DHHS
In Focus
Reference Book
December 2010

Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

Welcome:

It is our pleasure to welcome you to the December 2010 edition of the DHHS Reference Book.

In 2009, the Department took a significant leap with this publication, which began in a much different format in 2006. The goal was to provide a book that served as a two-year reference for the Legislature and others who may want more detail about DHHS programs and expenditures. We learned during and after the last legislative session that the guide was a valued resource and we made a commitment to produce an updated version.

If you received the 2009 reference book, you'll notice that the December 2010 edition isn't as hefty as its predecessor. Instead of printing pages and pages of data on public health, MaineCare enrollment statistics, wait lists and more, we've opted to provide links to this information, which can be easily accessed online.

We encourage you to visit the DHHS Dashboard (www.maine.gov/dhhsdashboard). It offers a wealth of helpful information. Chapter 3 of the Reference Book offers an index of reports that are available online. By the time you read this, it's likely that even more data will be available, as it is our intent for this repository to expand and evolve.

As a point of information as we transition to a new administration, we have also included a brief look back at the Department's progress since its inception in 2006 – and where we believe it is headed. The challenges before us are very real and it is our hope that this guide will contribute to a solid foundation of information that helps guide the difficult decisions that surely lie ahead.

Sincerely,

The DHHS Executive Leadership Team

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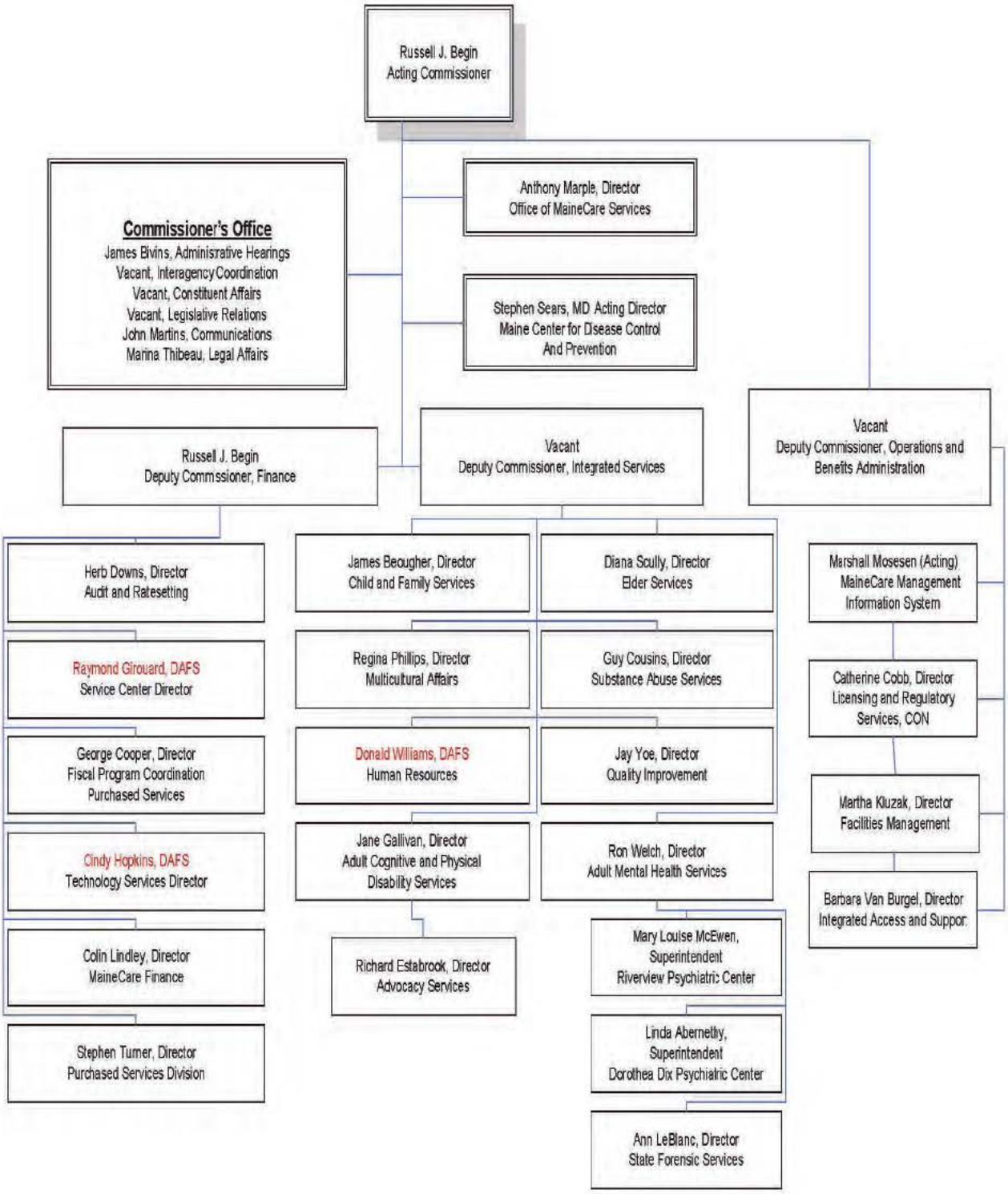
Department of Health and Human Services

Maine People Living Safe, Healthy and Productive Lives

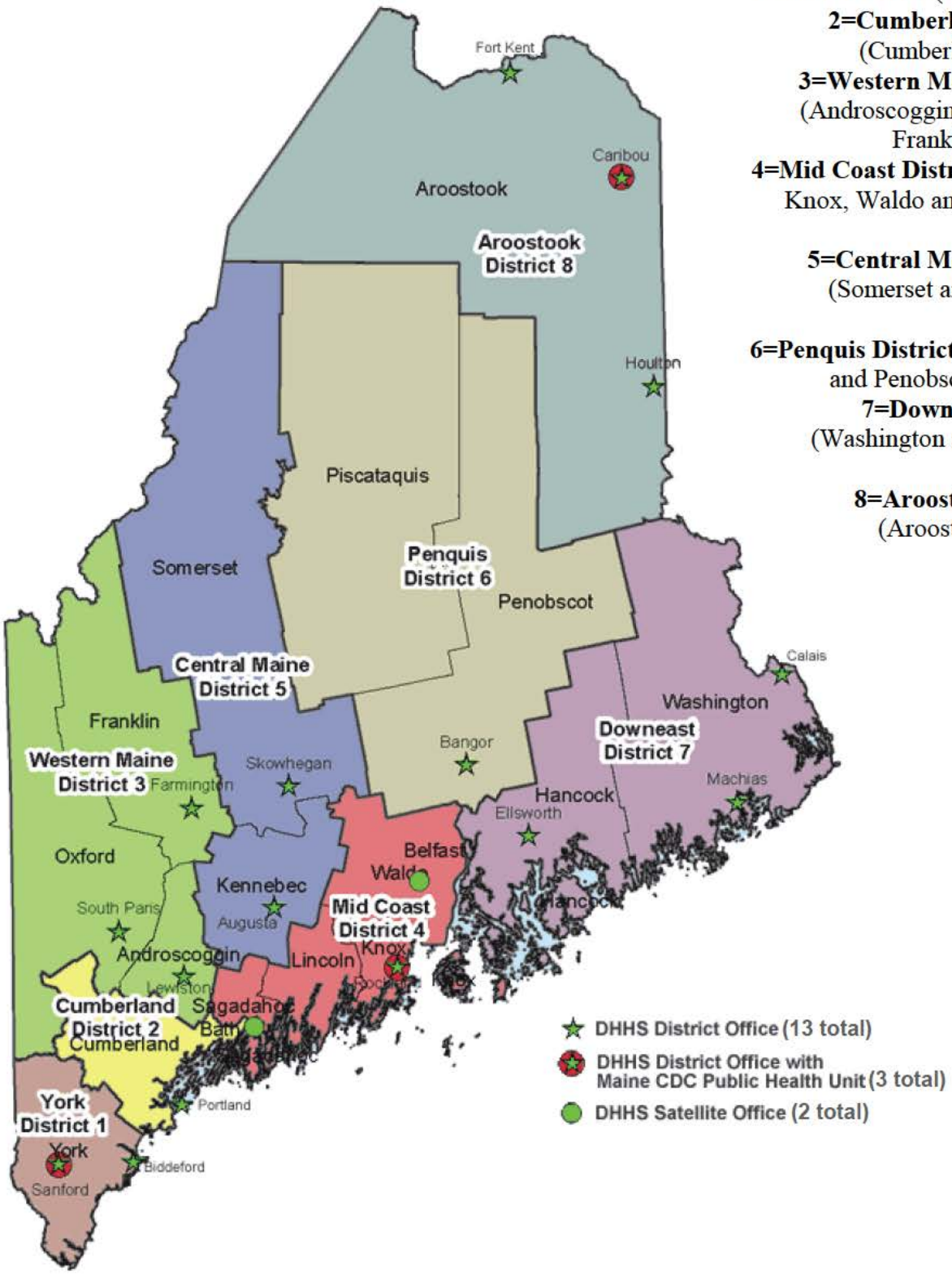
DHHS Organizational Structure 2010



A Look at the DHHS Districts

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 1 - DHHS History

Looking Back, Looking Forward

The Maine Department of Health and Human Services 2004 – 2010

In his 2003 inaugural address, Governor Baldacci set the stage for transforming health and human services in Maine. Making good on a campaign promise to improve services for the people of Maine, the Governor made a commitment to merge the Department of Human Services and the Department of Behavioral and Developmental Services. With the guidance of many stakeholders, the Governor submitted legislation authorizing the merger. The new Department of Health and Human Services was formed July 1, 2004.

Organizational restructuring is often compared to building an airplane while flying it. In the case of DHHS, this image tells only part of the story. In 2004 DHHS was a new, very large "airplane" that had been put together from a collection of parts. Key controls, including quality management and financial management, did not exist Department-wide or were broken. In addition, critical functions needed to be redesigned and repaired: Maine's public health infrastructure was not up to the task; care was uncoordinated; service delivery fragmented and overly dependent on high cost services; and flawed information systems produced unreliable and erroneous data. Lawsuits and consent decrees were diverting resources and distracting staff.

DHHS also had to navigate some turbulent skies. Public confidence was undermined by waiting lists for services, faulty data, poor accounting, penalties from the federal government and budget overruns. The new Department received its worst blow when a new, poorly designed claims management system for the MaineCare program was launched with disastrous consequences. Successive years of budget cuts meant making many hard decisions that had to be explained and justified to a skeptical public and Legislature.

To guide the way, Governor Baldacci set a clear course for DHHS: to improve health, improve services, ensure accountability and optimize efficiency. With these goals in mind, in spite of the turbulence, DHHS has kept its focus and made steady progress. While much remains to be done, DHHS looks back with pride on its accomplishments. To name just a few:

- Maine has achieved its highest ranking ever as the 9th healthiest state in the nation, up from 16th in 2002;
- DHHS has reduced its workforce by 300 while increasing the number of people it serves by more than 120,000;
- Maine is out from under one consent decree and two settlement agreements;
- Instead of penalties for high error rates, Maine's Supplemental Nutrition Assistance Program received a $1.6 million award for outstanding performance from the United States Department of Agriculture;
- Cost management efforts have paid off. In 2004, only six states had higher per person cost in the Medicaid program. In 2007, 19 states had higher costs than Maine.

DHHS has transformed itself along the way from a collection of its parts to a more unified whole. Integrated management, systems, programs and services are ready to meet the challenges of the future.

Living Safe, Healthy and Productive Lives

Improved Health

When the Governor took office, the health status of Maine people was good, but there was

opportunity to improve. Maine was the 16th healthiest state in the nation, but the Governor's goal was to be the best. Healthcare delivery systems, particularly in public health, needed to be re-aligned to be more effective.

Guided by the State Health Plan, a more efficient public health system now exists under Maine law. Funding has been streamlined and targeted. Eight new geographically-based Public Health Districts and one Tribal District, a more robust system of local Healthy Maine Partnerships and a strengthened system of certified local health officers has enhanced Maine's ability to improve health.

Public Health Infrastructure

Through its public health districts, the Maine CDC is now able to develop District Health Improvement Plans and District Health Profiles, synchronizing these initiatives with state and federal public health agendas.

Maine's handling of the H1N1 influenza outbreak demonstrated the value of Maine's investments in public health. Led by Maine's CDC, school nurses, emergency responders, pharmacies and many others teamed to put Maine in a tie for first in the nation as the state with the best percentage of vaccination.

Where many states have used Tobacco Settlement dollars for bricks and mortar, Maine has received national recognition for using these funds as they were intended. As a result, Maine's adult smoking rate is at an all-time low.

Governor Baldacci launched KeepMEWell.org, where Mainers can take a quick self-assessment to identify their health risks and find low cost health care services in their area.

Maine is considered a leader in the effort to prevent addictive prescription medications from hitting the streets with its Prescription Monitoring and Prescription Mail Back Program.

Improved Health Status

While tobacco use and substance abuse continue to be a health concern, Maine is moving in the right direction. Between 2006 and 2008, the percentage of teens using alcohol decreased from 29 percent to 25 percent - the largest decrease in student use in the last 10 years. Adult smoking rates dropped from 24 percent in 2003 to 18 percent in 2008.

Care Management

Understanding that more services do not necessarily produce better outcomes, DHHS has focused more on ensuring that public dollars are used to purchase value. Central to these efforts has been the move toward integrated care.

Maine continues its work to enroll all MaineCare members in a medical home. The Patient-Centered Medical Home (PCMH) approach is a way to provide coordinated care through partnerships between the patient, providers and when appropriate, the patient's family. Research shows a PCMH allows better access to health care, improved overall health and reduced cost.

Maine and Vermont were recently awarded a five-year, $11 million grant to build an electronic exchange of quality child health measures between the providers and the public health system.

DHHS contracted with APS Healthcare in 2007 to manage utilization of behavioral health services and with Schaller Anderson to manage care for the MaineCare program's highest cost members.

Most recently, DHHS has initiated the process of transforming its MaineCare program to a managed care model. The change is in response to DHHS research that demonstrates the relationship between chronic health conditions and behavioral health conditions, as well as high emergency department use related to poor oral health. Maine's managed care will focus on the overall health of MaineCare members and will align incentives to integrate care and improve outcomes.

Improved Services

When DHHS was formed, children's services were plagued by long waiting lists and multiple caseworkers with overlapping or conflicting roles. There was an overdependence on inpatient and residential treatment that often weakened rather than preserved family relationships. Too many children were placed in out-of-state hospitals and residential treatment settings for too long. Many children were lingering in foster care without progress toward returning home or becoming part of an adoptive family. Adult programs were also operating independently. As a result, people with a behavioral and a physical condition, or a mental illness and a substance use disorder, straddled two worlds. In some cases these worlds collided, leaving the person in need of services shuffling back and forth. Sometimes, the person's needs would fall through the cracks.

Adding to the challenge were litigation and consent decrees. The Community Consent Decree, governing services for people who had been residents of the Pineland institution, had been around in one form or another since the 1970s. The Department of Behavioral and Developmental Services had also just settled *Rancourt v. Concannon*, a class action suit brought on behalf of adults on waiting lists for developmental disability services. In 2003, 13 years after Maine entered into the Consent Decree governing adult mental health services, the Superior Court found that the state continued to be out of compliance with 173 of the 259 requirements.

Services and outcomes have improved on many fronts and the work continues. DHHS continues to use innovative strategies based on the latest research to raise the bar for better integrated services and treatment.

Children's Services

DHHS has made good on the Governor's promise to improve services for children. Waiting lists are reduced, children are more likely to remain with their families or more quickly find an adoptive family and resources are used more rationally.

The Governor's inaugural address promised streamlined access to case management services: "One person or one family shouldn't have to deal with five case managers to get help from one state government." Today, a child served by both the child welfare system and the behavioral health system has only one case manager to manage those services.

