 1st, CoverME.gov has an Open Enrollment Period when any eligible consumer can apply for and enroll in coverage. Outside this period, consumers may enroll if they have experienced certain life changes like losing other health insurance coverage, adding a child to their family, or getting married.

Consumer Assistance Center and Health Insurance Navigators

CoverME.gov provides consumer support through a call center and live chat function. During Open Enrollment, support is available from 8:00am-8:00pm Monday through Friday and Saturdays from 9:00am-5:00pm, as well as extended hours in the days leading up to enrollment deadlines. In addition to the Consumer Assistance Center, OHIM provides funding to a coalition of community-based organizations in Maine to act as health insurance Navigators, who provide one-on-one enrollment assistance for consumers, as well as outreach and promotion of coverage.



Director Megan Garratt-Reed

After joining the Department in 2019 as Senior Advisor for Coverage and Affordability, Meg led the development of the Maine Marketplace, CoverME.gov, from policy development to legislative authorization and through implementation. Prior to joining DHHS, Meg worked as Director of Policy and Partnerships at United States of Care, a non-partisan non-profit focused on supporting state-level efforts to expand quality, affordable health care. She previously worked as a Consultant with Manatt Health. Earlier, Meg served in the Obama Administration as Special Assistant to the Chief of Staff and Director of Delivery System Reform at the Centers for Medicare and Medicaid Services (CMS). Meg is an alumna of Wellesley College and holds an M.A. in Public Management from Johns Hopkins University.

Marketing

CoverME.gov also engages in outreach and marketing efforts to ensure that as many Mainers as possible are aware of the quality, comprehensive insurance available through the Marketplace, and the financial assistance options available. CoverME.gov advertises through broadcast, print, and digital channels, as well as localized opportunities like city bus ads, gas station video displays, and local sports events.

By the Numbers

- 63,388 health plan selections during Open Enrollment for 2023
- 83% of enrollees receiving financial assistance
- \$470 average monthly premium savings

Division of Licensing and Certification

The Division of Licensing and Certification (DLC) provides regulatory oversight of medical and long-term care facilities, assisted housing, residential care and behavioral health facilities in Maine. This includes oversight of the Certified Nursing Assistant (CNA) and Direct Care Worker Registry, conducting criminal background checks for employers to ensure staff are safe to care for vulnerable citizens, and investigating allegations of unsafe practices or events in facilities such as hospitals, nursing facilities, assisted living facilities, and intermediate care facilities (group homes).

Mission

The Division of Licensing and Certification supports access to quality and effective health care and social services for Maine people by developing and applying regulatory standards that help people have safe and appropriate outcomes.

Additionally, DLC is the designated State Survey and Certification Agency for the Centers for Medicare and Medicaid Services (CMS), and performs federal survey and certification work for CMS under agreements outlined in the Social Security Act. DLC follows the processes and procedures outlined in the CMS State Operations Manual. The Division has two primary functional areas:

the Medical Facilities unit and the Community Healthcare Programs unit.

Medical Facilities Unit

Long Term Care - The Long Term Care team is comprised of registered nurses, social workers, and a facilities specialist who conduct state licensure and federal CMS recertification and complaint surveys (inspections) and complaint investigations in nursing facilities and skilled nursing facilities throughout Maine. Recertification surveys are generally conducted on a 9- to 15-month window based on performance. Federal and state licensure complaint investigations are done based on complaint intakes and facility self-reported incidents if the allegation denotes a violation of a state licensure rule or CMS condition of participation.

Acute Care - The Acute Care team provides regulatory oversight of hospitals, home healthcare services providers, home healthcare agencies, portable X-ray suppliers, outpatient physical therapy, end stage renal disease facilities (dialysis), rural health clinics, ambulatory surgical centers, hospice agencies, federally qualified health centers, medical laboratories that test human bodily fluids and tissue for health assessment, and to diagnose, prevent, or treat disease (known as “CLIA labs”), and oversees the registration of temporary nurse agencies and personal care agencies. This team is comprised of registered nurses and social workers who conduct state licensure and federal recertification



Director William Montejo, RN

Bill Montejo, RN, has been with the Division of Licensing and Certification since 2008 and has been the Director since 2019. Bill previously served as the Assistant Director and Manager for the Medical Facilities Unit where he oversaw all the medical facility state licensure and federal survey and certification functions. Bill is a Registered Nurse with undergraduate degrees in Nursing and Health Care Administration. He has extensive experience working with the Centers for Medicare and Medicaid Services (CMS) including working with the CMS technical experts involved in the initial development of the Long-Term Care survey process as well as the CMS complaint intake process. Bill has worked as an ER Nurse, a State of Maine EMS Licensing Agent, a Paramedic/Firefighter and as a member of the State Emergency Response Commission (SERC).

surveys (also referred to as inspections) and complaint investigations to determine compliance with applicable licensing rules and the appropriate CMS Conditions of Participation as outlined in CMS's State Operations Manual.

