

An Introduction to the Maine Department of Health and Human Services

Prepared for the 130th Legislature
January 2021

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Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



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January 2021

Senator Ned Claxton, Chair
Representative Michele Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Dear Senator Claxton, Representative Meyer, and Honorable Members of the Health and Human Services Committee,

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

Through 2020 and into 2021, COVID-19 has challenged the Department, but I am proud to say that we have risen to the task. DHHS has continued to provide its full range of services safely, with staff working both from home and in offices, and offices have remained open throughout the pandemic. Key Maine CDC and DHHS staff have dedicated themselves to responding to the public health crisis day and night, while staff from other offices have ensured health, safety, and continuity of services that have become especially important given the economic impact of the global pandemic.

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

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

Sincerely,

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

Jeanne M. Lambrew, PhD
Commissioner

Department of Health and Human Services Leadership



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

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



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

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



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

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



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

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

Resource for Legislators:



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

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

Overview of the Maine Department of Health and Human Services

The Maine Department of Health and Human Services (DHHS) is dedicated to promoting health, safety, resilience, and opportunity for Maine people. The Department provides health and social services to approximately a third of the state's population, including children, families, older Mainers, and individuals with disabilities, and mental health and substance use disorders.

The Department also promotes public health through the Maine Center for Disease Control and Prevention, operates two state psychiatric hospitals, and provides oversight to health care providers through the licensing division. DHHS is the largest executive branch department in Maine, employing more than 3,300 people across the state.

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

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

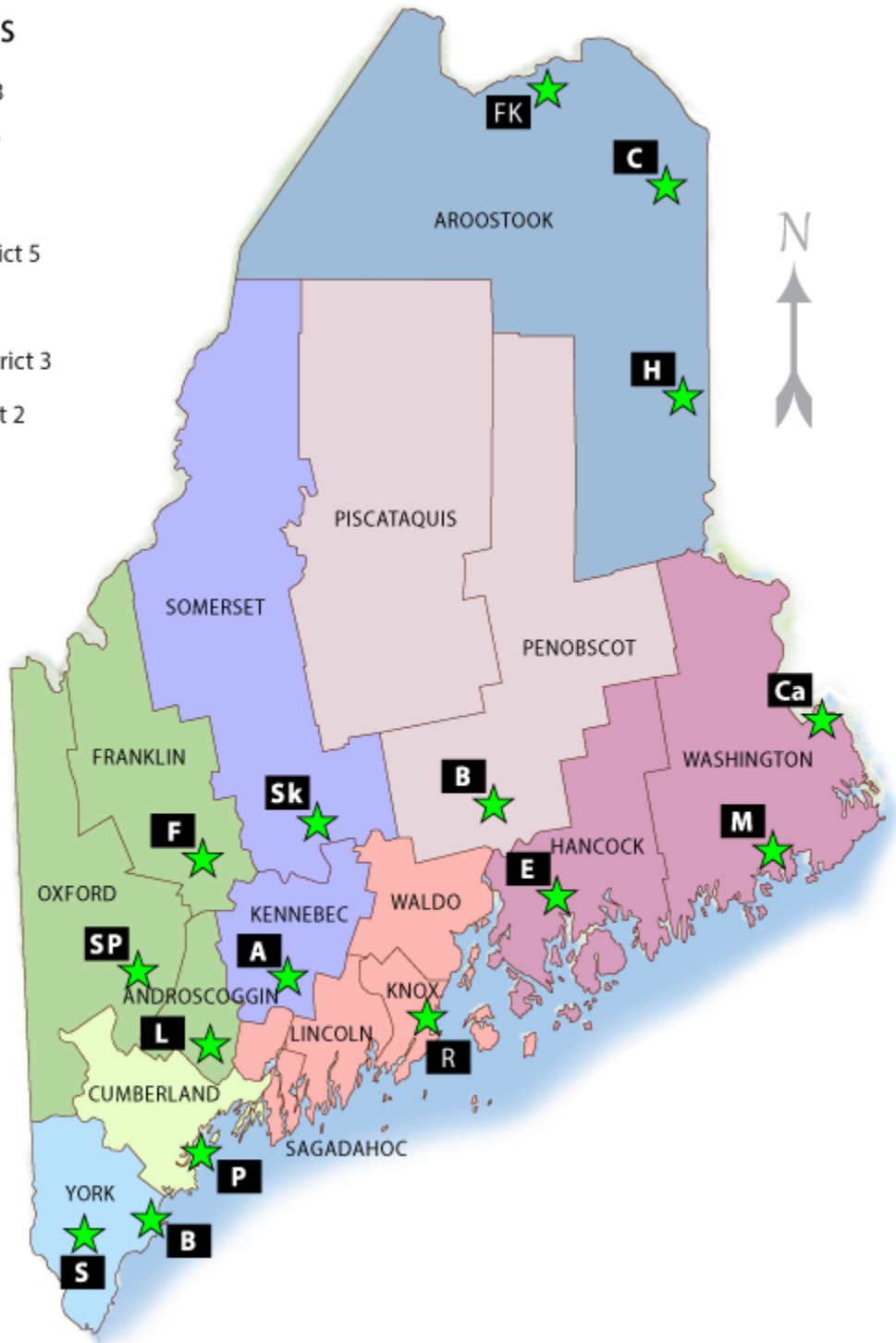
DHHS Office Locations

DHHS Districts

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

★ DHHS District Offices

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



Office of Aging and Disability Services

The Office of Aging and Disability Services (OADS) oversees community-based services for older adults and adults with physical disabilities, brain injury, intellectual and developmental disabilities (IDD) and other related conditions. OADS also provides Adult Protective Services for all adults who are at risk for abuse, neglect or exploitation. OADS programs are funded with a combination of state, MaineCare, Older Americans Act and other federal sources.

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

Vision

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

Mission

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

Older Adults and Adults with Physical Disabilities

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

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

The work they do includes:

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

The five Area Agencies on Aging (AAAs) in Maine, with support from the Office of Aging and Disability Services, administer federal and state programs that help the care partners of older individuals



Director Paul Saucier

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

and the care partners of individuals living with dementia and related diseases, including Alzheimer's. These include the National Family Caregiver Program, the Caregiver Respite Program, and others.

Maine's five AAAs are:

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

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

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

Adult Day Services promote personal independence through a variety of activities offered to participants based on individual needs and interests. Adult Day Services are funded through MaineCare as well as through state and federally funded programs. Other resources may be available to eligible participants funded from grants and private non-profit organizations.

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

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

In-home services are funded through MaineCare – the State of Maine's Medicaid program – or through state-funded programs. These services are designed to assist an older adult or an adult with disabilities to remain independent in their community of choice.

The State of Maine requires an assessment to determine an individual's functional and financial eligibility for most in-home services. Assessments help individuals and families understand what services are available to them and to plan for service needs.

Programs Include: state-Funded in Home and Community Home-Based Care; Medicaid Waiver for Elderly and Adults with Physical Disabilities; Consumer-Directed Attendant Services; MaineCare Private Duty Nursing Services, Independent Support Services (also known as Homemaker Services), and OAA funded Homemaker and Personal Care Services.

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

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

Independent Housing with Services Program (IHSP) - IHSP provides affordable housing, as well as supportive services, which increase opportunities for independence and freedom of choice. Supportive services include personal care, homemaking, service coordination, and meals. Please note: within this model, medication management is not a covered service.

There are currently five IHSPs throughout the state. Their purpose is to address both the housing and service needs for older adults who have long-term care needs but do not require the same level of care one would receive at a nursing facility.

A person must meet financial eligibility requirements and functional needs eligibility requirements. Eligibility will be determined by the IHSP facility.

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

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

Nursing Facility Services - Nursing facility services are professional nursing care or rehabilitative services for injured, disabled, or medically compromised persons, when daily assistance is needed and can only be provided in a nursing facility. Some nursing facilities offer short-term respite stays while others provide specialized care for those living with Alzheimer's disease or related dementias. Nursing facility services are less intensive than inpatient hospital services and are ordered under the direction of a physician. Per state law, all nursing facility admissions require a functional eligibility assessment to be completed by Maine's Assessing Services Agency, regardless of payment source.