Under the 2002 *Risinger v. Concannon* settlement agreement, Maine agreed to comply with the federal standard that a child would not wait more than 180 days from application for Medicaid case management and in-home services for children. At one point in time, more than 800 children were on a waitlist that spanned more than 180 days. The *Risinger* settlement agreement was formally dismissed in 2009 after Maine had three successive months with no child exceeding the wait time established.

DHHS has significantly reduced the number of children in out-of-home placements. Between 2004 and 2008, the number of children in foster care who were in residential placement dropped from 26 percent to 6 percent. The national average is 17 percent.

The length of stay in a residential setting has also dropped. The median length of stay for a child entering a residential treatment facility in 2003 was 212 days. For children entering a residential treatment facility in 2009, it was only 111 days.

Maine's child welfare program has worked hard to keep children in a family, not in foster care. Between 2002 and 2009, the number of children in foster care in Maine has been reduced by almost 50 percent, from 3,198 to 1,718. The median length of time between entry into foster care and adoption has been shortened dramatically, from 45 months in 2003 to 27 months in 2010.

Between 2002 and 2009, the number of children in Maine foster care who were placed with relatives has increased from 12 percent to 30 percent.

Over the years DHHS has reduced the number of children in out-of-state hospitals and residential treatment programs by almost 66 percent (from 75 in 2002 to 25 in 2010).

The "Wraparound Maine" initiative integrates service planning for children with complex needs. It brings in extended family, friends and others to 'wrap' individualized services and supports around the child and the family's strengths and needs.

The Division of Early Childhood Services has launched Maine Roads to Quality, providing incentives to early care and early education providers who complete training and adopt best practices.

First Lady Karen Baldacci and the Children's Cabinet, which included DHHS' Early Childhood Division and the DHHS Commissioner, were instrumental in the opening of the first Educare Center in New England. Located in Waterville, the Center provides services to children, professional development resource for educators and family support, all with the goal of measurably increasing school-readiness for low income children.

In 2006, DHHS received a six-year, $9 million grant from the U.S. Substance Abuse and Mental Health Services Administration to develop a trauma-informed system of care in Androscoggin, Franklin, Oxford, and Northern Cumberland Counties, known as THRIVE. Its hallmarks have been raising awareness of the effect of trauma on children and youth; providing training to providers and professionals who help assure that treatment is trauma-informed; and educating and collaborating with parents, youth and service providers around system of care principles.

In 2008, Maine began participating in a project to help clinicians incorporate evidence-based treatment into daily practice. Two of the main elements of Child Systems and Treatment Enhancement Projects (Child STEPs) are the Modular Approach to Therapy with Children (MATCH) and Family Partner services. MATCH combines the common elements of all practices based on the latest research for the most common reasons youth seek psychotherapy. MATCH can be flexibly tailored to meet individual needs. Family Partners in Child STEPs are parents who have had personal experience in both the child welfare and mental health systems. They help other parents overcome common obstacles to their child's treatment. This project is funded through the John D. and Catherine T. MacArthur Foundation.

Adult Services

In 2009, DHHS developed the Adult Services Consortium to assure integration of policy and programs between the Department's four adult-serving Offices: The Offices of Elder Services, Adult Mental Health Services, Substance Abuse Services and Adults with Cognitive and Physical Disability Services.

Recognizing that persons with complex needs are not the responsibility of just one office, the Department formed a full-time-staffed committee to develop appropriate and coordinated services for these individuals. This committee includes representatives from each Office.

In 2004, DHHS created the Division of Brain Injury Services. While service gaps remain, improvements have been made and services have been redesigned to promote better outcomes. During the last three years, more than 25 people with brain injuries who had been in out-of-state placements

have been successfully returned home. A new six-bed residential facility also opened, making residential services available for the first time.

In 2010, the court terminated the Community Consent Decree, finding that DHHS had met all of its benchmarks. Court jurisdiction over the *Rancourt* suit had been terminated in 2006. Maine also closed its last two state-operated institutions for adults with developmental disabilities, Freeport Towne Square (in 2007) and the Aroostook Residential Center (in 2004).

DHHS has taken significant strides toward bringing itself into compliance with the Consent Decree for mental health services. A court-approved plan for meeting Consent Decree requirements has been in place since 2006. All 119 requirements of the plan have been met as of the summer of 2010. The court also approved standards that define "substantial compliance" with the Consent Decree in 2007, something that had not been in place up until that point. Along the way, DHHS has built a robust system for monitoring and reporting progress to the Court Master. In addition, a statewide system of community integration services, the very backbone of the Consent Decree, is functioning, although a number of non-MaineCare-eligible people still need this service. Driven by its own sense of responsibility, the Office of Adult Mental Health Services has initiated an intense process of building an effective recovery-oriented system of services and supports.

Over the past several years, the Office of Elder Services has received federal funding from the federal Administration on Aging and the Centers for Medicare and Medicaid Services to develop Aging and Disability Resource Centers (ADRCs). The purpose of ADRCs is to empower Mainers—regardless of their age, income or disability—to make informed decisions about long-term services and supports and to streamline access to existing services and supports through an integrated system. Today, each of Maine's five Area Agencies on Aging is functioning as an ADRC and their collective reach is statewide.

In 2006, the Office of Elder Services initiated an assessment of long-term service and support needs by elders and adults with physical disabilities in Maine. The Muskie School at the University of Southern Maine gathered and analyzed demographic trends, use of both facility-based and home-based services and federal and state expenditures over time. A wealth of information can be found in *Chart Book—Older Adults and Adults with Disabilities: Population and Service Trends in Maine 2010* (see http://www.maine.gov/dhhs/oes/publications.htm

Based on the information in *Chartbook*, the nationally known Lewin Group developed a projection model to help Maine plan for future long-term services and supports. The model uses these varied assumptions to create statewide and county-specific estimates of use and expenditures through 2015.

In recent years, the Office of Elder Services has secured federal and private funding to support several healthy aging programs that have been proven to work. The success of these programs is largely due to the wide range of public-private partners throughout Maine that are involved in the implementation of these programs.

Since January 2009, nearly 275 family caregivers of people with dementia have received training in the Savvy Caregiver program. Offered by the Office of Elder Services and its partners—Area Agencies on Aging and the Maine Alzheimer's Association—40 trainings have been completed from Buxton to

Madawaska. This 12-hour program enhances caregivers' knowledge, skills and attitudes for successful caregiving. The program also involves participation in a research project to evaluate the impact of the program on caregiving over time.

DHHS programs continue to offer a helping hand rather than a handout. Maine people who receive support from programs like TANF must attend an orientation program and have a plan to move toward self-sufficiency before receiving benefits. This program has produced good results, with the TANF caseload remaining stable despite a significant economic downturn during the last eight years.

Restoring the Public's Confidence

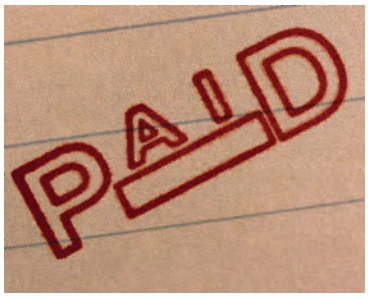
Accountability for the Stewardship of Public Funds

The merger of DHS and BDS brought together two Departments with their own sets of strengths and their own share of weaknesses. Some programs were better than others at keeping their expenditures within budget. Others were better at using data to assure the value of the services they provided. Unfortunately, it was the weaknesses that brought attention to DHHS. Incorrect enrollment data, federal penalties for error rates, findings by the State Auditor all became fodder for the media and helped to create a public image of incompetence and mismanagement.

A 2006 assessment by Deloitte Consulting uncovered a number of fundamental issues: DHHS did not have the tools it needed to manage its finances. Audit findings were high without a process for correcting the problems and payment rates were built on dated reports and questionable data. These problems were minor, however, compared to the damage done when the Maine Claims Management System (MeCMS) was launched. This new, poorly designed claims management system created havoc by rejecting, overpaying or underpaying provider claims – something that has taken the Department several years to recover from.

Reforms

- Turning around these system failures has required an intensive focus of resources and energy, but these efforts have paid off. Today DHHS' financial management system and its claims management system provide the tools and data DHHS needs to manage its programs.
- A once de-centralized, fragmented finance staff has been centralized; and DHHS now has one source for its financial data and reports.
- Internal controls and standard operating procedures are firmly established and entrenched in the system.
- Financial and program management are now linked. Managers receive monthly statements and can review expenditures, track budget initiatives and trust that the data is reliable. Because of these reforms, DHHS met its budget reduction target – a remarkable success given the magnitude of the task.



- Funds must be encumbered before a contract takes effect, minimizing risks to the providers and the organization and allowing for better financial control.
- Hundreds of rates that once varied from provider-to-provider within the same service have been standardized.
- Rates are now established by reviewing the providers' audited financial reports versus a budget submission.
- Audit findings have dropped significantly. In 2007, the total likely questioned costs in DHHS'

single audit report were over $26 million. In 2009, that number dropped to $2.6 million.
- Once years behind, DHHS is now current with the hundreds of Financial Status Reports that are required by the federal government.
- In early 2007, DHHS decided to move to a new claims management system and employ a fiscal agent to manage claims. In September 2010, the Maine Healthcare Information Management Solution was launched. This state-of-the-art system will meet federal certification requirements, meaning more federal money to pay for it and a much needed infusion of federal dollars into the MaineCare program.

Transparency

With sound financial systems in place, DHHS financial data can be trusted by Legislators, the media and staff, going a long way toward rebuilding confidence in DHHS. Transparency has been a critical strategy for reinforcing this confidence.

- DHHS' relationship with the media and, by extension, the Legislature and the public has been strengthened by the availability of in-house experts and responsiveness to their deadlines.
- The Department also introduced this book, *In Focus*, a reference book for Legislators. *In Focus* puts a face on the Department while providing important information about programs and services.
- In October 2010, DHHS launched the DHHS Data Dashboard. Now the public can get a quick look at who is served, what is spent and how the Department is progressing toward its strategic goals and objectives.

From Many to One

Creating an Effective & Efficient DHHS

With the merger that formed DHHS, the Governor made his goal clear: "This is not just a name change,'' he said. "It's a new way of doing business." To reach this goal, DHHS needed to be much more than the sum of its many disparate parts. The new Department now included Maine's public health program, the MaineCare program, an array of income and assistance programs, two adult protective programs, the child welfare program, all of Maine's programs providing long-term supports and services for older adults and persons with disabilities, mental health programs for adults and children, and Maine's substance abuse program.

Each of these programs had a different mission, a different culture and a different set of priorities. Each program operated within its own Legislative purview, sometimes collaborating with others, but just as often working against each other. Each Office had its own public identity and image, and many Offices struggled to identify themselves as part of the larger Department.

One Department

DHHS began the process of re-orienting staff away from the narrow confines of program mission by establishing a unifying vision for the people that DHHS serves: "Maine People Living Safe, Healthy and Productive Lives." This small but important first step laid the groundwork for many others, all working to transform a jumble of programs into a cohesive Department, both in the eyes of the public and staff. Thanks to these efforts, today DHHS has:

- An integrated leadership and management structure that coordinates key Department-wide functions and promotes program planning and operations.

- An integrated strategic plan aligning the efforts of all its programs around Department-wide strategic priorities.
- A Department-wide internal communication strategy to build a common culture and reinforce shared goals.
- A single DHHS identity and branding policy, representing the DHHS to the public with "one voice."
- A common set of customer service standards establishing Department-wide expectations for staff performance.

Integration & Coordination

Becoming one Department created new opportunities for integrating and coordinating policy, services and staff locations. DHHS began the work of coordinating service delivery, streamlining support functions and strengthening policy. Leadership has set high standards and thanks to the professionalism of staff, collaboration has been a natural result.

- The creation of the Office of Child and Family Services made it possible to coordinate policy and services across the child welfare program, children's behavioral health services and early childhood services.
- In response to an increase in acquired brain injury, DHHS helped to establish the Acquired Brain Injury Advisory Council. A Statewide Plan for Brain Injury now exists, with statewide public hearings and forums planned for each year for the proposed plan.
- Following the successful model of the Office of Child and Family Services, the Adult Consortium has been formed to coordinate policy and manage all services to adults in a more integrated fashion.
- Staff that needs to work together has been located in the same facility, making it possible to walk down the hall to get answers and solve problems.

Consolidation & Streamlining

To create efficiencies, DHHS consolidated functions and eliminated unnecessary steps, aligning key roles and expertise to provide Department-wide services and functions.

- Licensing, once in multiple pockets spread across the Department, is now consolidated under the Division of Licensing and Regulatory Services.
- The Office of Quality Improvement Services supports quality improvement across all programs; the process for performance measurement and monitoring is defined.
- A Facilities Management plan has been created and provides the roadmap for locating and re-locating staff, managing contracts and leases and projecting needs for the future.
- DHHS has developed a single, Department-wide process for reporting, responding to, and tracking "Significant Reportable Events."
- DHHS' integrated eligibility system streamlines administration, reduces costs, eliminates errors and helps get benefits to those who are entitled to them. Work continues on a federally-mandated, online portal which will eventually allow people to apply for benefits from any computer with internet access.
- DHHS, along with the Department of Labor, has developed a structured continuous improvement program called Bend the Curve (BTC). Employees at all levels of state government help analyze problems and processes to improve efficiency. The Health and Environmental Testing Lab, Vital Records, Child Welfare, and MaineCare Services have all seen improvements in timely service delivery as a result of this program.

On the Horizon

Passing the Baton

As this Administration comes to a close, it's hard not to be excited about the future. Yes, Maine continues to face tough economic times. And, yes, the needs of an aging population loom on the horizon. But the accomplishments of the last several years prove much can be done even in difficult times.

Health Reform Opportunities and Requirements

The Affordable Care Act (ACA) provides many opportunities for improving health services and creating greater coordination across MaineCare and private health plans. DHHS has identified several priorities to be addressed in the coming years:

- DHHS will prepare for expanded eligibility under the MaineCare program that will begin in 2014. Changes under ACA are expected to simplify the eligibility and enrollment process, likely leading to reduced administrative burden on DHHS staff.

- The Health Information Exchange offers an opportunity to develop an integrated portal for accessing private and public sector health coverage options. Moving in this direction will require coordination across multiple state agencies in the development of an integrated business model and governance for the Exchange.

- Reimbursement for drug products in the MaineCare Program has been amended under ACA, potentially resulting in a net loss for MaineCare. DHHS will continue to research this possibility and work to comply with other changes in the management of the MaineCare pharmacy benefit under ACA.

- DHHS has been awarded two key demonstration grants from the Affordable Care Act; Money Follows the Person and the CHIPRA Quality Grant.

    - The Money Follows the Person Grant will allow DHHS and its partners to develop information regarding services and availability of services for people moving from institutions to the community; assist with transitioning and help expand services in the community and the home.

    - The CHIPRA Quality grant awarded to Maine and Vermont (five years, $11 million) will build the electronic exchange of quality measures of child health between providers and public health. The goal of these Demonstration Grants is to gain information that will help inform a national model of care. The focus is on strengthening community services to reduce reliance on avoidable and high cost institutional care.

- DHHS will remain active in achieving the goals outlined in Health Information Technology. The objective of HIT is to preserve and improve the health of Maine people by developing a transformed patient-centered health system. This system will use a highly secure, integrated electronic health information system to advance access, safety, quality, and cost efficiency in the care of individual patients and populations. MaineCare must develop a system to identify pay incentives to providers and monitor the meaningful use of these funds per federal guidelines.

Looking Back—Looking Forward (continued)

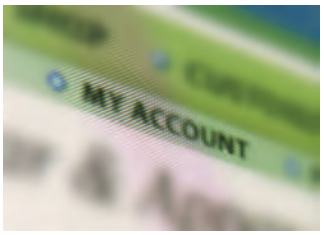
- As part of health reform, each state must establish a Health Insurance Exchange. The Exchange must offer those who are uninsured a choice of health plans, focusing competition on price. The Exchange must also inform consumers, create a way they can enroll, move toward portability of coverage and help to reform both the insurance market and the way insurers sell coverage. This Exchange must be aligned and connected to DHHS eligibility systems for Medicaid Services.

