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January 6, 2026

Senator Ingwersen, Chair
Representative Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 555 – *An Act to Create a Separate Department of Child and Family Services*

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services,

Thank you for the opportunity to provide information in opposition to LD 555, *An Act to Create a Separate Department of Child and Family Services*.

This bill would consolidate multiple functions within state government where work relates to children and families into a standalone Department of Child and Family Services. This new Department would have oversight over child welfare, Head Start and child care, maternal and child health (including home visiting), parentage establishment and child support enforcement, residential and long-term care for children with disabilities, services for children with special health care needs, services for children with developmental disabilities, and activities to transition children from youth to adult services. LD 555 would also transfer all associated financial resources, rules, contracts, agreements, compacts, records, property, equipment, and employees to the new Department.

I am unaware of evidence that a separate Department of Child and Family Services is in the best interest of the children and families of Maine. Across the Department, significant resources and effort have been invested into eliminating barriers and silos to ensure cross-system collaboration. This bill would undermine these efforts by creating new and additional silos. Creating a separate Department would require significant additional resources while providing less cohesive support to children and families.

Here are just a few examples where the services for children and families benefit from connection and close collaboration to other services within DHHS:

- MaineCare is a key partner in addressing the needs of children involved in the behavioral health system, as well as partnering with child welfare to ensure the needs of children and families involved with child welfare are adequately addressed. A prime example of this is the recent establishment of a MaineCare rate for comprehensive medical evaluations of children who enter the Department's care. This service was previously provided (without the benefit of Medicaid funding) via contracts held by OCFS. The establishment of a rate for this service in MaineCare has better formalized the process and ensures access for providers to a consistent funding source for these evaluations.

- The children's behavioral health team within Office of Behavioral Health (OBH) collaborates with the Office of Aging and Disability Services (OADS) on the transition of youth with mental and behavioral health needs from children's services to adult services.
- OCFS and OBH continue to work closely on efforts to address substance use given the significant correlation of substance use and child welfare involvement (over 50% of child removals in the last decade have involved parental substance use as a risk factor). The partnership between OCFS and OBH has led to additional training opportunities for OCFS staff, the establishment of clinical staff with expertise in substance use as consultants for OCFS frontline staff, and support for the work of MaineCare to establish the MaineMOM program.
- The Office of Family Independence (OFI) plays a vital role for families involved with child welfare as they provide economic assistance to families. Nationally there have been significant efforts to quantify the link between economic and concrete supports and reducing the risk of child welfare involvement. This has been well documented by Chapin Hall, among others (see: <https://www.chapinhall.org/project/disrupting-the-link-between-poverty-and-child-welfare-involvement-through-policy-practice/>). Maintaining Maine's child welfare agency within the same Department as OFI is critical for the collaboration necessary to continue to advance policies and practices that maximize available economic supports and reduce the need for child welfare involvement wherever safely possible.

LD 555 would also transfer responsibility for DHHS' child and maternal health functions (including home visiting) from the Maine CDC, and the child support division from OFI, to this new Department. There is a strong public health focus in the work around child and maternal health and it would be counterproductive to silo this work away from the Maine CDC in a separate Department. The same is true for the work of the Division of Support Enforcement and Recovery (DSER – also known as child support). The work of DSER is heavily tied to OFI's focus as it relates to the economic support families need to thrive.

Furthermore, the language of 42 U.S.C. 709, Sec. 509, requires that maternal and child health work be housed within the "State health agency of each state." Moving child and maternal health out of the Maine CDC would directly contradict this requirement and risk the loss of federal funding to support this important work.

In addition to concerns regarding reduced collaboration on shared issues within the Department of Health and Human Services, the establishment of a new Department comes at a cost, requiring an investment of general fund dollars to establish roles to meet the overhead needs presently met within DHHS's infrastructure – financial service center, buildings and office space, technology needs, and more. Spending additional resources on expanding bureaucratic systems is counterproductive to our shared goal of improving supports for families and children.

Building out a new Department would have a significant negative impact on the system improvement work being done within the Department and OCFS to strengthen the workforce, ensure a breadth of community services and supports to meet the needs of children and families involved with or at risk of involvement with child welfare, and establish collaborative relationships with community providers to focus on preventing the need for child welfare involvement with families whenever possible.

I urge you to vote ought not to pass on LD 555 and instead continue to focus time and attention on system improvement efforts currently underway, including continuing to strengthen the partnerships that are vitally important to ensure the well-being of all Maine children and their families.

Sincerely,



Sara Gagné-Holmes
Commissioner
Maine Department of Health and Human Services