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Testimony of Rep. Marshall Archer introducing
**LD 943, An Act to Require the ASPIRE-TANF Program to Be Administered
by State Employees**
Before the Health and Human Services Committee

Good afternoon, Sen. Ingwersen, Rep. Meyer and esteemed members of the Health and Human Services Committee. I am Representative Marshall Archer from House District 129, which includes part of Saco. I am here today to introduce **LD 943, An Act to Require the ASPIRE-TANF Program to Be Administered by State Employees.**

I come before you as a strong advocate for the transfer of ASPIRE services back to the State of Maine. As someone deeply invested in the well-being of our community, I cannot ignore the failure of privatization, particularly the decision to outsource ASPIRE services to the provider. The original intention behind this privatization was to improve outcomes, but unfortunately, this approach has not worked as intended. Instead, it has resulted in the Department of Health and Human Services (DHHS) being forced to contend with subpar results that are far from acceptable. The model of putting all resources in one basket, in this case outsourcing to a single provider, has proven to be deeply flawed. The basket has holes, and our most vulnerable populations are being left to bear the consequences.

From the outset of the contract, the provider has not consistently delivered on the promises made. The outcomes have not met, let alone exceeded, the level of sufficiency that was achieved when the State of Maine directly managed these services. As a social worker, I view government programs like ASPIRE as investments—investments in individuals, families, communities and ultimately, our shared humanity. When those investments fail to yield the expected returns, it is the government's duty to adjust, reevaluate and reinvest in ways that will ultimately deliver meaningful change.

In addition to my role as a social worker, I also served as a Fair Hearing Authority for the General Assistance program, where I am responsible for making objective, unbiased decisions about eligibility for assistance. In my capacity as a hearing authority, I have reviewed cases from both municipalities and individuals, ensuring that all decisions are based on the law and the facts presented. I have made decisions that have been both in favor of municipalities and applicants, depending on how the law applied to the facts of the case. This experience has taught me the importance of fairness, transparency and adherence to the law in all decision-making processes.

It is from this standpoint that I urge you to closely examine the current state of ASPIRE services and the impact of privatization on our most vulnerable citizens.

Unfortunately, DHHS is currently constrained by the underperformance of its contracted provider. One of the most glaring examples of this failure is the Work Participation Rate (WPR), which, according to federal regulations, should be at least 50%. The provider has reported WPRs as low as 6% to 10%. These numbers are not just disappointing—they represent a catastrophic failure. I urge this committee to carefully scrutinize the data provided by the contractor, especially the WPR figures. It is crucial to not simply accept what has been presented to the federal government, as there are serious questions about the accuracy of this data. The program is not serving all the individuals who qualify for food stamps and other benefits that could be factored into the WPR. By excluding these individuals, the provider has artificially inflated the success of the program, distorting the true picture of its effectiveness.

Moreover, I ask that you critically examine the data submitted by the provider, especially concerning employment placements. While it may appear that there has been a significant increase in placements over the past two years, a deeper dive reveals troubling discrepancies. The provider has been paying approximately \$60 per request for Work Number inquiries, which they have used to validate employment placements. These placements, however, often lack solid evidence of actual intervention by the provider. In many cases, participants themselves initiated these placements, not the provider. Further compounding the problem, the executive director issued an internal directive requiring that all placements be classified as “internally developed,” a classification that was not transparently communicated to oversight bodies.

Let me be clear: while the data on placements is technically accurate, it does not tell the full story. The placements were often self-initiated by participants, not the result of the provider's intervention. Furthermore, the lack of transparency and the manipulation of data classification is deeply concerning.

This program, as it currently exists, is fundamentally flawed. The Request for Proposals (RFP) process itself has raised red flags. When you examine the evaluation mechanisms used in awarding the contract to the provider, you may find evidence of a bait-and-switch tactic that unfairly tilted the grading process in the provider's favor, to the detriment of other competitors like Equis and Maximus. The monopolization of this contract has also excluded local in-state providers from competing, thus reducing the flexibility that DHHS needs to meet its obligation of providing high-quality services to the people of Maine.

The costs associated with this program are astronomical—approximately \$16 million annually, and increasing every year. For what? The results are unacceptable. Taking into account the typical 10% profit margin allowed in federal contracts, an estimated \$7.5 to \$10 million is leaving the state under a single contract. This money should stay within Maine and be reinvested into services that directly benefit Maine families, not leaving the state and enriching a private corporation.

I want to emphasize that this is not a criticism of DHHS or its dedicated staff. I have the utmost respect for the work that DHHS has done under difficult circumstances. The department has

gone above and beyond to try and make this program work, adding whole-family case coordinators and other services to meet the needs of the people. However, the fact that the provider has been placed on the state's version of probation and that DHHS has had to invest additional resources to support case managers is both troubling and absurd.

You will hear testimony from past staff, former clients and their advocates. While I have not yet heard their full accounts, I ask that you listen to their experiences with an open mind. These individuals are the ones who have been most directly impacted by the failures of this program. They are not merely statistics—they are real people whose lives have been affected by a system that is not delivering on its promises.

I also urge you to examine the turnover rates within the provider. Why have so many directors and managers left? Why has there been such high turnover among key staff? The answers to these questions point to deep, systemic issues within the organization. High turnover is a serious concern—it reflects a failure in leadership, and when leadership is unstable, the entire program suffers. This is not a value that reflects the people of Maine. We value strong, steady leadership that prioritizes the needs of the people.

Another concerning issue that deserves your attention is the matter of confidentiality in relation to the physical structure of the provider's facilities. As part of their proposal, the provider identified an opportunity to provide private spaces where sensitive client information could be discussed confidentially. However, a closer look at their facility design reveals a significant structural change to the building's floor plan that undermines this commitment. In particular, the facility in Oxford County unnecessarily wasted state funds on an open-plan space that mirrors the operational style of the provider's UK facilities—an approach that is entirely inappropriate for a program designed to serve vulnerable populations.