- In order to simplify provider contracting, medical authorization and claims processing across private and public sector providers and health plans, new International Classification of Disease codes, the ICD-10 system of coding, is being put into place. DHHS will be transitioning to these codes over the next two years.

- DHHS is also moving forward with an initiative embraced by the Maine Legislature and many other partners to transform the MaineCare program from fee-for-service to a managed care program. Under managed care, payment incentives will be aligned to improve care coordination and health outcomes. The goals are to improve the health status of MaineCare members; reduce the growth rate in per-person spending; measure and reward quality outcomes and member satisfaction; and align the incentives of the state, managed care contractors, providers and members. The project is underway, with a three-year phase-in plan. DHHS will need to retool its workforce to ensure that it is operational and program staff has the skills and expertise necessary to oversee a managed care program.

- DHHS' quality metrics continue to develop and will be aligned with those that are expected to be established under the ACA.

Ongoing Reforms and Key Initiatives



In addition to the opportunities offered through the Affordable Care Act, DHHS has a number of other initiatives already underway that will require ongoing leadership.

- The Maine CDC is pursuing national accreditation for its public health program, pushing toward 2012 as the target.
- DHHS is committed to reinforcing the Department-wide customer service standards through targeted recognition strategies and performance management.
- Financial reforms remain a priority, guided by the roadmap provided by Deloitte Consulting.
- Maine is developing an online application form to streamline program enrollment. This eligibility portal will reduce paperwork and data entry for staff, bringing even more efficiency to the enrollment process.
- DHHS still has work to do before it can be released from the terms of the mental health consent decree and final settlement agreement. Successfully achieving full compliance with this consent decree will be a significant achievement after so many years.
- The newly launched Dashboard that provides the public with data on DHHS performance will continue to evolve. This access to information is something expected by the public and staff are committed to updating information and providing more program details as the Dashboard evolves.
- Cutting across many Departmental services, long-term supports and services in the community are supported in health reform. Along with the *Money Follows the Person Grant* (described on page 14), DHHS' Office of Elder Services has received four other significant grants that will help improve and strengthen community systems and the workforce in order to sustain services being provided in the community when possible.
- The Maine Military/Civilian Partnership is a joint initiative between DHHS and the Department of Defense, Veterans, and Emergency Management to better support Maine's returning service members, veterans and their families. DHHS participated in a policy summit sponsored by SAMHSA in June, 2010 and the group of people who attended continues to meet regularly. One of the goals of the group is to develop and fund a position that would coordinate all of the civilian-side services to this population. Studies have shown that military members are far more likely to access needed services if the services are not associated with the military. New Hampshire has had great success in engaging and serving military members by having a position dedicated to this work.
- The Department has established many quality measures over several years. The Affordable Care Act will establish metrics and the Department will align its measures with ACA. These measures will align with the efforts of the Office of Continuous Quality Improvement, as the Department continues to build an integrated quality and performance measurement system.
  - Key components of this work include establishing Department-wide quality measures, public reporting via the DHHS data dashboard; continued implementation of a system for measuring outcomes in adults and children who receive mental health services; publication

of the monthly QI Data Snapshot; and continued analysis to promote the integrated approaches to healthcare service delivery.

- Adult Mental Health Services is implementing a quality system for patient improvement as one of its specific strategies. This is a first-in-the-country effort to measure improvement in functioning and the relationship of that improvement to people becoming more healthy and moving toward independence.

- Employment as an expectation is the coordinated work across DHHS. This coordination creates a clear, common message that all working-age adults are capable of work and are expected to work.

    - Choices CEO employment initiative – The Choices CEO grant has been supported by a federal grant for the past 8 years and is moving into the last 9 months of funding. The goal of the grant is to support individuals with disabilities in getting and keeping competitive jobs paying at least minimum wage by focusing on employers. The focus on employers compliments the focus on the individual job seeker by the Department of Labor (DOL) and allows DHHS and DOL to work collaboratively to increase the number of individuals with disabilities who are employed. Going forward, the focus should be on youth who are leaving the public school system to help them move into competitive employment if they will not be pursuing further education.

- The Office of Elder Services is working on new rules for home-based services, with a focus on consumer-directed services. The purpose of these rules is to implement improvements recommended as a result of the 2009 quality improvement process (LEAN) undertaken by DHHS pursuant to legislation enacted by the 124th Legislature.

- Financial Management and completion of the Finance Transformation Strategy remains a high priority. Steps to success include:

    - Completing the centralization of core contract administration for the Office of MaineCare Services, Maine CDC, the Office of Elder Services (OES) and the Office of Integrated Access and Support within the Division of Purchased Services.
    - Providing planning for those Offices that now share Program Fiscal Coordinators, including OES/Multicultural Affairs/Quality Improvement and the Office of Substance Abuse and the Division of Licensing and Regulatory Services.
    - Continuing to develop a culture that places significant value on information sharing and visibility across all levels of the Department. This includes the growth and modification of the DHHS Dashboard.

Like all agencies in state government, DHHS has weathered an unprecedented economic storm. And the forecast continues to call for inclement weather. The budget deficit looms large and as a result, difficult decisions will need to be made.

Staff will continue to approach these challenges with surgical precision, focusing on protecting Maine's safety net and minimizing the unintended consequences that may arise. The commitment remains to the vision of Maine people living safe, healthy and productive lives, while at the same time, remaining realistic about the fiscal challenges that lie ahead.

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 4, which begins on page 27.

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20 Adult Services

- Elder Services
- Adult Mental Health Services
- Adults With Cognitive and Physical Disability Services
- Substance Abuse Services

22 Public Benefits

- Integrated Access and Support Services

23 Public Health and Health Care Coverage

- Maine Center for Disease Control and Prevention
- Office of MaineCare Services

Department of Health and Human Services

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

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

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 SFY '11

General Fund: (010)	$ 680,178,295
Federal Fund: (013)	1,763,731,468
Special Revenue: (014)	462,663,571
Block Grant: (015)	150,293,131
Fund For Healthy Maine (014)	53,473,239
Federal ARRA (020)	188,742,747
Private Trust Fund (083)	500
Total Funding FY '11:	$3,299,082,951

Personal Services Budget FY '11 (updated 11-2010)

General Fund: (010)	$124,407,862
Federal Fund: (013)	38,934,660
Special Revenue: (014)	73,570,955
Block Grant: (015)	8,790,571
Fund For Healthy Maine (014)	1,297,560
Total Funding FY '11:	$247,001,608

Staffing

Special Revenue Positions	1,211
General Fund Positions	1,691
Fully Federally-Funded Positions	596
FFHM & Block Grant Positions	129
Total Positions FY'11	3,626

Personal service general fund as a percent of total general fund:	18.29%
Personal service general fund as a percent of total DHHS:	3.77%
Total personal services as a percent of total DHHS:	7.49%

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)	$125,359,909
Federal Fund: (013)	97,171,382
Special Revenue: (014)	11,789,017
Fund For Healthy Maine (014)	10,532,754
Block Grant: (015)	33,961,344
Federal Funds—ARRA (020)	1,678,000
Total Funding FY '11:	$280,492,406
Total Staff FY '11	626.5

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)	$72,405,497
Federal Fund: (013)	253,660,140
Special Revenue: (014)	30,493,525
Fund For Healthy Maine (014)	0
Block Grant: (015)	415,000
Federal Funds—ARRA (020)	32,252,652
Total Funding FY '11:	$389,226,814
Total Staff FY '11	86.5

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)	$74,853,374
Federal Fund: (013)	97,733,641
Special Revenue: (014)	48,204,245
Fund For Healthy Maine (014)	0
Block Grant: (015)	960,388
Federal Funds—ARRA (020)	0
Total Funding FY '11:	$221,751,648
Total Staff FY '11	688.6

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

General Fund: (010)	$96,545,450
Federal Fund: (013)	159,885,562
Special Revenue: (014)	18,281,089
Fund For Healthy Maine (014)	0
Block Grant: (015)	0
Federal Funds—ARRA (020)	0
Total Funding FY '11:	$274,712,101
Total Staff FY '11	245.0

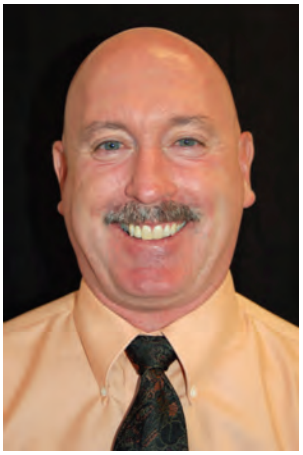
Office of Substance Abuse

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)	$11,087,085
Federal Fund: (013)	26,036,161
Special Revenue: (014)	1,168,975
Fund For Healthy Maine (014)	5,589,908
Block Grant: (015)	7,080,382
Federal Funds—ARRA (020)	0
Total Funding FY '11:	$50,962,511
Total Staff FY '11	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
442 Civic Center Drive
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)	$68,165,680
Federal Fund: (013)	28,688,219
Special Revenue: (014)	162,502,663
Fund For Healthy Maine (014)	0
Block Grant: (015)	76,173,074
Federal Funds—ARRA (020)	0
Total Funding FY '11:	$335,529,636
Total Staff FY '11	910

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)	$15,111,307
Federal Fund: (013)	71,674,520
Special Revenue: (014)	20,478,448
Fund For Healthy Maine (014)	19,048,135
Block Grant: (015)	5,515,249
Federal Funds—ARRA (020)	0
Private Trust Fund (083)	500
Total Funding FY '11:	$131,828,159
Total Staff FY '11	398

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)	$184,622,213
Federal Fund: (013)	1,024,379,064
Special Revenue: (014)	141,428,708
Fund For Healthy Maine (014)	17,942,789
Block Grant: (015)	26,192,657
Federal Funds—ARRA (020)	154,812,095
Total Funding FY '11:	$1,549,377,526
Total Staff FY '11	177

Chapter 3 - DHHS "Dashboard"

DHHS Dashboard Offers Rich Data and Details

When driving in a car, a quick look at its dashboard can provide the driver with all the important information needed to monitor vehicle performance. That's the 'driving' concept, if you will, behind the DHHS Data Dashboard, which launched in October. Though it resembles the instrumentation panel on a jumbo jet more than the everyday auto, the goal of this project is to publicly share information about DHHS' programs and how they are managed.

The data is sorted in five major sections: safety, health, financial management, support services and quality, with tabs that lead users to each of the areas. Trends in participation and expenditures for major services, such as Medicaid, TANF and Food Supplement are available on the homepage, along with key safety measures. The site is searchable and provides quick access to information that is commonly sought.

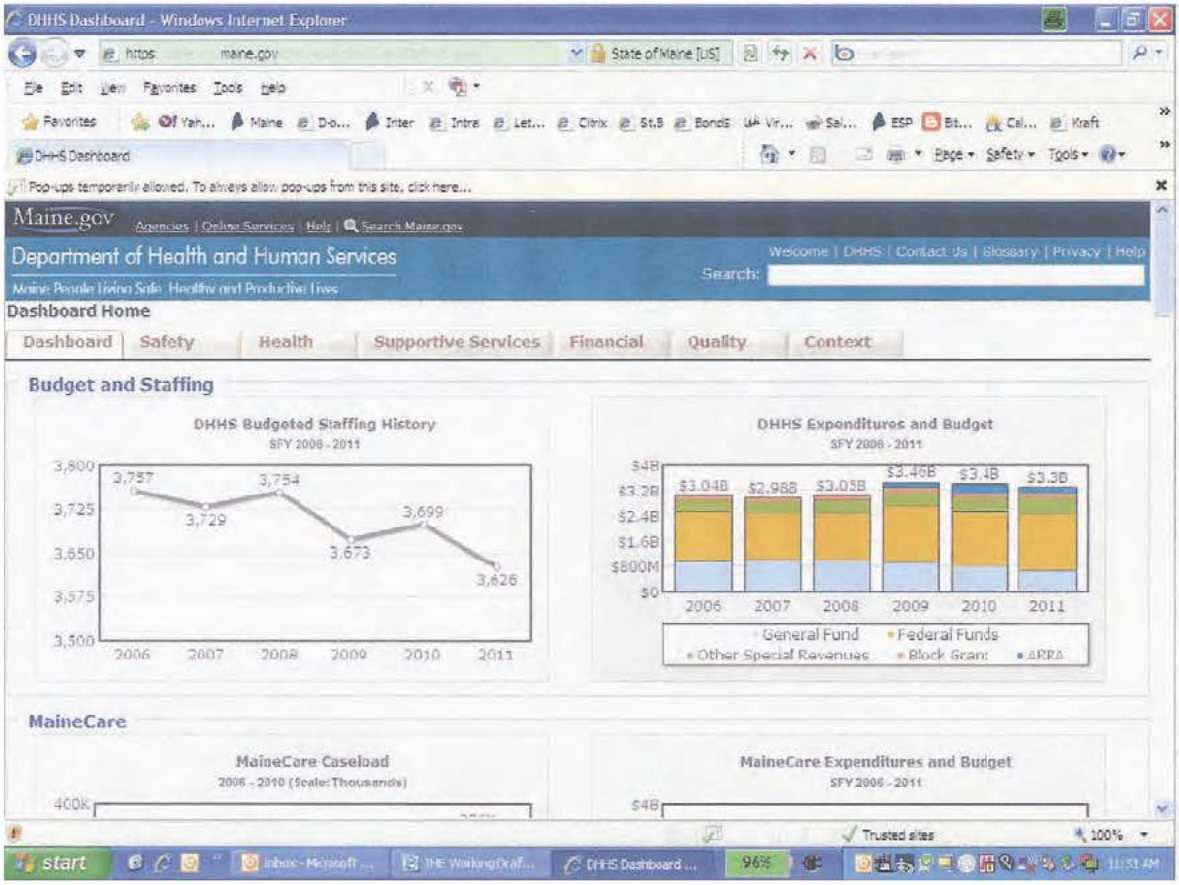
The dashboard is a work in progress and as such, it will constantly evolve. As of December 2010, information on the following topics was available in the noted locations:

DHHS Dashboard front page

-DHHS Budgeted Staffing History - 2006 – 2011
-DHHS Expenditures and Budget - 2006 – 2011
-General Assistance Expenditures by Category SFY 2006—2010
-General Assistance Expenditures by Source SFY 2006—2010
-MaineCare Caseload - 2006 – 2010
-MaineCare Expenditure and Budget - 2006 – 2011
-MaineCare Expenditures - Per Member/Per Month - 2006 – 2010
-DHHS Hospital Prospective Interim Payments (PIPS) and Settlement Payments - 2006 – 2010
-TANF Annual Monthly Average Cases
-TANF Expenditures
-TANF Parents as Scholars Annual Monthly Average Cases SFY 2006 – 2010
-TANF Parents as Scholars Expenditures SFY 2006 – 2010
-TANF ASPIRE Annual Monthly Average Participation SFY 2006 – 2010
-TANF ASPIRE Expenditures SFY 2006 – 2010
-SNAP Annual Monthly Average Cases SFY 2006 – 2010
-SNAP Benefit Expenditures SFY 2006 – 2010
-SNAP Administration Expenditures
-State Psychiatric Center Admissions and Census SFY 2010
-Children in Custody SFY 2006—2010
-Adults Under Guardianship SFY 2010

Under the "Safety" Tab
-Substantiated Cases of Child Abuse
-Children in Custody
-Elder and Adult Abuse
-Elders and Adults Under Public Guardianship

DHHS Dashboard, (continued)



Under the "Health" Tab

-MaineCare Caseload
-Receipt of MaineCare Funded Public Mental Health Services
-Children Receiving Dental Services with MaineCare Coverage
-2010 Public Health Indicators
-Adult Mental Health Service Recipients with Co-Occurring Conditions
-Substance Abuse Admissions by Level of Care
-Children/Youth Mental Health Services
with Co-Occurring Conditioins
-WIC Nutrition Program Participation
-Wait Lists

Under the "Financial" Tab

-MaineCare Claims Cycle Payments
-Medical Speciality Expenditures
-Substance Abuse Detox Cost by Level of Care
-Child Support Collection Measures

Did You Know?

