



**Alliance for Addiction and Mental Health Services, Maine**  
*The unified voice for Maine's community behavioral health providers*

Malory Otteson Shaughnessy, Executive Director

**Testimony in Support of LD 779**  
**An Act to Create a Separate Department of Child and Family Services**

Sponsored by Senator Timberlake

1.11.2024

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Good afternoon Senator Baldacci, Representative Meyer, and esteemed members of the Joint Standing Committee on Health and Human Services. My name is Malory Shaughnessy, I am a resident of Westbrook, and the Executive Director of the Alliance for Addiction and Mental Health Services. The Alliance is the statewide association representing the majority of Maine's community-based providers of these much-needed services, providing care annually to over 80,000 Maine men, women, and children. The Alliance advocates for the implementation of sound policies and evidence-based practices that serve to enhance the quality and effectiveness of our behavioral health care system.

On behalf of the Alliance and the thousands of youth and families that they serve, I am here today to speak in support of LD 779, An Act to Create a Separate Department of Child and Family Services. We thank Senator Timberlake and his co-sponsors for bringing forward this legislation.

Initially, we were somewhat skeptical about the idea of creating a new Department for child and family services, as simply changing up the structure of a bureaucracy does not in itself fix the problems we are facing within the system of care for our youth. However, after reviewing trends and initiatives happening elsewhere in this field, combined with the serious deficiencies that have been uncovered within the Maine Office of Child and Family Services by the Government Oversight Committee investigation this past year, the Alliance has realized that this restructuring may truly be needed to ensure that Maine children are provided safe, timely, and appropriate services and supports.

We now agree that this is a good first step to take to begin to build the infrastructure of a system solely devoted to supporting our state's youth, and their families, with the attention that they, and our future, deserve.

We would also urge this committee to consider the placement of Juvenile Corrections within this department as well. Youths involved in both the juvenile justice system (because of delinquent behavior) and the child welfare system (because of maltreatment) are often referred to as "dual system" or "dually involved" youth. They share many of the same risk factors and other characteristics as youths involved in just one of these systems; however, this population tends to face a greater number of these risk factors, more complex risk factors, and fewer protective factors.

According to a recent report of the Office of Juvenile Justice and Delinquency Prevention (OJJDP) entitled “Intersection of Juvenile Justice and Child Welfare Systems: A product of the Model Programs Guide,” although they have distinct purposes, the operation of the child welfare and juvenile justice systems share the following similarities:

- As legally recognized institutions, both systems were developed to support and carry out the work of juvenile courts, and both were influenced by the concept of *parens patriae*.
- Primary responsibility of both systems rests with state or local government, though the federal government also plays a role in supporting states in the delivery of services through the funding of programs and legislative initiatives.
- There are racial and ethnic disparities in both systems.
- Both systems serve a substantial proportion of children who need mental health services. However, many youths who need services do not receive them, and this disproportionately affects minority youth.
- Both systems serve children who often demonstrate high risks and high needs, and a large proportion of children and families are served by both systems, either concurrently or simultaneously.<sup>1</sup>

Researchers have begun to gather best practices among systems trying to better serve this high-risk population. They recommend early identification of dual involvement, improved information sharing across child welfare and juvenile justice systems, and use of coordinated case supervision across juvenile justice and child welfare. For instance, the Crossover Youth Practice Model, which aims to strengthen collaborations between child welfare and juvenile justice system professionals, is one intervention that has demonstrated promise with this group in reducing recidivism.<sup>2</sup>

Placing Juvenile Corrections within this new department allows it to be aligned with child protective and child welfare services, as well as the community based mental health and substance use treatment services so many of these youth need. In the recent Children’s Defense Fund report on Youth Justice, the point out that “there are well-established healthier alternatives to harsh punishment including treatment, diversion, mental health counseling, and after school programs—none of which require an encounter with the criminal legal system.”<sup>3</sup> And all of which would be easier developed within the framework of a Child and Family Department.

