

Bonnie-Jean Brooks
MDSOAB
LD 1932

MAINE DEVELOPMENTAL SERVICES OVERSIGHT AND ADVISORY BOARD

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TESTIMONY – L.D. 1932, An Act to Support Essential Support Workers and Enhance Workforce Development (as amended)

Senator Ingwerson, Representative Myer and respected members of the Maine Health and Human Services Committee

My name is Bonnie-Jean Brooks. I am Executive Director of the Maine Developmental Services Oversight and Advisory Board (MDSOB. I am also guardian for a woman with complex intellectual, behavioral, and medical needs.

The MDSOAB is a ‘J’-Corp’ authorized by Title 5, Section 12004-J, subsection fifteen. This 15-member board provides independent oversight over programs and services for Maine adults with intellectual disabilities and autism. It focuses on systemic concerns. Several systemic concerns addressed in this Bill are ones with which the MDSOAB also has concerns.

On 1/20/2026, the Board voted unanimously at its monthly meeting to support L.D. 1932. It based its decision on public feedback it has received from several sources including at 6 different Public Forums held in Yarmouth, Houlton, Farmington, Bangor, and through 2 ZOOM Forums.

The MDSOAB has heard from the public about the lack of available data and other demographic information that would allow the Department to gather, analyze, quantify, and report unmet needs of people with IDD/ASD to the Legislature and Governor.

This failure has resulted in the inability of the Department, Legislature and Governor to formulate goals, programs, and policies to meet the needs of these individuals as required by statute.

We would like to refer the HHS Committee members to Title 34-B – Chapter 5. 5003 A. System of Care for Clients with Intellectual Disabilities or Autism. You will find the requirement that the Department must, at a minimum, provide a Report to the Legislature on at least an annual basis. The Report must offer information to the Committee on ten different areas. If data, including quantified unmet needs, in each of these areas was provided to the Committee on an annual basis and each area was quantified, it could provide economic information that could be useful in the development of future budgets.

The MDSOAB has worked with OADS over an extended period of time to improve the availability and spectrum of data that would help it to identify systemic needs in order for it to make recommendations. We have been very pleased with the progress that OADS has made in recent months in improving the data we have requested. We have recently formed an OADS/MDSOAB Data Committee that will meet monthly to identify data requests and strategize about ways to obtain that data.

We support the recommendations in this legislation as follows:

(1) Sec. 3. 12. - develop a “Biennial Funding Comparison Report”. We appreciate that the Bill refers to BOTH MaineCare and other state-funded programs. We particularly appreciate the requirement to forecast anticipated future costs.

(2) Sec. 4. 7402 - increase reimbursement rates for Essential Support Workers. We have received a volume of information about high staff turnover, closure of homes, elimination of services, and inability to get out into the community as required by law because of low wages. We have heard disturbing stories about the negative impact of these things on individuals with disabilities. One man with complex needs told us that

when he goes to bed at night, he has no idea who will be at his home in the morning to help him get out of bed and perform his A.D.L'S.

(3)Sec. 5. sub-2 – Advisory Committee – We recommend that at “L. One member who is an essential support worker...” be a worker from IDD services because that sector represents thousands of employees statewide.

(4)Sec. 8. – Innovations in Care and Support Technology Plan Membership – We are pleased to see this recommendation. We have heard from OADS that it is in first stages of developing such a Plan. We support the importance of a copy of the Plan being submitted to the Joint Committee.

The recent report for OADS developed by consultants Alvarez and Marsal also made several recommendations for new and improved data collection and analysis as well as new and more improved technology to be able to collect and analyze data.

Sec. 8. – 1. – The MDSOAB is very supportive of the development of a stakeholder group and is pleased that it includes family caregivers and individuals receiving essential supports.

(5)Sec. 9. – Credentialing and training redesign – We support this section. We have heard many concerns about the lack of adequate training for essential workers. There are concerns about lack of state of the art training, infrequent training by OADS in critical areas, lack of training in areas such as trauma-informed care, and lack of agencies ability to enroll frontline staff in training because there is no one to fill their shift when they go to training. An emerging concern is the lack of culturally appropriate training including for people who do not have English as their primary language.

We support a Stakeholder Group and have seen positive benefits of such groups when MDSOAB members have been invited to join such groups. Again, we support OADS' primary customers, people receiving services and family members, having membership on this Stakeholder Group.

The MDSOAB is grateful for the work of this Committee and the opportunity for us to offer comments on L.D. 1932. We are also grateful for the positive working relationship that we have with OADS and look forward to enhancing that relationship in days to come.

Respectfully,

Bonnie-Jean Brooks, Executive Director, MDSOAB

1/23/2026