Care Partner Supports - Individuals providing care for an older adult or a person with dementia are faced with an enormous amount of responsibility and work. Often there is no one else there to help, and caregivers have little time to take care of their own needs. This includes Older Relative Care Partners providing care to minors who are not their children, commonly known as Kinship Care.

The programs and services provided by OADS allow care partners the time to do things other than provide care, such as: practicing self-care, running errands, visiting family members and friends, going to medical/dental appointments, and resting.

Adults with Intellectual and Developmental Disabilities and/or Autism

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

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

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

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

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

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

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

Case Managers are responsible for:

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

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

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

- Language that is respectful and focused on the person;
- Terms that are easily understood, not clinical or other profession-specific jargon;
- Clear indication of the person's talents, gifts, and preferences; and

- What is important to the person: i.e. work, relationships, financial stability, interests, routines, and things they would like to have or do.

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

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

Adults with Brain Injury

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

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

Adults with Cerebral Palsy, Seizure Disorder, and Other Conditions

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

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

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

Crisis Prevention and Intervention Services

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

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

CPIS Services include:

Prevention Services

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

In-Home Crisis Supports

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

Mobile Crisis Outreach

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

Crisis Telephone Services

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

Crisis Residential Services

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

Adult Protective Services & Public Guardianship

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

Maine law requires that certain professionals and caregivers report immediately to Adult Protective Services when the

To report abuse, neglect, or exploitation:

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

In an emergency, call 911

person knows or has reasonable cause to suspect that an incapacitated or dependent adult has been or is likely to be abused, neglected, or exploited.

Adult Protective Services serves:

Incapacitated Adults

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

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

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

Dependent Adults

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

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

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

Abuse may include:

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

Neglect may include:

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

Exploitation may include:

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

Office of Behavioral Health

The Office of Behavioral Health (OBH), renamed by Governor Mills and formerly called the Office of Substance Abuse and Mental Health Services (SAMHS), focuses on promoting wellness, prevention, early intervention, treatment, recovery, and holistic supports. OBH funds mental health and substance use disorder services, training and technical assistance, housing, and evaluation and provides direct service through our Intensive Case Management Program and State Forensic Service. We have oversight of Mental Health and Rehabilitation (MHRT) Certification and Peer Support Certification. Working closely with the Governor's Director of Opioid Response, we develop, evaluate, and oversee a wide array of contracted programs and set public policy regarding behavioral health. OBH takes responsibility for a behavioral health continuum of care that serves the whole person, the whole community.

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

We strive for an evidence-based behavioral health system that recognizes the importance of meeting people where they are, is trauma informed, inclusive, consumer driven, and actively reaches out. This system aspires to keep Mainers experiencing mental health and substance use challenges supported in the community, out of jails, prisons, and hospitals. Additionally, OBH works with OCFS to ensure care for children.

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

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

Prevention and Early Intervention

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

- **Prescription Monitoring Program (PMP)** – the PMP is a secure database that is used across the State



Director Jessica M. Pollard, PhD

Jessica Monahan Pollard, PhD is a licensed psychologist. Previously, Dr. Pollard was Assistant Professor and Director of Early Psychosis Programs at Yale University School of Medicine before returning home to Maine. She has served as Chair of the Mental Health Section of the American Public Health Association (APHA) and is a recipient of the APHA Section Award for Excellence in the Field of Mental Health. Dr. Pollard earned her Doctorate in Clinical Psychology at the University of Connecticut and completed fellowship training at Yale University. Over the past two decades she founded and directed multiple treatment programs; developed and published resources on workforce development as well as criminal justice involvement for the National Association of State Mental Health Program Directors (NASMHPD) and the Substance Abuse and Mental Health Services Administration (SAMHSA); published numerous book chapters, peer reviewed research articles, and presented around the world; served the Commissioner's Office for the Connecticut Department of Mental Health and Addiction Services; secured millions of dollars in federal research and program grants; and practiced as a psychologist.

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

- **Controlled Substance Stewardship:** OBH partners with the Schmidt Institute, a non-profit organization between Penobscot Community Health Care and St. Joseph's Hospital, to provide case reviews and compassionate tapering support to prescribers of Opioids and Benzodiazepines. Schmidt Institute has developed an interdisciplinary team to provide expertise on complex prescriber cases to include: a clinical pharmacist, a Chief Medical Officer, a psychiatrist, a nurse care manager, and lawyer to advise on morphine milligram equivalent (MME) reduction recommendations. They have recently signed on to provide this support to Kennebec Regional Health Alliance-affiliated practices.
- **Public Awareness and Stigma Reduction** – OBH partners with marketing experts to develop public campaigns in line with our priority goals that aim to increase community education, awareness, reduce stigma, and change behaviors in service of health promotion and improvement of behavioral health outcomes. Example campaigns include “Have It On Hand”, which raised awareness about the life-saving medication naloxone, provided information on how to obtain it and how to administer it, and reduced stigma; and the current “Know your OPTIONS” campaign described below.
- **Risk Reduction and Under 21 Programs** – Part of the Driver Education and Evaluation Program (DEEP), the Risk Reduction and Under 21 Programs provide in-depth education regarding high-risk alcohol and drug choices to assist individuals in identifying and changing high-risk behaviors; evidence-based assessment designed to screen for risk factors for substance use problems; and, if at risk, referral to a DEEP-certified community-based service provider for a clinical substance use evaluation to determine whether treatment is indicated. If there is evidence of a substance use problem, individuals are referred to counseling and recommended treatment services.
- **Penobscot Nation Teen Center:** The Teen Center is a safe place for Tribal youth to go in the high-risk hours from 4-7pm Monday-Friday and 12-5pm on Saturdays. The Center works with partner organizations to conduct workshops on drug prevention, mental health, and healthy lifestyles.
- **Coordinated Specialty Care (CSC) Early Intervention for Psychosis:** Currently offered at Maine Medical Center's Portland Identification and Early Referral (PIER), CSC is an evidence-based treatment for young people, ages 14 through 26 experiencing First Episode Psychosis (FEP) /Early Serious Mental Illness (ESMI) symptoms. Key components of CSC include outreach and engagement, care coordination, specialized medication management, peer support, supported education and/or employment, family support and psychoeducation, and cognitive behavioral therapy. Training is available for providers

StrengthenME: The StrengthenME program is Maine's behavioral health and resiliency response to the COVID-19 pandemic. StrengthenME provides free stress management, wellness, and resiliency resources to people experiencing stress reactions to the pandemic and its associated impacts. The program launched in March 2020 with funding from a FEMA/SAMHSA Crisis Counseling Program grant. StrengthenME has, to date, registered over 26,000 encounters with individuals seeking resilience or coping support. Services include: phone and text lines providing support to frontline healthcare workers, first responders, teachers, school staff, youth and the general public; Recovery Coaches; agencies employing outreach workers to support communities experiencing disproportionate COVID impacts, including older people, Black, Brown and other People of Color communities, New Mainers, Native communities, Latinx communities, and youth; integration with statewide Mobile Crisis Providers

and 211; supports for social sector employees providing COVID-related support; a dedicated website and phoneline; and media outreach. The aim of this program is to prevent the negative mental health and substance use impacts typically seen in the months and years following a disaster.