DHHS has put together a Power Point presentation that provides a good history of Medicaid program Expenditures in Maine. To download the presentation, go to www.maine/gov/dhhsdashboard and click on the 'context' tab.

Health Care Quality

-MaineCare Primary Care Case Management Measures
-MaineCare Emergency Room Visits
-MaineCare Dental Emergency Room Visits

DHHS Dashboard, (continued)

Behavioral Health Quality

-Changes in Level of Functioning for Adults Receiving Case Management
-Children Receiving Mental Health Services who Maintain or Improve Level of Functioning
-Completion of Substance Abuse Treatment
-Readmissions to Substance Abuse Detoxification Unit in 180 Days of Discharge

Nursing Home Quality

-Nursing Home Residents Physically Restrained
-Nursing Home Residents With Pressure Sores
-Nursing Home Residents With Increased Need For Assistance With Daily Activities
-Nursing Home Residents Depressed or Anxious
-Nursing Home Residents with Too Much Weight Loss

Supportive Services Quality

-Achieving Permanency for Children in DHHS Custody
-Childcare Provider Participation in QRS

Under the "Context" Tab

-About Maine Department of Health and Human Services
-Maine's Population Demographic
-Maine Unemployment Data Statewide and by County
-Adult Mental Health: Recovery for ME
-School Achievement and Progress List
-Maine Demographic Indicators
-Census Data
-Socioeconomic Indicators
-Glossary of Terms
-Additional Resources
-Maine Liveable Wage
-2007 Health Insurance Coverage Status for Counties (US Census)

www.maine.gov/dhhsdashboard

Did You Know?

That SFY 2011 MaineCare expenses are budgeted to be $3 million less than what was spent in SFY2009? For more details about MaineCare expenses, visit the DHHS Dashboard at www.maine.gov/dhhsdashboard and click on the 'financial' tab.

Chapter 4 - Services and Spending

In This Chapter:

Health and human service 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.

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Adult Developmental Services
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Drugs for the Elderly

Services and Spending - Adult Mental Health Services

Office of Adult Mental Health Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Fund		
	2009	2010	2011	2009	2010	2011
Community Mental Health-(0121)		**$ 31,374,627**	**$ 30,413,784**	**$ -**	**$ -**	**$ -**
Counseling Services	2,082	-	-	-	-	-
Assertive Community Treatment	427,789	441,407	385,565	-	-	-
Residential Services	2,318,872	2,478,223	2,231,059	-	-	-
Case Management	977,530	824,649	1,461,916	5,247	-	-
Rental Subsidies	799,932	3,331,036	3,743,300	-	-	-
In-Home Supports	271,927	127,027	-	-	-	-
Supported Education, Employment and Housing	1,559,556	1,165,314	1,002,926	-	-	-
Mobile Outreach	5,096,854	4,841,834	5,423,219	-	-	-
Wraparound/Flexible Funds	384,992	326,308	388,599	-	-	-

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 consumers of mental health services with the supports and treatments needed. Formerly known as case management, these supports involve identifying the medical, social, residential, educational, emotional and other recovery-oriented 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 their respective journeys in 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 challenging symptoms and greatest impairment when other treatments have been ineffective. These individuals are often frequent users of inpatient psychiatric services and tend to have the poorest quality of life. They may be periodically involved with the criminal justice system.

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

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Community Mental Health-(0121)***
-	-	-	708	-	-	Counseling Services
-	-	-	-	-	-	Assertive Community Treatment
-	-	-	100,292	100,292	100,292	Residential Services
-	-	-	1,778	-	-	Case Management
2,972,414	-	-	-	-	-	Rental Subsidies
-	-	-	-	-	-	In-Home Supports
-	-	-	-	-	-	Supported Education, Employment and Housing
-	-	-	238,026	236,595	238,026	Mobile Outreach
-	-	-	-	-	-	Wraparound/Flexible

Daily Living Services
Daily Living Services include 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 individuals in learning the skills needed to increase their independence. Services vary depending on needs. 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 their communities. They may also include training in the skills needed to get and keep a job.

"Housing First"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 longstanding tenet of the Consent Decree and has now evolved into a national best practice model known as Housing First.

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 for 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.

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.

Services and Spending - Adult Mental Health Services

Office of Adult Mental Health Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2009	2010	2011	2009	2010	2011
Mental Health - MaineCare-	**$ 51,414,324**	**$ 26,214,345**	**$ 24,119,925**	**$ -**	**$ -**	**$ -**
Mental Health-MaineCare	30,488,760	23,773,089	24,119,925	64,605,855	53,622,012	54,543,488
Dorothea Dix Psychiatric Center-(0120)	**3,662,919**	**2,820,857**	**2,317,351**	-	-	-
DDPC Dispro (0734)	**8,528,903**	**8,368,140**	**7,433,610**	-	-	-
DDPC	12,267,254	10,874,856	9,263,413	-	-	-
Riverview Psychiatric Center- (0105)	**1,144,756**	**666,719**	**649,538**	-	-	-
RPC Dispro (0733)	**10,584,416**	**10,482,828**	**9,919,166**	-	-	-
Riverview Psychiatric Center	12,037,285	11,066,789	10,040,269	-	-	-

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 $ 6.1 million annually since 1994. Currently more than 890 vouchers are active in Maine.

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 620 individuals are receiving BRAP assistance.

Mental Health Treatment Services

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.

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

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

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Mental Health - MaineCare-***
5,647,401	5,291,117	5,262,557	-	-	-	Mental Health-MaineCare
-	-	-	-	-	-	***Dorothea Dix Psychiatric Center-(0120)***
-	-	-	-	-	-	***DDPC Dispro (0734)***
17,252,210	17,478,904	16,428,156	-	-	-	DDPC
-	-	-	-	-	-	***Riverview Psychiatric Center-***
-	-	-	-	-	-	***RPC Dispro (0733)***
21,786,494	22,062,004	21,085,329	-	-	-	Riverview Psychiatric Center

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.

Services and Spending - Adult Mental Health Services

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.

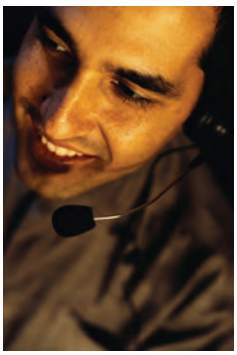
RPC treats citizens with severe mental illness who require involuntary hospitalization; short term and extended psychiatric observation; and/or care (primarily for the courts and criminal justice system) and treatment for individuals who require certain highly specialized psychiatric programs not available 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

Consumer Directed Services

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 24 hours a day, seven days a week.



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. 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.

Services and Spending - Adult Mental Health Services

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. Some offer a more structured program and others serve as an informal "drop-in" center.

Vocational Supports
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.

Forensic Services

The State Forensic Service (SFS) conducts a number of different types of evaluations ordered by the court system in relation to criminal matters. These include pre-sentence evaluations and targeted juvenile evaluations. Reports of evaluations conducted by the SFS become the property of the court system. 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 service, and about the kinds of assessments conducted. The SFS strives to maintain impartiality in its reports and serves the court system by supplying informed clinical opinions.

Did You Know?

Hospital care is the top cost driver in the MaineCare Program? For a look at the top 50 cost drivers in MaineCare, visit the DHHS Dashboard at www.maine.gov/dhhsdashboard and click on the 'financial' tab.

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.

√ On average, people with serious mental illness 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'10, 40,797 adults were authorized for MaineCare-funded mental health services. Of these 15,649 were persons with serious mental illness.

√ In FY'10, the adult mental health crisis system responded to 126,615 telephone calls and had 20,718 face-to-face contacts.

√ 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 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.

√ Intensive Case Managers from OAMHS serve the homeless shelters and reach out to homeless persons who are mentally ill to link them to the service systems.

Notes

Did You Know?

More than 12,000 individuals are on the wait list under MaineCare's non-categorical waiver? For a list of wait lists, by program, visit the DHHS Dashboard at www.maine.gov/dhhsdashboard and go to the 'health' tab.

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		
	2009	2010	2011	2009	2010	2011
Community Developmental Disability Services-(0122)	**$ 26,068,875**	**$ 26,396,084**	**$ 25,590,572**	**$ -**	**$ -**	**$ -**
Supported Employment, Education and Housing	1,083,768	862,699	905,744	-	-	-
Adaptive Equipment and Services	52,149	-	-	-	-	-
Crisis Intervention	3,568,783	3,889,673	3,562,862	-	-	-
Day Habilitation Services	125,070	108,065	628,861	-	-	-
Residential Services	398,324	895,033	704,320	-	-	-
Client Related Professional Services	840,184	868,323	701,506	-	-	-
Rental Subsidies	5,704,611	4,082,488	3,336,154	-	-	-

Adult Developmental Services Programs

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 SFY10, there were 311 new applicants. 235 applicants were found eligible. In SFY10 the total active caseload for Developmental Services was 5,496. 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

Case management services are provided by Developmental Services Individual Support Coordinators (ISC), as well as by case managers contracted through private community agencies (ISC-Cs). In SFY10, the active caseload for State ISC's was 3,815; and for Community ISC's 1,555.

Representative Payee

This service is for people unable to manage their Social Security or Veteran's Administration benefits. In SFY10, Developmental Services acted as the Representative Payee for 1437 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 SFY10, 743 people were under public guardianship and 45 were under conservatorship of Developmental Services.

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

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Community Developmental Disability Services-(0122)***
-	-	-	-	-	-	Supported Employment, Education and Housing
-	-	-	-	-	-	Adaptive Equipment and Services
-	-	-	-	-	-	Crisis Intervention
-	-	-	-	-	-	Day Habilitation Services
-	-	-	-	-	-	Residential Services
9,868	-	-	-	-	-	Client Related Professional Services
28,198	-	-	-	-	-	Rental Subsidies

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 2009, crisis teams made 2,461 phone contacts, provided in-home support on 133 visits and had 20 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.

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		
	2009	2010	2011	2009	2010	2011
Office of Advocacy-(0632)	**$ 582,584**	**$ 627,617**	**$ 576,009**	**$ -**	**$ -**	**$ -**
Office of Advocacy	571,483	603,291	576,009	-	-	-
Dev. Disabilities Medicaid-(0705)	**21,760,113**	**4,929,440**	**5,240,293**	-	-	-
Developmental Disabilities Medicaid	15,157,810	17,384,610	5,240,293	56,983,487	62,340,019	40,035,362
Residential Treatment Facility Assessment-(0978)	-	-	-	-	-	-
Residential Treatment Facility	-	-	-	2,903,879	3,504,317	2,884,091
Medicaid Waiver-(0987)	**77,761,762**	**60,629,519**	**57,990,262**	-	-	-
Medicaid Waiver	76,106,570	57,740,520	57,990,262	136,066,750	106,528,386	107,648,875
Dev. Disabilities Supports Waiver-(Z006)	**1,368,913**	**5,186,869**	**4,702,896**	-	-	-
Dev. Disabilities Supports Waiver	5,234,133	5,186,869	4,702,896	9,357,818	9,569,515	8,730,112
Brain Injury-(Z041)	**98,263**	**115,389**	**108,727**	-	-	-
Brain Injury	135,681	118,475	108,727	1,813	75,074	143,277
Consumer Directed Services-(Z043)	**2,500,761**	**2,372,316**	**2,241,389**	-	-	-
Consumer Directed Services	2,159,666	2,025,649	2,241,389	-	-	-

Office of Advocacy
This Office investigates allegations of rights violations, helps clients with personal planning, 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 SFY10 the Office served 1300 clients, and assisted or represented 900 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.

Office of Adults with Cognitive and Physical Disability Services

Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Office of Advocacy-(0632)***
-	-	-	-	-	-	Office of Advocacy
-	-	-	-	-	-	***Dev. Disabilities Medicaid-(0705)***
16,714,912	16,404,930	16,326,687	-	-	-	Developmental Disabilities Medicaid
-	-	-	-	-	-	***Residential Treatment Facility Assessment-(0978)***
1,624,234	1,899,410	1,553,655	-	-	-	Residential Treatment Facility
-	-	-	-	-	-	***Medicaid Waiver-(0987)***
-	-	-	-	-	-	Medicaid Waiver
-	-	-	-	-	-	***Dev. Disabilities Supports Waiver-(Z006)***
-	-	-	-	-	-	Dev. Disabilities Supports Waiver
-	-	-	-	-	-	***Brain Injury-(Z041)***
-	-	-	-	-	-	Brain Injury
-	-	-	-	-	-	***Consumer Directed Services-(Z043)***
-	-	-	-	-	-	Consumer Directed Services

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.

Services and Spending - Adults with Cognitive and Physical Disability 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 SFY10, 112 clients were served with 61 individuals on a waiting list.

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.

The Division of 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.

Services and Spending - Adults with Cognitive and Physical Disability Services

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.

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.

Did You Know?

Want a historical perspective on the number of people served and money spent in MaineCare and other support programs? Visit the DHHS Dashboard at www.maine.gov/dhhsdashboard and click on the 'context' tab.

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

Developmental Services:

- √ Approximately 5,500 individuals served.
- √ 5,370 receive case management services.
- √ Services to 2,855 individuals were funded on the comprehensive waiver (MaineCare Section 21). Average annual cost per person was approximately $103,000 (state and federal).
- √ Services to 1,450 individuals are funded through the Supports Waiver (Medicaid Section 29). Average annual cost per person is $17,500 per year (state and federal).
- √ 197 individuals are served in ICF/MR facilities. Average cost of an ICF/MR is $147,000 (state and federal).
- √ 230 individuals are served in PNMI. Average cost per person in PNMI is $47,000.

Physical Disability Services:

- √ 399 individuals receive consumer-directed attendant services (MaineCare Section 12).
- √ 142 individuals receive services on the adults with physical disabilities waiver (Section 22).
- √ Average annual cost per person for waiver services is $33,712.
- √ 111 individuals receive consumer directed home based care. This is a state-funded program. Average annual cost per person on CDHBC is $16,957.25

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.
- √ 130 individuals with significant disabilities due to acquired brain injuries live in 19 specialized residential programs at an average cost of $85,000 per year per person (MaineCare Section 97 – Appendix F).
- √ More than 400 individuals with disabilities due to acquired brain injuries each year receive comprehensive rehabilitation in one of nine neurorehabilitation clinics. (MaineCare Section 102).

Notes

Services and Spending - Child and Family Services

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

	General Fund			Federal Funds		
	2009	2010	2011	2009	2010	2011
Children's Behavioral Health-(0136)	**$17,532,027**	**$16,794,412**	**$17,050,876**	**$ -**	**$ -**	**$ -**
Case Management	11,993	50,250	-	-	-	-
Counseling Services	69,481	58,093	50,000	-	-	-
Mobile Outreach	1,159,418	691,159	840,000	-	-	-
Room and Board	4,267,923	4,405,881	4,282,932	-	-	-
Children's Mental Health Services Medicaid-(0731)	**35,179,670**	**18,033,827**	**15,543,097**	**-**	**-**	**-**
Children's Mental Health Services Medicaid	38,360,430	31,996,303	15,543,097	68,582,503	59,031,586	28,853,067

Children's Behavioral Health
Children's mental health policy and program development is overseen by the Division of Children's Behavioral Health Services (CBHS). CBHS serves over 24,000 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, intellectual disabilities, autism spectrum disorders, developmental disabilities, or serious emotional disturbances. CBHS is committed to building on the strengths of families using existing natural supports, 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.

