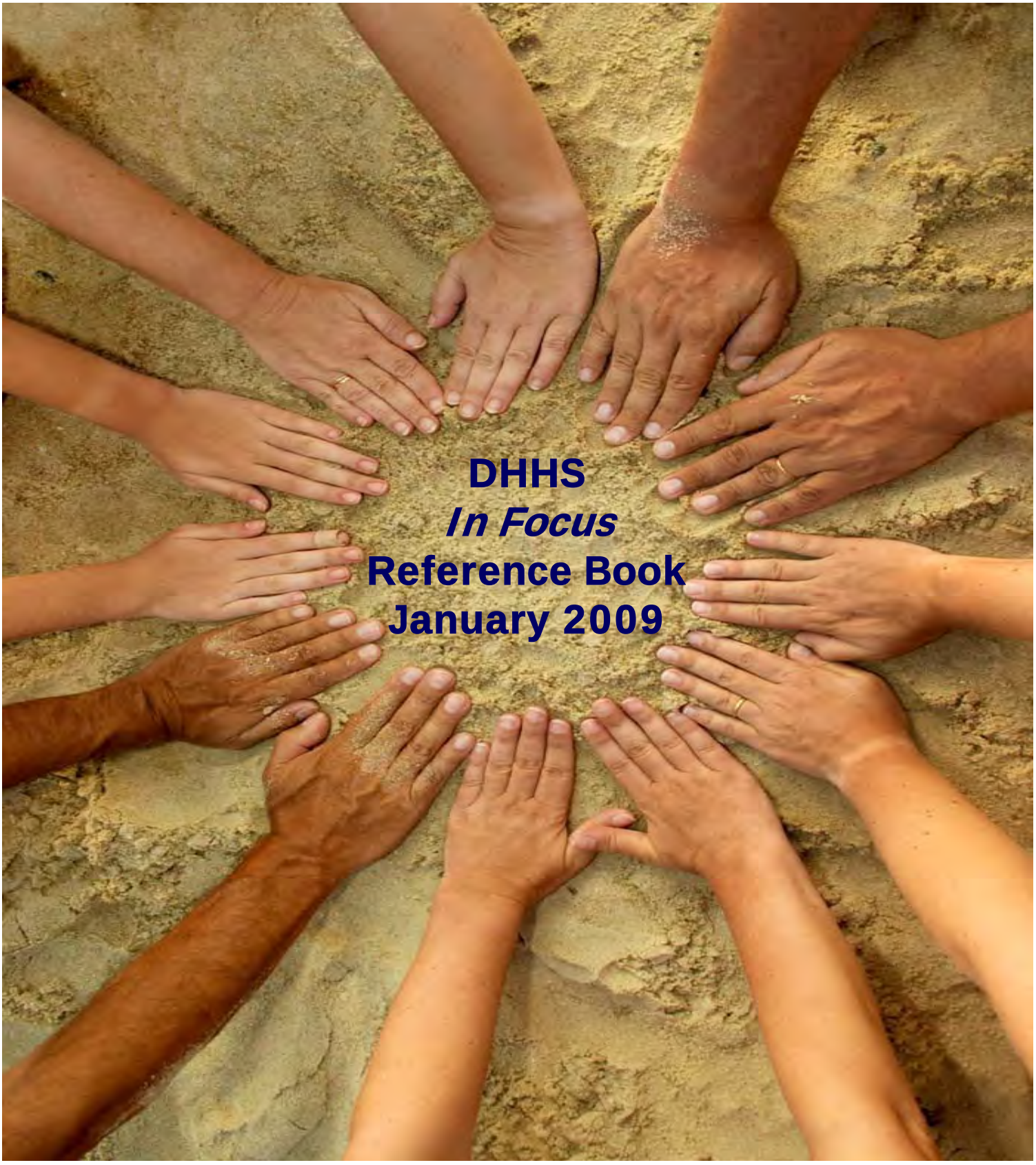

DHHS
In Focus
Reference Book
January 2009

Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

A Message From The Commissioner


Brenda M. Harvey

It gives me great pleasure to present you with the 2009 DHHS Reference Guide. This book has been designed to serve as a resource to help answer important questions about DHHS programs and services.

You'll find details on what DHHS does, who we serve and what we spend on programs and services. Information on how Maine fares when compared with other states in New England and in the nation is also included.

One important chapter is titled *Quality by the Numbers*. In it, we list the data we will be monitoring to help paint an overall picture of the success of our work. We are focusing on four areas: Access, Quality, Public Health and Safety.

This is a challenging time at DHHS. It is exciting because the health and human services system is evolving and our focus is one of streamlined state government that utilizes best practices. We will be measuring results and working to provide the right service at the right time and the right cost. A slumping national economy intensifies the urgency of our work. But from my perspective, with challenge comes opportunity.

I hope that you find this guide useful and encourage you to visit www.maine.gov/dhhs for more detailed information about our programs and services. Our staff remains committed to the vision of *Maine People Living Safe, Healthy, and Productive Lives*.

Brenda Harvey

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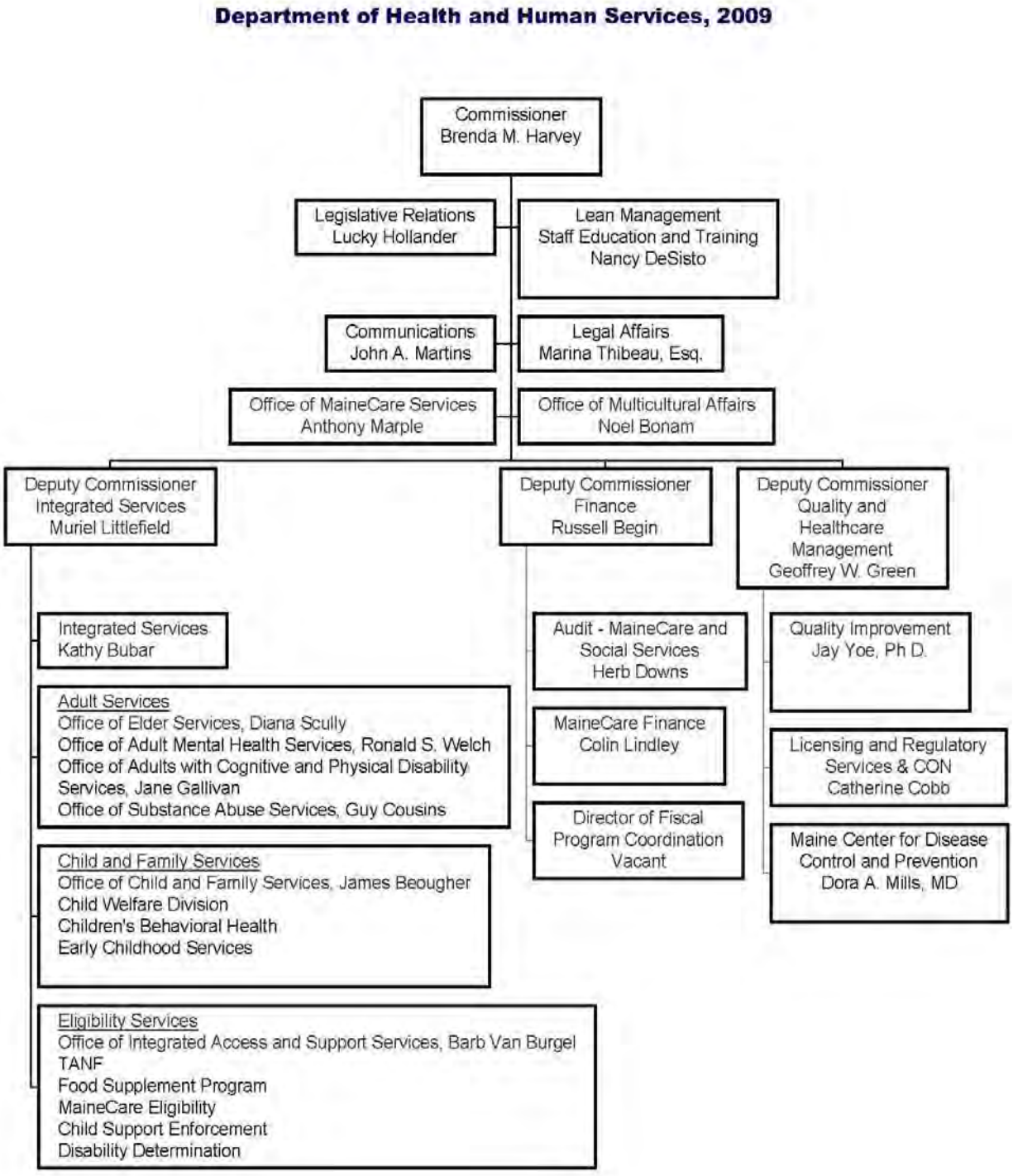
Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

John E. Baldacci, Governor Brenda M. Harvey, Commissioner

DHHS Organizational Structure 2009



Chapter 1 - Key Strategies

The Department of Health and Human Services' vision statement is "**Maine People Living Safe, Healthy, and Productive Lives**". It is this vision that guides our strategic direction. During the past few years, strategic initiatives have been moving forward despite the challenges that are posed by reduced funding. We continue to move toward a more streamlined operation that will enhance services and contain costs.

This chapter offers a very brief snapshot of the key strategic principles that support the work and the Department's vision.

In This Chapter:

DHHS Strategic Planning

The State of Maine and the United States are currently experiencing significant economic disruptions and how long and how deep this disruption will be is not predictable. What is predictable is that we will have more need than we can meet with current resources and service system delivery.

Governor John Baldacci's first inaugural proposal was to create a new agency by combining the resources of two Departments - Human Services and Behavioral and Developmental Services. As a result, the Department of Health and Human Services was born. Governor Baldacci's guiding direction was to create a system where access to services is easier, care is coordinated and costs are contained. DHHS is Maine's safety net for warmth, health access, and food and economic security during difficult, as well as prosperous, times.

The past four years have been a time of dynamic reshaping of Maine's human service delivery system to meet the Governor's vision while resources decline. This complex process will take years, requiring continuous attention to the interconnectedness of many diverse interests while simultaneously holding our vision of Maine people living safe, healthy and productive lives.

DHHS' supporting infrastructure needs to be easily accessible, well integrated and use best practices if we are to achieve the goal of a service system reflecting those same values. The current focus is on: expecting that individual programs deliver service outcomes; making decisions based on outcome data; energizing the workforce; engaging them in making the changes necessary to deliver the right service at the right time at the right cost; realigning our organizational resources to consolidate administration; directing diverse resources to focus specifically on priority initiatives; and heightening fiscal, program and regulatory accountability and alignment.

The current economic constraints put enormous stress on our resources and our ability to preserve Maine's safety net. Our 21st century challenge is to move beyond building "siloed" service systems. The 123rd Legislature gave the Department flexibility and support as a first step toward greater streamlining of services.

We will be working with clients, their families, providers and service partners and the Legislature to continue redesigning our system, focusing on the health and social service needs of Maine people.

Ongoing strategic improvements include:

- √ Achieving budget initiative savings from Ch. 240 and Ch. 539: $54 million in FY '08 and $68.4 million in FY '09;
- √ Realigning DHHS organizational resources to consolidate administration at all levels;
- √ Implementing fiscal, program and regulatory alignment;
- √ Implementing initiatives that reflect a safe, efficient and effective culture.
- √ Recruiting, developing and retaining employees who are committed to ongoing education, knowledge development and DHHS values.
- √ Designing and implementing multiple communication pathways.
- √ Using data to adjust health and social service systems for improved health and quality of life;
- √ Developing a comprehensive, collaborative, interagency-wide system capable of responding to increasing needs for early identification, assessment and treatment and long term support for persons with pervasive developmental disabilities, within available resources.

DHHS strategies revolve around its clients and are based on four key components.

DHHS supporting infrastructure is easily accessible, well-integrated, and uses best practices.

Caring, responsive, and well-managed staff work in a safe, efficient, and effective culture.

Health and Human Services systems are easily accessible, well integrated and use best practices.

DHHS is a caring, responsive, and well-managed organization that communicates effectively.

Going Lean Improves Business Practice

The State of Maine has developed and trained public sector internal consultants who lead an analysis of business processes using Lean intervention tools. These internal consultants are positioned and used throughout the Department of Health and Human Services and across state government. The goal is to reduce waste, add value and reduce delivery times of particular products and services, improve customer service and lower costs.

The concept of Lean Process Improvement is a proven business strategy developed by Henry Ford and refined and expanded by Toyota. It relentlessly focuses on reducing waste in business processes.

While developed in the manufacturing world, Lean is now being adopted in healthcare, the service industry and government. Lean works in government and can be enthusiastically embraced by employees. It offers a unique and innovative opportunity to transform government, particularly as economic and financial systems continue to strain budgets.

Recent successes include:

* Establishing a Core Team of employees skilled in Lean methods and principles, group dynamics, self development and organizational change strategies;

* Completing more than 25 Lean interventions involving more than 300 employees. These took place in diverse areas, including:

  Day Care Program ($700,000 saved);
  Vital Statistics (Lead time reduced from 90 days to 5 days);
  Utilization Review (50 percent reduction in lead time;
  Microbiology lab (37 percent reduction in processing steps).

* The State's Health, Environmental and Testing Laboratory (HETL) Senior Management team applied Lean principles in all their respective labs, reducing waste, improving cycle time by 30 percent and improving customer satisfaction. HETL serves as a Lean model for other state agencies.

Results are quantified in terms of time saved on reduction in staff time needed to perform a process, reduction in overall time citizens have to wait for a service, and/or actual dollars.

Overall savings from Lean activities for 2006 - 2008 are projected to be $3.7 million dollars in real and/or staff time equivalent dollars. A chart of some of the major successes in Lean is featured on the next page.

Office of Lean Management: Savings Summary '06 & '08							
	Gains/Improvements[1]						
	Cost	Time			Quality	Status
Process	Estimated Cost Savings[2]	% Improved Delivery Time[3]	Reinvestment of resources to mission critical operations	Consumer Days Saved[5]	% Improvement in Process Efficiency[6]	
Adoption Services	$124,166.00	40%	2.40	276.16	78%	on-going
Allocation Plans	$656,625.00	85%	0.03	na	183%	done
Autism/PDD System of Care	na	na	na	na		on-going
Child Day Care	$700,000.00	na	na	na	na	done
Complaint Investigation	$96,523.00	45%	1.89	26.70	604%	on-going
Contract Agreement	na	10%	na	na	na	done
Death Certification	$137,759.00	94%	2.28	na	2361%	on-going
Eligibility	$339,372.00	46%	0.38	na	127%	done
Forensic Lab	na	38%	na	na	302%	done
Microbiology Lab	$120,582.00	99%	2.30	5.99	1063%	done
Environmental Lab	$102,973.00	90%	2.00	30.76	571%	done
In-State Travel	$7,395.00	45%		22.13	151%	
White pages	$510,226.00	98%	0.10	27.63	228%	
Prior Authorization	na	36%	na	na	77%	on-going
Post Audit Settlement	$4,872.00	30%	0.10	15.60	107%	done
Waiver Funding-Reg 1 &3	$4,795.00	na	na	na	80%	done
Waiver Funding CO	$37,730.00	69%	1.44	44.09	236%	done
Infectious Disease Surveillance	$1,571,638.00	82%	6.30	260.00	7%	on-going
Annual Report Kaizen	$33,965.00	50%				on-going
Total FTEs for DHHS			25.35			
Total Achieved DHHS	$2,097,437.00					
Total Projected DHHS	$4,733,497.00					
Non-DHHS work						
Invoicing-Muskie	$45,925.00	85%	0.75	46.26	307%	done
Payroll-DAFS	$19,822.00	82%	na	na	374%	
IR Access-DAFS	$318,841.00	61%	6.20	207.58	192%	on-going
Recruitment-DAFS	na	31%	na	na	69%	done
Check Deposit-DAFS	$14,616.00	95%	0.02	90.00	714%	done
Governor's Training Initiative-	$18,488.00	48%	0.30	29.88	64%	on-going
Average*	$246,080.07	61%			376%	
Totals**	$5,659,841.70		26.52			

1) Savings based on CY 2006 and 2007 Lean interventions for which data was collected. Additional interventions were completed but either no quantitative data was collected or they are still on-going. These include Autism, PDD, Brain Injury, Estate Management, and Transition Services.

2) Reflects annual staff time saved in minutes using an average per minute cost of $.58. Not all cost savings are included (i.e. impact on the work of other staff, paper saved, postage saved, mileage, etc).

3) Reflects the percent improvement in lead time when improvements are made (i.e. from 10 days to 5 days=50% improvement.) Lead time measures how long a consumer must wait for a service or a product.

4) The annual amount of staff time saved is expressed as Full-Time Employee Equivalents.

5) Consumer days saved measures annualized reduction in time consumers wait for a service.

6) Measures the ratio of value-added time over lead time for the current state versus future state, and reflects the percentage of improvement in the efficient utilization of resources needed to deliver the service.

*** Average cost represents average annual savings in staff time per process.**

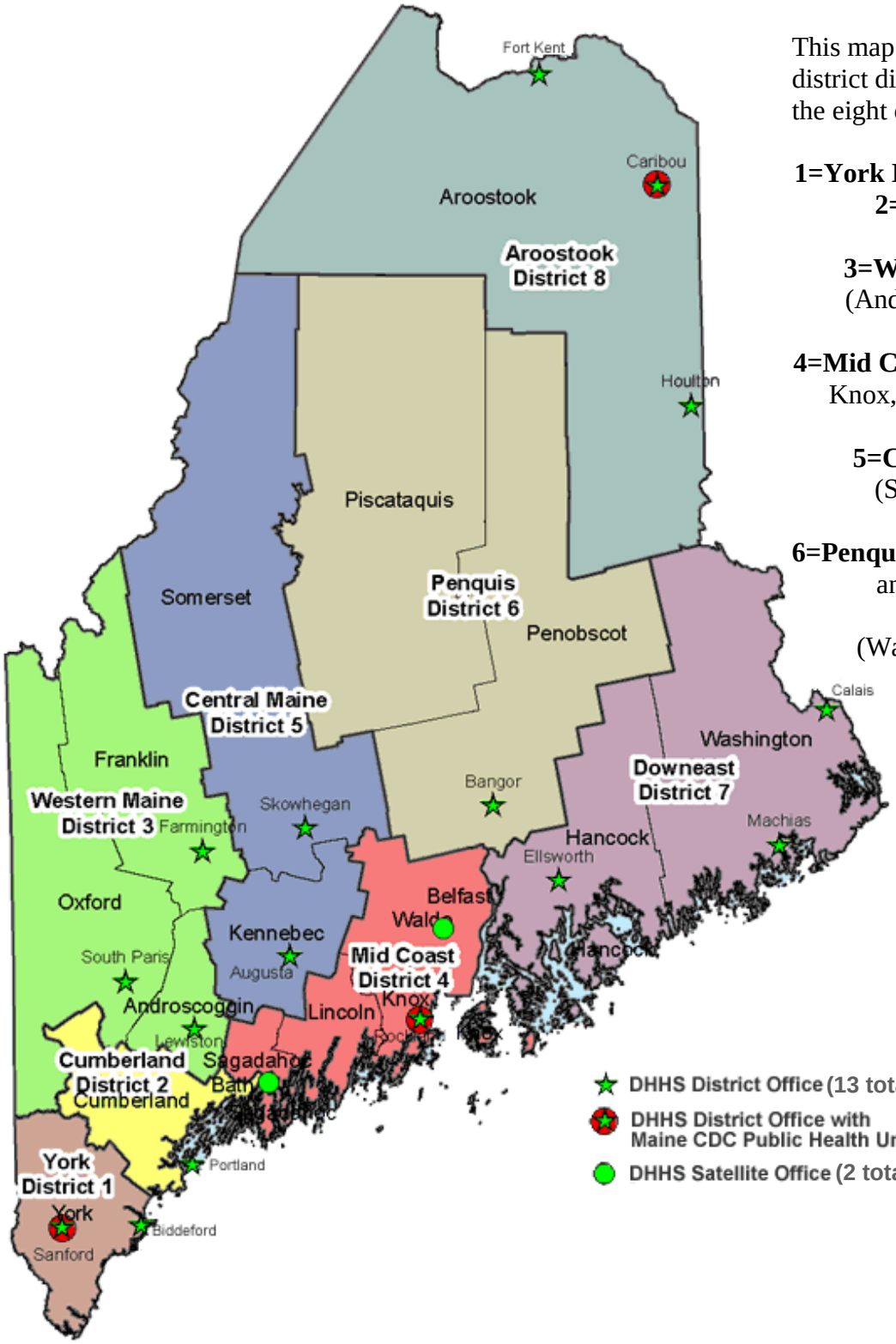
*** Average lead time represents average expected improvement per process.**

*** Represent average improvement in process efficiency. (This is a quantitative measure of improvement in resource utilization.)**

**** Totals represent total savings to date.**

A Look at the DHHS Districts

In order to serve our clients and customers more efficiently and to coordinate services across DHHS program areas all over the state, the Department implemented a new arrangement of the statewide "districts" in August 2007.



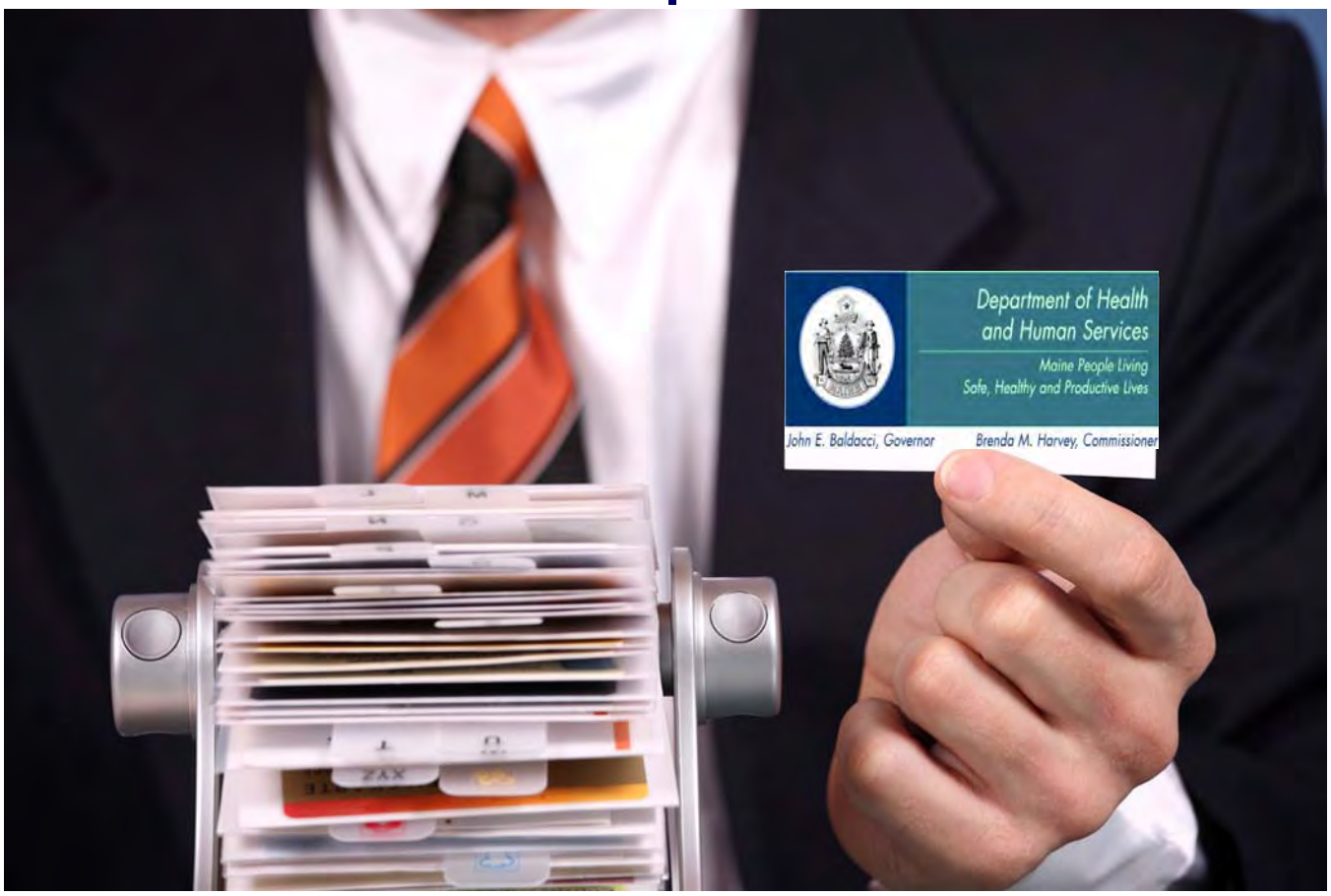
This map illustrates the current district divisions. For reference, the eight districts are:

1=York District (York County)
2=Cumberland District (Cumberland County)
3=Western Maine District (Androscoggin, Oxford and Franklin Counties)
4=Mid Coast District (Lincoln, Knox, Waldo and Sagadahoc Counties)
5=Central Maine District (Somerset and Kennebec Counties)
6=Penquis District (Piscataquis and Penobscot Counties)
7=Downeast District (Washington and Hancock Counties)
8=Aroostook District (Aroostook County)

Chapter 2 - The Offices of DHHS

In This Chapter:

This chapter presents a brief look at the Department of Health and Human Services' major offices. It also features budget information at a glance. More detailed descriptions of programs, services and budgets can be found in Chapter 3.



Executive Team

Lucky Hollander
Legislative and Constituent Affairs

Phone: 287-1927
Cell: 671-2039
E-mail: lucky.hollander@maine.gov

Geoffrey Green, Deputy Commissioner, Healthcare Management and Quality

Phone: 287-4290
Fax: 287-3005
E-mail: geoffrey.green@maine.gov

Russell J. Begin, Deputy Commissioner, Finance

Phone: 287-1921
Fax: 287-3005
E-Mail: russell.j.begin@maine.gov

Muriel Littlefield, Deputy Commissioner, Integrated Services

Phone: 287-4290
Fax: 287-3005
E-mail: muriel.littlefield@maine.gov

John Martins
Director of DHHS Communications

Phone: 287-5012
Cell: 557-1474
E-mail: john.a.martins@maine.gov

Management Team

Back row, L-R: Noel Bonam, Office of Multicultural Affairs; Diana Scully, Office of Elder Services; James Beougher, Office of Child and Family Services; Ronald Welch, Office of Adult Mental Health Services; Guy Cousins, Office of Substance Abuse; Jay Yoe, Quality Improvement; Barbara Van Burgel, Office of Integrated Access and Support; Herb Downs, MaineCare and Social Services Audit
Front row, L-R: Dora Mills, Maine Center for Disease Control and Prevention; Jane Gallivan, Office of Adults with Cognitive and Physical Disability Services; Catherine Cobb, Licensing and Regulatory Services and CON, Kathy Bubar, Integrated Services
Absent: Colin Lindley, Medicaid Finance; Anthony Marple, Office of MaineCare Services

Department of Health and Human Services

DHHS Office of the Commissioner
221 State Street
State House Station #11
Augusta, Maine 04333-0011

Phone: 207-287-4223
Fax: 207-287-3005
TDD: 800-606-0215

Commissioner's e-mail:
brenda.harvey@maine.gov

The Department of Health and Human Services seeks to meet its customers needs so that they experience every employee as caring, responsive, and part of a well-managed organization.

DHHS Funding At a Glance

General Fund: (010)	$1,010,835,958
Federal Fund: (013)	1,729,643,973
Special Revenue: (014)	492,194,812
Block Grant: (015)	146,225,681
Total Funding FY '09:	$3,378,900,424

Personal Services Budget FY '09 (updated 1/2009)

General Fund: (010)	$134,410,799
Federal Fund: (013)	45,502,407
Special Revenue: (014)	61,871,865
Block Grant: (015)	8,746,982
Total Funding FY '09:	$250,532,053

Staffing

Total Positions FY'06	3,958
Total Positions FY'09	3,696
General Fund Positions	1,718
Fully Federally-Funded Positions	687

Personal service general fund as a percent of total general fund:	13.30%
Personal service general fund as a percent of total DHHS:	3.98%
Total personal services as a percent of total DHHS:	7.41%

Office of Adult Mental Health Services

Office of Adult Mental Health Services
32 Blossom Lane
Marquardt Building, 2nd Floor
State House Station #11
Augusta, Maine 04333-0011

Phone: 207-287-4243
Fax: 207-287-1022
TDD: 800-606-0215

Director's e-mail:
ron.welch@maine.gov

The DHHS Office of Adult Mental Health Services (OAMHS) is the designated state public mental health authority for adults.

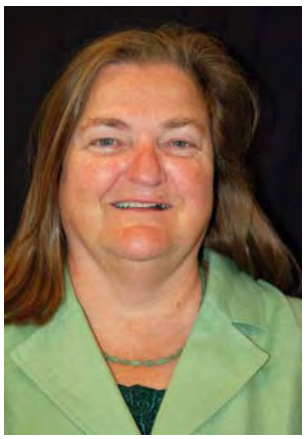
Its primary responsibility is to develop and maintain a comprehensive system of mental health services and supports for persons age 18 and older with severe and persistent mental illness. Included in that system is the management of the state's two psychiatric centers and state forensic services.

Ronald S. Welch
Director

Funding At a Glance

General Fund: (010)	$ 96,369,944
Federal Fund: (013)	93,081,272
Special Revenue: (014)	50,707,032
Block Grant: (015)	1,247,447
Total Funding FY '09:	$241,405,695
Total Staff FY' 09	722.6

Office of Adults with Cognitive & Physical Disabilities



Jane Gallivan
Director

The Office of Adults With Cognitive and Physical Disability Services provides leadership to and is an active partner in Maine's comprehensive system of support to individuals with cognitive and physical disabilities.

Office of Adults with Cognitive and Physical Disability Services
32 Blossom Lane, Marquardt Building, 2nd Floor
State House Station #11
Augusta, Maine 04333-0011

Phone: 207-287-4242
Fax: 207-287-9915
TDD: 800-606-0215

Director's e-mail:
jane.gallivan@maine.gov

Funding At a Glance

General Fund: (010)	$140,098,290
Federal Fund: (013)	228,397,271
Special Revenue: (014)	17,960,210
Block Grant: (015)	150,000
Total Funding FY '09:	$386,605,771
Total Staff FY '09	242

Office of Child and Family Services

James Beougher
Director

The formation of the Office of Child and Family Services served as an opportunity to create a seamless system of care for vulnerable children and their families. Children's behavioral health, child welfare, and early childhood services are now together under one policy and management structure.

Office of Child & Family Services
2 Anthony Avenue
State House Station #11
Augusta, Maine 04333-0011

Phone: 207-624-7900
Fax: 207-287-5282
TDD: 800-606-0215

Director's e-mail :
james.beougher@maine.gov

Funding At a Glance

General Fund: (010)	$150,592,921
Federal Fund: (013)	128,483,974
Special Revenue: (014)	16,912,757
Block Grant: (015)	29,517,206
Total Funding FY '09:	$325,506,858
Total Staff FY '09	631.5

Office of Elder Services

Office of Elder Services
442 Civic Center Drive
State House Station #11
Augusta, Maine 04333-0011

Phone: 207-287-9200
Fax: 207-287-9229
TDD: 800-606-0215

Director's e-mail:
diana.scully@maine.gov

The Office of Elder Services strives to promote optimal independence for older citizens in need of protective and supportive services.

Diana Scully
Director

Funding At a Glance

General Fund: (010)	$104,681,874
Federal Fund: (013)	277,736,406
Special Revenue: (014)	29,730,545
Block Grant: (015)	0
Total Funding FY '09:	$412,148,825
Total Staff FY '09	84.5

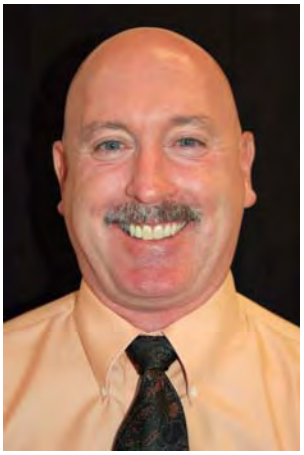
Office of Substance Abuse

Office of Substance Abuse Services
41 Anthony Avenue
State House Station #11
Augusta, Maine 04333-0011

Phone: 207-287-2595
Fax: 207-287-4334
TDD: 800-606-0215

Director's e-mail:
guy.cousins@maine.gov

The Office of Substance Abuse provides leadership in substance abuse prevention, intervention and treatment. Its goal is to enhance the health and safety of Maine citizens through the reduction of the overall impact of substance use, abuse and dependency.



Guy Cousins
Director

Funding At a Glance

General Fund: (010)	$12,444,024
Federal Fund: (013)	27,620,489
Special Revenue: (014)	7,248,995
Block Grant: (015)	7,029,639
Total Funding FY '09:	$54,343,147
Total Staff FY '09	31

Office of Integrated Access and Support

Barbara Van Burgel
Director

The Office of Integrated Access and Support (OIAS) assists Maine citizens to meet their basic needs while providing opportunities to achieve independence, employability, safety and health.

Office of Integrated Access And Support
268 Whitten Road
State House Station #11
Augusta, Maine 04333-0011

Phone: 207-287-3106
Fax: 207-287-5096
TDD: 800-606-0215

Director's e-mail:
barbara.vanburgel@maine.gov

Funding At a Glance

General Fund: (010)	$ 69,553,800
Federal Fund: (013)	30,097,368
Special Revenue: (014)	149,271,116
Block Grant: (015)	75,649,553
Total Funding FY '09:	$324,571,837
Total Staff FY '09	837.5

Maine Center for Disease Control and Prevention

Dora Anne Mills
Director

The Maine Center for Disease Control and Prevention is Maine's state public health agency. It provides public health expertise and services to advance the Department's goal of protecting and enhancing the health and well being of Maine people.

Maine Center for Disease Control and Prevention
286 Water Street
State House Station #11
Augusta, Maine 04333-0011

Phone: 207-287-8016
Fax: 207-287-9058
TDD: 800-606-0215

Director's e-mail :
dora.a.mills@maine.gov

Funding At a Glance

General Fund: (010)	$ 13,513,950
Federal Fund: (013)	69,228,951
Special Revenue: (014)	40,290,523
Block Grant: (015)	5,292,153
Total Funding FY '09:	$128,325,577
Total Staff FY '09	395.5

Office of MaineCare Services

Office of MaineCare Services
442 Civic Center Drive
State House Station #11
Augusta, Maine 04333-0011

Phone 207-287-2093
Fax: 207-287-2675
TDD: 800-606-0215

Director's e-mail :
tony.marple@maine.gov

MaineCare is a health insurance program funded jointly by the federal government's Center for Medicare and Medicaid Services and the state of Maine. MaineCare provides for Maine's children and adults who are elderly, disabled, or with low incomes.

Anthony Marple
Director

Funding At a Glance

General Fund: (010)	$ 387,775,879
Federal Fund: (013)	868,870,313
Special Revenue: (014)	156,159,582
Block Grant: (015)	26,108,922
Total Funding FY '09:	$1,438,914,696
Total Staff FY '09	203.5

* See pages 18-19 for Medicaid budget

Medicaid Allocations and Expenditures

Appropriation Name & Approp.	General Fund 2007	General Fund 2008	General Fund 2009	Federal Funds 2007	Federal Funds 2008	Federal Funds 2009
Office of MaineCare Services						
Bureau of Medical Services-(0129)	41,117,625	26,915,862	31,606,321	48,139,467	43,294,381	73,153,027
Medical Care Services-(0147)	347,746,367	356,618,950	344,280,666	644,653,196	704,793,522	780,023,624
Drugs for Maine's Elderly-(0202)	1,523,398	2,788,244	5,222,217	-	-	-
Maine RX Dedicated Fund-(0927)	18,000	18,000	18,000	-	-	-
FHM - Bureau of Medical Services-(0955)	-	-	-	-	-	-
FHM - Medical Care-(0960)	-	-	-	18,624,097	16,153,932	15,693,662
Medical Care Services-Non-Match-(0997)	89,128	3,994	6,648,675	-	-	-
FHM - Drugs for the Elderly & Disabled-(Z015)	-	-	-	-	-	-
Office of Elder Services						
Nursing Facilities-(0148)	61,764,437	59,264,784	71,289,352	198,926,520	197,966,860	234,290,662
MR/Elderly PNMI Room & Board-(Z009)	8,316,972	9,424,677	10,814,379	-	-	-
Office of Adults with Cognitive and Physical Disability Services						
Mental Retardation-Medicaid-(0705)	21,957,288	20,585,115	22,143,446	61,262,253	62,384,442	67,696,875
Residential Treatment Facility Assessment-(0978)	-	-	-	3,207,678	2,698,431	3,141,898
Medicaid Waiver-(0987)	84,942,052	89,317,462	86,495,095	145,740,833	154,054,369	154,673,440
Mental Retardation Supports Waiver-(Z006)	-	-	1,368,913	-	-	2,447,936
Brain Injury-(Z041)	-	108,090	98,263	-	-	-
Office of Child & Family Services						
Children's Mental Health Services - Medicaid-(0731)	35,227,232	31,408,859	33,572,003	60,441,749	54,173,863	60,034,586
Office of Adult Mental Health Services						
Mental Health - Medicaid-(0732)	45,484,540	42,619,621	43,342,990	87,375,494	84,249,702	88,901,566
RPC-Disproportionate Share-(0733)	10,423,153	10,354,400	10,584,416	-	-	-
DDPC-Disproportionate Share - (0734)	8,223,723	9,079,142	8,528,903	-	-	-
Office of Substance Abuse Services						
OSA - Medicaid-(0844)	3,452,354	3,150,899	2,675,153	6,840,863	5,434,657	4,783,799
Fund for Healthy Maine-(0948)	-	-	-	9,835,203	10,995,131	11,720,226
Total Medicaid Expenditures			678,688,792			1,530,740,381

Medicaid Allocations and Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
						Office of MaineCare Services
542,837	615,391	2,083,716	-	62,783	930,277	***Bureau of Medical Services-(0129)***
106,137,179	111,882,218	129,911,734	24,663,347	23,961,829	25,178,645	***Medical Care Services-(0147)***
309,881	534,559	-	-	-	-	***Drugs for Maine's Elderly-(0202)***
581,964	209,310	1,348,136	-	-	-	***Maine RX Dedicated Fund-(0927)***
19,043	84,541	126,700	-	-	-	***FHM - Bureau of Medical Services-(0955)***
10,854,673	9,365,708	8,776,069	-	-	-	***FHM-Medical Care-(0960)***
-	-	-	-	-	-	***Medical Care Services - Non-Match-(0997)***
8,454,444	12,069,185	13,912,727	-	-	-	***FHM - Drugs for the Elderly & Disabled-(Z015)***
						Office of Elder Services
29,324,209	31,286,213	29,600,017	-	-	-	***Nursing Facilities-(0148)***
-	-	-	-	-	-	***MR/Elderly PNMI Room & Board-(Z009)***
						Office of Adults with Cognitive and Physical Disability Services
13,748,158	15,584,064	15,713,394	--	-	-	***Mental Retardation - Medicaid-(0705)***
1,869,529	1,564,493	1,756,984	--	-	-	***Residential Treatment Facility Assessment-(0978)***
-	-	-	--	-	-	***Medicaid Waiver-(0987)***
-	-	-	--	-	-	***Mental Retardation Supports Waiver-(Z006)***
-	-	-	--	-	-	***Brain Injury-(Z041)***
						Office of Child & Family Services
-	-	-	-	-	-	***Children's Mental Health Services - Medicaid-(0731)***
						Office of Adult Mental Health Services
5,440,472	6,226,573	6,371,747	-	-	-	***Mental Health - Medicaid-(0732)***
20,265,054	20,227,764	19,519,831	-	-	-	***RPC Disproportionate Share(0733)***
15,457,001	15,524,507	15,000,000	-	-	-	***DDPC-Disproportionate Share-(0734)***
						Office of Substance Abuse Services
534,702	610,280	662,023	-	-	-	***OSA - Medicaid-(0844)***
5,732,246	6,374,744	6,554,080	-	-	-	***Fund for Healthy Maine OSA-(0948)***
					$26,108,922	**Total Medicaid Expenditures**

Success Stories

Managing Care for A Better Life

Nineteen months ago, "Amy", a sixty-year-old MaineCare member, was contacted by MaineCare staff and enrolled in a new high-risk care management pilot program. She was one of 300 members identified as the sickest and highest cost MaineCare members. She had poor control of her diabetes, asthma and chronic obstructive pulmonary disease (on oxygen), high blood pressure and high cholesterol. In addition to these medical concerns, she also suffered from depression and sleep apnea. She was a smoker. Transportation posed problems for Amy.

