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MEMORANDUM

TO: Joint Standing Committee on Health and Human Services
FROM: Department of Health and Human Services
DATE: March 14, 2019
RE: Responding to questions re: Budget Group A

PUBLIC HEALTH (NOT INCLUDING FHM)

What do the limited period Chemists do? Environmental or blood testing?

The LPP Chemists provide environmental testing and analysis. The CDC also does blood lead testing through the Health and Environmental Testing Lab (HETL), but can do this within existing resources in the baseline. Related to the requested extension of these limited period positions and the initiative for additional CDC staff support, more blood lead testing will identify more lead poisoned children which will trigger statutory mandates for more inspections to identify lead hazards. Therefore, more environmental samples (dust, soil, water) will need to be analyzed for lead.

Describe all funds that are being spent on lead and tobacco (separately)

Lead Testing and Prevention Funding, Annually

Source	Description	Justification	Amount
GF	Personnel and related all other for case management services (~80 cases/year): 1 Environmental Specialist III, 1 Nurse Education Consultant, funding for All Other costs.	To carry out the mandates of Lead Poisoning Control Act, 22 MRS Ch 252, to provide inspections of dwelling units in the homes of lead poisoned children and to order the removal of lead hazards.	\$160,000

FHM	Supports 5 limited-period Environmental Specialist III positions previously continued in PL 2017, Chapter 284, Part LLLL and provides funding for All Other Costs	Public Law 2015, Chapter 267, Part LLLL amended the definition of "lead poisoning" in the Lead Poisoning Control Act, effectively lowering the blood lead threshold from when the Department must perform inspections to identify lead hazards from 15 ug/dL to 5 ug/dL. The number of children identified as lead poisoned went from approximately 80 per year to more than 400 per year.	\$429,335
FHM	Supports costs of contracted services for mandated environmental inspections of dwellings in response to identifying a lead poisoned child and costs associated laboratory services to analyze dust, soil, and water samples collected during inspections	Public Law 2015, Chapter 267, Part LLLL amended the definition of "lead poisoning" in the Lead Poisoning Control Act, effectively lowering the blood lead threshold from when the Department must perform inspections to identify lead hazards from 15 ug/dL to 5 ug/dL. The number of children identified as lead poisoned went from approximately 80 per year to more than 400 per year.	\$461,847
LPPF	Supports lead poisoning prevention activities identified as designated uses of the fund including contracts with communities for educational outreach programs, ongoing media campaign including targeted education mailing with offers of free lead dust kits, and implementation of a Lead Safe Housing Registry.	22 MRS §1322-F established the Lead Poisoning Prevention Fund supported by a fee imposed at the manufacturer or wholesale level in the amount of \$0.25 per gallon of paint sold in the State. 22 MRS §1322-E sets out the prevention purposes of the fund established by PL 2005 Chapter 403. <i>*LPPF = Lead Poisoning Prevention Fund</i>	\$936,918
Fed CDC	Federal CDC funding to strengthen childhood lead poisoning prevention activities including improved blood lead testing, surveillance, reporting, linking children to services, and targeted population-based prevention activities. The grant was awarded on 9/2017 and will continue until 9/29/2020.	Primary support for: epidemiological capacity to routinely analyze blood lead data and report data to the federal CDC; a manager to oversee linking of lead poisoned children to public health services; informatics necessary to support funded activities. Authorized to accept funds under 22 MRS §1315-A .	\$404,685

Current Tobacco Prevention Funding through FHM

Personnel (5 current staff + benefits)	\$433,766
Contractual Services	
Rinck Advertising (Media campaign)	\$300,000
MaineHealth (Prevention)	\$931,511
MaineHealth (Treatment & HelpLine)	\$1,100,000
ISN (Synar inspectors)	\$102,752
Partnership for Health (MPS Evaluators)	\$288,478
Change Health Pharmacy (Cessation med vouchers)	\$350,400
Issues and Answers (BRFSS Contractor)	\$99,100

- Synar inspectors conduct unannounced inspections of tobacco sales outlets to ensure compliance with age restrictions.
- MPS stands for Maine Prevention Services and has 5 domains – Substance Use Prevention, Tobacco Use and Exposure Prevention, Youth Engagement, Mass-Reach Health Communications, and Obesity Prevention. MPS Evaluators through Partnership for Health in Augusta help assess our programs for quality and effectiveness.
- BRFSS stands for Behavioral Risk Factor Surveillance System which conducts a telephone survey of over 10,000 adult residents in Maine to survey a multitude of health issues and risk factors. We use this information to track risk, identify emerging problems, prevent disease, and improve treatment.

Initiative on lines 61-62 (green). What are the current salary/benefits before the proposed reclassification?