Treatment

The Treatment Team of the Office of Behavioral Health assists service providers with the coordination, planning, and implementation of mental health and substance use programs. Treatment Team staff are available to provide direct and indirect support for program development, content, and best practice resources. Our primary responsibility is to develop and maintain a comprehensive system of services and supports for persons age 18 and older through contracts and other support. Treatment programs are subject to Critical Incident Reporting (CIR). These programs include:

- **Assertive Community Treatment (ACT)** - ACT is the most intensive community based mental health service offered in Maine. The service is available to member 24/7 and consists of a multi-disciplinary team including case managers, RNs, clinicians, employment specialists, psychiatry, substance use counselors, and certified peer support specialist.
- **Community Integration (CI)**: CI services involve biopsychosocial assessment, evaluation of community services and natural supports needed by adults with Serious Mental Illness (eligible for MaineCare Section 17 services), and rapport building through assertive engagement and linking to necessary natural supports and community services while providing ongoing assessment of the efficacy of those services. Community Integration Services involve active participation by clients or their guardian, and the client's family or significant other, unless their participation is not feasible or is contrary to the wishes of the client or guardian.
- **Community Rehabilitation Services** - Community Rehabilitation Services support the development of the necessary skills for living in the community, and promote recovery, and community inclusion. Services include individualized combinations of services, and are delivered by a team, with primary case management for each member.
- **Daily Living Support Services (DLSS)** - DLSS provides therapeutic support to assist clients in learning, developing and maintaining skills of daily living. DLSS supports clients with maintaining a high level of independence. Methods of support include but are not limited to modeling, cueing, and coaching.
- **Intensive Outpatient Programs (IOP)** - IOPs provide intensive and structured alcohol and drug assessment, diagnosis, including co-occurring mental health and substance abuse diagnoses, and treatment services in a non-residential setting. Services may include individual, group, or family counseling as part of a comprehensive treatment plan, connect clients with community resources as needed, and are supervised by physician or psychologist to assure appropriate supervision and medical review and approval of services provided. Clients participate at least 3 hours a day for 3 days a week.
- **Medication Management** - OBH medication management providers offer medication management services to individuals with severe mental illness. Medication management consists of psychiatric evaluation, psychoeducation, prescriptions, administration and/or monitoring.
- **Medication Assistance Treatment (MAT)** – OBH develops, funds, oversees, and supports a variety of MAT services, such as jail and prison-based MAT, rapid induction in Emergency Departments, and Opioid Treatment Programs (OTPs). In the past year, over 1,500 individuals who were uninsured and unable to afford treatment have been provided MAT.
- **Opioid Treatment Programs (OTP)** – As the State Opioid Treatment Authority (SOTA), OBH has oversight of Maine's OTPs, which administer and dispense FDA-approved MAT medications including methadone, and provide counseling and other behavioral therapies in a whole-person approach. OTPs must also provide counseling on the prevention of human

autoimmune virus (HIV). The SOTA is responsible for reviewing and approving/denying requests for exceptions to OTP regulatory requirements, such as allowing take home doses of methadone outside of the standard protocol.

- **Outpatient Counseling** – OBH contracts with providers around the state to offer evidence-based substance use and mental health counseling.
- **Wrap** - Wrap is a discretionary grant fund that may be available to meet urgent needs of eligible adult individuals with Severe and Persistent Mental Illness (SPMI) that cannot be met through the regular systems of care. Use of these funds is not a substitute for effective program planning or provision, but rather, is intended to supplement existing programming to alleviate hardship brought about by the economic disadvantages inherent with Severe and Persistent Mental Illness (SPMI) and to address emergency existing unmet needs.
- **Veteran Case Management Program** - The purpose of this service is to provide Community Integration (CI) Services to Veterans who are not currently eligible to receive Community Integration Services through MaineCare reimbursement. Veterans are deemed eligible by having received a mental health diagnosis or mental health disability rating from the United States Department of Veterans Affairs, and/or any eligible Veteran who is not enrolled with the United States Department of Veteran’s Affairs who is determined to require mental health care services by a licensed mental health professional may be considered eligible for CI Services based on the individual needs of the Veteran. An individual must also be uninsured or have coverage that does not cover the service to be considered eligible to receive services under this Agreement.
- **Substance Use Residential Treatment** – These facilities provide residential SUD treatment and rehabilitation services, are overseen by OBH, funded by OBH and MaineCare, and subject to rules in MaineCare Benefits Manual, Chapter III, Section 97, and Appendix B. Types of residential treatment include medically supervised detoxification, residential rehabilitation, halfway house services, and extended care services.
- **Community Residences for Persons with Mental Illness** – Private Nonmedical Institutions (PNMI) provide integral mental health treatment and rehabilitative services are overseen by OBH and receive funding from OBH and MaineCare reimbursement. OBH manages all referrals to these PNMI, has oversight, and provides utilization review. Providers must submit all eligibility documentation required for prior authorization according to OBH. Community residences for persons with mental illness are also subject to rules in MaineCare Benefits Manual, Chapter III, Section 97, and Chapter III, Section 97, Appendix E.

Crisis Services

OBH is committed to ensuring a complete continuum of crisis care. We follow the SAMHSA and National Association of State Mental Health Program Director’s (NASMHPD) national best practice recommendations that includes a centralized crisis line and dispatch to mobile crisis response, regional mobile crisis teams, Crisis Stabilization Units (CSUs), and recovery supports in Emergency Departments. OBH is in the process of implementing a Crisis Center with a full complement of services in Cumberland County. OBH contracts with 5 mental health agencies to provide mobile crisis and CSUs in each of the state’s 8 regional public health districts. These services include:

- **Crisis Center** – OBH is implementing a 24/7 Crisis Center in Cumberland County in collaboration with The Opportunity Alliance. Individuals in behavioral health crisis frequently end up in the emergency department, sometimes in the criminal justice system, and often are admitted for psychiatric inpatient treatment due to lack of a complete continuum of Crisis Services and mechanism to link such individuals to ongoing community-based treatment in a timely manner. A Crisis Center ensures that individuals receive the support necessary until the crisis has been resolved and/or, as appropriate, a firm linkage to the level of care determined via

assessment and triage is in place. Crisis Center programming is designed to provide immediate assessment, triage, and, when indicated, active treatment and/or support until warm handoff to the appropriate service is completed. The goal of the Crisis Center is stabilizing the individual and re-integrating them back into the community. The Center is designed as a walk-in respite center for individuals in crisis offering a safe and secure home-like environment or “Living Room” model. A team of multidisciplinary professionals and peers provide trauma-informed care and culturally competent crisis services, temporary outpatient services, Outpatient Chairs for short-term (up to 23 hours) observation, stabilization, and support.

- **Crisis Stabilization Units (CSU)** – CSUs offer individualized residential therapeutic interventions during a psychiatric emergency, and/or stabilization of mental health and/or co-occurring mental health and substance abuse conditions for a time-limited post-crisis period. Services include screening, assessment, evaluation, intervention, monitoring behavior and response to therapeutic interventions; planning for and implementing crisis and post-crisis stabilization activities; and supervising to assure personal safety.
- **Mobile Crisis** – Individuals experiencing a behavioral health crisis that cannot be resolved over the phone by the Statewide Crisis Line and are not an imminent risk are referred to the mobile crisis team in their region. Mobile Crisis teams engage with each individual, assess their needs, and develop appropriate and collaborative action steps to reach a resolution. Mobile Crisis teams develop plans that respond to the immediate need as well as aid in prevention by improving the individual’s coping skills and enhancing support. Individuals in crisis can be seen at the location of their choice as long as the environment is safe for both the client and the mobile outreach clinician. Such locations include the client’s home, emergency departments, other treatment facilities, or the Crisis Center. Mobile Crisis services take a client-centered, strength-based approach to assessment and intervention planning, and must adhere to the SAMSHA and American Association of Suicidology best practice principles for crisis services and suicide prevention.
- **Peers & Recovery Coaches in Emergency Department** – Recognizing that in a crisis or emergency people often go or are brought to Emergency Rooms rather than accessing behavioral health crisis services, OBH ensures trained individuals with lived experience are available to support individuals in crisis in this setting. Both mental health Peer Support Specialists and substance use Recovery Coaches are available in Emergency Departments around the state to assist at times of crisis, link individuals to recovery supports, and promote stigma reduction.
- **Statewide Crisis Line** - The Maine Crisis Line (MCL) is the state’s 24/7 crisis telephone response service for individuals or families experiencing a behavioral health crisis or having thoughts of suicide and/or self-harm. Trained crisis call specialists answer the line and provide free and confidential telephone, text, or chat support and stabilization; and, as needed, referral to mobile crisis or emergency services in the case of imminent risk. The MCL answers calls from the National Suicide Prevention Lifeline that originate in Maine and is the main point of entry to Maine’s Behavioral Health Crisis Services System.