Case Management
Case management services staff are responsible for the development of an individualized service plan to meet each child's treatment and support needs, assist families to navigate the service system and identify and refer children to appropriate services.

Crisis Services
Crisis services are available 24 hours a day to anyone who is concerned that their child is exhibiting dangerous behaviors or having dangerous thoughts. Crisis services staff respond to a child and family in acute situations in order to keep everyone safe.

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

Medication Management
Provides psychiatric evaluations, prescription administration and monitoring of medications prescribed for the prevention and treatment of behavioral health symptoms in children.

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

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Children's Behavioral Health-(0136)***
-	-	-	-	-	-	Case Management
-	-	-	-	-	-	Counseling Services
-	-	-	100,000	25,000	-	Mobile Outreach
-	-	-	-	-	-	Room and Board
-	-	-	-	-	-	***Children's Mental Health Services Medicaid-(0731)***
-	-	-	-	-	-	Children's Mental Health Services Medicaid

Children's Rehabilitation Services
These programs build skills in daily living and behavior management to support children in their homes and communities. Children with an intellectual disability (an IQ of 70 or under) or an autism spectrum disorder are eligible for this service.

Home and Community Treatment Services
These team-delivered, intensive treatment services offer behavioral intervention strategies and family therapy to help children and caregivers manage mental health symptoms, function better at home, in school and community, and help prevent the removal or hospitalization of children and youth with serious emotional disturbances. CBHS encourages the use of evidence-based practices wherever available.

Children's Assertive Community Treatment Services
Assertive community treatment provides intensive symptom management and supports 24-hours a day, seven days a week, in home, school and community to prevent hospitalization. Services are team-delivered and include psychiatry. Families living with or caring for children with serious mental illness qualify.

Intensive Temporary Residential Treatment
Services stabilize and manage symptoms and behaviors for children and youth with serious emotional disturbances or intellectual disabilities who need a temporary residential treatment program in order to regain the skills necessary to safely return to home, school 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 individualized plans and meeting those needs of youth and caregivers by providing 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.

Office of Child and Family Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2009	2010	2011	2009	2010	2011
Foster Care and Adoption Assistance-(0137)	**$13,768,817**	**$10,438,303**	**$11,265,476**	**$ -**	**$ -**	**$ -**
Foster Care and Adoption Assistance-(0139)	**39,952,568**	**37,424,483**	**37,274,481**	-	-	-
Adoption Assistance	17,082,553	15,018,682	17,000,000	11,124,036	12,826,414	11,000,000
Adoption Assistance (ARRA)	-	-	-	-	1,536,002	1,000,000
Case Management	219	519	-	517,926	563,625	550,000
Family Foster Care	19,105,642	9,244,595	19,000,000	4,950,511	5,245,135	5,000,000
Family Foster Care (ARRA)	-	-	-	-	898,055	500,000
Medical Services	1,609,323	1,284,996	1,500,000	-	-	-
Residential Services	537,323	356,906	300,000	993,046	891,354	800,000
Fund for Healthy Maine Home Visitation-(0953)	-	-	-	-	-	-
FHM Home Visitation	-	-	-	-	-	-

Respite Care
This service provides relief to parents or guardians of children and youth with serious emotional disturbances or developmental disabilities. This planned break from the chronic stress of constant care-giving is noted frequently as the service that keeps families together.

Healthy Transitions Initiative
Maine's Healthy Transitions Initiative, Moving Forward, addresses the needs of youth and young adults ages 16-25 years old with serious emotional disturbances to transition from child serving systems (Mental Health, Child Welfare, Juvenile Justice) to adulthood and the community at large through the acquisition of greater personal skills, independence and healthy choices. This initiative utilizes an evidence–based practice (TIP model) to engage vulnerable youth and assists them in the identification of services and supports they need to be successful in the employment, education and overall personal health arenas.

Thrive: A Trauma-Informed System of Care
Thrive is the nation's first trauma-informed, comprehensive mental health system of care for children and youth with serious emotional disturbances. Thrive has developed an agency self-assessment to assist all contracted community-based providers across the state to review their policies and practices to assure they are sensitized and informed about the impact of trauma on children. Thrive also promoted and developed training and supervision opportunities for community clinicians in two evidenced-based treatment practices for children with a history of trauma. Effective treatment in a safe and respectful environment is crucial to avoiding life-long consequences and poor health outcomes. Exposure to trauma, if untreated, can interfere with the children's healthy brain

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

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Foster Care and Adoption Assistance-(0137)***
-	-	-	-	-	-	***Foster Care and Adoption Assistance-(0139)***
-	-	-	-	-	-	Adoption Assistance
-	-	-	-	-	-	Adoption Assistance (ARRA)
-	-	-	-	-	-	Case Management
4,275,000	5,587,917	5,000,000	-	-	-	Family Foster Care
-	-	-	-	-	-	Family Foster Care (ARRA)
-	-	-	-	-	-	Medical Services
-	-	-	-	-	-	Residential Services
-	-	-	-	-	-	***Fund for Healthy Maine Home Visitation-(0953)***
5,022,914	5,064,553	4,924,134	-	-	-	FHM Home Visitation

development and lead to mental health disorders. Children and youth with trauma histories have very high prevalence rates of other physical illnesses and chronic health conditions including obesity, diabetes and depression.

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 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.

Office of Child and Family Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2009	2010	2011	2009	2010	2011
Purchased Social Services-(0228)	**$ 5,569,616**	**$ 6,402,821**	**$6,667,979**	**$ -**	**$ -**	**$ -**
Community Support Services	1,352,454	1,535,382	1,443,918	-	56,313	50,000
Sexual Assault and Domestic Violence	2,480,017	2,374,384	2,251,484	2,492,554	2,485,911	2,264,206
Sexual Assault and Domestic Violence (ARRA)	-	-	-	-	104,184	362,112
Child Care	988,234	977,833	1,100,000	49,882	131,759	133,558
Administration	164,247	151,946	150,000	-	-	-
Miscellaneous Services	-	-	-	-	-	-
Supervised Visitation	36,939	-	-	-	-	-
Victims Witness Advocates	53,524	38,999	-	501,713	502,580	370,823
Central Office-(0307)	**2,346,606**	**2,345,713**	**2,259,755**	-	-	-
Central Office	2,052,664	2,370,688	2,211,676	2,826,422	2,509,569	2,667,995
Regional Operations-(0452)	**34,700,649**	**34,215,009**	**32,147,610**	-	-	-
Regional Operations	34,053,288	33,551,248	32,000,000	-	-	-

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 when 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 its 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.

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

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Purchased Social Services-(0228)***
-	-	-	3,628,794	6,047,343	4,838,069	Community Support Services
-	-	-	3,259,363	3,473,304	3,318,955	Sexual Assault and Domestic Violence
-	-	-	-	-	-	Sexual Assault and Domestic Assault (ARRA)
-	-	-	1,094,001	962,813	1,000,000	Child Care
-	-	-	244,740	192,644	366,000	Administration
-	-	-	-	-	-	Miscellaneous Services
-	-	-	1,524,503	625,433	612,703	Supervised Visitation
-	-	-	-	-	-	Victims Witness Advocates
-	-	-	-	-	-	***Central Office-(0307)***
166,493	83,902	125,197	-	-	-	Central Office
-	-	-	-	-	-	***Regional Operations-(0452)***
-	-	-	-	-	-	Regional Operations

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.

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.

Services and Spending - Child and Family Services

Office of Child and Family Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2009	2010	2011	2009	2010	2011
Homeless Youth-(0923)	**$ 401,760**	**$ 401,760**	**$ 401,760**	**$ -**	**$ -**	**$ -**
Homeless Youth	292,836	354,382	401,760	-	-	-
Head Start-(0545)	**2,448,875**	**2,448,875**	**2,448,875**	**-**	**-**	**-**
Head Start	2,443,514	2,441,940	2,448,875	42,724	119,261	125,000
Child Care Development Fund-(0563)	**300,000**	**300,000**	**300,000**	**-**	**-**	**-**
Child Care	282,349	299,592	300,000	-	-	-
Child Care (ARRA)	-	-	-	-	-	-
Fund for Healthy Maine-Head Start-(0959)	-	-	-	-	-	-
Fund For Healthy Maine Head Start	-	-	-	-	-	-
Fund for Healthy Maine-Purchased Social Services-(0961)	-	-	-	-	-	-
Child Care	-	-	-	-	-	-

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 families that can provide a permanent family for 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 option for youth when adoption is not appropriate.

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

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Homeless Youth-(0923)***
-	-	-	-	-	-	Homeless Youth
-	-	-	-	-	-	***Head Start -(0545)***
-	-	-	-	-	-	Head Start
-	-	-	-	-	-	***Child Care Development Fund-(0563)***
-	-	-	-	-	-	Child Care
-	-	-	-	982,858	5,700,000	Child Care (ARRA)
-	-	-	-	-	-	***Fund for Healthy Maine-Head Start-(0959)***
1,575,264	1,507,256	1,434,319	-	-	-	Fund For Healthy Maine Head Start
-	-	-	-	-	-	***Fund for Healthy Maine-Purchased Social Services-(0961)***
4,489,375	3,780,006	4,174,301	-	-	-	Child Care

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; "Heart Galleries" - photos of waiting children displayed across the state; brochures, posters and presentations. 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 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. 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.

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

Services and Spending - Child and Family Services

Early Childhood Services

The Early Childhood Division provides leadership to state government ensuring that Maine's early childhood services system addresses the needs of young children, shares common standards for quality, and respects the diversity and uniqueness of all Maine's children and their families. The division is responsible for the seamless integration of early intervention and prevention programs into the family-centered practices of the Office of Child and Family Services.

Home Visitation Services, Child Abuse and Neglect Councils

Home visitors who understand methods based on the best local and national research build trusting relationships and problem solving skills with new parents of children (0-5) and help families use natural supports. Child Abuse and Neglect Councils are focused on implementing evidence-based parenting education statewide in an enhanced partnership with Child Welfare.

The Maine Children's Growth Council

This Council, funded through the federal Early Childhood Systems Initiative and Head Start ARRA, is designed to move early childhood systems change and collaboration effectively.

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, including child care subsidies; 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. Most services of the Division are delivered through a contract-based system at the community level.

Enhancing the Professional Development of the Early Care and Education Workforce

The Maine Roads to Quality professional development system serves as the coordinating entity for early care and education training opportunities throughout the state. Maine Roads to Quality works in conjunction with the Resource Development Centers to disseminate training to providers.

Resource Development Centers

DHHS contracts with eight Child Care Resource Development Centers to make referrals to parents seeking child care, training to child care providers and to supply technical assistance to parents and providers.

Early Childhood Quality Rating System

The quality rating system, *Quality for ME,* is designed to recognize those programs that have met standards that exceed licensing and inform parents about quality as they select child care. Parents who purchase child care from a provider at Step 4 on *Quality for ME* receive a double dependent care tax credit on their Maine Income Tax. Technical assistance is available to providers seeking to improve quality. Providers receive a quality bump based on Step level in *Quality for ME.* Quality Rating Systems create a market incentive for providers to improve services and help the Legislature measure the impact of investments in child care quality.

Head Start State Collaboration Office

The Head Start State Collaboration Office works to promote interoperability between the Head Start data systems and those of state preschool and K-3 systems, collaborate to promote professional development through education and credentialing programs and support Head Start programs in participating in state quality programs such as *Quality for ME.*

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 to and support with law enforcement, medical, and legal procedures, transportation, training of crisis counselors, and community education. Currently there are 818 separate agencies (nine 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.

Community Action

Agencies provide an array of services in order to raise the health, education, and economic standards of Maine’s economically disadvantaged clients. These services include education, emergency services, employment, housing, income management, linkages, nutrition, and self-sufficiency.

Transportation

Transportation funds provide for the conveyance of eligible individuals to necessary destinations by means of private and/or public vehicles to enable persons who have no other reasonable means of transportation access to social and medical services.

Infant Mental Health

Residential parenting instruction for children and mothers referred by DHHS in order to regain or maintain custody of their child/children. Residents in the program receive life skills building, 1:1 parenting instruction, groups, individual therapy, medical services, and transportation.

Just The Facts - Office of Child and Family Services

Child Welfare

- √ There are currently 1,718 children and youth in foster care in Maine. 175 of them are young adults being served through a Voluntary Care Agreement. The remaining 1543 are 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.
- √ 6 percent (106 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, 375 children were reunified with their parents from foster care.
- √ By the end of 2009, 330 children were adopted out of foster care in that year. We expect that 290 will be adopted in 2010.
- √ In the last three years, an average of 18 percent of the foster care population has been adopted each year.
- √ There are currently 3,500 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 27 months in 2009.
- √ There are currently 1,418 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, 85 percent of all investigations are begun with face-to-face contact within 72 hours.

Just The Facts - Office of Child and Services

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, intellectual disabilities, or autism spectrum disorders.

√ CBHS serves more than 24,000 children & youth each year.

√ CBHS has one of the most comprehensive children's mental health systems of care in the country. The array of services and number of children served during FY09 is outlined below:

√ Case Management (9,163); Crisis Services (6,049); Outpatient Services (12,608); Medication Management (3,573); Children's Rehabilitative Community Services / RCS (1,492); Assertive Community Treatment / ACT (515); Respite Care (3,628); Individual Planning Funds (2,450); Home & Community Treatment / HCT (3,461); Residential Treatment (531); Homeless Outreach Services (1,915); Early

√ Intervention Services / birth-five (1,554) and Family Support Services (3,197).

√ Of the various community-based services noted above, children with behavioral health needs in Maine receive an average of 2.50 different types of services over a year time frame.

√ The development and enhancement of evidenced based treatments, active participation of youth and their families in the treatment process, improved staff training & certification processes and stronger collaboration and integration between child serving agencies has resulted in significant mental health functional improvements for children. For example, children receiving intensive home & community treatment services (HCT) showed an average improvement of 30 points on the Child & Adolescent Functional Assessment Score (CAFAS) after only 4-6 months of treatment.

√ The daily census of children served at out-of-state hospitals & residential programs has continued to significantly decline since the passage of Chapter 709 in April 1998 from a daily average of 260 children, to an average of 23 children in 2010. This results in a reduction in the daily census of 88.46%.

√ CBHS is the first Children's Mental Health Authority in the country to implement a System of Care Assessment of all contracted providers of children's mental health services. Each provider conducts a self-assessment and then receives a report indicating the level of competency on 6 domains. Providers are required to submit annual Continuous Quality Improvement Plans as part of their formal contracts with the Department. CBHS provides technical assistance and trainings to assist agencies in enhancing the accessibility & effectiveness of their services for children & their families.

Child Care Development Fund Child Care

√ There is no waiting list for subsidy.

√ The average number of children served per family is 2 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.

√ 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.

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.

√ Maine currently has the capacity to serve only an estimated 29.5% of the children who are income eligible for Head Start. In 2010, 3,813 children were enrolled. Of that number, 610 or 16 percent were children ages 0-3 years old.

√ Approximately 16 percent of children (0-3) in Early Head Start and 26% of children (3-5) were diagnosed with one or more disabilities.

√ 70% of Maine's Head Start parents are working, in job training or attending school.

√ Maine Families Home Visiting Program provided home-based parent education and support to positively impact the well-being of young children and their families. Using a national model and approach, as well as a well-trained professional staff, 2,580 families were reached with 21,050 visits completed in FY10.

√ Of those families served in FY10, 47 percent of the parents were 22 or younger when they had their first child; 62 percent were either single or partnering; 36 percent of families earned less than $10,000 annually; nearly 20 percent had not completed their high school education.

√ Screening for postpartum depression resulted in 10 percent of the women screened being referred on for related services.

√ Average length of enrollment increased to19 months.

√ A milestone was reached with the achievement of almost 50 percent of the families enrolled having been enrolled prenatally.