"If it weren't for MaineCare, I wouldn't be here today"

-"Amy", a MaineCare member

Amy's care manager worked to help her quit smoking; take her medications regularly; follow-up with her doctors, learn how to manage her blood sugar, and was educated on the importance of a healthy diet. She also received help locating and utilizing community action programs and transportation programs in her area.

Less than a year and a half later Amy's blood sugars and A1c (long term blood sugar number) are now within the normal range. She has been smoke-free for over a year and she fills her prescriptions regularly. Her blood pressure has moved into a more acceptable range, she is eating lots of fresh vegetables, and her doctors are very happy with her continued progress. Once a frequent visitor to the emergency room, her only visit last year was in a true emergency, when she broke a bone. "I'm doing really good now," Amy said recently, "If it weren't for MaineCare, I probably wouldn't be here."

Amy's care management was transferred to a care manager participating in the Community Demonstration Project. This allows her to be followed by a care manager in her own doctor's office and in her own community.

Chapter 3 - Services and Spending

In This Chapter:

Health and human services programs address a wide range of needs. The Department's vision, "Maine people living safe, healthy and productive lives", captures the essence of all that we do, from ensuring public health through safe drinking water and restaurant inspection programs, to ensuring personal safety with child welfare and mental health programs and oversight.

In this chapter, the Department's programs and finances are described in more detail. For further information, web addresses are provided.

Services and Spending - Adult Mental Health Services

Office of Adult Mental Health Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2007	2008	2009	2007	2008	2009
Community Mental Health-(0121)	**$ 34,797,619**	**$ 33,973,827**	**$29,105,960**	**$ -**	**$ -**	**$ -**
Counseling Services	333,942	176,650	526,930	-	-	-
Assertive Community Treatment	406,996	431,218	630,917	-	-	-
Residential Services	1,532,541	2,355,537	2,494,303	-	-	-
Case Management	2,958,790	1,917,757	1,465,655	100,978*	48,775*	-
Rental Subsidies	3,528,955	3,442,369	3,624,301	31,000*	-	-
In-Home Supports	332,053	-	123,872	-	-	-
Supported Education, Employment and Housing	1,049,648	1,150,220	1,430,350	-	-	-
Mobile Outreach	5,016,391	5,070,906	5,210,208	-	-	-
Wraparound/Flexible Funds	1,258,590	1,002,443	551,132	-	-	-

* Path Grant

Community Support Services

Community support services promote mental health recovery by ensuring individuals have the support needed to maintain physical and mental health, sustain a stable living situation, and be involved in a community of their choice. Community support services are based on a plan developed by the individual along with a community support provider. There are several different types of community support services, including:

Community Integration Services
Community integration services help match mental health consumers with needed services. Formerly known as case management, they involve identifying the medical, social, residential, educational, emotional and other needs of an individual and arranging access to those services.

Intensive Case Management
Intensive Case Management consists of outreach to individuals in Maine's jails, prisons, shelters and hospitals. Intensive Case Managers provide a safety net to Maine citizens by linking these persons with services so they may begin recovery.

Assertive Community Treatment
Assertive Community Treatment (ACT) is comprehensive mental health treatment provided by a multidisciplinary team on a 24 hour per day, seven-day-a-week basis. ACT teams provide services to individuals who have the most difficult symptoms and greatest impairment, when other treatments have been ineffective. These individuals are often frequent users of inpatient

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Mental health recovery is possible. Long term studies in the U.S., Japan, Switzerland and Germany have found that one half to two thirds of people diagnosed with major mental illnesses including schizophrenia showed significant or complete recovery over time; even 20-30 years after being diagnosed.

Office of Adult Mental Health Services
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ -	$ -	$ -	$ -	$ -	***Community Mental Health-(0121)***
-	-	-	16,496**	19,975**	8,752**	Counseling Services
-	-	-	-	-	-	Assertive Community Treatment
-	-	-	-	89,488**	100,292**	Residential Services
-	-	-	96,612**	181,905**	-	Case Management
-	-	-	-	-	60,660**	Rental Subsidies
-	-	-	-	-	-	In-Home Supports
-	-	-	-	19,913**	-	Supported Education, Employment and Housing
-	-	-	211,212**	231,461**	158,684**	Mobile Outreach
-	-	-	-	-	20,000**	Wraparound/Flexible Funds

** Community Services Block Grant

psychiatric services, tend to have the poorest quality of life and may be periodically involved with the criminal justice system.

Daily Living Services
Daily Living Services include providing supervision and support to individuals in their homes and communities, to assist them in maintaining the most independence possible.

Skills Development Services
Skills Development Services assist members in learning the skills needed to increase their independence. Services vary depending on the needs of the individual. They include training in independent living skills, such as how to budget, how to access 12-step programs, how to manage stress, how to manage symptoms, how to resolve conflict and how to connect with supports in the community. They may also include training in skills needed to get and keep a job.

Specialized Group Services
Specialized Group Services consist of facilitated psycho-educational groups that assist individuals in pursuing mental health recovery, wellness, and community integration.

Outpatient Therapy Services
Outpatient Therapy Services include assessment, diagnosis and counseling provided to individuals to assist with managing symptoms, relieving excess stress and improving overall functioning.

Services and Spending - Adult Mental Health Services

Office of Adult Mental Health Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2007	2008	2009	2007	2008	2009
Mental Health - Medicaid-(0732)	**$ 40,088,232**	**$44,903,331**	**$43,342,990**	**$ -**	**$ -**	**$ -**
Mental Health Medicaid	45,484,540	42,619,621	43,342,990	87,375,494	84,249,702	88,901,566
Dorothea Dix Psychiatric Center-(0120)	**2,967,305**	**3,700,654**	**3,662,919**	-	-	-
(0734)	**9,414,581**	**9,276,311**	**8,528,903**	-	-	-
Dorothea Dix Psychiatric Center	10,965,206	12,267,959	12,191,822	-	-	-
Riverview Psychiatric Center-(0105)	**1,049,630**	**1,087,650**	**1,144,756**	-	-	-
(0733)	**10,703,755**	**10,810,907**	**10,584,416**	-	-	-
Riverview Psychiatric Center	11,765,557	11,413,634	11,379,474	-	-	-

Medication Management
Medication Management Services include psychiatric evaluation, prescription and monitoring of medications.

Crisis Resolution Services
Crisis Resolution Services are available around the clock. Services are oriented toward the relief and stabilization of acute emotional disturbances, in order to ensure the safety of the individual and/or society.

Crisis Residential Services
Crisis Residential Services are time-limited services to stabilize the individual's condition. They may be provided in the individual's home or in a temporary out-of-home setting. Services include assessment and development of a crisis stabilization plan, as well as monitoring the individual's behavior, personal safety and response to interventions.

Hospital Support Services

Dorothea Dix Psychiatric Center
Dorothea Dix Psychiatric Center (DDPC) provides care and treatment for voluntary and court-committed patients, as well as outpatient services. The hospital has its own governing body with by-laws covering organization, purpose, duties, appointment process, committees and relationship to the medical staff.

DDPC is part of a comprehensive mental health system of services in northern and eastern Maine, which includes community mental health centers with multiple branch offices, private psychiatric and community hospitals and private providers.

DDPC was established in 1901 as the Eastern Maine Insane Hospital. Its present name was established by the Legislature in 2005. The hospital received its first accreditation under the Joint Commission on Accreditation of the Healthcare Organizations (JCAHO) in 1976 and has continued to be accredited. It is fully licensed as a hospital of the Maine Department of Health and Human Services and is certified by the Center for Medicare and Medicaid Services (CMS) to provide acute psychiatric care.

Office of Adult Mental Health Services
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ -	$ -	$ -	$ -	$ -	***Mental Health - MaineCare-(0732)***
5,440,472	6,226,574	6,371,747	-	-	-	Mental Health - MaineCare
-	-	-	-	-	-	***Dorothea Dix Psychiatric Center-(0120)***
-	-	-	-	-	-	***(0734)***
15,457,001	15,524,507	15,000,000	-	-	-	Dorothea Dix Psychiatric Center
-	-	-	-	-	-	***Riverview Psychiatric Center-(0105)***
-	-	-	-	-	-	***(0733)***
20,265,054	20,227,764	19,519,831	-	-	-	Riverview Psychiatric Center

Programs
DDPC is a 60-bed psychiatric hospital and is organized into major clinical, administrative, and support service departments. DDPC has four inpatient treatment units.

All four coed units provide an acute level of care. The outpatient program includes a dental clinic and a psychiatric medication clinic for the adult and geriatric population.

Riverview Psychiatric Center
The Riverview Psychiatric Center (RPC) is a state and federally licensed, JCAHO-accredited, 92-bed inpatient psychiatric hospital, operated by the state of Maine. Staff provides mental health care to adults who require 24-hour inpatient services.

RPC treats citizens with severe mental illness who require involuntary hospitalization; short term and extended psychiatric observation; and/or care (primarily for the courts and criminal justice system) and treatment for individuals who require certain highly specialized psychiatric programs not available elsewhere. The state's only forensic psychiatric hospital, RPC uses 44 of it 92 beds for forensic clients as a service to the Maine criminal justice system and Maine courts. RPC has outpatient clinics in Augusta and Portland. They provide dental and community psychiatric care. All services are offered without regard to race, creed, color, gender, national origin, ancestry, age, physical handicap or ability to pay.

RPC was completed in 2003 and occupied in June 2004. Previously, state inpatient psychiatric care for the southern part of the state was provided by the Augusta Mental Health Institute (AMHI). AMHI was established in 1840 as the Maine Insane Hospital and was the only public mental hospital in Maine until the second hospital was built in Bangor in 1901.

For More Information On DDPC
http://www.maine.gov/dhhs/DDPC/home.html

For More Information On RPC
http://www.maine.gov/dhhs/riverview

Services and Spending - Adult Mental Health Services

Supportive Housing
Supportive Housing consists of housing within the community that is typically owned and/or operated by a community based mental health center. OAMHS provides services and supports as well as state funding to defray housing costs.

Residential Treatment Services
Residential Treatment Facilities are community residences for adults with mental illness as well as adults with dual disorders of mental illness and substance abuse. These facilities provide integrated mental health, substance abuse, and rehabilitative services. As of September 2008 the statewide capacity for this program was 715 individuals.

Intentional Peer Support Training
The Office of Consumer Affairs provides an intensive 10-day training to individuals who identify themselves as mental health consumers and who want to provide support to other mental health consumers. Individuals who provide peer support on warm lines or in Emergency Departments are required to complete training and become certified as a Certified Intentional Peer Support Specialist.

Peer-Run Warm Line Services
The Office of Adult Mental Health Services funds a statewide "warm line" that is peer-run and directed toward adults who utilize mental health services. A warm line provides telephone support to help an individual through a non-crisis situation. These services are available 5 p.m. to 8 a.m. each day.

Peer Support Services in Emergency Departments
The Office of Adult Mental Health Services currently funds peer support services in Emergency Departments at Mid Coast Hospital and Maine Medical Center, with plans to expand these services to hospitals in Southern and Central Maine. Peer Support Specialists work with hospital staff to meet the needs of individuals in mental health crisis.

Peer Crisis Respite
The only Peer Crisis Respite program in the state is at the Learning and Recovery Center in Brunswick. The program offers an alternative to hospitalization for those in crisis. Crisis respite includes a short stay at the Learning and Recovery Center and a variety of supports based on the individual's respite plan.

Peer Centers and Social Clubs
A variety of peer centers and social clubs exist in Maine to support community members in their mental health recovery. Each differs depending on the interests of its members, with some offering a more structured program and others serving as an informal "drop-in" center.

For More Information

Adult Mental Health Services Consent Decree settlement agreements, plans, standards for compliance and monthly progress reports can be found at:

http://www.maine.gov/dhhs/mh/consent_decree/index.html

Services and Spending - Adult Mental Health Services

Vocational services provide information and support to individuals with mental illness who want to work in their community. Work is often a way to re-enter the community and a vital contributor to mental health recovery. Nationally, unemployment rates for people with disabilities are four times higher than those in the general population; yet more than 80 percent of those same people indicate that they want to work.

Work Incentives Planning Assistance Services (WIPA)
WIPA Services help mental health consumers by reviewing potential employment earnings and determining how the benefits currently received would be affected at different levels of earned income. WIPA services are federally funded and available to recipients of Social Security (SSI and SSDI) cash benefits. DHHS provides additional funds to expand this program and supports two additional advisors known as Community Work Incentives Coordinators.

Employment Specialist Services
This program provides the services of one employment specialist in each of the seven Community Support Networks (CSNs) across Maine. They perform multiple types of activities to help mental health service consumers get and keep jobs and improve their job-related skills.

Long Term Vocational Support
This program provides support to individuals so they can keep their job. Services vary depending on the needs of the individual, and could include coaching for specific job tasks; keeping to a regular schedule; resolving conflict; and communicating with coworkers and supervisors. Long-term vocational support may also include tuition reimbursement necessary to increase job options.

For individuals with serious mental illness, housing and services are *necessary* to recovery. Maine does not require that clients receive services in order to get rental assistance. This has been a long -standing tenet of the Consent Decree and has now evolved into a national best practice model known as Housing First.

Project for Assistance in Transition from Homelessness (PATH)
The federally funded PATH program provides outreach to adults with serious mental illness who either are, or are at risk of, becoming homeless. It connects them with mental health services, medical care, substance abuse, and/or case management depending on their needs.

Shelter Plus Care (SPC)
This U.S. Department of Housing and Urban Development program provides rental assistance to homeless individuals with serious mental illness. Tenants pay 30 percent of their income to rent and the voucher pays the difference up to the Fair Market Rent. DHHS is the largest grantee of SPC funds in Maine, administering more than $37 million since 1994. Currently more than 650 vouchers are active in Maine.

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Persons with serious and persistent mental illness (SPMI) live an average life span that is 25 years shorter than the general population. 70 percent have at least one chronic medical condition, 45 percent have two and 30 percent have three or more, making chronic medical conditions the norm, not the exception. DHHS is developing systems to link every person with SPMI to a medical "home" that delivers quality preventive and chronic disease care; coordinates medical and mental health care; includes health-related goals in service planning; and improves health literacy for consumers and the mental health workforce.

Bridging Rental Assistance Program (BRAP) BRAP is a transitional housing subsidy program developed by DHHS and funded by the state. BRAP 'bridges the gap' until an individual with serious mental illness begins receiving federal rental assistance. Tenants receiving BRAP pay 51 percent of their income to rent and the voucher pays the difference up to the Fair Market Rent. Assistance can last up to 24 months. Currently 550 individuals are receiving BRAP assistance.

Forensic Services

The State Forensic Service (SFS) conducts a number of different types of evaluations ordered by the Court in criminal matters. These include Title 15 examinations, pre-sentence evaluations, and targeted juvenile evaluations. Reports of evaluations conducted by the SFS become the property of the Court. Examinations are conducted by SFS staff or by appropriately trained psychologists and psychiatrists contracted by the SFS. Contracted professionals are located throughout the state. SFS staff are available to provide training about the function of the service, and about the kinds of assessments conducted. The SFS strives to maintain impartiality in its reports and serves the Court by supplying informed clinical opinions

Success Stories

Riverview Psychiatric Center's AIM Program

"Robbie" is a kind, eager and respectful little boy in a very difficult set of life circumstances. As an especially small child for his age, Robbie has struggled with many hardships in his young life, including bullying, learning disabilities, poverty and family illness. Robbie enrolled in the Riverview After School Program (AIM) in spring 2007, attended a six-week summer day camp at Riverview and then continued in the AIM Program throughout the entire 2007-08 school year.

AIM has made a significant impact for Robbie this year. When his mother passed away in February 2008, he went to school the next day and said to his sister, "I can't miss AIM today." On that day, many of the AIM students gave him cards they had made on their own initiative at school. They gave him comfort, hugs and a round of applause for his courage when he arrived.

When Robbie first joined AIM, his mother was fighting a long battle with terminal cancer and the family was living in a motel on the edge of town. Robbie was very shy at first, but willing to try new activities and responded immediately to the AIM Program.

The other kids at AIM showed Robbie respect and kindness, even though there were still some in the school who continued to bully him. Robbie needed help in decision-making, focusing, communication, task completion and self-confidence. His parents were very preoccupied with his mother's illness and frequent hospitalizations.

During the school year, Robbie worked hard at AIM. Study time was a struggle in the beginning, because rules about homework had not been developed at Robbie's home, but he listened to the staff and learned to meet expectations.

Still small in stature, he grew stronger and more confident. He loved the field trips at AIM, since he was unable to enjoy any family outings in his childhood. He was an excellent participant in the community service projects, showing genuine compassion and leadership. He thrived in the outdoors and AIM became a safe haven for Robbie, where he had peers and caring staff he could trust and see regularly.

One day not long after the passing of his mother, a long-standing bully made hurtful remarks about Robbie and his mother's passing. Several AIM students rallied around Robbie, verbally defending him from the bully and reported the incident to school staff. At AIM that day, Robbie said he was hurt by the bully's words, but he was deeply touched by the loyalty of his peers and proud of his friendships.

Robbie used skills learned at AIM to stay calm and manage his stress during a difficult spring. In spite of his challenges, he had a B-average that year. He attended a 4-day Moose River Wilderness trip in June and demonstrated courage and leadership in rain storms, paddling in high winds, hauling canoes and making camp each day. At the end of his school year, he enjoyed a beautiful experience in the wilderness with friends and caring adults. He will be continuing his enrollment in AIM in the fall.

Services and Spending - Adults with Cognitive and Physical Disability Services

Office of Adults With Cognitive and Physical Disability Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2007	2008	2009	2007	2008	2009
Community Mental Retardation Services-(0122)	**$21,491,323**	**$26,437,210**	**$26,068,875**	**$ -**	**$ -**	**$ -**
Supported Employment, Education and Housing	1,960,317	1,631,071	1,075,264	-	-	-
Adaptive Equipment and Services	75,448	55,710	37,596	-	-	-
Case Management	255,806	138,221	-	-	-	-
Crisis Intervention*	3,390,689	3,525,491	3,738,892	-	-	-
Day Habilitation Services	202,305	163,961	92,663	-	-	-
Residential Services	308,253	441,536	210,481	-	-	-
Client Related Professional Services	919,381	657,290	724,897	-	-	-
Rental Subsidies	1,289,339	1,573,262	4,546,311	-	-	-

* State-delivered program, personal services included

Adult Developmental Services Programs serve adults with mental retardation or autism as defined in 34-B MRSA §5001 et seq. *Eligibility* is determined by an evaluation which is required by statute. An intake worker in each region helps applicants with the process. In SFY08, there were 147 new applicants. Sixty-seven were found eligible. In SFY08 the total active caseload for Developmental Services was 4,845. Since the closure of the Pineland Center in 1996, all developmental services have been provided in coordination with more than 300 private providers. Administration of services is provided by 10 local offices with direction from an Augusta-based central office.

Case Management

Services are provided by developmental services individual support coordinators (ISC), as well as by community case managers (CCM) contracted through private agencies. The active caseload for ISC is 3,982; the CCM active caseload is 863.

Representative Payee

This service is for people unable to manage their Social Security or Veteran's Administration benefits. In SFY08, Developmental Services acted as the "Rep Payee" for 2,237 clients.

Public Guardian

Developmental Services acts as public guardian for adults with mental retardation or autism who are found to be incapacitated by the Probate Court when no private party is willing or able. In SFY08, 700 people were under public guardianship and 100 were under conservatorship of Developmental Services.

For More Information

The Department has prepared a plan for brain injury services for 2008-2009 as required by the Legislature.
Visit:

http://www.maine.gov/dhhs/brain_injury_plan.pdf

Office of Adults with Cognitive and Physical Disability Services
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ -	$ -	$ -	$ -	$ -	***Community Mental Retardation Services-(0122)***
-	-	-	404,195**	198,369**	-	Supported Employment, Education and Housing
-	-	-	-	-	-	Adaptive Equipment and Services
-	-	-	-	-	-	Case Management
-	-	-	-	-	-	Crisis Intervention*
-	-	-	180,429**	48,972**	-	Day Habilitation Services
-	-	-	-	-	-	Residential Services
37,626*	36,190*	-	12,061**	30,851**	-	Client Related Professional Services
-	-	-	-	-	-	Rental Subsidies

* Funds from the sale of Freeport Towne Square
** Funds received from the OCFS Social Services Block Grant

Developmental Services

Crisis Teams
Crisis workers are available statewide around the clock via a toll-free crisis hotline. The goal is to provide support in the least intrusive way. Teams also provide training and outreach to local service providers, law enforcement and emergency personnel. In 2007, crisis teams made 2,659 phone contacts, provided in-home support on 119 visits and had 34 admissions to staffed crisis homes.

Family Support
In 2007, Developmental Services was able to provide some financial assistance to families with adult children living at home to meet rising energy costs and the other expenses of maintaining the family.

Adult Protective
By law, Developmental Services has protective responsibility for adults with mental retardation or autism. In SFY08, the Developmental Services Adult Protective Services (APS) unit initiated 500 investigations. Of these, 250 were investigated by APS personnel and 250 were assigned to trained investigators in service provider agencies.

Office of Advocacy
This office investigates allegations of rights violations, assists clients through the personal planning process, assists clients and families through grievance and appeal processes and provides information, referrals and training as needed regarding laws, rights and access to services. In SFY08 the office served 1,650 clients. The office assisted or represented 1,176 clients in the personal planning process.

Comprehensive Waiver (MaineCare Section 21)
This is a home- and community-based waiver that offers services for a limited number of recipients. The primary services are home support, community support and work support. It also includes a number of other supportive services to allow people to live in the community.

Services and Spending - Adults with Cognitive and Physical Disability Services

Office of Adults with Cognitive and Physical Disability Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2007	2008	2009	2007	2008	2009
Office of Advocacy-(0632)	**$ 585,351**	**$ 574,343**	**$ 582,584**	**$ -**	**$ -**	**$ -**
Office of Advocacy *	570,190	597,000	633,360	-	-	-
Mental Retardation Medicaid-(0705)	**17,887,241**	**21,363,768**	**22,143,446**	-	-	-
Mental Retardation Medicaid	21,957,288	20,585,115	22,143,446	61,262,253	62,384,442	67,696,875
Residential Treatment Facility Assessment-(0978)	-	-	-	-	-	-
Residential Treatment Facility	-	-	-	3,207,678	2,698,431	3,141,898
Medicaid Waiver-(0987)	**78,914,138**	**85,799,198**	**86,495,095**	-	-	-
Medicaid Waiver	84,942,052	89,317,462	86,495,095	145,740,833	154,054,369	154,673,440
Mental Retardation Supports Waiver-(Z006)	-	**1,093,648**	**1,368,913**	-	-	-
Mental Retardation Supports Waiver	-	-	1,368,913	-	-	2,447,936
Brain Injury-(Z041)	-	**93,357**	**98,263**	-	-	-
Brain Injury	-	108,090	98,263	-	-	-
Consumer Directed Services-(Z043)	-	**2,680,761**	**2,500,761**	-	-	-
Consumer Directed Services	-	1,889,099	2,249,986	-	-	-

***** Includes general fund personal services costs

Support Waiver (MaineCare Section 29)
This is also a home- and community-based waiver that offers a more limited collection of services. The major services are community support, work support and respite.

Intermediate Care Facility for Persons With Mental Retardation (MaineCare Section 50)
This is an institutional level of service that supports people in both group and nursing facilities. In Maine the size of the facilities vary between four and sixteen residents, the most common size being six beds.

Developmental services within the MaineCare program that are delivered by privately-contracted providers. The number of people served are:	
Section 21 (comprehensive waiver)	2,867
Section 24 (free standing day hab)	220
Section 29 (support waiver)	992
Section 50 (ICF/MR)	218

Free Standing Day Habilitation (MaineCare Section 24)
Often known as "FSD," this provides habilitative day program services.

Office of Adults with Cognitive and Physical Disability Services
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ 0	$ -	$ -	$ -	$ -	***Office of Advocacy-(0632)***
-	-	-	-	-	-	Office of Advocacy *
-	-	-	-	-	-	***Mental Retardation Medicaid-(0705)***
13,748,158	15,584,064	15,713,394	-	-	-	Mental Retardation Medicaid
-	-	-	-	-	-	***Residential Treatment Facility Assessment-(0978)***
1,869,529	1,564,493	1,756,984	-	-	-	Residential Treatment Facility
-	-	-	-	-	-	***Medicaid Waiver-(0987)***
-	-	-	-	-	-	Medicaid Waiver
-	-	-	-	-	-	***Mental Retardation Supports Waiver-(Z006)***
-	-	-	-	-	-	Mental Retardation Supports Waiver
-	-	-	-	-	-	***Brain Injury-(Z041)***
-	-	-	-	-	-	Brain Injury
-	-	-	-	-	-	***Consumer Directed Services-(Z043)***
-	-	-	-	-	-	Consumer Directed Services

Physical Disability Services

Physical disability service programs are administered by Alpha One under contract with DHHS. In SFY08, the Office of Adults with Cognitive and Physical Disabilities assumed responsibility of physical disability services.

Consumer-Directed Attendant Service (Section 12)
This program provides 28 hours per week of personal assistance and skill instruction. To be eligible, applicants must be 18 years old or older, independent of a guardian, and able to advertise, hire, train and direct their own personal assistance. Participants must qualify financially under MaineCare medical and financial eligibility criteria.

Consumer-Directed Personal Attendant Services (Home Based Care)
Participants receive up to 40 hours of personal assistance per week, skills instruction and case management. To be eligible, applicants must be their own guardian, 18 years old or older and able to advertise, hire, train and direct their personal assistant. They must need physical assistance with daily living skills and must not be MaineCare eligible. In SFY08, 101 clients were served with 19 individuals on a waiting list.

Services and Spending - Adults with Cognitive and Physical Disability Services

Home and Community Benefits for the Physically Disabled (MaineCare Section 22)
Services include up to 86 hours per week of personal assistance within a monthly cost cap, skill instruction and case management. Eligible participants must meet MaineCare financial eligibility requirements as well as medical eligibility requirements for nursing facility levels of care. In SFY08, 156 clients were served, with 111 individuals on a waiting list. Participants must be their own guardian, 18 years old or older, and able to advertise, hire, train and direct their own personal attendant.

Brain Injury Services

Each year, between 300 and 600 Mainers experience brain injuries that lead to life-long disabilities. The US Centers for Disease Control estimated in 2000 that 5,300 individuals with brain injury-related disability were living in Maine. National studies show that 85 percent of people with brain injury will resume most of their pre-injury activities within 3-5 years. Approximately 15 percent will experience long-term, perhaps lifelong, disability.

Brain Injury Services was created in 2007. Currently, services and support to people with disabilities due to brain injury are spread among many entities within and outside of DHHS.

Specialized Brain Injury Residential Service
There are currently eight brain injury residential services operated by five private providers under MaineCare section 97 (PNMI) with a total of 103 residents. Admission criteria are set by each facility. In general, the person must have a brain injury with significant functional limitations and meet medical and financial eligibility for MaineCare.

Outpatient Neurorehabilitation Clinics
There are eight outpatient neurorehabilitation clinics in Maine operated by five private providers. They serve more than 700 people each year, about 450 at any given time. Admission to a program requires a statement from a physician certifying brain injury and a comprehensive assessment of needs and rehabilitation. MaineCare financial and medical eligibility is also necessary.

Adult Developmental Services Caseload By County Distribution	
Androscoggin	386
Aroostook	434
Cumberland	853
Franklin	92
Hancock	111
Kennebec	529
Knox	140
Lincoln	98
Oxford	211
Penobscot	710
Piscataquis	74
Sagadahoc	113
Somerset	315
Waldo	120
Washington	147
York	507

Training
In FY08, Brain Injury Services sponsored eight trainings for more than 250 professionals and families, in partnership with the Maine National Guard, the Hitchcock Foundation, Brain Injury Association of Maine and other DHHS offices.

Advisory Council
In September 2007, the Acquired Brain Injury Advisory Council was established to advise the Department on the development of brain injury service. Consumers, family members, advocates and service providers comprise this 16-member council.

Federal Grant
In May 2008, Maine was awarded $100,000 by the Health Services Resources Administration to develop systems for persons with brain injuries. The Department will address epidemiology, workforce development, and improved access to data and resources with this grant.

Notes

Services and Spending - Child and Family Services

Child and Family Services
Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2007	2008	2009	2007	2008	2009
Children's Behavioral Health-(0136)	**17,873,074**	**17,703,223**	**17,532,027**	-	-	-
Case Management	439,845	312,334	-	-	-	-
Counseling Services	494,147	344,438	447,144	-	-	-
Mobile Outreach	1,195,036	1,251,500	1,156,750	-	-	-
Room and Board *	4,480,984	3,846,436	3,109,929	-	-	-
Children's Mental Health Services Medicaid-(0731)	**31,461,925**	**33,140,926**	**33,572,003**	-	-	-
Children's Mental Health Services Medicaid	35,227,232	31,408,859	33,572,003	60,441,749	54,173,863	60,034,586

* Room and board portion of residential care costs only.

Children's Behavioral Health

Children's behavioral health policy and program development is overseen by the Children's Behavioral Health Services (CBHS) Division of the Office of Child & Family Services. CBHS supports children birth through age 5 who have, or are at risk of having, developmental disabilities or delays and children and adolescents, birth through age 20, who have mental illness, mental retardation, autism spectrum disorder, developmental disabilities, or emotional and behavioral treatment needs. The division is committed to building on the strengths of families using existing helping networks and resources within their communities. In combination with professional services by contracted providers, these resources support children in need of treatment and their families by providing in-home, community-based, family-oriented services. The unduplicated number of children/youth served in FY 2006 by this system of care was 22,583 children.

Case Management
Children birth to age 20 with a diagnosis of mental illness, mental retardation, pervasive developmental disorder and children at risk of developing those conditions are served. Case management helps to identify and locate appropriate treatment to meet the needs of the child and navigate the system.

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

› › › › › › › › › Fast Facts

In children's behavioral health and child welfare services, the number of children hospitalized or in treatment facilities in other states has been reduced 93 percent since 1999 (from 194 to just 18).

Child and Family Services
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
-	-	-	-	-	-	***Children's Behavioral Health-(0136)***
-	-	-	-	-	-	Case Management
-	-	-	-	-	-	Counseling
-	-	-	124,420**	100,000**	-	Mobile Outreach
-	-	-	-	-	-	Room and Board Program *
-	-	-	-	-	-	***Children's Mental Health Services Medicaid-(0731)***
-	-	-	-	-	-	Children's Mental Health Services Medicaid

* Room and board portion of residential care costs only.
**Block grants for community mental health services

Outpatient Services
Outpatient Services provide mental health assessments for children and youth and counseling and family therapy to address symptoms and promote emotional and behavioral stability.

Medication Management
Provides prescription administration and / or monitoring of medications prescribed for treatment and prevention of symptoms for children birth to 20.

Children's Habilitation
These programs build skills in daily living and behavior management to support children in their home and community. Children birth to age 20 with mental retardation (an IQ of 70 or under) or a pervasive development disorder qualify for this service.

Children's Behavioral Health Treatment Services
These services offer strategies and family counseling to help children and families manage mental health symptoms, function better at home, in school and community, and helps prevent hospitalization of children and youth with serious emotional disturbance.

Assertive Community Treatment
Assertive community treatment provides intensive 24/7 symptom management and supports in home, school and community to prevent hospitalization. Families living with or caring for children with serious mental illness qualify.

Intensive Temporary Out of Home Treatment
Services stabilize and manage symptoms for children and youth with serious emotional disturbance who need temporary residential treatment, in order to return to home and community.

Wraparound Maine
Wraparound Maine is a process to improve the lives of children with serious emotional challenges who are involved with multiple systems including special education, child welfare, juvenile justice and children's behavioral health. The intent of Wraparound Maine is to allow these youth to safely and successfully remain in a family and their community. The focus is on developing truly

Child and Family Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2007	2008	2009	2007	2008	2009
Foster Care and Adoption Assistance-(0137)	**15,032,833**	**14,818,648**	**13,768,817**	**$ -**	**$ -**	**$ -**
Foster Care and Adoption Assistance-(0139)	**39,578,373**	**42,908,068**	**39,952,568**	**-**	**-**	**-**
Adoption Assistance	16,807,527	17,947,640	15,687,037	10,533,871*	11,195,484*	9,958,0590*
Case Management	208	180	-	409,714*	431,825*	488,739*
Family Foster Care	24,343,593	21,615,175	19,783,284	4,991,240*	4,792,071*	4,515,357*
Medical Services	3,576,161	2,444,438	1,630,610	-	-	-
Residential Service	859,721	721,412	534,980	1,575,608*	1,249,191*	981,134*
Fund for Healthy Maine Home Visitation-(0953)	-	-	-	-	-	-
FFM Home Visitation	-	-	-	-	-	-

* Foster Care, Adoption Assistance, Child Welfare and Promoting Safe & Stable Families Grants

individualized plans and meeting those individualized needs of youth and caregivers by providing the necessary resources. This endeavor is overseen by community stakeholders committed to developing resources that allow these special youth to remain and thrive in their homes and neighborhoods.

Respite Care
This service provides relief to parents or guardians of children and youth with serious emotional disturbance or developmental disabilities.

Child Welfare Services

Child Welfare Services join with families and communities to promote the long-term safety and well-being of children in permanent families. This work is guided by the Office of Child and Family Services Practice Model which emphasizes child safety, first and foremost, and is based upon the belief that parents have a right and responsibility to raise their own children; that children are entitled to live in safe and nurturing families, preferably with parents or relatives whenever possible; and that all children deserve a permanent family.

Intake
Anyone who suspects that a child is abused or neglected can contact Intake at 800-452-1999 to make a report, 24 hours a day, seven days a week. Within 24 hours of receiving a report, a decision is made to assign a Child Protection Assessment; to refer to the Alternative Response Program; or to screen out as inappropriate for referral.

Mandated Reporting Training
All community members, especially those who are mandated reporters, (educators, medical professionals and community providers) can complete this training. This ensures the community

Child and Family Services
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ -	$ -	$ -	$ -	$ -	***Foster Care and Adoption Assistance-(0137)***
-	-	-	-	-	-	***Foster Care and Adoption Assistance-(0139)***
-	-	-	-	-	-	Adoption Assistance
-	-	-	-	-	-	Case Management
3,800,130 **	6,094,238 **	4,947,184 **	-	-	-	Family Foster Care
-	-	-	-	-	-	Medical Services
-	-	-	-	-	-	Residential Service
4,693,961	5,378,750	5,432,713	-	-	-	***Fund for Healthy Maine Home Visitation-(0953)*** FFM Home Visitation

** Foster Care/Adoption Assistance, earned revenue

is educated about signs and effects of abuse and neglect of children and provides appropriate tools to make clear reports supporting the safety of children.

Child Protection Assessment
These services are for children who are alleged victims of child abuse and neglect. Staff respond to and meet with the alleged child victim and family within 72 hours of approving the report for assessment, or immediately as necessary.

Alternative Response Program
This program serves children and their families who are alleged to be victims of child abuse or neglect of low to moderate severity. The risk of child abuse and neglect is assessed and staff engage with the family and its support system to develop a plan to keep the children in the family safe and healthy.

Case Management
Children and their families receive services to help preserve the family and prevent the need for removal of the children. Family Team Meetings are used to help the parents develop a plan to meet their children's need for safety and well-being.

Reunification
Staff work with the family using their strengths to develop plans to meet the children's needs for safety and timely return to the parents. Case workers meet with each child and with the parents monthly to assess the success of services.

Kinship Care
Whenever possible, children who come into child protective services or foster care need to be placed with relatives or someone with whom they have a significant bond. Determining who constitutes family is critical to the work, beginning from the moment staff first interacts with a family and continuing throughout the life of the case. Strong and nurturing relationships can provide the supports that enable families to remain together and prevent the need for separation and removal.

Services and Spending - Child and Family Services

Child and Family Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2007	2008	2009	2007	2008	2009
Aid to Charitable Institutions-(0128)	**$ 250,576**	**$ 290,576**	**$ -**	**$ -**	**$ -**	**$ -**
Aid to Charitable Institutions	250,312	270,441	-	-	-	-
Purchased Social Services-(0228)	**9,501,129**	**6,013,254**	**5,569,616**	-	-	-
Community Support Services	3,169,029	1,614,417	1,692,249	7,431**	32,195**	-
Sexual Assault and Domestic Violence	2,973,100	1,758,714	2,580,392	2,420,901**	2,275,929**	2,255,626**
Central Office-(0307)	**$1,946,336**	**$2,273,625**	**$2,346,606**	**$ -**	**$ -**	**$ -**
Central Office	$2,026,618	$2,193,444	$1,827,360	$907,830*	$3,081,741*	$2,534,491*
Regional Operations-(0452)	**30,297,576**	**32,420,584**	**34,700,649**	**-**	**-**	**-**
Regional Operations	33,192,585	32,383,775	33,716,110	-	-	-

* Foster Care Program, Independent Living, Adoption Assistance Program, Child Abuse Prevention and Treatment, Children's Justice Act, Education and Training and Voucher Grants

** Victims of Crime, Family Violence Prevention & Services state grant, Rape Prevention grants

Visitation

Regular and frequent visitation is the most effective service in helping families reunify in a timely manner. Visitation of families is overseen by DHHS staff, by contracted visitation agency staff and by child-placing agency staff.

Regular Family Foster Care

Children with basic care needs in state custody are placed in licensed regular family foster homes. These homes are determined through the licensing process to meet basic standards relating to safety and training to ensure the caregivers' ability to meet the child's needs.

Therapeutic Foster Care

This program serves children in the custody of the Department with higher levels of care needs. Therapeutic Foster Homes provide children with family settings where activities meet the basic and therapeutic needs of the child. Therapeutic foster parents are associated with Child Placing Agencies.

Adoption

Children who cannot return to their parents in a time frame which meets the needs of the child and who need another permanent legal family can be adopted. In the event that reunification is not successful, there is ongoing exploration of kin and other potential resource families who can provide a permanent family to the child. Diligent recruitment of potential adoptive families is continuous.

Permanency Guardianship

Children who cannot return to their parents and for whom another permanent legal family is needed may also be placed with a permanent guardian. This is another legally sound, permanent option for youth when adoption is not appropriate.

Child and Family Services
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ -	$ -	$ -	$ -	$ -	***Aid to Charitable Institutions-(0128)***
-	-	-	-	-	-	Aid to Charitable Institutions
-	-	-	-	-	-	***Purchased Social Services-(0228)***
-	-	-	5,221,890 ****	5,858,023 ****	4,384,391 ****	Community Support Services
-	-	-	1,674,938 ****	3,189,359 ****	2,432,149 ****	Sexual Assault and Domestic Violence
$ -	$ -	$ -	$ -	$ -	$ -	***Central Office-(0307)***
683,708***	936,281***	247,550***	-	-	-	Central Office
-	-	-	-	-	-	***Regional Operations-(0452)***
-	-	-	-	-	-	Regional Operations

*** Foster Care/Adoption Assistance earned revenue
**** Social Services Block Grant

Recruitment for Permanency
Statewide and national recruitment efforts are made to find families for children who need a permanent home. Public outreach includes the National AdoptUsKids web site, which highlights waiting children; local television and media efforts such as *Thursday's Child*; public service advertisements on WGME and WABI television stations, radio, and yellow pages; and "Heart Galleries" - photos of waiting children displayed in venues across the state; as well as brochures, posters and presentations to various groups. More than 560 children are currently eligible and waiting for adoption.

Post Adoption Retention Supports
There are currently 3,090 children who were adopted from the Maine foster care system who receive some type of post adoption support. Services range from a daily subsidy and MaineCare to intensive treatment services. Studies have shown a significant continuing need for post-adoption services. A critical finding from a 5-year Maine research study is that the adopted children's level of need for mental health services is high, with between 46 percent and 66 percent of children ages 6-18 years old needing support.

Community Partnerships Protecting Children (CPPC)
CPPC is active in three communities in Cumberland County and serves families involved in child protective assessments. With funding from the community, state and foundation resources, it will be expanded to other communities across the state. According to CPPC, protecting children is a community responsibility, not the sole responsibility of the public child welfare system. Communities come together to create a system of supports that relies on the family and the parents as partners.