Health Care Oversight

Under Maine law, certain types of health care providers are required to obtain state approval prior to making major changes in the health care landscape through what is called the Certificate of Need (CON) process. Applicable changes include mergers and acquisitions, new facilities and services, substantial capital investments in new equipment or facilities, changing access to services, and increases in bed complement. This team is also involved in validating that applicants seeking designation as a Continuing Care Retirement Community have the required licenses and have been reviewed by the Bureau of Insurance through the CON process. This team also provides oversight of Maine's Free Care Guidelines.

Sentinel Events

DLC operates the Sentinel Events program, which manages reports of certain serious events related to hospitals and healthcare facilities, ambulatory surgical centers, end stage renal disease facilities, and intermediate care facilities for adults with intellectual disabilities. Facilities are mandated to report events and conduct a root cause analysis (RCA) of each event and use the information learned from the RCA to change processes and procedures with the goal improving the quality of care and reducing the probability of future events. The program provides newsletters and aggregated.

Community Healthcare Programs Unit

Assisted Housing and Behavioral Health Licensing - The Assisted Housing/Behavioral Health (AH/BH) team is comprised primarily of social workers and a facility specialist who conduct state licensure surveys. Assisted Housing includes the licensing of assisted living facilities, residential care facilities, and private nonmedical institutions (PNMIs). Behavioral Health includes behavioral health agencies providing outpatient services, community support services, residential services, and crisis services, as well as substance use disorder facilities providing outpatient services, intensive outpatient services (IOP), detoxification services, residential services, and opioid treatment programs. This team also certifies Employee Assistance Programs (EAP) in collaboration with the Maine Dept. of Labor.

Workforce Development Program - The workforce development team maintains the Certified Nursing Assistant (CNA) and Direct Care Worker Registry program in accordance with the federal and state statute, and the Maine State Board of Nursing CNA course requirements. This team approves CNA courses based on program criteria established by the Board of Nurses and oversees the CNA testing program as well as the Registry. This team also works closely with the Office of Aging and Disability Services on oversight of other workforce development training programs such as the personal support specialist (PSS) and certified residential medication aide (CRMA) courses.

Maine Background Check Center

DLC oversees the Maine Background Check Center (MBCC). MBCC supports quality, effective, and safe health care and social services by operating an all-inclusive, secure online background check system. MBCC completes two levels of checks for employers and others:

- Pre-screening (no cost) for employers using publicly available databases such as the Sex Offender Registry and the Program Integrity Unit's excluded provider list, and
- Criminal background checks using State Bureau of Identification (SBI) conviction data.

Office of MaineCare Services

MaineCare is Maine's Medicaid program. It is funded by the federal and state government. MaineCare provides free or low-cost health insurance and other health benefits to Mainers who meet certain requirements, usually based on income, disability, or age. MaineCare helps ensure that all Maine people can access the critical health services, both preventive and emergency, that enable them to live healthy, safe, and resilient lives. MaineCare's primary responsibility is reimbursing MaineCare-enrolled health care providers for the vital services, medication, and equipment they provide to MaineCare members. MaineCare also collaborates with other DHHS offices, vendors, advocacy groups, and community resources to ensure members receive high quality health coverage.

MaineCare is subject to federal rules and regulations under the Centers for Medicare and Medicaid Services (CMS). MaineCare must apply for and receive federal authority for any substantive changes it makes to its eligibility, coverage policies or reimbursement. Each state has a State Plan that governs its agreement with CMS. For changes that meet CMS regulations, the state must submit a State Plan Amendment to obtain authority for the change. In order to request a change that deviates from CMS regulations, state must apply for a waiver, a formal application to CMS to waive certain requirements. Waivers have their own rules, however. They must be cost neutral, and require extensive reporting and evaluation, as well as other requirements depending on the type of waiver being sought.

