

Good morning, Senator Rotundo, Representative Gattine, Senator Ingwerson, Representative Meyer, and esteemed members of the Appropriations and Financial Affairs Committee and the Health and Human Services Committee; my name is Charlotte Warren. I reside in Hallowell, and I am here today to testify in opposition to the portions of the Governor's proposed budget, which decreases investments in behavioral health services while increasing investments in law enforcement. Once again, as part of a long pattern, this proposed budget bypasses the most effective, least expensive solutions to Maine's fundamental problem of behavioral health issues and instead proposes to invest those resources into the Department of Public Safety, which has oodles of unfilled positions.

The Governor's proposed budget eliminates funding for crisis-receiving centers in Aroostook and Kennebec Counties. In doing so, the proposal continues the downstream solution of using jails as our state's response to behavioral health issues. But, it isn't just social workers like me who are calling for more investments in behavioral health. It isn't only the family members of those suffering with persistent behavioral health issues like me that are calling for care for the suffering. Let me share with you the words from reports that you and me and the taxpayers of Maine paid for.

The 22nd annual report of the Maine Child Welfare Ombudsman¹ published last month states, "A serious shortage of children's behavioral health and mental health services, both in-patient and out-patient, is causing harm to children who need the services, and a drain on child welfare staff time and resources. Additionally, this shortage can cause placement disruptions and increased trauma for children in state custody. This issue must be addressed at all levels of children's behavioral health with substantial additional resources."

Additionally, I'd encourage members of both committees to review the Office of Behavioral Health's Comprehensive Behavioral Health Plan for Maine² and Maine's Opioid Response 2023-2025 Strategic Plan³ as a guide to what the administration planned and presented as solutions to the behavioral health issues we face. The proposed budget seemingly ignores those recommendations.

Finally, the Government Oversight Committee directed OPEGA to review certain records generated by the Maine Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS) to better understand the safety decisions and actions taken by the Department during its involvement in the lives of four Maine children who died in 2021. There

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<https://cwombudsman.org/wp-content/uploads/2025/01/2024-Annual-Report-Maine-Child-Welfare-Ombudsman.pdf>

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<https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/Maine%20LD1262%20FINAL%20Report.pdf>

3

https://www.maine.gov/future/sites/maine.gov.future/files/inline-files/GOPIF_OpioidReport_2023.pdf

are separate OPEGA reports on Hailey Goding, Maddox Williams, Jaden Harding, and Sylus Melvin.⁴

September 2024 OCFS Case File Review: Safety Decisions and Actions in the Case of Sylus Melvin: "Since the second hospital did not yet provide therapy for substance use disorder, Ms. Newbert reported to her MAT supervisor that she had contacted a group called My Recovery Opportunity to engage in therapy. At the same time, the CPS caseworker was attempting to schedule mental health treatment and medication management through Milo Family Practice. Neither of these attempts to obtain therapy are recorded to have been successful." and "To the extent that there were complicated dynamics of a family in distress, related to mental health, substance use, and domestic violence, the Department should continue to examine and consider the risks to future families presented by the dynamics observed in this case."

An OPEGA information brief from Child Protective Services Reunification report⁵ states, "Mental health evaluations and treatment Interviews with permanency caseworkers and supervisors, parent attorneys, assistant attorneys general, court representatives, and representatives of biological parents, all identified chronic issues with waitlists for mental health services for parents in the reunification process. Caseworkers and supervisors reported that waitlists for mental health evaluations, in particular, are several months long ... Interviewees reported similar concerns related to long wait lists for substance use disorder services."

⁴ <https://legislature.maine.gov/opega/opega-reports/9149>

⁵ <https://legislature.maine.gov/opega/opega-reports/9149>