Services and Spending - Child and Family Services

Child and Family Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2007	2008	2009	2007	2008	2009
Homeless Youth-(0923)	**355,000**	**245,000**	**401,760**	-	-	-
Homeless Youth	341,817	353,153	297,337	-	-	-
Head Start-(0545)	**2,448,875**	**2,448,875**	**2,448,875**	-	-	-
Head Start	2,444,363	2,390,129	2,450,498	19,720*	65,831*	29,520*
Child Care Development Fund-(0563)	**2,888,189**	**300,000**	**300,000**	-	-	-
Child Care Development Fund	2,888,179	236,707	246,748	-	-	-
Fund for Healthy Maine-Head Start-(0959)	-	-	-	-	-	-
Fund For Healthy Maine Head Start	-	-	-	-	-	-
Fund for Healthy Maine-Purchased Social Services-(0961)	-	-	-	-	-	-
Fund for Healthy Maine Purchased Social Services	-	-	-	-	-	-

* Head Start Collaborative Grant

Youth Leadership Services
Youth Leadership Advisory Team supports youth in foster care age 16 and up and former foster youth, in community activities and service.

Early Childhood Services

Home Visiting
Home visitors who understand methods based on the best local and national research build trusting relationships and problem solving skills and help families use natural supports.

Child Care and Head Start
This program develops and improves child care resources across the state; administers, evaluates and directs the spending of state and federal dollars for child care; manages grants, develops and manages programs to improve child care quality; provides technical assistance concerning child care; maintains an inventory of child care information; and develops incentives for employer involvement in child care.

Early Childhood Quality Rating System
The quality rating system for child care providers assesses Regional Child Care Resource Development Centers, evaluates the experiences of parents receiving government subsidies for child care and maintains a child care provider search tool for parents.

Community Services

Domestic Violence services include prevention and intervention, emergency shelter, crisis response and advocacy. Services also include individual, family, and group counseling; children's services; employment; housing assistance; support with law enforcement, legal issues, and court procedures; and transportation.

Sexual Assault services include crisis support to victims of rape or sexual assault and their families through 24 hour crisis hotlines, victim counseling, family counseling, accompaniment

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
-	-	-	-	-	-	***Homeless Youth-(0923)***
-	-	-	-	-	-	Homeless Youth
-	-	-	-	-	-	***Head Start Program-(0545)***
-	-	-	-	-	-	Head Start
-	-	-	-	-	-	***Child Care Development Fund-(0563)***
-	-	-	24,231,436	19,496,684	14,606,013	Child Care Development Fund
-	-	-	-	-	-	***Fund for Healthy Maine-Head Start-(0959)***
1,344,231	1,520,939	1,572,106	-	-	-	Fund For Healthy Maine Head Start
-	-	-	-	-	-	***Fund for Healthy Maine-Purchased Social Services-(0961)***
$3,801,875	4,230,946	2,994,060	-	-	-	Fund for Healthy Maine Purchased Social Services

to and support with law enforcement, medical, and legal procedures, transportation, training of crisis counselors, and community education. Currently there are 19 separate agencies (ten for sexual assault and nine for domestic violence) throughout the state providing domestic violence and sexual assault services. These services are funded with state dollars, as well as federal grants.

Outreach
Provides necessary outreach services to youth from age thirteen to age twenty-one, their families and/or legal guardians, including preliminary assessments, safety plans, and other services. Over 300 youth that are unable to live at home due to abuse/neglect, aggressive behaviors, at risk of criminal involvement, substance abuse, and early pregnancy receive services. Homeless youth with mental health issues often are difficult to engage and typically reject the traditional services and processes to access needed supports. Homeless outreach provides an avenue for gaining trust of these youth and guiding them in making safer life choices.

Shelters
Shelters provide youth a safe place to live, meals, counseling, transportation to school, recreational, social and cultural activities on an emergency basis. These services are accessed by youth in foster care, for example, during "runaway episodes" and for youth and young adults not in DHHS custody.

Transitional Services
Transitional services assist homeless youth transitioning from adolescence to adulthood by providing life skills and a safe place to live. These services primarily serve homeless youth not in state custody. A service plan is developed with the youth to identify goals, needs and services, and identify appropriate housing options and housing assistance required to successfully transition from the program.

Social Services and Spending

	State Purchased Social Services 010 0228*	Federal Funds for Purchased Social Services 013 0228	Social Services Block Grant 015 0228	Child Care Services 010 0563	Child Care Development Fund 015 0563	FHM - Purchased Social Services 014 0961
	2007					
Child Care Funds agencies to provide childcare to income-eligible parents	$1,952,686	$0	$48,600	$2,888,179	$24,231,436	$3,801,875
Administration Indirect costs for payroll, travel, IT, telephone services	102,708	763	465,993	0	0	0
Community Support Services Adoption, nutrition, hospice, and homemaker services	3,168,581	7,431	5,221,890	0	0	0
Miscellaneous Services Shaw House, International Adoption Contracts	250,851	0	0	0	0	0
Multicultural Affairs Refugee resettlement and preventative health	66,667	813,780	241,716	0	0	0
Sexual Assault & Domestic Violence Funding to provide a full range of services to victims as well as community education and response services.	2,973,100	2,420,901	1,674,938	0	0	0
Supervised Visitation Funds 5 agencies to provide court-ordered supervised visits for foster children and their families, including transportation, as part of reunification.	626,743	0	878,291	0	0	0
Victims Witness Advocates Provides comprehensive services to crime victims and witnesses or criminal offences during criminal justice process	61,387	533,756	(3,887)	0	0	0
Youth Shelter Provides a home for children needing shelter 24 hours a day, including other support and crisis services.	9,943	0	0	0	0	0
Totals	**$9,212,667**	**$3,776,632**	**$8,527,542**	**$2,888,179**	**$24,231,436**	**$3,801,875**

Social Services and Spending

	State Purchased Social Services 010 0228*	Federal Funds for Purchased Social Services 013 0228	Social Services Block Grant 015 0228	Child Care Services 010 0563	Child Care Development Fund 015 0563	FHM - Purchased Social Services 014 0961
	2008					
Child Care	$1,022,657	$0	$1,030,073	$236,707	$19,496,684	$4,203,946
Administration	360,002	0	253,048	0	0	0
Community Support Services	1,614,417	32,195	5,858,023	0	0	0
Miscellaneous Services	140,915	0	0	0	0	0
Multicultural Affairs	21,558	727,212	163,189	0	0	0
Sexual Assault & Domestic Violence	1,758,714	2,275,929	3,189,359	0	0	0
Supervised Visitation	302,625	0	1,320,077	0	0	0
Victims Witness Advocates	42,912	525,485	10,437	0	0	0
Youth Shelter	0	0	0	0	0	0
Totals	**$5,263,801**	**$3,560,821**	**$11,824,207**	**$236,707**	**$19,496,684**	**$4,203,946**

*Includes Fund for Healthy Maine unappropriated surplus

	State Purchased Social Services 010 0228*	Federal Funds for Purchased Social Services 013 0228	Social Services Block Grant 015 0228	Child Care Services 010 0563	Child Care Development Fund 015 0563	FHM - Purchased Social Services 014 0961
	2009					
Child Care	$958,822	$0	$1,134,363	$252,711	$14,599,452	$3,034,641
Administration	397,708	0	278,925	0	0	0
Community Support Services	1,692,249	0	4,384,391	0	0	0
Miscellaneous Services	0	0	0	0	0	0
Multicultural Affairs	36,884	517,114	10,000	0	0	0
Sexual Assault & Domestic Violence	2,854,187	2,490,092	3,228,863	0	0	0
Supervised Visitation	73,877	0	1,740,931	0	0	0
Victims Witness Advocates	46,885	251,262	0	0	0	0
Youth Shelter	0	0	0	0	0	0
Totals	**$6,060,613**	**$3,258,468**	**$10,777,473**	**$252,711**	**$14,599,452**	**$3,034,641**

Success Stories

Home Visits to First-Time Parents

Home visits are offered to all first-time parents and pregnant and parenting adolescents in Maine. Professional home visitors, (often public health nurses or caseworkers) build trusting relationships, support new parents with information and problem solving skills, and provide essential information and education about early childhood care and growth. In 2008, nearly 5,000 families were enrolled in Maine's home visiting program. 21,595 home visits were completed in 2008, an increase over previous years despite flat funding.

Touchpoints is an approach to parent support and a theory of change used by home visitors in their engagement with parents. The *Touchpoints* approach promotes infant and child brain development and learning readiness, parental emotional availability to infants and children, parent participation in programs providing preventive services as well as social connectedness and empowerment.

Success Stories from Touchpoints Training in Home Visiting (in the words of home visitors and managers themselves):

"Meg", home visitor -"I've been doing this work for years and find that it's easy to fall into a pattern of universally disseminating information based on the developmental stage or situation. *Touchpoints* has helped me step back and allow parents to guide the visit, to let me know what they need and when they are ready for it.

"Rose," supervisor - "Before *Touchpoints* I did a lot of talking, fixing, and problem solving. With Touchpoints I am listening more to staff and supporting them to come up with their own solutions. I am more conscious of individual solutions and strengths."

"John," program manager - "Before *Touchpoints* we were in a rush to get things done and giving the answers. With *Touchpoints* we have slowed down. The staff has really grown and come together."

"Michaela," program manager –"*Touchpoints* gives me the language to better describe the work of home visiting. It allows me to talk about specific strategies for engaging with families and supporting their health and well-being through collaborative relationships."

Child Welfare Services

DHHS CWS District (See Page 10 for District Map)	Total Number of Children in Care 10/6/08	Number of children with a legal status of C-5* 10/6/08	Total number of children in Residential Services on 10/6/08	District Percentage of Children placed in Residential Services as of 10/6/08
1	344	19	61	17.7%
2	317	3	38	12.0%
3	317	4	43	13.6%
4	147	3	17	11.6%
5	404	11	49	12.1%
6	302	8	30	9.9%
7	129	0	9	7.0%
8	120	2	10	8.3%
Total	**2080**	**50**	**257**	**12.4%**

The October 2008 Child Welfare Service Strategic Plan Goal was 15%

*A child with C-5 status is defined as a juvenile offender ordered into custody under the juvenile code title 15 Sec. 3314.1.c.1

For More Information

"A Family For ME" is Maine's recruitment initiative for foster and adoptive families.

http://www.afamilyforme.org

Services and Spending - Elder Services

Office of Elder Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2007	2008	2009	2007	2008	2009
Office of Elder Services-(0140)	**$11,264,567**	**$ 6,162,491**	**$ 5,854,744**	**$ -**	**$ -**	**$ -**
Administration on Aging	836,218	734,848	657,248	325,751	221,906	639,297
Adult Protective Services	6,058,710	796,153	1,515,495	12,877	21,898	72,017
Community Services	4,098,814	4,379,374	2,845,226	7,581,830	8,517,974	7,975,798
Long Term Care	897,148	305,605	248,181	68,376	82,663	91,831
Intermediate Care Services-(0148)	**60,061,335**	**68,895,073**	**71,289,352**	-	-	-
Intermediate Care	61,764,437	59,264,784	71,289,352	198,926,520	197,966,860	234,290,662
Independent Housing-(0211)	**1,527,938**	**1,052,058**	**560,608**	-	-	-
Community Services	544,879	1,420,569	931,757	-	-	-

The Office of Elder Services (OES) is responsible for the oversight of three program areas: Elder Services Community Programs, Long-Term Care Services and Supports, and Adult Protective Services.

Elder Services Community Programs under the federal Older Americans Act assist older people to remain independent in their homes and communities. Most of these programs are provided through Maine's five Area Agencies on Aging. Elder and adult services are generally available to all adults age 60 and over.

Elder Services Community Programs

Outreach
Outreach is provided to older adults on the state tax and rent refund program, housing, fuel assistance, and transportation to consumers.

Nutrition Programs
Older adults receive meals that meet dietary guidelines at congregate sites, or delivered to their homes if they are homebound and unable to prepare meals. (Meals programs are also funded by Social Service Block Grant and state funds.)

Family Caregiver Support
Supports—including information, counseling, respite, and assistance—are available to older adults, caregivers of those with Alzheimer's, and grandparents raising grandchildren.

Senior Medicare Patrol
This program recruits and trains older volunteers to assist people with Medicare to better understand their Medicare benefits in order to be able to identify fraud, abuse or errors.

Evidence-Based Healthy Aging Programs
The Office of Elder Services received a three-year grant for evidence-based disease prevention programs, including a chronic disease self-management program; a falls-prevention program called *A Matter of Balance*; and a screening program for depressive symptoms called *Healthy IDEAS*, which combines depression awareness and self-management interventions into existing community programs. OES received an additional grant to figure out how to sustain the chronic disease self-management program financially into the future.

Office of Elder Services
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ -	$ -	$ -	$ -	$ -	***Office of Elder Services-(0140)***
33,932	358	-	-	-	-	Administration on Aging
16,861	3,642	-	-	-	-	Adult Protective Services
69,227	-	174,000*	-	-	-	Community Services
20	-	-	-	-	-	Long Term Care
-	-	-	-	-	-	***Intermediate Care Services-(0148)***
29,324,209	31,286,213	29,600,017	-	-	-	Intermediate Care
-	-	-	-	-	-	***Independent Housing-(0211)***
-	-	-	-	-	-	Community Services

* Contributions from the American Association of Retired Persons

Money Management
This program assists older adults who need assistance with bill paying and balancing their checkbooks. They are assisted by volunteers located at the Area Agencies on Aging. AARP provided the initial funding to help OES extend the reach of money management services throughout the state.

Senior Community Service Employment Program
Unlike the other programs funded through the Older Americans Act, the Senior Community Service Employment Program is targeted on a subset of older adults. Low-income adults age 55 and over who are unemployed receive minimum wage while they participate in training programs that lead to employment.

There are several additional Elder Services Community Programs funded by the state and other federal agencies. These include:

Adult Day Services
These state-funded services, provided in a group setting, include assistance with daily living, snacks and meals, activities and transportation. These services help individuals who live alone and family caregivers who must work.

Alzheimer's Respite
This state-funded service is provided to eligible caregivers of persons with dementia either at home, at an adult day program, or in a residential or nursing facility for up to two weeks a year.

Independent Support Services
Formerly known as homemaker services, this state-funded program provides assistance with household chores or personal care that improves or maintains the well-being of individuals needing this assistance. These services include a consumer-directed option.

Services and Spending - Elder Services

Office of Elder Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Funds			Federal Funds		
	2007	2008	2009	2007	2008	2009
Home-based Care-(0420)	**$10,614,079**	**$10,175,625**	**$10,604,306**	**$ --**	**$ --**	**$ -**
Home-Based Care	9,979,007	11,931,135	10,781,715	-	-	-
MR/Elderly PNMI Room & Board-(Z009)	**4,940,353**	**7,980,783**	**10,814,379**			
MR/Elderly PNMI Room & Board	8,316,972	9,424,677	10,814,379			
Adult Protective Services-(Z040)	**-**	**5,173,824**	**5,558,485**	**-**	**-**	**-**
Adult Protective Services	-	5,168,211	5,556,276	-	-	-

Independent Housing with Services / Affordable Assisted Living
These services support individuals in residential housing with meals, personal care, housekeeping, and emergency response.

State Health Insurance Assistance Program
The State Health Insurance Assistance Program (SHIP) has been funded by the federal Centers for Medicare and Medicaid Services for 17 years. Through this program, people with Medicare get information, counseling, and assistance with Medicare benefits, including Medicare Prescription Drug Coverage (Part D) and Medicare Advantage Plans (Part C).

Legal Services for the Elderly
Legal Services for the Elderly provides free, high quality legal services to Maine's socially and economically needy elderly age 60 and over. This organization provides legal support and advocacy on behalf of older persons, SHIP counseling to people with Medicare and training for SHIP counselors, and oversight of the Senior Medicare Patrol Program.

Volunteer Programs
Three senior volunteer programs are funded by the Federal Corporation for National and Community Services, state funds, local communities, grants, and donations. The Foster Grandparent Program, Senior Companion Program and Retired and Senior Volunteer Programs all recruit older adults to help address compelling community needs. In addition, state funds support volunteer drivers for Meals on Wheels and for transportation to medical appointments.

Long Term Care Services and Supports

The Office of Elder Services is responsible for policy, planning, and resource development of Maine's long term care services and supports, including services at home and facility-based services. The Office has completed a needs assessment that includes baseline information and a projection model to help the state of Maine plan for the long-term care needs of its people now and in the future.

OES directly manages a number of programs that give adults who need long term services and supports a chance to live as independently as possible. OES oversees three major contracts:

Assessment of Individual Need for Services
One is with Goold Health Systems for the assessment of individuals' needs for long-term care services (including nursing facility care and home- and other community-based services). Through this contract, individuals are also informed about the variety of options they have.

Office of Elder Services

Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ -	$ -	$ -	$ -	$ -	***Home-based Care-(0420)***
-	-	-	-	-	-	Home-Based Care
-	-	-	-	-	-	***MR/Elderly PNMI Room & Board-(Z009)***
-	-	-	-	-	-	MR/Elderly PNMI Room & Board
-	-	-	-	-	-	***Adult Protective Services-(Z040)***
-	-	126,528*	-	-	-	Adult Protective Services

* Elder Services Conservatorship Funds

Case Management
Another contract is with Elder Independence of Maine for case management for individuals receiving home care services and supporting a statewide network of home care providers.

Long-Term Care Ombudsman
The third contract is the Maine Long-Term Care Ombudsman Program to represent the interests of, and advocate on behalf of, individuals living in long term care facilities or receiving home-based long term care services.

Adult Day Health Services
This MaineCare-funded program assists adults with personal care needs, from limited personal care assistance to nursing facility level of care, in a day care setting. Services include health care monitoring, nursing, rehabilitation, counseling, exercise, and health promotion.

Adult Family Care Homes
These MaineCare-funded personal care services are provided in residential-style homes for eight or fewer residents.

Home and Community-Based Waiver Services
Adults who are eligible for nursing facility level of care but choose to get services in their homes are served by this MaineCare-funded program. Assistance includes case management, nursing services, therapies, personal care, homemaking, transportation, and respite. These services include a consumer-directed option.

Home Health Services
Eligibility for MaineCare-funded home health services is based on skilled nursing or therapy needs. Services can also include home health aide, therapy, social work services, and psychiatric medication visits.

Home-Based Care
Enacted 28 years ago by the Maine Legislature, this state-funded program provides in-home support for people with long term needs. There are four levels of eligibility, from needing limited nursing services and assistance with daily living to needing nursing facility level of care. Based on financial criteria, individuals contribute to the cost

For More Information

The Office of Elder Services offers an online resource directory that is a useful tool for elders and those who work with the elderly. You can find it at:

http://www.maine.gov/dhhs/oes/resource/resource.htm

of their care. Services may includes case management, nursing, therapies, personal care, homemaking, transportation, and respite. These services include a consumer-directed option.

Hospice Services
MaineCare-funded hospice services include a range of interdisciplinary services provided twenty four hours a day, seven days a week to a person who is terminally ill and to that person's family. These services are delivered in the least restrictive setting possible, by volunteers and professionals who are trained to help the member with physical, social, psychological, spiritual and emotional needs related to the terminal illness, with the least amount of technology possible. Services are focused on pain relief and symptom management and are not curative in nature.

Nursing Facilities
Funded in large part by MaineCare and also referred to as nursing homes, these facility-based services are primarily professional nursing care or rehabilitative services for persons who are injured, disabled, or sick. These services are less intensive than hospital inpatient services.

Private Duty Nursing/Personal Care Services
Funded by MaineCare, this program provides nursing and personal care assistance for adults and children. There are several levels of care, including limited personal care assistance, nursing need, and ventilator dependent care. These services include a consumer-directed option.

Residential Care Services
Funded by MaineCare and also referred to as private non-medical institutions (PNMIs), these facility-based services include food, shelter, and treatment or personal care services for four or more residents. These services, which are less intensive than nursing facility services, are available for a number of different populations. OES oversees those that serve primarily older adults.

Adult Protective Services

Through the statewide Adult Protective Services (APS) program, the Office of Elder Services helps incapacitated and dependent adults, 18 years and older, who are in danger of abuse, neglect and exploitation. Clients are typically elderly and have physical disabilities, mental illness, dementia, substance abuse issues and/or brain injury. Fifty-five APS staff provide intake, investigation, and case management.

Intake
Calls to the Intake Unit include authorization requests regarding public wards, information and referral, and referrals of abuse, neglect and exploitation.

Investigations
APS receives reports of abuse, neglect, and exploitation; investigates those reports; and arranges for services to protect clients. 3,916 referrals of abuse were received in FY'08– an increase of 12% over FY'07.

Public Guardianship and Conservatorship
DHHS petitions the Probate Court for guardianship and conservatorship when all less restrictive alternatives fail. Authorizations include providing informed consent for medical and psychiatric treatment, placement decisions, and management of assets. In FY'08, the program managed over $7.1 million in assets and is responsible for filing inventories and accountings with the Probate Court. Estate management fees are billed to conservatorship cases, avoiding use of state funds for guardianship and conservatorship related activities.

› › › › › › Fast Facts

In 2007, the Meals on Wheels program served 7,908 clients, delivering 655,001 meals

Success Stories

Alzheimer's Respite Makes A Difference

- Comments by the husband-caregiver of a person with Alzheimer's

I have to say that other than my faithful pup, Bogie, the Partners in Caring Respite Program is probably the most important factor keeping me mentally energized and balanced. I've found that one of the tougher parts of care giving has been maintaining a sense of self; of who I am beyond the primary caregiver.

> "...as the disease progressed, I quickly became distressed. It was clear that I needed something creative and fulfilling, something that was my own to offset the strain."
>
> -"Bill", husband and caregiver for an Alzheimer's sufferer

Before my wife, Barbara, was diagnosed with Alzheimer's in New Mexico, I defined myself by what I did: volunteer archaeology, museum work, hiking, and exploring. But all that went by the boards as Barbara's Alzheimer's progressed, and I quickly became distressed. It was clear that I needed something creative and fulfilling, something that was *my own* to offset the strain. When we moved to Maine, I turned to a former pastime, photography, which was an activity that could be done whenever time allowed. The key problem, however, was finding that personal time.

A support group facilitator suggested I contact the Family Caregiver Support Program about respite as a way to enroll Barbara at Riverside Adult Day Services in Damariscotta. It was a "eureka moment"; an opportunity for Barbara to have much-needed socializing and a chance for me to do photography. With the program's assistance, I was able to create two blocks of dear time each week, allowing adequate time for shopping and house work and a gorgeous chunk of time to search out locations and actually do some photographing.

In the year since I began with the respite program, I have evolved from a casual snapshooter to a serious amateur, even as the care giving has intensified. Many, many thanks to Senior Spectrum and the Family Caregiver Support Program for this precious gift of open time and respite.

PS: Barbara truly loves her day care visits!

Services and Spending - Office of Substance Abuse Services

Office of Substance Abuse Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2007	2008	2009	2007	2008	2009
Office of Substance Abuse-(0679)	**7,150,665**	**7,080,956**	**7,677,352**	-	-	-
Corrections	767,897	779,530	939,608	-	-	-
Treatment	5,732,613	5,495,785	4,485,360	1,254,040	998,088	2,086,928
Prevention	370,048	240,169	270,950	4,254,392	4,302,024	3,128,016
Driver Education and Evaluation Program-(0700)	**1,391,387**	**1,908,924**	**2,091,519**	-	-	-
DEEP	1,407,880	1,506,179	1,697,678	-	-	-
Office of Substance Abuse MaineCare Seed-(0844)	**3,532,712**	**2,788,568**	**2,675,153**	-	-	-
MaineCare Seed	3,452,354	3,150,899	2,675,153	6,840,863	5,434,657	4,783,799
Office of Substance Abuse Fund for Healthy Maine-(0948)	-	-	-	-	-	-
Fund for Healthy Maine	-	-	-	9,835,203	10,995,131	11,720,226

The Office of Substance Abuse provides leadership in substance abuse prevention, intervention and treatment. Its goal is to enhance the health and safety of Maine citizens through the reduction of the overall impact of substance use, abuse and dependency. Programs include:

Strategic Prevention Framework
The Strategic Infrastructure Grant assists the Office of Substance Abuse Services (OSA) to provide funding to prevention coalitions to reduce substance use.

Prevention Contract Funding by District:	
Districts 1 & 2:	$694,670 (31%)
Districts 3-5:	$785,049 (35%)
Districts 6-8:	$756,701 (34%)

Community Prevention Grants assist prevention coalitions by helping to fund their work in local communities.

Enforcement of Underage Drinking Laws
OSA works with law enforcement and the Safe and Drug Free Schools program to prevent violence in and around schools and to strengthen programs that prevent the use of alcohol, tobacco and drugs.

OSA supports businesses as they create a safe and drug-free work environment.

Find Out More-Do More is an ad campaign that provides important information for parents about underage drinking. Tool kits, tips and strategies to reduce underage drinking are central to the series.

Office of Substance Abuse Services
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
-	-	-	-	-	-	***Office of Substance Abuse-(0679)***
-	-	-	-	-	-	Corrections
74,455	85,295	95,523	4,850,914	5,083,438	4,704,687	Treatment
4,567	1,880	19,401	1,467,900	1,631,483	1,890,543	Prevention
-	-	-	-	-	-	***Driver Education and Evaluation Program-(0700)***
-	-	-	-	-	-	DEEP
-	-	-	-	-	-	***Office of Substance Abuse MaineCare Seed-(0844)***
534,702	610,280	662,023	-	-	-	MaineCare Seed
-	-	-	-	-	-	***Office of Substance Abuse Fund for Healthy Maine-(0948)***
5,732,246	6,374,744	6,554,080	-	-	-	Fund for Healthy Maine

Healthy Maine Partnerships with MeCDC, OSA and the Department of Education work collaboratively with other state agencies to build a public health structure to support all Mainers.

Drivers' Education and Evaluation Program
OSA administers the Risk Reduction Program, Driver Education Evaluation Program (DEEP) for adults and youth under age 21 who have been convicted of operating under the influence of alcohol. In 2007, DEEP intervention services helped nearly 7,700 OUI clients.

Prescription Monitoring Program
The Prescription Monitoring Program (PMP) works with physicians and pharmacists to monitor schedule II-V drugs to reduce the possibility of addictive drugs being improperly prescribed. In the past year, the number of medical prescribers registered in the program went from 24 percent to 31 percent.

For More Information

The Office of Substance Abuse recently produced a report entitled *Substance Abuse Trends In Maine.* This report and other substance-abuse related reports are at:

http://www.maine.gov/dhhs/osa

Services and Spending - Office of Substance Abuse Services

Working with the judicial system, the Office of Substance Abuse helps provide treatment and support to people with substance abuse issues who become involved with the criminal justice system. These include problem-solving drug courts for juveniles, adults and families, and the co-occurring drug court for people with substance abuse and mental health issues.

The **Differential Substance Abuse Treatment System** works with contracted substance abuse agencies and the Corrections System to provide substance abuse treatment to their clients.

Treatment Contract Funding by District	
Districts 1 & 2:	$6,524,447 (49 percent)
Districts 3-5:	$4,283,575 (32 percent)
Districts 6-8:	$2,607,271 (19 percent)

The Strengthening Treatment Access & Retention (STAR-SI) **grant** works with contracted substance abuse agencies to improve access to treatment and enhance treatment retention.

The **Advancing Recovery Grant** and the **Co-occurring State Implementation Grant (**COSIG) fund contracted substance abuse prevention and treatment agencies to use medication-assisted therapy and case management services to aid recovery.

Advancing Recovery Grant
This grant works with agencies to implement evidence-based practices, specifically medication-assisted therapy.

Co-occurring State Implementation Grant (COSIG)
The COSIG grant focuses on people with substance abuse and mental health issues. This grant works with contracted agencies to help them become more integrated in their work with clients who have both substance abuse and mental health disorders.

The **Maine Gambling Addiction Network** has trained and developed a group of certified counselors to help people with problem gambling issues, especially those individuals without resources.

› › › › › › › › › Fast Facts

Maine has one of the most successful tobacco cessation programs in the country, with a 64 percent drop in high school smoking from 1997 to 2007; a 73 percent drop in middle school smoking during the same 10 year period; and a 30 percent drop in cigarette use in the past 7 years.

Success Stories

Sobriety Offers a Second Chance at Life

"Cindy" grew up in a home where nobody used drugs or drank alcohol. When she was in junior high, Cindy's doctor prescribed medicine to control her asthma. The medicine gave her a lot of energy and made her feel happy and fun loving. Cindy discovered she loved that medicine. As a freshman, a boy she liked gave her LSD. As Cindy had more experiences with drugs and drug-using friends, her experimenting crossed over into alcohol use and she began drinking. One night she mixed her asthma pills with a bottle of wine and woke up on the floor with her little sister shaking her asking, "Are you dead? Please don't be dead!" Cindy remembers spending the rest of the night sick, all along thinking she couldn't wait to get drunk again.

Within six months, Cindy was smoking marijuana and injecting amphetamines, crystal meth, morphine and anything else she could find. Her drug of choice was anything she could get. Cindy just wanted to change how she felt. She was so unhappy, but she thought these drugs made her feel better.

When she was 16, Cindy ran away from home after her father found her stash of drugs. Living in an apartment with a drug-using friend, Cindy used intravenous drugs until her veins wore out. Cindy developed gangrene and became delirious from fever. She was cared for by a friend who was hallucinating herself. Cindy's friend nearly died of an overdose and this was a turning point for Cindy.

Determined to change, Cindy panhandled enough money to get home, and her family welcomed her back. But within a year, Cindy had returned to her drug and alcohol habits. From ages 17 to 30, Cindy struggled with her addiction and recovery. She tried church, exercise, marriage, and started a family, all with the hope that with a change in her life her addictive cycle would be broken.

One day Cindy looked around at her family and realized she was ruining the lives of everyone around her.

When Cindy's kids became teenagers she started drinking and smoking with them. Her rational judgment was gone, and for the next two years, the three of them spiraled downward into a life of drugs and drinking. One day Cindy looked around at her family and realized she was ruining the lives of everyone around her. After the birth of a grandchild, Cindy began working toward sobriety.

Her doctor helped her detox and get into an OSA-funded intensive outpatient program. Cindy completed that program and began attending group counseling and 12-step self help meetings regularly. With the help of a Sponsor (a female mentor in the 12-step program) Cindy has been sober ever since. She now volunteers at an OSA licensed treatment center and sponsors other women trying to change their lives.

Cindy has been sober for 10 years and believes that three things happened that made all the difference in her life: she began to believe in a higher power; she became willing to ask for help; and she became willing to help others. Cindy now talks with people to let them know that recovery is possible and that having treatment programs ready to help when people are ready to get the help makes all the difference in the world. The Maine Office of Substance Abuse is focused on assuring that those resources exist.

Services and Spending - Integrated Access and Support

Office of Integrated Access and Support

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2007	2008	2009	2007	2008	2009
Child Support Enforcement and Recovery-(0100)	**$2,552,023**	**$3,327,957**	**$3,649,995**	**$ -**	**$ -**	**$ -**
Child Support Enforcement and Recovery	2,847,661	3,265,088	8,500,000	12,124,932	13,337,912	16,500,000
General Assistance-(0130)	**5,547,923**	**6,499,622**	**5,974,622**	**-**	**-**	**-**
General Assistance	6,447,215	7,030,620	5,970,000	-	-	-
Supplemental Security Income-(0131)	**5,752,753**	**6,635,316**	**7,443,752**	**-**	**-**	**-**
Supplemental Security Income	5,345,846	5,478,103	5,705,548	-	-	-
Temporary Assistance for Needy Families-(0138)	**$23,237,464**	**$24,732,638**	**$25,144,078**	**$ -**	**$ -**	**$ -**
Emergency Assistance	-	320	-	-	-	-
Parents As Scholars	1,824,786	1,767,902	3,360,000	-	-	-
Transitional Program	4,097	(885)	-	-	-	-
ASPIRE	1,233,519	873,805	-	-	-	-
Child Support Collection	-	-	-	-	-	-
TANF	24,724,200	22,093,235	24,640,000	-	-	-

The Office of Integrated Access and Support determines eligibility for all entitlement programs, collects child support, and assists with disability determination. Programs are supported in many ways. The TANF Block Grant provides federal funds to states to assist families with children as they move toward self support. For Maine, the TANF Block Grant is capped at $78 million a year for the next 10 years.

Programs funded through the TANF Block Grant:

Temporary Assistance for Needy Families (TANF)

TANF helps needy, dependent, deprived children and their caretakers. It provides funds to meet basic needs of the child while cared for at home. Unlike other states, the child must be deprived of the support of a parent in order to qualify for the benefit.

Parents as Scholars (PAS)

PAS provides the same benefits and support services as TANF. It is for parents who are attending two- or four-year schools after high school. The goal of the program is to help parents get an education and as a result, a higher-paying job. It is limited to 2,000 participants. The first two years of participation in the PAS

Office of Integrated Access and Support
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ -	$ -	$ -	$ -	$ -	***Child Support Enforcement and Recovery-(0100)***
4,152,659	258,277	-	-	-	-	Child Support Enforcement and Recovery
-	-	-	-	-	-	***General Assistance-(0130)***
-	-	-	-	-	-	General Assistance
-	-	-	-	-	-	***Supplemental Security Income-(0131)***
-	-	-	-	-	-	Supplemental Security Income
$ -	$ -	$ -	$ -	$ -	$ -	***Temporary Assistance for Needy Families-(0138)***
-	-	-	961,931	980,692	985,000	Emergency Assistance
-	-	-	2,361,464	1,841,819	2,490,000	Parents As Scholars
-	-	-	5,254,728	15,339,366	17,300,000	Transitional Programs
-	-	-	-	-	-	ASPIRE
75,166,511	80,259,755	102,400,000	-	-	-	Child Support Collection
14,173,195	8,219,419	7,600,000	26,935,580	32,200,128	30,000,000	TANF

program are paid by block grant funding; subsequent years are paid with general funds.

Alternative Aid Assistance
An alternative to the Temporary Aid for Needy Families program, families can receive short-term help to get or keep a job. It can be used for things like car repair or child care. The payment must be made to the service provider. It can equal up to three months of TANF benefits, but can only be granted once a year. Statistics show only one in three who choose this option need help later from TANF.

Emergency Assistance Program helps prevent a crisis. Families that qualify can get $600 once a year. Help is limited to disaster, emergency, housing, utilities, special medical equipment or clothing. Payment must be made directly to the provider for a service that has been completed.

Transitional Programs
These programs help parents move into and remain in the workforce.

Transitional Childcare – This benefit covers child care for children up to age 13. Payment is made to the parent who then pays the provider. The amount of the benefit is based on the parent's income.

Transitional Transportation – This benefit pays a portion of a parent's transportation cost to work. Payment is made to the parent. The per-mile reimbursement ranges from .06 per mile to .24 per mile, depending on earnings.

TANF Worker Supplement – This benefit can only be used to buy food and can be received for a maximum of three years. In the first year, the grant is $100 per month. The amount decreases to $75 in the second year and $50 in year three. If at any time, a recipient becomes

Office of Integrated Access and Support

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2007	2008	2009	2007	2008	2009
Temporary Assistance for Needy Families ASPIRE-(0146)	**$ 6,509,511**	**6,749,141**	**6,880,832**	**$ -**	**$ -**	**$ -**
ASPIRE	5,987,629	6,764,974	6,875,000	-	-	-
Disability Determination Services-(0208)	-	-	-	-	-	-
Disability Determination	-	-	-	7,590,548	7,712,015	8,000,000
Regional Operations-(0453)	**10,619,192**	**12,612,326**	**14,926,816**	-	-	-
Regional Operations	10,630,511	13,146,111	13,500,000	-	-	-
Fund for Healthy Maine-(0954)	-	-	-	-	-	-
Fund for Healthy Maine	-	-	-	-	-	-
Food Supplement-(Z019)	**1,889,755**	**2,492,542**	**2,168,646**	-	-	-
Food Supplement	1,912,209	2,387,961	1,509,000	308,298	655,738	1,112,700
Central Office-(Z020)	**3,181,370**	**3,241,293**	**3,365,059**	-	-	-
Central Office	2,947,467	3,101,521	3,300,000	92,892	174,900	-

eligible for TANF, they no longer qualify for the Worker Supplement.

Additional Support for People In Retraining and Employment (ASPIRE)
ASPIRE - Parents receiving TANF must make a plan to get a job and move toward independence. Based on the individuals' abilities and the local job market, ASPIRE gauges and develops job skills and provides training, so the recipient can succeed.

ASPIRE Parents as Scholars provides the same services as above to parents who are in a two- or four-year college program.

ASPIRE-Job Exploration and Training (JET)
This is the required employment and training part of the food supplement program. It provides job-search training, child care and limited transportation funds to individuals during their job search.

Child Support Enforcement and Recovery
Paternity – The Division of Child Support Enforcement and Recovery can identify a child's biological father.
Collections – This Division collects court-ordered payments to support children's medical and financial needs.
Recovery –This unit recovers funds from people who have received benefits they were not entitled to from all OIAS programs.
Fraud Investigation - This unit investigates reported and suspected abuse and misuse, including food supplement benefits that do not reach the intended recipient. In 2008, Maine recovered approximately $114 million.

Office of Integrated Access and Support
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ -	$ -	$ -	$ -	$ -	***Temporary Assistance for Needy Families ASPIRE-(0146)***
-	-	-	21,912,993	22,429,058	22,000,000	ASPIRE
-	-	-	-	-	-	***Disability Determination Services-(0208)***
-	-	-	-	-	-	Disability Determination
-	-	-	-	-	-	***Regional Operations-(0453)***
12,618,982	11,062,786	11,454,000	-	-	-	Regional Operations
-	-	-	-	-	-	***Fund for Healthy Maine-(0954)***
47,164	51,770	54,000	-	-	-	Fund for Healthy Maine
-	-	-	-	-	-	***Food Supplement-(Z019)***
-	-	-	-	-	-	Food Supplement
-	-	-	-	-	-	***Central Office-(Z020)***
5,527,730	8,894,475	7,500,000	-	-	-	Central Office

Disability Determination
This unit determines whether people meet disability requirements and are eligible to receive social security disability payments under the Social Security Act. The federal Social Security Administration determines and pays the amount of the federal benefit, on average $637 per month for an individual on SSI and $929 per month for a person on SSDI.

People Receiving SSI	33,331
People Receiving SSDI	54,402

Food programs funded by the U.S.Department of Agriculture, Food and Nutrition Service include:

Food Supplement Program
This program helps families who meet income guidelines buy healthy food. In Maine, more than 180,000 people get this benefit. This benefit, approximately $250 million, is 100 percent federally funded. The state is required to pay 50 percent of administrative costs.

Transitional Food Assistance
This program provides a food supplement benefit for five months to persons when they earn too much to continue in the TANF program.

Starting Over: One Family's Success Story

When Sharon Stanley attended new employee orientation at DHHS she understood firsthand the importance of the Department's goal of promoting independence and self-sufficiency. In 1999, she returned to Maine after being recently divorced. She had two young children and a third on the way. While she worked as a receptionist until her third child was born, she found herself at a crossroads.

"I knew I wanted to do something about the direction my life was headed. I wanted to be a good role model for my three girls and I wanted to be able to support myself and give them a chance at a positive future."

Sharon Stanley

"I went to the DHHS office and told them I wanted to go back to school and asked what was available to help me." Sharon who already received MaineCare, was found eligible for Food Stamps and TANF. She applied for financial aid and was accepted at the University of Maine at Augusta. Though she received grants that covered tuition, there was not enough available to meet her economic need.

That was when she met her ASPIRE worker. Her worker helped her find child care so she could attend her college classes and connected her with assistance when her car broke down in the winter and when her children needed winter coats.

"Every time, she did it without making me feel bad about myself. Of course, I felt that way all on my own." Sharon said. "That wasn't the life I had envisioned for myself, but I knew if I could just finish college, I could make it on my own".

At home, the three little girls were learning lessons themselves about teamwork and self-sufficiency. Household chores were divided among the children, and each supported the other with homework. While most of Sharon's classes were during the day, some courses had to be taken in the evening.

That's when Sharon's mother, sister and grandparents helped out by watching the children. In Sharon's own words, everyone had to do a little extra to make it all work, and even now, for her to work full time and for the girls to participate in after school activities, the family has to come together and work as a team.

"I feel like I was given a second chance and I made the best of it," says Sharon. "Less than a year later I went back to school. I took night classes at Thomas College to get my MBA. While in school there, I took my first state of Maine job as an auditor. I want to let all the people in the Office of Integrated Access and Support know that they do make a difference to a lot of people. I could never have made it without you."

Sharon Stanley, shown here with daughters Alyssa, Kasey and Kali, received her MBA from Thomas College in May.