Eligibility - The DHHS Office for Family Independence determines eligibility for MaineCare. People with questions or who would like to explore their eligibility for MaineCare can visit the Office for Family Independence's website, call 1-855-797-4357 or visit www.mymaineconnection.gov.

Rate Setting - Payment rates for MaineCare-covered services are determined through a process recently codified by the legislature and outlined in Maine law: MaineCare conducts a benchmarking analysis every 4 years to compare MaineCare rates to those for comparable services paid by other state Medicaid agencies, Medicare, and Maine commercial payers. Through a required rate determination process, the Department determines if there is an appropriate benchmark rate for a service paid by Medicare or other payers. In the absence of a suitable benchmark, the Department conducts a rate study, collecting cost data, input, and feedback from national sources, providers other stakeholders, with public hearing and public comment opportunities prior to the formal rule proposal and adoption process necessary to establish new rate methodologies. Part of this process evaluates whether a service is a good candidate for an alternative payment model, that ties a portion of payment to provider performance. This rate setting process ensures rates are adequate, efficient, data-driven, and equitable, and rely on value-based methodologies that promote high-value services and improve members' health.



Director Michelle Probert

Michelle Probert has been the Director of MaineCare, Maine's Medicaid Program, since February 2019. In her prior role at MaineCare from 2011 to 2014 as Director of Strategic Initiatives, Michelle established the Department's Value-Based Purchasing programs, which included one of the country's first Medicaid Shared Savings ACO initiatives. Michelle brings a multi-payer perspective to the Department from her time managing health strategy at Bath Iron Works (BIW), and as former Chair for the Healthcare Purchaser Alliance of Maine. In the early days of her career, she was a family advocate for homeless families. She has a master's degree in Public Policy from the University of California, Berkeley. Michelle grew up in Maine and resides in Brunswick with her family.

In 2022, MaineCare's efforts resulted in the National Association of Medicaid Directors' award to the state of a Spotlight for Innovation award for "outstanding efforts to create a Medicaid rate system that is transparent, consistent and focused on equity."

Member Services - MaineCare has a [MaineCare Member Handbook](#) that provides members with information regarding their covered services and other resources that are available to them. Additionally, MaineCare operates a number of resources for members and providers should they have questions:

- Member Services line: 1-800-977-6740 (TTY users dial 711). Email: MaineCareMember@DXC.com
- Pharmacy Help Desk: 1-866-796-2463 (TTY 711)
- Private Health Insurance Premium (PHIP) assistance: 1-800-977-6740 (TTY dial 711)
- MaineCare Provider Services: 1-866-690-5585

Coverage and Benefits

MaineCare pays for medically necessary services based on different coverage groups, which are determined by income, age, medical needs, and whether an individual needs help with Activities of Daily Living (ADLs).

Children's Coverage - In addition to its standard Medicaid coverage for kids, MaineCare provides free or low-cost health insurance, other health benefits, and assistance to kids under age 21 who meet income guidelines or disability criteria.

- *Children's Health Insurance Program (CHIP) or Cub Care:* A child under age 19, who is over the income level for free MaineCare, may qualify for CHIP and pay a low-cost premium for health coverage.
- *Katie Beckett:* Children under age 19, with serious health conditions who are over the income level for free MaineCare, may get MaineCare coverage through the Katie Beckett program. Children enrolled in Katie Beckett pay a low-cost premium for health coverage.
- *Health Insurance Purchase Option (HIPO):* If a child under age 19 loses MaineCare coverage because family income goes up, MaineCare coverage can be purchased for up to 18 months or until the child turns 19, whichever comes first. For more information, call the Office of Family Independence at 1-855-797-4357. Ask about the "Full Cost Purchase Option for Children Under 19 Years of Age."
- *Newborn Coverage:* A baby can receive MaineCare coverage if the mother had full MaineCare coverage when the baby was born, even if the mother's income changes.
- *Federally Non-Qualified Children:* Children under 21 years of age who would be otherwise eligible for federal Medicaid benefits but are not eligible due to their immigration status are eligible for MaineCare coverage.

Adult Coverage - MaineCare's full benefit package is available to individuals who meet eligibility requirements and who fall into the following categories:

- *Parent or Caretaker Relative:* Individual is a guardian, caretaker, or relative of a dependent child or is related by blood or marriage or have adopted the child. The child must also be living with this individual and they must have primary responsibility for the child's care.
- *Adults between age 21 and 64* who are not eligible for Medicare
- *Pregnant Individuals:* Pregnant or had a pregnancy that ended within the last 90 days, MaineCare coverage is provided for 12 months after the pregnancy ends. Pregnant people who are not eligible for federal Medicaid benefits due to their immigration status, are also able to receive coverage under the federal Children's Health Insurance Program.