Housing Services

Independent housing represents a foundation of recovery and hope. To the greatest extent practicable, OBH empowers consumers with tenant-based housing vouchers which enhance individual choice, independence, and control over where a person lives and what services (if any) such a person decides to receive. Systems of care are recognizing that access to safe, decent, and affordable housing is a medical necessity for many persons with disabilities. Independent housing vouchers: deliver real therapeutic value; promote consumer empowerment; support both civil and disability rights; and are demonstrated to be cost effective when compared to high cost, high intensity, institutionalized care. Such vouchers can

be used in either the community or group settings—at the consumer’s discretion. Housing services and programs overseen by OBH include:

- **Bridging Rental Assistance Program (BRAP)** – The Bridging Rental Assistance Program (BRAP) assists clients with Serious Mental Illness, including those who also have a Substance Use Disorder, with obtaining transitional housing. BRAP provides a rental subsidy and assists clients with finding independent housing in communities throughout Maine. BRAP is intended to serve as a bridge between homelessness and more permanent housing options, such as Section 8. BRAP clients are required to contribute 40% of their income toward their monthly rent. Previously, clients were required to contribute 51% of their income toward monthly rent, but this was changed by the Mills Administration.
- **Projects for Assistance in Transition from Homelessness (PATH)** - The PATH program is designed to support the outreach, engagement and delivery of services to eligible persons who are homeless and have serious mental illnesses and/or co-occurring substance use disorder with a particular emphasis on those most in need of services and/or engagement by an outreach worker and those services which are not supported by mainstream mental health programs.
- **Recovery Residences** – Recovery Residences offer a healthy, safe, substance free living environment to support individual treatment and recovery for individuals with a substance use disorder. OBH funds increased access to high-quality Recovery Residences for Mainers in Recovery from SUD. This pilot project, in collaboration with Maine Housing, provides an operating subsidy to recovery residences that accept persons recovering from substance use disorder. To participate, the Recovery Residences must be certified by the Maine Association of Recovery Residences (MARR), accept individuals who are receiving MAT, and meet quality standards. OBH contracts with MARR to provide training, certification and technical assistance.
- **Shelter Plus Care (SPC)** - Shelter Plus Care is a federal program funded by the U.S. Department of Housing and Urban Development (HUD) under the Continuum of Care grant designed to provide rental subsidies and supportive services to homeless individuals with disabilities, primarily those with chronic mental illness, substance use disorder, and HIV/AIDS. DHHS and its network of Local Administrative Agencies throughout the state, have committed to providing the direct support services and rental assistance components of the program. Recipients may also elect to receive services from a host of local providers. Following a Housing First model, initial SPC recipients are encouraged, but not required, to accept the provision of services to go hand in hand with the voucher.

Recovery Supports

Clubhouses - OBH supports the belief that every member can recover from the effects of mental illness and lead personally satisfying lives through structured environment, work, and meaningful relationships. Clubhouses help support adults with mental illness and co-occurring disorder overcome barriers to employment by offering services such as job development, job placement, job and financial coaching, job support, and transitional employment.

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

Employment Support - Until implementation of the Department of Labor (DOL) opioid workforce grant, the OBH is using federal State Opioid Response (SOR) funds to embed SUD employment specialist in behavioral health settings in Portland and Lewiston. The current specialist will work with the specialists from the DOL grant to coordinate the transition. OBH also funds Supported Employment and Education services for adults with mental illness.

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

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

Justice System Related Services

Maine Driver Education and Evaluation Program (DEEP) – DEEP is a legislatively-mandated operating-under-the-influence (OUI) countermeasure program. The goal of the programs is to reduce the incidences of injury, disability and fatality that result from alcohol and other drug related motor vehicle crashes, and to reduce the risk of re-offense for OUI. DEEP provides effective, efficient, and meaningful interventions such as education, treatment, and counseling services.

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

State Forensic Services – The State Forensic Service oversees and administers court-ordered mental health evaluations of criminal defendants and juveniles that address a variety of psycho-legal issues. OBH contracts with independent examiners to provide consultation to judges, attorneys, courts, hospitals, and others.

Medication Assisted Treatment (MAT) in Jails and Prisons - OBH has increased access to MAT for incarcerated individuals from one county jail to nine, with an additional county jail implementation

underway. OBH also supports the expansion of MAT within Department of Corrections (DOC) to include all DOC facilities. Over 500 incarcerated individuals have been treated as a result of this funding. This work also led to development of a Model Policy in collaboration with the OBH, County Jails and DOC based on best practices for the implementation of MAT in the Criminal Justice System.

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

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

Training and Certification

OBH offers a wide variety of trainings, workshops, conferences, fidelity monitoring, technical assistance, and administers two Certification programs. Below is a non-exhaustive sample:

- **Mental Health and Rehabilitation Technician (MHRT)** – With administrative support from the Muskie School, OBH has oversight of training, continuing education, and certification for frontline mental health workers. There are three types of certification: Community (MHRT/C), Residential (MHRT/I), and Crisis Service Provider (MHRT/CSP).
- **Peer Support** – With administrative support from the Muskie School, OBH has oversight of training and certification for individuals identifying as having lived experience with mental health challenges employed to offer support to others with mental health difficulties. Certification is in Intentional Peer Support, a relationship focused, problem solving, and strengths based, trauma informed approach. OBH offers the eight-day training required to become a Peer Support Specialist; Peer Support 101, a 3-hour class open to anyone interested in learning more about peer support; monthly co-reflections, a form of peer supervision; and maintains records of certification.
- **Recovery Coaches:** Two Recovery Coach training programs have been funded to support recovery coach coordinators. Coordinators have five basic tasks: Training, Recruiting, Comprehensive referral networking, Supportive supervision, and Outcome measurement. Maine now supports this service in Washington, Hancock, Waldo, Piscataquis and Somerset counties through one contract. Cumberland, Oxford, Sagadahoc, Lincoln, and Aroostook through a second contract. Each of these counties has a recovery Coach Coordinator. The goal is to increase access to high-quality, ethical recovery coaching services statewide via training and supportive infrastructure. In the past grant year, 60 Recovery Coaches were trained. In addition, the OBH now funds 8 recovery coaches in Emergency Departments across the state.

Maine Center for Disease Control and Prevention

The Maine Center for Disease Control and Prevention (Maine CDC) provides essential public health services that preserve, promote, and protect the health of Maine people. Spearheading Maine’s response to the [COVID-19 pandemic](#), including the state’s ongoing [vaccination effort](#), has been at the forefront of this work over the last year.

Mission

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

Vision

A strong, safe, and healthy Maine

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

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

Disease Prevention

The Division of Disease Prevention works across three focus areas to better the lives of Maine people: children have a healthy start, healthy and safe living for people in Maine, and chronic disease prevention and control. The Division works with Maine families to reduce health issues and link them to tools that enable them to lead a healthy life, such as tobacco cessation and prevention, creating healthy environments for healthy eating and physical activity, providing information so individuals can take control of their own health, and helping people understand how they can prevent injuries. Additionally, the Division works to promote early detection and follow up of chronic diseases and metabolic disorders.

Maternal and Child Health (MCH) – The MCH program implements the Title V Maternal and Child Health Block Grant and supports programming within the organization to address and support: birth defects, genetics, cleft lip and palate, newborn bloodspot screening, partners in care, newborn hearing, and perinatal health. Additionally, MCH oversees the Partners in Care Coordination, a care coordination program for children with special health needs.

Injury and Suicide Prevention - This program provides leadership and coordination to assure a statewide, comprehensive, and integrated injury prevention program that serves as a resource for professionals, communities, agencies,



Director Nirav D. Shah, MD, JD

In June 2019, Nirav Shah was appointed as the Director of the Maine Center for Disease Control and Prevention (Maine CDC). Dr. Shah comes to Maine CDC with broad experience in public health, most recently as Director of the Illinois Department of Public Health, where he implemented key initiatives to address the State's opioid crisis, reduce maternal and infant mortality, and reduce childhood lead poisoning.

Shah received both medical and law degrees from the University of Chicago.

and professional organizations in both the public and private sectors. Suicide prevention programming provides statistics, information, and readily available fact sheets for a variety of audiences. The statistics provided present a picture of youth suicidal behavior (fatal and non-fatal) in Maine.

Women, Infants, and Children (WIC) – WIC is a nutrition program currently serving over 15,000 Maine kids and parents, helping Maine kids to grow up strong and healthy. WIC food benefits are available based on income guidelines and up-to-date nutrition research. WIC is open to anyone living in Maine, including migrant workers. It is available to women who are pregnant, breastfeeding, or who had a baby in the last six months. It is also available to infants and children up to the age of five. Any parent (regardless of gender) can apply for their children. To be eligible based on income, families must be at or below 185% of the federal poverty guidelines. A person who receives MaineCare, Supplemental Nutrition Assistance Program (SNAP), or Temporary Assistance for Needy Families (TANF) benefits automatically meets the income eligibility requirement.