The so-called “lift and shift” model they employed is completely irrelevant to the demographic intake of this program. Many of the individuals served by ASPIRE have experienced abuse, trauma or have disabilities. For these clients, a private, confidential space is not just a preference—it is a necessity. The decision to move forward with an open-space design not only disregards the sensitivities of these clients, but it also creates an inappropriate power dynamic. This open-plan layout inadvertently shifts the balance of power, making it difficult for clients to feel safe and secure when sharing deeply personal information. It also wastes precious state resources that could have been better allocated to creating a more appropriate, confidential and supportive environment.

The lack of consideration for these vulnerabilities is a clear sign of the provider's failure to understand and respect the unique needs of the ASPIRE demographic. In this context, an open-plan space is not just inefficient—it actively undermines the trust that is essential for clients to engage with the program and receive the services they desperately need.

The “Power of Possible” initiative, which was touted as a key component of the provider's program, has also fallen short of its promise. Career training and upward mobility opportunities have been woefully inadequate, as evidenced by the number of participants who have completed the program. In the last year alone, out of thousands of eligible participants, fewer than ten

individuals have graduated from the career training program. This failure to produce meaningful results is not just a minor oversight—it is a glaring indicator that the program is not delivering the opportunities it was designed to provide.

And yet, despite these results, the provider continues to boast about their “performance.” They proudly present themselves as successful, but their own record—marked by consistently underperforming against the metrics that matter—tells a very different story. The wordsmithing in their reports may be strong, but the actual results speak for themselves. How can they tout success when, by their own admission, they were on probation for performance? Why are they claiming victory when their own track record is a testament to failure? The discrepancies between their reported achievements and the realities faced by those on the ground show that the provider is either misrepresenting its accomplishments or fundamentally misunderstanding the nature of the program.

I do not blame the director of training or their staff directly. The root cause of this failure lies in the lack of cohesion and alignment of operations. The disconnect between various program components, combined with an inability to coordinate effectively, has undermined any chance of success in delivering career training that leads to tangible outcomes. The program’s inability to align services with the needs of participants is a fundamental problem that must be addressed. If the services aren’t structured in a way that meets the unique needs of the participants especially those facing barriers like disabilities, abuse and systemic inequality the program will continue to fail.

The challenges presented by the current ASPIRE program are not just operational failures. They represent a profound failure of leadership, accountability and a lack of understanding of the needs of Maine’s most vulnerable citizens. The state’s responsibility is to ensure that taxpayer dollars are used efficiently, and that essential services are provided to the people who need them most. Unfortunately, under the provider’s management, this has not been the case. Despite DHHS giving the provider the necessary choice and leeway to improve performance, we have not seen the results we were promised or that we expect.

DHHS has consistently worked in good faith with the provider, providing them with the flexibility and resources needed to carry out the program effectively. The department's actions have always been motivated by a desire to serve the best interests of the people of Maine. DHHS has attempted to support the provider, including adding resources like whole-family case coordinators, providing guidance, and working tirelessly to troubleshoot problems in an effort to make the program succeed. The department has gone above and beyond to try to make this system work. However, despite these efforts, the provider has consistently failed to meet expectations, and the performance gaps are undeniable. This is not a reflection on DHHS, but on the inability of the provider to deliver the promised services effectively.

It is important to note that this situation is not the fault of DHHS. The department has been put in an incredibly difficult position, and despite their best efforts, they cannot be held accountable for the provider’s failures. DHHS has tried to work within the constraints imposed by this contract, providing flexibility, support, and adjustments as necessary. They have used all the tools

available to them, but the fact remains that the provider has failed to deliver on the promises made to the state and its citizens.

The provider's inability to follow through on their commitments, from the lack of meaningful employment placements to the wasteful spending on an open-plan facility that disregards confidentiality needs, is indicative of a deep systemic failure. The program is not meeting the needs of Maine families, and the provider has demonstrated a lack of understanding of the unique challenges faced by the populations served by ASPIRE. They have also shown an alarming disregard for the importance of confidentiality and the sensitive nature of the information shared by vulnerable clients.

This bill represents a critical opportunity to correct course and ensure that the ASPIRE program is serving the people of Maine as it was intended. Returning control of these services to the state would not be an indictment of DHHS; rather, it would be a recognition of the department's commitment to service, its ability to take action, and its willingness to prioritize the needs of our most vulnerable citizens. The state has the infrastructure, the commitment, and the knowledge to run these services effectively, without the burden of ongoing private-sector failures. By bringing these services back under state control, we would be able to ensure that Maine families receive the support they need in a timely, effective and compassionate manner.

Returning control of ASPIRE to the state would also allow us to reinvest in the well-being of our communities. It would offer an opportunity to refocus on outcomes that truly matter—such as helping people gain sustainable employment, supporting individuals in overcoming life challenges and lifting families out of poverty. This is a chance to address the issues head-on, to place accountability in the hands of those who have a vested interest in the long-term success of our people, and to ensure that services are not only effective but also delivered with integrity and respect for Maine's citizens.

In conclusion, I urge this committee to take bold action and support this bill. By transferring ASPIRE services back to the state, we can end the cycle of underperformance and mismanagement that has plagued this program for far too long. This is an opportunity to prioritize Maine's vulnerable citizens over a failing private contractor. It is about more than policy—it is about making sure that Maine's most vulnerable families are supported, empowered and given the opportunities they need to thrive. Thank you for your time, your attention and your commitment to making Maine a better place for all its people. I look forward to any questions or further discussion and remain a resource to you throughout this process.