The Public Health Educator II position (pay grade 20 - \$34,548-\$46,550) was upgraded to Children Special Health Needs Coordinator (pay range 24 - \$41,433-\$56,160) as a result of a final determination from Bureau of Human Resources, whereby the current job duties and responsibilities were determined to be within the Children Special Health Needs Coordinator classification.

The Microbiologist I position (pay range 19 - \$33,155 - \$44,304) was upgraded to a Microbiologist II (pay range 23 - \$39,582 - \$53,580) as a result of a final determination from the Bureau of Human Resources, whereby the current job duties and responsibilities were determined to be within the Microbiologist II classification.

CHILDREN’S SERVICES

Update on the MACWIS improvement/replacement

Currently the final draft of the RFP is being reviewed by OIT and will be sent to the federal government for approval (as required to access the 50% federal match needed to fund the program). We are hoping for a quick turnaround so that OCFS can have a contracted vendor in place to begin development by 7/1/19 (per the DCM timeline).

A-305: What is the Howard and Espa Michaud Charitable Trust fund?

The Howard and Espa Michaud Charitable Trust was created in 1986 by Howard and Espa Michaud. In 1989 twelve agencies were named beneficiaries. Two of the beneficiaries were the Bureau of Children with Special Need (to receive 10% of the Trust income) and Children

Protection Services (to receive 4% of the Trust income). In 2001 the trust began paying income for services provided to benefit abused and/or neglected children residing in the Aroostook County area of the State of Maine, who have no financially responsible parent(s). More specifically this program provides hearing aids or hearing equipment for children in the Aroostook County community who are served through Behavioral Health (not necessarily children under OCFS care). The Trust is also used for driver's education for children in foster parent care. The terms of the Trust restrict the use of funds received and a board normally decided how the funds will be spent. The Trust has been awarding about \$8,000 annually. \$6,500 is awarded for hearing deficiencies in children and the remainder is used for drivers' education and/or passports.

Breakdown of funding to Head Start annually, based on FY 2018

General Fund	\$1,194,485
TANF Block Grant	\$574,992
Fund for Healthy Maine	\$1,354,580
Federal (pass through)	\$107,637
Total	\$3,231,667

Block grants within Children's Services

Child Care Development Block Grant – FY 2018 \$24,682,668

The CCDBG is used for child care subsidy payments, professional development contract, and administrative costs (includes the child care licensing team to DLC).

Social Services Block Grant – FY 2018 \$6,506,132

Child Welfare (~\$7.7M from TANF)	\$7,786,309
Consumer Directed Waitlists (OADS)	\$239,500
Home-Based Care (OADS)	\$894,456
Homemaker Services (OADS)	\$1,138,282
Home Delivered Meals (OADS)	\$295,793
Elderly Nutrition (OADS)	\$415,000
Dementia Pilot (OADS)	\$32,250
Domestic Violence Program (OCFS)	\$22,392
Sexual Assault Services (OCFS)	\$835,239
Transportation Services (OCFS)	\$1,180,290
Family Planning (CDC)	\$900,000
Supported Employment (SAMHS)	\$182,045
Transportation Services (SAMHS)	\$58,030

Community Services Block Grant – FY 2018 \$3,736,065

90% of the CSBG is distributed to the Community Action Project (CAP agencies) and is spent on many different services within their communities. 5% is spent on administrative services and the other 5% is spent on training and technical assistance the CAP agencies.

Updates on implementation of all the increases in reimbursement or initiatives in LD 1923

- Funding for increased foster home reimbursement rates to increase recruitment and retention of foster families. *Implemented September of 2018.*
- Funding and positions for sixteen Human Services Casework Supervisors within the child protective. *These sixteen positions have been filled.*
- Funding and positions for two Regional Associate Directors for child welfare. *These two positions have been filled.*
- Funding and positions for sixteen Human Services Caseworkers within child protective. *These sixteen positions have been filled.*
- Funding and positions for eight Case Aides within child protective. *OCFS has filled five of these positions and is in the process of hiring for the other three positions.*
- Funding for a \$5.00 per hour wage stipend to the following child protective staff: Caseworkers, Supervisors, Assistant Program Administrators, and Program Administrators. *Implemented September of 2018.*
- Funding for a \$1.00 per hour wage stipend for the following child protective staff who hold a relevant master's degree: Caseworkers, Supervisors, Assistant Program Administrators, and Program Administrators. *OCFS worked with HR to establish a process for implementation of this stipend. The initial review has been completed and staff who submitted their information were recently notified as to whether their master's degree met the criteria. Staff with an approved degree will receive the stipend retroactive to September 2018.*
- Funding for procurement of a pilot program for child welfare services to support children in the State's custody through supportive visitation, which will allow for the supervision of court-ordered visitation with relatives of the children and will provide assessment and evaluation of parental capacity as it relates to the parent's ability to safely care for the child. *OCFS is drafting a contract and will begin this pilot by Summer 2019.*
- Funding for procurement of child welfare services to support children in the State's custody through clinical support and guidance of child welfare casework practice. In addition, this increase in funding will allow for procurement of clinical services to support each district office to provide debriefing for critical incidents. *OCFS is drafting an RFP and will release it for competitive bid by summer 2019.*
- Funding to begin development of a new comprehensive child welfare information system. *See first question & response in this section*

