

# MAINE STATE LEGISLATURE

The following document is provided by the  
**LAW AND LEGISLATIVE DIGITAL LIBRARY**  
at the Maine State Law and Legislative Reference Library  
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied  
(searchable text may contain some errors and/or omissions)

STATE LIBRARY  
AUGUSTA, MAINE

FINAL REPORT

TO

JOHN R. MCKERNAN, JR.

MCKERNAN TASK FORCE ON CHILDREN, YOUTH AND FAMILIES

HV  
742  
.M2  
M35  
1984  
c.2

DECEMBER 14, 1984

MAR 10 1985

INTRODUCTION

Since 1982, some \$9 billion have been cut from preventive children's and family support programs. The administration proposed an additional \$3 billion worth of cuts for fiscal year 1985. However, the Deficit Reduction Act of 1984, passed by Congress in June and signed by the President in July, restored billions of dollars for many children's programs. While this Act is a hopeful sign for the future, the money will, by no means, compensate for the last four years of budget cuts. One source has summarized the national situation as follows:

American children today are significantly poorer, more likely to suffer death and sickness, hunger and cold, abuse and neglect and inadequate child care. They are less likely to be born with adequate prenatal care, to be immunized, have access to preventive health and dental care, and to receive supplemental education services than when President Reagan took office.<sup>1</sup>

Programs designed to meet the basic needs of children, youth and families and to prevent more costly intervention services at a later date are often the first to be reduced or eliminated. This approach, while saving money in the short run, ignores the long-term, high cost in human suffering, lives and dollars. Maine's own study of "Childhood Deaths in Maine" shows that low-income children die at a rate 3.1 times greater than non-low-income children.

Maine has attempted to respond to these budget cuts by providing more of its money to make up the difference. This effort forces Maine to spend its scarce resources just to try to maintain current level of

---

<sup>1</sup>Children's Defense Budget. Children's Defense Fund. 1984. (p.21)

services rather than expanding and increasing services which are desperately needed by many Maine citizens. In the last three years, Maine has lost \$232 million in federal funds.<sup>2</sup> As one of the poorest states in the country, Maine cannot compensate for that enormous loss on its own and, without federal assistance, will be forced to reduce programs or deny benefits to those who need them.

Three areas identified by the Task Force as being of greatest concern to Maine's children, youth and families are poverty, unemployment and health. Each of these three areas is briefly discussed in the following pages.

The Task Force recommends that serious consideration be given to the implementation of the recommendations included in this report in order to ensure the health and welfare of Maine's children, youth and families.

---

<sup>2</sup>State of the States. American Federation of State, County and Municipal Employees, AFL-CIO. 1984.

## POVERTY

### NATIONAL TRENDS

By most accounts, the incidence of poverty has increased in the United States during the late seventies and early eighties. After being on a steady decline since the early sixties, the rate of poverty began to rise again in 1979 and, in 1983, reached the level of 35.3 million people, or 15.2 percent of the population. While a national economic recession increased the poverty rate, federal budget cuts also played a major part in pushing more people into poverty. In fact, the most recent studies show that, between 1982 and 1983, the number of people in poverty increased by 900,000 people. This latest increase occurred during a time of economic growth. A report published this summer by the Urban Institute, a non-partisan policy research and education organization, concluded that, during the last four years, the income gap between the poorest American families and the wealthiest has widened. The report said recommended spending restraints on social programs mainly benefitting the poor, coupled with tax-rate cuts helping the well-to-do, "contributed to a substantial increase in income inequality".<sup>3</sup>

According to a May 24, 1984, issue of the Washington Post National Weekly Edition, the Reagan administration, by August 1983, had succeeded in reducing spending in fiscal years 1982-1985 by a total of \$110 billion from what had been projected had some social programs continued unchanged. The reductions in spending were made in key social service programs such as Medicare, Food Stamps, education and Social Security. The article stated that changes in welfare aid took hundreds of thousands of

---

<sup>3</sup>The Reagan Report. The Urban Institute. 1984.

families with children off the rolls entirely and reduced benefits for many others. Many of these families also lost eligibility for Medicaid. A million people became ineligible for food stamps. Several hundred thousand individuals, who would have received unemployment benefits under pre-1981 laws, were made ineligible.

