

DISABILITY RIGHTS MAINE

May 9, 2025

Senator Henry Ingwersen, Chair
Representative Michele Meyer, Chair
Committee on Health and Human Services
Cross Office Building, Room 209
Augusta, Maine 04333

Re: L.D. 1893, An Act to Establish an Independent Office of the Child Advocate

Dear Senator Ingerswen, Representative Meyer, and Members of the Committee on Health and Human Services:

My name is Katrina Ringrose, and I serve as the Deputy Director of Disability Rights Maine (DRM), Maine's Protection and Advocacy agency for people with disabilities.

DRM fully supports the intent behind this bill—to improve access to effective, independent advocacy for children and youth involved in multiple systems across the state. We understand and appreciate the vision for an Independent Child Advocate, modeled after the successful program in New Hampshire. Children and families navigating complex systems in Maine need access to trusted, independent advocates who can assist with navigating services, addressing barriers, bridging gaps between fragmented systems, and promoting accountability.

The November 2024 report issued pursuant to Resolve 2023, Ch. 134, also acknowledged the need to expand the resources of existing advocacy organizations¹. We strongly agree. If we are serious about meeting the needs of multi-system-involved youth, we must begin by restoring and expanding the ability of organizations like DRM to fully engage in this work.

¹ <https://legislature.maine.gov/doc/11366>

Rather than creating a new structure or conducting another study, we believe the most fiscally responsible and effective course of action is to adequately fund and expand the capacity of DRM to meet these needs. We believe the time for study has passed. The need is immediate—and Maine already has an independent, experienced, and accountable advocacy organization positioned to do this work.

From 2015 to 2019, under a contract with DHHS, DRM operated a statewide children's advocacy program with two full-time advocates. During that time, our team—comprised of attorneys and advocates across multiple DRM program areas—provided direct representation, training, monitoring, and outreach to hundreds of families, providers, and professionals. We advocated for youth from birth to age 21 involved with the Departments of Education, Health and Human Services, and Corrections. We monitored residential treatment facilities, psychiatric units, and crisis stabilization units in Maine and out of state. We conducted systemic investigations and issued public reports. We represented children in all 16 counties and provided vital legal guidance to hundreds more through training and technical assistance.

Unfortunately, in 2019, the Department reduced funding for this work, cutting our capacity in half. This occurred even as the U.S. Department of Justice found Maine in violation of the ADA for failing to provide medically necessary community-based services to thousands of children.

Although DRM continues to prioritize this vitally important work using other limited resources at hand, this reduction directly impacted and reduced DRM's capacity to meet the necessary and growing advocacy needs of children and families.

Just as importantly, the collaborative structure envisioned in LD 1893 depends on a strong network of advocates who are already working on the ground. Supporting that existing network is not only efficient—it's essential.

In light of the U.S. Department of Justice's findings that Maine failed to provide medically necessary community-based services to children with disabilities, the state is now undertaking significant, court-monitored systemic reforms. This is a pivotal moment. Families need access to accurate information, guidance, and representation to navigate the very systems that are now being rebuilt.

The urgency is clear: without investment in advocacy now, Maine risks repeating past mistakes, leaving families without support during one of the most consequential reform efforts in decades. This moment represents a rare and critical opportunity to rebuild Maine's children's behavioral health system with equity, accountability, and lived experience at the center. But we know that systemic change cannot succeed

without strong, independent advocacy to ensure that children and families are not just passive recipients of reform, but informed participants with a seat at the table.

DRM stands ready to assist Representative Gramlich and the Committee with any changes to the bill and to provide additional information or insight as you consider the best path forward. We are committed to working together and with appropriate funding and coordination, organizations like DRM and our partners can bring decades of experience, relationships, and systemic knowledge to the table, to help build the kind of comprehensive, cross-system advocacy effort that Maine's children need and deserve.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. Ringrose', followed by a long horizontal line that extends to the right.

Katrina Ringrose
Deputy Director

DISABILITY RIGHTS MAINE

DOJ Settlement and the Children's Behavioral Health System – a timeline, past and future.

Prepared for 2/5/2025 HHS Committee Presentation re: LD 2009

December 2018: Children's Behavioral Health Services Assessment Final Report is issued. This report made 24 recommendations after finding that “children's behavioral health services are not available immediately (or at all)” and as a result these “[u]nmet behavioral health needs start to form a bottleneck in the system of care where children get “stuck”, unable to access the services they need or return to a lower level of care as is desirable.”

September 2019: Disability Rights Maine files state-wide *Olmstead* Complaint with the U.S. Department of Justice, detailing the ongoing failure to ensure children have access to community based behavioral health services.