Notes

Maine Center for Disease Control and Prevention

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
Appropriation Name & Approp.	2007	2008	2009	2007	2008	2009
Bureau of Health-(0143)	**$8,155,378**	**$8,326,094**	**$7,904,870**	**$ -**	**$ -**	**$ -**
Chronic Disease	597,735	564,609	602,077	4,788,088	4,036,325	6,440,520
Environmental Health	1,904,708	1,870,261	1,081,482	3,524,786	5,747,696	13,675,608
Women, Infants & Children	600	466	-	19,578,394	21,511,928	23,525,449
Public Health Nursing	2,660,918	2,987,002	3,334,595	803	187	-
Public Health Emergency Preparedness	-	1,297	-	11,172,464	10,356,877	9,289,549
Public Health Laboratory	773,228	914,875	792,159	2,675	29,237	125,858
Special Needs	110,897	79,606	120,425	448,244	493,540	950,361
Oral Health	134,491	146,500	152,280	27,114	96,142	272,912
Integrated Systems Development	245,020	272,135	38,720	-	-	-
Healthy Maine Partnership	17,175	5,446	-	-	-	-
Infectious Disease	624,102	625,287	897,238	6,736,407	6,677,781	7,297,305

The Maine Center for Disease Control and Prevention (Maine CDC) is Maine's public health agency.

What is public health? According to the Institute of Medicine, it is "fulfilling society's interest in assuring conditions in which people can be healthy." Maine CDC's work primarily serves entire populations, making sure communities and the state are healthy. Safe drinking water, safe food when dining out, smoke-free public places and the availability of vaccines all are good examples of the Maine CDC's work. Started in 1885 as the Maine Board of Health, the agency was known for many years as the Bureau of Health. It was created by the Legislature with assistance from the Maine Medical Association. The goal was to collect vital records and to monitor disease, while also coordinating physician care to control potential outbreaks of disease. Today, public health's mission continues to center on monitoring the health status of the population, as well as addressing emerging health concerns.

Maine Center for Disease Control and Prevention
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ -	$ -	$ -	$ -	$ -	***Bureau of Health-(*0143)**
29,790	31,683	206,379	73,988	65,574	116,789	Chronic Disease
1,802,166	1,930,414	1,983,430	3,235	1,239	-	Environmental Health
5,721	-	-	-	-	-	Women, Infants & Children
373,472	371,193	379,228	-	-	-	Public Health Nursing
56,924	3,118	-	-	-	-	Public Health Emergency Preparedness
4,797,049	3,804,912	5,284,670	-	-	-	Public Health Laboratory
164,190	462,922	218,868	-	-	-	Special Needs
-	6,206	197	-	-	-	Oral Health
-	-	-	-	-	-	Integrated Systems Development
-	93,466	-	15,987	-	-	Healthy Maine Partnership
937,274	1,464,951	1,385,197	116,893	176,710	251,454	Infectious Disease

The Maine CDC's goal is *for all Maine people to live longer and healthier lives and to eliminate health disparities.* "Healthy Maine 2010"'s goal and objective of Maine becoming the healthiest state in the nation fits within the State Health Plan . The State Health Plan focuses on several priorities for a two-year period for public health, as well as the health care community.

The Maine Center for Disease Control and Prevention is organized as follows:

The Offices of Minority Health and Local Public Health work with other state agencies and communities on cross-cutting and system issues related to minority health, local public health and public health system accreditation.

The Chronic Disease Division tracks, prevents and reduces the impact of major chronic diseases using an ecological approach that considers individuals within the social, organizational, and environmental contexts in which they live. Programs include: the Partnership for a Tobacco

Maine Center for Disease Control and Prevention

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
Appropriation Name & Approp.	2007	2008	2009	2007	2008	2009
Maternal and Child Health-(0191)	$ -	$ -	$ -	$ -	$ -	$ -
Integrated Systems Development	-	-	-	112,981	100,102	4,513
Public Health Nursing	-	-	-	-	-	-
Special Needs	-	-	-	879,875	850,295	1,549,538
Oral Health	--	-	-	54,537	187,158	380,834
Fund for Healthy Maine-(0953)	-	-	-	-	-	-
Oral Health	-	-	-	-	-	-
Healthy Maine Partnerships	-	-	-	-	-	-
Maternal & Child Health-(Z008)	**5,245,159**	**4,952,965**	**4,836,893**	-	-	-
Special Needs	2,049,480	1,709,671	1,485,019	-	-	-
Oral Health	223,196	219,238	223,296	-	-	-
Public Health Nursing	127,658	-	179,278	-	-	-
Integrated Systems Development	1,796,667	1,549,903	1,487,434	-	-	-

Free Maine, Healthy Maine Partnerships, Comprehensive Cancer (includes the Cancer Registry), Physical Activity and Nutrition, Diabetes, Breast and Cervical Health, Oral Health, Cardiovascular Disease, and Coordinated School Health.

Environmental Public Health protects people from environmental hazards through public health strategies such as health engineering. Programs include: Drinking Water, Health Inspection, Environmental and Occupational Health, Wastewater, and Radiation Control.

Maine Center for Disease Control and Prevention
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ -	$ -	$ -	$ -	$ -	***Maternal and Child Health-(0191)***
-	-	-	35,617	29,486	2,586	Integrated Systems Development
-	-	-	1,421,955	1,447,672	1,303,778	Public Health Nursing
-	-	-	838,360	782,753	4,343	Special Needs
-	-	-	170,274	180,708	35,896	Oral Health
-	-	-	-	-	-	***Fund for Healthy Maine-(0953)***
968,861	1,042,720	973,897	-	-	-	Oral Health
7,869,987	9,656,871	10,529,743	-	-	-	Healthy Maine Partnerships
-	-	-	-	-	-	***Maternal & Child Health-(Z008)***
-	-	-	-	-	-	Special Needs
-	-	-	-	-	-	Oral Health
-	-	-	-	-	-	Public Health Nursing
-	-	-	-	-	-	Integrated Systems Development

Family Health uses population-based public health strategies to address the health of certain segments of the population. Programs include: Public Health Nursing; Early and Periodic Screening, Diagnostic and Testing Services; Injury Prevention; WIC; Genetics and Newborn Screening; Women's Health; and Teen and Young Adult Health.

› › › › › › › › › › Fast Facts

Lead poisoning is one of the most commonly identified environmental health problems for Maine children. However, the number of children under age 6 identified with lead poisoning has declined from about 400-500 per year 10-15 years ago to 145 in 2007.

Maine Center for Disease Control and Prevention

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
Appropriation Name & Approp.	2007	2008	2009	2007	2008	2009
United Cerebral Palsy-(0107)	**$ 18,900**	**$ 18,900**	**$ 18,900**	**$ -**	**$ -**	**$ -**
United Cerebral Palsy	18,000	6,300	12,600	-	-	-
Treatment of Cystic Fibrosis-(0167)	**5,323**	**5,323**	**5,323**	**-**	**-**	**-**
Cystic Fibrosis	-	-	-	-	-	-
Community Family Planning-(0466)	**225,322**	**225,322**	**225,322**	**-**	**-**	**-**
Community Family Planning	225,322	225,322	225,322	-	-	-
AIDS Lodging House-(0518)	**37,869**	**37,869**	**37,869**	**-**	**-**	**-**
AIDS Lodging House	41,727	37,869	37,869	-	-	-
Data, Research and Vital Statistics-(Z037)	**-**	**477,763**	**484,773**	**-**	**-**	**-**
Data, Research and Vital Statistics	-	**482,416**	**502,432**	-	-	**201,150**

Infectious Disease focuses on preventing and controlling infectious diseases. Programs include: Immunization; Epidemiology; and HIV, STD, and Viral Hepatitis.

Public Health Systems provide some of the cross-cutting and foundational public health functions. Programs include: Health and Environmental Testing Laboratory, Vital Records and Vital Statistics, Public Health Emergency Preparedness and Public Health Informatics.

Maine's Emerging Public Health Infrastructure

A number of changes are occurring throughout the public health landscape in Maine, as well as in the structure of the Maine CDC. Some of the reasons for these changes include: the need to coordinate and streamline more than 550 contracts the Maine CDC had issued for primarily community-based public health; upcoming national public health accreditation; and the need to address emerging public health emergency preparedness issues.

For More Information

The Maine Office of Elder Services, the Maine Center for Disease Control and Prevention, and the Maine Emergency Management Agency offers an online course to improve emergency preparedness planning for the elderly. You can take the course at:

http://www.maine.gov/dhhs/beas/working_for_future.shtml

Maine Center for Disease Control and Prevention
Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2007	2008	2009	2007	2008	2009	
$ -	$ -	$ -	$ -	$ -	$ -	***United Cerebral Palsy-(0107)***
-	-	-	-	-	-	United Cerebral Palsy
-	-	-	-	-	-	***Treatment of Cystic Fibrosis-(0167)***
-	-	-	-	-	-	Cystic Fibrosis
-	-	-	-	-	-	***Community Family Planning-(0466)***
-	-	-	-	-	-	Community Family Planning
-	-	-	-	-	-	***AIDS Lodging House-(0518)***
-	-	-	-	-	-	AIDS Lodging House
-	-	-	-	-	-	***Data, Research and Vital Statistics-(Z037)***
-	**899,466**	**622,465**	-	**74,617**	**73,688**	Data, Research and Vital Statistics

The 2005 State Health Plan charged the Governor's Office of Health Policy and Finance to convene the 40-member Public Health Work Group (PHWG) in 2005 to develop a more coordinated and streamlined system for public health statewide and to ready our public health system for accreditation. In 2006, the Legislature charged the PHWG to develop core competencies for a statewide system of comprehensive community health coalitions. Follow up legislation in 2007 and 2008 also formed the agenda for the PHWG. As a result of the work of the PHWG and the Legislature, many changes form a more efficient and effective statewide public health system, some of which include:

The **Healthy Maine Partnerships (HMPs**) form a statewide system of comprehensive community health coalitions. Each is responsible for the essential public health services related to local community public health assessment, education, policy, and community mobilizing. A major step in building a more streamlined and coordinated public health system happened in 2007 by integrating a number of federal and Fund for a Healthy Maine dollars from Maine CDC and the Office of Substance Abuse into one request for proposals resulting in bundling more than 100 state grants and contracts into 28 statewide. Currently, the majority of funding focuses on tobacco, physical activity, nutrition, obesity, substance abuse and chronic disease prevention and management, cancer screening, coordinated school health, and childhood lead poisoning. HMPs also perform community public health assessments for their area of the state.

The Local Health Officer (LHO) system provides a link between state public health and every local municipality. It was updated through legislation passed in 2007 and 2008. As a result, LHOs are municipal-based staff supervised by the Maine CDC/DHHS. They use their knowledge of the community to report any perceived local public health threats; link town residents to state public health resources; and mitigate some types of unsanitary conditions, such as a tenants living in unsanitary rental units. The Maine CDC is also implementing new requirements for LHO training.

Districts were formed by the PHWG to provide some services better suited to be done at that level. Districts were formed based on four factors: population, geographical size, hospital service areas and county borders. This structure aligns with the districting established by law enforcement for the District Attorneys, tourism for the Tourism Districts; and align with the emergency medical system districts.

District Coordinating Councils are designated by Maine CDC to be the district-wide representative body for collaborative planning and decision-making at the district level.

Maine CDC/DHHS District Public Health Units are being formed to improve the administration of state programs and policy and to assure state policy reflects the different needs in each of the eight DHHS districts (See Map, Page **10**). Maine CDC has staff in each district working together to establish the Maine CDC/ DHHS District Public Health Units. Staff include public health nurses, field epidemiologists, health inspectors, drinking water engineers and local public health liaisons. These units provide a more coordinated public health resource in each district as well as assist in a declared emergency.

The **Statewide Coordinating Council** is built on the work of the PHWG and is the representative body for review and guidance to the Maine CDC on policy issues directly related to public health infrastructure, roles and responsibilities, system assessment and performance, and national accreditation.

Fund for a Healthy Maine Allocations and Expenditures

Program Category	Approp #	Fund For A Healthy Maine 2007	2008	2009
Maine Center for Disease Control and Prevention				
Fund For Healthy Maine	0953			
Program Expenditures				
Tobacco Prevention & Control		$6,574,025	$ 6,255,154	$ 7,367,185
Community/School Grants & Statewide Coordination		$7,867,432	$8,392,191	$9,056,802
School-Based Health Centers		$2,555	$(2,327)	$2,941
Oral Health Sliding Fee Scales		$683,963	$848,750	$714,552
Start-up & Expansion of Community-Based Programs		$248,243	$193,970	$259,345
Local Essential Public Health Services		$0	$ 1,267,008	$ 1,470,000
FHM - Family Planning	0956	$ 410,062	$ 443,867	$ 884,240
FHM - Donated Dental	0958	$39,195	$37,201	$42,562
FHM - Bone Marrow Screening (Human Leukocyte Antigen Program)	0962	$ 13,752	$0	$ 93,712
FHM - Immunization (Influenza and Pneumonia Vaccines)	Z048	$0	$ 1,035,301	$ 1,258,000
Office of Child and Family Services				
FHM - Home Visitation	0953	$ 4,693,961	$ 5,378,750	$ 5,432,713
FHM - Purchased Social Services	0961	$ 3,801,875	$ 4,203,946	$ 4,605,435
FHM - Headstart	0959	$ 1,344,231	$ 1,520,939	$ 1,582,460
Office of Integrated Access and Support	0954	$ 47,164	$ 51,770	$ 61,898
Office of Substance Abuse	0948	$ 5,732,246	$ 6,374,744	$ 6,554,080
Office of MaineCare				
FHM - Bureau of Medical Services	0955	$ 19,043	$ 84,541	$ 126,700
FHM - Service Center (LRS)	0957	$ 639,188	$ 695,885	$ 703,945
FHM - Medical Care	0960	$ 10,854,673	$ 9,365,708	$ 8,776,069
FHM - Drugs for the Elderly and Disabled	Z015	$ 8,454,444	$ 12,069,185	$ 13,912,727

Riding the Wave of Red Tide

By Dora Anne Mills, Director, Maine CDC

About midnight on a summer evening, the phone rang at my home. It was one of our on-call medical epidemiologists. He said, "Dora, I think we have a family with red tide poisoning who is very ill at a coastal hospital." As I shook myself awake, I listened in almost disbelief. After all, we hadn't seen anyone with 'paralytic shellfish poisoning' (red tide) in Maine in at least my 12 years on the job. And, red tide closures that summer were not as severe as some other years.

As we talked with the hospital personnel a few minutes later, we learned that a lobsterman had come home with mussels for dinner for himself, his wife and two other family members. The couple ate the most mussels and quickly started having the first symptoms of red tide poisoning, tingling around the lips and face. By the time they were seen at a local hospital, they also started having breathing problems and had to be rushed to the regional medical center. The history and symptoms clearly indicated this was likely red tide poisoning. However, they were both now unconscious, so we had no easy way to learn the source of the mussels.

After consulting with emergency contacts in other state agencies, we connected with our colleagues in the Department of Marine Resources (DMR). By 1 a.m., we'd set up a conference call with their public health division and Commissioner's Office.

A Maine CDC field epidemiologist and a DMR marine patrol officer were asked to seek out the source of mussels.

"As I shook myself awake, I listened in almost disbelief. After all, we hadn't seen anyone with paralytic shellfish poisoning in Maine in at least my 12 years on the job."

Even in the middle of the night, they located some leftover mussels that were tested by DMR's staff and confirmed extremely high levels of the toxin that causes red tide poisoning. They were also able to interview lobstermen in the early hours of the morning on the docks where the patient's boat was located. These interviews confirmed the mussels were caught from a floating barrel found by the lobsterman the day before in the ocean.

Meanwhile, clams and mussels from nearby flats were tested to confirm the safety for further harvesting. By mid-morning a health advisory was issued to all hospitals, health care providers, licensed fishermen, seafood dealers and the press alerting Mainers to the risks of consuming mussels or clams not harvested properly or bought from a licensed dealer. The best news of all is that the lobsterman and his wife recovered.

This story exemplifies the emergency response capabilities of the Maine CDC/DHHS, the 24 hour toll-free number for health care providers for disease or public health threat reporting; the partnership with the Northern New England Poison Center to provide off-hours links to our on-call staff; the 24x7x365 on-call system for Maine CDC staff; Maine CDC field epidemiologists across the state; conference call capabilities; and the health alert network providing emergency communication channels to thousands of health care professionals.

Most importantly, Maine CDC staff worked closely with colleagues in many state agencies, including DMR, the Maine Emergency Management Agency (MEMA), and private organizations over the years to form the important relationships that assure the systems work. It was good to experience the value of our work together on a response and recovery system that has been significantly improved since federal public health emergency preparedness funds started flowing into Maine after September 11, 2001.

MaineCare Services

Office of MaineCare Services

MaineCare through MECMS

MaineCare through MECMS	FY 2007	FY 2008	Monthly Average Eligibles
Traditional Medicaid	1,423,034,394	1,422,714,753	216,959
S-CHIP Medicaid Expansion	18,198,579	16,797,130	9,578
S-CHIP "Cub Care"	8,164,487	7,512,525	4,505
Medicaid Expansion Parents - 101% FPL To 150% FPL	18,366,515	17,883,323	18,568
Medicaid Expansion Parents - 151% FPL To 200% FPL	3,963,880	4,709,878	5,600
Childless Adult Waiver	29,854,999	27,154,214	18,267
MaineCare AND DEL/ Me Rx	113,678	70,528	31,380
DEL/ Me Rx Only	12,631	44,289	39,499
Other	6,052,982	8,080,536	
Total	**1,507,762,145**	**1,504,967,175**	**344,306**

MaineCare is Maine's Medicaid program. Medicaid nationally is the largest single payer of health care services. Medicaid programs are managed in partnership with the Center for Medicare and Medicaid Services (CMS). While match rates vary by program, CMS pays roughly two thirds of MaineCare funding. Seven Divisions in MaineCare Services are described as follows:

Administration oversees and manages the MaineCare office operations and includes contract management, and staff development.

Policy and Performance promulgates rules for MaineCare and related state funded programs, oversees state plans and submissions of amendments and CMS waivers, and runs routine data reports.

Operations includes a project management office and management of the Payment Error Rate Measurement Program mandated by CMS.

Claims manages claim submission and processing, including manual review of complex claims and quality assessment.

Third Party Liability works to recover additional insurance monies available to MaineCare members.

Health Care Management manages MaineCare member services including the MaineCare Pharmacy program, prior authorizations and care management.

Customer Service interacts with MaineCare's medical and community providers to process provider enrollments, to provide information and training and to answer questions related to billing, claims status and other payment issues.

MaineCare includes coverage groups that are mandatory nationally and those which are not required by CMS. There are several CMS "waivers" MaineCare has initiated. Typically these programs are for specialized populations, such as individuals with cognitive disabilities, and encourage home-based care.

MaineCare through MEPOPS	FY 2007	FY 2008
Traditional Medicaid	151,856,106	161,291,300
S-CHIP Medicaid Expansion	3,284,592	3,258,246
S-CHIP "Cub Care"	1,580,330	1,569,059
Medicaid Expansion Parents - 101% FPL To 150% FPL	11,281,164	11,626,001
Medicaid Expansion Parents - 151% FPL To 200% FPL	2,861,975	3,281,190
Childless Adult Waiver	18,948,930	19,183,771
MaineCare AND DEL/ Me Rx	1,010,268	2,034,371
DEL/ Me Rx Only	3,005,974	825,784
Other	714,997	413,667
Total	**194,544,335**	**203,483,390**

State Medicaid programs must provide mandatory services, as outlined by the federal Center for Medicare and Medicaid Services, to eligible people in the state. Services should be available statewide and the Medicaid recipients (MaineCare members) must be able to choose their providers. Eligibility is handled by the Office of Integrated Access and Support. To fulfill its management responsibility, the MaineCare program enrolls physicians, hospitals and other facilities that provide medical care, as well as allied health professionals and medical and pharmaceutical suppliers. The Office also processes and pays provider claims for service delivery and enacts policy and rules regarding services.

Care Management for MaineCare Members
As of November 1, nearly 162,000 were enrolled in the MaineCare Primary Care Case Management Program (PCCM). Once a Maine Care member enrolls in PCCM, they choose a primary care provider from a list of providers who have agreed to accept MaineCare members and the provider coordinates all the member's health and medical care. In addition, two initiatives to manage care for particular populations have been implemented during the past year:

Schaller Anderson Care Management Initiative
Under contract with the Department, Schaller Anderson, Inc. manages care for MaineCare members who have the highest costs and who have medical conditions and utilization histories that can be impacted by care management.

The target group for this initiative includes adults and children who account for approximately 70 percent of MaineCare costs. In addition to managing care for high-cost members, Schaller Anderson also performs utilization management for certain services, including home health, outpatient therapies and out-of-state hospital care. Recognizing that long term benefits of care management will only be realized if it is fully integrated into primary care physician practices at the local level, Schaller Anderson has initiated patient-centered medical home demonstration programs at several sites. The goal is to promote the development of community-based care management to meet the needs of MaineCare members.

Office of MaineCare Services
MaineCare Hospital Estimates

MaineCare Hospital Estimates	FY 2007	FY 2008
Traditional Medicaid	414,035,700	426,528,522
S-CHIP Medicaid Expansion	6,774,598	6,353,805
S-CHIP "Cub Care"	3,449,134	3,335,805
Medicaid Expansion Parents - 101% FPL To 150% FPL	26,905,832	27,007,978
Medicaid Expansion Parents - 151% FPL To 200% FPL	5,958,600	7,122,291
Childless Adult Waiver	55,393,586	50,681,978
MaineCare DEL/ Me Rx	6,098	1,504
DEL/ Me Rx Only		
Other	633,127	1,333,481
Total*	**513,156,675**	**522,365,363**

Administrative Services Organization (ASO) – APS Healthcare
The Department also contracts with APS Healthcare to manage utilization of most behavioral health services for both adults and children. Prior authorization must be obtained from the ASO for some services. Clinical reviews are conducted for ongoing services at set intervals to ensure that consumers receive the right services, for the right duration, to promote recovery. In addition to improving outcomes for consumers, the goal of the initiative is to ensure available resources are used efficiently.

Third Party Liability
The Third Party Liability (TPL) division coordinates the recovery of non-MaineCare funds for MaineCare coverage. During FY'08, TPL recovered $21 million in state dollars. TPL gets its work done in several ways. One team manages the use of other insurances available to the MaineCare member before MaineCare is used. The national average of Medicaid members with commercial insurance is 10 percent. In Maine, 10.6 percent have access to commercial insurance. Estate recovery collects funds from member estates to recover MaineCare payments. Casualty recovery works to recover MaineCare payments from commercial insurances when a member is injured on the job, or in an auto or property accident.

The Health Insurance Purchase Option (HIPO) is a MaineCare COBRA-like insurance product for children under the age of 19, whose MaineCare coverage ends if they have assets beyond the eligibility limit. The member pays a monthly fee for 18 months. The Private Health Insurance Premium (PHIP) may be used for members who have private health insurance. It allows MaineCare to pay for private insurance when the cost would be less than MaineCare. There are approximately 600 members in PHIP, up from 230 members one year ago. TPL also manages drug rebates from CMS, insurance recoveries, credit balance audits of hospitals and voluntary recoveries. Through administrative improvements and care management initiatives, MaineCare spending has risen at much lower rates in recent years than Medicaid nationally.

MaineCare Total Payments to Providers	FY 2007	FY 2008 Estimate
Traditional Medicaid	1,988,926,199	2,010,534,575
S-CHIP Medicaid Expansion	28,257,769	26,409,182
S-CHIP "Cub Care"	13,193,951	12,417,389
Medicaid Expansion Parents - 101% FPL To 150% FPL	56,553,511	56,517,302
Medicaid Expansion Parents - 151% FPL To 200% FPL	12,784,455	15,113,359
Childless Adult Waiver	104,197,515	97,019,963
MaineCare DEL/ Me Rx	1,130,044	2,106,402
DEL/ Me Rx Only	3,018,605	870,073
Other	7,401,105	9,827,684
Total *	**2,215,463,155**	**2,230,815,928**

* Total includes an inflated hospital number as it represents the estimated cost based on the allowed amount in each hospital's last cost settled rate. The total also does not include Medicare Parts A, B, and D Premium payments, pharmacy rebates, hospital settlements, and any payment processed outside of the weekly cycle.

Drugs for the Elderly (DEL) is a program run by the Office of MaineCare Services. It helps low-income people afford prescription drugs. For members who do not have Medicare, DEL pays 80% of the drug cost and the member pays 20% plus a two-dollar co-pay. This is Maine's State Pharmacy Assistance Program (SPAP).

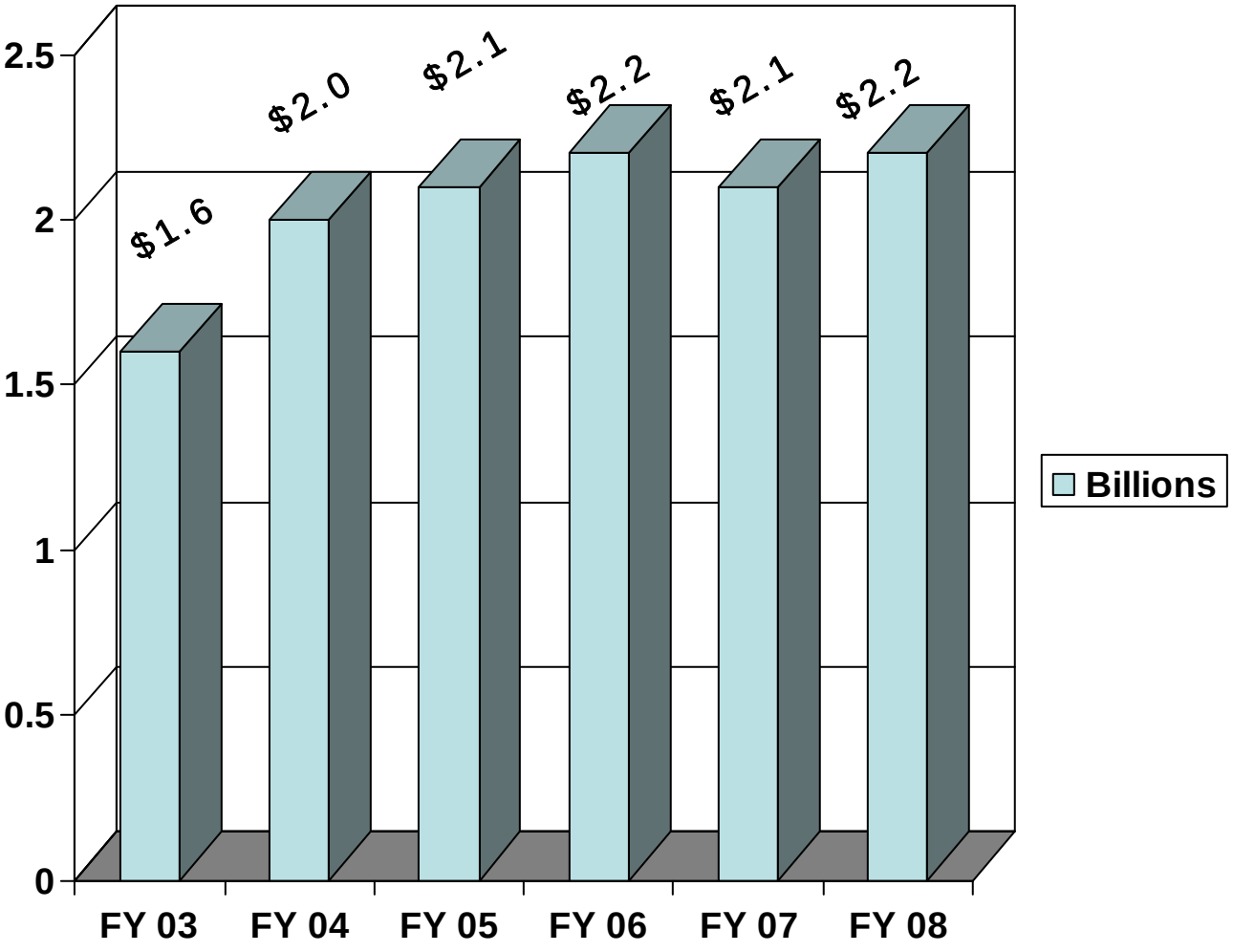
Members who do have Medicare and do not have other drug coverage available to them are enrolled into a Medicare Part D prescription drug plan. For these members, DEL pays

- the monthly premiums, if the member chooses a State-contracted plan,
- half of the Part D plan deductible,
- half of the member's co-pay up to $10, and
- 80% of cost of DEL-covered drugs in the gap commonly referred to as the "donut hole".

All members who receive Medicare Part D have a gap in coverage when Medicare prescription expenditures reach $2250 for each eligible member and until the member spends $5100 for the cost of prescription drugs. This gap in coverage is called the "donut hole". MaineCare will pay 80% of the cost of DEL covered drugs when they are in the coverage gap.

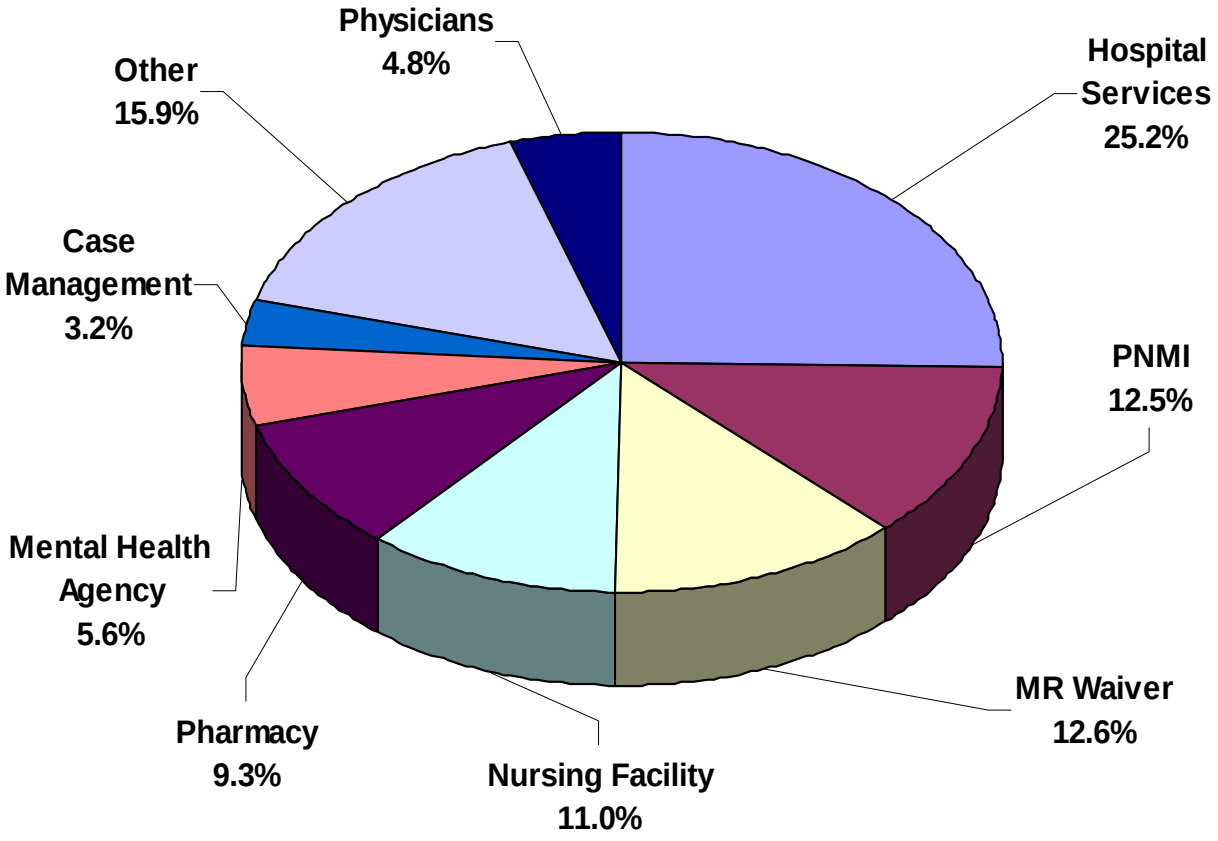
MaineCare assists nearly 81,000 members with a pharmacy benefit.

MaineCare Spending



MaineCare Expenditures SFY08

Top MaineCare Expenditures in SFY 2008:
$2.2 Billion

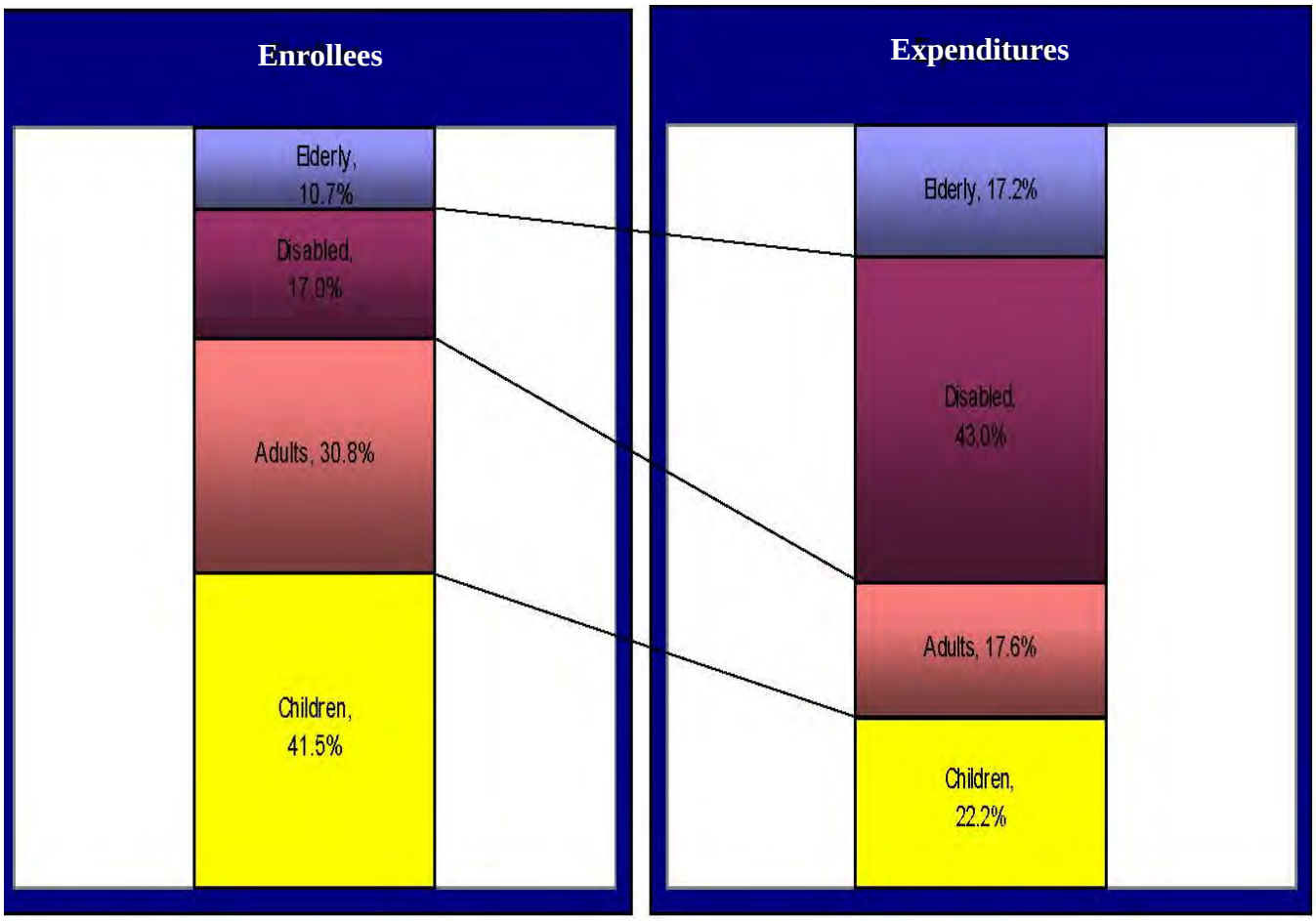


History of MaineCare Expenditures & Budget

History of MaineCare Expenditures & Budget

Title	FY02 Actual	FY03 Actual	FY04 Actual	FY05 Actual	FY06 Actual	FY07 Actual	FY08 Actual	FY09 Budget	
Child Welfare Services					3,293,796	3,576,161	3,321,426	3,293,796	
Medical Care Services	285,496,994	301,112,932	308,592,177	372,646,020	420,782,704	347,746,367	356,618,950	344,280,666	*
Medical Care Services	744,305,284	891,491,100	1,144,003,273	1,136,669,044	1,122,377,195	1,037,981,365	1,094,938,049	1,189,117,612	
Medical Care Services	15,800,128	-	16,383,319	11,631,525	14,237,864	14,020,046	15,911,186	15,091,287	
MaineCare Services - Dirigo Health	-	-	-	47,530	60,434	5,808,027	4,036,547	4,700,000	
Medical Care - Hospital Tax	-	-	-	48,699,306	53,672,418	60,067,676	59,468,022	70,875,718	
Medical Care Services - Drug Rebate Non-match	-	-	-	34,301,016	41,213,960	26,241,430	32,466,463	39,244,729	
Medical Care Services	13,394,659	17,899,817	19,630,832	18,119,007	18,438,747	24,663,347	23,961,829	25,178,645	
Nursing Facilities	63,786,390	52,912,410	46,511,527	53,616,717	55,979,618	61,764,437	59,264,784	71,289,352	
Nursing Facilities	190,578,897	229,780,662	249,279,253	187,556,449	248,794,359	230,920,228	231,485,749	268,469,742	
Nursing Facilities - NF Tax	-	-	-	26,459,181	31,422,029	29,324,209	31,286,213	29,600,017	
Drugs for Maine's Elderly	(1)	-	-	-	814,229	1,523,398	2,631,992	5,222,217	
Maternal and Child Health Block Grant	-	-	-	-	4,794,742	4,833,988	4,555,274	4,839,087	
State Boarding Homes	-	-	-	-	5,255,799	8,316,972	9,424,677	10,814,379	
Mental Retardation Supports Waiver							-	1,368,913	
Brain Injury							4,832	98,263	
Consumer Directed Services							1,884,254	2,500,761	
Medicaid Match -MR	65,032,062	73,107,761	15,132,857	15,463,151	16,322,996	21,957,288	20,585,115	22,143,446	*
Medicaid Match - MR PNMI Tax	-	-	-	397,235	518,809	452,570	547,523	584,666	
Medicaid Match - MR Service Provider Tax	-	-	-	-	9,566,505	13,295,587	15,036,541	15,128,728	
MH Services Child Medicaid	18,147,280	21,967,257	30,616,573	31,370,943	34,509,527	35,227,232	31,408,859	33,572,003	*
MH Services Community Medicaid	27,549,322	28,779,567	33,949,002	36,728,125	41,025,351	45,484,540	42,619,621	43,342,990	*
MH Services Community Medicaid PNMI Tax	-	-	-	1,103,712	1,515,592	2,349,535	2,498,860	2,609,091	
MH - Comm Support Tax	-	-	-	-	2,434,085	3,090,937	3,727,713	3,762,656	
OSA-Medicaid Seed	150,000	1,598,720	1,529,299	1,328,112	2,828,706	3,452,354	3,150,899	2,675,153	
Medicaid Seed-PNMI Tax	-	-	-	439,796	522,644	534,702	610,280	662,023	
FHM-Substance Abuse	-	6,537,853	5,718,577	5,570,387	5,149,940	5,732,246	6,374,744	6,554,080	
Res. Treatment Fac. Assessment	-	1,499,094	1,527,282	1,909,332	1,916,975	1,869,529	1,564,493	1,756,984	
MR Waiver-MaineCare	-	-	60,330,558	67,978,163	68,235,271	84,942,052	89,317,462	86,495,095	*
Departmentwide (Behavioral Health Initiative Part AAAA)							-		
Departmentwide (Managed Care Part CC)							-		
Departmentwide (Managed Care Part CC)							-		
ME RX Program		18,000	18,000	18,000	18,000	18,000	18,000	18,000	
Medical Care Services Non Match		-	-	-	695	89,128	3,994	6,648,675	
Drugs for Maine's Elderly		-	-	-	-	309,881	534,559	-	
Maine RX Dedicated		74,479	411,140	609,810	592,885	581,964	86,514	1,348,136	
FHM - BMS		56,764	66,368	54,160	(919)	19,043	4,839	126,700	
FHM - Medical Care		17,407,171	17,481,945	17,079,061	6,880,820	10,854,673	9,365,708	8,776,069	
FHM - Drugs for Elderly and Disabled		-	-	-	7,431,659	8,454,444	12,069,185	13,912,727	
Prescription Drug Academic Detailing		-	-	-	-	-	-	500	
Totals	1,424,241,015	1,644,243,587	1,951,181,984	2,069,795,784	2,220,607,436	2,095,503,358	2,170,785,156	2,336,102,906	
Growth of Mainecare		15.45%	18.67%	6.08%	7.29%	-5.63%	3.59%	7.62%	
Growth of General Fund		4.20%	3.58%	16.60%	12.90%	-5.34%	0.95%	2.21%	
Growth of MAP Only		5.47%	2.48%	20.76%	12.92%	-17.36%	2.55%	-3.46%	

MaineCare Enrollees and Expenditures



List of FMAP Rates					
	Federal Fiscal Year FMAP			SCHIP	
-	FMAP Rate	State Share	-	Enhanced FMAP Rate	Enhanced State Share
2002	66.58%	33.42%		76.61%	23.39%
2003	66.22%	33.78%		76.35%	23.65%
2004	66.01%	33.99%		76.21%	23.79%
2005	64.89%	35.11%		75.42%	24.58%
2006	62.90%	37.10%		74.03%	25.97%
2007	63.27%	36.73%		74.29%	25.71%
2008	63.31%	36.69%		74.32%	25.68%
2009	64.41%	35.59%		75.09%	24.91%

MaineCare Expenditures by Major Policy Section SFY 2008

MaineCare Expenditures BY Major Policy Section: SFY 2008	
MAINECARE Policy Section	**MaineCare Expenditures**
003-Ambulatory Care Clinics	**$2,211,199**
004-Ambulatory Surgical Center Services	**$1,338,230**
005-Ambulance Services	**$7,345,031**
012-Consumer Directed Attendant Services	**$3,578,811**
013-Targeted Case Management Services	**$71,780,225**
015-Chiropractic Services	**$1,265,166**
017-Community Support Services	**$55,735,056**
019-Home & Community Based - Elderly and Adults with Disabilities Benefits	**$19,425,857**
021-Home & Community Based Mental Retardation or Autistic Disorders	**$290,138,562**
022-Home & Community Based - Physically Disabled Benefits	**$5,058,993**
023-Developmental and Behavioral Evaluation Clinic Services	**$991,627**
024-Day Habilitation Services for Persons with MR	**$35,276,387**
025-Dental Services	**$25,140,146**
026-Day Health Services	**$494,417**
027-Early Intervention Services	**$15,480,810**
029-Community Support: Mental Retardation or Autistic Disorders	**$2,392,034**
030-Family Planning Agencies	**$1,164,011**
031-Federally Qualified Health Centers	**$32,838,211**
035-Hearing Aids and Services	**$98,413**
037-Children's Home Based Mental Health	**$2,749,762**
040-Home Health Services	**$4,215,366**
041-Day Treatment Services	**$18,116,057**
043-Hospice Services	**$1,493,277**
045-Hospital Services	**$482,615,552**
050-ICF for the Mentally Retarded	**$33,867,613**
055-Laboratory Services	**$5,660,894**
058-LCSW/LCPC/LMFT	**$18,087**
060-Med Equipment & Supplies, Prosthetics & Orthotics	**$15,915,461**
062-Genetic Testing and Clinical Genetic Services	**$66,475**
065-Mental Health Services	**$80,057,087**
067-Nursing Facility & Related	**$236,298,776**
068-Occupational Therapy	**$1,379,923**

MaineCare Expenditures by Major Policy Section SFY 2008

MaineCare Expenditures BY Major Policy Section: SFY 2008

MAINECARE Policy Section	MaineCare Expenditures
075-Vision Services	**$736,707**
085-Physical Therapy	**$1,367,624**
090-Physician Services	**$76,110,301**
095-Podiatric Services	**$1,039,123**
096-Private Duty Nursing & Personal Care Services	**$14,043,639**
097-Private Non-Medical Institution Services	**$262,498,473**
100-Psychological Services	**$1,559,392**
101-Medical Imaging Services	**$3,630,108**
102-Rehabilitative Services	**$9,701,354**
103-Rural Health Clinic Services	**$11,582,085**
104-School Based Rehabilitative Services	**$21,120,512**
109-Speech and Hearing Services	**$3,481,687**
111-Substance Abuse Treatment Services	**$11,825,791**
113-Transportation Services	**$36,537,460**
150-VD Screening Clinic Services	**$880**
190-Boarding Home & Related	**$7,860,608**
202-J Codes - Drugs Administered Other Than Oral	**$11,872,214**
210-Q Codes (Temporary)	**$398,785**
211-G Codes (Temporary) Procedures/Professional Svcs	**$809,500**
212-National T Codes for State Medicaid Agencies	**$303,324**
255-Unclassified Procedures	**$5,618,995**
Expenditures (ALL Procedures - Unduplicated)	**$1,936,306,076**

NOTES:

- Due to the way some claims are coded and processed, adjustments had to be made in order to present expenditures by policy section as accurately as possible.
- Claims were extracted by date of service and reflect paid claims processed through (approx.) September 30, 2008.
- Adjustments and voids are not included. Additionally, payments are calculated from claim lines and may not reflect any 3rd party payments.
- Section 045-Hospital Services reflects the sum of prospective interim payments (PIPs), supplemental payments and settlement payments actually made to Maine hospitals during FY'08, plus payments to out of state hospitals.
- Pharmacy RX claims are not included in expenditures. DME and supplies are.