Children and women have become the most likely segments of the population to be poor. The Children's Defense Fund reports one in five children now live in poverty. Among black children, almost one in two is poor. Since 1981, over a million children a year have become poor, and the poverty rate for children is about 50 percent higher than for the population as a whole. Of the newly poor (1982-83), 325,000 of them were under the age of six.

Generally, poor children are members of families headed by women. A recently published report from the U.S. Commission on Civil Rights stated that a disproportionate number of America's poor in the early 1980s are women. The Commission found that, between 1960 and 1981, the number of persons in poor families headed by women rose by 54 percent, while the number of persons in poor families headed by white men dropped by 50 percent.

#### MAINE

In 1980, 140,966, or 13 percent of, Maine residents had incomes below the poverty line, while another 70,000 were just above the official level. Maine children under 18 comprised 49,864 of the 140,996 total, and another 24,436 were just over the poverty line. Of the 35,000 female-headed households in the State, almost one-third are in poverty. These children, youth and families have been directly affected by federal budget cuts.

Due to changes in requirements, fewer Maine residents are now eligible for food stamps and AFDC. There are currently 52,000 households in Maine which receive food stamps; two years ago there were 60,000. There are 16,000 people receiving AFDC, mostly children, a decrease of 5,000 since 1981. Since the changes in eligibility requirements, there has been an increase in the number of people needing emergency food and shelter. This increase is particularly true in Portland where soup kitchens are growing, and the General Assistance budget has doubled.

Maine ranked twelfth out of all the states in per-capita losses in total federal assistance over the past three years. Federal assistance losses amounted to \$232 million over that period. The state's heaviest losses have been in Medicaid, Community Services, Child Welfare Services and Low Income Energy Assistance. For each of these programs, Maine was among the top five states in per-capita losses.

The losses in fuel assistance have resulted in other problems. According to a study released in April by the National Consumer Law Center, the poor of northern New England are more likely to go hungry than other groups in the country because they pay the nation's highest fuel bills but receive some of the lowest levels of welfare and food assistance. The report said residents in Maine, Vermont and New Hampshire pay 64 to 71 percent of their monthly income for utility expenses. By comparison, the equivalent population in California, for instance, pays only 11 percent for utility bills. These expenses leave northern New England's poor with \$21 per week for expenses such as rent and food, compared with \$91 in California.

The President's FY 1985 budget calls for the following allocations:

	FY 1983	Current	(FY'84) Proposed	(FY'85) Change
Community Services Block Grant	383	352	0	-100%
Energy Assistance	1,975	1,875	1,875	0%
Food Stamps	11,147	10,455	9,880	-5.5%
AFDC	6,849	6,558	5,963	-9%
Medicaid	--	23,205	22,138	-4.6%

Community Services Block Grant (CSBG)--The CSBG provides essential funding for Maine's 12 community action agencies (CAA). The CAAs are responsible for coordinating federal and State anti-poverty programs, including Fuel Assistance, Head Start, Weatherization and WIC. Last year, the combined budgets of the 12 CAAs totaled \$51,534,070. The zero budgeting of the CSBG would jeopardize this multimillion-dollar delivery system, increase poverty and severely limit a low-income person's chances of achieving self-sufficiency.

RECOMMENDATION: The CSBG should be funded at 1983 levels.

Energy Assistance--Over the last three years, Maine ranked third nationally in the loss of Energy Assistance funds. As noted earlier, Maine's low-income population must pay high energy bills, leaving almost no income for food and housing.

RECOMMENDATION: Energy Assistance should be funded at 1983 levels, and funds should not be tied to oil overcharge court cases.

Food Stamps--Fewer Maine residents are now eligible for Food Stamps. Consequently, people have become more dependent upon emergency food programs, surplus food distribution and General Assistance. None of these sources ensures an adequate diet.



RECOMMENDATION: Support increases in Food Stamps appropriations to 1983 levels.

AFDC--Continued reductions in AFDC funding will lead to larger General Assistance budgets and an increase in emergency food and shelter situations. Children are the primary recipients of AFDC. The Special Advisory Committee on Childhood Deaths in Maine stated in November that, from 1976 to 1980, children in Maine who were low-income died at a rate 3.1 times greater than children who were not low-income.