The Maine Department of Health and Human Services covers a lot of services, programs, and issues. Sadly, it has become apparent that especially the foundational support of behavioral health treatment services for youth have not gotten the attention that they need and deserve.

The history of this need is well documented from many sources.

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<sup>1</sup> <https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/Intersection-Juvenile-Justice-Child-Welfare-Systems#7-0>

<sup>2</sup> Herz, D. C., and Dierkhising, C. B. 2019. OJJDP Dual System Youth Design Study: Summary of Findings and Recommendations for Pursuing a National Estimate of Dual System Youth. Final Technical Report. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

<sup>3</sup> <https://www.childrensdefense.org/tools-and-resources/the-state-of-americas-children/soac-youth-justice/>

In 2010, as a County Commissioner, I participated in the Maine Juvenile Justice Task Force led by then Chief Justice Saufley who so clearly stated “Maine cannot afford to lose one more of its young people to prison and jails, to homelessness, to hopelessness.” The task force found that there was too little access to community-based behavioral health services for our youth, and one of the top three recommendations was to invest in and expand access to these services.

In 2018, in the Children’s Behavioral Health Services Assessment conducted by Public Consulting Group (PCG), they found that:

- Children’s behavioral health services are not available immediately (or at all).
- Behavioral health services are not always available close to the community where children live.
- When children do get services, it’s not always the right service.
- The quality of behavioral health services is not consistent.
- Coordination with other child-serving agencies and transition to adult services is inadequate.

In 2020, the Maine Juvenile Justice System Assessment & Reinvestment Task Force report pointed out that “one of the most common statements we heard throughout Maine, from youth and adults, from those inside and outside the juvenile justice system, was that the state still lacks a continuum of community-based programs and services to provide effective support and supervision of young people without resorting to incarceration.” The report went on to state that “[c]onsistent with the third major and unrealized goal of the 2010 task force, there is general recognition that the next step for the State of Maine is to finally develop a robust continuum of community-based services by (1) developing an ongoing mechanism to provide flexible funding for community-based services and supports, (2) creating a statewide system of robust and high-quality programming that is sufficient and accessible, (3) adopting standards and a quality assurance system to ensure the quality and effectiveness of programs, and (4) creating an implementation and accountability mechanism to oversee needed reforms.<sup>4</sup>

In June of 2022, the Department of Justice found that Maine violated the Americans with Disability Act as it relates to providing children community-based resources, resulting in children being placed at higher levels of care, including residential treatment in and out of the state, psychiatric hospitalizations, and often within the criminal justice system.

Throughout the year in 2023 as the Government Oversight Committee met to review the Office of Child and Family Services, and the child protective system in Maine, we heard from numerous case workers regarding the lack of community services to refer families to when they have a child struggling with behavioral health challenges. And recently, we heard from foster families struggling to get the supports they need, “The problem, they say, is a broken system that lacks adequate services for behavioral health, mental health and substance use treatment.”<sup>5</sup>

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<sup>4</sup> Center for Children’s Law and Policy et al. (2020). Maine Juvenile Justice System Assessment.

<sup>5</sup> <https://www.pressherald.com/2023/12/24/maine-foster-families-say-pressures-are-overwhelming/>

And here we are in the beginning of 2024, and although the Department of Health and Human Services' Office of Child and Family Services has worked with providers and the community to add more evidence-based services, and build out our continuum of care, we still have nearly 600 youth, and their families, on waitlists for basic Home and Community Treatment, over 50 youth still in residential treatment out of state and far from home, and several children that have been sitting in hospital emergency departments awaiting placement for upwards of 90 to 120 days.

On behalf of the Alliance, I urge you to support this initiative. This initiative represents an important opportunity to enhance the effectiveness, responsiveness, and by including Juvenile Corrections to this department, the equity of the vital services provided to our youth and families in Maine.

We do want to also make sure that mental health and substance use services are listed specifically in Subchapter 2, Section 202, Programs and services of department. I am sure that the intention is there, but they are not specifically listed in the enumerated programs and services of this new department.

I would be happy to provide any studies or additional information that you might require.  
Thank you.