Maine's New Medicaid Management Information System

DHHS' Office of MaineCare Services is implementing a new model of operation for Maine's Medicaid program. This project includes the creation of a new processing system for the state's Medicaid claims. The new system, known as the Maine Integrated Health Management Solution (MIHMS), is scheduled to become operational in February 2010.

An independent report in 2006 found that the current system operated by MaineCare Services to process Medicaid claims was unable to reach certification from the Centers for Medicare and Medicaid Services (CMS). CMS operates the certification process for state systems, and certification is critical to federal participation (funding) in state Medicaid programs.

DHHS Commissioner Brenda Harvey wrote to CMS in March 2007, explaining the options before the Department and recommending that MaineCare Services implement a fiscal agent model of operation, including the replacement claims processing system. Following approval from CMS, the Department aggressively pursued a fiscal agent vendor. Unisys was selected for this role in December 2007.

Today, Unisys is working collaboratively with the Office of MaineCare Services to design and build the MIHMS system. Key features of this project include:

- DHHS-wide and other state resource involvement;
- Alignment of the implementation plan with the CMS certification checklist;
- Unisys' approach means the MIHMS system will not be built from the ground up, but that several commercially available, tested and proven applications will be configured and combined to meet Maine's needs;
- Provider re-enrollment will ensure the most current and accurate provider data is available when MIHMS begins operation.

Other business initiatives will coincide with the implementation of MIHMS, including:

- the replacement of local payment codes with national codes to enable HIPAA compliance;
- implementation of a data hub connecting MIHMS to other systems containing MaineCare member information;
- a transformation of a currently cumbersome classification system of MaineCare members and services to benefit packages.

Once operational, MIHMS will bring several benefits to MaineCare providers and members.

- All transactions will be HIPAA compliant. MIHMS will not require paper claims for any transaction. Submission of claims will be via a web portal. Providers will be able to check the status of their claims on the same web portal.
- Payment timeliness and accuracy will be greatly enhanced and the use of benefit packages will make it easier for providers and members to know and to understand the scope of benefits.
- Clinical prior authorizations will largely be automated.
- Most importantly, data will be more easily reported. No only will this allow better cost management, but member health status and clinical information will allow us to improve the health of our members.

Success Stories

No More Long Waiting Lines for MaineCare Children

Filed eight years ago in the US District Court, *Risinger v. DHHS* alleged that Maine violated federal Medicaid law by failing to provide case management and in-home treatment services to eligible children within 180 days of the date they applied for those services. Under a court approved settlement in effect since May 2002, DHHS has been required to make regular reports of the number of children waiting for services for 180 days or more to the law firm of Pierce Atwood, the Disability Rights Center and Pine Tree Legal.

"Coming into full compliance with *Risinger* has been our Number 1 priority for several years. At times it seemed to consume all of our energy, and it certainly was a driving force in shaping the landscape as we see it today. But along the way in meeting our commitment to this agreement, many very good things have happened for all of us involved."

Joan Smyrski, Director of Children's Behavioral Services

In January, 2008, after three monthly reports demonstrated that no child had waited more than 180 days the Court found that DHHS had reached full compliance with the terms of the Settlement Agreement. The plaintiffs agreed and the case was resolved. Under the terms of the original Agreement, the case remains in court jurisdiction until September 1, 2009.

Children waiting for services went from several hundred in 2002 to a mere handful in 2006. Last year, the parties in the lawsuit agreed to a Revised Settlement which recognizes that DHHS has attained full compliance, and narrowed the reporting requirements for children waiting for in-home treatment services. To meet the requirements, service capacity had to increase not only in total numbers but also in Maine's challenging geography, especially rural areas, and isolated island communities.

For example, in April 2003 there were 496 children waiting for in-home treatment over 180 days. Today there are more service providers in these areas that have filled that need. Because of court requirements, the Department has worked to perfect its information system, the Enterprise Information System (EIS). EIS has developed as a reliable, accurate tool to track the progress of all children receiving case management and in-home treatment.
Staff have honed their skills as a team and are working together as quality improvement, enrollment and data specialists. The *Risinger* experience has reinforced the need for all staff to work together in a common purpose, and with consistency in each region.

Without the intensive involvement of our Assistant Attorney General, we might not be celebrating full compliance with the court order today. We received excellent strategic consultation essential to successfully navigate the legal process. In the end we were able to show clear and unequivocal results that not only met the legal standards set forth in Risinger but more important, the results have improved the lives of children we serve and their families.

Chapter 4 - Quality by the Numbers

The 'buzz phrase' often associated with quality improvement and measurement is 'data-driven' decision-making. In other words, how is your organization using data to make the difficult decisions – particularly in these difficult budgetary times?

Several meetings of key healthcare strategists convened by the Department of Health and Human Services helped to create DHHS' first set of 'dashboard' indicators, listed in this chapter. These indicators are intended to give a broad overview of the Department's performance in key areas.

Clearly, this is not a comprehensive list. Offices in DHHS have many of their own performance indicators and many of them will help to inform Department-level indicators.

A good example of how this may work is the Department's desire to track the use of hospital emergency rooms. We know utilization is high in Maine and it contributes to the high cost of care. But to support the development of diversion strategies, the Office of Adult Mental Health Services will track ER use for mental health services specifically. The Office of MaineCare Services will want to understand how much ER use is for primary care. To the extent possible, these breakdowns of the data will be made available.

It should also be noted that while this list is the first dashboard produced by DHHS, it will not be the last. As data sources are developed and key indicators are defined, they will be added, allowing us to 'manage by the data' and make policy decisions based on what we learn.

Data is broken into four areas: The Public's Health; Access; Quality; and Safety.

When viewing Maine's health status statistics and quality indicators, it's important to note that comparisons to national data, in many cases, may not be of the apples-to-apples variety, and was not always available.

Some of our health status indicators and high health costs are related to demographic factors unique to

Maine. In most instances, these factors help identify major priority populations where needs must be addressed - those who are poor, who are elderly, disabled, racial minorities and those who live in rural areas. Maine can become the healthiest state in the nation if these factors are integrated into strategies as we move forward.

While it may be important to be concerned with how we compare in many areas against our New England counterparts and across the nation, it is perhaps more important to establish a baseline for Maine, monitor improvements and declines, and make policy and economic investments based on what we learn.

Demographic factors to consider include: Population Size: For instance, by population, Maine is small (2006 estimates of just over 1.3 million, accounting for less than 0.5 percent of the total U.S. population), but by square miles we are large (accounting for about 1 percent of the total U.S. square mileage).

Rural Nature: Maine has the lowest population density in New England, with 41.3 people per square mile versus a national average of 79.6.

Age: By several measures, Maine is one of the oldest states in the nation. It has the fourth highest proportion of people 65 and older (14.6 percent - about 193,000 people - compared with 12.4 percent nationally). At age 41, Maine has the oldest median age in the country, compared with the national average of 36.4.

Disabilities: Maine has a high average proportion of people with disabilities, with 19.4 percent (239,646 Mainers) who are 5 years and older with disabilities, versus 15.1 percent nationally.

Racial Minorities: Maine has one of the smallest populations of racial minorities (second smallest, next to Vermont), with 95.8 percent of our population being white, compared with 73.9 percent nationally.

Poverty: By several measures, Maine is poorer economically than the national average. Median household income ranks 32nd (and is just over $3,000 less than the national average). Per capita annual income is about $2,000 less than the national average.

Education: Maine has the lowest proportion in New England of people 25 and older with a bachelor's degree and is the only New England state lower than the national average of 27 percent. This is significant, given the close ties between education and poverty.

In This Chapter:

Performance Indicators - The Public's Health

Chronic Disease Rates

	Most Current Maine Data		National or Trend Data	
	Data	Year	Data	Year
Overall cancer incidences (rate per 100,000)	**517.7**	**2004**	**458.2**	**2004**
Detail: Overall age-adjusted cancer incidence. *Source: ME CDC 2008 State Health Profile, ME Cancer Registry*				
Maine adults with diabetes	**7.3%**	**2006**	**7.5%**	**2004**
Detail: Available: Diabetes prevalence among adults (non-gestational). *Source: ME CDC 2008 State Health Profile, National Center for Health Statistics*				
Maine adults with asthma	**9.6%**	**2006**	**8.5%**	**2006**
Detail: Percent of Maine adults (>age 18) with asthma. *Source: ME CDC 2008 State Health Profile, National Center for Health Statistics*				
Maine children & youth with asthma	**10.7%**	**2003**	**8.9%**	**2005**
Detail: Percent of Maine children (<age 18) with asthma. *Source: ME CDC 2008 State Health Profile, National Center for Health Statistics*				
Major cardiovascular disease deaths (rate per 100,000)	**242**	**2005**	**286.6**	**2004**
Detail: Existing indicator: Major CVD deaths per 100,000. *Source: ME CDC 2008 State Health Profile, National Center for Health Statistics*				

Co-Occurring Mental Health & Substance Abuse Disorders

Adult mental health service recipients with substance abuse conditions	**23.8%**	**FY 2008**	**23.0%**	**FY 2007**
Detail: Mental health service users with a co-occurring substance abuse condition. *Source: APS Care Connection Data, Maine Data Infrastructure Grant 2007, URS Data*				
Child mental health service recipients with substance abuse conditions	**6.5%**	**FY 2007**	**7.0%**	**FY 2007**
Detail: *Source: Child and youth mental health service users with co-occurring substance abuse conditions. APS Care Connection Data, Maine Data Infrastructure Grant 2007, URS Data*				

Performance Indicators - The Public's Health

		Most Current Maine Data		National or Trend Data	
		Data	Year	Data	Year
Disabilities	**Maine adults with a disability**	**23.8%**	**2006**	**15.1%**	**2006**
	Detail: *Source: ME CDC 2008 State Health Profile, US Census, American Community Survey, US Census*				
Elder Population	**Maine adults age 65 or over**	**14.1%**	**2006**	**12.4%**	**2006**
	Detail: *Source: ME CDC 2008 State Health Profile, US Census, American Community Survey*				
Infant Mortality Rate	**Infant deaths (rate per 1,000 live births)**	**5.5**	**2005**	**6.8**	**2004**
	Detail: *Source: ME CDC 2008 State Health Profile, Pregnancy Risk Assessment Monitoring System, National Data: National Vital Statistics Report*				
Mental Health	**Maine children and adults who receive public mental health services (rate per 1,000)**	**36.8**	**FY 2007**	**20.1**	**FY 2007**
	Detail: *Source: Maine data infrastructure grant 2007 URS data*				
Obesity Rates	**Maine adults who are overweight or obese**	**60.2%**	**2006**	**61.6%**	**2006**
	Detail: *Source: ME CDC 2007 State Health Profile, Behavioral Risk Factor Surveillance System.*				
	Percent of Maine high school youth overweight or obese	**25.0%**	**2005**	**26.3%**	**2005**
	Detail: *Source: ME CDC 2008 State Health Profile, Youth Risk Behavior Survey*				

For More Information

A searchable public health information inventory with nearly 500 recently-published documents and links to other useful public health data websites can be found at:

http://www.maine.gov/dhhs/boh/phdata/

Performance Indicators - The Public's Health

	Most Current Maine Data		National or Trend Data	
	Data	Year	Data	Year
Smoking Rates				
Maine adults who smoke	**21.0%**	**2006**	**20.1%**	**2006**
Detail: Percent of Maine adults (18 years & older) who are currently smokers. Smokers defined as having at least 100 cigarettes in a lifetime and report smoking every day or some days. *Source: Behavioral Risk Factor Surveillance System.*				
Mothers who smoked during pregnancy	**17.1%**	**2006**	**13.0%**	**2004**
Detail: *Source: ME CDC 2008 State Health Profile, Pregnancy Risk Assessment Monitoring System. National Data: National Vital Statistics Report.*				
Maine youth who smoked at least once in past 30 days	**13.8%**	**2006**	**23.0%**	**2005**
Detail: Percent of 6th through 12th graders. *Source: Maine Youth Drug and Alcohol Use Survey/Maine Youth Tobacco Survey*				
Poverty Rates				
Population living in poverty	**11.4%**	**2006**	**12.5%**	**2006**
Detail: Percent of citizens living in poverty (all ages). *Source: The US Census Bureau's Current Population Survey, 2008 Report on Poverty, Prepared by Maine State Planning Office, February 2008*				
TANF Benefit Rates				
Maine people receiving TANF	**2.5%**	**FFY 2005**	**1.7%**	**FFY 2005**
Detail: Average monthly number of TANF recipients during the fiscal year expressed as a percent of the total resident population as of July 1 of each year. *Source: Indicators of Welfare Dependence: Annual Reports to Congress 2007, US Department of Health and Human Services.*				

For More Information

The Fraud Investigation Unit investigates reported and suspected irregularities in the distribution and determination of eligibility for benefits programs. Learn the real facts about fraud and abuse in Maine's benefits programs on page 116 in the Just the Facts Chapter of this book

Performance Indicators - Access

		Most Current Maine Data		National or Trend Data	
		Data	Year	Data	Year
Emergency Care	**Emergency Department visits per 1,000 MaineCare members**	**1,425**	**FY 2007**		
	Detail: Rate of emergency department visits per 1,000 population of MaineCare members, with 11 out of 12 months of continuous enrollment in FY '08. (Note: Non-cats not included, limited to ages 18-64). *Source: MaineCare Paid Claims Data System*				
Childhood Immunizations	**Children receiving recommended immunizations by age 24 months**	**75.7%**	**2006**	**77.0%**	**2006**
	Detail: Percentage of children immunized with the 4:3:1:3:3:1 vaccine series by age 24 mo. *Source: ME CDC 2008 State Health Profile, National Center for Health Statistics*				
Dental Care	**Children receiving preventive dental care**	**77.2%**	**2005**	**72.0%**	**2005**
	Detail: *Source: National Survey of Children's Health 2005*				
	Emergency department visits for dental care (rate per 1000)	**21.9**	**FY 2003**		
	Detail: *Source: Based on FY 2003 MaineCare paid claims data, OMS 2004 ER Report—Rate of emergency department visits for dental care (diseases of hard tissue of the teeth) rate per 1,000 members*				
	Adults with routine dental visits in past year	**70.2%**	**2006**	**70.3%**	**2006**
	Detail: *Source: ME CDC 2008 State Health Profile, National Center for Health Statistics*				
Long Term Care	**Persons receiving long-term care in home-based settings**	**35%**	**FY 2007**	**35%**	**Maine FY 2006**
	Persons receiving long-term care in community residential settings	**27%**	**FY 2007**	**26%**	**Maine FY 2006**
	Persons receiving long term care in institutional settings	**38%**	**FY 2007**	**39%**	**Maine FY 2006**
	Detail: The number of people receiving long term care in the above three settings through MaineCare or state-funded long term care in FY 2006—2007 was 11,388. Includes all age groups, does not include MR/DD. *Source: Assessment of Maine's Long-term Care Needs, Baseline Report: Demographics and Use of Long Term Care Services in Maine, Muskie School of Public Service, 2007*				

Performance Indicators - Access

		Most Current Maine Data		National or Trend Data	
		Data	Year	Data	Year
Placements for Children In Custody	**Children in custody residing in kinship care**	**25.3%**	**2008**	**21.9%**	**Maine 2007**
	Detail: *Source: Office of Child & Family Services, Maine Automated Child Welfare Information System*				
	Children in DHHS custody residing in foster care	**62.4%**	**2008**	**62.7%**	**Maine 2007**
	Detail: Includes pre-adoptive homes and family foster homes. *Source: Office of Child & Family Services, Maine Automated Child Welfare Information System*				
	Children in DHHS custody residing in residential care	**12.2%**	**2008**	**15.4%**	**Maine 2007**
	Detail: *Source: Office of Child & Family Services, Maine Automated Child Welfare Information System*				
Primary Health Care	**Maine adults who have a primary medical home**	**89.2%**	**2006**	**78.6%**	**2005**
	Detail: *Source: Maine Data: Behavioral Risk Factor Surveillance System; National Data: US DHHS Agency for Health Care Research and Quality*				
Nutrition	**Maine residents who receive food stamps monthly**	**12.2%**	**FY 2006**	**8.9%**	**FY 2006**
	Detail: *Source: OIAS, Kaiser State Health Facts*				
	Food stamp participation rate per 1,000	**123.81**	**FY 2006**	**89.4**	**FY 2006**
	Detail: *Source: OIAS, Kaiser State Health Facts*				

For More Information

The Office of Child and Family Services 2007 Strategic Plan features 21 strategies critical to promoting the well-being of children and families in Maine. It can be found at:

http://www.maine.gov/dhhs/ocfs/aboutus.shtml

Performance Indicators - Quality

		Most Current Maine Data		National or Trend Data	
		Data	Year	Data	Year
Achieving Permanency for Children in DHHS Custody	**Number of months from removal from home to other permanent home**	**38**	**FY 2008**	**38**	**FY Maine 2007**
	Detail: Average number of months from date of latest removal from home to finalized adoption or other permanent home. Includes: reunification with parents/primary caregivers, living with other relatives, adoption and guardianship. *Source: Office of Child & Family Services, MACWIS.*				
Asthma	**Asthma emergency department visits**	**66.1**	**2004**	**64**	**2004**
	Detail: Age adjusted rate per 10,000. *Source: ME CDC 2008 State Health Profile, Maine Health Data Organization Hospital Discharge Datasets*				
Cardiovascular Disease	**Hospitalizations for acute myocardial infarctions (rate per 10,000)**	**29.2**	**2005**		
	Detail: *Source: ME CDC 2008 State Health Profile, Maine Health Data Organization Hospital Discharge Datasets.*				
	Hospitalizations for acute stroke (per 10,000)	**20.7**	**2005**		
	Detail: *Source: ME CDC 2008 State Health Profile, Maine Health Data Organization Hospital Discharge Datasets.*				
Community Inclusion	**Adult developmental disability service recipients integrated into the community, Guardian Family Survey**	**59.0%**	**2007**	**44.5%**	**2007**
	Detail: *Source: OACPDS National Core Indicators Family Guardian Survey 2007*				
Diabetes	**Adults with diabetes who received annual hemoglobin A1c test**	**91.9%**	**2004-2006**	**95.5% (Missouri)**	**2006**
	Detail: *Source: ME CDC 2008 State Health Profile, National Center for Health Statistics*				
Employment: Adults with Developmental Disabilities	**Adult developmental disability service clients with employment goals who are working**	**91.6%**	**2008**		
	Detail: *Source: DHHS Office of Adults with Cognitive and Physical Disability EIS Data*				

Performance Indicators - Quality

Employment: TANF Recipients

	Most Current Maine Data		National or Trend Data	
	Data	Year	Data	Year
TANF adults placed in employment over 12 month period	**77.7%**	**2006**	**77.8%**	**Maine 2005**
Detail: *Source: DHHS In Focus Briefing Book FY 2006. Office of Integrated Access and Support*				

Inpatient Psychiatric Readmission Rates

Re-admissions to psych-inpatient units within 180 days of discharge from community psychiatric inpatient units. (National data represents state psychiatric inpatient hospitals)	**24.0%**	**FY 2008**	**29.2%**	**FY 2007**
Detail: *Source: Maine Data: APS Care Connection Data, National Data: 2007 National Association of State Mental Health Program Directors Research Institute, Inc. National Data Infrastructure Grant URS Data 2007*				

Mental Health Consumer Level of Functioning

Adults receiving mental health services, maintaining or improving levels of functioning	**70.8%**	**2006-2007**		
Detail: Percent of adult recipients of community integration services who maintained or improved in functioning as measured by the Level of Care Utilization System (LOCUS) over a 12-month (>=10 mo. % <= 14 mo.) period. Requires 2 or more LOCUS administrations with 10 to 14 months of each other within calendar year 2007. *Source: EIS Assessment Data*				
Children receiving mental health services maintaining or improving level of functioning	**63.9%**	**2006-2007**	**60.8%**	**Maine 2004-2005**
Detail: Percent of child recipients of targeted case management services (who maintained or showed improvement in functioning as measured by the Child and Adult Functional Assessment Scale <CAFAS> over a 12-month period in 2007). The children received a baseline or entry CAFAS followed by an annual or exit CAFAS 10 to 14 months later. *Source: EIS Assessment Data*				

For More Information

The annual class member survey, as well as a variety of other data reports that measure and define quality, can be found at the Office of Quality Improvement's website:

http://www.maine.gov/dhhs/QI/home.html

Performance Indicators - Quality

Nursing Facility Quality of Care

	Most Current Maine Data		National or Trend Data	
	Data	Year	Data	Year
Nursing home residents with pressure sores	**10.2%**	**2005**	**12.6%**	**2005**
Detail: In high risk cases. *Source: US DHHS Agency for Health Care Research and Quality*				
Nursing home residents with increased need for help with activities of daily living	**18.0%**	**2005**	**14.7%**	**2005**
Detail: *Source: US DHHS Agency for Health Care Research and Quality.*				
Nursing home residents depressed or anxious	**29.7%**	**2005**	**14.5%**	**2005**
Detail: *Source: US DHHS Agency for Health Care Research and Quality.*				
Nursing home residents with too much weight loss	**9.6%**	**2005**	**8.5%**	**2005**
Detail: *Source: US DHHS Agency for Health Care Research and Quality*				

Substance Abuse Treatment

Completion of substance abuse treatment	**37.0%**	**FY 2008**	**44.0%**	**FY 2004**
Detail: Percent of individuals receiving treatment over a 12-month period who completed treatment. *Source: ME Office of Substance Abuse*				
Readmission to detox within 180 days of discharge	**36.3%**	**FY 2008**		
Detail: *Source: APS Care Connection Data*				

TANF Re-Entry

TANF recipients who enter employment, leave the TANF program, and did not re-enter the program within 6 months	**84.5%**	**1996 - 2008**		
Detail: *Source: Office of Integrated Access and Support Aspire Data between 10/1/1996 to 9/1/2008*				

Performance Indicators - Safety

		Most Current Maine Data		National or Trend Data	
		Data	Year	Data	Year
Child Abuse & Neglect	**Substantiated cases of child abuse (rate per 10,000)**	**147.49**	**FFY 2007**	**118.12**	**Maine FFY 2006**
	Detail: *Source: Maine Automated Child Welfare Information System*				
Children In DHHS Custody	**Children in custody of the state**	**2078**	**2008**	**2179**	**Maine 2007**
	Detail: As of 7/1/2008. *Source: Maine Automated Child Welfare Information System*				
Elder & Adult Abuse	**Number of reports for elder and adult abuse and/or neglect**	**3916**	**FY 2008**	**3446**	**Maine FY 2007**
	Detail: *Source: DHHS Office of Elder Services*				
Elders & Adults Under Public Guardianship	**The number of adults and elders who are under guardianship rate per 1,000**	**15.3**	**FY 2008**		
	Detail: *Source: DHHS Office of Elder Services, Office of Adults with Cognitive and Physical Disabilities, U.S. Census*				
Environmental Health	**Maine children who test for high levels of blood lead**	**1.4%**	**2006**	**1.6%**	**2005**
	Detail: *Source: Maine Center for Disease Control and Prevention*				

Chapter 5 - Just the Facts

Over the course of the years, the Department of Health and Human Services has been asked many of the same questions repeatedly. In addition, we have often heard statements about our programs from members of the public, elected officials and advocates that reflect common misperceptions that deserve clarification.

The "Just the Facts" section of the DHHS Reference Book attempts to provide you with facts around common misperceptions.

You will find details ranging from the number of children who are currently in state custody to the prevalence of cancer in Aroostook County and many things in between.

Of course, our staff is always ready to assist you in gathering information if your question is not answered here. The index (right) will help you navigate this section.

In This Chapter:

Just The Facts - Office of Adult Mental Health Services

- In Maine, one in five persons experiences a diagnosable mental illness each year. Half of all persons will experience a diagnosable mental illness during their lifetime.
- Recovery from mental illness is possible. Long term studies in the U.S., Japan, Switzerland, and Germany found that 50 to 66 percent of all people diagnosed with major mental illness showed significant or complete recovery over time.
- People with serious mental illness on average have a life span that is 25 years shorter when compared to the general population. A MaineCare study in 2007 showed that 70 percent of people with serious mental illness had one chronic medical condition, 45 percent have two, and 30 percent have three or more.
- In FY'07, 31,313 adults received MaineCare funded mental health services. In October 2008, 18 percent of MaineCare recipients (children and adults) received mental health services.
- In FY'07, the mental health crisis system responded to 119,342 telephone calls and had 26,805 face to face contacts.

- The Office of Adult Mental Health Services is a national leader in research and implementation of programs for the disposal of unused medications.
- A 2008 OAMHS study on the cost of homelessness showed that it cost 41 percent less to provide housing and services using the permanent supported housing model, than simply providing services to people who are homeless.
- OAMHS partners with Maine Medical Center Vocational Services to help more than 300 mental health consumers to get back in the workforce.
- Intensive Case Managers from OAMHS serve all the county jails and state correctional facilities, assisting with screening for serious mental illness, diversion to mental health treatment or arranging for treatment while incarcerated. They also assist with re-entry into the community after incarceration.

Just The Facts - Office of Adults with Cognitive and Physical Disabilities Services

Developmental Services:

- √ Approximately 5,000 individuals served.
- √ 4,845 receive case management services.
- √ 2,750 individuals were funded on the comprehensive waiver (MaineCare Section 21) in FY'07. Average annual cost per person was approximately $88,000 (state and federal).
- √ 1,000 individuals are funded on the Supports Waiver (Medicaid Section 29) Average annual cost per person is $14,000 per year (state and federal).
- √ 205 individuals are served in ICF/MR facilities. Average cost of an ICF/MR is $159,909 (state and federal).
- √ 191 individuals are served in PNMI. Average cost per person in PNMI is $46,290.
- √ There are 766 class members. This is a closed class.

Physical Disability Services:

- √ 347 individuals receive consumer-directed attendant services (MaineCare Section 12).
- √ 156 individuals receive services on the adults with physical disabilities waiver (Section 22).
- √ Average cost per person for waiver services is $26,290.
- √ 101 individuals receive consumer directed home based care. This is a state-funded program.

Brain Injury Services:

- √ More than 7,000 Maine citizens experience a traumatic brain injury each year.
- √ More than 5,300 Maine citizens live with long-term disabilities due to traumatic brain injuries. Data is unavailable for those with other acquired brain injuries.
- √ More than 3,000 MaineCare members have experienced an acquired brain injury.
- √ 103 individuals with disabilities due to acquired brain injuries live in 12 specialized residential programs at an average cost of $85,000 per year per person.
- √ More than 400 individuals with disabilities due to acquired brain injuries each year receive comprehensive rehabilitation in one of eight neurorehabilitation clinics. (MaineCare section 102).

Just The Facts - Office of Child and Family Services

Child Welfare

- There are currently 2,024 children and youth in foster care in Maine. 176 of them are young adults being served through a Voluntary Care Agreement. The remaining 1,848 children under 18 are in foster care. This is the smallest number of children in custody since 1993. Four years ago, there were 2,900 children and youth in care.
- 12 percent (240 children) of children in foster care are placed in residential care. In 2004, 26 percent were placed in residential care. The national average is 17 percent.
- During the last 12 months, 385 children were reunified with their parents from foster care.
- By the end of 2008, we expect to have 330 children adopted out of foster care.
- In the last three years, an average of 17 percent of the foster care population has been adopted.
- There are currently 3,150 children receiving adoption assistance from the state.
- The average length of time from entry into care to adoption in Maine has decreased from 45 months in 2003 to 32 months in 2007.
- There are currently 1,222 active, licensed foster homes in Maine.
- The response time for investigating reports of child maltreatment has dramatically improved over the last four years. In 2004, 50 percent of investigations were begun within two weeks of the report.
- Currently, 80 percent of all investigations are begun with face-to-face contact within 72 hours.

› › › › › *Fast Facts*

The percentage of children in care who are placed with relatives and kin has increased from 14 to 28%.

Children's Behavioral Health:

- Children's Behavioral Health Services (CBHS) supports children birth through age 5 that have, or are at risk of having developmental disabilities or serious delays, and children and adolescents, birth through age 20, who have treatment needs related to mental illness, serious emotional disturbances, mental retardation, or autism spectrum disorders.
- CBHS serves more than 24,000 children each year.
- Case Management Services are provided for 8,844 children at a cost of $2,891 per child.
- Crisis Services are provided to 5,990 children/ families at a cost of $1,042 per child.
- Outpatient Services are provided to 13,116 children/youth for mental health assessment and treatment at a cost of $1,288 per person.
- Medication Management services are provided to 4,722 children from birth to age 20 at a cost of $851/child.

Just The Facts - Office of Child and Services

- √ Children's Habilitation services are provided to 1,207 children with developmental disabilities or a pervasive developmental disorder from birth to age 20 at a cost of $16,168 per child.
- √ Children's Home and Community Based Treatment Service provides intervention and family counseling to 2,276 children and families at a cost of $5,098 per child.
- √ Assertive Community Treatment (ACT) provides intense 24/7 symptom management and supports to 399 children and families with serious mental illness at a cost of $7,938 per child.
- √ Intensive Temporary Out-of-Home Residential Treatment (ITRET) services are provided at an annual cost of $144,000 to 259 children involved in behavioral health services, and 240 who are involved with child welfare services, to stabilize and manage behaviors so the child may return home and to the community.
- √ Respite Care gives relief to parents/guardians responsible for the care of children/youth with serious emotional disturbance or developmental disability to 2,049 caregivers at a cost of $976 per child.
- √ Flexible funds are used to address priority gaps in services when there is no other source of funding to meet a need identified in the child's individual plan to 4,558 at a cost of $245 per child.
- √ The number of children waiting for more than 180 days for services for intensive home services has gone from more than 330 in September, 2002 to 12 in May, 2008.

Early Childhood

- √ Head Start is a national, comprehensive, early education program. The program is designed to prepare children to be ready for and to succeed in kindergarten. Children under age 5 are eligible if they live in poverty or if they have disabilities.
- √ In addition to providing child care and education, the Head Start program offers health and dental screenings and services, mental health support, and family support services.
- √ Every year for the past eight years, approximately 2/3 of Head Start eligible children have not been enrolled in a program. In 2008, 4,846 children were enrolled. Of that number, 881 or 11 percent are children ages 0-3 years old.
- √ 988 children, or approximately 20 percent, were diagnosed with one or more disabilities.

Child Care Development Fund Child Care

- √ The number of children on a waitlist as of January 2009 is 1,147.
- √ The waiting period for a child/family to receive a subsidy ranges from 6 months to 2 years
- √ The average number of children served per family is 1.5 children.
- √ Total number of children receiving childcare assistance across all subsidy systems is 9,343: CCDF-3,243 children; TANF Transisitional-3,040; ASPIRE-3,060.

Child Care Development Fund Child Care, continued

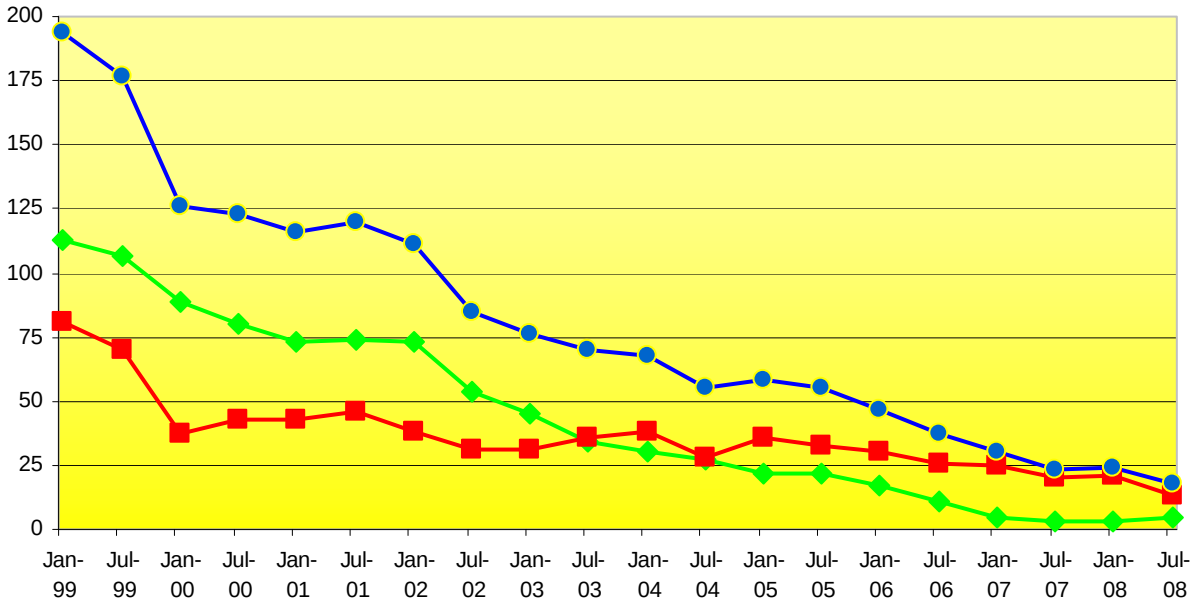
- √ In CCDF Child Care, 92 percent of children are served in licensed care; 8 percent are cared for by family, friends or neighbors.
- √ The average cost of care per child is $5,436 per year (monthly subsidy + parent fee).
- √ The parent pays 21.8 percent of the cost and the CCDF program pays 78.2 percent.
- √ Parents are eligible for a subsidy based on income and work/school/training schedules.
- √ Currently there are 1,346 providers that receive subsidy for children supported with CCDF funding, including child care centers (399), family child care homes (676) and family/friend/neighbor caregivers (263).
- √ Of the 1,346 providers accepting subsidized payments for children, 1,059 receive payments through the recently centralized voucher management system.

Home Visitation Services, 0-5 years old:

- √ Of those parents and children served in FY'08, 49 percent of the parents were 22 or younger when they had their first child; 62 percent were either single or partnering; 30 percent of families earn less than $10,000 annually; and another third earn between $10,000 and $30,000.
- √ In FY08, 21,595 home visits were made to 4,958 families.

Maine Youth in Out of State Hospital & Residential Care:
Census Trends in 6 Month Intervals 1/1999 - 7/2008

In 1997 Total census OOS was approximately 280 kids, however no records are available with accurate data.