RECOMMENDATION: Support the following recommendations made by the Special Advisory Committee under the topic of "Economic Security for Children and Their Families":

- A.1.1 Increase the level of AFDC payments for children through a gradual program of incremental increase, (a) first, in the percent of standard need from 72.5% to 100% and (b) then, by revising the determination of need from the 1975 standard to the current standard of need.
- A.1.2 Widely publicize the report to the Legislature on the AFDC Standard of Need, mandated by 22 M.R.S.A. 3759 to educate the public about the inadequacy of the current AFDC payment system.

Medicaid--the State ranked fifth nationally in the loss of Medicaid funds during the past three years. Continued reduction would place an additional financial burden on low-income residents, who spend most of their money to secure the basic necessities.

RECOMMENDATION: Oppose the proposed federal requirement for recipient cost-sharing.

RECOMMENDATION: Support recommendations of the Special Advisory Committee under the topic of "Availability and Accessibility of Health and Medical Care for Children and their Families":

- B.3.1 Make Medicaid funding for maternity care available to all women who are needy and pregnant.
  - a. Widely publicize the types of services that are reimbursable through Medicaid.
  - b. Expand the medically needy program to include unborn children.
- B.4.1 Devise and implement a program which would make health insurance coverage for children affordable for all families regardless of their employment status.
- B.4.3 Increase the availability of free or low-cost vaccinations for Maine children and youth to prevent communicable disease and handicapping conditions.

## HEALTH

### NATIONAL TRENDS

Health programs have been severely affected by recent budget cuts, making health care available to fewer people. According to the Children's Defense Fund,

almost 9 million American children have no known regular source of health care; 18 million have never seen a dentist. Less than half of all poor preschool children are immunized against diseases we know how to prevent. One in 20 pregnant women and one in 11 non-white women receive late or no pre-natal care, although we know health care during pregnancy significantly reduces the risk of infant death and birth defects. Babies born to women receiving little or no pre-natal care are three times as likely to die in infancy.<sup>4</sup>

Infant mortality is increasing in many states. "The nutritional status of poor children is declining. School Lunch, School Breakfast, Child Care Food and Summer Food programs have been reduced 29% or over \$5 billion over fiscal years 1982 to 1985."<sup>5</sup> Children's Defense Fund reports that "one million recipients have been dropped from the Food Stamp Program", and "twenty million have had their benefits reduced".<sup>6</sup>

---

<sup>4</sup>Children's Defense Budget. Children's Defense Fund. 1984 (p.83)

<sup>5</sup>Ibid. p. 23.

<sup>6</sup>Ibid. p. 25.

Another major concern is the continued high incidence of teenage pregnancy, child bearing and parenting. Over 1.1 million teen pregnancies occur each year, and over 225,000 babies are born to and raised by mothers age 17 or younger.<sup>7</sup> The age of puberty has dropped six months each decade in this century. Television continues to glamorize sexual activity with little or no mention of the potential consequences of such activity. Most teenagers have little understanding of the serious commitment involved in raising a child. It is estimated that 40% of all girls who are currently 13 years old will become pregnant prior to reaching their 20th birthdays. Government funding for services in this area and for research into the means of prevention of teenage pregnancy has not kept pace with this immense problem.

Maine's health services are inadequate. While there are many excellent health care programs and facilities, many of them are inaccessible and unaffordable to many Maine citizens. In too many instances, health care, particularly preventive health care, has become a privilege available to only a portion of the population. The health care system, itself, is fractionated. In an attempt to gather information about nutrition programs available to children, the Task Force discovered that there is no central place where such information can be obtained. It was necessary for the person receiving the letter of inquiry about such programs to send it to five other people in order to provide us with the information requested. The Department of Human Services is responsible for some of the nutrition programs. The Department of Educational and Cultural Services and the Division of Community Services are responsible for others. Various bureaus within these departments administer these

---

<sup>7</sup>"Parade Magazine". June 17, 1984.

programs. None seems to know what the other is doing. It is absolutely imperative that Maine develop a coordinated and integrated approach to health care.

In addition to promoting coordination of the health care systems, it is necessary to develop and promote the coordination of health care to individuals. Each child should have one person, preferably a pediatrician, primarily responsible for his or her care. Such care would assure a consistent approach to each child's health needs.

If Maine is to provide health care to its citizens, it must effectively use the scarce resources it currently has. An integrated, coordinated approach to health care services would help immeasurably in this effort.