√ Evaluation results from tracking with a comprehensive data system reveal positive outcomes for families in areas of health, safety and child development.

Notes

Did You Know?

The number of children in state custody has dropped from more than 3,000 to approximately 1,750? For more information on safety measures, go to the DHHS Dashboard at www.maine.gov/dhhsdashboard and click on the 'safety' tab.

Services and Spending - Elder Services

Office of Elder Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2009	2010	2011	2009	2010	2011
Office of Elder Services-(0140)	**$ 5,854,744**	**$3,167,016**	**$3,231,395**	**$ -**	**$ -**	**$ -**
Administration on Aging	682,123	482,495	483,460	633,708	863,133	1,225,133
Adult Protective Services	703,830	318,906	319,542	16,458	21,734	24,000
Community Services	6,314,094	2,006,598	2,176,074	7,430,018	7,364,212	7,400,000
Community Services (ARRA)	-	-	-	-	532,117	-
Long Term Care	244,869	233,319	252,319	77,454	137,940	140,940
Intermediate Care Services-(0148)	**71,289,352**	**43,001,134**	**42,072,304**	**-**	**-**	**-**
Intermediate Care	39,383,023	32,126,771	42,072,304	193,341,621	209,878,520	243,856,016
Intermediate Care (ARRA)	-	-	-	18,777,800	34,761,829	-
Independent Housing-(0211)	**560,608**	**1,760,608**	**1,760,608**	**-**	**-**	**-**
Community Services	1,982,364	1,796,127	1,870,608	-	-	-

The Office of Elder Services (OES) maintains and enhances Maine's system of services and long-term supports in the community and protects the rights of older adults, people with disabilities, and their families in order to maximize the independence of people who are older or disabled. The Office of Elder Services also provides protective services to incapacitated or dependent adults and serves as the public guardian or the conservator for incapacitated adults who have no other family or friend to serve this function.

This is done by:

- Promoting a wide-variety of high-quality services needed by elders in their own communities,
- Enhancing and expanding Maine's system of long-term services and supports, and
- Protecting adults from all kinds of abuse, neglect, or exploitation.

Services for Elders in the Community

Community Programs assist older people to remain independent in their homes and communities. Most of these programs are provided by Maine's five Area Agencies on Aging, with funding support from the U.S. Administration on Aging and the U.S. Centers for Medicare and Medicaid Services through the Office of Elder Services.

Agencies on Aging / Aging & Disability Resource Centers (ADRCs)

The Office of Elder Services works with the Agencies on Aging to help adults of all ages, incomes, and disabilities learn about, and access, the full range of long-term care services and supports available in their communities.

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

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Office of Elder Services-(0140)***
-	-	-	-	-	-	Administration on Aging
-	502	-	-	-	-	Adult Protective Services
80,000	168,048	50,000	-	-	415,000	Community Services
-	-	125,000	-	-	-	Community Services (ARRA)
-	-	-	-	-	-	Long Term Care
-	-	-	-	-	-	***Intermediate Care Services-(0148)***
29,033,374	30,173,119	30,162,997	-	-	-	Intermediate Care
-	-	-	-	-	-	Intermediate Care (ARRA)
-	-	-	-	-	-	***Independent Housing-(0211)***
-	-	-	-	-	-	Community Services

These “ADRCs” highlight the full range of services that are available, provide objective counseling on options, information, advice, assistance, in order to empower people to make informed decisions about their service needs.

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 volunteers to assist Medicare beneficiaries 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 five-year grant for evidence-based disease prevention programs, including a chronic disease self-management program, *Living Well* and a falls-prevention program, *A Matter of Balance*. OES received an additional grant to focus on how to sustain the chronic disease self-management program financially into the future by embedding it into the existing and emerging healthcare systems statewide.

Services and Spending - Elder Services

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

	General Funds			Federal Funds		
	2009	2010	2011	2009	2010	2011
Home-based Care-(0420)	**$10,604,306**	**$12,383,444**	**$13,346,458**	**$ -**	**$ -**	**$ -**
Home-Based Care	9,250.062	9,177,826	13,346,548	-	-	-
MR/Elderly PNMI Room & Board-(Z009)	**10,814,379**	**6,500,083**	**6,274,174**	-	-	-
MR/Elderly PNMI Room & Board	8,190,617	9,930,285	6,274,174	-	-	-
Adult Protective Services-(Z040)	**5,558,485**	**5,992,962**	**5,720,468**	-	-	-
Adult Protective Services	5,699,456	5,946,823	5,720,468	-	-	-

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 are intended to lead to employment.

Adult Day Services ***(state-funded)***
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 ***(state-funded)***
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. Respite may also pay for a one time home modification needed to accommodate individuals continuing to live at home.

Independent Housing with Services / Affordable Assisted Living ***(state-funded)***
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).

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.

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

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Home-based Care-(0420)***
-	-	-	-	-	-	Home-Based Care
-	-	-	-	-	-	***MR/Elderly PNMI Room & Board-(Z009)***
-	-	-	-	-	-	MR/Elderly PNMI Room & Board
-	-	-	-	-	-	***Adult Protective Services-(Z040)***
13,890	115,066	126,528	-	-	-	Adult Protective Services

Training for Caregivers and Providers of Individuals with Dementia

Maine's Savvy Caregiver Project is a federally-funded training program based on the latest research that provides 12 hours of training for family caregivers of individuals with dementia. The interactive training enhances caregivers' knowledge, skills and attitude to effectively care for their family members and friends in the community.

Maine's Best Friends™ Program offers training for providers and caregivers to successfully interact and support individuals with dementia by using their life stories as the basis for what and how care is provided.

Legal Services for the Elderly (LSE)
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.

Long-Term Care Ombudsman (LTCOP)
The Office of Elder Services also advocates for the interests and rights of elders by contracting for a statewide Long-term Care Ombudsman. The Ombudsman and staff represent the interests of, and advocate on behalf of, individuals living in long term care facilities or receiving home-based long term care services.

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 for elders and adults with disabilities, including services at home and in long term care facilities. The Office recently 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. This "Chartbook for Older Adults and Adults with Disabilities: Population and Service Use Trends in Maine. 2010" may be found at http://www.maine.gov/dhhs/oes/publications.htm#chartbook.

Medical Assessment
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 and to delay or avoid inappropriate institutionalization. Eligibility for these programs is based on financial and medical eligibility. Medical eligibility is determined through an assessment process. This assessment is intended to provide timely and objective functional eligibility decisions; educate consumers and families about their choices; and support fair allocation of resources based on need.

The Office of Elder Services contracts with the statewide assessing agency to determine medical eligibility for services in nursing facilities, Appendix C private non-medical institutions (PNMIs) and several home care programs reimbursed through State funds as well as MaineCare. These programs are outlined below. To avoid a conflict of interest, the assessing agency may not be a provider of direct care services.

Service Coordination
Service coordination is provided for individuals who choose to receive services at home or in the community. The service coordinator is responsible for implementing and monitoring the plan of care and for providing the training needed for those individuals who wish to direct their own services. The Office of Elder Services has a contract for the provision of service coordination activities for the state-funded home based care program. Under the Maine Care programs, the care coordination agencies enroll directly with MaineCare to provide this service.

Home and Community Based Services: Home-Based Care
Enacted 30 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 of their care. Services may includes case management, nursing, therapies, personal care, homemaking, transportation and respite. These services include a consumer-directed option.

Independent Support 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.

Home and Community-Based Waiver Services
Adults who meet medical eligibility 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.

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.

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 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.

Hospice Services
MaineCare-funded hospice services include a range of interdisciplinary services provided 24 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.

Facility-Based Care:
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.

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 protects incapacitated or dependent adults, age 18 and over, from abuse, neglect and exploitation. Clients are typically elderly and have physical disabilities, mental illness, dementia, substance abuse issues and/or brain injury. Adult Protective Services' caseworkers provide intake, investigate reports of abuse or neglect and perform case management.

Intake
The Adult Protective Services' Intake Unit receives reports of abuse, neglect and exploitation, fields many inquiries regarding decisions that must be made on behalf of the public wards and provides information and referral.

Investigations
Adult Protective Services receives reports of abuse, neglect, and exploitation, investigates those reports and arranges for services to protect clients.

Public Guardianship and Conservatorship
Adult Protective Services 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. The program manages millions of dollars 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.

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.
- √ In 2008, 1249 individuals eligible for nursing home care choose to be cared for in their home.at.
- √ In 2008, 4.623, individuals received home care services in their homes.
- √ 14,435 meals were provided at meal sites or the home of individuals who cannot travel in FY'08.
- √ Counseling, outreach and information on insurance was provided to 34,305 persons in 2008.
- √ Funding provided to the Long Term Care Ombudsman Program and Legal Services for the Elderly is used to advocate for and protect the rights of older people. The Ombudsman Program investigated 1,217 complaints against facilities.
- √ Legal Services for the Elderly served 6,328 consumers in 2008.
- √ OES administers a Senior Community Service Employment Program for low income seniors, which is a training program designed to helpindividuals gain skills and find employment.
- √ This program helped 95 low income seniors gain employment in 2008..
- √ In 2008, 4,761 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.
- √ In 2008, Maine's elderly population (65+) had a poverty rate of 9.2%, just below the 9.3% elderly poverty rate of all of New England and the national rate of 9.9%. Maine ranked 24th in rate of poverty for person 65+ in the nation in 2008.
- √ The 2005-2007 Census reports 58 percent of Mainers 65+ below the FPL also reported a disability, compared to 39 percent reporting a disability if incomes were at or 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. In 2005 Maine ranked 36th with 39 beds per 1,000 people. By 2007, Maine ranked 38th among states in the number of nursing facility beds per 1,000 persons 65+ and in 2008 Maine had 35 beds per 1,000 older persons.

Notes

Did You Know?

34 percent of persons receiving long-term care were served by a Nursing Home? For more information on support services, visit the DHHS Dashboard at www.maine.gov/dhhsdashboard.

Services and Spending - Office of Substance Abuse Services

Office of Substance Abuse Services

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2009	2010	2011	2009	2010	2011
Office of Substance Abuse-(0679)	**$ 7,677,352**	**$ 7,607,679**	**$ 7,586,809**	**$ -**	**$ -**	**$ -**
Corrections	915,352	689,773	788,138	-	-	-
Treatment	5,712,762	5,499,655	5,610,204	1,194,231	723,732	1,042,523
Prevention	334,668	524,453	367,335	4,511,115	4,652,143	526,000
Driver Education and Evaluation Program-(0700)	**2,091,519**	**1,720,785**	**1,697,739**	-	-	-
DEEP	1,629,475	1,656,848	1,550,095	-	-	-
Office of Substance Abuse MaineCare Seed-(0844)	**2,675,153**	**1,856,896**	**1,802,537**	-	-	-
MaineCare Seed	2,055,851	2,118,498	1,802,537	4,818,291	5,041,914	4,526,876
Office of Substance Abuse Fund for Healthy Maine-(0948)	-	-	-	-	-	-
Fund for Healthy Maine	-	-	-	11,352,680	11,718,141	10,376,696

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:

Prevention Framework& Public Health Infrastructure

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.

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. We work collaboratively with the Department of Labor to build tools for businesses.

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

Office of Substance Abuse Services

Appropriations and Allocations, Actual and Projected Expenditures

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Office of Substance Abuse-(0679)***
-	-	-	-	-	-	Corrections
90,452	25,000	68,801	4,764,879	3,564,641	4,569,568	Treatment
2,146	1,118	2,428	1,658,286	1,513,736	1,567,851	Prevention
-	-	-	--	-	-	***Driver Education and Evaluation Program-(0700)***
-	-	-	-	-	-	DEEP
-	-	-	-	-	-	***Office of Substance Abuse MaineCare Seed-(0844)***
639,176	614,320	636,083	-	-	-	MaineCare Seed
-	-	-	-	-	-	***Office of Substance Abuse Fund for Healthy Maine-(0948)***
6,349,924	6,351,468	5,589,908	-	-	-	Fund for Healthy Maine

OSA Prevention Media Campaigns: ***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.

Party Smarter is an ad campaign that provides important information for adults about responsible alcohol use. It uses the three step strategy of Plan - Where are you going? Who are you going with? How are you getting home? Prepare - Eat, drink water, and make sure you take just enough money to have a good time. Leave the credit cards at home! Pace – Limit how much you drink in a night.

The Maine Integrated Youth Health Survey is a survey that monitors the health of Maine's youth. The data is used for improving health knowledge and skills, physical and behavioral health status, and program delivery in schools. Many state agencies and schools use the data for grant and other applications. The MIYHS is a collaborative effort with Department of Education and DHHS; specifically MCDC & OSA.

Drivers' Education and Evaluation Program

OSA administers the Risk Reduction Program, Driver Education Evaluation Program (DEEP) for drivers 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.

Services and Spending - Office of Substance Abuse Services

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.

The Office of Substance Abuse Treatment team assists contracted service providers with the coordination, planning, and implementation of alcohol and drug abuse programs. The Treatment Team staff is available to provide direct and indirect technical assistance and support for program development, content, and best practice resources. Through the competitive bid process, the Treatment Team participates in state and federal funding awards to programs. The OSA Treatment Team members are involved in a wide range of committees concerned with substance abuse, coexisting disorders of substance abuse and mental illness, and the treatment system.

The Office of Substance Abuse (OSA) Corrections & Criminal Justice Programming is focused on providing treatment services to correctional clients involved with the Maine Department of Corrections (MDOC). Working collaboratively with Substance Abuse treatment providers, the MDOC, and the Maine Judicial Branch and local jails across the state, OSA currently sponsors and/or manages many substance abuse treatment programs for this population. These programs include problem-solving drug courts for adults, families, and the co-occurring drug court for people with substance abuse and mental health issues.

The **Differential Substance Abuse Treatment System** (DSAT) is an evidenced-based addiction treatment system designed to reduce substance abuse and related criminal behavior within the Maine offender population. The term "differential" refers to not only the differentiation between the needs of men in substance abuse treatment and the needs of women in substance abuse treatment, but also to the level of substance use severity.

Did You Know?

One-third of adolescents completed outpatient programs for substance abuse? To view other treatment statistics and to learn more about various quality measures, go to the DHHS Dashboard at www.maine.gov/dhhsdashboard and click on the 'quality' tab.

Just The Facts - Office of Substance Abuse Services

√ OSA implemented a performance based contracting system with its outpatient substance abuse treatment providers back in SFY'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 receive incentive payments or financial penalties based on performance.

√ The 2009 Maine Integrated Youth Health Survey results indicate that 49% of the high school students who think that they will not be caught by their parents if they drink alcohol had consumed alcohol in the past 30 days, compared with 15% of students who think they are likely to be caught by their parents. This translates to high school students who think they will not be caught by their parents are 3.3 times as likely to drink. A key prevention strategy is to raise parental awareness about how monitoring their teens (and increasing the perception that they would get caught if they used) is one thing they can do to reduce underage drinking. One prevention strategy OSA implemented this year throughout the state was 'Table Talks.' 'Table Talks' is a facilitated discussion among a small group of parents to discuss how to network and prevent underage drinking.

√ More than 6300 people took in Driver Education Evaluation Program services in SFY'10). Prime for Life Programs were offered in 20 different communities statewide, from Presque Isle to Saco providing educational services to nearly 3700 participants.

√ The COSIG (Co-occurring State Infrastructure Grant) grant awarded by the Substance Abuse Mental Health Services Administration in 2005 is closing out and OSA continues to work with all state agencies with sustainability and spread working to emphasize the importance of integrated care which has become a national, best practice mandate.

√ OSA's sustainability of the NIATx process improvement work along with incentive-based contracting continues to increase admissions to outpatient and intensive outpatient services with shorter wait times with no additional state dollars being spent on services.

√ In SFY 2010 the data shows that for the first time alcohol has been displaced as the number one drug of choice for people entering substance abuse treatment. Admissions to Substance Abuse treatment for opiate dependence (heroin, narcotics, and methadone) exceeds that of alcohol dependence 44% to 42%.