	Jan-99	Jul-99	Jan-00	Jul-00	Jan-01	Jul-01	Jan-02	Jul-02	Jan-03	Jul-03	Jan-04	Jul-04	Jan-05	Jul-05	Jan-06	Jul-06	Jan-07	Jul-07	Jan-08	Jul-08
CW	113	107	89	80	73	74	73	54	45	34	30	27	22	22	17	11	5	3	3	5
CBHS	81	70	37	43	43	46	38	31	31	36	38	28	36	33	30	26	25	20	21	13
Total	194	177	126	123	116	120	111	85	76	70	68	55	58	55	47	37	30	23	24	18

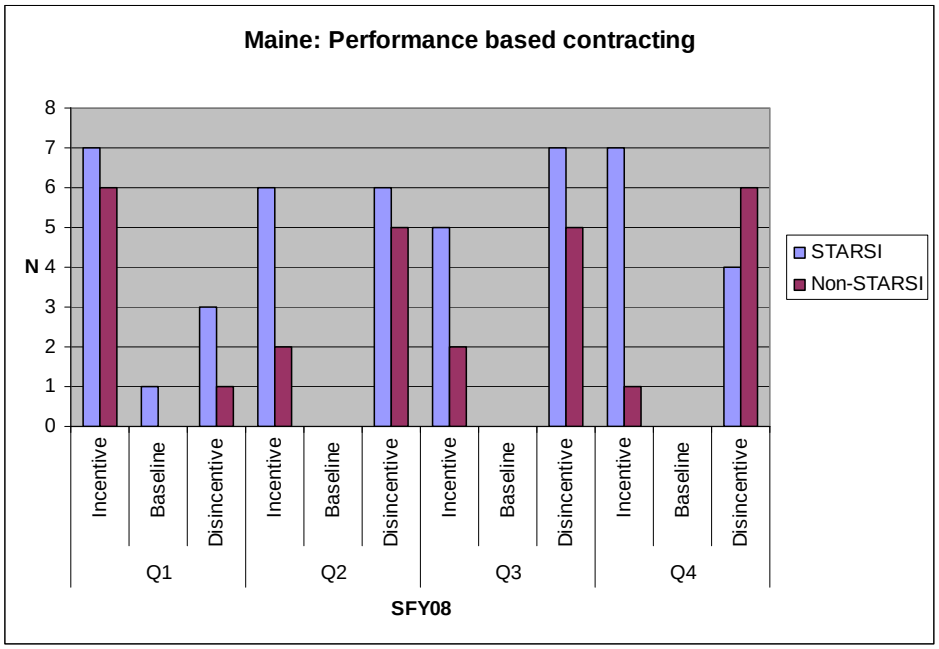
Just The Facts - Office of Elder Services

- √ OES served as the public guardian and/or conservator for 1,034 incapacitated adults in FY'08 – which is a 6 percent increase over FY'07. These adults have no family members who are willing or able to provide this service.
- √ OES received 3,911 reports of elder abuse, neglect and financial exploitation involving incapacitated/dependent adults in FY'08 – a rise of 12 percent from FY'07.
- √ 1,150 individuals are served who are eligible for nursing home care that choose to be cared for in their home.
- √ 4,800 receive home care services in their homes in a year.
- √ 14,935 meals were provided at meal sites or the home of individuals who cannot travel in FY'07.
- √ Counseling, outreach and information on insurance is provided to 34,845 persons each year.

- √ Funding provided to the Long Term Care Ombudsman Program and Legal Services for Elderly is used to advocate for and protect the rights of older people. The Ombudsman Program investigated 1,159 complaints against facilities and Legal Services for the Elderly served 5,777 consumers.
- √ OES administers a Senior Community Service Employment Program for low income seniors, which is a training program designed to help individuals gain skills and find employment. This program helped 118 low income seniors gain employment last year.
- √ In 2006, 4,717 people were in nursing facilities.
- √ Maine's population of older adults aged 60+ is increasing dramatically. Maine is the oldest state in the nation when measured by median age.
- √ Maine's elderly population has a higher rate of poverty than the U.S. and New England average. Maine has the 18th highest rate of poverty for persons aged 65+ in the nation.
- √ The 2000 Census reports 54 percent of Mainers 65+ below the FPL also reported a disability, compared to 40 percent reporting a disability if incomes were higher than the FPL.
- √ In 2001, Maine had 52 nursing facility beds per 1,000 people, ranking 19th in the nation for the most beds per capita. By 2005 Maine ranked 36th with 39 beds per 1,000 people.

Just The Facts - Office of Substance Abuse Services

- √ OSA implemented a performance based contracting system with its outpatient substance abuse treatment providers in FY'08. It measures contracted treatment agency performance in meeting established targets for size of service population, timeliness of access to treatment and success in retaining clients in treatment. Agencies can receive incentive payments or financial penalties based on performance. A chart on this initiative's success is featured below.
- √ The Maine Youth Drug and Alcohol Use Survey (MYDAUS) shows that alcohol use by students in grades 6-12 has dropped from 30.8 percent in 2000 to 25.3 percent in 2008. The greatest decrease has been from 2006 to 2008 – moving from 29 percent to 25.3 percent. Evidence-based prevention strategies and programs by 28 Healthy Maine Partnerships, local prevention agencies, law enforcement and statewide initiatives like the OSA Media Campaign have made a positive impact.
- √ More than 3,400 people took a Driver Education Evaluation Program (Prime for Life) in FY'08. Prime for Life Programs were offered in 20 different communities statewide, from Presque Isle to Saco.
- √ The prevalence of people with co-occurring substance abuse and mental health disorders in Maine's healthcare system is estimated to be between 35 and 80 percent.
- √ The COSIG (Co-occurring State Infrastructure Grant) grant awarded by the Substance Abuse Mental Health Services Administration in 2005 emphasizes the importance of integrated care which has become a national, best practice mandate.
- √ OSA's implementation of the STAR-SI grant and incentive-based contracting has increased admissions to outpatient and intensive outpatient services by **345 percent** with no additional state dollars being spent on services.



* Baseline payment $3,531,364.00
* Possible incentive payments $238,099.97
* Total amount of **savings** for full year of performance contracting **FY'08 $254,379.68**
* The agencies involved with the STAR-SI grant consistently met their incentives at a higher rate than non-STAR-SI contracts
* Budgeted incentives maximum $3,769,463.97
* Total FY'08 payments $44,839.00

Just The Facts - Maine Center for Disease Control and Prevention

- √ Maine CDC maintains about 5 million vital records, such as records of births, deaths, marriages and divorces. In 2007 Maine CDC logged over 42,000 such events, issued about 17,000 records to the public, processed 4,500 amendments and corrections, performed 3,700 verifications of records to state and federal agencies, and answered over 40,000 phone calls.
- √ Chlamydia, with about 2,500 cases, and Lyme disease, with about 800 cases, are our most common reportable infectious diseases.
- √ Skin cancer is the most commonly reported cancer, but lung cancer is the most common cancer causing death.
- √ Nearly three-quarters of Mainers die from four diseases – cardiovascular disease (heart disease and stroke), cancer, chronic lung disease, and diabetes. Most cases of these diseases are associated with tobacco, obesity, poor nutrition, or physical inactivity.
- √ Since the late 1980s, lung cancer kills more Maine women every year than breast cancer. However, more Maine women are diagnosed with breast cancer annually than lung cancer.
- √ 50 years ago cervical cancer was the most common cancer to kill Maine women. Because of early detection through PAP smears, and the HPV (Human Papillomavirus) vaccine, we are on the verge of eliminating cervical cancer as a cause of death.
- √ In the last 12 years, the numbers of Mainers with diabetes has more than doubled from about 33,000 in 1995 to over 80,000 in 2007. Likewise, the percent of the adult population in Maine with diabetes has moved from 3.5 percent to 8 percent. This dramatic increase is concurrent with the doubling of obesity rates.
- √ Maine has one of the most successful tobacco programs in the country, with a 64 percent drop in high school smoking from 1997 to 2007; a 73 percent drop in middle school smoking during the same 10 years; and a 30 percent drop in cigarette consumption in the past seven years.
- √ Maine had one of the highest teen pregnancy rates in the country in the 1980s. As a result of major strategies, including providing improved access to family planning and comprehensive family life education, Maine had the steepest decline in teen pregnancy in the 1990s, and now has the 3rd lowest rate in the country.
- √ Lead poisoning is one of the most commonly identified environmental health problems Maine children face. It is associated with long-term learning and behavioral disabilities. Most lead poisoning results from exposure in the child's home to lead-based paint on walls and floors, especially in homes built before 1950.
- √ The number of children less than 6 years of age identified with lead poisoning (levels greater than 10) have declined from about 400-500 per year 10-15 years ago to 212 in 2003 and to 145 in 2007. Screening for lead poisoning continues to rise, approaching 50 percent children ages 1 and 2.

For More Information

Maine CDC's public health plan for the current decade is *Healthy Maine 2010* and can be found at:

http://www.maine.gov/dhhs/boh/healthy_maine_2010.htm

Just The Facts - Office of Multicultural Affairs

- In 1910, 1 in 7 Maine residents was foreign born. Today, it's roughly 1 in 30. However, 1 in 8 U.S. residents is foreign born. By this measure, today's U.S. residents look more like the Mainers of 1910 than today's Maine residents.
- Across the U.S., due to an aging population and a shrinking new entrant pool, it is projected that there will be a 23 million-person employee gap.

- Similarly, Maine's population is growing much slower than the rest of the nation. We're also older. As the baby boomers retire, following generations are smaller and can't fill the gap. Fortunately, Maine has begun to attract an immigrant population of young residents, eager to participate in work and civic life, ready to build lives in Maine and contribute to the economic future.
- The U.S. federal government, not the state of Maine or Catholic Charities of Maine, annually determines which refugee populations, how many allocations, and the placement locations of refugees to be resettled across the United States.
- Maine has been receiving an average of 100-125 primary refugees each year and therefore receives approximately 1.5 to 2 million US dollars directly from the Federal Office of Refugee Resettlement for initial resettlement and capacity building services.
- Since 2006, staff at the Office of Multicultural Affairs has trained over 6,400 service providers (mostly state employees) on language access and multiculturalism, human trafficking, and deaf services.
- In Maine, an estimated $220,000 is spent by migrant workers in Washington County alone each year during the harvest season.
- The Census Bureau projects that Maine's population will grow 6% by 2030, while states like Nevada, Arizona, and Florida will grow by well over 50%. Businesses and jobs are likely to move to other states experiencing growth.
- In the US, between 1990 and 2007, Native American spending has gone up 197 million, African American spending has gone up by 170 million, Hispanic spending has gone up by 315 million and Asian spending has gone up by 287 million.

- Today there are about four working-age Maine residents for each person over age 65. By 2030 there may be just two. Demand for medical care and social services will increase as the number of taxpayers in their peak earning years falls.
- Many of Maine's school systems are seeing a significant increase in the number of languages spoken by immigrant students. Most Native students find it valuable that they are exposed to such diversity of languages at such a young age and they feel it prepares them for the global career market.

Wait Lists

Wait List Data For Children's Services:

Children's Behavioral Health:

- Medication clinic services - 228 children
- Intensive behavioral health treatment services - 4 children beyond the Risinger timeliness standard of 180 days
- Habilitation services for children with cognitive disabilities or autism - 1 child beyond the Risinger timeliness standard of 180 days
- Assertive Community Treatment (ACT Teams) - 8 children
- Early intervention services - 63 children

Child Care:

- As of January 2009, there were 1,147 children on the wait list for child care funded by the Child Care Development Fund
- The average time before subsidy is available for a child on the list is one year

Wait List Data For Elder Services

Home-Based Care:

- The wait list for home-based care as of 12/3/2008 is 300 waiting for initial service and 75 waiting for an increase in services
- 341 are age 60+; 34 are under age 60

Independent Support Services (formerly Homemaker Services):

- The wait list for independent support services is 927 people
- Three homemaker programs funded at almost $3.5 million are being transitioned to a single program funded at 2.5 million

Wait List Data For Substance Abuse Services

- On average, 152 clients are waiting for residential services monthly. These services include short term residential rehab; extended care; halfway house; extended shelter; and adolescent residential rehab.

Wait List Data For Adults With Cognitive and Physical Disability Services:

Developmental Services:

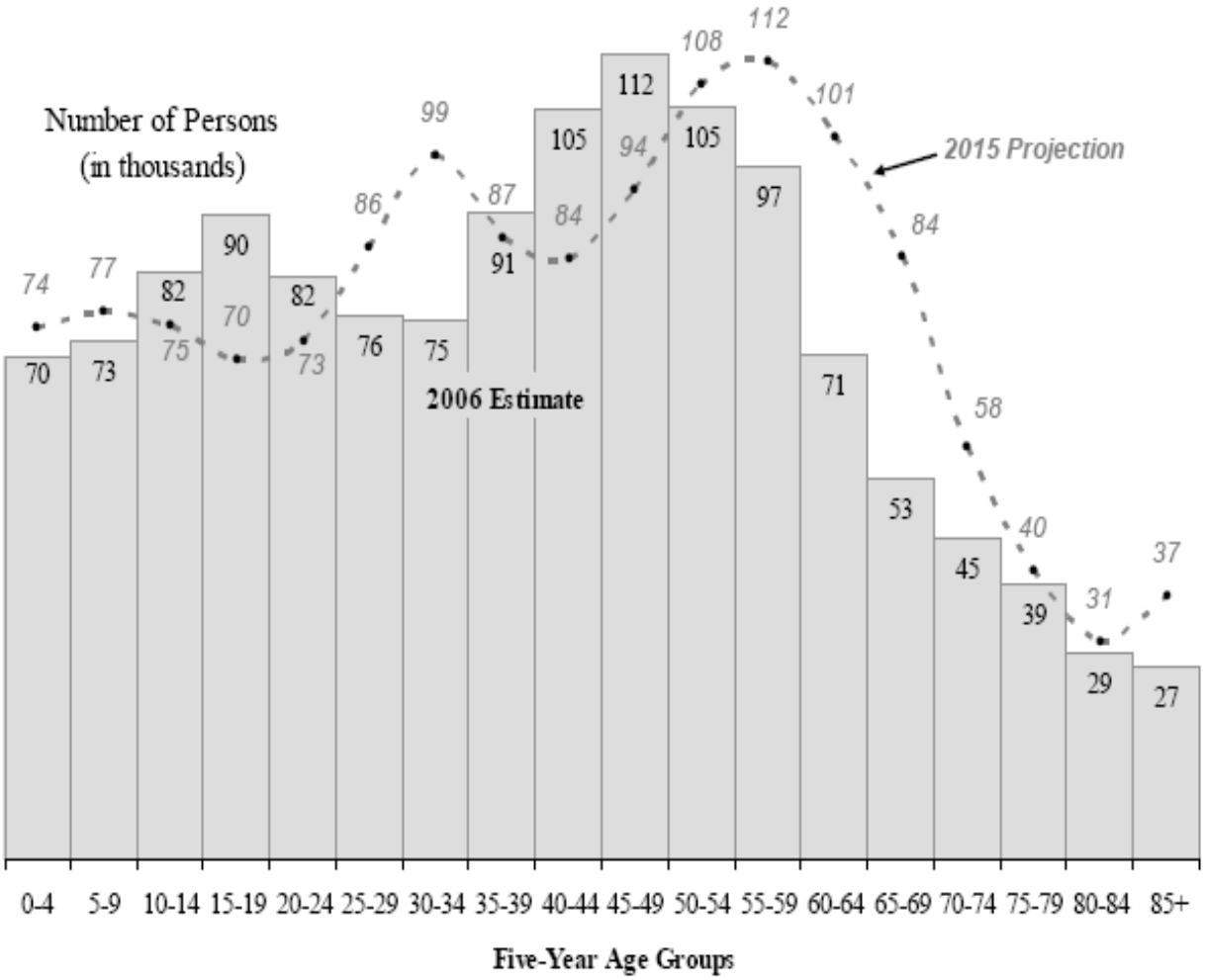
The wait list for the comprehensive waiver (Section 21) is 110

Physical Disability Services:

The wait list for the adults with physical disabilities waiver (Section 22) is 112

Maine's Demographics

Age Profile of Maine's Population by Five-Year Age Groups Based on Census Bureau Estimates for July 2006 and Projections for 2015



Residency Requirements for Maine's Benefits

There has been much discussion over the years surrounding a desire to limit access to MaineCare for new residents in the state until they have lived in Maine for a certain period of time.

The United States Supreme Court has ruled in a number of cases that states may not impose such requirements for public benefit programs, as doing so would violate a citizen's right to interstate travel.

In *Shapiro v. Thompson* (1969), the Supreme Court declared unconstitutional a statutory provision that denied welfare benefits to residents who had not lived in a state for more than one year.

According to the Court: "An indigent who desires to migrate, resettle, find a new job, or start a new life will doubtless hesitate if he knows the he must risk making the move without the possibility of falling back on state welfare assistance during that first year of residence, when his need may be most acute."

In *Saenz v. Roe* (1999), the Supreme Court struck down California's welfare statute which sought to limit assistance for newly-arrived residents to the level they would have received in the state they came from, for one year. This differential treatment was deemed unconstitutional.

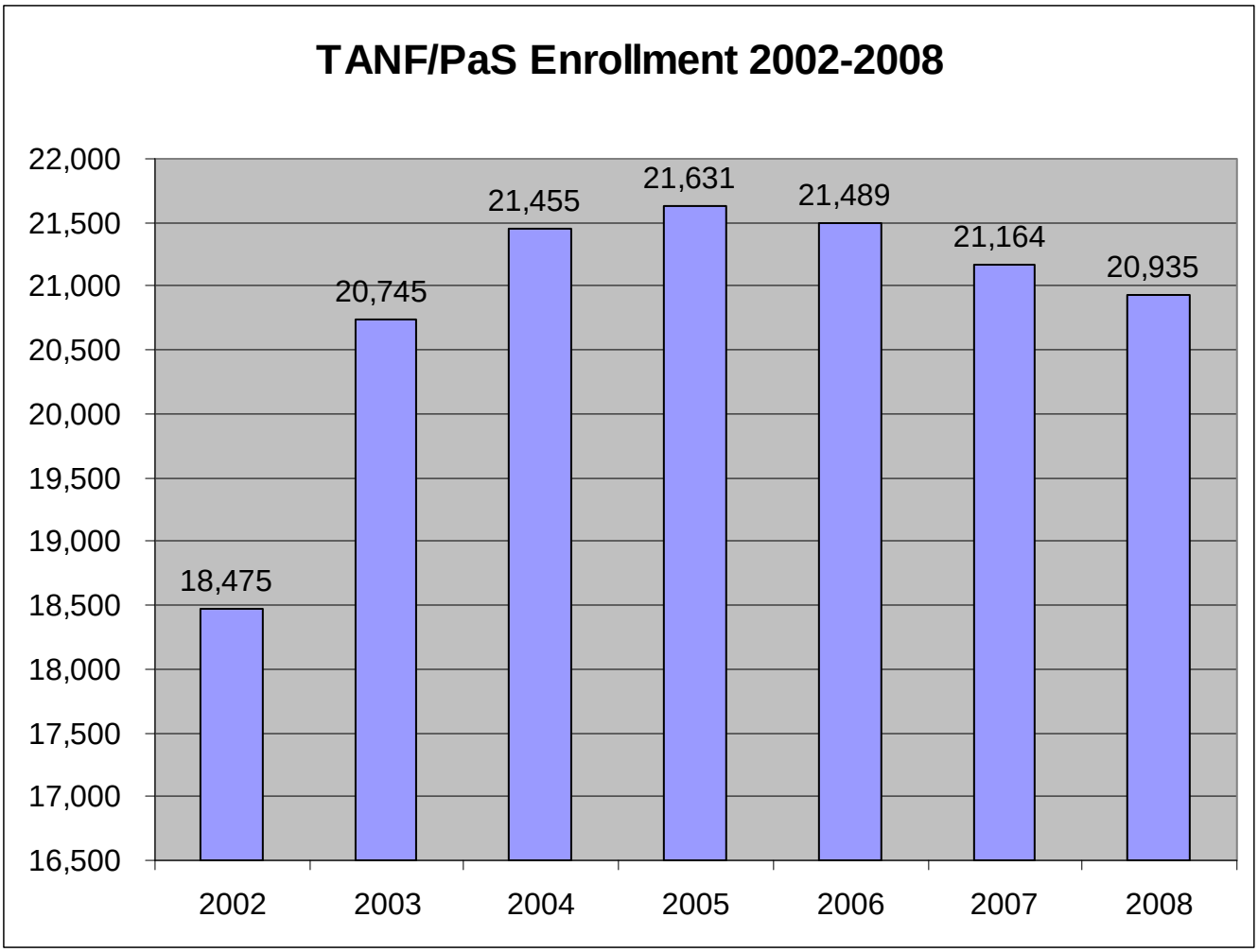
In *Duffy v. Meconi* (2007), the United States District Court ruled that the state of Delaware violated Ms. Duffy's right to travel, when it refused to determine her eligibility for Medicaid until she actually relocated from North Carolina.

Marianne Duffy was 34, disabled and living in a group home in North Carolina. In 2001, her parents moved to Delaware and applied for Medicaid on her behalf. She was denied Medicaid because she was not a resident, yet could not move to Delaware without the necessary supports.

According to the court, the state had to pre-determine Ms. Duffy's eligibility, so her coverage could begin as soon as she relocated.

The Supreme Court reaffirms that we are citizens of the United States, while we are only residents of Maine. U.S. citizenship entails the right to freely move between states, as well as access to federally funded programs and benefits.

TANF and Parents As Scholars Enrollment 2002-2008

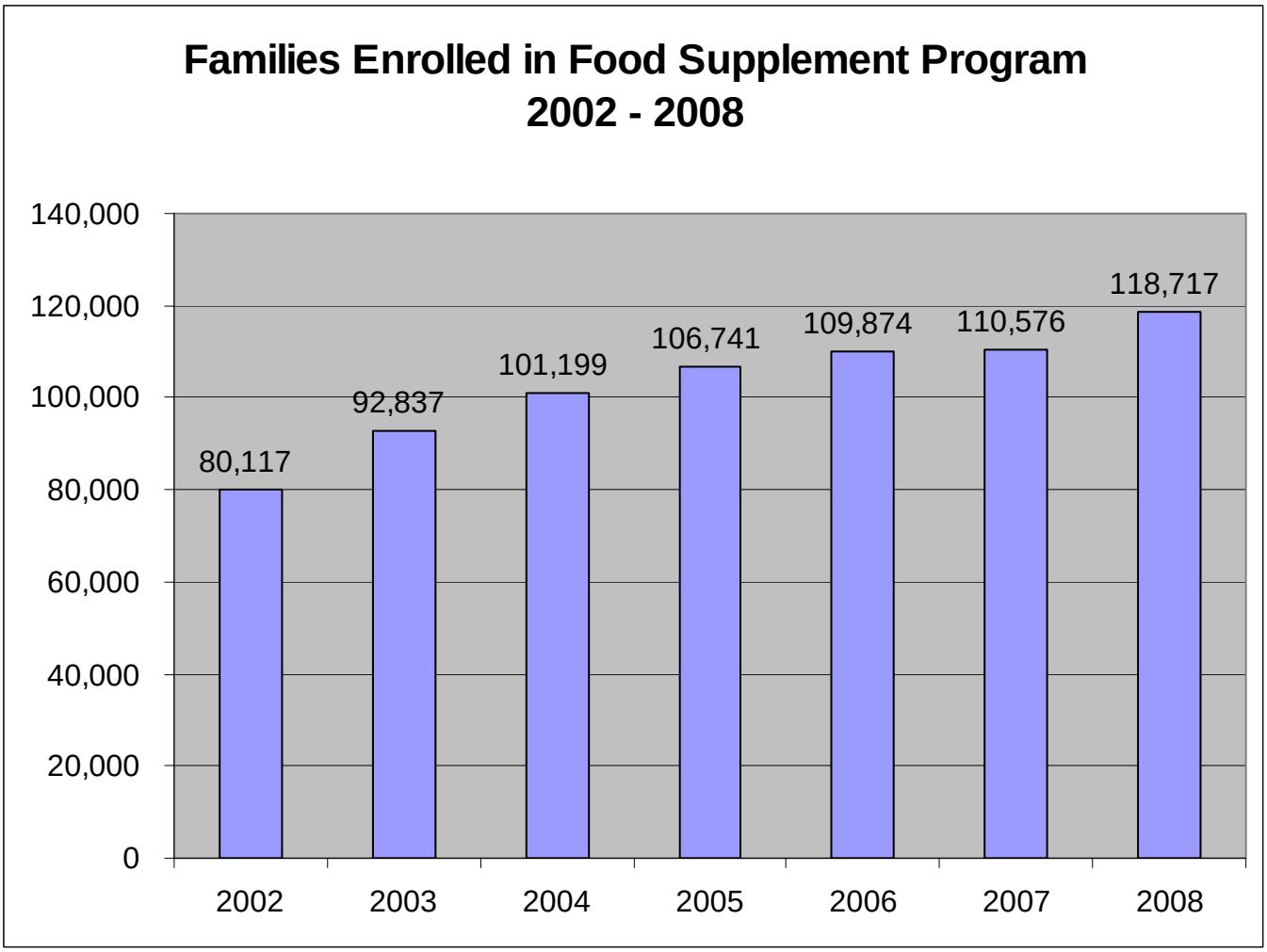


For More Information

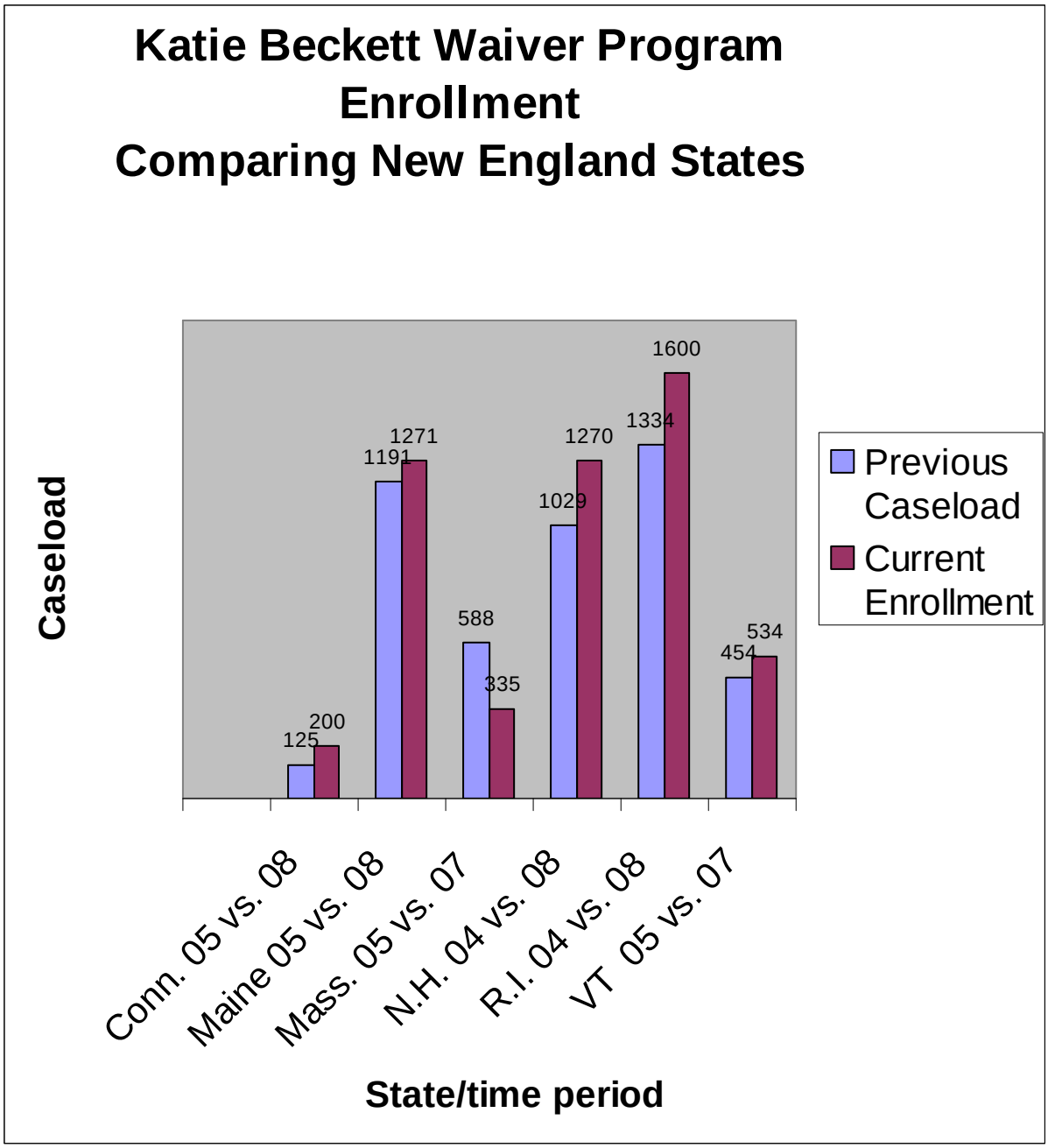
The Office of Integrated Access and Support produces monthly reports on Food Supplement benefits, TANF and other entitlement program by geographic regions. These reports can be viewed at:

http://www maine.gov/dhhs/OIAS/reports/reports.html

Food Supplement Program Enrollment



Katie Beckett Enrollment



The FY'07 per member, per year cost for the Katie Beckett Waiver was $18,713.15.

Medicaid Enrollment 2002 - 2008

	Traditional Medicaid	SCHIP Medicaid Expansion	SCHIP "Cub Care"	Medicaid Expansion Parents ≤ 150% FPL	Non-Categorical Adults ≤ 100% FPL	Medicaid Expansion Parents >150% FPL	Sub Total	DEL\ MaineRX Drug Programs	TOTAL
FY'02	165,865	7,819	3,999	12,427	-	-	190,110	92,564	282,674
FY'03	186,328	8,428	4,423	14,230	7,827	-	221,227	105,958	327,185
FY'04	200,147	8,502	4,681	14,467	18,178	-	245,975	91,547	337,522
FY'05	207,256	9,979	4,219	17,810	22,860	187	262,311	97,701	360,012
FY'06	211,528	10,226	4,413	18,583	14,114	4,280	263,144	88,755	351,899
FY'07	214,011	10,170	4,566	18,968	18,680	5,256	271,651	75,920	347,571
FY'08	216,959	9,578	4,505	18,568	18,267	5,600	273,477	70,830	344,307

Definition of Federal Poverty Level (FPL)

The term “federal poverty level” stands for the set minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the U.S. Department of Health and Human Services. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Public assistance programs, such as Medicaid in the U.S., define eligibility income limits as some percentage of FPL.

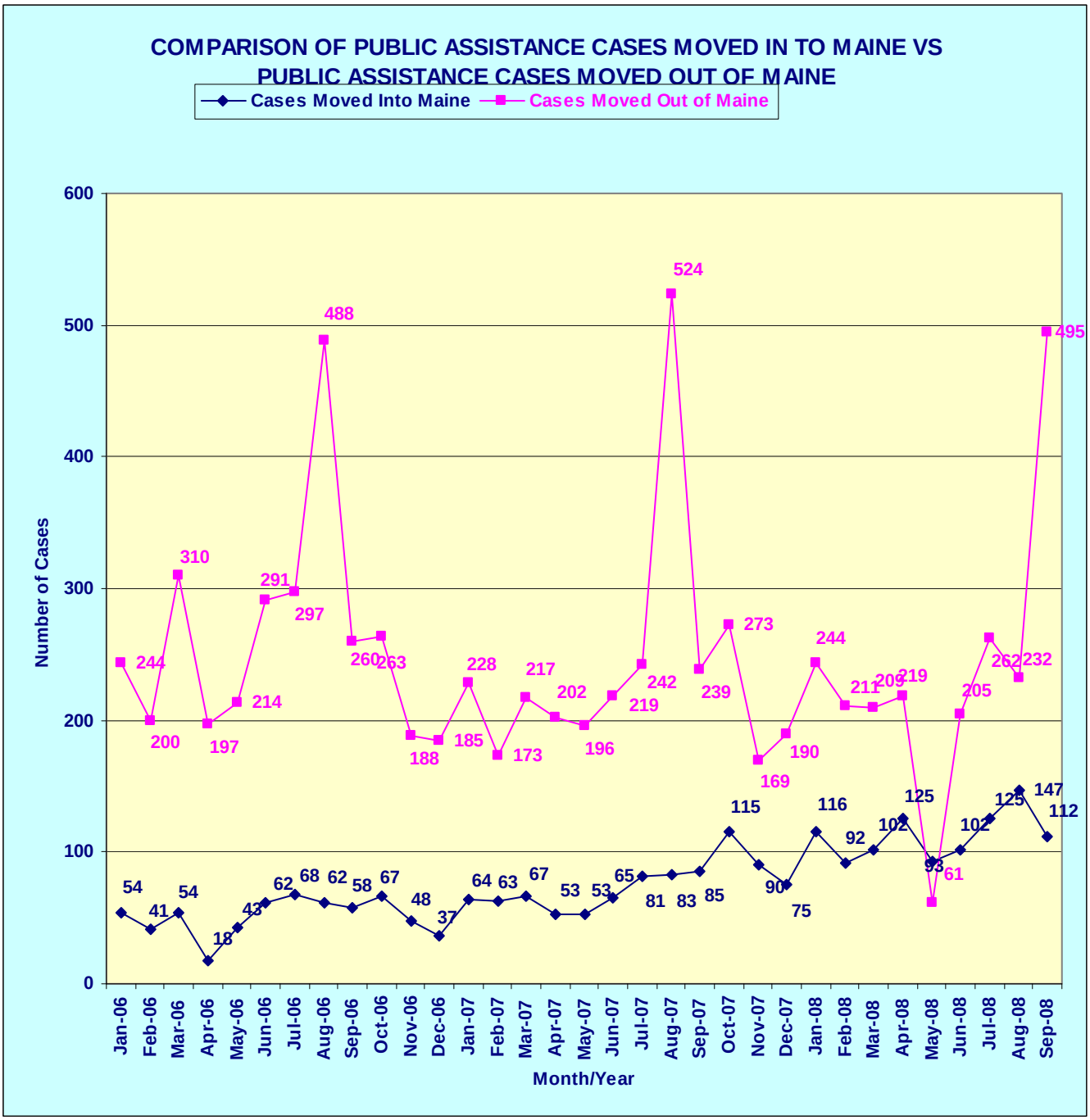
FEDERAL POVERTY LEVELS - EFFECTIVE JANUARY 2008

The following dollar amounts are based on the federal poverty level published in the Federal Register. The amounts will be changed whenever the Federal Poverty Level is adjusted

Family Size	100%	120%	125%	133%	135%	150%	160%	170%	185%	200%	250%	350%
1	$ 867	$ 1,040	$ 1,084	$ 1,153	$ 1,170	$ 1,300	$ 1,387	$ 1,474	$ 1,604	$ 1,734	$ 2,167	$ 3,034
2	$ 1,167	$ 1,400	$ 1,459	$ 1,552	$ 1,575	$ 1,750	$ 1,867	$ 1,984	$ 2,159	$ 2,334	$ 2,917	$ 4,084
3	$ 1,467		$ 1,834	$ 1,951		$ 2,200	$ 2,347	$ 2,494	$ 2,714	$ 2,934		$ 5,134
4	$ 1,767		$ 2,209	$ 2,350		$ 2,650	$ 2,827	$ 3,004	$ 3,269	$ 3,534		$ 6,184
5	$ 2,067		$ 2,584	$ 2,749		$ 3,100	$ 3,307	$ 3,514	$ 3,824	$ 4,134		$ 7,234
6	$ 2,367		$ 2,959	$ 3,148		$ 3,550	$ 3,787	$ 4,024	$ 4,379	$ 4,734		$ 8,284
7	$ 2,667		$ 3,334	$ 3,547		$ 4,000	$ 4,267	$ 4,534	$ 4,934	$ 5,334		$ 9,334
8	$ 2,967		$ 3,709	$ 3,946		$ 4,450	$ 4,747	$ 5,044	$ 5,489	$ 5,934		$ 10,384
Each added person	$ 300		$ 375	$ 399		$ 450	$ 480	$ 510	$ 555	$ 600		$ 1,050

In-State and Out-of-State Migration

People do not move to Maine for its benefits packages. Far more people leave Maine's public assistance programs than enroll in them each month.



The Top 10 'Real Facts' About Fraud and Abuse in the Temporary Assistance to Needy Families Program

10

People who get TANF get the benefit forever.

Real Facts: Since the program began in 1997, **63,000** Maine families have left the TANF program. 71 percent of recipients receive benefits for 1 year or less; 85 percent receive benefits for 2 years or less. Two-thirds of recipients are children.

9

Mom's boyfriend lives in the home and her kids are still receiving benefits. This is fraud.

Real Facts: Only the biological or adoptive parents are legally responsible for the children's support, per Federal law.

8

The father visits all the time, yet they still get benefits.

Real Facts: A non-custodial parent has the right to visit TANF children in accordance with court visitation orders. If a parent has moved back in, or is in the home nearly all the time, the family may no longer be eligible.

7

There's a lot of fraud in Maine's welfare programs.

Real Facts: Maine's documented rate of fraud in the TANF Program is 2/10ths of 1 percent. The average rate of fraud nationwide is 4 percent.

6

People are moving to Maine because of it rich benefits.

Real Facts: Maine has the lowest TANF benefit in New England. Over the last 5 years, more than 5 times as many people on welfare left Maine than moved in.

5

Mom and dad are divorced, but live together and get benefits.

Real Facts: This is **not** allowable. We encourage this to be reported to the Office of Integrated Access and Support at the number below.

4

There are a lot of 'deadbeat dads' who should be paying for their children instead of the State.

Real Facts: Maine has an extensive and successful child support collection program. Recovered funds help offset the state's TANF cost.

3

There are no time limits for eligibility.

Real Facts: Eligibility is reviewed monthly and there are time limits. A person must comply with their plan to move to self-sufficiency to receive benefits.

2

TANF benefits are so high, they discourage people from working.

Real Facts: The maximum benefit for a family of three is $485 per month, 66% *below* the federal poverty level. Even when food stamps are added, TANF families are 35% *below* the federal poverty level**.**

1

Why don't people just get a real job?

Real Facts: Maine has the highest rate of working TANF recipients in New England and is fifth in the nation in retaining TANF jobs.

We are committed to running successful, publicly accountable programs that serve people in need effectively. If you have concerns about how our programs are delivering services, please call 1-800-442-6003.

The Top 10 'Real Facts' About Fraud and Abuse in MaineCare, Food Stamps and Other Programs

10

They are driving a new car all the time and on MaineCare.

Real Facts: Federal law allows recipients to have a car, recognizing that people need one to keep a job. This is especially true in a rural state like Maine.

9

People are not reporting all of their assets and their kids are still on MaineCare.

Real Facts: Assets are not counted when determining a child's eligibility. Adults, except pregnant women, must meet a strict asset test.

8

They have 'other' insurance. They shouldn't get MaineCare.

Real Facts: Some families do have other insurance, in which case, MaineCare is reimbursed by other insurance carriers.

7

The parent is working full-time. Why are they on MaineCare?

Real Facts: Some employers do not offer health insurance or their plan is unaffordable. Many working families qualify for MaineCare.

6

My neighbor transferred assets to get nursing home assistance.

Real Facts: This is thoroughly examined before determining eligibility. Laws are strict, but provisions exist to protect spouses.

5

People on Food Stamps use the EBT card to buy alcohol and tobacco products.

Real Facts: Federal law does NOT allow Food Stamps to be used for anything but food. Even toothpaste is not allowed.

4

People on Food Stamps fill their carts with junk food.

Real Facts: The federal government establishes what food can be purchased. Research shows there is no difference in the type of food purchased by Food Stamp recipients and all other consumers.

3

People who are not legal citizens get all sorts of benefits.

Real Facts: They don't. The Deficit Reduction Act requires a person to prove Maine residency and be a U.S. citizen or a *legal* immigrant to get benefits.

2

People are working AND getting disability checks.

Real Facts: Our program supports and encourages people returning to the workforce if able. Federal law allows people with disabilities to keep benefits during a transitional period.

1

Clients are working 'under the table.'

Real Facts: This violates State and Federal law. We investigate every report of a person working 'under the table' and still collecting benefits.

We are committed to running successful, publicly accountable programs that serve people in need effectively. If you have concerns about how our programs are delivering services, please call 1-800-442-6003 and trust that your report will be taken seriously.

Medicaid Optional Services

- Ambulatory Care Clinics and Ambulatory Surgical Centers
- Case Management
- Chiropractic Services
- Dental Services
- Dentures
- Diagnostic Services
- Emergency Hospital Services
- Home and Community Based Services for Individuals with Disabilities and Chronic Medical Conditions
- Hospice Care
- Intermediate Care Facility Services
- Nursing Facility Services for Persons Under Age 21
- Occupational Therapy
- Optometrists' Services and Eyeglasses
- Physical Therapy
- Podiatrists' Services
- Prescribed Drugs
- Preventative Services
- Private Duty Nursing and Personal Care Services
- Prosthetic Devices
- Rehabilitative Services
- Screening Services
- Services for Persons Aged 65+ and Under Age 22 in Mental Institutions
- Speech, Hearing, and Language Therapy

Notes

Public Health - 10 Essential Services

Maine's public health stakeholders have examined its centralized but fragmented public health infrastructure at the sub-state level. By streamlining and coordinating existing resources, Maine's emerging local and district public health system is more efficient, more effective, more ready for accreditation, and most importantly, better able to serve the public's health needs.

The 10 Essential Public Health Services

The framework used by the Public Health Work Group (PHWG) process, as well as by the upcoming national accreditation process, is the 10 Essential Public Health Services (EPHS). Below is a listing of these services as well as some examples of how the Maine CDC carries out each one.