Medicaid--Medicaid is the largest federal health program for poor mothers and children. According to the Maine Department of Human Services, federal budgetary decisions have affected Maine's Medicaid program primarily by reducing the percentage of the fiscal contribution provided by the federal government. Maine's federal contribution has been reduced from 69.53% in Fiscal Year 1981 to 67.45% in Fiscal Year 1984.

Fiscal Years 1981-1984  
Federal and State Medicaid Percentage Contributions

	FEDERAL CONTRIBUTION	STATE MATCH
Fiscal Year 1981*	69.53%	30.47%
Fiscal Year 1982	68.51%	31.49%
Fiscal Year 1983	67.80%	32.20%
Fiscal Year 1984	67.45%	32.55%

\* Federal Fiscal year cycle runs Oct. 1 to Sept. 30.

Maine's response to these federal cuts has been to increase its share of Medicaid funding by \$2,926,603 in FY 1982 to \$6,532,691 in FY 1984.

Summary of State Dollars Spent in Maine Medicaid Program  
(Fiscal Years (FY) 1981-1984\*)

	Total (Federal and State) Medicaid Funding	Actual State Medicaid Funds Expended	State Medicaid Funding If Federal Policy Had Not Changed	Amount of Reduction in State Medicaid Funds Expended If Federal Policy Had Not Changed
FY 1981	\$164,143,894	\$ 50,114,645	Policy Change Not Implemented	\$ 0
FY 1982	184,063,036	57,492,090	\$ 54,565,487	2,926,603
FY 1983	202,143,514	64,731,406	59,369,550	5,361,856
FY 1984	211,243,042	68,574,772	62,042,081	6,532,691

\*State Fiscal Year cycle runs from July 1 to June 30.

Existing services for Maine's Medicaid-eligible population have been maintained, and some new services, such as pre-natal care for Medicaid-eligible expectant mothers, have recently been initiated. However, continued reductions at the federal level will negatively impact on Maine's ability to provide Medicaid services to those in need of them.

Medicaid funds will be most efficiently used by purchasing existing services, rather than by establishing new delivery systems. However, the funding for such services must reflect the actual cost of those services. Medicaid fee payments have not increased since 1977. In pediatrics, allowable Medicaid fees for office visits just barely cover overhead costs. In obstetrics, the fee for prenatal care and delivery (\$268) is so low that York County obstetricians are refusing new Medicaid patients. In effect, physicians who are continuing to see Medicaid patients are subsidizing the system without acknowledgement. Finally, the dichotomy between cognitive

and procedural care persists, with procedures being generously reimbursed and cognitive, preventive care being squeezed. This dichotomy is a disincentive to the provision of thoughtful care and a stimulus to the provision of expensive diagnostic and therapeutic procedures.

RECOMMENDATION: Oppose any further cuts in the Medicaid program.

RECOMMENDATION: Support increased funding for Medicaid to at least the pre-1981 budget levels.

Adolescent Pregnancy and Parenting--There were 2,117 live births to mothers under the age of 20 in Maine last year, of which 648 were to mothers age 17 and younger. Unwed mothers comprised 442 of this latter group.\* Fewer than 10% of these unwed young mothers chose to place their children up for adoption.

Governmental intervention must be directed to decrease the incidence of teen pregnancy. Family planning services must be made readily available to teenagers, and young people need to feel assured that confidentiality will be protected if they seek those services. During the past three years, in after-inflation dollars, the amount of money made available to family planning programs in the State of Maine by the federal government has decreased somewhat. Furthermore, the efforts of the Department of Health and Human Services to require local family planning offices to notify parents if their child sought family planning services, efforts which ultimately were quashed by federal courts, tended to have a chilling effect on the use of family planning clinics by teenagers.

RECOMMENDATION: Reauthorize the Title X Family Planning Services Program on a multi-year basis, and support increased funding to restore local grants to at least the pre-1980 budget levels.

---

\* Maine Department of Human Services, Division of Data and Research.

RECOMMENDATION: Move the Office of Family Planning out of the Office of Population Affairs, which is headed by a political appointee, and return it to the non-partisan Bureau of Community Health Services.