- *Former Foster Care Children*: Individuals under 26 years old who were in foster care in the State of Maine and were enrolled in Medicaid through the State of Maine at age 18, and are not otherwise eligible for, or enrolled in, other Medicaid coverage.

Older Adults and Adults with Disabilities Coverage - Individuals over the age of 65, who are blind or have another disability:

- *Home and Community-Based Waiver Recipients*: An individual in an eligibility category and who meets the medical and financial requirements of a Home and Community-Based Waiver program may qualify to receive services through one of the Home and Community Based Services (HCBS) waiver programs. Visit the Office of Aging and Disability Services webpage or the MaineCare Member Handbook for more detail about waivers.
- *Deductibles for the Medically Needy*: Individuals who qualify for MaineCare but are over the income or asset limits will have a deductible, which is a specific dollar amount that is based on a person's income. To meet the deductible, qualifying medical bills must add up to that dollar amount and then the individual may receive full MaineCare coverage for the rest of the deductible period. MaineCare will cover qualifying medical services for whatever is left once the deductible is met. Individuals are responsible for the medical bills they received before they met their deductible. When the deductible period ends, MaineCare coverage will end and the individual must reapply for a new deductible.
- *Medicare Savings Programs ("Buy-In")*: If an individual has Medicare, they may qualify for a Medicare Savings Plan. Depending on income, MaineCare may pay for Part A premiums, Part B premiums, Medicare deductibles, coinsurance, and copayments. This benefit is not full MaineCare coverage so interested individuals should check with MaineCare Member Services to see if the service is covered by MaineCare.
 - o Qualified Medicare Beneficiary (QMB)
 - o Specified Low-Income Medicare Beneficiary (SLMB)
 - o Qualifying Individual (QI)
 - o Qualified Disabled and Working Individuals (QDWI)
- *Long-Term Care Coverage*: Individuals who live in a nursing home or apartment or small adult family care home and who receive assisted living services may be eligible for long term care coverage.

Limited Benefits - MaineCare offers additional benefits to help Mainers cover the cost of drugs, private health insurance premiums, and more:

- *Pharmacy*: Individuals with full MaineCare coverage can get prescription drugs paid for with the pharmacy benefit. They may need to pay for part of the cost of your prescription drug.
- *Discount Drug Programs*
 - o *Drugs for the Elderly and Disabled (DEL)* - This discount drug program is for individuals who are age 62 and older or have a disability and are over the income level for MaineCare. Individuals may get up to 80% off the cost of the prescription drugs and may also have to pay a \$2.00 copayment.
 - o *Maine Rx Plus* Individuals who are over the income level for MaineCare may get a discount on some prescription drugs. If eligible, they may save up to 60% on generic drugs and 15% on name brands.
- *Private Health Insurance Premium (PHIP)*: The PHIP program can pay the share of the cost for private health insurance.
- *Special Benefit Waiver (HIV Waiver)*: The Special Benefit Waiver is a limited MaineCare benefit for individuals living with HIV or AIDS who do not qualify for full MaineCare benefits

due to income. If eligible, members may be charged copayments, and/or a monthly premium based on their income.

- *Pregnant Women Who Are Presumptively Eligible*: Pregnant woman can have prenatal care for up to 60 days, beginning the date her health care provider finds her eligible. To get care for the rest of the pregnancy, the woman must apply for MaineCare and be found eligible by the DHHS eligibility office before the 60 days pass.
- *Limited Family Planning Benefit*: This benefit covers services for members wishing to prevent or delay pregnancy or regulate the number of children and timing of pregnancies. Pregnant individuals do not qualify for this benefit.
- *Emergency Services (“Emergency MaineCare”)*: This limited benefit package is for people who: are not citizens and have no documents from Homeland Security. The only covered service is emergency medical services to stabilize the emergency condition. Any further treatment after the emergency is stabilized, is not covered. Labor and delivery is also covered.
- *Coverage during Incarceration*: Per federal law, only inpatient services are covered by MaineCare for inmates involuntarily confined in a public institution, state or federal prison, jail, detention facility, or penal facility. This benefit only covers inpatient services in hospitals, intermediate care facilities, nursing facilities, and juvenile psychiatric facilities.