1 Monitor health status to identify community health problems

- Since 1892 the Maine CDC (or its predecessor) has collected and maintained vital records in order to monitor causes of deaths and poor birth outcomes. Currently, the Maine CDC maintains more than 4 million vital records. In 2007, it recorded more than 42,000 births, deaths, marriages, divorces and other events.
- Maine CDC tracks more than 75 reportable infectious diseases, all reports of cancer, numerous congenital and genetic disorders and some environmental diseases, such as red tide and carbon monoxide poisoning.
- The Behavioral Risk Factor Surveillance System (BRFSS) surveys 6,000 Mainers annually. The survey is conducted in every state and offers an ability to compare results.
- Maine CDC's Health and Environmental Testing Laboratory conducts more than 210,000 tests every year, ranging from rabies to HIV.

2 Diagnose and investigate health problems and health hazards in the community

- Maine CDC's disease investigation teams respond to more than 400 reports of possible disease outbreaks every year. These teams consist of field epidemiologists, health inspectors, medical epidemiologists, drinking water engineers and laboratory staff.
- The Cancer Program investigates about a dozen reports every year of cancer cluster concerns (Maine has had one bona fide cancer cluster over the years).

3 Inform and educate people about health issues

- The U.S. Surgeon General gave Maine CDC and its partners an award for its Healthy Weight Awareness Campaign.
- Outreach to Food Supplement recipients has included healthy weight and nutrition information.
- The Healthy Maine Walks website www.healthymainewalks.org, is another tool.
- The Health Alert Network is used to inform thousands of physicians, other health care providers, and public health and safety personnel of emerging, urgent issues.
- At the community level, the Healthy Maine Partnerships educate Mainers about tobacco, substance abuse, obesity and many other health issues. See http://www.maine.gov/dhhs/boh/hmp/ for more information.

4 Develop and engage communities to identify and solve health problems

The Maine CDC funds and provides technical assistance and oversight of the Healthy Maine Partnerships (HMPs). Each works with their local health care system, schools and many community partners.

5 Develop policies and plans that support individual and community health efforts

- The Maine CDC works with the administration and the Legislature to develop and implement public health policies.
- Each Maine CDC program is responsible for developing its own plan to carry out its work.
- HMP plans, Maine CDC program plans and District Coordinating Council plans feed into the State Health Plan. *Healthy Maine 2010* is part of the federal *Healthy People* planning process.

6 Enforce laws and regulations that protect health and safety

- Health inspectors are responsible for 12,000 eating and lodging establishments, tattoo parlors and body piercing facilities, youth camps and tanning beds. The goal of these inspections is to assure these facilities are complying with basic health and safety standards.
- Since 1903, the Maine CDC or its predecessors have regulated water utilities to ensure healthy and safe drinking water.
- Maine CDC enforces laws that control infectious disease outbreaks through identifying and counseling those at risk, as well as providing isolation measures.

7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable

- Maine CDC provides about 160,000 influenza and pneumonia vaccines annually.
- 350,000 recommended vaccines to prevent 16 infectious and most deadly diseases are provided to children every year.
- The Breast and Cervical Health Program has provided about 41,000 mammograms and 31,000 pap smears in the past 12 years to low-income women.
- The HIV Program provides a link to MaineCare insurance and other federal programs that assist in treatment (such as the Ryan White Program).
- Tobacco Program's Help Line (quit line) provides services to about 7,000 Mainers a year, primarily smokers who want to quit.

8 Assure a competent public health and personal health care workforce

- Maine CDC puts on several conferences each year for health care providers, including the annual Infectious Disease Conference that attracts more than 400 attendees, and the annual Immunization Conference that attracts about 500 attendees.
- Maine CDC staff survey about 15,000 licensed health care professionals annually and analyze the data to determine health care workforce needs.
- Staff educate and train health care providers and the public health workforce on public health issues.

9 Evaluate effectiveness, accessibility, and quality of personal and population-based health services

- All Maine CDC programs have goals, objectives and measureable indictors that are tracked to determine effectiveness and modify program strategies.
- Staff work with the District Coordinating Councils and HMPs to assure broad-based participation in district and local public health system assessments.

10 Research for new insights and innovative solutions to health problems

- Maine CDC works closely with the Maine Center for Public Health, the Harvard School of Public Health and other partners to research effective and new ways to address obesity.
- The University of Maine system partners with Maine CDC to analyze the effects of health disparities, develop strategies to address the health issues of Maine's maternal child population, research epidemiology and study approaches to chronic disease prevention.

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

DEMOGRAPHICS US Census: Official Population Estimates	DISTRICT								COMPARISONS	
	Aroostook ± Margin of Error	**Central** ± Margin of Error	**Cumberland** ± Margin of Error	**Downeast** ± Margin of Error	**Midcoast** ± Margin of Error	**Penquis** ± Margin of Error	**Western** ± Margin of Error	**York** ± Margin of Error	**MAINE State** ± Margin of Error	**UNITED STATES**
Total Population [2006]	73,008	173,317	274,598	87,085	151,882	164,765	194,687	202,232	1,321,574	299,398,484
Total Percent of Maine Population [2006]	5.5	13.1	20.8	6.6	11.5	12.5	14.7	15.3	100%	n/a
Population Density (people per square mile) [2006]	10.9	36.2	328.7	21.0	84.1	22.4	45.9	204.1	42.8	79.6 [2000]
Median Age (*see Tech notes) [2006]	43.0	41.1*	40.7	42.9*	42.3*	41.9*	40.0*	41.1	41.1	36.4
Selected Ages (US Census Official Population Estimates) [2006]										
<5 Years of Age (percent and count)	4.8 (3,478)	5.2 (9,059)	5.6 (15,254)	5.0 (4,379)	5.1 (7,731)	5.3 (8,701)	5.5 (10,745)	5.4 (10,898)	5.3 (70,245)	6.8 (20,417,636)
65 Years & Older (percent and count)	17.4 (12,673)	14.5 (25,175)	13.6 (37,237)	16.6 (14,462)	15.7 (23,912)	14.0 (23,007)	14.4 (28,007)	13.9 (28,166)	14.1 (192,639)	12.4 (37,260,352)
Race/Ethnicity Counts (one race alone or in combination with one or more other races, except where noted.** US Census Official Population Estimates) *see Tech notes [2006]										
White (one race alone or in combination)	71,059	170,767	264,065	84,587	149,851	160,820	190,829	198,734	1,290,712 (97%)	81.4%
Black (one race alone or in combination)	481	1,209	5,772	553	1,111	1,433	2,624	1,681	14,864 (1.1%)	13.4%
American Indian & Alaskan Native (one race alone or in combination)	1,419	1,601	2,115	2,194	1,322	2,118	1,609	1,175	13,553 (1%)	1.5%
Asian (one race alone or in combination)	633	1,438	5,413	736	959	1,725	1,747	2,149	14,800 (1.1%)	5.0%
Native Hawaiian & Other P.I. (one race alone or in combination)	19	97	310	29	51	126	94	80	806 (<1%)	0.3%
Hispanic (of any race)**	636	1,400	3,891	827	1,424	1,369	1,965	2,017	13,529 (1%)	14.8%
Non-Hispanic (total)**	72,372	171,917	270,707	86,258	150,458	163,396	192,722	200,215	1,308,045 (99%)	85.1%
Franco-American [2000]	25,374	46,580	47,185	9,083	19,132	46,580	58,457	52,868	305,259 (22%)	0.8%

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

MORE DEMOGRAPHICS: Percent and Count	DISTRICT								COMPARISONS	
	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error	MAINE State ± Margin of Error	UNITED STATES
Median Annual Household Income [2004]	$ 32,629	$ 36,147	$ 49,870	$ 33,834	$ 41,690	$ 34,717	$ 36,670	$ 48,363	$ 41,287	$ 44,334
Families Living in Poverty (all ages, percent) [2004]	14.9 (±0.3) 10,918	13.1 (±0.2) 22,497	9.0 (±0.1) 24,708	12.6 (±0.2) 10,943	10.7 (±0 2) 16,142	13.2 (±0.2) 21,715	12.4 (±0.2) 23,915	9.0 (±0.1) 17,963	11.3 (±0.1) 148,801	11.5
Children on Free or Reduced Lunch Program (percent of enrolled school children) [2005]	47.7 (±1.2) 5,551	41.0 (±0.8) 11,613	25.9 (±0.5) 10,483	41.9 (±1.1) 5,037	35.9 (±0 8) 7,471	39.1 (±0.8) 10,068	45.8 (±0.7) 13,466	27.6 (±0.7) 7,547	36.4 (±0.3) 71,236	17.5
Adults with Lifetime Educational Attainment Less Than High School (percent) [2000]	23.1 (±0.4) 11,868	16.1 (±0.3) 18,378	9.8 (±0.1) 17,900	15.3 (±0.3) 9,185	13.0 (±0 2) 13,146	14.9 (±0.2) 16,073	18.6 (±0.2) 23,561	13.5 (±0.2) 17,177	14.6 (±0.1) 127,419	9.4 (±0.1)
Single-Parent Households with Children <18 years (percent) [2000]	7.7 (±0.3) 2,323	10.4 (±0.2) 7,007	8.4 (±0.2) 9,117	8.8 (±0.3) 3,157	9.0 (±0 2) 5,372	9.5 (±0.2) 6,197	10.4 (±0.2) 7,887	9.1 (±0.2) 6,788	9.2 (±0.1) 47,848	7.2
Householders ≥ 65 Living Alone (percent) [2000]	13.1 (±0.4) 3,977	10.5 (±0.2) 7,145	10.2 (±0.2) 11,015	12.2 (±0.3) 4,386	11.0 (±0.4) 6,549	10.4 (±0.2) 6,829	10.9 (±0.2) 8,317	9.7 (±0.2) 7,233	10.7 (±0.1) 55,451	9.2
People Who Speak a Language Other Than English (percent of those >5 years old) [2000]	24.1 (±0.3) 16,880	6.8 (±0.1) 10,735	5.9 (±0.1) 14,888	4.3 (±0.1) 3,498	3.5 (±0.1) 4,798	4.4 (±0.1) 6,818	11.1 (±0.2) 19,771	9.4 (±0.1) 16,578	7.8 (±0.1) 82,512	17.9
Adults With a Disability (percent) [2006]	24.6 (±7.3) 6,924	23.0 (±4.3) 33,513	23.0 (±3.9) 35,594	28.5 (±4.3) 17,830	23.0 (±3 3) 25,250	30.4 (±4.9) 32,729	20.0 (±3.7) 38,280	21.8 (±4.3) 32,913	23.8 (±1.6) 237,910	15.1

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

MATERNAL/CHILD HEALTH INDICATORS	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error	MAINE State ± Margin of Error	UNITED STATES	Bench-mark State (healthiest)
Infant Mortality (rate per 1,000 live births) [2001-2005]	6.1 (±2.6)	5.2 (±1.5)	5.2 (±1.2)	4.4 (±2.0)	5.3 (±1.6)	6.0 (±1.6)	6.0 (±1.5)	5.8 (±1.4)	5.5 (±0.5)	6.8 [2004]	UT 4.5 [2005]
Live Births with Low Birth Weight <2500 grams (percent of live births) [2006]	6.6 (±1.9)	6.5 (±1.1)	6.8 (±0.8)	6.0 (±1.5)	7.0 (±1.3)	7.3 (±1.2)	6.6 (±1.0)	7.4 (±1.2)	6.8 (±0.4)	8.2 [2005]	AK+OR+ WA 6.1 [2005]
Infants Born to Women Receiving First Trimester Prenatal Care (percent) [2006]	90.4 (±2.2)	80.9 (±1.8)	89.7 (±1.1)	86.3 (±2.2)	88.7 (±1.5)	85.3 (±1.7)	88.9 (±1.3)	88.3 (±1.4)	87.4 (±0.6)	83.9 [2005]	RI + MA 89.3 [2005]
Teen Births Ages 15-17 (rate per 1,000 female population) [2003-2005]	14.0 (±3.4)	13.7 (±2.2)	8.7 (±1.5)	9.2 (±2.5)	11.8 (±2.2)	11.4 (±2.1)	15.1 (±2.2)	7.5 (±1.5)	11.2 (±0.7)	21.4 [2005]	NH 7.0 [2005]
HEALTH & WELLNESS INDICATORS											
Adolescent Smoking Prevalence (percent of 6-12 graders) [2006]	15.3 (±0.6)	14.4 (±0.5)	11.9 (±0.3)	16.0 (±0.6)	14.8 (±0.5)	16.1 (±0.6)	13.3 (±0.4)	12.5 (±0.4)	13.8 (±0.2)	23.0 [2005]	UT: 7.4 ID: 15.8 [2005] HS only
Adult Smoking Prevalence (percent who are current smokers) [2006]	28.4 (±7.8)	23.1 (±4.7)	16.3 (±3.7)	24.8 (±5.7)	18.2 (±3.1)	26.7 (±4.9)	17.6 (±3.9)	21.7 (±5.5)	21.0 (±1.6)	20.1	UT: 9.8 CA: 14.9
High School Youth Overweight or Obese (percent) [2005]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	25.0	26.3	CO 20.1
Adults Overweight or Obese (percent) [2006]	55.0 (±8.2)	63.9 (±5.7)	52.8 (±5.1)	60.9 (±6.1)	60.9 (±4.1)	64.7 (±5.3)	59.4 (±5.3)	64.9 (±5.5)	60.2 (±2.0)	61.6	CO + UT 54.9
Adults Reporting Fair or Poor Health Status in last 30 days (percent) [2006]	15.4 (±5.4)	16.5 (±4.0)	11.0 (±2.9)	16.7 (±4.3)	11.7 (±2.5)	18.7 (±4.0)	11.7 (±2.8)	11.0 (±3.5)	13.6 (±1.3)	14.7	MN 10.8

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

CHRONIC DISEASE INDICATORS	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error	MAINE State ± Margin of Error	UNITED STATES	Bench-mark State (healthiest)
Overall Cancer Incidence (age-adjusted rate per 100,000) [2000-2004]	514.2 (±20.9)	524.5 (±14.6)	500.4 (±11.6)	572.9 (±20.4)	513.4 (±15.0)	553.1 (±15.6)	505.7 (±13.4)	495.3 (±13.4)	517.7 (±5.2)	458.2 [2004]	AZ: 383 3 NM: 409 0 [2004]
Overall Cancer Mortality (age-adjusted rate per 100,000) [2000-2004]	199.0 (±12.7)	206.4 (±9.1)	208.5 (±7.4)	223.3 (±12.6)	200.1 (±9.3)	217.5 (±9.8)	208.0 (±8.6)	201.5 (±8.6)	207.6 (±3.3)	185.7 [2004]	UT: 139.1 HI: 147.5 [2004]
Lung Cancer Incidence (age-adjusted rate per 100,000) [2000-2004]	84.5 (±8.4)	79.7 (±5.7)	77.3 (±4.6)	88.8 (±8.0).	74.2 (±5.7)	92.9 (±6.4)	82.5 (±5.4)	72.8 (±5.2)	80.6 (±2.1)	67.4 [2004]	UT: 28.3 NM: 45.3 [2004]
Lung Cancer Mortality (age-adjusted rate per 100,000) [2000-2004]	62.4 (±7.2)	58.5 (±4.9)	59.8 (±4.1)	61.7 (±6.7)	57.2 (±5.0)	69.4 (±5.5)	65.4 (±4.8)	59.0 (±4.7)	61.5 (±1.8)	61.0 [2004]	UT: 26.2 NM: 35.8 [2004]
Colorectal Cancer Incidence (age-adjusted rate per 100,000) [2000-2004]	65.9 (±7.5)	58.7 (±4.9)	54.0 (±3.8)	61.8 (±6.7)	57.7 (±5.0)	67.1 (±5.5)	50.2 (±4.3)	60.7 (±4.8)	58.4 (±1.8)	49.5 [2004]	UT: 37.4 AZ: 39.4 [2004]
Colorectal Cancer Mortality (age-adjusted rate per 100,000) [2000-2004]	24.5 (±4.6)	19.9 (±2.9)	22.2 (±2.5)	23.8 (±4 2)	18.9 (±2.9)	20.5 (±3.1)	17.2 (±2.5)	20.4 (±2.8)	20.5 (±1.1)	17.9 [2004]	UT: 12.2 HI: 13.4 [2004]
Sigmoidoscopy or Colonoscopy Screening Ever Had by Adults Age 50 and Older (percent) [2006]	53.2 (±10.0)	71.8 (±6.3)	74.3 (±5.1)	54.1 (±7.6)	61.8 (±5.1)	71.8 (±6.3)	60.0 (±6.5)	64.4 (±6.9)	64.6 (±2.4)	57.1 (median % of states responding)	RI 69.2
Female Breast Cancer Incidence (age-adjusted rate per 100,000) [2000-2004]	116.7 (±14.2)	136.0 (±10.3)	134.8 (±8.2)	136.0 (±10.3)	134.6 (±10.7)	136.7 (±10.7)	127.5 (±9.4)	132.1 (±9.5)	132.5 (±3.6)	117.7 [2004]	AZ:102.9 ID: 105.1 [2004]
Female Breast Cancer Mortality (age-adjusted rate per 100,000) [2000-2004]	16.9 (±5.3)	23.0 (±4.2)	25.1 (±3.5)	23.0 (±4 2)	17.3 (±3.8)	26.5 (±4.7)	25.7 (±4.2)	23.6 (±4.0)	23.7 (±1.5)	24.4 [2004]	HI: 15.6 AK: 18.7 [2004]

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

CHRONIC DISEASE INDICATORS (cont'd)	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin Of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error	MAINE State ± Margin of Error	UNITED STATES	Bench-mark State (healthiest)
Diabetes Prevalence Among Adults (non-gestational; percent) [2004-2006]	11.4 (±2.7)	7.7 (±1.6)	6.0 (±1.2)	7.1 (±1.6)	6.7 (±1 2)	8.7 (±1.6)	6.4 (±1.4)	7.1 (±1.6)	7.3 (±0.6)	7.5 [2006]	CO 5.3 [2006]
Diabetes Hospitalizations (age-adjusted per 10,000) [2005]	13.5 (±2.4)	11.3 (±1.5)	9.6 (±1.1)	8.5 (±1.8)	11.3 (±1.6)	12.3 (±1.6)	11.5 (±1.5)	7.5 (±1.2)	10.5 (±0.5)	n/a	n/a
Adults with Diabetes Who Have Received a Hemoglobin A1c Test at Least Once Yearly (percent) [2004-2006]	90.2 (±9.8)	94.8 (±5.1)	93.1 (±4.3)	93.2 (±5.5)	88.9 (±5 3)	88.0 (±6.5)	91.2 (±5.1)	95.6 (±3.3)	91.9 (±2.0)	n/a	MO 95.5 [2006]
Adults With Diabetes Who Have Taken a Diabetes Management Course (percent) [2004-2006]	56.1 (±11.4)	63.2 (±7.8)	60.3 (±8.2)	57.0 (±11.8)	60.4 (±8 2)	59.6 (±8.4)	54.9 (±8.2)	50.7 (±9.2)	58.1 (±3.1)	n/a	MN 77.4 [2006]
Adults with Asthma (percent) [2006]	10.4 (±4.1)	9.1 (±3.1)	8.2 (±2.5)	11.8 (±3.7)	10.5 (±2 5)	12.4 (±3.3)	8.7 (±3.1)	8.3 (±2.7)	9.6 (±1.2)	8.5	LA 5.9
Child and Youth Asthma (<18 years old, percent) [2003]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	10.7 (±1.5)	8.9 [2005]	ID 5.0 [2003]
Asthma Emergency Department Visits (age-adjusted rate per 10,000) [2004]	101.0 (±2.4)	83.7 (±2.6)	51.6 (±1.7)	86.3 (±3.8)	53.3 (±2 3)	71.5 (±2.5)	77.3 (±1.6)	44.9 (±1.8)	66.1 (±1.4)	64.0	n/a
Adults With a Routine Dental Visit in Past Year (percent) [2006]	61.2 (±7.8)	65.4 (±5.3)	75.4 (±5.1)	69.7 (±5.5)	69.8 (±3.7)	66.9 (±5.1)	70.7 (±4.5)	74.4 (±4.9)	70.2 (±1.8)	70.3	CT 80.5

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

ENVIRONMENTAL HEALTH INDICATORS	DISTRICT								MAINE State ± Margin of Error	UNITED STATES
	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin Of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error		
Emergency Department Visits for Carbon Monoxide Poisoning (rate per 100,000) [2001-2005]	15.9 (±2.3)	6.9 (±1.9)	4.7 (±1.2)	5.2 (±4.9)	6.3 (±1.9)	6.9 (±1.9)	8.0 (±1.9)	6.5 (±1.7)	6.9 (±0.7)	n/a
Elevated Blood Lead Levels Among Screened 1-Year Old Children (percent) [2005-2006]	0.3 (±0.4)	1.9 (±0.8)	1.1 (±0.4)	1.0 (±0.7)	1.9 (±0.8)	1.6 (±0.6)	1.7 (±0.6)	1.4 (±0.5)	1.4 (±0.2)	1.58 (<72 mos. Old) [2005]
Housing Units in Structures Built <1950 (numbers, representing high risk for lead) [2000]	15,244	29,569	45,159	20,370	29,527	27,996	37,155	28,112	35.7%	22.3%
Homes with Private Wells Tested for Arsenic (percent) [2003]	n/a	45.6 (±9.7)	n/a	n/a	36.6 (±9.4)	n/a	47.1 (±9.4)	n/a	44.6 (±3.9)	n/a
District Community Water Systems Meeting all Health Based Standards (percent) [2007]	78	80	87	76	80	94	84	65	80	n/a
District Community Water Systems with Source Water Protection in Place (percent) [2007]	74	78	84	93	88	87	81	84	84	n/a

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

CHRONIC	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin Of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error	MAINE State ± Margin of Error	UNITED STATES	Bench-mark State (healthiest)
Mammogram in Past Two Years	85.2 (±7.3)	84.7 (±5.5)	85.1 (±4.3)	75.5 (±8.0)	77.3 (±5.1)	84.7 (±5.5)	83.3 (±5.5)	81.5 (±5.7)	82.0 (±2.0)	76.5 (median % of states responding)	MA 84.8
Pap Smear in Past 3 Years Among	90.9 (±5.7)	89.6 (±5.3)	91.6 (±3.3)	88.1 (±5.5)	83.7 (±4.5)	89.6 (±5.3)	92.6 (±4.3)	90.4 (±4.3)	89.1 (±1.6)	84.0 (median % of states responding)	ME 89.1
Prostate Cancer Incidence (age-	174.7 (±18.3)	182.0 (±13.2)	161.1 (±10.2)	190.8 (±17.6)	173.6 (±13.0)	173.8 (±13.4)	192.8 (±12.6)	159.2 (±11.6)	174.5 (±4.6)	145.3 [2004]	AZ: 109.7 MO: 117.2 [2004]
Prostate Cancer Mortality (age-	21.7 (±7.0)	28.1 (±5.7)	29.8 (±4.8)	31.3 (±7.7)	33.8 (±6.2)	28.9 (±6.3)	25.0 (±5.0)	27.2 (± 5.3)	28.5 (± 2.1)	25.4 [2004]	HI: 18.9 FL: 22.0 [2004]
Major CVD Deaths	286.8 (±33.0)	254.0 (±21.8)	204.6 (±15.5)	262.8 (±29.0)	236.8 (±21.2)	282.2 (±24.1)	251.4 (±20.3)	215.5 (±18.8)	242.0 (±7.6)	286.6 [2004]	MN 210.1 [2004]
Stroke Hospitalizations	24.9 (±3.1)	18.8 (±1.9)	21.7 (±1.6)	19.5 (±2.5)	19.5 (±2.0)	20.6 (±2.0)	22.2 (±1.9)	17.8 (±1.6)	20.7 (±0.7)	n/a	n/a
Acute Myocardial Infarction Hospitalizat	57.1 (±4.7)	37.7 (±2.7)	19.6 (±1.5)	41.1 (±3.7)	24.2 (±2.0)	31.9 (±2.5)	22.9 (±2.0)	22.0 (±1.9)	29.2 (±0.8)	n/a	n/a
High Blood Pressure Among	28.7 (±6.9)	25.3 (±4.5)	18.7 (±3.1)	28.9 (±5.5)	25.5 (±3.5)	29.6 (±4.7)	25.0 (±3.9)	28.5 (±4.7)	25.4 (±1.6)	25.5 (median % of states responding)	UT 18.4
High Cholesterol Among	35.0 (±7.8)	36.4 (±5.1)	29.3 (±4.1)	39.8 (±6.3)	36.5 (±4.3)	39.1 (±5.5)	42.9 (±5.1)	36.4 (±5.5)	36.4 (±2.0)	35.6 (median % of states responding)	LA 30.3

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

INFECTIOUS DISEASE INDICATORS	DISTRICT								MAINE State ± Margin of Error	UNITED STATES	Bench-mark State (healthiest)
	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error			
Kindergarteners Exempted from Childhood Vaccination for Philosophical Reasons (count) [2007]	3	43	105	58	60	25	36	43	373	n/a	n/a
Children Immunized with the 4:3:1:3:3:1 Vaccination Series by 24 Months of Age (percent) [2001-2003] (4:3:1:3:3:1 means at least 4 DTP/DT/DTaP, 3 Polio, 1 Measles-containing, 3 Hib, 3 Hepatitis B, and 1 Varicella	82.9	n/a	78.6	n/a	n/a	n/a	n/a	82.1	75.7 [2006]	77.0 [2006]	MA 86.9 [2006]
Influenza Vaccine Past Year for Adults over 65 years (percent) [2006]	69.4 (±13.5)	70.3 (± 9.8)	79.9 (± 6.7)	69.4 (± 13.5)	70.6 (± 6.9)	77.7 (± 8 2)	65.6 (±9.2)	69.9 (±9.6)	72.3 (±3.1)	69.6	CO 75.9
Pneumoccal Vaccine Ever Among Adults 65 Years of Age or Older (percent) [2006]	63.4 (±14.7)	73.9 (±10.4)	68.3 (±8.6)	63.4 (±14.7)	66.7 (±7.3)	77.2 (±9.2)	63.3 (±10.0)	62.2 (±10.2)	67.9 (±3.5)	66.9	OR 74.7
Chlamydia (total number) [2006]	64	255	652	95	213	303	447	280	2,304	n/a	n/a
Late Diagnosis of HIV (number, AIDS diagnosis within 12 months of first HIV diagnosis) [2001-2005]	5	10	31	5	11	9	13	12	96	n/a	n/a
Lyme Disease (crude rate per 100,000; 5-year count in parentheses) [2002-2006]	2.4 (9)	7.8 (66)	22.5 (299)	20.8 (89)	24.5 (177)	3.6 (29)	6.0 (56)	56.7 (529)	18.8 (1,200)	6.7 [2006]	n/a
Salmonella (crude rate per 100,000; 5-year count in parentheses) [2002-2006]	11.4 (42)	14.2 (119)	13.4 (178)	7.5 (32)	10.5 (76)	8.9 (72)	9.7 (91)	11.8 (110)	11.3 (720)	15.5 [2006]	n/a

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

INJURY AND VIOLENCE INDICATORS	DISTRICT								MAINE State ± Margin of Error	UNITED STATES	Bench-mark State (healthiest)
	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error			
Motor Vehicle Traffic Crash Deaths (age-adjusted rate per 100,000 and average number per year) [2001-2005]	16.4 (±4.8) 12 avg/yr.	15.0 (±2.6) 26 avg/yr.	9.7 (±1.6) 27 avg/yr.	19.2 (±4.7) 17 avg/yr.	16.7 (±3.0) 25 avg/yr.	13.8 (±2.5) 23 avg/yr.	14.9 (±2.4) 30 avg/yr.	12.4 (±2.2) 24 avg/yr.	13.8 (±0.9) 185 avg/yr.	14.5 [2005]	MA 7.8 [2001-05]
Hip Fracture Hospitalizations Among 65+ Year Olds (rate per 100,000 and 5 yr. count) [2001-2005]	707.8 (±65.6) 447	762.7 (±49.0) 932	827.7 (±41.9) 1,497	754.5 (±63.8) 538	739.0 (±49.5) 856	780.6 (±51.6) 878	745.2 (±45.2) 1,044	649.4 (±43.1) 874	751.3 (±17.5) 7,066	778.4 [2003-05]	n/a
Reported Rapes (rate per 10,000 female population and average number per year) [2001-2005]	2.3 (± 0.5) 16 avg/yr.	5.7 (±0.7) 50 avg/yr.	3.4 (±0.3) 85 avg/yr.	2.3 (±0.6) 10 avg/yr.	3.0 (±0.5) 23 avg/yr.	3.1 (±0.5) 26 avg/yr.	7.7 (±0.8) 76 avg/yr.	3.0 (±0.4) 55 avg/yr.	2.8 (±0.1) 340 avg/yr.	n/a	n/a
Domestic Assaults Reported to the Police (rate per 10,000 population and count) [2005]	36.7 (± 4.4) 269	55.8 (± 3.5) 964	40.6 (±2.4) 1,115	22.7 (±3.2) 198	27.0 (±2.6) 411	26.7 (±3.6) 440	50.7 (±3.2) 986	53.2 (±3.2) 1,076	41.3 (± 1.1) 5,549	n/a	n/a

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

SUBSTANCE ABUSE AND MENTAL HEALTH INDICATORS	DISTRICT								MAINE State ± Margin of Error	UNITED STATES	Bench-mark State (healthiest)
	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error			
Adults With 14 or More Days of Frequent Mental Distress in the Past Month (percent) [2006]	13.6 (±5.1)	9.7 (±3.0)	11.3 (±3.2)	7.0 (±2 8)	10.3 (±2.6)	12.1 (±3.7)	8.7 (±2.6)	8.4 (±3.4)	10.0 (±1.2)	10.2 (±0.6)	MN 6.7
Adults With Current Symptoms of Moderate or Severe Depression (percent) [2004-2006]	5.8 (±3.3)	9.1 (±2.9)	6.5 (±2.7)	7.8 (±3.1)	6.1 (±2.2)	13.3 (±3.9)	5.6 (±2.0)	7.0 (±3.1)	7.6 (±1 0)	n/a	ND 5.6 [2006]
Suicide Deaths (age 10 and older, rate per 100,000) [2001-2005]	12.7 (±3.9)	16.2 (±2.9)	12.0 (±2.0)	15.2 (±3 9)	16.9 (±3.1)	15.0 (±2.8)	13.9 (±2.9)	13.5 (±2.4)	13.9 (±1 0)	12.6	NY 7.2
Previous 30-Day Alcohol Use Among 9th-12th Graders (percent) [2006]	37.3	36.7	41.6	38.0	43.9	40.7	39.2	42.3	40.3	43.3 [2005]	UT: 15.8 HI: 34.8 [2005]
Adults Who Have Participated in Binge Drinking in the Past 30 Days (percent) [2004]	25.2	27.8	27.3	26.3	27.6	29.8	31.4	24.1	27.8	14.4 (median%)	KY 8.6
Binge Drinking Within the Last 2 Weeks Among 9th-12th Graders (percent) [2006]	18.4	19.5	22.0	20.8	23.9	22.9	21.7	22.3	21.6	25.5 Last 30 days [2005]	UT: 8.8 HI: 18.8 [2005]
Previous 30-Day Prescription Drug Misuse Among 9th-12th Graders (percent) [2006]	5.4	8.0	7.6	6.5	9.4	8.5	8.8	9.6	8.2	n/a	n/a
Substance Abuse Admissions (number among all ages) [2006]	1,275	1,204	2,426	1,141	878	1,391	901	802	10,018	n/a	n/a

2008 MAINE STATE PROFILE of SELECTED PUBLIC HEALTH INDICATORS

Maine Center for Disease Control and Prevention/DHHS

ACCESS TO CARE INDICATORS	DISTRICT								MAINE State ± Margin of Error	UNITED STATES	Bench-mark State (healthiest)
	Aroostook ± Margin of Error	Central ± Margin of Error	Cumberland ± Margin of Error	Downeast ± Margin of Error	Midcoast ± Margin of Error	Penquis ± Margin of Error	Western ± Margin of Error	York ± Margin of Error			
Access to Primary Care Physician (population to physician ratio) [2003]	1,034:1	971:1	759:1	880:1	1,189:1	939:1	1,091:1	1,269:1	978:1	1,351:1 [2000]	MA 187.3 per 100,000 [2005]
Adults With No Health Insurance (percent) [2006]	6.3 (±7.4)	12.2 (± 8.5)	5.8 (± 4.4)	15.3 (± 8 5)	11.6 (± 5.8)	12.2 (± 7 8)	12.9 (± 6.0)	6.9 (± 6.7)	10.4 (± 2.6)	14.5 (median %)	MN 8.2
PUBLIC HEALTH PREPAREDNESS INDICATORS											
Hospitals with Pandemic Influenza **Plan In Process or No Response** (percent) [2007]	0	67	14	60	0	25	0	0	25	n/a	n/a
Hospitals with **Draft** Pandemic Influenza **Plan Completed** (percent) [2007]	0	33	14	40	50	75	20	33	35	n/a	n/a
Hospitals with Pandemic Influenza **Plan Completed** (percent) [2007]	100	0	72	0	50	0	80	67	40	n/a	n/a

Sources and Technical Notes for Maine CDC/DHHS Public Health Indicators

For more information about these statistics, please visit the Technical Notes and Sources pages at the back of the 2007 Maine CDC/DHHS *Health District Profiles,* from which some of these data were selected. *Please note:* in some cases the indicators here have been updated or revised as new data became available. The *Profiles* and this table are found at www.mainepublichealth.gov, are downloadable onto CDs and may be reproduced without permission. This data should replace that in the *Profiles*. Other notes:

There are three (3) DHHS Districts whose borders follow a single county [Aroostook, Cumberland, and York] and five (5) DHHS Health District jurisdictions that cover either 2, 3, or 4 counties [Central, Downeast, Midcoast, Penquis, Western Districts.]	Highlight-ed cells are those that may be different than the state rate because the data fall outside the margin of error.	Race/ethnicity estimates herein reflect one type of Census format so that when a person of more than one race is counted, he or she is counted in more than one racial category. This will result in a total count higher than the actual total population count for the jurisdiction when it comes to race/ethnicity.	What is measured to compare disease burden by District is not always what should be measured to compare state to national data (which is not always age-adjusted.)	Differences in methodology for data calculations may be too great to directly compare District or State data with US or Benchmarking State data sets such as found in *Healthy People 2010*, or the Commonwealth, Kaiser, or United Health Foundation indicators ranking projects. They are still informative so they have been included.	Indicators change over time, especially those that depend in coding regulations, which themselves change.	Data for the single county Districts are sometimes calculated differently than those of multi-county Districts. For example, median ages are not comparable across Districts, but still provide useful information.	Many other complicated factors, such as when the population (Census) changes, means rates are not always comparable

American Community Survey [ACS] www.census.gov/acs/www/index.html. A mail survey about communities in between the 10-year Census and conducted by the U.S. Census Bureau. ACS surveys the same selected Maine counties every year; so state level ACS data are estimates, and county-level ACS data are not available for all counties.

Behavioral Risk Factor Surveillance System www.cdc.gov/brfss**.** An annual, national telephone survey of randomly selected, residential, non-institutionalized adults aged 18 and older to collect uniform data on preventive health behaviors and risk factors. Responses are voluntary and based on self-report. Conducted in Maine by Maine CDC/ DHHS.

Hospital discharge datasets http://mhdo.maine.gov/imhdo/. A database of all hospitalizations and emergency department visits in Maine facilities; for this table restricted to Maine residents. Compiled in Maine by the Maine Health Data Organization.

Maine Cancer Registry http://www maine.gov/dhhs/bohdcfh/mcr/ A Maine CDC/DHHS program charged with collecting data on cancer incidence and deaths within the state of Maine and among Maine residents.

Maine Department of Public Safety www.maine.gov/dps. Provides criminal justice, law enforcement, fire safety, and emergency response services and compiles data.

Maine general population drug and alcohol survey www maine.gov/dhhs/osa/data/pubrpts htm. The Maine Office of Substance Abuse's [OSA/DHHS] statewide quantitative research study on drug and alcohol use and abuse issues.
Maine Youth Drug and Alcohol Use Survey/Maine Youth Tobacco Survey www.maine.gov/dhhs/osa/data/mydaus/index htm. Provides comprehensive data on substance use among Maine's 6th-12th graders. Conducted by Maine CDC/DHHS and Maine OSA/DHHS.

National Center for Health Statistics [NCHS] www.cdc.gov/nchs. The US CDC provides statistics compiled from data submitted by individual states, primarily in Maine from Maine CDC/DHHS.

Pregnancy Risk Assessment Monitoring System [PRAMS] www maine.gov/dhhs/bohodr/prams.htm. A state-wide representative survey of new mothers conducted on an ongoing basis in Maine by Maine CDC/DHHS since 1987 on maternal experiences and attitudes before, during, and shortly after pregnancy.

U.S. Census Bureau www.census.gov. The Census Bureau provides data on the people and economy of the United States in great detail.

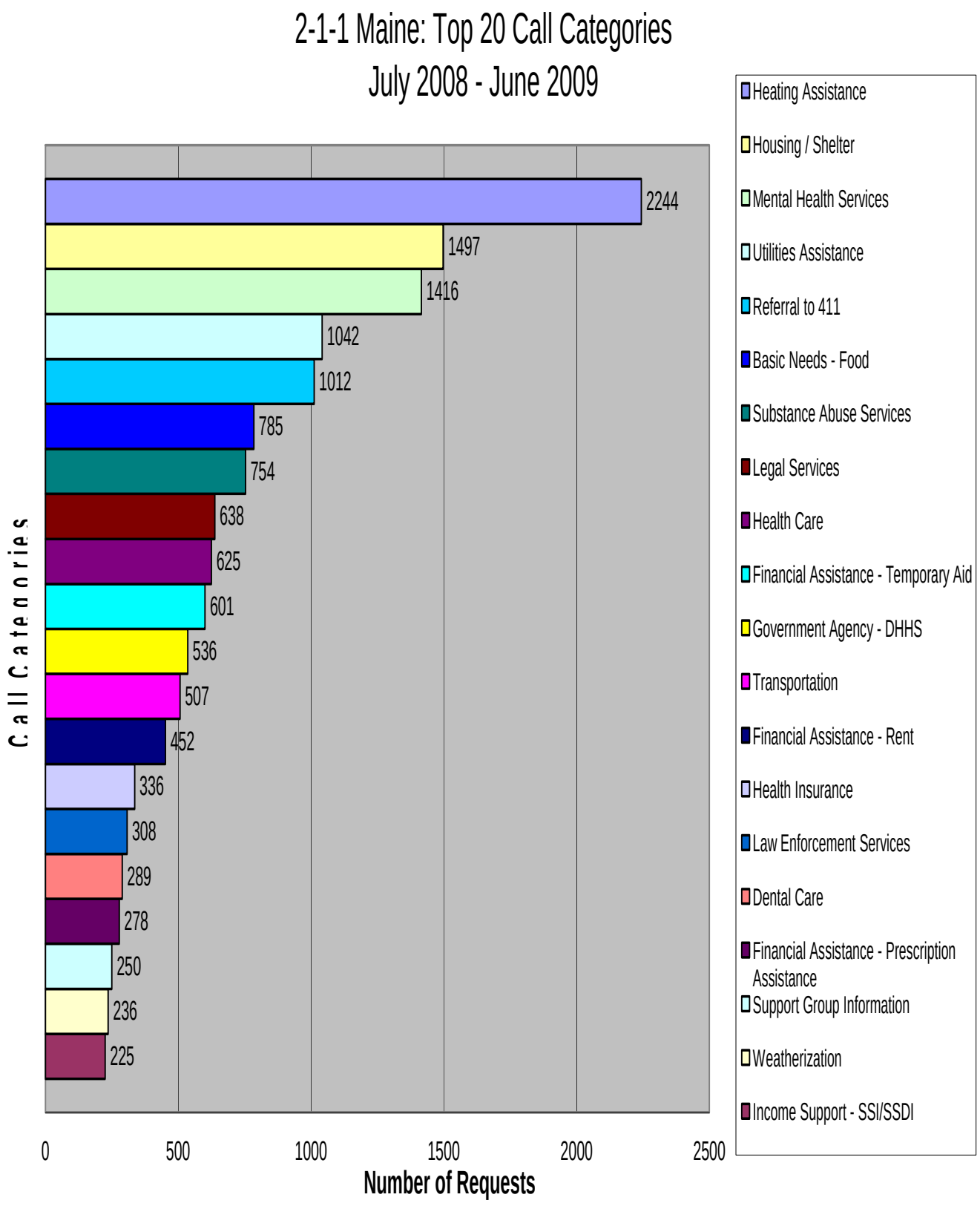
Youth Risk Behavior Survey [YRBS] www.cdc.gov/HealthyYouth/yrbs/. An every other year survey conducted at the state level in every state to collect uniform data on health risk behaviors among youth. It surveys publicly-funded Maine middle and high schools and the students attending those schools. Conducted by the Maine Department of Education with funding from the US CDC.