The government should promote effective community education programs on the subjects of sexuality and sexual behavior for young people and families. There is now adequate evidence that sex education programs administered in schools, when combined with easily available family planning services, postpones the age at which first sexual intercourse takes place, decreases the extent of sexual activity among teenagers and decreases the incidence of pregnancy among those young people who engage in sexual intercourse.<sup>8</sup> Moreover, other studies demonstrate that teenagers from homes where sexual matters are openly discussed by the family tend to postpone serious sexual conduct, thereby postponing teenage pregnancy.<sup>9</sup> Family planning agencies funded by Title X are mandated to provide community education services, both to teenagers and to their families, and agencies in this state have undertaken community education programs aimed at creating "askable parents". However, family planning agencies are not provided extra funds designated for these efforts, which means that any such program development must take place at the expense of the regular family planning program.

Pregnant teens should have services available to assist them in determining whether to have an abortion, to place the child up for adoption or to try to raise the child. The difficulties inherent in each option should be thoroughly explained. Additional federal money, specifically designated for community education activities, should be included in Title X programs.

---

<sup>8</sup>Report of Center for Population Options, 1984. Burt, Martha and Sonenstein, Freya. "Exploring Possible Demonstration Projects Aimed at Affecting the Welfare Dependency of Families Initially Created by a Birth to a Teenager." The Urban Institute, July, 1984.

<sup>9</sup>Ibid.

The second major response to the problem of adolescent pregnancy and parenting must be to provide a broad array of social services to those who become parents at an early age. Such services are designed to prevent developmental disabilities or other child-health problems, decrease the incidence of high school dropout, break the cycle which leads to welfare dependency and, ultimately, prevent child neglect or child abuse. Maine's Family Services Program reaches out to a large number of the young mothers who apply for welfare, but it cannot serve all those in need. Furthermore, that program is totally funded with state dollars. A small group of programs is funded by the Bureau of Health through the Statewide Service Providers Coalition on Adolescent Pregnancy, using the Maternal and Child Health Block Grant funds. All these programs suffer from an extreme shortage of money. Moreover, many more programs of this type are badly needed.

Some programs in other states are funded directly by the federal Office of Adolescent Pregnancy Programs. However, most of these federal funds are granted only to programs that promote abstinence from sexual activity. Not enough funds are made available to meet the needs of those very young parents who are raising children.

RECOMMENDATION: Support an increase in the Maternal and Child Health Block Grant, with states encouraged to earmark a portion of those funds to meet the needs of parenting teenagers.

RECOMMENDATION: Support increased funding for teenage parent support programs, to be administered by the Office of Adolescent Pregnancy Program.

Drug and Alcohol Abuse--A Federal Block Grant, which consolidated a number of categorical grant programs for alcohol, drug abuse and mental health services, was created in 1981. The grant was decreased 18% in 1981



and then increased 2% - 3% from 1982-1984. Maine created a premium on sales of alcohol to compensate for the loss of federal revenue. Currently, this premium covers all losses (\$1 - \$1½ million) resulting from the 1981 decrease.

In addition, alcohol and drug abuse education and prevention is financed by the Department of Educational and Cultural Services, with \$300,000 in funds from the Department of Highway Safety. This amount of money has remained constant for about ten years.

The State Legislature recently passed legislation directing the Department of Human Services to apply for a Medicaid waiver which would cover substance abuse services for low-income people.

RECOMMENDATION: The Federal Block Grant should be continued with no further reduction in the amount of money allocated to states.

RECOMMENDATION: The Department of Health and Human Services should approve Medicaid waivers for substance abuse services.

Nutrition Services--Nutrition education and services are provided by a variety of state agencies. Nutrition education is available through the WIC Program to pregnant and breast-feeding mothers, as well as to children under five. Some schools offer nutrition education, but many offer none.

The Bureau of Income Maintenance of the Department of Human Services (DHS) administers the Food Stamp Program, which currently serves about 50,000 Maine families a month. The Child Care Food Program is administered by the Bureau of Social Services within DHS. The School Lunch Program is administered by the Division of Community Services within the Governor's Office. None of the people involved in these programs appears to have any information about any of the other programs.

The Special Supplemental Food Program for Women, Infants and Children (WIC) is administered by the Bureau of Health within DHS. In June of 1984, 17,466 women, infants and children were served by the WIC Program. It costs \$35 a month to provide a complete nutritional program to an infant under the WIC Program, and \$1400 a week to hospitalize an infant for malnutrition.