Alcohol, Tobacco, and Substance Use Prevention - The Prevention Team is committed to preventing and reducing substance use disorder and related problems by providing leadership, education and support to communities and institutions throughout Maine. The Team works to ensure that Mainers can avoid both the personal and societal costs of substance use disorder. In collaboration with Maine Prevention Services initiative, Drug Free Community Coalitions, communities, consumers and a variety of organizations in the state, the Prevention Team provides funding, technical assistance, data and training, and develops materials and resources to educate the residents of Maine. Wellness is the foundation of a healthy, long and productive life, and is core to the work of prevention services.

The Tobacco Prevention and Control Program implements resources to prevent youth and young adults from starting to use tobacco. Programming seeks to motivate and assist tobacco users to quit smoking, protect nonsmokers from the hazards of secondhand smoke, and eliminate disparities related to tobacco use among population groups.

Chronic Disease Prevention and Control – This program monitors chronic disease prevalence and provides prevention resources for chronic diseases such as asthma, cancer, heart disease and stroke, diabetes, and others. The program also supports Mainers who have chronic disease(s) or conditions by helping them learn to manage and control their condition while maintaining a healthy and active lifestyle.

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

Disease Surveillance

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

Maine Immunization Program (MIP) – MIP strives to ensure full protection of all Maine children and adults from vaccine-preventable disease. Through cooperative partnerships with public and private health practitioners and community members, the MIP provides vaccine, comprehensive education and technical assistance, vaccine-preventable disease tracking and outbreak control, accessible population-

based management tools, and compassionate support services that link individuals into comprehensive health care systems.

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

HIV, STD, and Hepatitis Program – The HIV, STD, and Hepatitis program provides several services to prevent disease and support individuals affected. This includes case management, testing resources, information, syringe exchange locations, and surveillance.

Central and Field Epidemiology - Maine CDC works to monitor, investigate, and prevent infectious diseases in Maine. Infectious diseases are very common worldwide and in Maine. These diseases are caused by certain viruses, bacteria, fungi, or parasites. This includes, but is not limited to, hepatitis, tuberculosis, influenza, vaccine preventable diseases such as pertussis, mumps, varicella (chicken pox), and COVID-19.

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

Healthcare Associated Infections (HAI) - Healthcare-associated infections (HAIs) are infections caused by a wide variety of common and unusual bacteria, fungi, and viruses while receiving medical care. Medical advances have brought lifesaving care to patients in need, yet many of those advances come with a risk of HAI. These infections related to medical care can be devastating and even deadly. As our ability to prevent HAIs grows, these infections are increasingly unacceptable. Recent successes in HAI elimination have been encouraging, but much work remains. The HAI and Antibiotic Resistance Program at the Maine CDC works in multiple capacities to prevent and respond to transmission threats in healthcare settings.

Public Health Systems

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

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

- Participate as appropriate to help ensure the state public health system is ready and maintained for accreditation;

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

Local Public Health Districts – The Maine Legislature established 9 Public Health Districts – 8 geographic districts and the Tribal Health District to serve Maine’s Tribal populations. The establishment of the public health districts was designed to enhance effective and efficient delivery of public health services by creating the geographic and local framework for greater consistency and equity in statewide delivery of Public Health Services. Additionally, public health districts provide a consistent basis for regional planning and coordination across the governmental, private (including business), public, and nonprofit sectors.

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

The District Liaisons are also responsible for coordinating technical assistance and trainings to Local Health Officers in their districts. Each municipality including plantations is required under state law to appoint a Local Health Officer for up to a three-year term. These Local Health Officers have been invaluable during the COVID-19 response.

Public Health and Emergency Preparedness (PHEP) - Public Health Emergency Preparedness protects the lives of people in Maine from natural or man-made public health threats or emergencies. PHEP strengthens the ability of health agencies and partner organizations by facilitating a range of community, medical, and public health emergency preparedness functions. PHEP oversees the development and implementation of public health emergency planning and the coordination of emergency resources.

Vital Records - Vital Records provides vital registration services and technical services for the general public, health care professionals, funeral directors, hospitals, state agencies, court officials, and municipal clerks in the registration of vital records from which statistics are gathered. Vital records collects and maintains records of births, deaths, fetal deaths, marriages, and divorces, and provides additional vital registration services such as acknowledgements of paternity, corrections, supplemental cause of death, divorces, delayed registration of records, court determinations, legal name and gender marker changes on birth records, preparation of new birth certificates after adoption or legitimization, and others. Vital Records houses all sealed adoptions and legitimizations.

Data, Research, and Vital Statistics - Data, Research and Vital Statistics (DRVS) administers Maine's vital statistics system and provides quantitative information for surveillance, planning, policy development, program management, and evaluation. It produces detailed population estimates for use within and outside the Department of Health and Human Services and compiles data on health status and health resources. These functions are accomplished through the development and implementation of data collection, data processing, and analytical activities. The office provides technical assistance and

consultation on survey procedures and statistical analysis to other agencies in the Department of Health and Human Services.

Cancer Registry – The Maine Cancer Registry (MCR) is a statewide population-based cancer surveillance system. The MCR collects information about all newly diagnosed cancers in Maine residents (except in situ cervical cancer and basal and squamous cell carcinoma of the skin). This information is used to monitor and evaluate cancer incidence patterns in Maine. This information is also used to better understand cancer, identify areas in need of public health interventions, and improve cancer prevention, treatment and control.

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

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

Public Health Nursing

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

Public Health Nurses are leaders in assuring excellence in health. The Public Health Nursing (PHN) program mission is to strengthen the equality of access to local public health services for Maine people. The program’s vision is for Maine people to live well and be healthy and safe. The PHN program accomplishes this through providing the three core functions of public health: assessment, assurance, and policy development; and performing the 10 Essential Public Health Services:

- Monitor health status;
- Diagnose and investigate health problems and health hazards;
- Inform, educate, and empower people;
- Mobilize community partners to identify and solve health problems;
- Develop policies and plans;
- Enforce laws and regulations;
- Link people with health services and ensure the provision of health-care otherwise unavailable;
- Ensure a competent public health workforce;
- Evaluate the effectiveness, accessibility and quality of health services; and
- Conduct research.

CradleME – CradleME is a partnership between Public Health Nursing and Maine Families Visitors to provide referral services and support to pregnant families and new parents. Families can access a PHN or home visitation services by calling CradleME directly or by referral from a hospital when a child is born.

Environmental and Community Health

The purpose of the Division of Environmental and Community Health is to preserve, protect and promote the health and wellbeing of the population through the organization and delivery of health engineering related services designed to reduce the risk of disease by controlling environmental hazards to human health and promoting health and wellness through education and access to technical health engineering professionals.

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

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

Drinking Water Program - Safe, clean drinking water is an essential part of public health protection. The Drinking Water Program exists to ensure that public drinking water systems in Maine are protected, treated, monitored, and well managed. The Drinking Water Program is responsible for overseeing public water systems throughout Maine, administering the Federal Safe Drinking Water Act and the Maine Rules Relating to Drinking Water. Examples of public water systems include water utilities, mobile home parks, nursing homes, schools, factories, restaurants, and campgrounds. The Drinking Water Program works with more than 1,900 public water systems to help ensure that they provide safe, secure, and reliable drinking water to over 750,000 people across Maine.

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

Health Inspection Program (HIP) - The Health Inspection Program exists to provide licensing and inspection services for different types of businesses to protect the public health. These businesses include restaurants, lodging, campgrounds, youth camps, public swimming pools and spas, body art (tattooists, micropigmentation, body piercing), electrology, school cafeterias, and mass gatherings. HIP has been central in ensuring public health protocols during the COVID-19 pandemic.

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

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

Office of Child and Family Services

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



Throughout the office's programming, OCFS is committed to early intervention and prevention programs to support and assist families before challenges develop. OCFS is committed to the goal that all Maine children and families will be safe, stable, happy, and healthy.