Notes

Source of Insurance

	Employer	Individual	Medicaid	Medicare	Other Public	Uninsured
US	54%	5%	13%	12%	1%	15%
ME	52%	4%	20%	12%	1%	10%
NH	67%	4%	6%	13%	1%	10%
VT	52%	4%	19%	13%	1%	11%

Top 211 Call Categories



Index of Acronyms

A&V	Access and Visitation
A+A	Aid and Attendance
AAA	Area Agency on Aging
AABD	Assistance for the Aged, Blind and Disabled
AAG	Assistant Attorney General
AAHSA	American Association of Homes and Services for the Aging
AAP	American Academy of Pediatrics
AAPHD	American Association of Public Health Dentistry
AAPM	American Association of Physicists in Medicine
AAROM	Active Assistive Range of Motion
AARP	American Association of Retired Persons
AAS	American Association of Suicidology
ABAWD	Able-Bodied Adults Without Dependents
ABI	Acquired Brain Injury
ABNM	American Board of Nuclear Medicine
ABO	Abortions
ABR	American Board of Radiology
AC	Before Meals
ACC	Automatic Cancellation Clause
ACC	Ambulatory Care Center
ACD	Automatic Cancellation Date
ACDD	Accreditation Council for Services to Persons with Developmental Disabilities
ACE	Active Corps of Executives
ACES #1	Automated Client Eligibility System
ACES #2	Adult and Child Emergency Services
ACF	Administration for Children and Families
ACHCA	American College of Health Care Administrators
ACIP	Advisory Committee on Immunization Practices
ACME	Automated Classification of Medical Entities
ACORWD	Advisory Commission of Radioactive Waste and Decommissioning

ACOS	American College of Surgeons
ACP	American College of Physicians
ACR	Adjusted Community Rate
ACR	American College of Radiology
ACR	Administrative Case Review
ACS	American Cancer Society
ACS	American College of Surgeons
ACT-UP	AIDS Activist Group
AD	Active Directory
ADA	American Dental Association
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADEF	Ambulatory Diabetes Education and Follow-up
ADHA	American Dental Hygienists Association
ADHD	Attention Deficit Hyperactivity Disorder
ADIOS	Automated Data Integration Operating System
ADL	Activities of Daily Living
ADO	Augusta District Office
ADO	Adoption
ADP	Automated Data Processing
ADR	Adverse Drug Reaction
ADR	Alternative Dispute resolution
ADS	Adult Day Services
ADW	Adults with Disability Waiver
AEA	Atomic Energy Act
AEC	Atomic Energy Commission
AFCARS	Adoption and Foster Care Analysis and Reporting System
AFCH	Adult Family Care Home
AFDC	Aid to Families with Dependent Children
AFDO	Association of Food and Drug Officials
AFFM	A Family For Me
AFFT	Adoptive and Foster Family Training
AFH	Adult Foster Home

Index of Acronyms

AFHHA	American Federation of Home Health Agencies
AFIX	Assessment, Follow-up, Incentive, Exchange
AFL-CIO	American Federation of Labor-Congress of Industrial Organizations
AFSP	American Foundation for Suicide Prevention
AG	Attorney General
AG	Assistance Group
Agency	State agency, office, board, commission or qasi-independent
AH	Administrative Hearing
AHA	American Heart Association
AHA	American Hospital Association
AHA	American Humane Association
AHCA	American Health Care Association
AHFSA	Association of Health Facility Survey Agencies
AIDS	Acquired Immunodeficiency Syndrome
AIDS	Autoimmune Deficiency Syndrome
AKA	Also known as
ALARA	As Low As Reasonably Achievable
ALF	Assisted Living Facilities
ALPHA	Alternative Living for Physically Handicapped Adults Waiver
ALU	Assisted Living Unit
AMA	American Medical Association
AMCHP	Association of Maternal Child Health Programs
AMHI	Augusta Mental Health Institute (now Riverview Psychiatric Center)
AMM	Application Maintenance
AMR	Adult Mentally Retarded
AMT	American Medical Technologists
AMWA	American Metropolitan Water Association
ANA	American Nurses Association
ANCI	American National Standards Institute
ANHA	American Nursing Home Association
ANSI	American National Standards Institute

ANTH	Anthrax
AOA	American Osteopathic Association
AOBR	American Osteopathic Board of Radiology
AOP	Acknowledgement of Paternity
AP	Associated Press
AP	Agency Promotion
AP	Absent Parent
AP	Accounts Payable
AP	Awaiting Placement (Medicaid)
APA	Administrative Procedures Act
APA	American Psychiatric Association
APC	Absent Parent Contribution (child support)
APD	Advanced Planning Document
APHA	American Pharmaceutical Association
APHA	American Public Health Association
APHSA	American Public Human Services Association
APRC	Awaiting Placement for Residential Care
APRN	Advanced Practice Registered Nurse
APS	Adult Protective Services
APTP	Authorization Prior to Provision
AR	Accounts Receivable
ARC	Aid to Retarded Citizens
ARC	AIDS-Related Complex
AROM	Active Range of Motion
ARRT	American Registry of Radiologic Technologists
ASA	Assessing Services Agency
ASC	Ambulatory Surgical Centers
ASCP	American Society of Clinical Pathologists
ASDWA	Association of State Drinking Water Administrators
ASHA	American Speech and Hearing Association
ASHRAE	American Society of Heating, Refrigerating and Air-Conditioning Engineers, Inc.
ASPEN	Automated Survey Processing Environment
ASPIRE	Additional Support for People in Retraining and Education

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ASTD	American Society of Training and Development
ASTDD	Association of State and Territorial Dental Directors
ATP	Authorization to Participate – Monthly Food Stamp Register
ATU	Advanced Treatment Unit
AWP	Average Wholesale Price
BBA	Balanced Budget Act of 1997
BC	Birth Certificate
BC/BS	Blue Cross/Blue Shield (see also BLUES)
BCFS	Bureau of Child and Family Services
BCSN	Bureau of Children with Special Needs
BDO	Bangor District Office
BDP	Birth Defects Program
BDS	Department of Behavioral and Developmental Services (formerly DMHMRSAS)
BEAS	Bureau of Elder And Adult Services
BEERS	Beneficiary Earnings Exchange Record System
BEIR	Biological Effects of Ionizing Radiations
BENDEX	Beneficiary and Earnings Data Exchange
Bene	Beneficiary
BEOG	Basic Education Opportunity Grant Program
BEST	Beneficiary State Tape
BF 19	Bright Future (provider forms)
BFI	Bureau of Family Independence
BH	Boarding Home
BHARF	Boarding Home Assessment referral forms
BHR	Bureau of Human Resources-DAFS
BI	Brain Injured
BI	Buy In Medicare
BIA	Bureau of Indian Affairs
Bid	Twice a day
Bidder	Any firm qualified to submit a proposal to an RFP
BIM	Bureau of Income Maintenance (now known as BFI)
BIMR	Benefit Issuance and Management Reporting

BIS	Bureau of Information Services
BISSC	Baking Industry Sanitation Standards Committee
BLM	Bureau of Land Management
BLS	Bureau of Labor Statistics - DOL
BLUES	Blue Cross/Blue Shield
BMH	Bureau of Mental Health
BMR	Bureau of Mental Retardation - BDS
BMS	Bureau of Medical Services
BMSLC	Bureau of Medical Services, Division of Licensing and Certification
BMV	Bureau of Motor Vehicles
BNAS	Brunswick Naval Air Station
BOER	Bureau of Employee Relations - DAFS
BOH	Bureau of Health
BOHS	Bureau of Highway Safety - DOT
BOI	Bureau of Insurance – DP&FR
BON	Board of Nursing
bp	Blood Pressure
BP	Bureau of Purchases – DAFS (now Division of Purchases)
BRAP	Bridging Rental Assistance Program
BRFSS	Behavioral Risk Factor Surveillance System
BS	Blue Shield
BSM	Business Services Manager
BSU	Behavioral Stabilization Unit
Bth	Births
BULL	Mainframe which supports most DHS online programs
Buy-In	State system that pays Medicare premiums for eligible Medicaid recipients
BV	Birth Verification
C & T	Certification and Transmittal Form (HCFA-1539)
CA	Cancer or carcinoma
CA/N	Child Abuse and Neglect
CAAN	Child Abuse Action Network (formerly Child Sexual Abuse Committee)

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CAB	Coronary Artery Bypass Graft
CAB	Community Advisory Board (Community Consent decree)
CACFP	Child and Adult Care Good Program
CAH	Critical Access Hospital
CAHC(F)	Consumers for Affordable Health Care (Foundation)
CAHPS	Consumer Assessments of Health Plan Study
CAP	Citizens Advisory Panel
CAP	College of American Pathologists
CAP	Community Action Program
CAPD	Continuous Ambulatory Peritoneal Dialysis
CASA	Clinical Assessment Software Application
CASA	Court Appointed Special Advocate
CASE	Computer Aided Software Engineering
CAT	Computerized Axial Tomography
CBA	Collective Bargaining Agreement
CBT	Computer Based Training
CBT/DBT	Family Psychoeducation, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy and Family Psychoeducation
CBTRUS	Central Brain Tumor Registry of the United States
CC	Children's Cabinet
CC	Cub Care
CC	Child Care
CC	Convalescent Center
CC	Cubic Centimeter
CC	Cost of Care
CCAC	Child Care Advisory Council
CCCP	Comprehensive Cancer Control Program
CCDF	Child Care Development Fund
CCDH	Center for Community Dental Health
CCelsius or centigrade c (with line over it)	With
CCP	Critical Control Points
CCR	Central Client Registry
CCU	Coronary Care Unit
CD	Certificate of Deposit
CDA	Child Development Associate (Scholarships)
CDBG	Community Development Block Grant
CDC	Centers for Disease Control (and Prevention)
CDC	Centers for Disease Control
CDR	Claim Detail Report
CDRH	Center for Devices and Radiological Health
CDS	Child Development Services
CDT	Current Dental Terminology
CE	Categorically Eligible
CEI	Coastal Enterprises Inc.
CERCLA	Comprehensive Environmental response, Compensation, and Liability Act
Certification	Formal Federal process to assess that ACES is operational and meets or exceeds criteria
Certified Seed	Legally appropriate source of monies, intended to be used as seed (state share) for payments of Medicaid services
CEU	Continuing Education Unit
CF	Cystic Fibrosis
CFR	Code of Federal Regulations
CFS	Child and Family Services
CFSAN	Center for Food Safety and Applied Nutrition
CFSR	Child and Family Services Review
CHAP	Community Health Accreditation Program
CHC	Community Health Center
CHINS	Children In Need of Services
CHIP (SCHIP)	Child Health Insurance Program
CHIPS	Child Health Insurance Program (also SCHIPS - State CHIPS)
CHM	Campaign for a Healthy Maine
CHN	Community Health Nursing
CHN/PHN	Children with Special Health Needs/ Public Health Nursing

Index of Acronyms

CHOW	Change of Ownership
CHP	Certified Health Physicist
CHP	Comprehensive Health Planner
CHSP	Congregate Housing Services Program
CIAT	Commissioner's Implementation Advisory Team
CIP	Community Intervention Programs
CIS	Changes in Scope
CLIA	Comprehensive Laboratory Improvement Act
CM/QA	Contract Monitor/Quality Assurance
CMC	Case Management Conference
CMH	Children's Mental Health
CMI	Case Mix Index
CMMC	Central Maine Medical Center
CMO	Case Management Officer
CMP	Civil Monetary Penalty
CMP	Central Maine Power Company
CMPW	Class Member Public Wards
CMR	Chemical Monitoring Reform
CMS	Center for Medicare and Medicaid Services
CMS	Claims Management System
CMS	Centers for Medicaid and Medicare Services
CMSA	Consolidated Metropolitan Statistical Area
CN	Categorically Needy
CNA	Certified Nurse's Assistant
CNA-M	Certification Nurses Aide – Modification Aide
CNM	Certificate Nurse Midwife
CNS	Central Nervous System
CNS	Clinical Nurse Specialist
CO	Central Office
COA	Certificate of Authority
COA	Change of Address
COBOL	Common Business Oriented Language
COBRA	Consolidated Omnibus Budget Reconciliation Act

COC	Commission on Cancer
CODES	Crash Outcomes Data Evaluation System
COLA	Cost of Living Allowance
COMTEN	Acts as a converter, which provides local offices access to either of the mainframes at BIS
CON	Certificate of Need
Contract	Agreement between DHS and a successful Bidder
Contractor	Vendor/Provider
COP	Condition of Participation
COPD	Chronic Obstructive Pulmonary Disease
Core Cost	Costs covering the core tasks of CMS, including functional, hardware, software and training costs
COS	Category of Service
COT	Committee on Transition (interdepartmental committee working on
COV	Condition of Coverage
CP	Custodial Parent
CPA	Child Placing Agency
CPA	Conservation Priority Area
CPAS	Claims Processing Assessment System
CPC	Children's Policy Committee
CPI	Consumer Price Index
CPM	Critical Path Method
CPRs	Computerized Patient Records
CPS	Child Passenger Safety
CPS	Child Protective Services
CPS	Claims Processing System
CPSI	Center for Public Sector Innovation
CPT	Current Procedural Technology
CR	Classification Review
CR	Cost Reimbursement
CRBH	Cost Reimbursement Boarding Home
CRCPD	Conference of Radiation Control Program Directors
CRCPS	Canadian Royal College of Physicians and Surgeons

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CREP	Conservation Reserve Enrollment Program
CRIPA	Civil Rights of Institutionalized Persons Act
CRM	Cancer Registrars of Maine
CRMA	Certified Residential Medication Aide
CRNA	Certified Registered Nurse Anesthetist
CRP	Conservation Reserve Program
CRT	Children's Review Team
CRU	Case Review Unit
CS	Central Supply
CS	Civil Service
CS	Child Support
CS	Children's Services
CS	Community Spouse
CSBG	Community Services Block Grant
CSC	Community Services Center
CSD	Community School District
CSD	Conversion Specification Document
CSGWPP	Comprehensive State Ground Water Protection Program
CSHM	Children with Special Health Needs
CSHP	Coordinated School Health Program
CSS	Community Service Centers
CST	Civil Support Team
CSTE	Council of State and Territorial Epidemiologists
CSV	Cash Surrender Value (life insurance)
CT	Computed Tomography
CT DCKT#	Court Docket Number
CT DET	Court Determination
CTR	Certified Tumor Registry
CV	Cardiovascular
CVA	Cerebral Vascular Accident (Stroke)
CVAP	Crime Victims Assistance Program
CW	Child Welfare
CWA	Clean Water Act
CWAC	Child Welfare Advisory Committee
CWLA	Child Welfare League of America
CWS	Community Water System
CWSRF	Clean Water Act State Revolving Fund
CWTI	Child Welfare Training Institute
CZARA	Coastal Zone Act Reauthorization Amendments
D & C	Dilation and Curettage
D & E	Dilation and Evacuation
DAB	Department Appeals Board
DAC	Disabled Adult Children
DAFS	Dept of Administrative and Financial Services
DBA	Doing business as…
DBMS	Database Management System
DBP	Disinfection By-Products
DC	Death Certificate
DC	Disease Control
DCAA	Dental Care Analysis Area
DCCS	Division of Contracted Community Services
DCO	Dental Certificate Only
DCP	Diabetes Control Program
DCP	Direct Care price
DDP	Division of Data Processing
DDS	Disability Determination Services
DDT	Division of Diabetes Translation
DDU	Disability Determination Unit
Dea	Deaths
DEA	Drug Enforcement Agency (Federal or State)
DEEP	Driver Education and Evaluation Programs
DEHS	Downeast Health Services
DEL	Drugs for the Elderly (or Disabled Program)
DEL	Drugs for the Elderly and Disabled Program
Deliverable	Work/products produced by the Contractor
DEP	Department of Environmental Protection

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DESI	Drug that is less than effective
DFSR	Division of Federal-State Relocation
DHCP	Dynamic Host Connection Protocol
DHE	Division of Health Engineering
DHHS	Department of Health and Human Services
DHRS	Diocesan Human Relations Services
DHS	Department of Human Services
DHSTI	DHS Training Institute
DIS	Detailed Implementation Schedule
DIV	Divorces
DM	Diabetes Mellitus
DMA	Dietary Managers Association
DME	Durable Medical Equipment
DMH	Division of Mental Health
DMHMRSAS (now BDS)	Dept of Mental Health & Retardation & Substance Abuse Services
DMQRP	Division of Mammography Quality and Radiation Programs
DMR	Division of Mental Retardation
DMV	Division of Motor Vehicles
DNS	Domain Name Services
DO	Doctor of Osteopathy
DO	District Office
DOB	Date of Birth
DOC	Department of Corrections
DOD	Department of Defense and Veteran Affairs
DOD	Date of Death
DOE	Department of Energy
DOE	Department of Education
DOH	Date of Hire
DOH	Division of Oral Health
DOI	Department of Interior - Federal
DOJ	Department of Justice - Federal
DOL	Department of Labor – State or Federal
DOL	Department of Labor
DOM	Date of Marriage

DON	Director of Nursing
DOP	Division of Purchases
DOT	Date of Termination
DOT	Department of Transportation
DoTS	Division of Technology Services
DP	Distinct Part
DP	Data Processing
DPCP	Diabetes Prevention and Control Program
DPSR	Data Processing Service Request
DPSS	Division of Purchased Social Services
DRG	Diagnosis Elated Group
DROMBO	Division of Regional Office of Management & Budget Operations
DRS	Disqualified Recipient Subsystem (for Federal Food Stamps)
DSDP	Dental Services Development Program
DSER	Division of Support Enforcement and Recovery
DSH	Disproportionate Share Hospital
DSME	Diabetes Self-Management Education
DSMT	Diabetes Self-Management Training
DSS	Decision Support System
DSSP	Dental Services Subsidy Program
DT	Diphtheria, Tetanus
DTAP	Diphtheria, Tetanus, Pertussis
DUR	Drug Utilization Review
DVR	Division of Vocational Rehabilitation
DWB	Disabled Widow's Benefits
DWP	Days Waiting Placement
DWP	Drinking Water Program
DWSRF	Drinking Water State revolving Fund
E & L	Eating and Lodging
EA	Emergency Assistance
EAC	Estimated Acquisition Cost
EAP	Employee Assistance Program
EAP	Emergency Assistance Program

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EBC	Electronic Birth Certificate
EBP	Evidence Based Practice
EBT	Electronic Benefit Transfer
EC	Extraordinary Circumstances
ECC	Early Childhood Caries
ECETF	Early Care and Education Task Force
ECOS	Environmental Council of the States
EDBC	Eligibility Determination and Budget Calculation
EDC	Electronic Death Certificate
EDI	Electronic Data Interface
Effective Date	Date contract is fully executed
EFT	Electronic Funds Transfer
EIC	Earned Income Credit
EIM	Elder of Independence of Maine
EIN	Employer Identification Number
EIP	Environmental Impact Statement
EIS	Enterprise Information System
EMC	Electronic Media Claims
EMF	Electro-Magnetic Field
EMMC	Eastern Maine Medical Center
EMPG	Emergency Management Performance Grant
EMS	Emergency Medical Services – Dept of Public Safety
EMTLA	Emergency Medical Treatment and Active Labor Act
Encounter Claim	Claim utilized by Managed Care Organizations
EOB	Explanation of Benefits
EOMB	Explanation of Medical Benefits or Explanation of Medicare Benefits
EPA	Environmental Protection Agency
EPCRA	Emergency Planning and Community Right-To-Know Act
EPI	Epidemiologist
EPSDT	Early Periodic Screening and Diagnostic Testing
ERS	Electronic Remittance Statement
ESE	Entrance Skin Exposure
ESRD	End Stage Renal Disease

Event	Any written or oral communication by the State's Administrator, Project Manager or any duly designated representative
EVS	Enumeration Verification System
FAMIS	Family Assistance Management Information System (now ACES)
FARS	Fatality Analysis Reporting System
FBI	Federal Bureau of Investigation
FBR	Federal Benefit Rate
FCA	Family Contract Amendment
FCC	Federal Communication Commission
FCS	Food and Consumer Service (now known as Food and Nutrition Services)
FD	Fetal Deaths
FDA	Food and Drug Administration
FDA	Family Development Account(s)
FDC	Family Day Care
FEE	Front End Eligibility Examination
FEMA	Federal Emergency Management Agency
FFDCA	Federal Food, Drug, and Cosmetic Act
FFP	Federal Financial Participation
FFTA	Foster Family-based Treatment Association
FFY	Federal Fiscal Year
FH	Fair Hearing
FH	Foster Home
FHA	Federal Housing Administration
FHM	Fund For a Healthy Maine
FI	Fiscal Intermediary
FIFO	First In First Out
FIFRA	Federal Insecticide, Fungicide, and Rodenticide Act
FIN	Financial & Budget
Final Acceptance	Acceptance of a completed project per RFP/Contract
FIPS	Federal Information Processing Standards
FIR	Fraud Investigation & Recovery
FIS	Family Independence Specialist

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FIU	Field Instruction Unit
FIU	Fraud Investigation Unit
FJA	Functional Job Analysis
FLRP	Federal Loan Repayment Program
FLSA	Fair Labor Standards Act
FMAP	Federal Medical Assistance Percentage
FmHA	Farmer's Home Administration
FMLA	Family Medical Leave Act
FMO	Fire Marshall's Office
FMR	Fluoride Mouth Rinse
FMS	Federal Monitoring Survey
FMV	Fair Market Value (property)
FNS	Food & Nutrition Services
FNS	Full Need Standard
FOF	Flow of Food
FOIA	Freedom of Information Act
FOSS	Federal Onsite and Support Survey
FPL	Federal Poverty Level
FPL	Federal Parent Locate
FPO	Financial Protection Orders
FQHC	Federally Qualified Health Center
FQHC /RHC	Federally Qualified Health Centers/ Regional Health Centers
FR	Federal Register
FRBH	Flat Rate Boarding Homes
FRL, FRLR	Free and Reduced Lunch Rate
FRM	Federal Reporting
FRMAC	Federal Radiological Monitoring and Assessment Center
FRS	Financial Resources Specialist
FS	Food Stamps
FSA	Farm Service Agency
FSA	Family Support Administration
FSCPE	Federal-State Cooperative population Estimates
FSCPP	Federal-State Cooperative Population Projections
FSD	Free Standing Day Habilitation
FSES	Fire Safety Evaluation System
FSIS	Food Safety Inspection Services
FSIU	Food Stamps Issuance Unit
FSUA	Full Standard Utility Allowance
FTE	Full Time Equivalent
FTP	File Transfer Protocol
FUL	Federal upper Limit
Function	Grouping of related activities aimed at accomplishing a major service
FUSRAP	Formerly Utilized Sites Remedial Action Program
FY	Fiscal Year – State - July 1 – June 30
GA	General Assistance
GAAP	Generally Accepted Accounting Principles
GAL	Guardian ad Litem
GAO	General Accounting Office
GCOS	General Computer Operating System
GCOS	General Comprehensive Operating Supervisor
GCPF&S	Governor's Council on Physical Fitness and Sports
GD	Grant Diversion
GDM	Gestational Diabetes Mellitus
GED	General Equivalency Degree
GEOCODE	Geographical Codes
GF	General Fund
GHS	Goold Health Services
GI	Gastro-Intestinal (Upper) or (Lower) Tract
GIPRA	Government Improvement, Performance & Results Act (Federal)
GIS	Geographic Information System
GMP	Good Manufacturing Practices
GMT	Greenwich Mean Time
GSA	Government Services Administration
GSD	General System Design
GSL	Guaranteed Student Loan Program
GTCC	Greater Than Class C Waste
GUI	Geographic User Interface
GWDR	Ground Water Disinfection Rule

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GWPC	Ground Water Protection Council
HA	Housebound Allowance
HAA	Hospital Analysis Area
HACCP	Hazard Analysis Critical Control Point
HAZMAT	Hazardous Materials (DEP)
HBA	Health Benefits Advisor
HBC	Home Based Care
HBC	Home Based Care
HBM	Health Benefits Manager
HBO	Hyperbaric Oxygen Therapy
HCBS	Home and Community Based Services
HCC	Health Care Center
HCCA	Home Care Coordinating Agency
HCF	Health Care Facility
HCFA	Health Care Financing Administrative (Federal)
HCIS	HCFA Customer Information System
HCPCS	HCFA Common Procedure Coding System
HDR	High Dose Rate Remote Afterloader
HEAP	Home Energy Assistance Program
HEDIS	Health Plan Employer Data & Information Set®
Hep B-PF	Hepatitis B – Preservative Free
HEPA	High Efficiency Particulate Air filter
Hep-A	Hepatitis A Peds
HETL	Health and Environmental Testing Laboratory
HF	Healthy Families
HFS	Health Facility Specialist
HH	Head of Household
HHA	Home Health Agency
HHA	Home Health Aide
HHCS	Home Health Care Services
HHS	U.S. Department of Health and Human Services
Hib	Haemophilus Influenza Type b
HIPAA	Health Insurance Portability & Accountability Act
HIPO	Health Insurance Premium Option
HIV	Human Immunodeficiency Virus
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HLC	High Level Control
HLRB	Hospital Licensing Review Board
HLW	High Level Waste
HM2010	Healthy Maine 2010
HMAF	Handicapping Malocclusion Assessment Form
HMEP	Hazardous Materials Emergency Planning
HMO	Health Maintenance Organization
HMP	Health Maine Partnerships
HMP	Healthy Maine Prescriptions
HMPD	Health Maine Prescriptions for Persons with Disabilities
HMS	Health Management Systems
HO	Hearing Officer
HOME	Hoe Operating/Management Evaluation
HPS	Health Physics Society
HPSA	Health Professional Shortage Area
HR	Human Resources (Division)
HRCHC	HealthReach Community Health Centers
HRP	Human Resource Profile
HRSA	Health Resources and Services Administration
HSA	Hospital Service Area
HSC	Health Services Consultant
HSS	Health Services Supervisor
HTML	Hypertext Markup Language
HTTP	Hypertext Transmission Protocol
HUD	Housing and Urban Development
HVAC	Heating Ventilation and Cooling
HVC	Home Visiting Coalition
HVL	Half Valve Layer
I & E	Information and Education
IACET	International Association of Continuing Education and Training
IADL	Instrumental Activities of Daily Living

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IAEA	International Atomic Energy Agency
IAQ	Indoor Air Quality
IATF	Interagency Task Force (Homelessness)
IAU	Institutional Abuse Unit
IBM 3090-300S	Mainframe that runs NECSES and other DHS Programs
IC	Incapacitated
ICD	International Classification of Diseases
ICD-O	The International Classification of Diseases for Oncology
ICF	Intermediate Care Facility (Nursing Facility)
ICF/ MR-G	Intermediate Care Facility for people with mental retardation with group needs
ICF/ MR-N	Intermediate Care Facility for people with mental retardation with nursing needs
ICF\MR	Intermediate Care Facilities for the Mentally Retarded
ICM	Integrated Case Management
ICMS	Islands Community Medical Services
ICPC	Interstate Compact on Placement of Children
ICRP	International Commission on Radiation Protection
ICU	Intensive Care Unit
IDC	Interdepartmental Council
IDR	Informal Dispute Resolution
IDS	Integrated Delivery System
IDT	Inter Disciplinary Team
IEVS	Income and Eligibility Verification System
IF&W	Inland Fisheries and Wildlife
IHP	Individual Habilitation Plan
IHS	Indian Health Service
IIK	Income-in-Kind
IIWO	Immediate Income Withholding Order
IJ	Immediate Jeopardy
IL	Independent Living
IMMPACT	Maine and New Hampshire Immunization Registry
IMU	Income Maintenance Unit
INS	Immigration and Naturalization Services
IOC	Inspection of Care
IOC	Internal Operations Committee
IOM	Institute of Medicine
IOSC	Individual Opportunity Service Contract
IP	Internet Protocol
IPA	Independent Public Accountant
IPP	Individual Program Plan
IPSI	Institute for Public Sector Innovation
IPV	Injected Polio Vaccine
IPV	Intentional Program Violation
IPX	Internet Work Packet Exchange
IQCS	Integrated Quality Control System
IR	Investigations & Recovery
IRA	Individual Retirement Account
IRS	Internal Revenue Service (Federal)
IRWE	Impairment-Related Work Expenses
ISFSI	Independent Spent Fuel Storage Installation
ISP	Individual Service Plan
ISPB	Information Systems Policy Board
ISU	Information Systems Unit
ISW	Injury Surveillance Workgroup
ITOP	Induced Termination of Pregnancy
IUP	Intended Use Plan
IV & V	Independent Validation and Verification
IV-D	Support Enforcement/Title IV-D of the Social Security Act
IV-E Funding	Title IV-E of the Social Security Act (Federal): subsidizes foster care
IWI	Index of Watershed Indicators
IWO	Immediate Wage Withholding Order
JAD	Joint Application Development
JAIBG	Juvenile Accountability Incentive Block Grant
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JET	Job Exploration and Training
JETCC	Joint Environmental Training Coordinating Committee
JJAG	Juvenile Justice Advisory Committee
JOBS	Job Opportunities and Basic Skills
JR	Judicial Review
JTPA	Job Training Partnership Act
KI	Potassium, Iodide (elemental KI)

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KSA	Knowledge, Skills and Abilities
KVDC	Kennebec Valley Dental Coalition
kVp	Kilo Volts Potential
L & C	Licensing and Certification
L/A	Living Arrangement
LAN	Local Area Network
LAT	Local Area Terminal Protocol
LBW	Low Birth Weight
LCN	Legal Change of Name
LCSW	Licensed Clinical Social Worker
LFA	Lead Federal Agency
LIRV	License Revocation
LLW	Low Level Waste
LMP	Last Normal Menstrual Period
LMSW	Licensed Master's of Social Work
LOC	Levels of Care
LOCUM TENENS	A Provider that substitutes for another provider
LOINC® Codes	Copyrighted code providing a set of universal names & ID Codes
LP	Legal Parent
LPC	Licensed Professional Counselor
LPI	Local Plumbing Inspector
LPN	Licensed Practical Nurse
LSAC	Licensed Substance Abuse Counselor
LSC	Life Safety Code
LSE	Licensed Site Evaluator
LSE	Legal Services for the Elderly
LSW	Licensed Social Worker
LTC	Long Term Care
LTCOP	Long-Term Care Ombudsman Program
LTFC	Long Term Foster Care
LTP	License Termination Plan
LTR	Lawful Temporary Resident
LWOP	Leave Without Pay
M & R	Medical & Remedial
MA	Metropolitan Area

MA	Medical Assistance
MAAP	Maine Uniform Accounting and Auditing Practices for Community Agencies
MAC	Maximum Allowable Cost (Charge)
MAC	Medicaid Advisory Committee
MACWIS	Maine Automated Child Welfare Information System
MAFAP	Maine Association of Foster and Adoptive Parents
MAHPERD	Maine Association for Health, Physical, Education, Recreation and Dance
MAINE NET	System to enhance the clinical & administrative coordination of primary, acute and long-term care services
MAINE PrimeCare	Maine Primary Care Case Management Program
MAMHS	Maine Assoc. of Mental Health Services
MAP	orig. Medical Assistance Payments but now Medical Care - Payment to Providers
MAPA	Maine Administrative Procedure Act (APA)
MAPP	Maine Acknowledgement of Paternity Project
MAPSIS	Maine Adult Protective Services Information System
MAR	Marriage(s)
MARCC	Maine At-Risk Childcare Program
MARLAP	Multi Agency Radiation Laboratory Accreditation Program
MARS	Management Analysis Reporting System
MARSSIM	Multi Agency Radioactive Site Survey Investigation Manual
mAs	MilliAmps Seconds
MBCHP	Maine Breast & Cervical Health Programs
MBDE	Maine Board of Dental Examiners
MBM	MaineCare Benefits Manual
MC	Maine Care
MCA	Maine Children's Alliance
MCCDA	Maine Child Care Directors Association
MCD	Minor Civil Division
MCD	Medical Care Development

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MCF	Maine Caring Families
MCH	Maternal and Child Health
MCHB	Maternal Child Health Bureau
MCHBG	Maternal and Child Health Block Grant
MCHC	Maine Cardiovascular Health Council
MCHN	Maternal Child Health Nutrition
MCL	Maximum Contaminant Level
MCLG	Maximum Contaminant Level Goal
MCLPPP	Maine Childhood Lead Poisoning Prevention Program
MCO	Managed Care Organization
MCR	Maine Cancer Registry
MCSEM	Maine Child Support Enforcement Manual
MCVHP	Maine Cardiovascular Health Program
MD	Medical Doctor
MDA	Maine Dental Association
MDAC	Maine Dental Access Coalition
MDHA	Maine Dental Hygienists' Association
MDS	Minimum Data Set
MDT	Multidisciplinary Team
MECAPS	Maine Enrollment & Capitation System
MECARE	Maine Eligibility System for Long-term Care Enrollment (BEAS)
MeCASA	Maine Court Appointed Special Advocates
MECMS	Maine Claims Management System
MED	Medical Eligibility Determination
MEJP	Maine Equal Justice Partners, Inc. (Advocates)
MEMA	Maine Emergency Management Agency
MEPOPS	Maine Point of Purchase System – online system connecting all Maine Pharmacies
MESC	Maine Employment Security Commission
MFASIS	Maine Financial and Administration Services Information System
MFCU	Maine Fraud Control Unit
MGMC	Maine General Medical Center
MH	Mental Health (now BDS)
MHDO	Maine Health Data Organization
MHIC	Maine Health Information Center
MHMR	Mental Health, Mental Retardation (now BDS)
MHP	Maine Health Program
MHRT	Mental Health Rehabilitative Technician
MI/MR	Mental Illness/Mental retardation
MIA	Monthly Income Allocation
MICAR	Mortality Indexing Classification and Retrieval
MIF	Medical Information Form
MIP	Maine Immunization Program
MIPP	Maine Injury Prevention Program
MIRU	Letters to Providers
MIS	Management Information System
MIS	Minimum Income Standard
MLCE	Maine Law and Civics Education
MMA	Maine Municipal Association
MMAL	Maine Maximum Allowable Cost
MMAM	Maine Medical Assistance Manual
MMC	Maine Medical Center
MMDSS	Maine Medicaid Decision Support System
MMIS	Medicaid Management Information Systems
MMNA	Monthly Maintenance Needs Allowance (Monthly Income Allowance)
MMR	Measles, Mumps, Rubella
MN	Medically Needy
MNN	Maine Nutrition Network
Modular	Technical design characteristic ensuring standardized structure for flexible use
MOE	Maintenance of Effort
MOGE	Moved or Gone Elsewhere
MOP	Model Office Project
MOU	Memorandum of Understanding
MPCA	Maine Primary Care Association
MPHIS	Maine Public Health Information System
MQC	Quality
MQSA	Mammography Quality Standards Act
MR	Monthly Report
MR	Mental Retardation
MRA	Maine Restaurant Association
MRSA	Maine Revised Statutes Annotated
MRT	Medical Review Team
MSA	Metropolitan Statistical Area
MSA	Medicaid State Agency
MSAD	Maine School Admin. District
MSD	Merck/Sharp/Dohme
MSEA	Maine State Employees Association
MSECCA	Maine State Employees' Combined Charitable Appeal

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MSG	Managing in State Government
MSHA	Maine State Housing Authority
MSIS	Medicaid Statistical Information System
MSRS	Maine State Retirement System
MSW	Master of Social Work; also, Medical Social Worker
MSWC	Medical Social Worker Consultant
MTD	Month-to-Date
MTS	Medicare Transaction System
MTSC	Maine Traffic Safety Coalition
MUA	Medically Underserved Area
MUP	Medically Underserved Population
MY	Maine Yankee (Nuclear Power Plant)
MYAPC	Maine Yankee Atomic Power Company
MYC	Maine Youth Center
MYCA	Maine Youth Camping Association
MYSPP	Maine Youth Suicide Prevention Program
NAACCR	North American Association of Central Cancer Registries
NAMI	National Alliance for the Mentally Ill
NARM	Naturally or Accelerator produced Radioactive Materials
NAS	National Academy of Sciences
NASD	National Association of Security Dealers
NASDA	National Association of State Departments of Agriculture
NB	Newborn
NBS	Newborn Screening
NCAI	National Coalition for Adult Immunization
NCANDS	National Child Abuse and Neglect Data System
NCC	Nursing Care Center
NCCNHR	National Citizens Coalition for Nursing Home Reform
NCDHM	National Children's Dental Health Month
NCHS	National Center for Health Statistics
NCI	National Cancer Institute
NCIPC	National Center for Injury Prevention and Control of CDC
NCP	Non Custodial Parent
NCPCA/N	National Committee for Prevention of Child Abuse and Neglect
NCPDP	National Council on Prescription Drug Programs
NCQA	National Committee for Quality Assurance
NCRA	National Cancer Registrars Association
NCRP	National Commission on Radiation Protection
NCSC	National Council for Senior Citizens
NCWS	Non-Community Water System
NDC	National Drug Code/National Drug Classification
NDNH	National Directory of New Hires
NDPS	Novell Distributed Printing Service
NDS	Novell Directory Services
NDSL	National Direct Student Loan
NECSES	New England Child Support Enforcement System
NEDD(F)	Northeast Delta Dental (Foundation)
NEFDOA	North East Food and Drug Officials Association
NEHA	National Environmental Health Association
NEP	New England Partners
NEPA	National Environmental Policy Act
NERHC	New England Radiological Health Committee
NF	Nursing Facility
NF	Nursing Facilities
NFPA	National Fire Protection Administration
NFSI	Net Food Stamp Income
NGA	National Governor's Association
NH	Nursing Home
NHAA	Nursing Home Analysis Area
NHO	National Hospice Organization
NHP	Newborn Hearing Program
NHSC	National Health Service Corps
NHTSA	National Highway Traffic Safety Administration

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NHUA	Non-Heat Utilities Allowance
NIH	National Institute of Health
NIMH	National Institutes of Mental Health
NIOSH	National Institute for Occupational Safety and Health
NIP	National Immunization Program
NIQCS	National Integrated Quality Control System
NIST	National Institute of Standards & Technology
NMMC	Northern Maine Medical Center
NOAA	National Oceanic and Atmospheric Administration
NOD	Notice of Debt
NOHC	National Oral Health Conference
NOPECS	Notice of Proceeding to Establish Child Support
NORM	Naturally Occurring Radioactive Materials
NOV	Notice of Violation
NP	Nurse Practitioner
NPCR	National Program of Cancer Registries
NPCR	National Program for Cancer Registries
NPDES	National Pollutant Discharge Elimination System
NPP	Notice of Paternity Proceedings
NPS	Nonpoint Source
NRC	National Research Council
NRC	Nuclear Regulatory Commission
NRCS	Natural Resource Conservation Service
NRRPT	National Registry of Radiation Protection Technologists
NSCLC	National Senior Citizens Law Center
NSF	National Sanitation Foundation
NSPI	National Spa and Pool Institute
NWPA	Nuclear Waste Policy Act
NYLCare	Private HMO (formerly contracted with BMS)
OASIS	Organization for the Advancement of Structured Information Standards
OASIS	Outcomes Assessment Information Act
OBRA	Omnibus Budget Reconciliation Act
OC	Open Competitive

OCCHS	Office of Child Care and Head Start
OCR	Office of Civil Rights
OCR	Optical Character Recognition
OCSE	Office of Child Support Enforcement (HHS)
ODIE	On-line Data Input and Edit
ODRVS	Office of Data Research & Vital Statistics
OED	Office of the Executive Director
OGC	Office of General Council (NRC)
OGWDW	Office of Ground Water and Drinking Water
OHDPM	Offices of Health Data and Program management
OHP	Oral Health Program
OHP	Office of Health Policy
OIG	Office of Inspector General (federal)
OJT	On-the-Job Training
OLAP	Online Analytical Processing
OM	Office Manager
OSA	Office of Substance Abuse
OT	Occupational Therapy
OT	Over Time
PaS	Parents as Scholars
PCS	Personal Care Services
PDN	Private Duty Nurse
PHN/ W&CPHS	Public Health Nursing/Women & Children Preventive Health Services
PNMI	Private Non-Medical Institutions
PSSP	Priority Social Services Program
PT	Physical Therapy
PT	Part Time
QI	Quality Improvement
RFP	Request For Proposal
RPC	Riverview Psychiatric Center
SAPTBG	Substance Abuse Prevention and Treatment Block Grant
SFY 06	State Fiscal Year
SSI	Supplemental Security Income
ST	Speech Therapy
SURS	Surveillance, Utilization and Review
TANF	Temporary Assistance for Needy Families
TBI	Traumatic Brain Injury
TCM	Targeted Case Management
TPL	Third Party Liability
UHUD	Housing and Urban Development

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