RECOMMENDATION: Nutrition education programs should be expanded, and schools should be encouraged to provide nutrition information to students.

RECOMMENDATION: Funding for food programs should be restored to the pre-1981 level.

RECOMMENDATION: Nutrition programs should be coordinated at the State and national levels to ensure that there is no duplication of service and that all citizens receive the food necessary to maintain their basic health.

Mental Health Services--Since federal community mental health funds were combined with alcohol and drug abuse funds in the Alcohol, Drug Abuse and Mental Health (ADAMH) Block Grant, Maine has lost about \$200,000 a year for community mental health services. Community mental health services are also funded through the Social Services Block Grant and Medicaid. Cuts in those two programs, therefore, also affect mental health services. The AFDC program is also of concern to community mental health providers in that, in FY 1983, 47.8% of Maine's Community Mental Health Center clients had family incomes below \$5000, and 72.5% of those clients had family incomes below \$10,000.

The State cannot replace all the lost federal funds with State funds. In recent years, there have been reductions and/or elimination of specialized

mental health outpatient services for the elderly, of specialized children's out-patient services and emergency services. The development of community residential programs for the mentally ill has come to a standstill since HUD eliminated a set-aside for the mentally ill in 1981.

According to information gathered in late June by the Maine Council of Community Mental Health Services, community mental health centers have long waiting lists for clients with serious problems, such as sexual and physical abuse, which require immediate attention. One agency had 238 people on its waiting list, with a four-six week waiting period. Another agency had 40 children waiting three weeks to be seen. A third had a six-week wait by 50-60 people, and a fourth had 94 people waiting for up to eight weeks. Seven of the eight community mental health centers report these kinds of backlogs.

RECOMMENDATION: Oppose any further reduction in the ADAMH Block Grant and ensure that states continue to receive their current allocations.

RECOMMENDATION: Restore funding for community mental health services to the pre-1981 level.

RECOMMENDATION: Ensure that mental health services provided through Social Services Block Grant and Medicaid are not reduced any further.

#### UNEMPLOYMENT

#### NATIONAL TRENDS

In 1982 the nation's unemployment level reached an all-time high of 23.4 million people, or almost one in every 20 Americans. By March 1983 there were 7 million children with at least one unemployed parent. One million of them had family incomes under \$5,000 in 1982; another 1.3 million had family incomes between \$5,000 and \$10,000.

Half of all families experiencing unemployment receive no federal assistance; 82.8% receive no food stamps; 60% receive no unemployment insurance. By the end of 1982, 10.7 million people, including spouses and children, were without health insurance because a primary wage earner had lost a job.<sup>10</sup>

Families are losing their homes, "running out of food before the end of the month, living in unheated houses and going without health care, child care and warm clothing".<sup>11</sup> In addition to all the above, unemployment places great stress on families and often contributes to family disunity, substance abuse, family violence and lowered self-esteem. Such family dysfunction increases the need for mental health services, which are unable to meet the increased demand. In order to prevent such problems, the goal should be full employment.

One of every six white youth is unemployed, and one of every two black youth is unemployed. The unemployment rate and the lack of work opportunities act as disincentives for youth to acquire the education and skills which could lead to employment.

While the unemployment rate has dropped since 1982, the effects of the record high unemployment rate continue. Although the rate of unemployment is decreasing, there are still substantial numbers of "discouraged workers" who have stopped looking for work and underemployed workers who are working less than full time. Regardless of the rate of unemployment, the presence of unemployment is detrimental to the affected children and their families. Although current unemployment trends are favorable, economic and technological factors in the future will predictably create problems in adapting the work force to available work.

#### MAINE

These effects are mirrored here in Maine. Because Maine is a

---

<sup>10</sup>Children's Defense Budget. Children's Defense Fund. 1984. p. 178.  
<sup>11</sup>Ibid.

rural state, opportunities have always been limited. Increased unemployment exacerbates the situation.

AFDC Employment and Training--AFDC recipients are generally excluded from JTPA training because of substantial barriers to employability, including lack of child care and transportation.

RECOMMENDATION: Support efforts to provide funds for this program.

Job Training Partnership Act--In 1982, Congress, at the administration's request, repealed the Comprehensive Employment and Training Act (CETA) and enacted the Job Training Partnership Act (JTPA). The program is designed to provide employment and training programs for low-income teenagers and adults. The JTPA prohibits using funds to create public service jobs and limits stipends and other supportive services, such as child care.