Services and Spending - Integrated Access and Support

Office of Integrated Access and Support

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2009	2010	2011	2009	2010	2011
Child Support Enforcement and Recovery-(0100)	**$3,649,995**	**$ 3,415,877**	**$ 3,328,197**	**$ -**	**$ -**	**$ -**
Child Support Enforcement and Recovery	3,453,137	3,337,558	3,225,861	12,909,388	7,512,721	10,977,757
Child Support Enforcement and Recovery (ARRA)	-	-	-	-	5,386,081	1,123,102
General Assistance-(0130)	**5,974,622**	**6,854,622**	**7,429,318**	**-**	**-**	**-**
General Assistance	7,551,853	9,640,163	7,429,318	-	-	-
Supplemental Security Income-(0131)	**7,443,752**	**5,820,453**	**5,820,453**	**-**	**-**	**-**
Supplemental Security Income	5,728,567	5,828,186	5,540,561	-	-	-
Temporary Assistance for Needy Families-(0138)	**25,144,078**	**25,144,078**	**25,144,078**	**-**	**-**	**-**
Emergency Assistance	-	-	-	-	-	-
Parents As Scholars	1,926,696	1,744,868	1,535,371	-	-	-
Transitional Programs	227,686	-	-	-	-	-
ASPIRE	660,000	412,899	536,449	-	-	-
Child Support Collection	-	-	-	-	-	-
TANF	22,629,913	24,197,589	23,411,234	-	-	-
TANF (ARRA)	-	-	-	-	-	-

The Office of Integrated Access and Support determines eligibility for all public assistance programs, collects child support, and determines disability for the Social Security Administration. 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 benefit level and support services as TANF. It is for parents who are attending two- or four-year schools after high

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

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Child Support Enforcement and Recovery-(0100)***
3,087,606	3,058,423	3,073,014	-	-	-	Child Support Enforcement and Recovery
-	-	-	-	-	-	Child Support Enforcement and Recovery (ARRA)
-	-	-	-	-	-	***General Assistance-(0130)***
-	-	2,589,747	-	-	-	General Assistance
-	-	-	-	-	-	***Supplemental Security Income-(0131)***
-	-	-	-	-	-	Supplemental Security Income
-	-	-	-	-	-	***Temporary Assistance for Needy Families-(0138)***
-	-	-	1,094,674	1,183,050	1,351,246	Emergency Assistance
-	-	-	1,791,415	1,649,410	1,562,314	Parents As Scholars
-	-	-	15,982,387	12,922,414	11,834,342	Transitional Programs
-	-	-	-	-	-	ASPIRE
79,289,557	77,200,105	77,978,982	-	-	-	Child Support Collection
13,607,315	12,215,857	12,053,946	36,099,116	30,105,153	34,149,622	TANF
-	-	1,138,082	-	12,105,486	9,414,966	TANF (ARRA)

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

Alternative Aid Assistance
An alternative to the TANF 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.

Office of Integrated Access and Support

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2009	2010	2011	2009	2010	2011
Temporary Assistance for Needy Families ASPIRE-(0146)	**$ 6,880,832**	**$ 6,920,963**	**$ 6,835,607**	**$ -**	**$ -**	**$ -**
ASPIRE	7,397,260	6,811,000	6,740,216	-	-	-
Disability Determination Services-(0208)	-	-	-	-	-	-
Disability Determination	-	-	-	7,701,831	8,701,317	8,150,620
Regional Operations-(0453)	**14,926,816**	**16,608,741**	**14,299,689**	-	-	-
Regional Operations	14,321,784	15,570,592	13,417,250	-	-	-
Fund for Healthy Maine-(0954)	-	-	-	-	-	-
Fund for Healthy Maine	-	-	-	-	-	-
Food Supplement-(Z019)	**2,168,646**	**2,179,203**	**2,178,150**	-	-	-
Food Supplement	2,306,002	2,174,096	2,195,067	1,203,360	1,064,272	647,856
Food Supplement (ARRA)	-	-	-	90,530	1,393,758	2,206,026
Central Office-(Z020)	**3,365,059**	**3,078,535**	**3,130,188**	-	-	-
Central Office	4,923,994	5,791,909	4,191,223	-	70,431	232,482

Transitional Transportation – This benefit pays a portion of a parent's travel 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 goes down to $75 the second year and $50 in year three. If at any time, a recipient becomes eligible for TANF, they no longer qualify for Worker Supplement.

Additional Support for People In Retraining and Employment (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.

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.

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			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Temporary Assistance for Needy Families ASPIRE-(0146)***
-	-	-	24,334,250	21,982,179	19,722,180	ASPIRE
-	-	-	-	-	-	***Disability Determination Services-(0208)***
-	-	-	-	-	-	Disability Determination
-	-	-	-	-	-	***Regional Operations-(0453)***
11,015,577	15,019,724	13,003,629	-	-	-	Regional Operations
-	-	-	-	-	-	***Fund for Healthy Maine-(0954)***
55,500	87	-	-	-	-	Fund for Healthy Maine
-	-	-	-	-	-	***Food Supplement-(Z019)***
-	-	-	-	-	-	Food Supplement
-	-	-	-	-	-	Food Supplement (ARRA)
-	-	-	-	-	-	***Central Office-(Z020)***
8,219,642	7,866,917	6,377,144	-	-	-	Central Office

Recovery –This unit recovers funds from people who have received benefits they were not entitled to from all OIAS programs.

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. This is 100% federally funded by the Social Security Administration.

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.

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.

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.

Maine Center for Disease Control and Prevention

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2009	2010	2011	2009	2010	2011
Bureau of Health-(0143)	**$ 7,904,870**	**$10,929,245**	**$ 8,867,001**	**$ -**	**$ -**	**$ -**
Chronic Disease	577,497	614,353	621,754	4,463,283	5,239,459	5,027,552
Environmental Health	721,032	1,771,360	756,316	4,137,308	3,623,590	4,697,825
Women, Infants & Children	-	544	-	22,921,264	22,704,180	20,631,910
Public Health Nursing	3,015,405	3,133,472	2,757,180	-	-	-
Public Health Emergency Preparedness	198	81	-	7,833,870	11,001,693	8,958,417
Public Health Emergency Preparedness (ARRA)	-	-	-	-	1,716,029	-
Public Health Laboratory	615,429	758,794	710,472	60	-	135,000
Special Needs	3,880	63,790	-	482,171	184,988	150,000
Oral Health	-	96,376	22,760	363,456	549,661	590,520
Integrated Systems Development	153	24,233	-	17,628	152,271	223,017
Healthy Maine Partnerships	452	3,922	-	1,111,226	911,408	1,611,253
Healthy Maine Partnerships (ARRA)	-	-	-	-	3,109	5,483,239
Infectious Disease	651,557	1,905,033	2,598,744	7,415,495	7,717,426	7,411,452
Infectious Disease (ARRA)	-	-	-	458,970	31,455	940,954

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 entire 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, it was created by the Legislature with assistance from the Maine Medical Association with the goal to collect vital records and to monitor disease, while also coordinating and assisting physicians to control outbreaks of disease. For many years the agency was known as the Bureau of Health. 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			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Bureau of Health-(*0143)**
60,301	13,639	53,820	-	-	47,265	Chronic Disease
2,178,085	1,737,063	2,387,470	-	-	-	Environmental Health
-	1,042	3,484	-	13,179	-	Women, Infants & Children
358,123	434,849	198,718	-	-	-	Public Health Nursing
10,591	9,453	-	225	-	-	Public Health Emergency Preparedness
-	-	-	-	-	-	Public Health Emergency Preparedness (ARRA)
3,986,423	4,026,982	4,134,416	-	-	-	Public Health Laboratory
411,765	762,700	762,700	-	-	-	Special Needs
-	11,168	-	-	-	-	Oral Health
-	-	-	-	-	-	Integrated Systems Development
95,323	848	2,846	-	-	110,827	Healthy Maine Partnerships
-	-	-	-	-	-	Healthy Maine Partnerships (ARRA)
1,428,502	1,004,554	748,000	64,307	60,133	73,651	Infectious Disease
-	-	-	-	-	-	Infectious Disease (ARRA)

The Maine CDC's overarching goals are *for all Maine people to live longer and healthier lives, to eliminate health disparities, and to become the healthiest state in the nation.*

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, work, attend school, and play. Programs include: the Partnership for a Tobacco 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. Programs include: Drinking Water, Health Inspection, Environmental and Occupational Health, Wastewater, and Radiation Control.

Family Health uses population-based public strategies to address the health of certain segments of the population. Programs include: Public

Maine Center for Disease Control and Prevention

Appropriations and Allocations, Actual and Projected Expenditures

	General Fund			Federal Funds		
	2009	2010	2011	2009	2010	2011
Maternal and Child Health-(0191)	$ -	$ -	$ -	$ -	$ -	$ -
Integrated Systems Development	-	-	-	282	6,134	-
Public Health Nursing	-	-	-	-	-	-
Special Needs	-	-	-	712,897	777,805	893,035
Oral Health	-	-	-	150,795	165,235	160,000
Fund for Healthy Maine-(0953)	-	-	-	-	-	-
Oral Health	-	-	-	-	-	-
Community/School Grants & Statewide Coordination and Local Essential Public Health Services	-	-	-	-	-	-
Maternal & Child Health-(Z008)	**4,836,893**	**4,316,326**	**4,659,043**	-	-	-
Special Needs	1,412,503	1,107,696	1,228,120	-	-	-
Oral Health	375,184	29,400	29,400	-	-	-
Public Health Nursing	202,883	202,139	211,848	-	-	-
Integrated Systems Development	1,575,813	1,530,434	1,569,154	-	-	-

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.

Infectious Disease focuses on preventing and controlling infectious diseases. Programs include: Immunization; Infectious Disease 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 and Performance Improvement.

There are several cross-agency priorities for Maine CDC.

Accreditation

Accreditation for public health agencies will be available in the next one to two years. Maine CDC is working to meet the accreditation standards set by the Public Health Accreditation Board (PHAB) and anticipates submitting an application for accreditation in 2012.

Healthy Maine 2020

The federal (U.S. DHHS) Healthy People 2020 is a 10-year public health assessment and plan that is anticipated to be launched in December 2010. Maine CDC plans to launch the Maine version of this, Healthy Maine 2020, in 2011 or early 2012. It is possible for Healthy Maine 2020 to serve as the State Health Plan for 2012 – 2013.

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

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***Maternal and Child Health-(0191)***
-	-	-	5,021	5,886	8,896	Integrated Systems Development
-	-	-	1,319,132	1,312,365	1,227,673	Public Health Nursing
-	-	-	2,264	28	-	Special Needs
-	-	-	32,161	34,225	45,567	Oral Health
-	-	-	-	-	-	***Fund for Healthy Maine-(0953)***
1,043,202	944,846	966,336	-	-	-	Oral Health
16,504,696	16,584,481	16,322,036	-	-	-	Community/School Grants & Statewide Coordination and Local Essential Public Health Services
-	-	-	-	-	-	***Maternal & Child Health-(Z008)***
-	-	-	-	-	-	Special Needs
-	-	-	-	-	-	Oral Health
-	-	-	-	-	-	Public Health Nursing
-	-	-	-	-	-	Integrated Systems Development

Health Reform
Maine CDC has been heavily involved with implementing various aspects of national health reform in Maine. Some examples include: applying for and receiving over $5 million in annual federal competitive grants; linking public health and health care data through several statewide health information initiatives; working with federally qualified health centers to expand services and/or access points; and working with Maine's educational institutions to expand the health care workforce. Additionally, the Maine CDC Director and some senior staff participate in several health reform planning and implementation efforts, such as the Advisory Council on Health Systems Development.

Maine's Emerging Public Health Infrastructure
A number of changes have occurred 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.

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

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

	General Fund			Federal Funds		
	2009	2010	2011	2009	2010	2011
United Cerebral Palsy-(0107)	**$ 18,900**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
United Cerebral Palsy	12,600	-	-	-	-	-
Treatment of Cystic Fibrosis-(0167)	**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	37,869	37,869	37,869	-	-	-
Data, Research and Vital Statistics-(Z037)	**484,773**	**1,142,153**	**1,322,072**	-	-	-
Data, Research and Vital Statistics	500,263	1,122,637	1,322,072	181,253	283,584	408,304

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. After a report was submitted by the PHWG to the Legislature in December, 2007, the results of the report were put into a legislative bill, which was introduced and passed in 2009. As a result of the work of the PHWG and the Legislature, many changes form a more efficient and effective statewide public health system, which is described in brief below.

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 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

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

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
$ -	$ -	$ -	$ -	$ -	$ -	***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)***
516,565	655,351	722,526	75,291	77,973	67,389	Data, Research and Vital Statistics

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. 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.

Did You Know?

Maine's teen pregnancy rate, once the highest nationally, is now 40% below the national average? For more information on public health topics, including comparisons of county, state and national data, visit the DHHS Dashboard at www.maine.gov/dhhsdashboard and click on the 'health' tab.

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. Every year, Maine CDC logs about 42,000 such events, issues17,000 records to the public, processes 4,500 amendments and corrections, performs 3,700 verifications of records to state and federal agencies, and answers 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 (out of those infectious diseases that are required to be reported to us)..
- √ 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 few years, the numbers of Mainers with diabetes has tripled, from ~33,000 in 1995 to ~90,000 in 2009. Likewise, the percent of the adult population in Maine with diabetes has moved from 3.5 percent to 8.5 percent. This dramatic increase is concurrent with the doubling of obesity rates.
- √ Maine has one of the most successful tobacco use cessation/prevention 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's high school smoking rate has risen slightly this past year, and warrants caution.
- √ 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 about 200 in 2003 and to 135 in 2008. Screening for lead poisoning continues to rise, approaching 50 percent children ages 1 and 2.

Fund for a Healthy Maine Allocations and Expenditures

Program Category	Approp #	Fund For A Healthy Maine 2009	2010	2011
Maine Center for Disease Control and Prevention				
Fund For Healthy Maine	0953			
Program Expenditures				
Tobacco Prevention & Control		$ 6,729,312	$ 7,012,981	$ 6,764,506
Community/School Grants & Statewide Coordination		$ 7,866,688	$ 7,952,869	$ 7,663,729
School-Based Health Centers		$ 626,390	$ 536,877	$ 561,414
Oral Health Sliding Fee Scales		$ 960,717	$ 776,249	$ 677,726
Start-up & Expansion of Community-Based Programs		$ 15,726	$ 151,204	$ 250,000
Local Essential Public Health Services		$ 1,462,393	$ 1,365,572	$ 1,442,479
FHM - Family Planning	0956	$ 884,240	$ 448,183	$ 425,061
FHM - Donated Dental	0958	$ 39,288	$ 40,654	$ 38,610
FHM - Bone Marrow Screening (Human Leukocyte Antigen Program)	0962	$ 74,515	$ 40,806	$ 84,940
FHM - Immunization (Influenza and Pneumonia Vaccines)	Z048	$ 1,257,979	$ 1,090,710	$ 1,139,670
Office of Child and Family Services				
FHM - Home Visitation	0953	$ 5,022,914	$ 5,064,553	$ 4,924,134
FHM - Purchased Social Services	0961	$ 4,489,375	$ 3,780,006	$ 4,174,301
FHM - Headstart	0959	$ 1,575,264	$ 1,507,256	$ 1,434,319
Office of Integrated Access and Support	0954	$ 55,500	$ 87	$ -
Office of Substance Abuse	0948	$ 6,349,924	$ 6,351,468	$ 5,589,908
Office of MaineCare				
FHM - Bureau of Medical Services	0955	$ 36,301	$ 8,573	$ 1,065
FHM - Service Center (LRS)	0957	$ 716,912	$ 745,034	$ 359,653
FHM - Medical Care	0960	$ 7,407,490	$ 6,001,113	$ 5,588,774
FHM - Drugs for the Elderly and Disabled	Z015	$ 11,488,182	$ 12,839,107	$ 12,352,950

MaineCare Services

Office of MaineCare Services

MaineCare through MECMS

MaineCare through MECMS	FY 2009	FY 2010	Monthly Average Eligibles
Traditional Medicaid	$ 172,376,494	$ 164,034,960	232,066
S-CHIP Medicaid Expansion	3,508,284	2,963,846	10,033
S-CHIP "Cub Care"	1,535,944	1,518,313	5,018
Medicaid Expansion Parents - 101% FPL To 150% FPL	12,096,650	11,100,789	20,101
Medicaid Expansion Parents - 151% FPL To 200% FPL	3,233,608	3,214,109	6,300
Childless Adult Waiver	15,126,426	13,076,543	11,798
MaineCare AND DEL/ Me Rx	2,389,391	2,884,569	39,431
DEL/ Me Rx Only	645,374	502,997	47,580
Other	233,408	108,406	
Total	**$ 211,145,578**	**$ 199,404,533**	

MaineCare is Maine's Medicaid program. Medicaid is the largest single payer of health care services nationally. 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.