OCFS has a strong commitment to transparency and has developed a [Key Measures Dashboard](#) for the public to review data associated with services provided by the office. These measures focus on key outcomes of the Office as well as those that are federally required. We are committed to shining a light on areas of improvement and tackling them, while showcasing the work that OCFS delivers each day.

Child Care and Early Childhood Education

The Child Development and Child Care Team supports the families of Maine and their children in accessing high-quality child care and early childhood education services.

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

Child Care Quality – OCFS oversees the Maine Quality Rating and Improvement System (QRIS). This system lays out a number of criteria and, as of January 2020, rates child care on 4 steps. Step 1 indicates that a program meets minimum regulatory requirement and step 4 indicates that the program meets a number of rigorous standards around accreditation, evaluation, tracking, curriculum, schedules, and more. There are financial incentives for child care programs to achieve higher steps. OCFS is working with partners and stakeholders to assess QRIS and implement recommendations for improvement.

Child Care Subsidy - The Child Care Subsidy Program (CCSP) helps eligible families to pay for child care so they can work, go to school, or participate in a job training program. Eligibility is based on financial criteria which also determines the amount of a family's co-payment. Parents pay the co-payment to the child care provider and CCSP pays the remainder to the provider, up to the 75% of the



Director Todd A. Landry, EdD

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

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

market rate for their area. CCSP is funded through the Child Care Development Block Grant (CCDBG) a federal block grant program that provides funding for states aimed at improving access to quality child care for high-need children and families.

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

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

Children’s Behavioral Health

Children's Behavioral Health Services (CBHS) focus on behavioral health treatment and services for children from birth up to their 21st birthday. Services include providing information and assistance with referrals for children and youth with developmental disabilities/delays, intellectual disability, Autism Spectrum Disorders, and mental health disorders. CBHS staff also support providers serving children with behavioral health needs. There are a number of behavioral health services available to MaineCare-eligible children. These services include:

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

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

Outpatient Behavioral Health Services – For children and youth that show a need for mental health assessment and treatment, outpatient services are available to address symptoms and promote emotional and behavioral stability. These include:

- *Medication Management* – Medication management supports children receiving medication for behavioral or emotional health needs. It provides the prescription, administration, and/or monitoring of medications intended for treatment and management of symptoms.
- *Rehabilitative and Community Support (RCS) Services* – RCS serves children or youth up to the age of 21 who have a developmental disability that affects their everyday functioning. RCS assists with skill building in areas of daily living and behavioral management to support child’s functioning in the home and community.
- *Home and Community Treatment (HCT) Services* – HCT serves children and youth with serious emotional disturbances and offers strategies to help the child and family manage mental health symptoms in order to function better in home, school, and community with the goal of preventing hospitalization.

- *Family Functional Therapy (FFT)* – FFT serves youth ages 11-18 with (or at risk of) delinquent behavior along with their family members. This is a family-based model to improve family attributions, communications, and supportiveness and decrease intense negativity and dysfunctional patterns of behavior.
- *Multi-Systemic Therapy (MST)* – MST serves youth ages 12-17 with seriously disruptive behaviors with an intensive family-based treatment that addresses seriously disruptive behavior and focusing across the youth’s environment. MST for youth with Problem Sexual Behaviors (MST-PSB) is a clinical adaptation of MST that has been specifically designed and developed to treat youth (along with their families) for problematic and/or abusive sexual behavior.
- *Assertive Community Treatment (ACT)* – ACT serves families living with or caring for children with serious and persistent mental illness and provides 24/7 symptom management and supports in home, school, and community to prevent hospitalization.

Residential Treatment Services – Residential treatment is designed to address acute needs and teach youth and parents skills to manage behaviors safely at home.

Additional services – These services require prior approval by CBHS but do not require the child to be MaineCare eligible.

- *Respite care* – Provides relief to parents and guardians responsible for the care of children/youth with Serious Emotional Disturbance or developmental disability.
- *Homeless Youth Services* – Provides shelter, mentoring and guidance to homeless youth up to age 21.
- *Individual Planning Funds* – Provides financial assistance to youth up to age 21 receiving CBHS services to support treatment goals in a child’s support plan.

Child Welfare

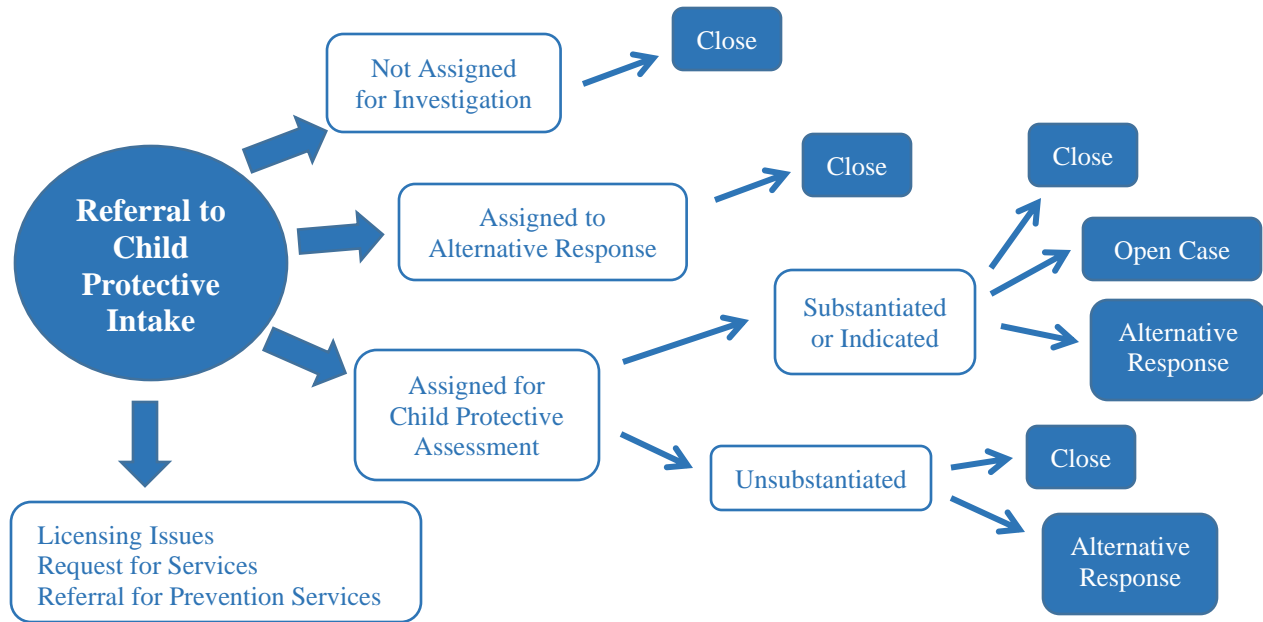
Child Welfare seeks safety, well-being, and permanent homes for children, working with professionalism and respecting the dignity of all families. Reports of alleged child abuse and/or neglect are investigated on behalf of Maine communities, collaborating to keep children safe and to guide families in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

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

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

If a report is determined to be appropriate for investigation, supervisors assign a child protective caseworker from the appropriate District office. Caseworkers complete a thorough investigation of the allegations in the report and any new allegations that arise during the investigation. Specifically, the caseworker seeks to determine whether each child in the home is safe and, if not, what must be done to keep each child safe. The investigation includes a safety assessment and other follow-up assessments to identify parental behaviors and family factors that influence the likelihood of a child being abused. Caseworkers completing investigations utilize Structured Decision Making tools to evaluate the family’s risk factors and determine next steps. Research shows that understanding risk factors produces the most accurate decisions about child safety and potential for future maltreatment.

Path of a Child Welfare Referral



As part of the investigation, the caseworker also makes a determination about whether child abuse or neglect has occurred. The decision is based on whether a preponderance of the evidence establishes that abuse or neglect has occurred based on OCFS’ definition of each abuse type (emotional abuse, neglect, physical abuse, and sexual abuse). If it is determined that abuse or neglect has occurred, the caseworker also determines the severity of the abuse or neglect (i.e., whether the abuse was substantiated or indicated). If abuse or neglect has not occurred and is unlikely to occur, the investigation ends with a finding of “unsubstantiated.” If it is determined that abuse or neglect has occurred or is likely to occur, Child and Family Services must consider several options including connecting the family to services or the need to remove the child from the home in order to ensure his/her safety.