June 2022: U.S. Department of Justice (“DOJ”) concludes its investigation and issues a letter of findings, indicating: “We have determined that Maine is violating the ADA by failing to provide behavioral health services to children in the most integrated setting appropriate to their needs. Instead, the State unnecessarily relies on segregated settings such as psychiatric hospitals and residential treatment facilities to provide these services. As a result of these violations, children are separated from their families and communities. This letter describes the Department's findings, including steps the State should take to meet its legal obligations and remedy the violations the Department has identified.”

June 2022-September 2024: DOJ works to reach a negotiated agreement with Maine to bring Maine into compliance with the Americans with Disabilities Act and prevent the unnecessary institutionalization of Maine children.

September 9, 2024: *United States of America v. State of Maine* is filed in the United States District Court, District of Maine. The Complaint details the ongoing failure of Maine to provide community based behavioral health services resulting in the unnecessary institutionalization of Maine youth. The Complaint begins by asserting: “Each year, the State of Maine (“Maine” or “State”) segregates hundreds of children with mental health and/or developmental disabilities, referred to throughout as behavioral health disabilities, away from their families and

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communities in institutions in- and out of-state. These children do not need to be segregated. The families of many of these children want them home. Other families would choose to have their children live at home or in another family home if provided a meaningful opportunity to do so. Maine administers its behavioral health service system for children in a manner that gives the families and guardians of these children no meaningful choice other than institutions. This leaves hundreds of children separated from their families and segregated from their communities.”

November 26, 2024: DOJ and Maine announce that they have reached an agreement contingent on the United States District Court, District of Maine, retaining jurisdiction for the purposes of enforcing the settlement agreement.

December 20, 2024: U.S. District Court Judge Stacey D. Neumann issues an Order dismissing the matter while specifically retaining jurisdiction to enforce the Settlement Agreement in accordance with its terms and for its duration. This date is the “Effective Date” of the Settlement Agreement.

The Settlement Agreement can be found here: <https://www.justice.gov/crt/case-document/settlement-agreement-us-v-state-maine>

DOJ also developed a fact sheet regarding the Settlement Agreement, which can be found here: <https://www.justice.gov/crt/media/1378316/dl>

Settlement Agreement implementation – selected dates¹

Year One (12/2024 – 12/2025)

Immediate: “The State will take immediate steps to review, develop, implement, and update a plan to address any current or future workforce shortages of Community Providers, including Therapeutic Intensive Home parents and Therapeutic Foster Care Home parents.” (p.16)

March 20, 2025: “Beginning no later than three months after the Effective Date, the State will hold meetings at least quarterly with Community Providers and Out-of-Home Placement service providers to discuss issues related to State policies, reimbursement, billing, and service provision, and to gather feedback on issues such as providing services consistent with this Agreement, addressing unmet needs, and training staff.” (p.17)

March 20, 2025: State is required to submit a state plan amendment to CMS “to implement the CMS-qualifying mobile crisis service” with the goal that mobile crisis intervention team responses will occur within 120 minutes in rural settings, and 60 minutes in urban settings. (p.23)

¹ This is not a complete list of the timelines in the agreement. Particular attention has been paid to the deadlines within the first two years of the agreement.

April 19, 2025: State must appoint/hire a Children's Behavioral Services Integration Coordinator, to coordinate State's efforts to comply with Settlement. (p.19)

April 19, 2025 or 1 week after Independent Reviewer is selected (whichever is later): State must submit Implementation Plan. This plan will, among other things: a) "Assign to the relevant State offices or employees responsibility for achieving each initiative and timeline until the development and submission of the next Implementation Plan update"; b) "Establish clear strategies to achieve Agreement initiatives and outcomes"; c) "Describe evaluation metrics and methods for each proposed strategy to assess efficacy and effectiveness"; d) "Include a Data Collection and Analysis Plan to measure progress and completion of Agreement initiatives and outcomes"; and e) "State the date that each of the services described in this Agreement reasonably are expected to be implemented." (pp.19-20)²

April 20, 2025: Deadline for the State and DOJ to select and agree upon an independent reviewer. (p.25)

June 18, 2025: First required annual assessments of at least 10% of community provider agencies to ensure quality service provision. Annual requirement going forward. (p.24)

June 20, 2025: On or before this date, "the State will publish and effectively provide information for Families, Children, and other Stakeholders about Community-Based Services, how to access them, and the rights of Children under this Agreement." (p.14)

June 20, 2025: On or before this date, "the State will begin providing outreach to Families, Children, and other Stakeholders about Community-Based Services, how to access them, and the rights of Children under this Agreement." (p.15)³