Program Management includes a project management office and 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.

State Medicaid programs must provide mandatory services, as outlined by the federal Center for Medicare and Medicaid Services, to

MaineCare through MEPOPS	FY 2009	FY 2010
Traditional Medicaid	$ 1,462,701,402	$ 1,451,755,145
S-CHIP Medicaid Expansion	16,881,999	16,704,126
S-CHIP "Cub Care"	7,122,481	7,213,486
Medicaid Expansion Parents - 101% FPL To 150% FPL	19,334,235	21,434,615
Medicaid Expansion Parents - 151% FPL To 200% FPL	5,242,288	5,658,331
Childless Adult Waiver	21,714,128	23,284,322
MaineCare AND DEL/ Me Rx	76,439	155,155
DEL/ Me Rx Only	41,570	26,308
Other	10,601,893	11,633,504
Total	**$ 1,543,716,433**	**$ 1,537,864,992**

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 June 2010, nearly 190,000 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. There are also two initiatives in place that effectively manage particular populations in Maine. They are:

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 80 percent of MaineCare costs. In addition to managing care for high-cost members, Schaller Anderson also performs utilization management for 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

Office of MaineCare Services
MaineCare Hospital Estimates

MaineCare Hospital Estimates	FY 2009	FY 2010
Traditional Medicaid	$ 456,352,861	$ 500,590,460
S-CHIP Medicaid Expansion	6,790,358	7,768,857
S-CHIP "Cub Care"	3,742,588	4,013,635
Medicaid Expansion Parents - 101% FPL To 150% FPL	30,185,595	34,950,865
Medicaid Expansion Parents - 151% FPL To 200% FPL	1,998,185	10,161,610
Childless Adult Waiver	35,321,861	36,969,945
MaineCare DEL/ Me Rx	5,564	10,758
DEL/ Me Rx Only	-	11
Other	1,048,754	777,973
Total*	**$ 542,445,766**	**$ 595,244,114**

integrated into local primary care physician practices, 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.

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. Referrals 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 MaineCare expenditures for members where there is an identified liable party. During FY'09, TPL avoided or recovered almost $22 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, nearly 11.5 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 Program (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. The total PHIP savings in FY'09 was $928,348. There are approximately 814 members in PHIP. 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 2009	FY 2010
Traditional Medicaid	$ 2,091,430,757	$ 2,116,380,565
S-CHIP Medicaid Expansion	27,180,641	27,436,829
S-CHIP "Cub Care"	12,401,013	12,745,434
Medicaid Expansion Parents - 101% FPL To 150% FPL	67,026,149	71,311,730
Medicaid Expansion Parents - 151% FPL To 200% FPL	40,429,070	42,697,014
Childless Adult Waiver	43,797,757	45,842,385
MaineCare DEL/ Me Rx	2,471,394	3,050,482
DEL/ Me Rx Only	686,944	529,316
Other	11,884,055	12,519,883
Total * 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	**$ 542,445,766**	**$ 2,332,513,638**

Drugs for the Elderly

The Low Cost Drug Benefit (DEL) is funded by an appropriation from the general fund; it is not federally funded. The state also works with pharmaceutical manufacturers to participate in our rebate program. To qualify a person must be 62 or older or 19 or older and disabled.

Under this benefit the state pays 80 percent of the cost of drugs for the following diseases, as long as the manufacturer has a signed rebate agreement under the DEL benefit: Diabetes, Heart Disease, High Blood Pressure, Chronic Lung Disease, Emphysema and Asthma, Arthritis, Anticoagulation, Hyper- lipidemia (High Cholesterol), Incontinence, Thyroid Disease, Osteoporosis (Bone Density Loss), Parkinson's Disease, Glaucoma, Multiple Sclerosis, and ALS (Lou Gehrig's Disease). The state will also pay 80% of generic drugs providing the manufacturer has a signed rebate agreement for that drug. Only those name brand drugs covered under DEL as of May 31, 2001 count towards the catastrophic cap. After $1,000 has been spent on these eligible prescription drugs, the state will pay 80% of the cost of these drugs, regardless of disease. The drugs must be medically necessary and supplied from companies with an agreement. The state will track these drug costs for the member from August 1 each year to July 31 of the following year.

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 for brand and a flat $2.50 for generic, and
- 80 percent of cost of MaineCare-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 $2830 for each eligible member and until the member spends $4550 for the cost of prescription drugs. This gap in coverage is called the "donut hole". MaineCare will pay 80% of the cost of MaineCare covered drugs when they are in the coverage gap. Nearly 375,437 MaineCare and CHIP members receive a pharmacy benefit.

Medicaid Expenditures

	General Fund			Federal Funds		
Appropriation Name & Approp.	2009	2010	2011	2009	2010	2011
Office of MaineCare Services						
Bureau of Medical Services-(0129)	$ 22,920,027	$ 28,758,759	$ 30,531,169	$ 58,607,779	$ 58,784,259	$ 71,226,085
Bureau of Medical Services—ARRA	-	-	-	-	1,012,408	-
Medical Care Services-(0147)	347,514,958	263,752,480	149,020,905	980,594,420	970,707,946	942,778,389
Medical Care Services—ARRA	-	-	-	143,695,330	237,342,021	154,812,095
Drugs for Maine's Elderly-(0202)	3,982,680	1,176,556	4,963,515	-	-	-
Maine RX Dedicated Fund-(0927)	18,000	151,980	106,624	-	-	-
FHM - Bureau of Medical Services-(0955)	-	-	-	-	-	-
FHM - Medical Care-(0960)	-	-	-	13,243,444	11,071,755	10,374,591
FHM - Drugs for the Elderly & Disabled-(Z015)	-	-	-	-	-	-
Prescription Drug Academic Detailing	-	-	-	-	-	-
Office of Elder Services						
Intermediate Care-(0148)	39,383,023	32,126,771	42,072,304	193,341,621	209,878,520	243,856,016
Intermediate Care (ARRA) (0148)	-	-	-	18,777,800	34,761,829	-
MR/Elderly PNMI Room & Board-(Z009)	8,190,617	9,930,285	6,274,174	-	-	-
Office of Adults with Cognitive and Physical Disability Services						
Developmental Disability-Medicaid-(0705)	15,157,810	17,384,610	5,240,293	56,983,487	62,340,019	40,035,362
Residential Treatment Facility Assessment-(0978)	-	-	-	2,903,879	3,504,317	2,884,091
Medicaid Waiver-(0987)	76,106,570	57,740,520	57,990,262	136,066,750	106,528,386	107,648,875
Developmental Disability Supports Waiver-(Z006)	5,234,133	5,186,869	4,702,896	9,357,818	9,569,515	8,730,112
Brain Injury-(Z041)	135,681	118,475	108,727	1,813	75,074	143,277
Office of Child & Family Services						
Children's Mental Health Services - Medicaid-(0731)	38,360,430	31,996,303	15,543,097	68,582,503	59,031,586	28,853,067
Office of Adult Mental Health Services						
Mental Health - Medicaid-(0732)	30,488,760	23,773,089	24,119,925	64,605,855	53,622,012	54,543,488
RPC-Disproportionate Share-(0733)	11,006,323	10,449,966	9,919,166	-	-	-
DDPC-Disproportionate Share - (0734)	8,587,690	7,769,178	7,433,610	-	-	-
Office of Substance Abuse Services						
OSA - Medicaid-(0844)	2,055,851	2,118,498	1,802,537	4,818,291	5,041,914	4,526,876
Fund for Healthy ME OSA-(0948)	-	-	-	11,352,680	11,718,141	10,376,696

Medicaid Expenditures

Special Revenue Funds			Block Grant Funds			
2009	2010	2011	2009	2010	2011	
						Office of MaineCare Services
$ 325,115	$ 164,876	$ 1,468,917	$ 7,353,303	$ 260,983	$ 795,334	***Bureau of Medical Services-(0129)***
-	-	-	-	-	-	***Bureau of Medical Services—ARRA***
120,773,132	114,393,544	139,958,791	27,780,417	28,813,827	25,397,323	***Medical Care Services-(0147)***
-	-	-	-	-	-	***Medical Care Services—ARRA***
677,555	-	-	-	-	-	***Drugs for Maine's Elderly-(0202)***
257,194	4,843	500	-	-	-	***Maine RX Dedicated Fund-(0927)***
36,301	8,573	1,065	-	-	-	***FHM - Bureau of Medical Services-(0955)***
7,407,490	6,001,113	5,588,774	-	-	-	***FHM-Medical Care-(0960)***
11,488,182	12,839,107	12,352,950	-	-	-	***FHM - Drugs for the Elderly & Disabled-(Z015)***
19,029	193,779	500	-	-	-	***Prescription Drug Academic Detailing***
						Office of Elder Services
29,033,374	30,173,119	30,162,997	-	-	-	***Intermediate Care-(0148)***
-	-	-	-	-	-	***Intermediate Care (ARRA***
-	-	-	-	-	-	***MR/Elderly PNMI Room & Board-(Z009)***
						Office of Adults with Cognitive and Physical Disability Services
16,714,912	16,404,930	16,326,687	-	-	-	***Developmental Disability - Medicaid-(0705)***
1,624,234	1,899,410	1,553,655	-	-	-	***Residential Treatment Facility Assessment-(0978)***
-	-	-	-	-	-	***Medicaid Waiver-(0987)***
-	-	-	-	-	-	***Developmental Disability Supports Waiver-(Z006)***
-	-	-	-	-	-	***Brain Injury-(Z041)***
						Office of Child & Family Services
-	-	-	-	-	-	***Children's Mental Health Services - Medicaid-(0731)***
						Office of Adult Mental Health Services
5,647,401	5,291,117	5,262,557	-	-	-	***Mental Health - Medicaid-(0732)***
19,677,599	19,279,667	18,413,213	-	-	-	***RPC Disproportionate Share(0733)***
15,353,459	14,333,748	13,799,209	-	-	-	***DDPC-Disproportionate Share-(0734)***
						Office of Substance Abuse Services
639,176	614,320	636,083	-	-	-	***OSA - Medicaid-(0844)***
6,349,924	6,351,468	5,589,908	-	-	-	***Fund for Healthy ME OSA-(0948)***

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

1

People who get TANF get the benefit forever.

Real Facts: Since the program began in 1996, **93,523** 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.

2

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.

3

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.

4

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.

5

People are moving to Maine because of it rich benefits.

Real Facts: Maine has the lowest TANF benefit in New England. Over the last 6 years, 3 times as many people on welfare left Maine than moved in.

6

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.

7

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.

8

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.

9

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

Real Facts: The maximum benefit for a family of three is $485 per month, 68% *below* the federal poverty level. Even when food stamps are added, TANF families are 37% *below* the federal poverty level**.**

10

Why don't people just get a real job?

Real Facts: To meet TANF Work Participation Requirements, a single parent needs to participate in a work related activity for 30 hours a week (20 hours if they have a child under 6). In two parent TANF families, more than 30 hours of participation is required.

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

Case Management

Chiropractic Services

Dental Services

Dentures

Diagnostic Services

Home and Community Based Services for Individuals with Disabilities and Chronic Medical Conditions

Hospice Care

Intermediate Care Facility Services

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+ in Psychiatric Institutions

Speech, Hearing, and Language Therapy

Frequently Used Acronyms

AAA	Area Agencies on Aging
AMH	Augusta Mental Health
AMHI	Augusta Mental Health Institute (now Riverview Psychiatric Center)
AMR	Adult Mentally Retarded
APS	Adult Protective Services
ARRA	American Recovery and Reinvestment Act
ASPIRE	Additional Support for Retraining and Employment
BEAS	Bureau of Elder Adult Services
BCFS	Bureau of Child and Family Services
BOH	Bureau of Health
BMH	Bureau of Mental Health
BMHI	Bangor Mental Health Institute
BRAP	Bridging Rental Assistance Program
CAB	Community Advisory Board (Community Consent decree)
CBT/DBT	Cognitive Behavioral Therapy, Dialectical Psychoeducation
CDC	Center on Disease Control
CEI	Coastal Enterprises Inc.
CF	Cystic Fibrosis
CHIPS	Child Health Insurance Program (also SCHIPS - State CHIPS)
CHN/PHN	Children with Special Health Needs/Public Health Nursing
CIAT	Commissioner's Implementation Advisory Team
CIP	Community Intervention Programs
CMPW	Class Member Public Wards
CMS	Centers for Medicaid and Medicare Services
COT	Committee on Transition
CPI	Consumer Price Index
CSS	Community Service Centers
DEEP	Driver Education and Evaluation Programs
DEL	Drugs for the Elderly and Disabled Program
DOL	Department of Labor
DVR	Division of Vocational Rehabilitation
EBP	Evidence Based Practice
EIM	Elder Independence of Maine
EMMC	Eastern Maine Medical Center
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment services for children
FFP	Federal Financial Participation
FHM	Fund For a Healthy Maine
FTE	Full Time Equivalent
FQHC/RHC	Federally Qualified Health Centers/Regional Health Centers
GA	General Assistance Program
GF	General Fund

GHS	Gould Health Systems
GIPRA	Government Improvement, Performance & Results Act
HBC	Home Based Care
HCBS	Home and Community Based Services
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMP	Healthy Maine Prescription Program
ICF\MR	Intermediate Care Facilities for the Mentally Retarded
ICM	Integrated Case Management
LSE	Legal Services for the Elderly
LTCOP	Long-Term Care Ombudsman Program
MeCASA	Maine Court Appointed Special Advocates
MAMHS	Maine Assoc. of Mental Health Services
MAP	Medical Assistance Payments but now Medical Care - Payment to Providers
MCH	Maternal and Child Health Program
MCHBG	Maternal Child Health Block Grant
MMC	Maine Medical Center
MOE	Maintenance of Effort
MR	Mental Retardation
NAMI	National Alliance for the Mentally Ill
NF	Nursing Facilities
NPCR	National Program for Cancer Registries
OHP	Office of Health Policy
OHP	Oral Health Program
OSA	Office of Substance Abuse
OT	Occupational Therapy
OT	Over Time
PCS	Personal Care Services
PDN	Private Duty Nurse
PT	Physical Therapy
PT	Part Time
PaS	Parents as Scholars
PHN/W&CPHS	Public Health Nursing/Women & Children Preventive Health Services
PNMI	Private Non-Medical Institutions
PSSP	Priority Social Services Program
QI	Quality Improvement
RFP	Request For Proposal
RPC	Riverview Psychiatric Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SAPTBG	Substance Abuse Prevention and Treatment Block Grant
SFY	State Fiscal Year
SSI	Supplemental Security Income
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
IV-E Funding	Title IV-E of the Social Security Act (Federal): subsidizes foster care