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

Foster Parenting – When children are removed from the care of their parents, they are placed in foster (also called resource) homes and cared for by resource parents. Whenever possible, OCFS seeks to utilize resource parents who are related to the child (known as kinship caregivers). OCFS collaborates with parents and relatives to seek safe and appropriate kinship caregivers whenever possible. All resource parents and kinship caregivers represent an invaluable resource for Maine’s children and communities - and Maine is always recruiting new resource parents. There is a particular need for families willing to accept placement of larger sibling groups, older children, and infants and young children who are actively involved in the reunification process. Maine Child and Family Services believes that developing talented, caring foster and adoptive homes - in all Maine communities - is

essential to enhance our care for children. OCFS contracts with Spurwink to oversee “A Family for ME,” Maine’s resource and adoptive family recruitment program.

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

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

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

Teens and Youth Transition Services – Youth emancipate or “age out” of child welfare services at age 18, but there are several ways that OCFS can and does to continue to support them. Youth who turn 18 years old while in foster care may negotiate and sign a Voluntary Extended Support (V9) Agreement with the Department up to the age of 21, while residing in Maine or temporarily in another state as part of their V9 Agreement. A V9 Agreement with the Department enables older youth to receive extended placement and other supports until their 21st birthday in order to complete education, job training, receive services to meet behavioral or physical health needs, or if they have a specialized placement due to needs that cannot be met by an alternate plan. OCFS also supports the Alumni Transition Grant Program (ATGP) which provides grants to youth who aged out of foster care to further their education through post-secondary education or job training.

Children’s Licensing and Investigation Services

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

Operations

The Operations unit performs a variety of functions that assist OCFS managers, supervisors, and staff in managing their performance, as well as programs that assist the children and families we serve. The mission of operations staff is to provide quality services in the areas of administration, finance, contracting, quality improvement, and information services to all OCFS programs. The Operations unit supports Maine's child welfare information system, currently known as the Maine Automated Child Welfare Information System (MACWIS). OCFS is in the process of replacing MACWIS with a new Comprehensive Child Welfare Information System (CCWIS) which will be implemented in the fall of 2021.

Background Check Unit - The Background Check Unit provides an array of services to include criminal background checks for ongoing child welfare investigations, fingerprint-based background checks for child care and children's congregate living facility staff, and child protective service work clearances for prospective employees working with children.

Office for Family Independence

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

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

OFI's Division of Support Enforcement and Recovery (DSER) is Maine's child support agency and helps families establish paternity, locate non-custodial parents, and determines, enforces, and collects on child support obligations. Additionally, OFI's Disability Determination Services (DDS) division processes claims for federal Social Security and Supplemental Security Income disability benefits.

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

Temporary Assistance for Needy Families

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

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

Higher Opportunity for Pathways to Employment (HOPE) - HOPE helps Maine parents enroll in and complete training and education beyond high school by providing financial support for costs related to training and education.

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

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



Director Anthony Pelotte

Anthony Pelotte received his B.A. from the University of Maine at Farmington and has worked with the Maine Department of Health and Human Services for over 25 years in several roles. He played instrumental, key leadership roles in the successful delivery of operational changes with policy and technology impacts, such as implementation of the country's first integrated Automated Client Eligibility System (ACES) in 2002, Affordable Care Act changes in 2013, a 2015 transformation of the Office's service model from geographically, case-based management, to statewide task-based processing and most recently, the first targeted replacement of an integrated eligibility system rules engine.

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

Food Supplement (Supplemental Nutrition Assistance Program)

Food Supplement (also known as SNAP) provides a monthly benefit to help low-income households purchase nutritious food. Individuals who receive Food Supplement may also be eligible to participate in Maine SNAP-Ed or the Food Supplement Employment and Training Program.

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

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

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

Health Care Assistance

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

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

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

General Assistance

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

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

Division of Licensing and Certification

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

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

Medical Facilities Unit

Long Term Care - The Long Term Care team is comprised of registered nurses, social workers, and a facilities specialist who conduct state licensure and federal CMS recertification and complaint surveys (inspections) and complaint investigations in nursing homes throughout Maine.

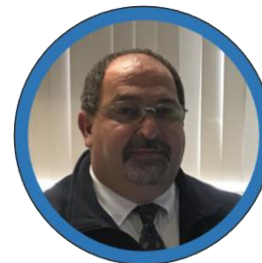
Recertification surveys are generally conducted on a 9- to 15-month window based on performance. Federal and state licensure complaint investigations are done based on complaint intakes and facility self-reported incidents if the allegation denotes a violation of a state licensure rule or CMS condition of participation.

Acute Care - The Acute Care team provides regulatory oversight of hospitals, home healthcare services providers, home healthcare agencies, portable X-ray suppliers, outpatient physical therapy, end stage renal disease facilities (dialysis), rural health clinics, ambulatory surgical centers, hospice agencies, federally qualified health centers, CLIA labs, and oversees the registration of temporary nurse agencies, and personal care agencies. This team is comprised of registered nurses and social workers who conduct state licensure and federal recertification surveys (inspections) and complaint investigations to determine compliance with applicable licensing rules and the appropriate CMS Conditions of Participation as outlined in the State Operations Manual.

Community Healthcare Programs Unit

Mission

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



Director William Montejo, RN

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

Assisted Housing and Behavioral Health Licensing - The Assisted Housing/Behavioral Health (AH/BH) team is comprised primarily of social workers and a facility specialist who conduct state licensure surveys of assisted living facilities, residential care facilities, private nonmedical institutions (PNMIs), and behavioral health and substance use disorder facilities.

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

Health care Oversight

Under Maine law, certain types of health care providers are required to obtain state approval prior to making major changes in the health care landscape through what is called the Certificate of Need (CON) process. Applicable changes include mergers and acquisitions, new facilities and services, substantial capital investments in new equipment or facilities, changing access to services, and increases in bed complement. This team is also involved in validating to the Bureau of Insurance that applicants seeking designation as a Continuing Care Retirement Community have the required licenses and have been reviewed by the CON process as applicable. This team also provides oversight of Maine's Free Care Guidelines under 22 MRSA §1716.

Sentinel Events

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

Maine Background Check Center

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

- Pre-screened (no cost) for employers using publicly available databases, and
- Criminal background check using State Bureau of Identification (SBI) conviction data.

Office of MaineCare Services

MaineCare is Maine’s Medicaid program. It is funded by the federal and state government. MaineCare provides free or low-cost health insurance and other health benefits to Mainers who meet certain requirements, usually based on income, disability, or age. MaineCare helps ensure that all Maine people can access the critical health services, both preventative and emergency, that enable them to live healthy, safe, and resilient lives.

MaineCare’s primary responsibility is reimbursing MaineCare-enrolled health care providers for the vital services, medication, and equipment they provide to MaineCare members. MaineCare also collaborates with other DHHS offices, vendors, advocacy groups, and community resources to ensure members receive high quality health coverage.

Eligibility – The DHHS Office for Family Independence determines eligibility for MaineCare. People with questions or who would like to explore their eligibility for MaineCare can visit the Office for Family Independence’s website or call 1-855-797-4357 or visit <https://www.coverme.gov/>.

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

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

Coverage and Benefits

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

Children’s Coverage - MaineCare provides free or low-cost health insurance, other health benefits, and assistance to kids under age 21 who meet income guidelines or disability criteria.

- *Children’s Health Insurance Program (CHIP) or Cub Care*: A child under age 19, who is over the income level for free MaineCare, may qualify for CHIP and pay a low-cost premium for health coverage.
- *Katie Beckett*: Children under age 19, with serious health conditions who are over the income level for free MaineCare, may get MaineCare coverage through



Director Michelle Probert

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

the Katie Beckett program. Children enrolled in Katie Beckett pay a low-cost premium for health coverage.

- *Health Insurance Purchase Option (HIPO)*: If a child under age 19 loses MaineCare coverage because family income goes up, MaineCare coverage can be purchased for up to 18 months or until the child turns 19, whichever comes first. For more information, call the Office of Family Independence at 1-855-797-4357. Ask about the “Full Cost Purchase Option for Children Under 19 Years of Age.”
- *Newborn Coverage*: A baby can receive MaineCare coverage if the mother had full MaineCare coverage when the baby was born, even if the mother’s income changes.