The most disadvantaged citizens are unable to participate in JTPA training programs for the following reasons:

1. Many citizens need substantial remedial work before they can participate in the JTPA. In Cumberland County, most General Assistance recipients have a literacy level of fourth grade. The training program administering JTPA funds provides remedial education only for those reading at a sixth grade level.
2. No monies or stipends are available for support to keep people in training long enough to achieve the status of "employable". Therefore, the most disadvantaged citizens tend not to be selected for the few training slots available.

The most serious concern is that JTPA funding levels will be tied to national unemployment rates. Maine's unemployment rate exceeds the national rate. Last year, Maine's rate of unemployment was nine percent, with Waldo and Aroostook Counties exceeding twenty percent during some months. If the six percent acceptable level of unemployment target of this

administration is achieved, federal employment and training intervention may cease, leaving many areas in Maine in a condition of serious economic deprivation.

Since economic development at the local level is so complex and slow, employment opportunities resulting from such development arise, if at all, only after considerable lag time. In addition, much of today's economic development results in a need for highly skilled and/or technical workers. The most disadvantaged will generally be unsuccessful in obtaining such jobs.

RECOMMENDATION: Since JTPA limits participants by literacy level, programs should be established to provide the skills and training necessary to participate in JTPA.

RECOMMENDATION: For FY 1983, JTPA was funded at a little more than half of CETA's fiscal year 1981 funding level. JTPA should be funded at least at the same level CETA was in 1981.

RECOMMENDATION: Remedial education should be provided, regardless of the literacy level, and should include attitudinal, social and work skills.

RECOMMENDATION: Stipends and support services should be available to enable those who most require training to participate in the JTPA.

RECOMMENDATION: Training programs should not be tied to the national unemployment rate. Training should be ongoing for youth and other disadvantaged populations and should be anticipatory of needs.

RECOMMENDATION: The federal government should address the inequitable distribution of employment opportunities and should look carefully at JTPA's inability to address employment and training needs of Maine's (and those of other states) most seriously economically disadvantaged citizens.

RECOMMENDATION: Training programs should be coordinated with economic development programs.

RECOMMENDATION: Public Service jobs should be considered as an instrument for moderating the effects of oscillations in unemployment rates.

TASK FORCE ON CHILDREN, YOUTH & FAMILIES

CONGRESSMAN JOHN R. MCKERNAN, JR.

A. L. Carlisle, Chairman  
Housewife/Volunteer  
21 Maple Lane  
Cape Elizabeth 04107 (799-7927)

Cushman Anthony, Attorney  
Community Counseling Center  
Portland 04101

Michael Brennan  
Plng. Dir. of Gov. Ops.  
United Way, Inc.  
Portland 04101

Laurie Chalmers  
Housewife/Volunteer  
Bridgton 04009

David Faulkner, Consultant  
Day One  
Portland 04103

Barbara Grover  
Housewife/Volunteer  
Boothbay Harbor 04538

Terry Ann Lunt, Dir.  
Health & Human Services  
Portland City Hall  
Portland 04101

Lyman Page, M.D.  
Kennebunk 04043

Frank Amoroso, Chief  
Portland Police Dept.  
Portland 04101

Patricia Anderson, Staff Consult.  
Adolescent Pregnancy Coalition  
Kennebec Child Abuse Council  
Palermo 04354

Steve Andrew, Dir.  
Day One  
Portland 04103

Ellyn Anthony, Student  
S. Ptld. 04016

Mary Herman, Lobbyist  
Cohen Associates  
Augusta 04330

Jeanne McGowan, Dir.  
Family Plng. Assoc. of Me.  
Augusta 04330

Andrea Lamb, Prog. Supervisor  
Little Brothers Assoc.  
Portland 04101

Libby Rust, Exec. Dir.  
Seacoast United Way  
Portsmouth, N.H. 03801

Peter Stuckey, Dir.  
East End Children's Workshop  
Portland 04112

Dr. Bruce Thurlow, Supt.  
Cape Elizabeth School Dept.  
Cape Elizabeth 04107

Mary Webster  
Housewife/Gov. Consultant  
Cape Elizabeth 04107

Staff Person:  
Carolyn Murray  
Portland District Office  
(780-3381)