Non-Emergency Transportation - MaineCare covers Non-Emergency Transportation (NET) for eligible members. Individuals may get a ride to their MaineCare-covered appointment or have a ride reimbursed by MaineCare. MaineCare works with transportation brokers to schedule rides for members. Information about NET brokers is [available here](#).

MaineCare Advisory Committee (MAC) - The MAC is a federally mandated advisory committee comprised of MaineCare members and their representatives, clinicians, provider associations, advocates, and others who provide feedback to the Department on the development and implementation of MaineCare policies and programs and how these programs impact MaineCare members and their ability to access quality services.

Riverview Psychiatric Center

Opened in Augusta in 2004, Riverview Psychiatric Center (RPC) is a modern, state-of-the-art hospital that promotes a trauma-informed, recovery-focused treatment model to support individuals with a wide spectrum of persistent mental health issues and substance use disorders. In collaboration with the community, RPC is a center for best practice, treatment, education and research.

Metrics

Number of beds: 92

Inpatient treatment units: 4

Licensing and Certification:

- Maine DHHS
- Center for Medicare and Medicaid Services
- The Joint Commission

RPC operates under Maine law, Joint Commission, and Center Medicare and Medicaid Services (CMS) certifications to provide care and treatment for both voluntary and court-committed patients. In addition to inpatient care, RPC maintains an outpatient community-based mental health clinic that serves individuals under the care and custody of the Commissioner of DHHS who have been found Not Criminally Responsible (NCR) and have been granted modified release status by the court

to live in the community with intensive monitoring and treatment.

The hospital is regarded as a model for other psychiatric hospitals in successful reduction of seclusion and restraint measures, maintaining healthy tobacco-free initiatives, and for its active group treatment program known as the "Treatment Mall." As part of its commitment to reducing the use of seclusion and restraints, RPC emphasizes proactive and innovative interventions and approaches that include identifying early stages of agitation, therapeutic relationships, and utilizing verbal de-escalation tools.

Riverview provides high-quality, compassionate, effective care that recognizes the individual wants and needs of those served. Its staff provide trauma-informed, recovery-focused care using evidence-based treatment interventions such as cognitive behavioral therapy, metacognitive therapy, Illness Management and Recovery, Mindfulness Based Stress Reduction, and psychoeducation. The focus on therapeutic relationships and alliance as the primary tool to support and assist the patient is maintained through a tangible, patient-centered service delivery model. Fidelity to goals of coercive-free interventions while maximizing safety is strictly maintained. Patient comfort, self-determination, and recovery are themes consistently expressed.

Riverview is a vital resource for education and expertise and is easily accessible to community providers. RPC values integration of multiple service views and works with community partners to achieve continuous care for patients.



**Acting Superintendent
Stephanie George-Roy, LCSW**

Stephanie's professional career began in Boston working for Vinfen Corporation, a community mental health provider, in various positions including Director of a Young Adult Supported Apartment Treatment Program and three residential community living programs. After returning to Maine in 2000, she began working at Independence Association in Brunswick as the Director of Residential and Children's Services. In 2006, Stephanie joined Riverview Psychiatric Center as the Director of the Social Work Department and in 2019 began the position of Deputy Superintendent. Stephanie received her Bachelor of Arts in Rehabilitative Psychology and Studio Fine Arts from Emmanuel College and her Master of Social Work degree from Simmons College Graduate School of Social Work, both located in Boston, Massachusetts.

Dorothea Dix Psychiatric Center

Dorothea Dix Psychiatric Center (DDPC) has served the people of Maine since 1901. Formerly known as Bangor Mental Health Institute, DDPC is a 67-bed psychiatric hospital that provides services for people with severe and persistent mental illness. Like RPC, DDPC operates under Maine law to provide care and treatment for voluntary, involuntary and court-committed inpatients, as well as outpatients. DDPC is part of a comprehensive mental health system of services in Maine, which includes community mental health centers, private psychiatric, and community hospitals and private providers.