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

- *Parent or Caretaker Relative*: Individual is a guardian, caretaker, or relative of a dependent child or is related by blood or marriage or have adopted the child. The child must also be living with this individual and they must have primary responsibility for the child’s care.
- *Adults between age 21 and 64* who are not eligible for Medicare
- *Pregnant Women*: Pregnant or had a pregnancy that ended within the last 60 days.
- *Former Foster Care Children*: Individuals under 26 years old who were in foster care in the State of Maine and were enrolled in Medicaid through the State of Maine at age 18, and are not otherwise eligible for, or enrolled in, other Medicaid coverage.

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

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

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

- *Pharmacy*: Individuals with full MaineCare coverage can get prescription drugs paid for with the pharmacy benefit. They may need to pay for part of the cost of your prescription drug.
- *Discount Drug Programs*
 - o Drugs for the Elderly and Disabled (DEL) - This discount drug program is for individuals who are age 62 and older or have a disability and are over the income level for MaineCare. Individuals may get up to 80% off the cost of the prescription drugs and may also have to pay a \$2.00 copayment.
 - o Maine Rx Plus Individuals who are over the income level for MaineCare may get a discount on some prescription drugs. If eligible, they may save up to 60% on generic drugs and 15% on name brands.
- *Private Health Insurance Premium (PHIP)*: The PHIP program can pay the share of the cost for private health insurance.
- *Special Benefit Waiver (HIV Waiver)*: The Special Benefit Waiver is a limited MaineCare benefit for individuals living with HIV or AIDS who do not qualify for full MaineCare benefits due to income. If eligible, members may be charged copayments, and/or a monthly premium based on their income.
- *Pregnant Women Who Are Presumptively Eligible*: Pregnant woman can have prenatal care for up to 60 days, beginning the date her health care provider finds her eligible. To get care for the rest of the pregnancy, the woman must apply for MaineCare and be found eligible by the DHHS eligibility office before the 60 days pass.
- *Limited Family Planning Benefit*: This benefit covers services for members wishing to prevent or delay pregnancy or regulate the number of children and timing of pregnancies. Pregnant individuals do not qualify for this benefit.
- *Emergency Services (“Emergency MaineCare”)*: This limited benefit package is for people who: are not citizens and have no documents from Homeland Security. The only covered service is emergency medical services to stabilize the emergency condition. Any further treatment after the emergency is stabilized, is not covered. Labor and delivery is also covered.
- *Coverage during Incarceration*: Per federal law, only inpatient services are covered by MaineCare for inmates involuntarily confined in a public institution, state or federal prison, jail, detention facility, or penal facility. This benefit only covers inpatient services in hospitals, intermediate care facilities, nursing facilities, and juvenile psychiatric facilities.

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

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

Riverview Psychiatric Center

Opened in Augusta in 2004, Riverview Psychiatric Center (RPC) is a modern, state-of-the-art hospital that supports patient autonomy as well as recovery-focused treatment. RPC, in collaboration with the community, is a center for best practice, treatment, education and research, for individuals with serious, persistent mental illness, and co-occurring substance use disorders.

Metrics

Number of beds: 92

Inpatient treatment units: 4

Licensing and Certification:

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

RPC operates under Maine law to provide care and treatment for both voluntary and court-committed patients, as well as outpatients. The hospital has been held as a model for other psychiatric hospitals in successful reduction of seclusion and restraint measures, for becoming tobacco free, and for its active group treatment program known as the "Treatment Mall." As part of its commitment to reducing the use of seclusion and restraints, RPC emphasizes proactive and innovative approaches that include identifying early stages of agitation and utilizing de-escalation tools.

Mission: Riverview Psychiatric Center provides state of the art care to individuals with serious and persistent mental illness in Maine

Vision: Riverview Psychiatric Center, in collaboration with the community, is a center for best practice, treatment, education, and research for individuals with serious and persistent mental illness.

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

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

Recertification – Following decertification by the U.S. Centers for Medicare and Medicaid Services (CMS) in 2013, RPC worked with CMS and DHHS' Division of Licensing and Certification to address issues identified. Superintendent Bouffard, who has led the facility since 2016, addressed concerns and earned recertification by CMS in February 2019.



Superintendent Rodney Bouffard

Rodney Bouffard's professional career has been built on helping Mainers at the most critical and challenging times in their lives. His service to the state includes top leadership positions at the Pineland Center, Augusta Mental Health Institute, Long Creek Youth Development Center, the Maine State Prison, and Riverview Psychiatric Center. Under his leadership, Riverview regained full certification. Rod cares deeply about both consumers and staff and is known for his ability to connect with staff and patients in his care. Throughout the years he has been recognized by the Governor's office, NAMI, the American Academy of Medical Administrators, and several other private organizations.

Dorothea Dix Psychiatric Center

Dorothea Dix Psychiatric Center (DDPC) has served the people of Maine since 1901. Formerly known as Bangor Mental Health Institute, DDPC is a 68-bed psychiatric hospital that provides services for people with severe and persistent mental illness. Like RPC, DDPC operates under Maine law to provide care and treatment for voluntary, involuntary and court-committed inpatients, as well as outpatients. DDPC is part of a comprehensive mental health system of services in Maine, which includes community mental health centers, private psychiatric, and community hospitals and private providers.

Metrics

Number of beds: 68

Inpatient treatment units: 4

Licensing and Certification:

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

Mission: As a member of a statewide community of care givers, DDPC collaborates with individuals with severe and persistent mental illness and their community and personal supports to provide recovery oriented, respectful, compassionate, and effective psychiatric care and treatment in the least restrictive, safest, and most therapeutic environment we can create.

Vision: We focus on enhancing symptom management, promoting skill development, increasing knowledge, and challenging people to use their strengths to lead more hopeful and autonomous lives. We

devote ourselves to the timeliest return of those we serve to a more independent, sustainable, and hopeful life in the community.

New Geropsychiatry Unit – In recognition of the need for inpatient psychiatric services for older adults, DDPC developed a 18-bed unit built adjacent to the main hospital building. This new unit was designed specifically for the care of older patients with a primary diagnosis of severe, persistent mental illness. Patients have their own private rooms, and the décor and furnishings were designed to support older individuals who may have vision challenges or neurocognitive deficits. Older patients often have underlying medical conditions and may be on multiple medications that can cause or complicate mental illnesses. Staff receive training specifically developed for this population. Referrals come to the main hospital for determination if patients would meet criteria for admission. The unit’s team is a multi-disciplinary group that includes psychiatry, psychology, family medicine practitioners, nursing, therapeutic services, occupational and recreational therapy and social workers. The doors opened in early January 2021.



Superintendent Sarah Taylor, MBA, FACMPE

Sarah joined DDPC as Superintendent in October, 2019. Previously, she served as the Director of the Division of Licensing and Certification with Maine DHHS, the division responsible for regulatory oversight of healthcare facilities throughout the State. Prior to joining DHHS, Sarah worked as a health care consultant and held senior leadership positions in a critical access hospital in New Hampshire and a larger health system in Connecticut. Sarah grew up in Hampden, Maine, and received her graduate and undergraduate degrees from the University of Maine. After living out of state for 23 years, Sarah and her husband were very happy to return to Maine and currently reside in the beautiful town of Belfast.

Quick Resources for Constituents

Crisis Numbers and Hotlines

Maine Statewide Crisis Hotline: 1-888-568-1112 (Voice) or 711 (Maine Relay)

Operated by Sweetser, available 24/7

Intentional Peer Support Warmline: 1-866-771-WARM (9276) or 711 (Maine Relay)

Mental health peer-to-peer support line, available 24/7

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

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

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

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

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

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

Additional Resources

OFI Hotline: 1-855-797-4357

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

MaineCare: 1-800-977-6740

- Questions about covered services

WIC Program: 1-800-437-9300

Consumers for Affordable Healthcare

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

211 Maine

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

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

Substance Use Help

Alcoholics Anonymous (AA)

- 1-800-737-6237

Eyes Open for ME (opioid use help)

- 1-800-974-0062

Maine Tobacco Helpline

- 1-800-207-1230

Substance Use Disorder Treatment Locator

- www.findtreatment.gov