June 20, 2025: The State is required to provide DOJ and the Independent Reviewer information about juvenile dispositions and juveniles detained more than 30 days. These same reports are required every 6 months under the Agreement. (p.21)

December 20, 2025: The State will "accomplish Community Returns" for 40 children in out-of-home placements. (p.23)⁴

Year Two (12/2025 – 12/2026)

² Submission of this plan begins a process where the DOJ will provide comments, leading to a revised plan. The process repeats until DOJ approves the implementation plan. pp. 19-21. The Agreement also requires the implementation plan "to be updated and resubmitted at least 6 months before the end of the second full State fiscal year within the Agreement's term, and at least biennially thereafter." (p.19)

³ At least 6 outreach events are required in the first two years of the agreement, then three events in each subsequent year of the agreement.

⁴ There are additional deadlines associated with this date, including: a) requiring providers to have contingency and backup plans for when community based providers are not available (p.16); and b) requiring the State to provide specialized training on care coordination to all juvenile community corrections officers. (p.18)

January 1, 2026: Any child who meets a broad range of criteria (ED stay, family requests assistance from school, medical provider, crisis, referral to out of home placement, DOC involvement) “will be offered a Single Assessment for all Medium or High Intensity Behavioral Health Services”. (pp.4-5)

January 1, 2026: Deadline for the State to make high fidelity wraparound services available “for selecting and organizing the services that an eligible Child needs to address their behavioral health challenges when involved in multiple child-serving systems and at risk of or in an Out-of-Home Placement.” (p.7,22)

January 1, 2026: By this date, 50% of Children who receive the Single Assessment and need care coordination will have an individualized service plan within 30 days of their first meeting with the care coordinator. (p.22)

February 20, 2026: State must implement training polices and mandatory, competency-based curricula for providers and care coordinators. (p.17, Appendix C)

December 20, 2026: State will “accomplish Community Returns” for another 55 children in out-of-home placements, for total of 95. (p.23)

Year Three (12/2026 – 12/2027)

January 1, 2027: By this date, all Children who receive the Single Assessment and need care coordination will have an individualized service plan within 30 days of their first meeting with the care coordinator. (p.22)

December 20, 2027: State will “accomplish Community Returns” for another 70 children in out-of-home placements, for total of 165. (p.24)

December 20, 2027: By this date, 95% of all face-to-face mobile crisis responses will occur within 120 mins rural, 60 mins urban. (p.23)

Year Four (12/2027 – 12/2028)

December 20, 2028: State will “accomplish Community Returns” for 80% of all children in out-of-home placements whose Individualized Service Plan states community return as a goal. (p.24)

Year Five (12/2028 – 12/2029)

December 20, 2029: State will “accomplish Community Returns” for 92% of all children in out-of-home placements whose Individualized Service Plan states community return as a goal. (p.24)

Year Six (12/2029 – 12/2030)

March 20, 2030: Independent Reviewer will prepare a final report on compliance. This will follow the same format as required annual reports from the Independent Reviewer, and must include: “recommendations for facilitating or sustaining compliance. The reports must specify how the State is or is not in compliance with each of its obligations in the Agreement; for future obligations in the Agreement, the Independent Reviewer will report on whether the State is progressing at an appropriate pace toward achieving compliance when the obligation takes effect.” (p.26)

December 20, 2030: If the State is in substantial compliance with the Agreement, it will terminate on this date. (p.29)

Other Settlement Provisions of Note

-For information about which Maine Children are covered by the Agreement, see pages 3-4. Briefly, the Agreement covers Maine youth up to their 21st birthday who have behavioral health disabilities and are eligible to receive behavioral health services funded or administered by the State and who are either in an out of home placement or at serious risk of an out of home placement.

-For information about the community-based services that must be provided by the State, see pages 11-14 of the Agreement. This section includes the following:

-“Children will not be excluded from or denied Community-Based Services due to: (a) complex behavioral health needs; (b) significant physical or medical needs in addition to behavioral health needs; or (c) the need for behavioral health assistance for up to 24 hours per day.” (pp.11-12)

-“State will develop and ensure sufficient statewide availability of the services”. (p.12)

-“Timeliness. The State will furnish Community-Based Services that Children need in a Timely manner. To be Timely, services must be available in time to prevent Children from unnecessarily: (1) entering an Out-of-Home Placement for the purpose of receiving behavioral health services; (2) remaining in an Out-of-Home Placement; or (3) having an Emergency Department Stay.” (pp.12)

-Services that must be provided in accordance with the above include: crisis services and intensive in home behavioral treatment services, which include behavioral services, therapy services, family and youth peer services, family supports, and therapeutic care homes. (pp.12-14)

QUESTIONS?

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