Metrics

Number of beds: 67

Inpatient treatment units: 4

Licensing and Certification:

- Maine DHHS
- Center for Medicare and Medicaid Services
- The Joint Commission

Geropsychiatry Unit - DDPC has a 16-bed inpatient unit adjacent to the main hospital building that provides psychiatric services for older adults. This unit is designed specifically for the care of older patients with a primary diagnosis of severe, persistent mental illness. All patients have private rooms, and the décor and furnishings are designed to support older individuals who may have vision challenges or

neurocognitive deficits. Older patients often have underlying medical conditions and may be on multiple medications that can cause or complicate mental illnesses. DDPC staff receive training specifically developed for this population. Referrals are sent to the main hospital and evaluated to determine if the patient meets criteria for admission. Each patient receives active treatment from a multidisciplinary team that includes psychiatry, psychology, family medicine practitioners, nursing, therapeutic services, occupational and recreational therapy and social workers. This unit opened in early January 2021.

DDPC Outpatient Services (OPS)

The Outpatient Clinic is a specialized clinic which serves two specific functions: 1) to provide monitoring by a multi-disciplinary treatment team to individuals committed to the custody of the Commissioner of Health and Human Services via M.R.S.A Title 15 §103 as Not Criminally Responsible by reason of Insanity (NCR), and 2) to provide intensive outpatient services to patients whose needs exceed the available resources in the community. The services provided include psychiatric care and medication management, nursing assessment and coordination, community integration and case management, and individual and dual-diagnosis therapy. All service providers work in concert and have a unified individualized treatment plan. Team members help identify, obtain, and coordinate with community providers such as primary care, vocational services, and substance abuse treatment. For NCR individuals served, the team will also coordinate with State Forensic Services and the Maine Judicial Branch as necessary to fulfill its statutory



**Superintendent Carolyn Dimek,
RN, MS**

Carolyn Dimek RN, MS is the Superintendent of Dorothea Dix Psychiatric Center. Her career has spanned diverse nursing positions including Long Term Care/Skilled Nursing Facilities, Acute Psychiatric Care, Recruitment and Retention, Risk Management, Infection Control/Employee Health, Assistant Director of Nursing, CNA Instructor, and Clinical Nursing Instructor at the University of Maine Orono.

Carolyn received her Bachelor of Science in nursing from St Francis Xavier University, Antigonish, NS, Canada and her Masters in Community Administration and Wellness Promotion from the California College for Health Science.

obligations. Criteria for Admission are: Individuals 18 years old or emancipated minors within the catchment area of DDPC that 1) have a major illness or condition that affects the individual's ability to remain safe in the community, 2) have documented failures of existing community resources to prevent hospitalization and/or ensure reasonable safety in the community, and 3) do not have access to sufficient resources that would prevent future hospitalization and/or reasonably ensure safety in the community.

Quick Resources for Constituents

Crisis Numbers and Hotlines

Maine Statewide Crisis Hotline: 988 or 1-888-568-1112 (Voice) or 711 (Maine Relay)
Operated by Sweetser, available 24/7

Intentional Peer Support Warmline: 1-866-771-WARM (9276) or 711 (Maine Relay)
Mental health peer-to-peer support line, available 24/7

Child Protective Services: 1-800-452-1999 (Voice) or 711 (Maine Relay)

Adult Protective Services: 1-800-624-8404 (Voice) or 711 (Maine Relay)

Adult Intellectual and Developmental Disabilities and Autism Crisis Prevention and Intervention Services: 1-888-568-1112 and note the need for IDD services.

Domestic Violence Helpline: 1-866-834-HELP (4357)

Sexual Assault Helpline: 1-800-871-7741 (Voice) or 711 (Maine Relay)

Poison Control Center: 1-800-222-1222 (Voice) or 711 (Maine Relay)

Additional Resources

OFI Hotline: 1-855-797-4357

- Get answers or apply for MaineCare, SNAP, TANF, or other benefits
- Available M-F, 8am-4:30pm

MaineCare: 1-800-977-6740

- Questions about covered services

WIC Program: 1-800-437-9300

Consumers for Affordable Healthcare

- Consumer Assistance Helpline:
1-800-965-7476

211 Maine

211 Maine is a free, confidential information and referral service that is available 24/7. Specialists can help you navigate several issues including financial assistance, domestic violence, health care, mental health, substance use treatment, heating and utilities assistance, and other services.

- Dial 211
- Text your zip code to 898-211

Substance Use Help

Alcoholics Anonymous (AA)
1-800-737-6237

Eyes Open for ME (opioid use help)
1-800-974-0062

Maine Tobacco Helpline
1-800-207-1230

Substance Use Disorder Treatment Locator
www.findtreatment.gov

The OPTIONS Program
www.knowyouroptions.me