Information about the Children's Mental Health Program (from 34-B, §15002; in the same chapter as the CHMOC that is being repealed).

Within the Office of Child and Family Services (OCFS) there is a team of staff assigned to the Children's Behavioral Health Services (CBHS) unit. These staff work in concert with Licensing, MaineCare, and multiple vendors to ensure compliance with §15002. The Children's Behavioral Health system of care prioritizes individualized treatment planning and individualized planning is included as a requirement in all children's services within the MaineCare Benefits Manual. The Department has promulgated the Rights of Recipients of Mental Health Services Who are Children in Need of Treatment which require the least restrictive level of care possible to safely and effectively meet the child's needs. To ensure that children are served within their community whenever possible, there is a robust process for ensuring that an out-of-state placement is the last possible resort for a child, including the requirement that the child be denied by all in-state PNMI providers. OCFS' Children's Behavioral Health Services staff meet regularly with a variety of

advisory and stakeholder groups which provide input on service array and delivery. Through a Department funding, KEPRO provides behavioral health utilization management services for the state of Maine, including children's services. KEPRO staff assess for care and manages the access points to the system via their uniform assessment process. CBHS staff, including the Family Information Specialist and Program Coordinators, work directly with families to inform them of the array of services available for children in Maine. OCFS also contracts with support organizations including NAMI, G.E.A.R. Parent Network, and Maine Parent Federation. The Department utilizes Licensing as the single point of accountability within CBHS and coordinates with MaineCare and OCFS to provide an array of accountability across the all services. OCFS is committed to continuous improvements in the CBHS system of care and to that end has recently engaged in a system evaluation conducted by Public Consulting Group (PCG). PCG's report contained a number of recommendations for improvements which the Department is currently working to prioritize and implement.

SUBSTANCE USE DISORDER

What is the department doing for SUD outside of opioid use disorder?

- SAMHS has contracts for Detox with Milestone (16 beds) and Wellspring. There are 127 other contracted residential treatment beds. SAMHS also funds shelter beds.
- Medication Assisted Treatment (MAT), Outpatient Rehab (OP), and Intensive Outpatient Treatment Program (IOP) – these serve individuals with a range of SUDs including alcohol and other drugs.
- SAMHSA priorities we've adopted:
 - o If a program is a Substance Abuse Prevention & Treatment (SAPT) block grant funded program that serves an injecting drug using population, the program must give preference to treatment as follows:
 - Pregnant injecting drug users
 - Other pregnant substance users
 - Other injecting drug use
 - All others

How many people are on BRAP? Who administers BRAP? How big is the waiting list?

The Bridging Rental Assistance Program (BRAP) was established in recognition that recovery can only begin in a safe, healthy, and decent environment, and a place individuals can come home. SAMHS contracts with Shalom House, Inc., which administers the BRAP program. There are currently 843 vouchers with 1,318 individuals housed. There is no waiting list at this time.

Is there a reason for the requirement for 51% of income on rent for BRAP? If not, when did that requirement change?

At the program's inception, the US Dept. of Housing and Urban Development (HUD) wanted to tie eligibility to Section 8 vouchers. The current justification is to control costs in order to maximize the number of clients in the program. This is a transitional program intended to allow clients quick access to community placement with the incentive to move to Section 8.

Behavioral health project: the committee heard that DHHS is studying behavioral health services from prevention to providing services for those with extensive needs, looking for gaps and strengths, and would be happy to share it.

This is a new Commissioner's Office initiative to conduct a comprehensive review of behavioral and mental health services across the State to identify gaps and strengthen the system to make sure people are getting the right level of care in the right setting. This project is in the very beginning stages and we will gladly share updates findings with the committee when we have them.

How much FHM funding is proposed to be used for opioids? How will that funding be spent?

The Governor's budget proposes to allocate \$5.5M from the Fund for a Healthy Maine to address immediate action to fight Maine's opioid crisis. DHHS and SAMHS is working with the Director of Opioid Response, Gordon Smith, and the Governor's Office to prioritize the initiatives to be funded with this money.